

Orthopaedic Section 40th Anniversary

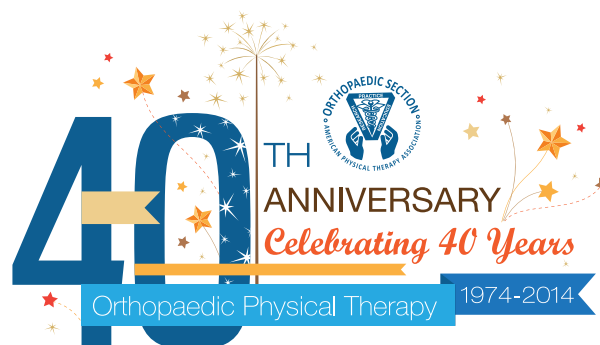
2004 – 2014

A Time of Growth and Leadership

James Irrgang, PT, PhD, ATC, FAPTA; Terri DeFlorian, Executive Director

At the 2014 Combined Sections Meeting in Las Vegas, the Orthopaedic Section will celebrate its 40th anniversary. Over the last decade, guided by Strategic Plans that were established in 2004, 2007, and 2010 the Orthopaedic Section experienced substantial growth and demonstrated leadership for the profession. The current mission of the Orthopaedic Section is “To serve as an advocate and resource for practitioners of orthopaedic physical therapy by fostering patient/client care and promoting professional growth.” The vision for the Section is “The Orthopaedic Section will be *the* source for the orthopaedic physical therapist.” The strategic outcomes that have been established to achieve the mission and vision include Standards of Practice, Education/Professional Development, Public Identify and Promotion of Physical Therapy, Research, and Advocacy. Below I will highlight some of the major initiatives as they relate to the Strategic Plan that has been undertaken by the Orthopaedic Section over the last 10 years. But before I do that, I would like to first describe the growth of the Section over the last 10 years.

The growth and stature of the Orthopaedic Section are directly related to the leadership provided by the Section’s Board of Directors and the strong and stable office staff (Table 1). Since 2003, membership in the Section has grown 33% from 14,372 members in 2003 to the current membership of 19,020. This includes 16,828 physical therapists and 633 physical therapist assistant members. During this same period of time, under the capable leadership of the Section’s Treasurers, including Joe Godges, PT, DPT, MA, OCS, and Steve Clark, PT, MHS, OCS, the financial resources of the Section have experienced substantial growth. The Section’s operating budget has grown from \$1,152,927 in 2004 to the current operating budget of \$1,941,473 and the Section’s reserves have grown by 70% in the same time period. The strength of the Section’s leadership and financial resources



has enabled the Section to undertake and accomplish the initiatives described below.

STANDARDS OF PRACTICE

Clinical Practice Guidelines

The Orthopaedic Section has pioneered the way within the American Physical Therapy Association to develop and publish evidence-based clinical practice guidelines that are consistent with the World Health Organization International Classification of Functioning and Disability (ICF). The concept for the clinical practice guidelines arose at a “brainstorming session” of the Board of Directors at the 2005 Combined Sections Meeting in New Orleans. This brainstorming session was devised by Michael Cibulka to discuss ways in which the Section could make a substantial impact on orthopaedic physical therapy clinical practice. During this meeting, Joe Godges suggested that the Section should utilize the newly developed ICF model to create clinical practice guidelines for musculoskeletal conditions commonly managed by physical therapists.

One year later at the Combined Sections Meeting in San Diego, the Section convened a meeting with leaders in orthopaedic physical therapy to discuss the concept of the ICF-based clinical practice guidelines and to establish a model for the project. Individuals that participated in the one-day meeting included John Childs, PT, PhD, MBA, OCS (neck pain), Phil McClure, PT, PhD, FAPTA (shoulder), Joy MacDermid, PT, PhD (elbow/wrist), Anthony Delitto, PT, PhD, FAPTA (low back), Michael Cib-

ulka, PT, DPT, MHS, FAPTA, OCS (hip), Lynn Snyder-Mackler, PT, ScD, FAPTA, SCS (knee), and Thomas McPoil, PT, PhD, FAPTA (foot/ankle). The meeting was chaired by Joe Godges, who gave an overview on clinical practice guidelines and James Irrgang, who gave an overview of the ICF model. Ken Harwood, PT, PhD, CIE, and Andrew Guiccione, PT, PhD, DPT, FAPTA, represented the APTA at the meeting.

At the conclusion of the meeting, it was decided that the Section would pursue the development of clinical practice guidelines for musculoskeletal conditions commonly treated by physical therapists. Furthermore, it was specified that the clinical practice guidelines would be based on the ICF model of functioning and disability. Work groups for each region of the body were established and funding was included in the Section budget for each work group to meet and accomplish its tasks.

The tasks for each work group were to identify the conditions commonly managed by physical therapists for each region of the body and to identify impairments in body structure and function, activity limitations, and participation restrictions that were associated with each condition. Furthermore, the work groups were to identify or develop a classification system that could be used to group patients into homogeneous subsets that would best respond to specific interventions. When possible, the classification system was to be linked to ICF levels of impairment of body structure or function. The next step was to describe the interventions and supporting evidence for specific subsets of patients based upon the classification system. Typically, it was expected that the interventions would focus on the impairments that define specific classifications. The focus was on interventions provided by physical therapists, however as appropriate, the guidelines could also include adjunctive procedures and/or pharmacological considerations.

Table 1. Orthopaedic Section Board of Directors and Office Staff from 2004 to 2014

Presidents <ul style="list-style-type: none"> • Michael T. Cibulka, PT, DPT, MHS, OCS, FAPTA (2001 – 2007) • James J. Irrgang, PT, PhD, ATC, FAPTA (2007 – 2013) • Stephen McDavitt, PT, DPT, MS, FAAOMPT (2013 - present)
Vice Presidents <ul style="list-style-type: none"> • Lola Rosenbaum, PT, DPT, MHS, OCS (2001-2004) • Thomas G. McPoil Jr, PT, PhD, FAPTA (2004 – 2011) • Gerard P. Brennan, PT, PhD (2011 - present)
Treasurers <ul style="list-style-type: none"> • Joe Godges, PT, DPT, MA, OCS (2002 – 2008) • Steven R. Clark, PT, MHS, OCS (2008 – 2015)
Directors <ul style="list-style-type: none"> • Gary Smith, PT, PhD, OCS (2002 – 2005) • James J. Irrgang, PT, PhD, ATC, FAPTA (2003 – 2007) • William H. O’Grady, PT, DPT, OCS, FAAOMPT (2005 – 2013) • Ellen R. Hamilton, PT, OCS (2007 – 2009) • Kornelia Kulig, PT, PhD, FAPTA (2009 – 2012) • Thomas G. McPoil Jr, PT, PhD, FAPTA (2012 - present)
Orthopaedic Section Office Staff <ul style="list-style-type: none"> • Terri DeFlorian – Executive Director (1988 – present) • Tara Fredrickson – Associate Executive Director (1993 – present) • Sharon Kliniski – Managing Editor Journals/Newsletters (1990 – present) • Kathy Olson – Managing Editor ISCs (1998 – 2013) • Carol Denison – ISC Processor/Receptionist (2005 – present)

In summarizing the evidence to support specific interventions, consideration was to be given to the strength of evidence with greater emphasis given to clinical research involving patients. If clinical evidence was lacking, evidence to support the biomechanical or biological plausibility of intervention was to be provided. Individual clinical research articles were graded (Level I to IV) according to criteria described by the Center for Evidence-based Medicine at Oxford, England. The overall strength of the evidence supporting the guidelines was graded according to guidelines described by Sackett as modified by Joy MacDermid and adopted by the Task Force for this project. In this modified system, the typical A, B, C, and D grades of evidence were modified to include the role of consensus expert opinion and basic science research to demonstrate biological or biomechanical plausibility.

Using these methods, under the leadership of Joe Godges, who has served as the ICF-based clinical practice guidelines coordinator, the Orthopaedic Section published its first clinical practice guideline on heel pain/plantar fasciitis, authored by Thomas McPoil et al Heel Pain—Plantar Fasciitis (*J Orthop Sports Phys Ther.* 2008;38(4). doi:10.2519/jospt.2008.0302) in the April 2008 issue of the *Journal of Orthopaedic and Sports Physical Therapy (JOSPT)*. Since then, the Section has published a total of

11 clinical practice guidelines in *JOSPT* (see Table 2) and the guidelines have also been placed on ClinicalGuidelines.gov (www.guidelines.gov). Currently, under the leadership of Christine McDonough, PT, PhD, the Section is developing a process for guideline revision. Additionally, the Section has shared the model for clinical guideline development with APTA and has provided training and collaborated with other Sections to assist them with the development of clinical practice guidelines.

National Orthopaedic Physical Therapy Outcomes Database

Another strategic objective for Standards of Practice was to develop a National Orthopaedic Physical Therapy Outcomes Database (NOPTOD). The purpose of the National Orthopaedic Physical Therapy Outcomes Database (NOPTOD) is to create a repository for clinical and process outcomes data for the most common conditions treated by orthopaedic physical therapists that can be used by clinicians to assess their clinical performance as well as to describe practice and the value of care provided by orthopaedic physical therapists.

To demonstrate feasibility of the NOPTOD, the Orthopaedic Section conducted a pilot project that was based on the Section’s Neck Pain Clinical Practice Guidelines. Over a 6-month period, 38 physical

therapists from 36 facilities submitted clinical outcomes and process of care information that summarized the care provided to approximately 250 patients. See the accompanying article in this issue of *OPTP* for a summary of the results of the Neck Pain Pilot Project.

The results of the Neck Pain Pilot Project demonstrate that collection of process and outcomes data summarizing the episode of care provided by physical therapists to individual patients is feasible. Future development of an electronic format for data collection will allow physical therapists to manually key in their data through a secure web-based platform. Additionally, if the data are already captured in an electronic medical record, methods to electronically migrate data from the medical record to the outcomes database will be explored. The process of outcomes data collection is only valuable to those that collected the data if summaries of the data are available in real time. This should include reports that summarize the process of care and outcomes for individual patients as well as for groups of patients (for example, all patients with neck pain within a specified date range) or subgroups of patients (for example, all patients in a specific classification such as neck pain with mobility impairments) and allow for comparison to their peers (ie, for benchmarking purposes).

Future development of the National Orthopaedic Physical Therapy Outcomes Database also includes plans for expansion to include collection of data for other regions of impairment including low back, shoulder, and knee. To ensure consistency, each component of the outcomes database will be based on ICF model of functioning and disability as well as applicable clinical practice guidelines published by the Orthopaedic Section.

The American Physical Therapy Association also has expressed interest in developing an outcomes registry. To avoid duplicative efforts and to take advantage of the expertise of the Section related to assessment of orthopaedic outcomes and the resources of the APTA, the Section will explore the possibility of working collaboratively with the APTA to more rapidly develop and expand the efforts to create the National Orthopaedic Physical Therapy Outcomes Database.

Ultimately, it is envisioned that the National Orthopaedic Physical Therapy Outcomes Database will provide physical therapists with a tool that will enable them to be reflective practitioners that are well

Table 2. Clinical Practice Guidelines Published by the Orthopaedic Section

<ul style="list-style-type: none"> • Ankle Stability and Movement Coordination Impairments: Ankle Ligament Sprains <i>J Orthop Sports Phys Ther.</i> 2013;43(9):A1-A40. doi:10.2519/jospt.2013.0305
<ul style="list-style-type: none"> • Shoulder Pain and Mobility Deficits: Adhesive Capsulitis <i>J Orthop Sports Phys Ther.</i> 2013;43(5):A1-A31. doi:10.2519/jospt.2013.0302
<ul style="list-style-type: none"> • Neck Pain <i>J Orthop Sports Phys Ther.</i> 2008;38(9):A1-A34. doi:10.2519/jospt.2008.0303
<ul style="list-style-type: none"> • Low Back Pain <i>J Orthop Sports Phys Ther.</i> 2012;42(4):A1-A57. doi:10.2519/jospt.2012.0301
<ul style="list-style-type: none"> • Hip Pain and Mobility Deficits – Hip Osteoarthritis <i>J Orthop Sports Phys Ther.</i> 2009;39(4):A1-A25. doi:10.2519/jospt.2009.0301
<ul style="list-style-type: none"> • Knee Pain and Mobility Impairments: Meniscal and Articular Cartilage Lesions <i>J Orthop Sports Phys Ther.</i> 2010;40(6):A1-A35. doi:10.2519/jospt.2010.0304
<ul style="list-style-type: none"> • Knee Stability and Movement Coordination Impairments: Knee Ligament Sprain <i>J Orthop Sports Phys Ther.</i> 2010;40(4):A1-A37. doi:10.2519/jospt.2010.0303
<ul style="list-style-type: none"> • Achilles Pain, Stiffness, and Muscle Power Deficits: Achilles Tendinitis <i>J Orthop Sports Phys Ther.</i> 2010;40(9):A1-A26. doi:10.2519/jospt.2010.0305
<ul style="list-style-type: none"> • Heel Pain—Plantar Fasciitis <i>J Orthop Sports Phys Ther.</i> 2008;38(4). doi:10.2519/jospt.2008.0302

poised for practice in today's challenging healthcare system and into the future.

EDUCATION AND PROFESSIONAL DEVELOPMENT

The Section has continued the long-held tradition of providing excellence in evidence-based educational opportunities for orthopaedic physical therapists.

Independent Study Courses

An important source of non-dues revenue for the Section is the Independent Study Courses (ISC) that have been published by the Orthopaedic Section since 1991. Under the leadership of Chris Hughes, who has served as the ISC Coordinator since 2006, the Section has published 32 ISCs that consist of 3, 6, or 12 monographs. By far, the most popular ISC in the series is *Current Concepts of Orthopaedic Physical Therapy*, 3rd ed, which was published in 2011. The *Current Concepts* ISC consists of 12 monographs and is an important resource for physical therapists preparing for the Orthopaedic Certified Specialist Examination. Since 2003, more than 5,500 copies of *Current Concepts* ISC have been sold. Other popular ISCs published by the Orthopaedic Section over the past 10 years include *Update on Anterior Cruciate Ligament Injuries*, *Joint Arthroplasty: Advances in Surgical Management & Rehabilitation*, and *Orthopaedic Management of the Runner, Cyclist, & Swimmer*. Future efforts to enhance the ISCs will include the use of technology to include electronic delivery methods and integration of multimedia to

enhance learning. To ensure that the Section continues to offer ISCs that meet the needs of its members, the Section has established an ISC Advisory Board.

Combined Sections Meeting

Since 2003, the Combined Sections Meeting (CSM) has seen exponential growth in attendance and programming. Attendance at the 2003 Combined Sections Meeting in Tampa, FL, was 4,130 and in 2013, attendance at CSM in San Diego, CA was 9,218. A large portion of the growth and success of CSM can be attributed to the Orthopaedic Section. Under the leadership of Ellen Hamilton and Beth Jones, who served as the Section's Program Chairs for CSM, the Section expanded its educational programming at CSM. This includes Preconference Courses that offer attendees a 1 or 2 day concentrated course on a variety of topics. Many of the Preconference Courses include laboratory sessions that offer attendees the opportunity to develop and enhance their orthopaedic manual therapy psychomotor skills.

Over the past 10 years, approximately 20% to 23% of the attendees at CSM are Orthopaedic Section members. To meet the educational needs of those attending CSM, the Section has increased its number and variety of educational offerings. As a testimony of the interest in the Orthopaedic Section programming at CSM, attendance of the Section's offerings often exceeded room capacity.

After the Combined Section Meeting in New Orleans in 2010 the Orthopaedic

Section led the call for a comprehensive review of CSM to identify opportunities for improvement in the oversight and management of CSM to allow for continued growth of the meeting while still meeting the educational and networking needs of the attendees. This initiative has led to the development of the CSM Steering Group and the development of Strategic Mission, Vision and Goals that will guide CSM going forward.

Annual Orthopaedic Section Meeting

While CSM is a successful educational opportunity for physical therapists, physical therapist assistants, and students, the Section leadership felt that there was an opportunity to provide an advanced educational offering for its members. As a result of this, the Orthopaedic Section held its first Annual Meeting, which was dedicated to advanced orthopaedic practice for physical therapists, in Orlando FL, May 2 to 4, 2013. The purpose of the meeting was to provide a hands-on advanced continuing education event that included lectures and breakout workshops related to physical therapist examination and treatment of the lumbosacral spine and lower extremity. The meeting was attended by approximately 200 physical therapists and included didactic lectures and break-out laboratory sessions that provided attendees with the opportunity to develop and improve orthopaedic manual physical therapy skills. Given the positive learning experience of the attendees, the second Annual Orthopaedic Section Meeting, entitled "The Triangle of Treatment: Integrating Movement System Impairments, Manual Therapy and the Biopsychosocial Approach in the Treatment of the Upper Quarter" is planned for May 15 to 17, 2014 in St Louis MO.

Orthopaedic Residency Education

Over the last 10 years, there has been an increased interest in residency education. A clinical residency is a postprofessional planned learning experience in a focused area of clinical practice that is designed to significantly advance the physical therapist's knowledge, skills, and attributes. It combines opportunities for ongoing clinical mentoring with the theoretical basis for advanced practice and scientific inquiry based on a Description of Specialty Practice and is an important pathway to specialist certification.

The Orthopaedic Section has a long history of supporting the development of

orthopaedic residencies. Over the last 10 years, led by the efforts of Tara Jo Manal, PT, DPT, OCS, SCS, and Jason Tonley, PT, DPT, OCS, the Section has offered programming at the Combined Sections Meeting to provide information to help individuals develop an orthopaedic physical therapy residency. To facilitate development of an application for credentialing of an orthopaedic residency, the Section developed templates for components of the credentialing application that could be used by developing programs to prepare their application. The Section also developed a model curriculum that integrated use of select Independent Study Courses to supplement a program's didactic component and developed viable alternative financial models for residencies in academic and non-academic settings. For programs that have limited financial resources, the Section has provided financial grants that pay for the credentialing application fees. As a measure of the impact that the Section's support has had on orthopaedic residencies, there were a total of 8 orthopaedic residencies in 2003 and today there are more than 70 orthopaedic residencies.

Special Interest Groups

The Orthopaedic Section supports subspecialty practice through its Special Interest Groups (SIGs) that any Orthopaedic Section member may join at no additional costs to the member. In large part due to the efforts of Thomas McPoil, the purpose and structure of SIGs were revised in 2008. Based on those revised rules of order and practices for SIGs, the purposes of a SIG are to: (1) provide educational programming; (2) serve as an educational and practice resource; (3) develop and recommend practice standards and terminology; (4) identify changes in legislative, regulatory and reimbursement issues at the state and national levels; (5) share practice information and address areas of concern related to the SIG domain; and (6) to foster credible research.

Special Interest Groups supported by the Orthopaedic Section include the Occupational Health, Foot and Ankle, Pain Management, Performing Arts, and Animal Rehabilitation SIGs. In 2011, the Orthopaedic Section Board of Directors approved the creation of the Imaging SIG to become a resource for Section members that are involved with imaging. The goals of the Imaging SIG are to promote the role of physical therapists in imaging, establish an evidence base for imaging by physical therapists, provide professional development and

educational opportunities related to imaging, monitor and influence activities that may impact the use of imaging by physical therapists, develop imaging practice competencies, and to foster inclusion of imaging in entry-level physical therapist education programs.

RESEARCH

Orthopaedic Section Grants Program

Under the auspices of the Research Committee, which in the last 10 years was chaired by Kelley Fitzgerald, PT, PhD, OCS, FAPTA, Lori Michener, PT, PhD, ATC, SCS, and Duane Scott Davis, PT, MS, EdD, OCS, the Orthopaedic Section has provided substantial funding to support research conducted by Orthopaedic Section members. Through the Orthopaedic Section Grants Program, the Section supports new and established investigators. Currently, the Section awards 3 grants of up to \$15,000 for new investigators who have not previously received federal or national-level competitive research support and one unrestricted grant up to \$25,000 that is open to new and established investigators. Guided by the Orthopaedic Section Research Agenda that was established in 2009, research supported by the Orthopaedic Section small grants program must address one of the following areas: (1) examine the effectiveness of a treatment approach on a well-defined sample of patients with orthopaedic problems; (2) examine patient classification procedures for the purposes of determining an appropriate treatment; (3) further establish the meaningfulness of an examination procedure; (4) examine the role of the orthopaedic physical therapist in the health care environment; or (5) mechanistic studies that have a clear and direct impact on evaluation and/or treatment techniques used in orthopaedic physical therapy practice. A list of projects recently funded through the Orthopaedic Sections Grants Program can be found at https://www.orthopt.org/content/c/previous_grant_recipients.

Clinical Research Network

A Strategic Objective in the 2010 – 2014 Orthopaedic Section Strategic Plan was to establish a Clinical Research Network (CRN) to support multi-center orthopaedic physical therapy research. The purpose of the CRN was to conduct meaningful clinically important research and to provide an opportunity for more Section members to be engaged in clinical research. The intent of this initiative was to provide any Section

member who is interested in research, but does not have the resources to independently conduct a research project, with the opportunity to participate in and contribute to important clinical research to advance the practice of orthopaedic physical therapy. The involvement of multiple clinicians and practices in the CRN enables projects to be completed efficiently and enhances the generalizability of the results to practicing clinicians.

In 2012, Orthopaedic Section awarded a \$300,000 three-year grant to establish a Clinical Research Network to Dr. Steven George from the University of Florida to create the Orthopaedic Physical Therapy – Investigative Network (OPT-IN) that will conduct a multi-center study entitled, Optimal Screening for Prediction of Referral and Outcome (OSPRO) Cohort Study. This Clinical Research Network provides Section members from across the country with an opportunity to participate in an important and highly relevant clinical research study and will establish a network that can support additional future research. The purpose of the OSPRO Cohort Study is to develop and validate national screening tools for red and yellow flags for use by physical therapists in orthopaedic practice settings. The results of this study will enhance existing patient classification procedures for commonly treated regions of impairment.

Support for the Foundation for Physical Therapy

The Orthopaedic Section has a long-standing history of providing financial support to the Foundation for Physical Therapy. The Orthopaedic Section has provided gifts to the Foundation for 14 consecutive years that has totaled almost \$1 million. In 2001, the Section made a 5-year pledge of \$250,000 to support a Clinical Research Network and this pledge was fulfilled in 2006. In 2007, the Section made a \$500,000 seven year pledge to establish an endowed Orthopaedic Physical Therapy Research Fund as part of the Foundation's Destination for Research Excellence Major Gifts Campaign. This pledge will be fulfilled in 2014 and will provide a \$40,000 grant every 3 years to support orthopaedic physical therapy research. In recognition for the Section's strong and ongoing support of the Foundation for Physical Therapy, the Section received the Foundation's *Premier Partner in Research Award* in 2011.

Most recently, the Section provided a 2-year pledge of \$25,000 to support

the Foundation's initiative for a Referral for Profit Study and a 5-year pledge of \$150,000 to establish a Center for Excellence in Health Policy Research. The Section's continuous and ongoing support of the Foundation has funded research that is important to orthopaedic physical therapy practice.

ADVOCACY

The Orthopaedic Section continues to be a strong advocate of orthopaedic physical therapy practice and has collaborated with the American Physical Therapy Association, APTA Chapters, and the American Academy of Orthopaedic Manual Physical Therapists on a number of important practice issues. The Orthopaedic Section has actively promoted and defended the practice of thrust (manipulation) and non-thrust joint mobilization by physical therapists and addressed issues related to referral for profit.

To support advocacy efforts, in 2010 the Section began to award up to three \$5,000 advocacy grants per year to Chapters to support advocacy and legislative efforts that are important to the practice of orthopaedic physical therapy. To date, a total of 4 advocacy grants have been awarded to address issues related to defense of anti-referral for profit arrangement legislation and legislative efforts to remove restrictions for physical therapists from performing spinal manipulation. In 2009, the Section co-sponsored a Capitol Hill Day with the American Academy of Orthopaedic Manual Physical Therapy, in which almost 200 physical therapists met with members of Congress to advocate for issues important to the practice of orthopaedic physical therapy.

AWARDS PROGRAM

The Orthopaedic Section has a robust awards program that includes the Paris Distinguished Service Award, James A. Gould Excellence in Teaching Orthopaedic Physical Therapy Award, Rose Excellence in Research Award, Outstanding Physical Therapy Student Award and Outstanding Physical Therapist Assistant Student Award. In 2007, the Section established the Richard W. Bowling and Richard E. Erhard Orthopaedic Clinical Practice Award to acknowledge an individual who has made an outstanding and lasting contribution to the clinical practice of orthopaedic physical therapy as exemplified by the professional careers of Richard W. Bowling and Rich-

Table 3. Orthopaedic Section Award Recipients from 2003 to 2013

Paris Distinguished Service Award	
2013	Michael T. Cibulka, PT, DPT, MHS, OCS, FAPTA
2012	Thomas G. McPoil, Jr, PT, PhD, FAPTA
2011	No Award Given
2010	Daniel Riddle, PT, PhD, FAPTA
2009	Jan Richardson, PT, PhD, OCS, FAPTA
2008	Stephen McDavitt, PT, DPT, MS, FAAOMPT
2007	Z. Annette Iglarsh, PT, PhD, MBA
2006	No Award Given
2005	Lola Rosenbaum, PT, DPT, MHS, OCS
2004	William Boissonnault, PT, DHSc, FAAOMPT
2003	Carol Jo Tichenor, PT, MA, AAOMPT
James A. Gould Excellence in Teaching Orthopaedic Physical Therapy Award	
2013	Mark Bishop, PT, PhD
2012	Tim Noteboom, PT, PhD, SCS
2011	Eric J. Hegedus, DPT, MHSc, OCS
2010	Ron Andrews, PT, PhD
2009	Robert Landel, PT, DPT, OCS, FCFMT
2008	Terese L. Chmielewski, PT, PhD, SCS
2007	Gregory S. Ford, PT, DPT, MS, OCS
2006	Tara Jo Manal, PT, DPT, OCS, SCS
2005	Patricia King, PT, PhD, MTC, OCS
2004	Donald Neumann, PT, PhD, FAPTA
2003	Elaine R. Rosen, PT, DHSc, FAAOMPT, OCS
Rose Excellence in Research Award	
2013	Emilio J. Puentedura, PT, DPT, PhD
2012	John Willson, PT, PhD
2011	Joseph Zeni, Jr, PT, PhD
2010	Michael "Mike" J. Walker, PT, DSc, OCS, FAAOMPT
2009	Wendy J. Hurd, PT, PhD, SCS
2008	Bohdanna T. Zazulak, DPT, MS, OCS
2007	Gerard P. Brennan, PT, PhD
2006	John D. Childs, PT, PhD, MBA, OCS, FAAOMPT
2005	Paula M. Ludewig, PT, PhD
2004	Timothy Flynn, PT, PhD, OCS
2003	Julie M. Fritz, PT, PhD, ATC
Richard W. Bowling – Richard E. Erhard Orthopaedic Clinical Practice Award	
2013	No Award Given
2012	Timothy Flynn, PT, PhD, OCS, FAAOMPT
2011	Catherine E. Patla, PT, DHSc, MMSc, OCS, MTC, FAAOMPT
2010	Anthony Delitto, PT, PhD, FAPTA
2009	Shirley Sahrman, PT, PhD, FAPTA
2008	Michael T. Cibulka, PT, DPT, MHS, OCS, FAPTA
2007	Richard W. Bowling, PT, MS, & Richard E. Erhard, PT, DC
Outstanding Physical Therapy Student Award	
2013	Eric Lehman, University of Pittsburgh
2012	Sara Harvey, West Virginia University
2011	Stephanie Lynch, Virginia Commonwealth University
2010	Brooke R. Winder, University of Southern California
2009	Renata Salvatori, Virginia Commonwealth University
2008	No Award Given
2007	Michelle Kinney, Washington University and Robin Beaugard, University of Southern California
2006	Kimiko Yamada, University of Southern California
2005	Jonathan Sum, University of Southern California
2004	John Popovich, University of Southern California
2003	Shane Jonathan Bronson, Shenandoah University
Outstanding Physical Therapist Assistant Award	
2013	Bethany Smahaj, Somerset Community College
2012	Donald Glenn Trail, Somerset Community College
2011	Natalie Chris Garland, Somerset Community College
2010	Valerie A. Cooper, Somerset Community College
2009	Barry P. Buchignani, Somerset Community College
2008	Isaac R. Mills, Somerset Community College
2007	No Award Given
2006	No Award Given
2005	No Award Given
2004	No Award Given
2003	No Award Given

ard E. Erhard. A list of Orthopaedic Section Awardees from 2003 through 2013 is summarized in Table 3.

SUMMARY

Over the last 10 years, guided by its Strategic Plans, the Orthopaedic Section has experienced substantial growth and demonstrated leadership for the profession. The accomplishments of the Section over the last 10 years could not have been made without the wise leadership of previous Section Boards as well as the countless volunteers who contributed to Section initiatives. Future growth of the Section will depend on continued involvement of hard-working dedicated volunteers as well as strong support provided by the Orthopaedic Section office staff. Financially, the Section's reserves will ensure that there are sufficient financial resources to allow it to continue to meet and exceed the expectations of the Section's members.

Going forward into the fifth decade, the Orthopaedic Section is well positioned to continue its leadership and support for the many important issues that affect the profession and practice of orthopaedic physical therapy in the evolving health care environment.

A graphic with a blue background and a bokeh effect. The text is centered and reads: "Join Us for our Anniversary Celebration".

*Join Us for our
Anniversary Celebration*

CSM – Las Vegas, NV

Wednesday, February 5th, 2014