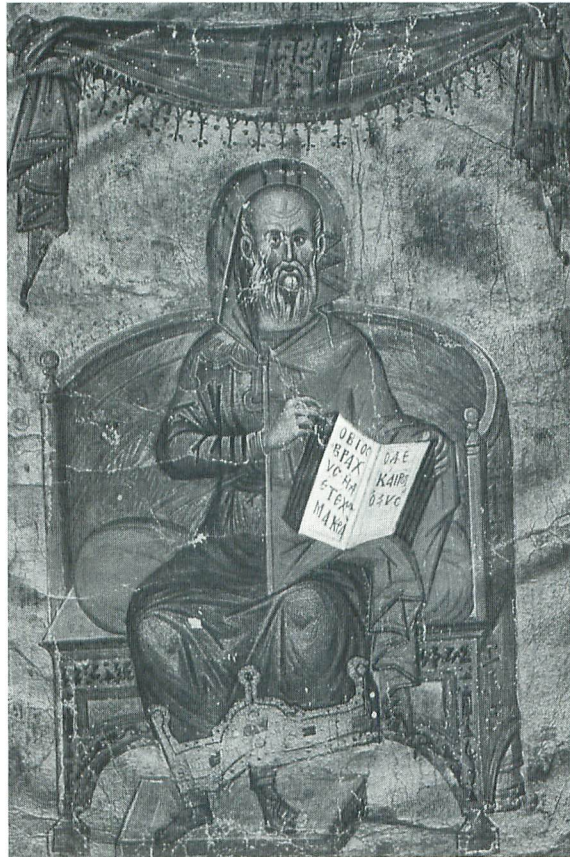


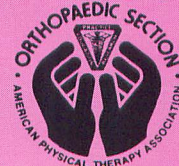
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Spring 1992

Orthopaedic Physical Therapy Practice



AN OFFICIAL PUBLICATION OF THE
ORTHOPAEDIC SECTION



AMERICAN PHYSICAL THERAPY ASSOCIATION

The Orthopaedic Section, A.P.T.A.
presents
**1992 REVIEW FOR
ADVANCED ORTHOPAEDIC COMPETENCIES**

**JULY 19 - 25
BALTIMORE, MARYLAND
Sheraton Inner Harbor Hotel**

MEETING A: July 19 - 21

TUITION: \$250 - Orthopaedic Section Members
\$300 - APTA Members
\$400 - non-APTA Members

THE WRIST AND HAND
Carol Waggy, P.T.

THE SHOULDER AND ELBOW
Sandy Burkart, P.T., Ph.D.

THE CERVICAL SPINE
Kent Timm, P.T., Ph.D., ATC, FACSM, OCS, SCS

MEETING B: July 22 - 25

TUITION: \$300 - Orthopaedic Section Members
\$350 - APTA Members
\$450 - non-APTA Members

THE KNEE
Mae Yahara, P.T., ATC

THE FOOT/ANKLE
Tom McPoil, P.T., Ph.D.

THE LOW BACK/SI JOINT/HIP
Paul Beattie, M.S., P.T., OCS

MEETING C: July 24 - 25

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

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

TUITION FOR MEETINGS A, B, AND C:

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

For More Information, complete the form below, detach and mail to:
Orthopaedic Section, APTA 505 King Street, Suite 103, La Crosse, WI 54601 *(800) 444-3982

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

REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES

Name _____ Day-Time Phone No. () _____

Address _____ City _____

State _____ Zip _____ APTA ID # _____

Check: Please register me for the following course(s): July 19-25, 1992: Mtg A ___ Mtg B ___ Mtg C ___ Mtgs A,B, and C ___

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 \$50 to your member rate fee.) ___

I would like more information. _____

Make checks payable to the Orthopaedic Section



Do you need: braille ___ interpreter ___ dietary needs ___

The Dogwood Institute, Inc.

1992 ORTHOPAEDIC SERIES

The Foot & Ankle

- Perform biomechanical evaluation of the lower quarter and interpret findings
- Distinguish normal and abnormal mechanics of the foot and ankle
- Develop a functional progression rehabilitation program for foot and ankle dysfunction following surgery and/or immobilization
- Determine orthotic treatment for foot and ankle dysfunction
- Fabricate a neutral foot cast for permanent orthotics

Length: 2 days Cost: \$295 CEU's 1.5

Knee: Effective Evaluation, Treatment & Rehabilitation

- Design rehabilitation protocols based on a knee evaluation
- Select modalities for treating soft tissue injuries
- Choose exercise equipment for advanced rehabilitation
- Evaluate function tests for the knee based on various activity levels
- Utilize programs emphasizing the closed kinetic chain

Length: 3 days Cost: \$375 CEU's 2.1

Head & Neck: Evaluation & Management of the Cervical Spine

- Recognize the common dysfunctions
- Perform a palpation examination
- Execute a diagonal-rotational-spiral cervical spine technique
- Identify rhythmic-mobility-coordinating-cognitive awareness exercises
- Appraise the appropriate cervical supports for night use

Length: 2 days Cost: \$295 CEU's 1.4

Head & Neck: Evaluation & Management of the Temporomandibular Joint

- Recognize various discondylar disorders and condylar translation
- Perform intraoral mobilization techniques
- Evaluate the rationale for an anterior reposition and non-positioning intraoral appliance
- Interpret the findings of a Temporomandibular Joint evaluation
- Execute an evaluation of the occlusion

Length: 2.5 days Cost: \$350 CEU's 2.0

Observational Gait Analysis

- Describe subclassifications of the swing and stance phases
- Review normal muscle, joint action and torque demands
- Increase ability to identify deviations, causes and clinical significance
- Implement treatment programs

Length: 2 days Cost: \$295 CEU's 1.5

The Simplistic Approach in the Management of Back Pain

- Identify the support and positioning to minimize pain while reclining, working, sleeping
- Adapt specific approaches to seating patients with asymmetrical pelvis
- Find and maintain lumbar spine positions
- Teach psychomotor skills to patients to aid control of trunk positions and movements

Length: 2 days Cost: \$350 CEU's 1.6

Shoulder: Mechanics & Rehabilitation

- Identify the normal shoulder movement
- Evaluate the soft tissue interrelationship of the cervical spine
- Perform individual mobilization techniques to the shoulder
- Analyze surgical procedures for repair of shoulder macro and microtrauma

Length: 3 days Cost: \$375 CEU's 2.1

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- Evaluate the principles of exercise and exercise progression
- Identify the mechanics/techniques of the shoulder girdle during swimming, tennis, golf, gymnastics, throwing sports and football
- Examine patho-mechanics of overuse injuries
- Develop individualized treatment programs

Length: 2 days Cost: \$295 CEU's 1.5

Reflex Sympathetic Dystrophy Syndrome

- Recognize and identify the major components of RSDS
- Interpret the results of the clinical testing and diagnostics
- Classify and recognize the staging process
- Choose and execute a treatment program
- Execute a treatment program
- Prepare patients for care presentations

Length: 1.5 days Cost: \$225 CEU's 1.2

Gait Analysis For Clinicians

- Describe the kinematics and kinetics
- Identify deviations
- Differentiate the possible causes of deviations
- Select appropriate techniques & equipment to document patient performance & treatment

Length: 2 days Cost: \$295 CEU's 1.5

Prosthetics

- Compare current prosthetic components and designs
- Relate biomechanical principles to socket design & prosthetic alignment
- Perform static & dynamic evaluations
- Increase the functional capacity of patients

Length: 2 days Cost: \$295 CEU's 1.2

COURSE	1992	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Foot and Ankle			18 - 19 Milwaukee, WI	29 - 30 Washington, DC	19 - 20 New Orleans, LA	3 - 4 Rapid City, SD 17 - 18 Albuquerque, NM	7 - 8 Boston, MA 14 - 15 Chicago, IL	
Knee		12 - 14 Philadelphia, PA	17 - 19 Milwaukee, WI	14 - 16 Nashville, TN	18 - 20 Los Angeles, CA	9 - 11 Chicago, IL	6 - 8 Savannah, GA	11 - 13 Medford, MA
Cervical Spine		27 - 28 St. Louis, MO	18 - 19 San Antonio, TX	15 - 16 Rochester, NY	12 - 13 Johnstown, PA			
TMJ					25 - 27 Birmingham, AL		13 - 15 Chicago, IL	
Gait Analysis				29 - 30 Lansing, MI			7 - 8 Mesa, AZ	
Back Pain			25 - 26 Minneapolis, MN			23 - 24 Los Angeles, CA		5 - 6 Jacksonville, FL
Shoulder		26 - 28 Minneapolis, MN			11 - 13 Pittsburgh, PA	9 - 11 Atlanta, GA 23-25 Chicago, IL	6 - 8 Renton, WA	11 - 13 Mobile, AL
Sporting Shoulder			25 - 26 Los Angeles, CA					5-6 New Orleans, LA 12-13 Charlottesville, VA
RSDS						3 - 4 Washington, DC		
Gait Analysis for Clinicians				8 - 9 San Diego, CA				
Prosthetics			11 - 12 Baton Rouge, LA			3 - 4 Milwaukee, WI		

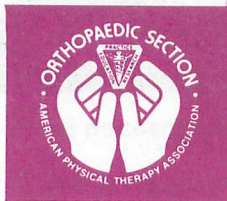
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Hippocrates as envisioned by a Byzantine artist in the 14th century. Bibliotheque Nationale, Paris.

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Chair Commentary

A CLASH BETWEEN ETHICS AND ECONOMICS

The headlines in the December 23/30, 1991, American Medical News read: "Most doctor self-referral deemed unethical; house approves guidelines." The article is referring to a report by the AMA Council on Ethical and Judicial Affairs which won approval by the 1991 AMA House of Delegates. The report is the AMA's strongest statement yet on physician self referral.

Three studies that provided original data and analysis of the effects of self-referral on utilization and cost to the AMA Council on Ethical and Judicial Affairs were cited in the report. The HHS study (Financial Arrangements Between Physicians and Health Care Facilities, a 1989 report by the Office of Inspector General of the Department of Health and Human Services) found that self-referring physicians referred patients for clinical lab testing at a 45% higher rate than non-investing physicians. The Florida study (Joint Ventures Among Health Care Providers in Florida, a 1991 report by the State of Florida Health Care Cost Containment Board) concluded that physicians' utilization of clinical labs, diagnostic imaging centers and physical therapy/rehabilitation centers was significantly higher where physicians were owners. The Hillman et al study (New England Journal of Medicine, December 6, 1990) concluded that physicians with a financial interest in diagnostic imaging facilities referred patients at a rate of 4-4.5 times that of non-investing physicians.

At the heart of the AMA Council's view of this issue is its "conviction that, however others may see the profession, physicians are not simply business people with high standards. Physicians are engaged in the special calling of healing, and, in that calling, they are fiduciaries of their patients. They have different and higher duties than even the most ethical business person. This is the teaching of the Hip-

pocratic Oath and of the great modern teachers of ethical behavior. There are some activities involving their patients which physicians should avoid whether there is evidence of abuse or not."

In addition to approving guidelines about self-referral, "one that finds the practice presumptively inconsistent with the physician's fiduciary duty when adequate alternative facilities exist," the AMA council also established new and stricter formal standards for those physicians who invest in outside facilities and refer. "Only where physicians can demonstrate both the absence of adequate alternative facilities—a plain medical need—and the absence of alternative financing should self-referral take place."

With regard to physicians who have already invested in facilities, the Council states that physicians should "reevaluate their activity in accordance with this report and comply with the guidelines in this report to the fullest extent possible."

Both the AMA and the APTA have taken strong stands against physician self-referral, the practice of doctors sending patients to medical facilities in which they have a financial interest. The conclusions reached by the AMA and the APTA are highly significant for physicians and physical therapists.

If physicians and physical therapists cannot behave ethically they will invite legislative action to restrict referral for profit situations. Obviously, self regulation is capable of addressing the real and potential abuses that are inherent in joint ventures between physicians and physical therapists. Physicians and physical therapists will be better served professionally if they police themselves.

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

**RESEARCH COMMITTEE OF THE ORTHOPAEDIC SECTION
APTA, INC**

**CALL FOR PARTICIPANTS
RESEARCH PLATFORM AND POSTER PRESENTATIONS
APTA COMBINED SECTIONS MEETING
SAN ANTONIO, TEXAS, FEBRUARY 4-7, 1993**

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

LIMITATIONS:

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

Each prospective presenter may submit no more than two abstracts. These abstracts must contain original material and may not have been presented at any national meeting or published prior to the 1993 CSM.

SUBMISSION REQUIREMENTS:

Deadline for Receipt of Abstract: Abstracts must be received at the address below by September 1, 1992.

Address abstracts to:

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

Format for Abstracts: The abstract must be typed double-spaced on one side of a single 8½" x 11" sheet of paper. The type must be 10 point or larger and produced on an electric typewriter, letter quality printer (impact or laser) or a high quality dot matrix printer with near-letter-quality type. The abstract must use standard abbreviations and should not contain subheadings, figures, tables of data or information that would identify the authors or the institution. Margins for the BODY of the text must be 1" on all sides.

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

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

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

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

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

CONTENT:

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

EVALUATION AND SELECTION:

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

MAKING IT EASIER TO SAVE

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

It's true—the best things in life are free. But the rest of the things in life cost plenty, and life can get complicated—not to mention uncomfortable—if you can't pay for them.

That's why more Americans need to seriously start putting money aside for the future. This may be the most important lesson younger Americans have to learn. And the hardest.

Who thinks about saving for retirement when you're trying to buy your first house? When your car needs to be replaced? When your daughter is accepted by Stanford?

But the time has come to change our thinking. Americans must make saving a part of our lives if we want to continue living well. On average, Social Security payments provide only 22 percent of the income of retirees who have annual incomes over \$20,000. Company pensions provide only 18 percent. Another 34 percent comes from investments and 24 percent from earnings.

It's important to remember, too, that those figures about retirement incomes are for currently retired people. In the future, individual effort will play an even larger role in retirement incomes. That's because fewer companies are offering traditional pension programs. More are offering plans such as the 401(k), which requires that employees contribute to and manage their own accounts. Also, fewer employees can count on long-term careers with employers who will provide pensions.

Employees can count on themselves, however. They can seek sound investment advice. And they can train themselves to be disciplined savers.

One helpful route to disciplined saving is dollar cost averaging. With this strategy, an investor buys equal amounts of a mutual fund (or another investment) at regular intervals. This helps an investor avoid buying at market peaks. Here's an example of how dollar cost averaging works:

You decide to invest savings of \$300 a month in a mutual fund. In January the fund is priced at \$30 a share, so that month you buy 10 shares. In February, the

fund is down to \$25 a share, so your \$300 buys 12 shares. Then in March, the fund is up to \$35 a share, and you get 8.6 shares.

Your \$900 investment over that three-month period brought your total holdings to 30.6 shares, obtained at an average price per share of \$29.41.

Had you invested the entire \$900 in the same mutual fund in January, you would have paid a slightly higher per-share price and owned slightly fewer shares. Of course, if you had perfect timing (and \$900 available), you would have invested in the fund in February and paid \$25 per share to obtain 36 shares. It would have been another story altogether in March, however. Had you waited until then to invest \$900 in the fund, you would have paid dearly, obtaining a total of 25.7 shares for an average price of \$35.

If this all sounds confusing, a good investment adviser can help you decide whether dollar cost averaging would be a good strategy for your investment objectives. Generally, dollar cost averaging is most suitable for long-term accounts such as retirement savings. For many Americans it can be a painless way to deal with market volatility while building a retirement account.

If you're interested in finding out how saving through dollar cost averaging can work for you, contact me through the Orthopaedic Section office.



PRESIDENT'S MESSAGE

This will be my last presidential message to you, the members of the Orthopaedic Section. My term of office will be terminating after the close of Annual Conference of the APTA in Denver, Colorado. I have had the opportunity to have served as your President for two consecutive terms over the past five years. This leaves me with the distinction of having served longer than any other President since the formation of the Orthopaedic Section.

Many changes have taken place over these five years ranging from financial growth to program expansion. Most of these changes can be credited and attributed to the officers who so competently guided the Section and you the members who participated in programs, meetings, and courses and in many cases initiated the ideas for these activities. When I was first elected as President-Elect in 1985 the budget of the Section was approximately \$200,000 of which 90% was comprised of the *JOSPT*. Today the Section's budget is in excess of \$1.3 million of which only 38% is comprised of the *JOSPT*. This fact alone demonstrates the energy imparted in the development of activities and programs which made us less dependent on dues revenue. Solidifying a strong basis of non-dues income has helped to secure our financial status which does not fluctuate with membership increases or declines.

Additionally, the separation of the *JOSPT* budget from the Section's accounting took place during the past two years. What initially appeared to be merely a housekeeping task became an activity which spanned nearly two budget periods. This arduous process was spearheaded by our treasurer John Wadsworth, whose skills in accounting guided the officers and staff through the maze of financial forestry. We thank you John for completing the task of bringing the Section from paper, pencil and recollection to high technology and well formulated policy.

The most notable event that transpired in the last five years and the one which will stand out in my memory as I reflect over my terms in office, is the completion of the advance competency process and the initiation of Board Certification in Orthopaedic Physical Therapy. This was the sole task which I set as our major

goal to complete within my first term of office and the outcome upon which I measured success. This success would not have become a reality without the commitment, leadership and exorbitant amount of time invested by the three members of the Orthopaedic Specialty Council (OSC) who were appointed 90 days before the ABPTS deadline, Dr. Joe McCulloch (Chair), Susan Stralka and Rick Ritter. To these individuals I give my sincerest thanks and the Section's indebtedness.

I could not reflect over the past five years without remembering our special events and quality continuing education programs which were initiated and successfully presented. We initiated a public relations effort in 1988 to increase our visibility and commitment to research and minority scholarship. Out of this effort came the slogan "*A Touch of Class*" and the initiation of the "*Black Tie and Roses*" reception. This reception began with the recognition of Dr. Steven J. Rose, PT for his contributions to orthopaedic research. This event has continued to recognize outstanding research activities in orthopaedics as demonstrated by annual publications and now has five other recipients. Additionally, the reception has continued to grow and now achieves an annual attendance at CSM for over 300 physical therapists.

In 1990 the Section celebrated its 15th anniversary. This occasion was highlighted by a fund raising event for minority scholarships which featured a dinner and concert by "*Nancy Wilson*". All of the past presidents of the Section were recognized and a distinguished service award was developed to honor the founder and first chair of the Section, "*Stanley V. Paris, PT*". I am fortunate to have had the opportunity to serve as President of the Section during these very memorable events in time.

To complete the "*The Touch of Class*" public relations effort, the Section began a concerted effort to present joint programming with other Sections at CSM and to develop a "*Review for Advanced Orthopaedic Competencies Course*". Today, the Section does cooperative programs with all sixteen Sections of APTA and enjoys the largest share of profits from CSM on an annual basis. Additionally, the Review Course which is presented in July, now draws over 150 physical

therapists yearly. These continuing education programs have been created and directed over the past five years by our Education Program Chair, Dr. Annette Iglarsh. Having served as program chair for the Section for five years prior to Annette, I am impressed with the creativity and foresightedness which Annette has demonstrated in consistently developing new and progressive educational programs to offer our members. We appreciate the time and energy given to the Section and we thank you Annette for all of your contributions.

This past eighteen months have brought many new and exciting activities to the Section's agenda. A Special Interest Group (SIG) on Industrial Physical Therapy was formed, spearheaded by Susan Isernhagen. This SIG has a current membership of approximately 150 physical therapists. Additionally, groups interested in manual therapy, the foot and ankle, and the performing arts have organized. Although, these groups have not yet petitioned to be recognized Special Interest Groups of the Section, these physical therapists have organized comprehensive educational programs for future Combined Section Meetings.

The formation of the SIG for Industrial Physical Therapy and the development of potential SIG in other areas has strengthened the Orthopaedic Section. It has produced both increased membership and increased involvement of members in the Section. At our business meeting in San Francisco at CSM this past February, we had over 100 members in attendance. This membership was representative and reflective of the interest and involvement of physical therapist's within these interest areas. We look forward with great anticipation to continued growth and development of these groups and ultimately the Section.

Lastly, I wish to acknowledge and thank the Section staff at our office in La Crosse. Their involvement and management has increased significantly over the past four years. Many of the activities we undertook could not have been accomplished without them. We can no longer function solely on volunteerism but we are better for our expansion. On behalf of the Section, I extend our thanks to Terri, Sharon and Nancy for their time, energy and expertise.

As Annual Conference draws near and I conclude my five year term as President, I look back with the satisfaction that the Section has substantially developed. It was not without obstacles, frustration and anxiety by many, but out of this turmoil has come maturity and tolerance. Tolerance and maturity that has helped us develop an understanding that things will change and out of change comes growth.

In retrospect, my years of service to the Section have been rewarding. I have attempted to contribute more than I have gleaned and only wish that these contri-

butions have been as beneficial to the Section as I intended. I will continue to serve on the Executive Committee during 1992—1993 as the Immediate Past President and will assist the new President in any way possible.

I wish to thank the many members and the Section who nominated me to be slated for the Board of Directors of the APTA this coming June. Additionally, I wish to thank all the members of the Section for having elected me as your President for two consecutive terms. I have grown and benefitted immensely and am honored and proud to have had the op-

portunity to have worked with you and the Section in our efforts to promote Orthopaedic Physical Therapy within our profession.



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

If you are interested in acting as a mentor to fellow Orthopaedic Section members who are interested in obtaining on-site clinical training in your specialty area please call or send the information listed below to the Orthopaedic Section office.

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

The Section will make this information available to all members by publishing a list of mentors and their specialty areas in *Orthopaedic Practice* on an ongoing basis.

Please feel free to call the Section office if you would like more information. Our toll free telephone number is 800-444-3982.

ORTHOPAEDIC MENTOR INFORMATION

Name _____

Credentials _____

Address _____

Day time phone _____

Specialty area(s) _____

Brief Description of Practice _____

Would involve a fee yes (fee negotiable with individual)

no

Interested in long term mentoring (give length of time) _____

short term mentoring (give length of time) _____

PARIS DISTINGUISHED SERVICE AWARD

PURPOSE

1. To acknowledge and honor a most outstanding Orthopaedic Section member whose contributions to the Section are of exceptional and enduring value.
2. To provide an opportunity for the recipient to share his or her achievements and ideas with the membership through a lecture presented at an APTA Combined Sections Meeting.

ELIGIBILITY

1. The nominee must be a member of the Orthopaedic Section, APTA, Inc., who has made a distinguished contribution to the Section.
2. Members of the Executive Committee and members of the Awards Committee shall not be eligible for the award during their term of office.

CRITERIA FOR SELECTION

1. The Nominee shall have made substantial contributions to the Section in one or more of the following areas:
 - a. Demonstrated prominent leadership in advancing the interests and objectives of the Section.
 - b. Utilized exceptional ability and influence to promote the science, education, and practice of orthopaedic physical therapy.
 - c. Obtained professional recognition and respect for the Section's achievements.
 - d. Advanced public awareness of orthopaedic physical therapy.
 - e. Served as an accomplished role model, and provided incentive for other members to reach their highest potential.
 - f. Utilized notable talents in writing, teaching, research, administration, and/or clinical practice to assist the Section and its membership in achieving their goals.
2. The nominee shall possess the ability to present a keynote lecture, as evidenced by:
 - a. Acknowledged skills in the organization and presentation of written and oral communications of substantial length.
 - b. Background and knowledge sufficient

PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Administrative Director at the Section office by December 1, for consideration for the award in the following year.
3. The materials submitted for each nomination shall include the following:
 - a. One support statement from the nominator, indicating reasons for the nomination, and clarifying the relationship

between the nominator and nominee.

- b. Support statements from four professional colleagues.
 - c. Support statements from two individuals who are not physical therapists, but have been involved with the Section through association with the nominee.
 - d. Support statement from four Orthopaedic Section former or current officers or committee chairs.
 - e. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

PROCEDURE FOR REVIEW AND SELECTION

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

LECTURE

1. The recipient will present his/her lecture at a Section "Awards Session" at the APTA Combined Sections Meeting. The lecture should not last longer than thirty minutes.
2. The title of the lecture will be left to the discretion of the recipient.
3. The lecture should focus on the recipient's ideas and contributions to the Section and orthopaedic physical therapy.
4. The recipient will be invited to submit a written copy of the lecture for publication in the Section's official publication *Orthopaedic Physical Therapy Practice*.

NOTIFICATION OF THE AWARD

1. The President of the Section will notify the recipient by April 1st and obtain written confirmation of acceptance from him/her, by May 1st.
2. The name of the recipient will be kept

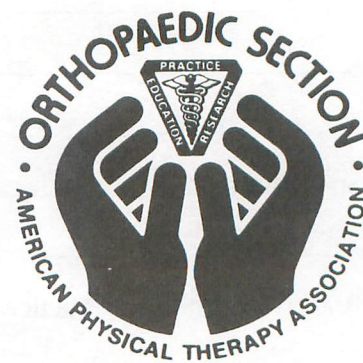
confidential until announced at the APTA Annual Conference following the selection, approximately 8 months before he/she is to present the lecture.

3. The award will be presented at the APTA Combined Sections Meeting following presentation of the lecture.
4. Those nominees not selected will be so informed in writing.
5. The nominators of individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.

THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the U.S. or Canada to the Combined Sections Meeting at which the lecture is presented, two days per diem consistent with the Section's current reimbursement rates and one day's conference registration.
2. On the occasion of the presentation of the lecture, the awardee will receive an appropriate plaque and an honorarium of \$250.
3. The recipient's name and date of award will also be inscribed on a Distinguished Service Lecture Award plaque that is retained and displayed in the Section's headquarters.

Please submit any nominations to the Section office by December 1, 1992.



AWARD WINNERS HONORED AT CSM

PARIS DISTINGUISHED SERVICE AWARD RECIPIENT



James A. Gould, M.S., P.T. Recipient of the 1992 Paris Distinguished Service Award.

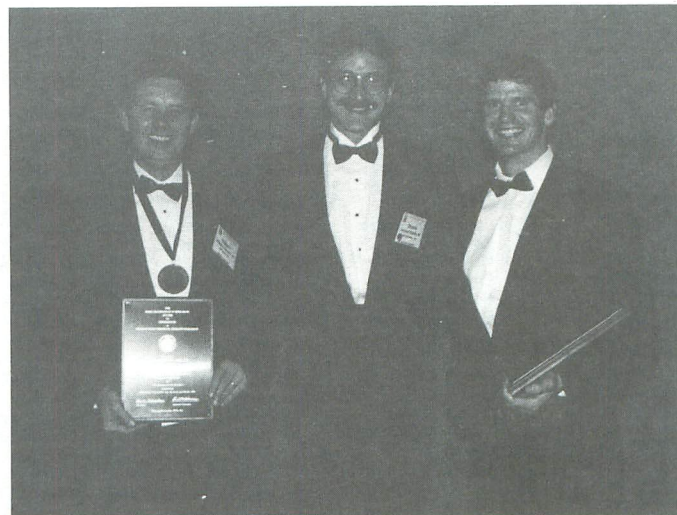


Dr. Jan Richardson, President of the Orthopaedic Section, congratulates James Gould who is shown with his wife, Debbie and daughter, Kim.

Jim delivered the Paris Distinguished Service Award lecture to several hundred therapists in February at the Combined Sections Meeting in San Francisco. The lecture provided an insider's look at the *Journal of Orthopaedic and Sports Physical Therapy* which Jim founded for the Orthopaedic Section and Sports Physical Therapy Section in 1979. His message to colleagues was to emphasize the balance between art and science in the practice and research of physical therapy.

Jim is currently an Associate Professor at the University of Wisconsin in La Crosse, Wisconsin and co-owner of OPTions Physical Therapy, a clinical practice in La Crosse.

ROSE EXCELLENCE IN RESEARCH AWARD RECIPIENTS



Pictured above are Dr. William Hanten, Daniel Riddle, Chairman of the Research Committee of the Orthopaedic Section, and Dr. Shane Schulthies. Hanten and Schulthies co-authored the Rose Excellence in Research Award winning article.



Dr. Jan Richardson, President of the Orthopaedic Section, is shown congratulating Dr. William Hanten (on the left) and Dr. Shane Schulthies.

The winner of the 1992 Rose Excellence in Research Award was Dr. William Hanten and Dr. Shane Schulthies. Dr. Hanten is Professor in the School of Physical Therapy, Texas Women's University in Houston, Texas. Dr. Schulthies is Assistant Professor in the Department of Physical Education at Brigham Young University in Salt Lake City, Utah. The award winning paper published by Hanten and Schulthies is entitled "Exercise Effect on Electromyographic Activity of the Vastus Medialis Oblique and Vastus Lateralis Muscles". The paper was published in the journal *Physical Therapy* in September 1990.

BECOME A CRITICAL CONSUMER OF YOUR CONTINUING EDUCATION

By Carol Jo Tichenor, MA, PT
Director, Kaiser Permanente Hayward, Physical Therapy Residency
Program in Advanced Orthopaedic Manual Therapy

The continuing education options for physical therapists have expanded rapidly in the past fifteen years. In 1979, Seymour et al. (17) surveyed 903 physical therapists in the Southeastern United States. The authors reported that a majority of the therapists keep themselves up-to-date in professional practice, mainly through discussions with colleagues, study groups, and inservice training. Today, physical therapists are deluged by a broad spectrum of weekend workshops and symposia, lecture series, residency programs, refresher courses, teleconferences, self-study modules, audio and videotapes, state and national conferences and research forums. Competition among continuing education providers is keen as evidenced by the increasingly elaborate advertising in our physical therapy publications and by the onslaught of brochures that we receive each week at home and at work. Professional training organizations have responded to the growing market and are adding their knowledge of "what will sell" to the development of more courses.

Given the number of continuing education choices available to physical therapists, it is certainly possible to build an "impressive" resume of eight to ten continuing education courses in orthopaedic physical therapy within only two years of clinical practice. Such coursework can genuinely impact the therapist's clinical practice or can lead one into a false sense of competency. Quantity does not imply quality. Many therapists complain that their continuing education background is filled with "bits and pieces" of information. Physical therapists must become critical consumers of the coursework they select in order to develop a solid, organized educational background. Short and long term courses and residency programs are only a part of the multiple avenues for professional enrichment. This article will briefly review some of the issues surrounding continuing education for the health professions and will outline several of the critical questions which physical therapists may want to consider in evaluating educational programs and developing a continuing education strategy for themselves.

Background

Rapid changes in the delivery of health care, increasingly complex technology and demands for accountability are factors which motivate physical therapists to take continuing education. Other factors affecting a professional's interest and participation in continuing education may include 1) personal enrichment, driven by the desire to broaden one's perspective or redirect a vocation, 2) expansion of professional contacts within the practice setting or at conferences, 3) individual curiosity, 4) fulfillment of employer's requirement, 5) fulfillment of licensure requirements. (2) 6) commitment to affect the level of practice of a profession; to become one of the "movers and shakers of a profession." (1)

In the 1970's, research into continuing education approaches and effectiveness was initially influenced by the rise of mandatory continuing education (MCE), with much of the literature deriving from nursing, dental and physician practice. The subject of requiring health professionals to take coursework to maintain professional currency and as a requirement for licensure remains controversial across the health professions. A survey of the pros and cons of MCE and results of three surveys of physical therapists and other health professions with and without MCE are included in a study by Finley (6).

One of the major areas of controversy surrounding MCE is whether participation in course offerings results in significant changes in patient care by the health professionals attending those programs. Fragmentation of the educational process, limited relevancy and continuity, little long term effect on quality of care, and insignificant influence on medical malpractice are expressed by professionals concerned about the necessity and effectiveness of MCE. (3,8,13,14)

Evaluating the effect of continuing education on resultant practice is a tremendously complex problem. There are an increasing number of studies which are attempting to address concerns related to continuing education outcomes. Investigators are attempting to identify more ef-

fective marketing strategies as a precursor to more creative and better managed programs (12), and to identify future continuing education needs of professionals. (16) Other investigators are developing and testing more complex teaching and evaluation strategies (4,9,11,15), some of which take into consideration the work and management climates which provide support to the returning health professional. (5)

Over the past decade, terminology to describe continuing education has broadened. "Continuing professional education", "continued learning", and "continued refreshment" sound more appropriate as these phrases recognize the individual's responsibility to "diagnose his or her own learning needs". (18) Houle's description of the fourteen characteristics which need to be considered in any educational program reinforces the critical relationship between the individual's continued learning and the growth of a profession. Every person who practices a profession, "needs to understand the evolving nature of its central mission, to be aware of relevant new developments in its basic disciplines, to improve competence, to use the theories and techniques of innovative practice, to apply the ethical principles required in a constantly changing work and social environment, to strengthen and sustain a responsibly coherent profession, . . . to collaborate with members of other professions and to present the profession responsibly in all relationships with the persons he or she serves." (7)

Developing a personal strategy: Sort through confusing terminology and establish goals

Within our profession, there is a confusing array of terminology to describe short and long term courses and residency programs. For simplicity, coursework will be grouped into three categories. The differentiation of a "long term course" from a "residency program" will certainly create the most controversy as these terms are used loosely in our profession. General characteristics of course format and faculty are described for each category. Certainly,

variations of these major groupings will occur.

Short term courses includes week-end or several day workshops, clinical symposia, seminars, and conventions. One or more instructors with expertise in the content area provide instruction. Courses follow a lecture only, lecture with patient demonstration, or lecture/laboratory/patient demonstration format.

Long term course includes sequentially organized series of courses which require pre-requisites to move on to the next level. Coursework may be directed toward a special credentialing or certification. Different instructors may teach each segment in the series. Long term coursework may also include a 6, 12, or 18-month course which requires participants to receive training approximately once per week for several hours. Such coursework generally involves a small core of instructors consistently throughout the process. Long term courses generally do not include supervision with patients.

Residency programs will include intensive clinical training programs (3-5 days/week) involving lecture and laboratory instruction and patient care. Programs generally include direct clinical supervision by program faculty on a consistent basis or at selected periods in the training. Residency programs usually extend several months up to approximately two years. Most residency programs test clinical competence using live patient examinations in a clinical environment.

The first step in becoming a critical consumer of continuing education involves self-analysis of personal constraints and professional goals. Persons new to the profession, re-entering the profession or wanting a change in specialization, may prefer taking selected short term courses with lecture and patient demonstration for exposure to current theory and practice. Financial constraints may prevent the therapist with several years experience in orthopaedics from attending a residency program. Therefore, a well planned sequence of short and long term courses may be appropriate for their continuing education strategy. Others may elect to progress through the whole gamut from short term courses to a residency program, a plan that may take several years to complete. Once goals and restraints are recognized, you will be in a position to more effectively evaluate and select educational programs.

Consideration to guide selection of coursework

Short term courses. Course providers should welcome questions from potential participants. Table 1 lists possible questions which may help in determining whether a course will meet your educational goals before registration occurs. Some of these questions might be answered by the course brochure. Others may require calling the course provider or other physical therapists who have taken the course.

QUESTIONS TO CONSIDER IN SELECTING SHORT TERM COURSES

- What is the expertise of the instructors in teaching? Do the instructors have theoretical expertise and/or clinical expertise in the subject area?
- Have the instructors taught the course before? Consider contacting other therapists who have taken the course to learn more about the delivery style of the instructors. An expert clinician does not necessarily make an effective teacher.
- How much lecture and lab time has been allotted for each topic?
- What is the instructor:participant ratio?
- Are additional lab assistants available?
- Does the course outline reflect the level of the course material? Courses advertised as "basic" do not always "sell" in the continuing education market, hence, courses are sometimes advertised as "intermediate".
- Will patient demonstrations be included in the course? When? How many?

TABLE 1

Long term courses. Questions listed in Table 1 are also relevant in considering a long term course. The time, effort and financial resources for a long term course requires you to critique the proposed coursework and instructors in even greater detail. Thus, additional questions are listed in Table 2. With the extended contact of a long term course, it is particularly important to investigate the degree to which clinical problem solving skills are covered. Some courses may stress technique acquisition and devote limited time to the clinical judgement involved in selection of technique and treatment progression. These latter skills are an integral part of clinical decision making, no matter what treatment techniques a therapist learns.

After gathering information about a short or long term course, you will need to judge whether the material can be

adequately covered with the projected number of participants. If you are interested in courses that will provide ample laboratory time for demonstration and feedback on examination and treatment techniques, the student:teacher ratio will be critical. There are highly variable numbers for instructor:participant ratios in continuing education courses. Too frequently economic factors override learning needs. Consider favorably those course instructors who reflect a commitment to teaching with limited enrollment and with ample laboratory time if your goal is to improve hands-on skills. Too often, physical therapists express concern that lecture/laboratory courses with excessive instructor:participant ratios are "all that is available". Continuing education courses will not change unless therapists consistently communicate their learning needs to course providers.

QUESTIONS TO CONSIDER IN SELECTING A LONG TERM COURSE

- If there are several courses given in a series by different instructors, how are the courses designed to relate to each other and build upon the participant's skills?
- Are there scheduled periods when participants will receive written or verbal feedback on progress?
- What additional learning activities do the instructors incorporate into the coursework, e.g. case study analysis, live or videotape patient demonstrations, special readings in the literature, etc.?
- If the course series culminates in a special certification or credentialing, what is the nature of this process?
- What has been the pass-fail rate of participants?
- Based on feedback from participants, what changes have occurred in the course over time?

TABLE 2

Residency programs. Participation in a residency program involves a tremendous commitment of time, energy, and financial resources, especially if this requires moving to another state. Competition to gain entrance into a residency program may be keen, however, the selection process is a two-way street. Faculty members of a residency program are willing to invest a tremendous amount of time and resources with the candidate they select. Faculty look for candidates who will likewise return the same level of commitment to a program.

In addition to basic questions related to admission requirements, tuition, salary (if any) during training, and housing, Table 3 lists possible questions which should be considered in selecting a residency program. Again, these questions build upon those already presented in Tables 1 and 2. Never make decisions solely on program brochure information. A succinct, yet well planned phone call to the program director or faculty member of a residency program will provide much information that cannot be covered in a brochure. Be convinced that the residency program will substantially impact your short and long term professional goals. Ask to talk to current residents of the program to discuss their perception of the content and the learning atmosphere of the program and to graduates of the program to discuss future career options as a result of the training.

QUESTIONS TO CONSIDER IN SELECTING A RESIDENCY PROGRAM

- Does the program emphasize any particular treatment approaches? How many hours are devoted to each approach?
- How many curriculum hours are devoted to other areas, e.g. anatomy, neurophysiology, biomechanics, medical lectures, research methodology, etc.?
- Does the resident provide patient care as part of the training? Is there a diverse caseload?
- Does the resident receive 1:1 supervision during patient care? How many hours/week? How is feedback given?
- Are there any additional small group seminars or tutorials with faculty?
- What is the educational background of the faculty and how long have they been teaching in the program? How long have they been practicing clinicians?
- Are faculty involved consistently in teaching throughout the training period or are they brought in to teach selected modules?
- What is a typical training week? (e.g. afternoon, weekend, and evening classes, patient treatment times)
- How are residents evaluated and with what frequency?
- What is the relationship between the instructors and residents? What do instructors do to promote a good learning atmosphere with residents?
- What are the graduates of the program doing?
- What is the program philosophy and how is it implemented in the program?

TABLE 3

Questions about a residency program should be asked in detail well before making formal application. This will help in making a decision as to the appropriateness of the residency program in meeting your professional goals and will assist you in tailoring the application to your advantage. As you learn about a residency program, you should be able to glean from your discussion, changes which have occurred in the program during its history and any changes planned for the future. One would expect the program director to speak openly about the "pros" and "cons" of a program. A good match for an applicant is also a good match for the program.

Becoming a critical consumer of continuing education requires considerable time and effort in researching whether the course or program fits your personal constraints and professional goals. Hopefully, the questions posed in this article will motivate physical therapists to develop a personal strategy for continuing education and carefully select coursework that will convert those "bits and pieces" of information into a strong educational background. Underlying individual commitment to improve and expand competency with continuing education are broader issues that will also need to be addressed by our profession. How will continuing education combine with master's degree preparation and/or specialty examinations to improve the professional image and the underlying knowledge base of the physical therapist? How will it affect our readiness to meet the responsibilities of direct access? Is our educational background, including continuing education, really preparing us to become primary care providers? A physical therapist who is truly a critical consumer of continuing education becomes the driving force for these issues to be addressed and for our profession to continue to meet the changing demands of health care delivery.

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1992 MASTER CALENDAR

May

S	M	T	W	T	F	S
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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

- 1 Watch for Physical Therapy Month information in the May/June issue of *Clinical Management*
- 15 OP Mailing Date
JOSPT Mailing Date
- 16-17 Special Interest Group Officer Meeting - Phoenix, AZ
- 25 HOLIDAY—Memorial Day

August

S	M	T	W	T	F	S
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June

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28	29	30				

JUNE

- 12 7:00-Noon Pre-Executive Committee Meeting - Denver, CO, Section Suite
- 14-16 Annual Conference - Denver, CO
 - 9:00-10:00 Head & Neck Roundtable - Rm A214
 - 9:00-10:00 Industrial Physical Therapy SIG Mtg - Rm C103
 - 10:00-Noon Orthopaedic Section Business Mtg - Rm A214
 - 1:30- 3:30 Finance Committee Mtg - Section Suite
 - 9:30-11:00 p.m. Orthopaedic Candidate/Delegate Reception - Colorado Ballroom, Marriott Salons A & B
- 15 1:00- 3:00 JOSPT Advisory Meeting - Section Suite
- 16 10:00-Noon Post Executive Committee Mtg - Section Suite
- 19 JOSPT Mailing Date
- 29 Material due - August issue OP

September

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July

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12	13	14	15	16	17	18
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JULY

- 4 HOLIDAY—4th of July
- 19-25 "Review for Advanced Orthopaedic Competencies" Course, Baltimore, MD

October

S	M	T	W	T	F	S
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25	26	27	28	29	30	31

AUGUST

- 14 OP Mailing Date
- 18 JOSPT Mailing Date
- 28-30 Finance Committee Meeting - La Crosse, WI

SHORT TERM COURSES

INSTRUCTIONS FOR SHORT-TERM COURSE ADVERTISEMENTS

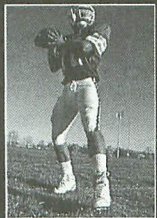
Advertisers are requested to include all necessary information for prospective course participants. The Orthopaedic Physical Therapy Practice is published 4 times per year-January, May, August, November. Ad deadlines are the first day of the preceding month. Rates are \$5.00 per line. Lines may be estimated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

THE TENTH ANNUAL SPORTS MEDICINE WORKSHOP "THE LOWER EXTREMITY", June 23-25, 1992. An

Interdisciplinary Program for Athletic Trainers, Physical Therapists and Sports Medicine Clinicians. Including: Human Cadaver Dissection. Program Directors: Mark Doughtie, ATC, James Morehead, PhD, & John Richmond, MD. For further information: Tufts University School of Medicine, Office of Continuing Education, 136 Harris Avenue, Boston, MA 02111.

#1 IN COMFORT, QUALITY AND DURABILITY

Athletes Prefer Swede-O-Universal Ankle Brace



In a recent study, athletes preferred Swede-O-Universal's ankle brace as **MOST** comfortable and **MOST** supportive.

The market-leading manufacturer of ankle braces introduces a new, **EVEN MORE COMFORTABLE** model:

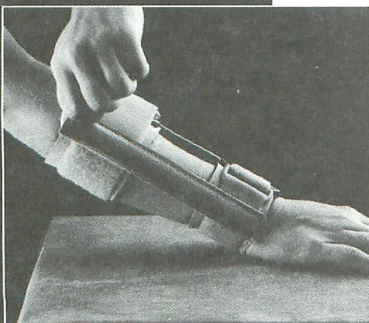
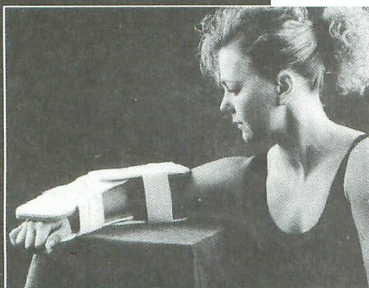
- All-new white Multi-Sport™ mesh ankle brace has vented, breathable material that is softer, so it molds better; it's 1 1/4 inches taller, giving higher support; the same flexible spiral steel stay found in all Swede-O-Universal ankle braces adds support to reduce risk of re-injury to inversion or eversion sprains.
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PRACTICE FORUM

"THE NEW ACADEMY"

By Garvice G. Nicholson, MS, PT, OCS
Chair, Practice Affairs Committee

There is perhaps nothing more influential on the evolution of physical therapy practice than the formation of organizations with special interests. One such organization is the recently formed American Academy of Orthopaedic Manual Physical Therapists (AAOMPT). As an Orthopaedic Section member who has a strong interest in manual therapy, I thought it important to share my perspectives on this new organization with our membership. At our recent Combined Sections Meeting, there were many questions asked, some of which were answered, others remain to be determined over time. Certainly, at CSM, San Francisco, there was much intense discussion between the Orthopaedic Section leadership and the Founding Fellows of the AAOMPT. The culmination of these discussions was a unanimous vote at the Orthopaedic Section Business Meeting for the Section to work cooperatively with AAOMPT in its quest for official recognition by the International Federation of Orthopaedic Manipulative Therapists (IFOMT).

IFOMT is an international organization dedicated to the promotion of manual therapy. It is a special interest section of the World Confederation of Physical Therapy and has member nations rather than individual members. In order for a national organization such as AAOMPT to be a voting member of IFOMT, it must be officially recognized by the nation's physical therapy association, thus, the need for a cooperative effort between APTA and AAOMPT.

The following are a few major questions and issues raised at CSM and my interpretation of the answers. My opinions may or may not agree with other Orthopaedic Section members.

1. What are the purposes and goals of AAOMPT?
 - a. To provide a mechanism of national accreditation of manual therapy programs.
 - b. To provide a forum where persons having a common interest in manual therapy may meet, confer and promote their research, practice and patient care.

- c. To seek membership of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) in the International Federation of Orthopaedic Manipulative Therapists (IFOMT).
- d. To seek cooperation with APTA in furthering the goals of physical therapy.
2. What are the classes of membership and who is eligible?
 - a. **Founding Fellows**—These are also the officers of the AAOMPT: President: Joe Farrell, MS, PT, Faculty: Kaiser-Hayward PT Residency Program in Advanced Orthopaedic Manual Therapy. Vice President: Richard Erhard, PT, DC, Faculty: University of Pittsburgh. Secretary: Michael Moore, PT, Folsom Residency Program, Folsom, CA. Treasurer: Ola Grimsby, PT, Ola Grimsby Institute, San Diego, CA. Member at Large: Stanley Paris, PT, PhD, Institute of Graduate PT, St. Augustine, FL.
 - Nominating Committee:** Kornelia Kulig, PT, PhD, Faculty: Oakland University, Rochester, MI. Bjorn Svendsen, PT, DHSc, Svendsen Consultants, Inc. Residency Program, East Lansing, MI. Michael Rogers, PT, OCS, Orthopaedic Manual Therapy Residency Program, Gulfport, Miss.

This is a formidable group which certainly represents a cross section or mixture of some of the major schools of thought in manual therapy. They have all passed an "IFOMT level" examination which contains an oral/practical component. I commend the organization on its selection including the president, Joe Farrell, who is noted for his competence in the areas of practice, education and research in manual therapy. As importantly, he is an affable and articulate person who demonstrated a commitment to collegial discussion at the recent meeting.

The AAOMPT group of officers has a great deal of work in front of them, not the least of which, is the "ironing out" of differences in their opinions about theories and areas of emphasis related to a manual therapy examination process.

- b. **Fellow**—This level of membership

represents one who ultimately will have passed an AAOMPT sanctioned residency program or examination and is considered the primary active voting member of the organization. The ultimate goal of AAOMPT is to offer guidelines and standards for residency programs in manual therapy so that it can be learned in a supervised clinical environment. This is certainly a worthy and timely long term goal. However, currently, there are many American physical therapists who have been practicing and teaching manual therapy for many years. The feasibility of many of these therapists moving into a residency program is limited. To accommodate these individuals, the AAOMPT has stated that the examination, once in place, may be challenged by therapists who meet certain criteria e.g. evidence of appropriate amounts of education and clinical experience to adequately prepare one for the examination. The grace period or length of time for which one could challenge the examination without completing an officially sanctioned residency remains to be determined.

The ability to challenge the examination is positive in the sense that it does not exclude the majority of American physical therapists from further professional development via AAOMPT. Countless dollars and hours have been expended by American therapists attending post-graduate continuing education courses, many of which have been offered by the Founding Fellows of AAOMPT. Some individuals are quick to criticize this continuing education process as an inadequate means to competence in manual therapy. Granted, continuing education is not comparable to a clinical residency that meets certain standards. However, generally, continuing education courses have been an invaluable source of professional development for therapists in the U.S. where such a diversity of approaches has slowed the process of standardized training and testing. The option to

challenge the exam, will hopefully result in greater numbers of certified manual therapists available to provide a structured clinical education program for therapists seeking advanced knowledge and skills.

Associate Member—This level of membership is available to any licensed physical therapist interested in manual therapy. It is good that AAOMPT is making their educational meetings, publications etc. available to all therapists who have an interest.

3. What is the relationship between the current orthopaedic specialization process and AAOMPT?

There is no official relationship between the Orthopaedic Specialty Council of the American Board of Physical Therapy Specialties and the AAOMPT. The current OSC examination is a written test covering general orthopaedic physical therapy with specific clinical, educational and research criteria required for one to sit for this exam.

While no official relationship exists between the OSC and the AAOMPT, there may be mutual interests and reasons for the two groups to work together in the development of their respective examinations. Monetary resources to develop an exam would be high and may warrant identifying areas of overlap to minimize duplication of effort.

There need not be a competitive

relationship between the two specialization/certification processes. An individual may wish to pursue both specialties much the same as a general orthopaedic surgeon who sub-specializes in e.g. microsurgery, hands, spine, etc.

Hopefully, some of the concerns and issues related to the AAOMPT have been addressed. I would like to commend the Orthopaedic Section leadership, particularly Jan Richardson, President, Stanley Paris, Board Member at Large and the AAOMPT for the hard work and commitment to a cooperative dialogue that was apparent at the recent CSM. I wish the Founding Fellows of AAOMPT all the best in their tasks that lie ahead.

As I opened with, special interest organizations dramatically have and will continue to influence physical therapy practice. The issue of defining what high quality patient care is and working to promote it should be the focus of the Orthopaedic Section, the Orthopaedic Specialty Council and the newly formed AAOMPT. If the patient is kept as the priority rather than self-serving individual interests, the cooperative efforts of these organizations will be fruitful.

The first AAOMPT meeting will be held in Vail, Colorado during the IFOMT conference from 4:00-6:00 P.M., Sunday, May 31, 1992.

Membership Certificates

The Orthopaedic Section Membership Certificate may be purchased through the Section office. Certificates are now available either walnut mounted with a plexiglass overlay for \$45 (please allow 4-6 weeks for delivery), or unmounted for \$10. Please complete the order form found on page 29 and return it to:

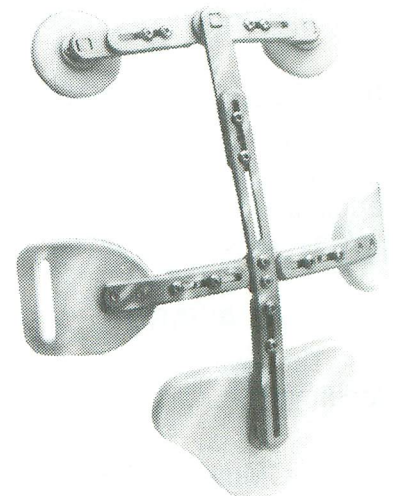
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CALL FOR NOMINATIONS
FOR
THE ROSE EXCELLENCE IN RESEARCH AWARD
THE BEST RESEARCH ARTICLE OF 1992
DEALING WITH
ORTHOPAEDIC PHYSICAL THERAPY

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

I) ELIGIBILITY FOR THE AWARD

The recipient must:

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

The article must be published in a reputable, refereed scientific journal between September 1, 1991 and August 31, 1992 to be considered for the award. Should the journal containing an otherwise eligible article experience a delay in releasing its August, 1992 issue, the article must be available to the general public no later than September 15, 1992 to be considered.

II) SELECTION CRITERIA

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

III) THE AWARD

The award will consist of a plaque and \$500.00 to be presented at the 1993 Combined Sections Meeting.

IV) NOMINATIONS

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

Nominations (including self-nominations) will be accepted until close of business September 1, 1992 and should be mailed to:

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

SECTION NEWS

EDUCATION PROGRAM

Once again the Combined Sections Meeting has quickly become history and Annual Conference is upon us. Before we leave CSM 1992 it is of great note that our Black Tie and Roses Reception Saturday night was well attended and gave great recognition to the Steven J. Rose Excellence in Research Award Recipients, Dr. William Hanten, P.T. and Dr. Shane Schulthies, P.T. and the Stanley Paris Distinguished Service Award honoree, James A. Gould, M.S., P.T. It was an evening of great pride for the Section and the profession.

On Sunday morning we had the greatest number of attendees present at a Section business meeting. Many new faces and some who haven't been seen in awhile were present. The Executive Committee will identify key business issues in advance of all future meetings to attract comparable numbers of members.

This year at Annual Conference the Section will begin a new tradition, a reception to recognize candidates and delegates who are Section members. We applaud the political efforts of our members, those who volunteer time to direct the Association and the future of our profession. Please join us on Sunday, June 14 from 9:30-11:00 PM.

The Industrial Special Interest Group will be conducting a business meeting on Sunday, June 14, from 9:00-10:00 AM, conducted by Dennis Isernhagen, Chair of the SIG. The Section Business Meeting follows at 10:00 AM in room A-214 and will be conducted until Noon. See the end of the business meeting minutes for issues which will be discussed at the next business meeting at Annual Conference in Denver.

The "Review for Advanced Orthopaedic Competencies" course is July 19-25, at the Sheraton Inner Harbor Hotel in Baltimore, Maryland. Refer to the ad in this issue for the list of impressive speakers. This year we will conduct Industrial Special Interest Group and Head and Neck and Manual Therapy Round Table meetings. A new Round Table on Performing Arts Physical Therapy will also be conducted at this course. All groups will present an educational session and business meeting. Participants at the course will be able to attend these special sessions and the Business Meeting Luncheon on Friday as part of their registration fee.

Two splinting workshops will also be available on Thursday afternoon. The exhibit area will be open Wednesday through Saturday. All this, and crabs Maryland-style and the "Orioles" at the new stadium (two blocks away from the hotel)!

The CSM 1993 schedule is being finalized. The Industrial SIG will coordinate a pre-conference course on the ADA and legal issues in Industrial Physical Therapy. The meeting in San Antonio will consist of sessions on balance, degenerative joint disease, Industrial SIG and Round Tables on Foot and Ankle Physical Therapy, Head and Neck Therapy, Manual Therapy, and Performing Arts Physical Therapy. Look for the yellow roses of Texas at the Black Tie and Roses this year as we celebrate our award recipients with a Texas flare!

Z. Annette Iglarsh, PT, PhD
Chair, Education Program Committee

INDUSTRIAL PHYSICAL THERAPY SPECIAL INTEREST GROUP

The second annual meeting of the Orthopaedic Industrial Physical Therapy Special Interest Group was held on Saturday, February 8 at the Combined Section Meeting in San Francisco. President, Susan Isernhagen reported to the group that the past year had been one of organizational development. A nominating committee served to provide a slate of officers for election at this meeting. Results of that election were:

President: Dennis Isernhagen
Vice President: Joannette Alpert
Secretary: Mary Mphr
Treasurer: Dottie Nelson
Nominating Committee:
Dennis Driscoll
Barbara Merrill
Bob Richardson

After the business meeting there was a program that involved three components. The first was a presentation on the Americans with Disabilities Act and how this will impact physical therapists. The second area of discussion was the APTA's new guidelines on work conditioning. Bob Richardson, Chair of the Industrial Rehab Advisory Committee of APTA, also discussed the work hardening guidelines which will go out for field review this year. Thirdly, the CARF relationship with work hardening systems was discussed by Jackie Montgomery, APTA representative to CARF.

Topics were solicited for the coming meetings. Program committee volunteers were also solicited and a committee will be appointed later this year by the Special Interest Group officers.

Anyone interested in joining the Industrial Physical Therapy Special Interest Group, please contact:

Dennis Isernhagen
Isernhagen & Associates, Inc.
2202 Water Street
Duluth, MN 55812
(218) 728-6455

FINANCE				
1991 Strategic Plan Summary				
Program	Income		Expenses	
	Actual	Budget	Actual	Budget
Governance	0	0	21,143	36,920
Administration	16,930	2400	145,605	157,790
Membership	419,901	503,000	14,472	28,005
Education	199,652	137,000	74,903	88,584
Publications	40,903	24,650	55,471	50,795
Research	0	0	1,697	3,513
Specialization	0	0	7,847	23,125
Finance	0	0	13,027	13,460
Practice Affairs	0	0	1,000	3,330
Public Relations	2,343	2,400	3,085	4,035
Awards	0	0	1,166	3,090
JOSPT	0	0	131,747	113,750
Nominating Committee	0	0	6,223	7,180
Miscellaneous	23,805	0	42,933	22,873
TOTAL	703,534	669,450	520,319	556,450
Equipment Reserve	0	0	33,000	33,000
Reserve Fund	0	0	195,868	8,000
TOTAL	703,534	669,450	749,187	669,450
Journal 1015	452,244	441,000	457,622	441,000

MEETING MINUTES

BUSINESS MEETING,
FEBRUARY 9, 1992
COMBINED SECTIONS MEETING
SAN FRANCISCO, CALIFORNIA
AGENDA

CALL TO ORDER AND WELCOME—

Dr. Jan K. Richardson, P.T., OCS

The Business meeting of the Orthopaedic Section was called to order by President Jan Richardson, P.T., Ph.D., OCS. Over 100 people were in attendance.

The President welcomed all in attendance and introduced special guests; Blair Packard, M.S., P.T., APTA Board liaison to the Orthopaedic Section and Ola Grimsby, P.T.

PRESIDENT'S REPORT

A. Approve Membership Meeting Minutes (June 23, 1991, Boston, MA)
=MOTION=To approve the minutes of the June 23, 1991, Business meeting of the Orthopaedic Section as printed.=PASSED=

B. Review and Accept Agenda.

Agenda was approved with changes.

C. Review of Meeting Procedures

- Format of the Meeting

The meeting is conducted according to Robert's Rules of Order.

- Motion Forms

All motions must be made in writing on forms provided. A motion must be written before it is made and read. After read, the Chair asks for a second. Upon hearing a second the motion is open for discussion. After discussion the Chair calls for the vote.

D. Recognition of Section members serving on APTA Committees

Industrial Rehabilitation Advisory Committee—Chair, Bob Richardson, M.S., P.T. and Susan Isernhagen, P.T.; Licensure Committee—John Wadsworth, M.A., P.T. and Annette Iglarsh, Ph.D., P.T.; Committee on Practice—Rodney Miaseke, P.T.

E. Council of Section Presidents Meeting

1. The Council of Section Presidents met at CSM for the first time in conjunction with the Council of Chapter Presidents. These have historically been two separate meetings. The joint meeting has proved to be very worthwhile.

2. The President of APTA, Dr. Marilyn Moffat, P.T., announced that the APTA is buying a new building. The APTA currently owns the building at 1111 North Fairfax Street. The new building is a sister building and located next door. It is 33,000 square feet and will be purchased for 5.3 million dollars (approximately \$160 per square foot). The going rate in Alexandria presently is \$180-\$200 per square foot. One and a half million dollars will be put down with \$125,000 being paid towards the principal every six months. Financing was obtained through the owner at zero points.

EXECUTIVE COMMITTEE REPORTS

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

1. Special Interest Groups (SIG)

a. The Industrial Physical Therapy SIG submitted finalized bylaws to the Section.

b. The Manual Therapy group developed bylaws in preparation for the possible formation of a special interest group.

2. Orthopaedic Study Groups

Mike Tollan, P.T., from Tacoma, Washington, submitted a proposal on how to form a study group and establish a networking system nationwide. The intent is to possibly make the study groups an official program of the Section similar to the special interest groups.

3. Mentorships

The Section is working on developing a clearing house for mentorship programs. Initially, a phone in survey was conducted with Orthopaedic Certified Specialists. The response was very good. The information obtained from this will be developed into a one page survey to be published in *Orthopaedic Practice* and made available at the Section booth during Combined Sections Meeting and Annual Conference. The survey will ask for name, address, telephone number, practice setting, and specialty area(s) within orthopaedics. From this information a list will be generated and published in *Orthopaedic Practice*. The mentorship program will be independent of any other activities of the Section. The intent is to make available to members a list of physical therapists who are willing to have a physical therapist come

into their practice setting and work with them to learn more about a specific specialty in orthopaedics.

Treasurer—John Wadsworth,
M.A., P.T.

1. 1991 Budget Year

a. An audit is currently being conducted for the year 1991. One goal of 1991 was to increase the Section's reserve fund. The reserve fund is defined as how much money the Section has set aside for different projects. At the beginning of 1991 the Section had approximately 7% in the reserve fund. Associations such as the Orthopaedic Section should actually have a minimum of about 50% of their annual operating expense in reserves. The Section was able to increase its reserve fund from 7% to over 22% in 1991. The reason for this increase was due in large part to the educational programs. The Education Program exceeded its 1991 budget by 62%. Every other Committee was able to meet or stay under budget.

b. *The Journal* went over budget due to the new equipment which was purchased for the *JOSPT* office.

c. The Section changed auditors in 1991 due to information obtained from RFP's. The new auditors have given the Section suggestions on how to organize its budget and the *JOSPT* accounting. The final audit report will be available by Annual Conference in June.

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

1. Bylaws

a. The APTA is revising their bylaw guidelines for Sections. These should be available in March. These guidelines will be compared to the Section's bylaws and recommended changes will go before the membership for a vote.

b. Included in the recommended changes to be made to the Section bylaws will be the re-structuring of the Section into a Board of Directors, Executive Committee and Advisory Council of Committees.

2. Policy and Procedures Manual

Once the bylaws have been updated the Section policies and procedures will be revised to incorporate necessary changes and maintain consistency.

3. Product Endorsement

A meeting was held with Frank Mallon, APTA legal department, on whether or not the Section can endorse products. More information will be forthcoming.

4. POPTS

A meeting was held between Stanley Paris, Ph.D., P.T.; John Medeiros, Ph.D., P.T.; Marilyn Moffat, Ph.D., P.T., and; Frank Mallon. A motion will be brought forth under New Business.

Education Program Chair— Annette Iglarsh, P.T., Ph.D.

1. San Diego "Review for Advanced Orthopaedic Physical Therapy Competencies" course

a. A profit of over \$20,000 was made.

b. There were 149 participants, the majority of which sat for the orthopaedic specialty exam at this Combined Sections Meeting.

2. Baltimore "Review for Advanced Orthopaedic Physical Therapy Competencies" course

a. Scheduled for July 19-25, 1992.

b. Professional audio taping will not be done at this course.

c. Eight to ten exhibitors will be attending in Baltimore. This will help offset some of the costs.

d. Course faculty are beginning to be replaced by Orthopaedic Certified Specialists. The instructors and topics will be:

Carol Waggy, P.T., Wrist and Hand
Sandy Burkart, Ph.D., P.T., Shoulder and Elbow

Kent Timm, Ph.D., P.T., ATC, SCS, OCS, Cervical Spine

Mae Yahara, P.T., ATC Knee

Tom McPoil, Ph.D., P.T., Foot and Ankle

Paul Beattie, M.S., P.T., OCS Low Back, SI Joint and Hip

e. A business meeting and luncheon will be held on Friday, June 24.

f. Round table meetings will be conducted for the first time. A free standing annual meeting will not be conducted this year. The Baltimore course is intended to be an interim step to determine feasibility.

2. Planning has begun for the 1993 "Review for Advanced Orthopaedic Physical Therapy Competencies" course and will be in a Southern or Western area.

3. Lower Extremity Home Study Course 91-1

a. This course was sold out at 700 participants.

b. Over \$89,000 was made thanks to Kent Timm, Ph.D., P.T., ATC, SCS, OCS, Editor for this course, and; Sharon Klinski, coordinator for all home study

courses.

4. Lower Extremity Home Study Course 92-1

a. 368 people have registered to date.

5. Kent Timm, Ph.D., P.T., ATC, SCS, OCS has authors lined up for a third and possibly fourth home study course on the upper extremity. Kent encourages all orthopaedic physical therapists to contact him or Sharon Klinski at the Section office if interested in writing a manuscript for the course. Presently there are more authors from Sports Physical Therapy than Orthopaedic Physical Therapy writing for the course due to the overlap of subject areas. This was purely by interest.

6. CSM 1992

a. The Rose Excellence in Research Award winners were recognized at the Black Tie and Roses reception.

b. The Paris Distinguished Service Award lecture was very well attended. The recipient, James A. Gould, M.S., P.T., received the award following his lecture.

c. The pre-conference course on performing arts physical therapy was very well received.

7. CSM 1993 in San Antonio, Texas

a. Another Black Tie and Roses reception will be held.

b. A pre-conference course covering the ADA and pre-employment screening will be given.

c. A new addition will be a round table meeting on the performing arts.

8. Nancy White, M.S., P.T., is a member of the Education Program Committee and has been an enormous help in coordinating this CSM. Annette Iglarsh's term as Chair of the Committee ends in June, 1992 and Nancy has offered to take over this position.

9. All Orthopaedic Certified Specialists were recognized and congratulated for their achievement.

Research Chair—Dan Riddle, M.S., P.T.

1. Rose Excellence in Research Award

a. Dr. William Hanten, P.T. and Dr. Shane Schulthies, P.T. were honored for co-authoring a paper entitled, "Exercise Effect on Electromyographic Activity of the Vastus Medialis Oblique and Vastus Lateralis Muscles" which was published in the September, 1990 issue of *Physical Therapy*.

2. The Committee is responsible for choosing poster and platform presentations for CSM. This year there are fifteen platform presenters and nine poster presentations.

3. The Research Committee is just be-

ginning to get involved in acting as a consultant and participatory group for the special interest groups that are forming. The first activity is to participate and hold the Manual Therapy Round Table session at this CSM.

4. The Call for Participants and the Call for Nominations for the poster and platform presentations and the Rose Excellence in Research Award will be published in *JOSPT* and *Orthopaedic Practice*.

JOSPT Editor—Gary Smidt, Ph.D., P.T., FAPTA

1. Chiropractic contributions

Since June of 1991 there have been chiropractic advertisements appearing in *JOSPT* and abstracts provided by chiropractors out of chiropractic journals. Gary Smidt, Editor of *JOSPT*, was made aware that this was of concern to members. A motion was brought forward at the Fall Executive Committee meeting last October to discontinue all chiropractic contributions to *JOSPT*. It was decided to bring the issue before the membership at the CSM business meeting for discussion. Presently only a moratorium has been placed on chiropractic advertisements.

2. Gary Smidt, Ph.D., P.T., FAPTA

a. The *Journal* office is located at the University of Iowa. Debbie Durham is the full time managing editor and Lynne Duffy is the half time secretary. The cooperation of the Sports Section in conjunction with the Orthopaedic Section is appreciated in supporting the *Journal* and attempting, philosophically, to move it to a main line clinical science journal.

b. The number of submissions to the *Journal* is increasing. There were 129 papers submitted in 1991. Submissions so far this year indicate the numbers are increasing. The rejection rate is about 45%.

c. The *Journal* is in the process of putting in a networking system which will allow the *JOSPT* office to be much more efficient in communicating with authors and reviewers and tracking manuscripts. This has been made possible through the capital investment of funds of the Orthopaedic Section and Sports Section and Bob Burles, P.T., who provided guidance in the area of technology.

d. The *Journal* is scheduled for an impromptu review sometime in the fall of 1992 to determine the status of applica-

tion to Index Medicus.

**Administrative Director—
Terri Pericak**

1. Two quarterly publications are produced at the Section office; *Orthopaedic Physical Therapy Practice* (official publication of the Orthopaedic Section) and *Geritopics* (official publication of the Geriatric Section). The Section has also contracted with the Hand Section to publish their quarterly publication which will begin in February. Any questions or concerns regarding these publications should be directed to Sharon Klinski, Publications Coordinator for the Orthopaedic Section.

2. The first of two home study courses on the lower extremity is being completed this month. The second is scheduled to begin in March, 1992. A home study course on the upper extremity is being planned for 1993 as a result of member interest. All home study courses are edited by Kent Timm, Ph.D., P.T., ATC, SCS, OCS. To register for a home study course or obtain more information, contact Sharon Klinski at the Section office.

3. Membership Services which includes answering member concerns and questions, selling promotional items, and maintaining the Section membership database is the responsibility of Nancy Yeske. Any questions or concerns regarding membership services can be answered by contacting Nancy at the Section office.

4. The coordination of the Section's "Review for Advanced Orthopaedic Competencies" course is also handled by Nancy. This year's course will be July 19-25 in Baltimore, Maryland. The Section has received a special request to conduct a review course in Detroit, Michigan in November. More information on this will be coming out this summer.

5. Any members interested in becoming involved with the Section by serving on a committee please contact the Section office at 800-444-3982.

PROGRAM REPORTS

**Publications—John Medeiros,
P.T., Ph.D.**

1. *Orthopaedic Practice*, *Geritopics* and *Hand Rehabilitation* are the three publications published out of the Section office. *Orthopaedic Practice* is the publication that the Chair is most involved with.

2. Would like to see more practice issues submitted to *Orthopaedic Practice*

such as the study out of Florida on over utilization and organization of continuing education and residency programs.

**Specialization—Rick Ritter,
M.A., P.T.**

1. There was a tremendous response in applicants for the last examination held at this Combined Sections Meeting.

2. The application process for the 1993 exam has been streamlined.

3. Re-validation of the Orthopaedic Competencies is required by the ABPTS Board. Mary Milidonis, M.S., P.T., OCS, an Orthopaedic Specialty Council member, will be working on this.

4. Re-certification issue—if you are a certified specialist you must get re-certified every ten years. It has not yet been determined exactly how this will be done.

5. Susan Stralka, M.S., P.T. will be leaving the Council this year in June after serving since 1988. The Orthopaedic Section will need to recommend a replacement and submit the name(s) to the ABPTS by the March 1 deadline. The replacement must be orthopaedic certified.

**Practice Affairs—
Garvice Nicholson, P.T., OCS**

At the Fall Meeting of the Orthopaedic Section last October, the Practice Committee was charged with developing a task force to help members or State Chapters defend practice rights. This evolved out of chiropractic legislation in the various states with chiropractors trying to limit the scope of practice of physical therapy. A task force has been developed and consists of Garvice Nicholson, P.T., OCS; Bill Boissonnault, M.S., P.T.; Mark Bookhout, M.S., P.T.; Steve McDavitt, M.S., P.T., and; Stanley Paris, Ph.D., P.T. The development of an official Government Affairs Program may evolve out of the task force's work.

**Public Relations—
Jonathan Cooperman, M.S., P.T.**

1. The Committees focus has been internal in terms of generating revenue through the sale of promotional items, and providing services and information to the membership.

2. New Orthopaedic t-shirts and golf shirts are now available for sale through the Section office.

3. The Committee has published a directory on orthopaedic residency programs in *Orthopaedic Practice*.

**Awards—Carolyn Wadsworth,
M.S., P.T.**

1. Paris Distinguished Service Award recipient, James A. Gould, M.S., P.T., was recognized after his lecture.

2. There have been revisions of the criteria for the Paris Distinguished Service Award. Those revisions will be published in *Orthopaedic Practice*. Members were encouraged to seek out individuals who have contributed to the Section in the area of service. Nominations should be submitted to the Awards Committee.

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

1. Report was given on behalf of Helen Greve, M.S., P.T., Chair of the Nominating Committee, and Gary Smith, P.T., third member of the Committee.

2. A motion was passed at the Fall Executive Committee meeting last October allowing the Committee to nominate Section and non-Section members for National office with the stipulation that active support be given to Section members only.

3. The following is a list of candidates submitted by the Orthopaedic Section for National office: Secretary: Dr. Jan K. Richardson, P.T., OCS and Barbara Melzer, Ph.D., P.T. Board of Directors: Dr. Jan K. Richardson, P.T., OCS; Dale Fitch, P.T.; Nancy White, P.T.; Dr. Joe McCulloch, Ph.D., P.T.; Babbett Sanders, M.S., P.T.; Liz Gaynor, M.S., P.T.; Courtney Bryan, P.T., and; Mark Lane, P.T. Vice Speaker: Ben Massey, P.T.

4. For the Orthopaedic Section upcoming election the Nominating Committee contacted about 25-30 people. The following slate has been developed:
President:

Bob Burles, P.T.

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

Vice President:

Jonathan Cooperman, M.S., P.T.

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

Nominating Committee:

Paul Rockar, M.S., P.T.

Michael Wooden, M.S., P.T.

No nominations were submitted from the floor and the above slate was closed.

5. The ballots will be mailed out in mid-April and are due back to the Section office by May 15. Results of the election will be announced at the Annual Meeting of the Orthopaedic Section in Denver.

**Industrial Physical Therapy
Special Interest Group (SIG)—
Susan Isernhagen, P.T.**

1. This group was voted as an official special interest group of the Section at CSM 1991.

2. The first formal elections took place at the SIG meeting on Saturday. The new officers for the coming year are: Dennis Isernhagen, P.T., Chair; Joannette Alpert, P.T., Vice Chair; Mary Mohr, P.T., Secretary; Dottie Nelson, P.T., Treasurer, and; Dennis Driscoll, P.T., Barbara Merrill, P.T., and Bob Richardson, P.T., Nominating Committee.

3. Meetings will be conducted throughout the year and at Combined Sections Meeting.

4. The SIG sponsored a "Hot Topics" forum on Saturday which was extremely well attended. Topics included the Americans with Disabilities Act, APTA Industrial Rehabilitation Advisory Committee, and a report on CARF and industrial rehabilitation.

UNFINISHED BUSINESS

**Orthopaedic Study Group
Proposal—Michael Tollan, P.T.**

Goal for the upcoming year is to get physical therapists from different States who are already involved in a study group to get together and network. Out of this it is hoped that a system of mentorships is developed.

NEW BUSINESS

Academy of Manual Therapy

1. Brief History—Dr. Jan K. Richardson, P.T., OCS

In August of 1991, Dr. Marilyn Moffat, P.T., President of APTA, informed Jan Richardson that there was going to be a meeting of a new group that wished to organize in the area of manual therapy. A meeting was held at Oakland University in Rochester, Michigan. The result of the meeting was that there was going to be a formation of a new group whose name would be The American Academy of Orthopaedic and Manual Physical Therapists. Joe Farrell, M.S., P.T., was appointed temporary chairperson. This group met again at CSM to elect officers and develop a constitution. Joe Farrell, M.S., P.T., was elected President of the Academy; Vice President is Dick Erhart, P.T.; Secretary is Mike Moore, P.T.; Treasurer is Ola Grimsby, P.T.; and Member at Large is Stanley Paris, Ph.D., P.T. The

Nominating Committee is comprised of Kornelia Kulig, P.T.; Bjorn Svensen, P.T., and; Mike Rogers, P.T. Jan Richardson has been meeting with the Academy to discuss the types of activities they want to pursue and how the Section can work collaboratively with them within the present structure of the APTA. It is the intent of the Academy to seek IFOMT recognition.

2. Joe Farrell, M.S., P.T.

a. The major goal of the Academy is to provide a mechanism for accrediting orthopaedic manual physical therapy programs.

b. The Academy hopes to provide a forum where persons having a common interest in orthopaedic manual therapy may meet, confer, promote research and discuss practice and patient care.

c. =MOTION=That the Orthopaedic Section work in collaboration with the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) in their pursuit of International Federation of Manipulative Therapy (IFOMT) membership.=PASSED=

**Chiropractic Advertisements in
JOSPT**

=MOTION=That *JOSPT* discontinue running chiropractic advertisements for products or courses and accept only book review and article abstracts submitted by physical therapists and approved by the Editor of *JOSPT*. =PASSED=

**Performing Arts Physical
Therapy—Z. Annette Iglarsh,
Ph.D., P.T.**

Would like to reinforce the initiation of a round table which will be conducted at CSM in 1993. Sean Gallagher, P.T. and Loren Stolarsky, P.T., both from New York, organized the 1992 CSM pre-conference program on the performing arts and physical therapy. They will also be organizing this group to petition special interest group status at CSM 1993. If members are interested in becoming a part of this group, please contact Sean or Loren at: Performing Arts Physical Therapy

2121 Broadway, Suite 201
New York City, NY 10023
212-769-1423

**POPTS—John Medeiros,
Ph.D., P.T.**

=MOTION=That all candidates proposed for Orthopaedic Section office by the Orthopaedic Section Nominating Committee, and all individuals being considered for appointment to commit-

tees of the Orthopaedic Section be required to submit a biographical sheet which will provide data on their practice, including whether they are involved in a referral for profit situation. The biographical sheet will be developed by the Nominating Committee and approved by the Executive Committee at Annual Conference, 1992.=PASSED=

Adjournment—10:00 AM

**NEXT BUSINESS MEETING
WILL BE DURING
ANNUAL CONFERENCE
IN DENVER
Sunday
June 14, 1992
10:00 AM-Noon
Room A214
Marriott City Center Hotel**

AGENDA ITEMS INCLUDE:

- 1) POPTS
- 2) The American Academy of Orthopaedic Manual Physical Therapists
- 3) Product Endorsement
- 4) Orthopaedic Candidate/Delegate Reception
- 5) Proposed bylaw changes for 1993 including re-structuring of the section into a Board of Directors, Executive Committee and Advisory Council of Committee Chairs

TRAVEL CLUB



The Orthopaedic Section is pleased to offer you the chance to join the Physical Therapists Travel Club. Membership in the Club entitles physical therapists to the following benefits:

AIR TRAVEL: Club members are guaranteed the lowest fares with an air automation system that checks all available flight alternatives based on your specific needs. Special club fares to many destinations can be as much as 50% below coach prices and 7% below super saver rates.

CRUISES: Special rates with the major cruise lines can save members up to 50%.

LODGING: Save 50% on hotels, resorts, condos, villas and bed and breakfast inns.

AMTRACK: Discounts of 20% apply to rail travel throughout the United States.

MOTOR HOMES: Save 10% on motorhomes, RV's and custom vans.

GOLF PASSPORTS: Play over 1200 golf courses twice—FREE. The Hale Irwin Golf Passport includes golf courses and resorts throughout the United States and Canada.

AMERISHOP: This national buyer's club offers thousands of name-brand items at guaranteed lowest prices—or receive double the difference back in cash.

In addition, Club members will have access to a 24 hour emergency center, electronic voice messaging services, vital document registration, lost luggage assistance and lost credit card protection.

The annual cost for a family membership for Orthopaedic Section members is \$89. This includes your spouse and all children under 21 years of age. The cost for non-Orthopaedic Section members who are APTA members is \$149 per family, and for non-APTA members the cost is \$199.

Yes!

I want to join the Physical Therapists Travel Club and take advantage of these great travel bargains:

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- AMERishop

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 Phone (____) _____

Annual Membership (for therapist and family):

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Join the Section for the annual dues of \$50 and take advantage of the discounted registration rate immediately!

Section Dues: **\$50** \$ _____ Total

APTA member: **\$149** \$ _____ Total

Non-APTA member: **\$199** \$ _____ Total

Grand Total \$ _____

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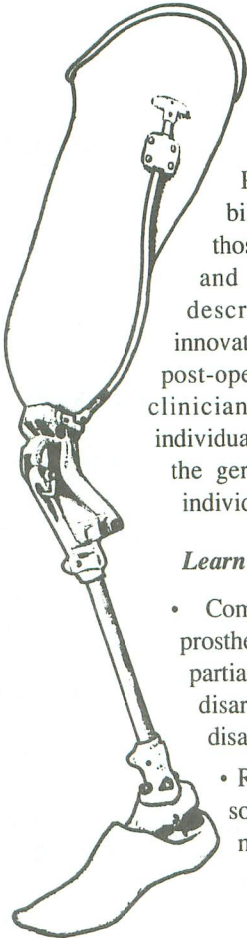
Orthopaedic Section, APTA

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 505 King Street, Suite 103
 LaCrosse, WI 54601

Or join by phone! Call

1-800-444-3982

Prosthetics



Energy-storing feet, ischial containment sockets, CAD-CAM, swimming prosthesis – these new concepts bombard the clinician who cares for children and adults with amputation.

Prosthesis for patients with bilateral amputations, as well as those with partial foot, Syme's, knee and hip dis-articulation will be described, to include the latest innovations. Recent options in pre- and post-operative management assist the clinician in designing an effective, individualized program to suit the needs of the geriatric patient and the younger individual.

Learn to:

- Compare the full range of current prosthetic components and designs for partial foot, Syme's, below-knee, knee disarticulation, above-knee, and hip disarticulation prostheses
- Relate biomechanical principles to socket design and prosthetic alignment
- Increase the functional capacity of patients through individualized training programs.

Course Locations:

July 11 - 12, 1992 The Baton Rouge Hilton
Baton Rouge, LA

October 3 - 4, 1992 Holiday Inn City Centre
Milwaukee, WI

Course Fee: \$295.00

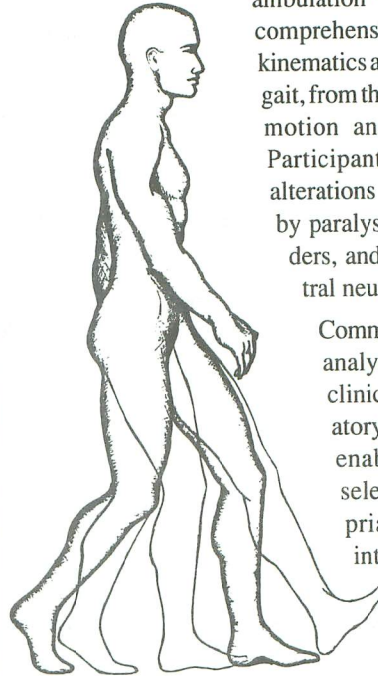
Course Length: 2 Days (15 hours)

CEU's Awarded: 1.5

Expert Instructor: Joan E. Edelstein

Gait Analysis

for Clinicians



The interpretation of deviant ambulation will be based on a comprehensive analysis of the kinematics and kinetics of normal gait, from the latest findings from motion analysis laboratories. Participants will analyze the alterations in walking produced by paralysis, orthopedic disorders, and peripheral and central neuropathies.

Commercial and simple gait analysis systems for the clinic, office, and laboratory will be described, enabling registrants to select the most appropriate techniques and interpret reports from specialized laboratories.

Learn to:

- Describe the kinematics and kinetics of normal adult and juvenile gait
- Identify gait deviations caused by musculoskeletal, neurologic, and prosthetic disorders
- Differentiate the causes of gait deviations
- Select appropriate techniques and equipment to document patient performance and the results of treatment

Course Location:

August 8 - 9, 1992 Ramada Hotel Bay View
San Diego, CA

Course Fee: \$295.00

Course Length: 2 Days (15 hours)

CEU's Awarded: 1.5

Expert Instructor: Joan E. Edelstein

For More Information or to Register, Contact:

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P.O. Box 545

Alpharetta, GA 30239-0545

404-751-9571 or 800-533-2440



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 no charge (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 (\$75.00 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 \$10.00, non-Section members \$14.00)

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(Contact the Section office for further details) (04/92)

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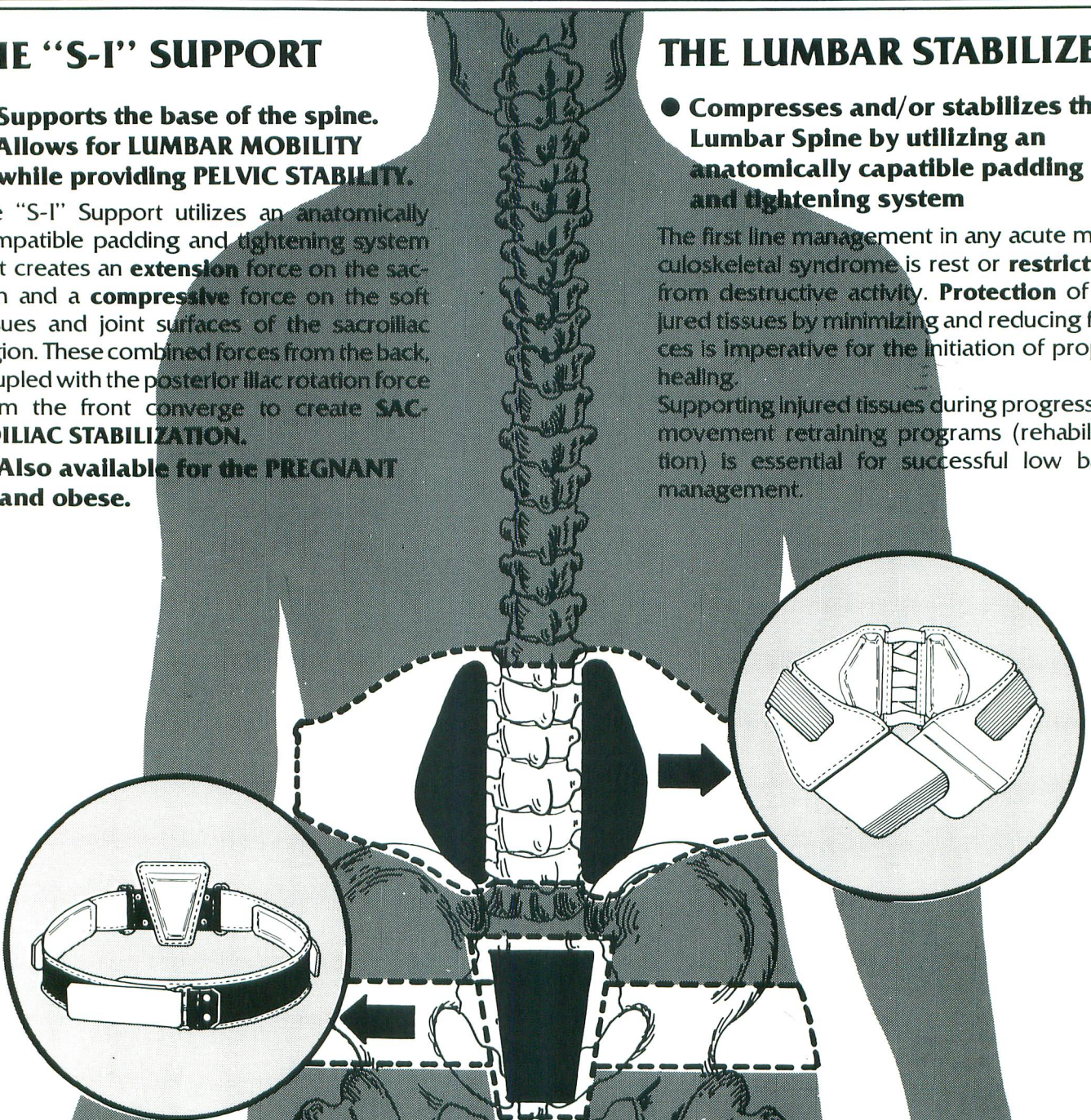
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The Orthopaedic Section of A.P.T.A.
presents
**1992 REVIEW FOR
ADVANCED ORTHOPAEDIC
COMPETENCIES**

**JULY 19-25, 1992
BALTIMORE, MARYLAND
Sheraton Inner Harbor**

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 the inside front cover for registration
and hotel information.*