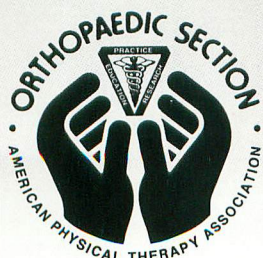


Vol. 6, No. 2

Spring 1994

Orthopaedic Physical Therapy Practice



AN OFFICIAL PUBLICATION OF THE ORTHOPAEDIC SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION

ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE 94-2
TOPIC: ●● THE LUMBAR SPINE ●●
COURSE LENGTH: 6 SESSIONS JULY-DECEMBER 1994

Proposed Authors and Topics:

- Paul Beattie, PhD, PT, OCS
Anatomy of the Lumbar Spine
- Clare Kalina, PT
Evaluation & Treatment of the Lumbar Spine & Pelvis in the OB/GYN Population
- Carole B. Lewis, PT, GCS, MSG, MPA, PhD & Nancy Benington, PT
A Rehabilitation Approach of the Geriatric Lumbar Spine
- Myra L. Pumphrey, PT, ATC & Jerry O. Pumphrey, PT
Evaluation of the Lumbar Spine: Exploring the Maitland Concept and Other Approaches of Australian Origin
- Terry Reynolds, MS, PT, OCS
Differential Diagnosis for Patients with Low Back Pain
- Duane Saunders, MS, PT & Kathy Beissner, PhD, PT
Spinal Traction

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

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Paul Beattie, PhD, PT, OCS
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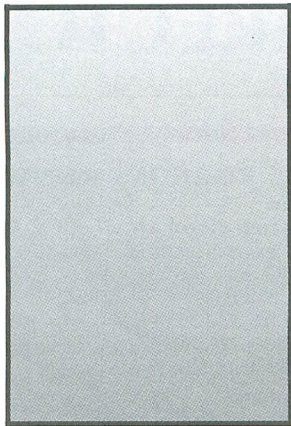
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Orthopaedic Physical Therapy Practice

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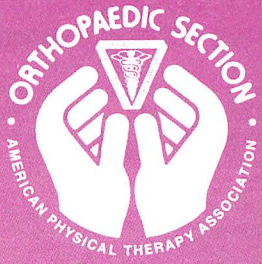
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Editor's Note

"To whom himself is law, no law doth need, offends no law, and is a king indeed."

—George Chapman

If you pay careful attention to this issue, you'll note that there are two new initials after my name. Much to my family's chagrin, the JD does not stand for Jewish Doctor. After three and a half grueling years I have completed my law studies and I assure you that I have the emotional and academic scars to prove it. And lest you think that this is self-serving dribble (which is your right anyway) I want to share with you a valuable lesson that I learned as a result of negotiating the academic rapids of law school.

There is a great deal of insanity in law school. Rent the video of *The Paper Chase* and believe it! I saw in my fellow students behavior that ranged from rampant paranoia to personality disorders that would have psychologists running for their DSM—III—Rs (and she made Law Review). Perhaps this accounts for why many lawyers turn out to be the people they are—others before me have certainly speculated about that.

But this is not about the insanity of law school or the perceived decline of the status of the legal profession. What I want to talk about is *sanity*—specifically mine. For the thing that kept me grounded through school—what kept things in perspective was Physical Therapy. As I write this column, it is two days before the calendar flips over to 1994, traditionally a time of reflection. I hope that all of you will take some time this year to reflect on the good fortune you enjoy by being a member of our profession. While my fellow law school students were living off of loans or clerking in law firms for \$8.00 per hour, I was earning a good salary in a secure job. In fact, most of my friends from law school will soon discover that it will take them three to four years of 60-70 hour work weeks before they will earn as much as a physical therapist in private practice. And, it's not all about money either. In an era of RIFs, cutbacks, and middle management clearance, there is a lot to be said for job stability. Physical therapists are exceptionally marketable and enjoy tremendous job security.

Perhaps most importantly, while my friends were lost in their books, I could interact with *people* every day. Despite the fact that our patients are often in pain, they provide human interaction, something that a *treatise* on some esoteric aspect of the law will never do. And, I would be remiss if I didn't mention that law school teaches people how to function in an adversarial environment. Therapists fight all kinds of little battles every day, but our fights seldom boil down to simply winning or losing.

Life as a PT is not perfect, but there is an awful lot to be thankful for. The next time you're a tad piqued because you've just seen what seems like your one hundredth patient of the day, or the jobs just got you a little down, take time to remember that you've chosen a great profession.



Jonathan M.
Cooperman, MS, PT, JD

PRESIDENT'S REPORT

Your attendance at our educational sessions, vocal participation in the Section Business Meeting, and the camaraderie shared at the Section's Twentieth Anniversary celebration at the Combined Sections Meeting in New Orleans was appreciated. We gathered to learn and further clinical practice. We expressed professional concerns and hopes, and sampled Cajun fare at the most highly attended winter meeting to date.

Unfortunately, the theme of CSM went beyond educational networking and early Mardi Gras celebration. There was a sense of "fear" in the crowds of attendees overflowing meeting rooms where sessions discussed health care reform. Conversations on restaurant lines and among strolling meeting attendees were far more serious than in past years. People were theorizing how health care reform will impact on the physical therapy profession. Using several plausible theories they tried to identify the practice model that would most likely survive into the next century.

Networking went beyond sharing successful treatment protocols. Practitioners sought the latest slant on regional networking in which practices band together to contract with third party payors of

self insured employers. Independent practitioners questioned if the time was right for them to sell their practices to a national corporation or would networks be a viable alternative. There was no one solution or one optimal practice model.

It will be some time before the actual Health Care Reform Act will be decided. We, as physical therapists should not limit our strategic business plans to attempt to respond to external government or insurance forces; instead therapists should focus on providing quality care to their patients, quality rather than reimbursement should drive treatment protocols toward functional outcomes. The goal of treatment is always to bring the patient to their highest level of function within the external constraints. That is, therapists must be creative, treatment protocols must be aggressive and patients must be active participants in their own care. These principles are consistent with our current standards of practice, not a by-product of Health Care Reform paranoia.

We are fortunate as an Association in that we have a strong government affairs department. This division of APTA has been asking members to express their professional interests on health care is-

ues on state and national levels for years. Nothing has changed recently except that more therapists are getting active in government relations because they fear they may be legislated out of being reimbursed for physical therapy services. Increased activity in state and national government should not be a fear reaction, it is part of being an effective professional.

In June, the APTA meets in Toronto in a joint session with the Canadian Physical Therapy Association. This meeting is a unique opportunity to share clinical information and to learn more about the Canadian Medical System. A joint business meeting with the Canadian Orthopaedic Therapists will be an appropriate forum in which to discuss common clinical and business practice issues. Don't miss this timely opportunity.



Z. Annette Iglarsh,
PT., Ph.D.
President

CALL FOR ARTICLES

Orthopaedic Physical Therapy Practice is looking for Section members who wish to contribute through publication.

Orthopaedic Physical Therapy Practice will publish articles pertaining to clinical practice and personal experiences with different treatment techniques. Research design articles and extensive reviews of literature are not appropriate for this publication. Although we encourage suggested reading lists, references should otherwise be kept to a minimum. Case studies when presented as the authors' experience with a treatment technique are acceptable. Abstracts of current literature or book reviews are also welcome.

Please contact Sharon Klinski or Jonathan M. Cooperman through the Section office if you are interested.

FROM THE SECTION OFFICE

Terri A. Pericak, Executive Director

ELECTION BALLOT

Ballots for the 1994 election of officers were mailed to the membership the second week of April. If you did not receive yours please call the Section office. This year's election is for two Directors and one Nominating Committee Member. Ballots are due back no later than May 15. A postage paid postcard is provided for you in the ballot to increase the return percentage. Please exercise your right to vote. Thank You!!!

UPCOMING ANNUAL CONFERENCE IN TORONTO, CANADA June 5-9, 1994

Due to a recent bylaw change which went into effect January 1, 1994, the annual business meeting of the Orthopaedic Section was moved from the APTA Annual Conference in June to the APTA Combined Sections Meeting in February. A meeting of the Section membership will still be held at the APTA Annual Conference in June, however, it will be an informational meeting instead of a business meeting. **The Orthopaedic Section informational meeting will be held on Saturday, June 4 from 9:00-11:00 AM.**

During the first half of the informational meeting officers and committee chairs will report on what activities they have been working on since the Combined Sections Meeting in February and what they have planned for the remainder of 1994. Following these presentations will be a joint forum with the Canadians to discuss issues involving health care reform. Immediately following the informational meeting from 11:00 AM-Noon the Orthopaedic Section will host a joint brunch reception with the Canadian Physiotherapists. I encourage all of you to come learn from and share with our Canadian neighbors.

REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES COURSE July 17-23, 1994

This year's course will be held at the Hilton in Williamsburg, Virginia. A full page ad and registration form outlining the details of the course can be found in this issue of *OP*. A direct mailing of the course brochure went out to all Section members the first week in April. If you are interested in registering for this course or would like more information, please mail, FAX or call Tara at the Section office. Remember, there is a cut-off for registrations at 140 people so be sure and sign up early!

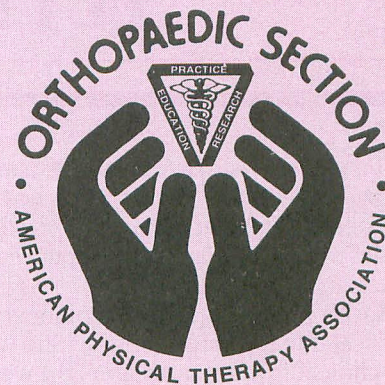
If the July review course fills up we will offer a second course in November. The location of this course would most likely be in the mid-west. Please note, however, that we will only hold a second course if the first course reaches capacity. More information on offering a November course will be available in July.

ADMINISTRATION

The Section is becoming more and more involved in various activities within its many committees. Since the office has added a full time Administrative Assistant (Tara Fredrickson) and went from a half time to full time Membership Secretary (Mary Geary) in January, 1993, we have increased our efficiency and are better able to serve the officers and committee chairs carry out the details of their activities. Both Tara and Mary are doing a tremendous job and have adapted well to "association life."

Sharon Klinski, Managing Editor of *OP*, continues to do an excellent job in publishing *OP* as well as newsletters and journals for three other Sections. She has also been instrumental in contract negotiations for the Sports Section administrative services.

Please feel free to contact any one of us if you have a comment, question or concern regarding the Orthopaedic Section. We would like to hear from you!



Orthopaedic Section Administrative Staff

Terri A. Pericak, Executive Director
Tara K. Fredrickson, Administrative Assistant
Sharon L. Klinski, Publications/Special Projects Coordinator
Mary E. Geary, Membership Services

Contact Terri Pericak for:

- Finance/Administration
- Section Executive Committee

Contact Tara Fredrickson for:

- Meeting Services
- Nominations
- Mentorship/Study Group Activities
- Occupational Health SIG
- Review for Advanced Orthopaedic Competencies

Contact Sharon Klinski for:

- *Orthopaedic Physical Therapy Practice*
- Publication Content
- Home Study Courses
- Contract proposals for Administrative Services
- Contract proposals for newsletters & journals

Contact Mary Geary for:

- Membership Services
- Address changes
- Orthopaedic Section membership labels
- Promotional items

OFFICE HOURS

8:00 am—4:30 pm CST

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

LETTER TO THE EDITOR

The point of Marika Molnar's response to my letter in the Winter issue of *Orthopaedic Physical Therapy Practice* eludes me. Some clarification does seem necessary.

Marika Molnar is indeed a pioneer in physical therapy for performers. She was my clinical instructor for an eight week internship, and even my employer for a period of time. However, what I have learned subsequently has provided me with a broader base of knowledge.

A personal attack regarding the name of the proposed special interest group is misplaced. At the APTA Combined Sections Meeting in New Orleans, the official decision was to call the group P.A.R.—Performing Arts Rehabilitation Special Interest Group.

My letter addressed developing a

professional group for the APTA members. It never once mentioned Pilates, nor would it have been relevant. It is true that I use the Pilates method of exercise in my practice, as do an increasing number of P.T.'s, including Marika Molnar. Pilates is a sound and useful tool for therapy, both preventative and curative. However, my professional physical therapy practice does not function as a retailer of Pilates equipment, nor was the special interest group designed to do so, as she suggests.

I did not find her discussion of the different symptoms of the various performing artists designed to educate professionals. I and the other founding members of the Special Interest Group have been treating performing artists — dancers, musicians, gymnasts and so forth — for quite a few years now and are

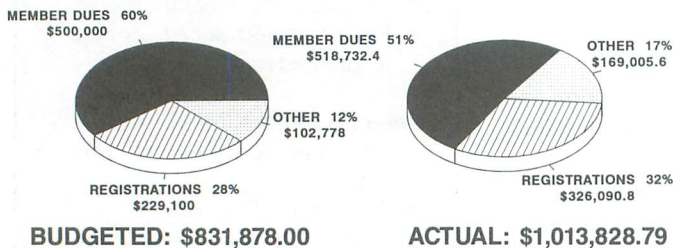
well aware of the problems indigenous to the different performing arts groups.

I would like to invite Ms. Molnar, her staff and any other physical therapists who have been treating performers and who are in the Orthopaedic Section to join the P.A.R.S.I.G. so that we can have input from all the leaders in the field. This will allow all physical therapists interested in treating the performer to have the most current knowledge and educational opportunities available to them on a continuous basis.

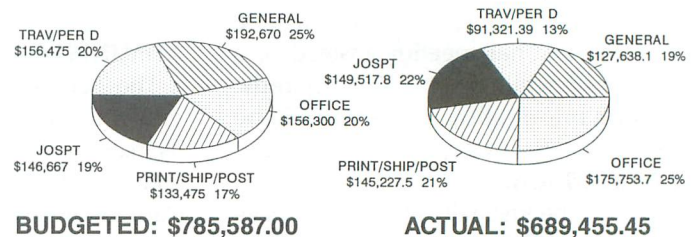
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FINANCIAL REPORT

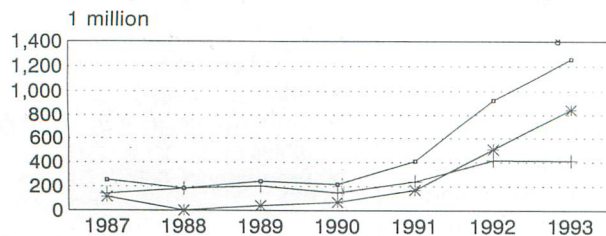
1993 BUDGET TO ACTUAL INCOME: BREAKDOWN - Dec. 31, 1993 (+21.8% over our expected budget YTD)



1993 YTD BUDGET TO ACTUAL EXPENSE: BREAKDOWN - Dec. 31, 1993 (-12.2% under our expected budget YTD)



YEAR END FISCAL TRENDS 1987-1993 (1993 data is as of Dec. 31, 1993)

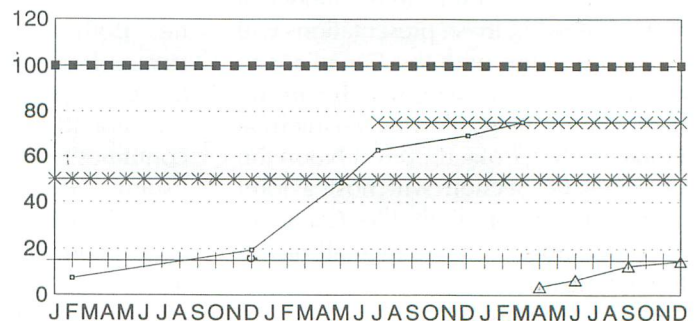


| | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 |
|-------------|------|------|------|------|------|------|-------|
| ASSETS | 255 | 185 | 243 | 217 | 410 | 925 | 1,257 |
| LIABILITIES | 141 | 183 | 203 | 148 | 240 | 417 | 413 |
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1. Walsh, N. and Schwartz, R. *Am J Phys Med Rehab* 1990.
2. Nachemson, A. and Lindh, M. *Scand J Rehab Med* 1969.
3. Holmström, E. and Ulrich, M. *Spinal Disorders* 1992.
4. Anderson, C. *Advanced Ergonomics* 1993.



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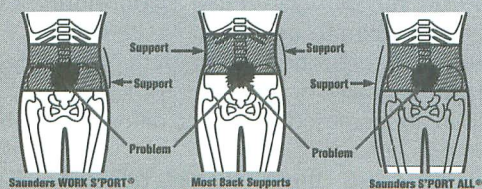
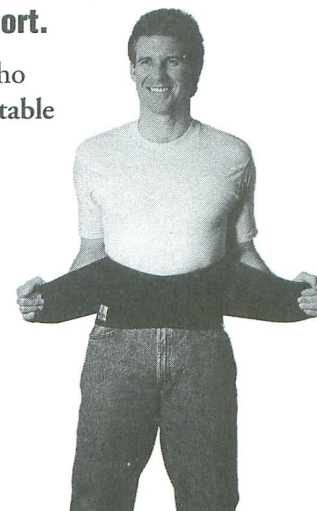


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—GALEN

INTRODUCTION

Why should the physical therapist and physical therapist assistant involved in Occupational Medicine understand the principles of biomechanics and ergonomics as they relate to seated occupations? A goal of every therapist should be to better educate the patient in self management techniques. A one hour physical therapy session is equivalent to less than five percent of an individual's day. The therapist must educate the patient about necessary postures for the work and home environment to minimize abnormal stress to the musculoskeletal system. Seated postures may include light assembly tasks, computer work, secretarial duties, writing, reading, driving, watching television or playing in an orchestra. As a result of the many activities performed in sitting, the therapist of the 90's must assess and educate patients about the role of ergonomics as they relate to sitting.

Frequently a chair or work station is designed as "one size fits all." In reality "one size doesn't fit anybody." Seating needs to be adjustable to accommodate the short versus the tall individual or large versus thin proportioned person. Consequently, the therapist must understand the basic ergonomic principles of seating to analyze a chair and workstation, make appropriate recommendations and educate the user in proper adjustments. When a seated worker improves their work postures they minimize stresses to the musculoskeletal system eight hours per day or one third of their day. With improved posture while seated, the worker may be able to control and manage their level of discomfort.

People are designed for activity, not sitting, yet seventy to seventy-five percent of the workforce sit at work. The ergonomics society lecture, (Grieco, 1986), discussed the emerging problem of "postural fixity." Ergonomically designed

chairs and work stations will minimize static postural stresses. Yet, with task performance activities that require mental concentration for information to be processed, the head and body movements become fixed. The result is a decrease in number of postural changes per hour; leading to relative immobilization, mental strain, muscular tension and perceived discomfort. Rehabilitation of the seated worker must also include instruction about exercises and movements that can be performed at the workplace and throughout the work day.

The physical therapist is knowledgeable about tissue injury and healing, structure and function, evaluation of mechanical pain, ergonomic assessment and establishing treatment objectives with exercise prescription and biomechanical education as a component of the rehabilitation plan. Consequently, a thorough description of chair specifications, computer station design and work activities as they relate to the ergonomic assessment of the seated worker will be discussed in this article.

WORKPLACE DESIGN FOR THE SEATED WORKER

How do you find the chair to fit you? Realize that the chair that is comfortable for your co-worker or friend may not be appropriate for you or your job situation. It is the responsibility of every seated worker to understand the ergonomic relationships between their chair, workstation and postural alignment. Grieco (1986), recommended two to four hours as the optimal amount of seated time during an eight hour shift. Occupations involving more or less sitting time resulted in an increased incidence of low back pain.

There are three seated positions; reclined, upright and forward.

A reclined position is one in which the seat and backrest are tilted backward. The center of body mass is behind the ischial tuberosities. This position may be assumed during meetings, telephone calls and during some reading assignments.

The upright position involves a straight upright trunk position where the seat and

backrest are adjusted at approximately 90 degree angles. The center of body mass is over the ischial tuberosities. Tasks in an upright position include typing, computer operations and some assembly type of jobs.

In the forward position, the seat and backrest are tilted forward, placing the center of mass in front of the ischial tuberosities. Dentists, architects or draftsmen, light assembly, inspection and writing tasks are performed in a forward position.

The goal is to select a chair for the most used seated position or activity.

CHAIR SPECIFICATIONS

1. SEAT HEIGHT: The seat should be adjusted to a comfortable height to support the thighs while the feet rest lightly on the floor or footrest. Most office, and some industrial chairs, offer a pneumatic lift for height adjustment. The height of the front edge of the seat should approximate the length of the tibia creating a 90 degree bend at the knee.

A seat that is too low will result in too much weight bearing through the tibia. This creates elevation of the thigh and an increase in hip flexion with increased weight bearing through the ischial tuberosities or buttocks. Further up the chain a posterior pelvic tilt will result and alter forces through the lumbo-pelvic region. A seat that is too high will result in a decrease in weight bearing through the tibia and an increase in weight bearing forces through the thigh and buttocks.

An important consideration when measuring seat height and preparing to order a chair, is that the adjustable range fits the needs of the individual. Notice in the following example that a seat height that only adjusts to 20" high will not fit this 5'6" individual.

PNEUMATIC SEAT HEIGHT ADJUSTMENTS GENERALLY RANGE FROM 16¼" TO 22½"

| | HEIGHT | SEAT HEIGHT |
|----------|--------|-------------|
| EXAMPLE: | 5'2" | 19" |
| | 5'6" | 20½" |

Kneeling chairs have a different functions than a standard chair. On a kneeling chair your toes should be lightly touching the floor for stability and ease of movement. The height is measured from the posterior edge of a kneeling chair. Research referenced in Occupational Biomechanics (Chaffin and Andersson, 1991) on a "Balans Chair" demonstrated increased muscle activity of the lumbar and cervical muscles when seated on the kneeling chair. Kneeling chairs are designed only for forward activities such as drafting. They are not appropriate for upright activities such as typing or data entry on a computer.

2. SEAT DEPTH: There should be one to three inches from the front edge of the seat pan to the knee crease to allow appropriate weight bearing through the thigh. Seat depth is usually adjusted by sliding the backrest forward or backward. Many chairs do not have an adjustable seat depth feature. The actual length measurement of the seat pan from front to back should be considered when ordering a chair from a catalog. A deeper seat for reclining and a shallower seat for forward sitting activities will serve as a general guide in choosing seat depth. A seat that is too deep may increase pressure behind the knee in the popliteal space and affect the lower leg neurovascular complex. A shallow seat will not allow the thigh to absorb enough of the weight bearing forces resulting in an increase in forces through the lumbopelvic region. A waterfall or curved design for the front seat edge minimizes pressure on the thigh and is highly recommended over a sharp seat edge. A contoured seat pan supports the buttocks, where a flat seat pan does not allow weight bearing through the buttocks to be appropriately dispersed.

As evidenced in the following example, a seat depth that only ranges to 18" will be too shallow for a 5'8" individual.

| SEAT DEPTH: RANGE 15¾"—19" IN OFFICE CATALOGS | | |
|---|--------|--------------------|
| EXAMPLE: | HEIGHT | SEAT DEPTH |
| | 5"2" | 16" (TOO SHALLOW) |
| | | 17½" (ADEQ. DEPTH) |
| | 5'8" | 18" (TOO SHALLOW) |
| | | 18½" (ADEQUATE) |

3. SEAT WIDTH: The seat should be three inches wider than the buttocks width when in a seated position. There are chairs on the market that are 16" wide and will not adequately support the buttocks width of an average or larger size

individual. The following seat width dimensions indicate a few examples of the size seat width that may accommodate certain size adults.

| EXAMPLE | | |
|----------------|-----------------------|----------------------|
| 16 INCH WIDTH: | VERY SMALL ADULT | APP. WEIGHT 110# |
| 18 INCH WIDTH: | SMALL AVG ADULT | APP. WEIGHT 110-140# |
| 20 INCH WIDTH: | AVERAGE ADULT | APP. WEIGHT 140-185# |
| 21 INCH WIDTH: | LARGER BUTTOCKS WIDTH | |

4. SEAT TILT. Adjustable seat tilt should be a mandatory component of all chairs. The angle of the tibia to the floor should be approximately 90 degrees, ranging from 60 to 100 degrees.

There are three primary positions for seat tilt: reclined, upright and forward.

A reclined seat tilt position is when the seat pan is angled slightly backward greater than five degrees. An upright position of the seat pan is from horizontal to five degrees backward. A forward position is when the seat pan is tilted forward to perform the work task.

A seat that tilts independently of the backrest should be considered over a chair that the seat and backrest tilt simultaneously.

Another feature is a "free-float" seat tilt that moves automatically with shifting of body weight. A tiltable "free-float" seat allows greater freedom of movement and adjustability than a fixed seat and backrest.

5. SEAT MATERIAL: A key point to consider is the frictional property of the seat material. A vinyl material has a lower coefficient of friction and allows greater slippage. Vinyl may be necessary in a sterile environment. In an office setting, cloth material is the common covering.

6. BACKREST HEIGHT: The optimal height for a backrest changes with different activities. Most office chairs have manual adjustments for altering backrest height.

In a reclining position the backrest should reach the upper thoracic, cervical or possibly occipital areas. An upright sitting posture primarily needs to support the lumbar curve and perhaps the lower or middle thoracic region. When working in a forward position, a lumbar support is adequate.

Chaffin and Andersson (1991) found the ideal location for a lumbar support is at the L4-L5 level. The lowest myoelec-

tric activity was found with a five cm. deep lumbar support at L4-L5 and with a 120 degree titled back seat angle.

7. BACKREST CONTOUR: Lumbar support is an essential component for any backrest. Every individual has a different lumbar contour, flat, average or deep. The therapist should try to match the neutral low back curve with the amount of backrest contour. There should be a wide enough horizontal concavity and appropriate curve for the vertical convexity to support the lumbar curve.

8. BACKREST DIMENSIONS AND FEATURES: There are many different size backrests to consider when ordering a chair. When assessing the needs of an employee or patient, the following measurements or features need to be considered depending on the job or musculoskeletal problem.

- Backrest top height
- Backrest bottom height
- Backrest center height
- Backrest width
- Backrest to seat angle
- Pivot
- Tilt
- Soft versus hard
- Adjustability

9. BACKREST TILT: The thigh-trunk angle changes with seat and backrest tilt adjustments. The thigh-trunk angle never should be less than 90 degrees. In a reclined position, the thigh-trunk angle is greater than ninety degrees and there is usually more of a lumbar lordosis than when sitting on a low stool. When sitting on a low stool with a less than ninety degree thigh-trunk angle a lumbar kyphosis results. There are three common versions of backrest tilt features.

- Chairs that the backrest tilts simultaneously with the seat.
- Backrests that tilt independently of the seat. A backrest that tilts independently of the seat is optimal for adjusting to individual needs and tasks.
- Backrests that pivot rather than tilt. A pivoting feature allows the trunk to move with body movements and may provide a greater perceived comfort level.

10. ARMREST HEIGHT: Armrest height adjustability is not a common feature on chairs. The height should be slightly higher than the point of the elbow when the upper arm is resting at the side and the arm is bent at a 90 degree angle.

Armrests minimize neck fatigue, ease back and leg loads when sitting and when moving from a sitting to a standing position. The use of an armrest dur-

ing typing and entering data into a computer is not recommended. An armrest should not interfere with rolling a chair under a desk. Armrests that are too wide do not provide adequate support and armrests that are too narrow interfere with arm movement. There are full length armrests and shorter or one-half length armrests. The advantages to the shorter armrest length is that it minimizes interference when rising or moving arms during desk activities. Other factors to consider are the armrest material; fabric or plastic and whether the fabric is padded or hard.

11. **SWIVEL:** In office and light assembly activities, chairs that swivel minimize body twisting and let you change your line of reach. In precision work, swivel movements may hamper performance of work activities.

12. **CASTERS:** Most office chairs include carpet casters. In an industrial setting for use on a hard surface a chair may require braking or soft friction casters. Plastic casters are better for carpeted surfaces and urethane casters are more appropriate for hard floors or when rolling on a chair mat.

13. **PEDESTAL STYLE CHAIR BASE:** A five pronged (5-star) base feature is necessary for safety and stability on rolling or non-rolling type chairs.

14. **CHAIR MATS:** A chair mat allows easier chair movement when moving about the work space. A beveled edge on the mat allows easier rolling from the mat to floor surface.

THE COMPUTER STATION

The computer station includes the monitor placement, keyboard location, document holder, as well as the position of the arms and wrists during data entry.

1. **MONITOR:** The top of the monitor display screen should be slightly below eye level.

2. **MONITOR SCREEN:** A tiltable screen feature is encouraged to enhance adjustability between operators.

3. **ANTI-GLARE FILTERS:** Minimizing glare is important to decrease eye strain, headaches and resultant muscular tension. Eyestrain is the single largest category of complaints among Video Display Terminal operators.

4. **MONITOR DISTANCE:** A distance range of 13-19 inches is recommended from eye to monitor screen. A monitor that is farther than the recommended 19 inches will result in a forward head posture, upper cervical extension, forward and rounded shoulders and eye strain.

5. **MONITOR LOCATION:** The moni-

tor should be located directly in front of the operator, not off at an angle to the side. An exception to this rule is only when the operator enters data off of copy a greater amount of time than looking at the monitor. In that case, the copy or text should be in front of the operator.

6. **DOCUMENT HOLDER:** Ideally, the document holder should be the same height and distance from the eyes as the display screen. A majority of individuals lie text flat on the desk placing a tensile force on the opposite side of the neck. Never place the text flat on the desk. A metal stand is the most common document holder. The stand should be located close the monitor and angled in approximately 30 degrees. A common problem is that the stand sits on the desktop and then the text is too low. A simple solution is to place the stand on a raised object such as a book. Another document holder is the plastic paper holder that attaches to the top of the computer monitor and the papers hang down from the clip. Often, the plastic paper holder is difficult to manage and positioned incorrectly.

7. **DATA ENTRY AND TYPING:** The arm position needs to be comfortable and relaxed. The upper arm should be resting straight down at the sides of the body, not flexed forward at the shoulder. The upper trapezius muscles are at rest and the tip of the shoulder should be in line with the ear lobe. The elbow should be bent to 90 degrees with the forearm parallel to the floor. Armrests are not indicated while actually entering data or typing.

8. **WRIST POSITION:** A wrist rest tray or support is appropriate to use during rest periods, but should not become a habitual position for the pisiform area of the hand to rest on while typing.

If the chair is too high, the keyboard is too low. This may result in increased pressure through the pisiform area with too much wrist extension. If the chair is too low, the position of the keyboard will be too high for a comfortable wrist position. As a result, there will be an increase in wrist flexion and compressive forces to the carpal tunnel.

WORK ACTIVITIES

1. **WRITING:** Some studies (Pope, Andersson, Frymoyer and Chaffin, 1991) indicate a decrease in disc pressure during writing activities. Arms are supported by the desk during writing activities, which transfers a portion of the body weight through the arms resulting in a decrease in pressure through the spine. The optimal desk slant angle from horizontal is

15-30 degrees. Architects and draftsmen have the right biomechanical concept as evidenced by the slope of drafting tables. At a desk, 25 degrees of shoulder flexion is acceptable. The therapist should encourage use of chair armrests in between activities to decrease muscular fatigue.

2. **TELEPHONE:** Nachemson (1983) found that lifting a telephone with the arm extended resulted in increased disc pressure. Therefore desk arrangement is an important consideration when designing a work space. Factors to minimize muscular fatigue include the use of headset, shoulder phone rests and education to the operator to alternate sides and not hold the phone between the shoulder and the ear.

3. **DESK ARRANGEMENT:** Ideally, an individual should adjust the desk to the appropriate height and then arrange the desk top materials used most frequently into the "safe zone" to decrease reaching distance and frequency. The following are important considerations when arranging a desk top:

- a) Height of desk: 3-4 cm or 1½ inches above the point of the elbow.
- b) Neck flexion angle of 15 degrees acceptable.
- c) A thin desktop or work surface to allow leg room and postural adjustment.
- d) "The safe zone" is the area on top of the desk that can easily be reached.

How to measure: Sit up to desk. Place arms on top of desk in front of body with fingertips touching. Elbows bent approximately 20 degrees. Fan arms out to sides creating a semicircle. The surface area underneath fingertips back to the body is the "safe zone." Place all frequently used items in the "safe zone." For example: A receptionist may have the telephone, scheduling book, memo pad, rolodex and paper clips in the safe zone.

4. **LIGHT ASSEMBLY:** Shoulder flexion angles of less than 15 degrees and abduction angles of less than 10 degrees are recommended for repetitive or sustained arm positions. Light hand tool weight of less than one pound is recommended.

ERGONOMIC ASSESSMENT

"Ergonomics" is derived from the Greek work "ergon" meaning work and "nomos" or natural laws; more clearly defined as the assessment of how the worker and workplace interact, with the goal to create the most comfortable, efficient and physically suitable environ-

SEATED WORKER ERGONOMIC ASSESSMENT CHECKLIST

| Name _____ Evaluator _____ Date _____ | | | | | | |
|---------------------------------------|---------|----|-----|-----------------|------|-------------------|
| Ergonomic Features | Current | | | Recommendations | | |
| | Yes | No | N/A | Measurement | Need | Description |
| 1. Adjustable Seat Height | | | | | | |
| 2. Adjustable Seat Tilt | | | | | | |
| 3. Adjustable Seat Depth | | | | | | |
| 4. Adequate Seat Width | | | | | | |
| 5. Adjustable Backrest Tilt | | | | | | |
| 6. Adjustable Backrest Height | | | | | | |
| 7. Backrest Pivot | | | | | | |
| 8. Appropriate Seat Covering | | | | | | |
| 9. Armrests | | | | | | |
| 10. Swivel | | | | | | |
| 11. Casters | | | | | | |
| 12. Footrest | | | | | | |
| 13. Desk Height | | | | | | |
| 14. Desk Inclination | | | | | | |
| 15. Desk Arrangement | | | | | | |
| 16. Adjustable Keyboard | | | | | | |
| 17. Wrist Support | | | | | | |
| 18. Monitor Distance | | | | | | |
| 19. Monitor Height | | | | | | |
| 20. Monitor Location | | | | | | |
| 21. Tilt Screen | | | | | | |
| 22. Anti-glare Screen | | | | | | |
| 23. Location of Text | | | | | | |
| 24. Telephone | | | | | | |
| 25. Reading Posture | | | | | | |
| 26. Writing Position | | | | | | |
| 27. Other | | | | | | |
| 28. Other | | | | | | |
| 29. Example: Adj. Seat Ht. | | XX | | 16" | xx | Pneumatic 17"-22" |
| 30. Hours Seated per Day | | | | | | |
| 31. Break Times | | | | | | |
| 32. Lunch Break | | | | | | |
| 33. High concentration level | | | | | | |
| 34. Task Variety | | | | | | |
| 35. Required rate/day/hr/min | | | | | | |
| 36. Horizontal Reach: R or L | | | | | | |
| 37. Forward Reach: R or L | | | | | | |

FIG. 1

ment for each worker.

There are many different means to gain the necessary information needed to begin to perform an ergonomic assessment of the seated worker. One or all of the following tools may be a part of the assessment process:

1. Survey: A questionnaire to employees about subjective pain complaints.
2. Seated worker ergonomic assessment checklist. (Figure #1)
3. Photographs
4. Videotape

The following is a list of equipment necessary for the therapist to perform an ergonomic assessment of the seated worker at the job site:

1. Paper, pen and pencil

2. Clipboard
3. Metal tape measure
4. Calculator
5. Copies of pre-requested job descriptions
6. Seated worker ergonomic assessment checklist (Figure 1)
7. Camera or camcorder if applicable
8. Safety glasses
9. Strain gauge if applicable
10. Carrying case or gym bag

CONCLUSION

In conclusion, the therapist of the 90's must understand the process of performing an ergonomic assessment of the seated worker. An outline of important considerations for chair specifications and adjustable features of chairs was highlighted

throughout the body of the article, along with proper positioning of the computer station and desk. The most important factor noted to decrease back stress was a backrest. A chair needs an adjustable seat height, seat depth, backrest height and inclination and armrest to encourage proper sitting posture and minimize stresses to the musculoskeletal system throughout the workday of the seated worker.

REFERENCES

1. Aarast A, Westgaard R, Strandén E: Postural Angles as an Indicator of Postural Load and Muscular Injury in Occupational Work Situations. *Ergonomics* 1988; 31:915-933.
2. Biering-Sorenson: Physical Measurements as Risk Indicators for Low-Back Trouble Over a One-Year Period; 1983 Volvo Award. *Spine* 1983; 9:106-119.
3. Bogduk N, Twomey L: *Clinical Anatomy of the Lumbar Spine*. Churchill Livingstone, 1987.
4. Bullock M: *Ergonomics: The Physiotherapist in the Workplace*. Churchill Livingstone, 1990.
5. Chaffin DB, Andersson G: *Occupational Biomechanics*. John Wiley & Sons, 1991.
6. Corlett E, Bishop R: A Technique for Assessing Postural Discomfort. *Ergonomics* 1976; 19:175-182.
7. Corlett E: The Investigation and Evaluation of Work and Workplaces. *Ergonomics* 1988; 31:727-734.
8. Delvolve N, Queinnee Y: Operator's Activities at CRT Terminals: A Behavioural Approach. *Ergonomics* 1985; 26:329-340.
9. Dowler L: Seated Work Positions. *Physical Therapy Forum* 1992; 2:23-25, 33.
10. Grieco A: The Ergonomics Society Lecture, Sitting Posture: An Old Problem and a New One. *Ergonomics* 1986; 29:345-362.
11. Leavitt S: The Healthy Office of the 1990's: The Need for Ergonomics Seating. HAG 1992.
12. Hunting W, Laubli T, Grandjean E: Postural and Visual Loads at VDT Workplaces, Constrained Postures. *Ergonomics* 1981;24:917-931.
13. Isernhagen S: *Work Injury Management and Prevention*. Maryland, Aspen, 1988.
14. Key G: Industrial Therapy, A New Outreach for Therapists. *Physical Therapy Forum* 1992; 2:5-18.
15. Mayer T, et al: Objective Assessment of Spine Function Following Industrial Injury, 1985 Volvo Award. *Spine* 1985; 10:482-492.
16. Nachemson A: Work For All, For Those with Low Back Pain as Well. *Clin Orth Rel Res* 1983; 179:77-82.
17. Pope M, Andersson G, Frymoyer J, Chaffin D: *Occupational Low Back Pain*. Missouri, Mosby Year Book, 1991.
18. Porterfield J, DeRosa C: *Mechanical Low Back Pain*. W.B. Saunders, 1991.
19. Porterfield J, DeRosa C: *Physical Therapy Model for Treatment of Activity Related Low Back Pain*. *Physical Therapy* 1992; 4.
20. Porterfield J, Mostardi R, et al: Cardiovascular Intervention Among Police Officers—A two year report. *JOSPT* 1986; 6:32-34.
21. U.S. Department of Labor, Ergonomics. OSHA, 1991.
22. Waddell G: A New Clinical Model for the Treatment of Low Back Pain. *Spine* 1987; 9:209.

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WHY ISN'T THERE MORE CLINICAL RESEARCH?

By Karen Maloney Backstrom, MS, PT

This is the question that the Research Committee of the Colorado Chapter of the APTA recently tried to answer through a survey of the chapter's membership. With the goal of promoting physical therapy research in the state, the committee hoped to identify what clinicians saw as roadblocks to research, and how the research committee could best serve the membership. The research committee therefore developed a one page questionnaire which was distributed to all of the chapter membership. One thousand ninety eight (1,098) surveys were mailed out and 144 were received for a total response rate of thirteen percent (13%). The survey and the percent frequencies for each response are shown in Figure 1. A SPSS software package was used to calculate frequencies and cross tabulations of the responses. Following analysis of these calculations, several interesting trends developed. These trends may be important for those in orthopaedics, education, clinical research, and those serving on research committees.

SURVEY RESULTS

Demographically, the large majority of the respondents (56%) reported that they considered at least one of their specialties to be in orthopaedics, followed by 16% in sports and 15% in geriatrics. The clinical settings in which these therapists with orthopaedic "specialties" varied greatly. They practice in acute care hospitals, nursing homes, rehabilitation centers, home health, the school system, private practices and outpatient orthopaedic clinics. Only 20% of these orthopaedic clinicians reported that they were working in facilities which were conducting research.

When asked what factors they felt inhibited research activity, the overwhelming response was lack of time. Seventy-three percent (73%) of respondents identified this as a major problem. A lack of knowledge and/or background experience also appeared to be a significant factor (47%). Inade-

quate funds (41%) and personnel (40%) were seen as problems as well. To a lesser extent, lack of administrative support (26%), equipment (25%) and interest (23%) were identified as factors which, overall, inhibited research.

SURVEY RESPONDENTS

Those who responded to the survey had varied educational backgrounds: Associate degrees, Certificates, Bachelors degrees, Entry Level Masters degrees, and Post Entry Level Masters degrees. As might be expected, those respondents with Post Entry Level Masters degrees were the least likely to identify lack of knowledge and/or background experience as a limiting factor. They were also the least likely group to consider time, money, interest and equipment as inhibiting factors. Knowledge was the largest inhibiting factor for those with Associate degrees, and time was the largest deterrent for those with Bachelors degrees. Of special interest to educators, lack of interest appeared to predominate in only one of these groups; 46% of the respondents with Entry Level Masters degrees identified this as a problem. The highest percentage in the other groups was 29%.

Finally, the survey asked the membership what they wanted from the research committee. Expressed needs which were identified are as follows (in descending order): Education concerning critical review of the literature (50%), education in initiating research (49%), help in research networking (49%), consultation/review of proposed projects (42%), assistance in literature searches (41%), and references for research resources (40%).

DISCUSSION

In Colorado, the research committee has responded to the results of this survey in three ways. Aware that not all the clinicians in the chapter have been formally educated in the research process or feel comfortable analyzing the literature, a single paged reader's guide was designed and promoted to aid in criti-

cal review of the literature. This guide was developed to assist all clinicians, including those unfamiliar with the research process. It was supplemented with appendices that defined terms, delineated the different types of research, and gave basic insights to statistical analysis. To address the need of education in the initiation of research, increased efforts are being made to increase membership awareness of the resources that are available through the APTA. Additionally, the research committee itself is offering to read and give input into research proposals.

As a response to the survey, the committee is also advocating networking. Informal networking is promoted through receptions at our state conferences. Also articles highlighting researchers in the chapter are published in our association newsletters. Formal networking is promoted through lecture and poster presentations at our conferences and through inservice education offered by the research committee.

CONCLUSION

These survey results have not only guided Colorado's Research Committee's efforts, but have provided some interesting trends for consideration by clinicians, educators and clinical researchers. This type of survey, with some modification of the questions, may prove to be helpful for other research committees as well. The Research Committee of the Colorado Chapter hopes that the information from this survey will help to identify and lessen perceived roadblocks to clinical research and promote widespread involvement in many different levels of physical therapy research.

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RESEARCH SURVEY OF THE APTA/COLORADO CHAPTER

1. What is your age?

- 19% a. 20-29 years
- 43% b. 30-39 years
- 23% c. 40-49 years
- 11% d. 50-59 years
- 2% e. 60-69 years
- .7% f. Over 70 years

2. What is your gender?

- 77% a. Female
- 22% b. Male

3. What is the highest degree you have obtained?

- 3% a. Associate
- 58% b. Bachelors
- 12% c. Certificate
- 8% d. Entry level Master's
- 19% e. Master's
- 0% f. Doctoral

4. How many years of experience do you have in physical therapy?

- 21% a. 0-5 years
- 21% b. 6-10 years
- 16% c. 11-15 years
- 16% d. 16-20 years
- 11% e. 21-25 years
- 14% f. Over 25 years

5. If you have a specialty area of practice, what?

(circle all that apply)

- 12% a. Pediatrics
- 15% b. Geriatrics
- 8% c. Neurology
- 56% d. Orthopaedics
- 9% e. Acute Care
- 11% f. Home Health
- 3% g. Cardiopulmonary
- 16% h. Sports
- 7% i. OB-GYN
- 4% j. Burns/Wound Care

6. What clinical setting do you work in?

(circle all that apply)

- 20% n. Acute Care
- 9% b. Nursing Home
- 8% c. Rehab Center
- 35% d. Outpatient Ortho
- 7% e. Pediatrics
- 13% f. Home Health
- 33% g. Private Practice
- 6% h. School System
- 2% i. Physician-owned Practice

7. Have you been aware of the existence and functions of the Colorado Chapter Research Committee?

- 28% a. Yes
- 33% b. No
- 39% c. Only vaguely

8. Which of the following services which could be provided by your Colorado Chapter Research Committee would you find helpful?

(circle all that apply)

Inservice Education

- 50% a. Critique research related to PT (i.e. journal articles)
- 49% b. How to initiate a clinical research project
- 24% c. How to present research at conference (poster/platform presentations)

Review Committees

- 42% d. For proposed projects
- 17% e. For completed studies prior to submission for publication

Resources

- 19% f. A list of resources for biostatistics (personal, software etc.)
- 35% g. A list of funding resources/assistance in grant writing
- 41% h. Assistance in literature searches (there will be a cost involved)

Networking

- 49% i. A network of researchers in Colorado with similar research interests
- 34% j. A forum for collaborative research

Special Interests

- 29% k. Research conducted by the committee itself examining particular issues that are facing the physical therapy profession in Colorado
Please specify: _____
- 40% l. Assistance in the preparation for the physical therapy specialty examinations (the research sections of these exams only)

9. Would you attend a lecture session at the state conference on research if it was offered to you?

- 66% a. Yes
- 34% b. No

10. Is clinical research currently being conducted at your facility?

- 18% a. Yes
- 82% b. No

11. If you answered yes to question 10, please provide the titles of the studies that are being conducted.

12. If research is NOT being done at your facility, can you identify factors that inhibit this activity?

- 23% a. Lack of interest
- 47% b. Lack of knowledge/background experience in research
- 73% c. Lack of time
- 41% d. Lack of money
- 25% e. Lack of equipment
- 26% f. Lack of administrative support
- 40% g. Lack of personnel

13. Does your facility address clinical research in its goals and mission statements?

14. Do you have any other comments/suggestions for the Research Committee?

15. I am a:

- 98% PT
- 1% PT Student
- 1% PTA
- 0% PTA Student

I would like to be involved in the Colorado Chapter's Clinical Research Network:

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Fax (_____) _____

Thank you for your participation!

RESEARCH COMMITTEE OF THE ORTHOPAEDIC SECTION
APTA, INC.

CALL FOR PARTICIPANTS
PLATFORM AND POSTER PRESENTATIONS
APTA COMBINED SECTIONS MEETING
RENO, NEVADA, FEBRUARY 8-12, 1995

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 1995 CSM. Authors presenting accepted abstracts at the meeting must register for the day they are presenting.

SUBMISSION REQUIREMENTS:

Deadline for Receipt of Abstract: Abstract must be received at the address below by September 1, 1994. Address abstract to:

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

Format for Abstracts: The abstract must be typed double-spaced on one side of a single 8 1/2" 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 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, and 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), and 2) the telephone number and area code of the presenter. In the lower right margin be sure to indicate the preferred mode of presentation (Platform or Poster) and the type of content (see below).

Copies: Include one original and one copy of the complete abstract with all the identifying information as outlined above. Include five copies of the abstract with only the title and the body of the text (eliminate all identifying information except the title).

CONTENT:

RESEARCH reports 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; and 8) clinical relevance.

SPECIAL INTEREST reports must present a unique program, idea, or device and must include: 1) purpose of the presentation, 2) description, 3) summary of experience or use, and 4) the importance to members of the Orthopaedic Section.

THEORY presentations must: 1) state the phenomenon that the theory proposes to explain or predict, 2) explicitly state the theoretical proposition or model, 3) give the evidence on which the theory is based, 4) suggest ways that the theory could be tested, and 5) describe the importance and utility of the theory to the Orthopaedic Section.

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.

The Orthopaedic Section, A.P.T.A.

presents

1994 REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES

July 17 - 23, 1994
Williamsburg, Virginia

MEETING A: July 17 - 19
The Cervical Spine
The Shoulder & the Elbow
The Wrist & Hand

MEETING B: July 20 - 23
The Foot
The Knee
The Low Back/SI Joint/Hip

Table with columns for TUITION: Before June 10 and After June 10. Rows include Meeting A, Meeting B, and Meetings A & B with various membership categories and their respective fees.

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 Competency examination, but to serve as a review process only.)

Join the Section and take advantage of the discounted registration rate immediately!

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

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 17 - 23, 1994: Mtg A _____ Mtg B _____ Mtgs A & B _____

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 you member rate fee). _____

Make checks payable to the Orthopaedic Section

_____ Check here if you have special needs that are regulated by the Americans With Disabilities Act

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 nomina-

tor, 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 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 con-

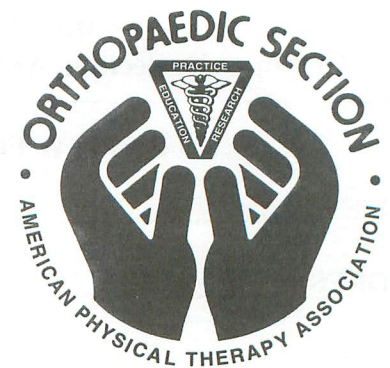
firmation of acceptance from him, by May 1st.

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 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, 1994.



The Many Faces of Risk

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

Risk usually means the possibility of suffering harm or loss. Most people equate it with danger, and they try to avoid taking risk—or at least too much risk.

This is particularly true when it comes to their investments. And rightly so. The problem is, people do not always recognize the various *forms* of risk. In investing, sometimes doing nothing at all is the riskiest thing you can do. For example, what most investors mean when they say “risk” is *capital risk*—the possibility that they may lose their money. Avoiding capital risk has led many people to place most of their funds in the “safest” investments—money market accounts, certificates of deposit and government securities.

RISKY RATES

But, recently these safety-oriented investors have discovered a second kind of risk: *interest-rate risk*. A few years ago, when CDs and similar investments were returning high rates with little capital risk, investors had less reason to be as concerned about interest-rate risk as they have today. Now, when interest rates are low and falling, investors who focus only on capital risk find their capital becoming increasingly less productive. The growth-momentum shows in their retirement accounts. And, for retired persons depending on interest income to meet living expenses, too much exposure to interest-rate risk can lower living standards.

Interest-rate risk is closely tied to another kind of risk, *inflation risk*. Inflation risk is the possibility of losing financial ground when the rate of inflation exceeds your investment earnings. To keep up with the cost of living, you may be forced to dig into your principal, a move which could jeopardize your financial security.

Conservative investors often experience *reinvestment risk*, or the risk that a higher-yielding bond or CD will mature at a time when interest rates are lower. Trying to reinvest the proceeds from these maturing fixed income investments in securities of similar quality, without sacrificing too much yield, is a challenge which many people have faced in the past couple of years.

THE TAX MAN, TOO

An increasing concern is *task risk*, or the possibility of losing investment gains to taxes. Taxes may be unavoidable, but some investors accept unnecessary exposure to tax risk by not taking advantage of tax savings available through such investments as high-quality municipal bonds or tax-deferred retirement accounts. It's a prudent part of investments planning to consider all your potential tax liabilities from any given investments before deciding which ones work best for you.

Finally, there is what I'd call *opportunity risk*, or the danger of missing an opportunity by doing nothing. Some investors are so focused on one of the other kinds of risk that they do not explore options for increasing the value of their investments. For example, extending maturity rates on government-backed securities might be an opportunity for a fixed-income investor to lower exposure to interest-rate risk without taking inappropriate capital risk. Yet if the investor doesn't want to take the time to learn about this option or seek professional advice on the subject, that person is in danger of losing an opportunity.

So how does the careful investor avoid all risk? You can't really. But what you can do is *manage* risk by making appropriate changes to your investment plan. But before you take any action, you should do two things. First, you should understand the various risks to which you are exposed. Second, you should assess your personal tolerance for risk. That's the topic we'll explore in my next column.



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

WELCOME NEW MEMBERS

The Orthopaedic Section, APTA, Inc., would like to welcome all of our new students, affiliate and active members who have joined the Section within the last three months:

| | | | | |
|------------------------|---------------------|-----------------------|---------------------|---------------------|
| Ruth Aahmore | James Brewer | Kimberly Delcour | William Gilbert | Belvaane Jernigan |
| Sandra Achterhof | David Brightmore | Katie Delicicchi | Jeff Giulietti | Dana Jeter |
| Angela Ackerman | Tracy Briscoe | Susan DeLoach | Claudia Glenn | Sherry Jewett |
| Anthony Adams | Jeffrey Brooks | Ronda Delong | Heather Goist | Richard Joel |
| Julia Adelson | Cecil Brown | Marco Delsalto | Eva Gonzales | Clyde Johnson |
| Nalini Advani | Connie Brown | Wim Deneff | Francee Gordon | Michael Johnson |
| Leslie Afzali | David Brown | Kimberly Depot | Sylvia Gould | Raymond Jones |
| Susan Alexander | Philip Bruggenwert | Hemlata Desai | Sandra Grant | Gail Jones |
| Nicole Alexander | Janice Brungo | Deborah Dewese | Laura Gray | Patricia Jorgensen |
| Maria Alvarez-St. John | Daniel Bryan | Margery Dickson | Christine Green | Deborah Jurist |
| Craig Alver | Richard Buck | Christine Dills | Jennifer Green | Smita Kadakia |
| Teresa Ambrosia | Michael Buckler | Kristoffer DiPasquale | Shannon Greene | Gwen Kady |
| Catherine Amendolara | John Buckman | Andres Doble | Charles Greene | Sally Karpiak |
| Mary Amyot | Anne Buffington | Andrea Dobson | Chris Griffin | Beth Kaufman |
| Kristen Anderson | Thomas Bukoskey | Anna Dombrowski | Christin Griskie | Christine Keith |
| David Anselmo | Julie Bundy | Sean Donahue | Jeanne Gronlund | Connie Kelly |
| John Arbeeny | Leslie Burte | Anne Donnelly | Marilyn Groome | Suzanne Kelly |
| Fritzie Arce | Ivan Buzinski | Susan Dugo | Melissa Grove | Teresa Kelly-Berry |
| LouAnne Armstrong | Patricia Byler | Thomas Dunlap | Toni Guillory | Nancy Keness |
| Joe Arndt | Herbert Cailouet | Shane Dunleavy | Christopher Gunning | Alan Kerbs |
| Margaret Asher | Michael Cameron | Cheryl Dusek | Maria Gutierrez | Sherril Kilpatrick |
| Senja Ates-Collins | Craig Campbell | William Dwight | Dauida Haas | Anne Kincaid |
| Eva-Maria Avery | Valerie Campbell | Janusz Dyl | Jennifer Hagedorn | Carol Kinneman |
| Diane Baer | Mary Campbell | Chirstina Echols | William Hale | Karl Kleinpeter |
| Robert Bajorin | Kimberly Capell | David Edwards | Caleb Hale | David Kline |
| Kathy Baker | Teresa Carroll | Michelle Eisenbuerg | Sandy Haraguchi | Robert Klingman |
| Katherine Banner | Melinda Case | Daniel Elhom | Lynn Harrington | Janet Klosterman |
| Karen Bannister | Dan Cassidy | Jamie Eltzroth | Lesley Harrington | Debra Knollman |
| Gary Barker | Javier Castillo | Jeffrey Erickson | Maureen Harris | Mary Knosby |
| Bartley Barkham | Christine Castillo | Martina Eschenburg | Christina Hart | Eileen Koch |
| John Barman | Jason Chambers | Oscar Esqueda | Kelley Hartness | Rebecca Koh |
| Evelyn Barney | Patrick Chapman | Jane Exton | David Hatae | Debra Kowalski |
| Deborah Barnhart | Michael Chiacchiero | Emily Fairbanks | Dean Hatcher | Henry Kreske |
| Charles Barrett | Virginia Childress | Shadi Farhadi | Patrick Hauer | Kayla Kryger |
| Herman Barrient | Susan Chinworth | Jo Ann Fasano | Bruce Haugar | Shela Kubicek |
| Margaret Bartels | Annette Christensen | Janice Fedele | Richard Hayward | Janna Kucharski |
| Nora Barziv | Mary Ciani | Marc Federico | David Heckard | Cherie Kusek |
| Mary Battle | Andrew Cichosz | Dennis Fellers | Jennifer Helm | Cynthia Lab |
| David Baus | Thomas Cipolla | Robert Felomeier | Mary Hemker | Scott Labrum |
| Michael Bayci | Todd Clark | Linda Fidrocki | Leslyn Henderson | Louise Laganiere |
| William Beck | Becky Clark | Lisa Firtz | Karen Hendrickson | Amy Lamm |
| Daniel Beckstead | Robert Clark | Mary Fisch | Paul Henry | Stephanie Lamutis |
| Angela Bell | Jacqueline Colina | Donna Forastiero | Linda Henry | Alice Langit |
| Karla Bell-Gleason | Margaret Cone | Steven Formichella | Karen Hill | Vivian Langley |
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| Erik Berg | Traci Cook | Judy Foxworth | Richard Hogan | Amy Lathi |
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| Roberta Blancq | Diane Cordeiro | Roger Frazier | Randy Hollrah | Jennie Lauver |
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| Gary Bordelon | Charles Curtis | Katherine Gallagher | Karen Huelsmann | Tara LePage |
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| Douglas Brazzy | Janie Davis | Michael Gerard | Kristen January | Edmund Likar |
| William Breslin | Billie Davis | Susan Gibbs | Peggy Jennings | Sinhong Lim |

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| Dawn Loretz | Brett Nelson | Shabnam Sadigh-Esfandiary | Margaret Tareila |
| George Louie | David Newbolds | Viswanatha Sagar | Joseph Taylor |
| Marita Louw | Todd Nighswander | Joanne Sant Louis | Garth Taylor |
| Steven Lucci | Tammy Noren | Rabih Salame | Daniel Teahan |
| Mary Lundgren | Lesley Norris | Sarah Sanchez | Andrew Temoshenka |
| Garrett Lutsky | Kerstin Nuelen | Theresa Sarabia | Steve Teran |
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| Julienne Lyons | Lynn O'Neil | Yvonne Savarise | Elizabeth Thiesmeyer |
| Mirjam Maassen | Heather O'Regan | Judy Schanzenbach | Eva Thode |
| Claire Macday | Nancy Odria | Murray Schaum | Robin Thompson |
| Mihaela Mack | Kayode Olojede | Norman Schlact | Demetra Tingas |
| Marion Mackles | William Olson | Dauida Schlager-Klass | Elizabeth Toma |
| Mary Maesch | Robert Orendorf | Stephen Schmidt | Gregory Trace |
| Eric Magrum | Frank Orifici | Theresa Schneider | David Tupper |
| Jeffrey Mahoney | Kelly Orman | Eric Schneider | Elizabeth Tusing |
| Leo Mahony | Brenda Osterbuhr | Penny Schulken | Kristy Uhrich |
| Mimi Malgarni | Patricia Packard | Nancy Schultz | Oleg Urban |
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| Robert Marshall | Pamela Patterson | Lori Shepard | Cheryl Walker |
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| Karen Martine | Anne Pedersen | Patricia Sheridan | Elmarie Walters |
| Andrew Martinez | Daphne Pennewell | Xian Shi | Suzan Wand |
| Dennis Martucci | Carlos Perea | Yifen Shihi | Ching Yi Wang |
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| Sarah McBride | Craig Peterson | Lynn Shramek | Donna Waterman |
| Joy McCabe | Leslie Petkus | James Shrout | Anne Watson |
| Bradley McCallum | Megan Pillionn | Michael L. Sigenthaler | Linda Watson |
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| Mark McCurdy | Hillary Polans | Catherine Sikora | Grzegorz Weiss |
| Michael McDermond | Timothy Poppe | Ola Simonsson | Jean Weland |
| Julie McDonald | Karissa Porter | Maureen Simpson | Debra Wenneman |
| Margaret Mcelwee | Allen Prah | David Sippola | Sherry Westberry |
| Deborah McGowan | Debbie Preston | Beth Skeels | Gail Wheatley |
| Barry McLeod-Hughes | Teresa Prislovski | Barbara Skinner | Christopher Wheeler |
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| Ryan Meyer | Kathryn Quinn | Adrian Sobrevilla | Dorothy Wilke |
| Olga Midzak | Brett Rachal | Andrei Soran | Laurie Wilkerson |
| Mark Mijinsbergen | Judith Ramos | Laura Southern | Charles Wilkie |
| Troy Mikkelson | Dale Rangelli | Melva Spangle | Donna Williams |
| Brenda Milbrath | Karen Rasmusson | Kelly Sparks | Shawn Williams |
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| Erin Miller | Allison Rector | Barbara Sroka | Lisa Winters |
| Charles Miller | Terrill Reed | Donna Stabile | Jeffrey Wissel-Littmann |
| Molly Miller | Patricia Reger | Michele Stake | Varunee Withidsakul |
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SECTION SPONSORS STUDENT TO CSM IN NEW ORLEANS

By Chris Petrosino, PT



Luis Hincapie, winner of the 1994 Student Guest Program is shown with Karen Piegorsch, Chair of the Public Relations Committee, Orthopaedic Section, APTA.

Last year, the Orthopaedic Section initiated an annual student sponsorship to help students recognize the value of Section activities within the association and to give students an early orientation to professionalism. Under this sponsorship program, called the "Student Guest Program," each accredited, entry-level physical therapy school is invited to submit the name of one student for inclusion in a random drawing to become the "guest" of the Section at CSM. Our winner for the year 1994 is Luis Hincapie.

Luis is a senior student at Temple University, planning to graduate in May, 1995. His prior experience as an athletic trainer encouraged him to pursue a career as a physical therapist with an interest in orthopaedics. Luis reports that his school chose to submit his name for the drawing because of his strong interest in the practice of orthopaedic physical therapy, his commitment to become an active member of the APTA, the fact that he was already a student member of the Orthopaedic Section, and his availability to attend CSM.

The obligations of the Student Guest are to attend the entire conference, to attend the Orthopaedic Section Business Meeting and Issues Forum, to serve as moderator at an orthopaedic platform session and make an oral presentation to

his physical therapy class upon returning from CSM. Luis met these obligations well. According to Ann Van Sant, PhD, PT, Chair of the Department of Physical Therapy at Temple University, Luis has shared his enthusiasm with his fellow classmates in a way that has inspired them to go to Annual Conference in Toronto and to strive to attend CSM next year.

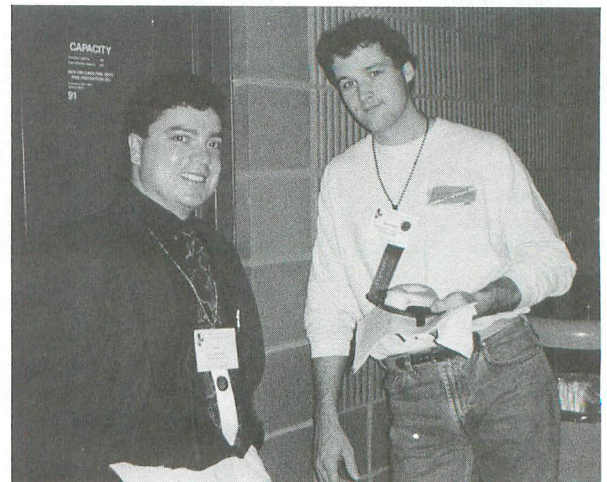
Regarding his experiences at CSM Luis states, "Everybody was very approachable, friendly and supportive, both in personal and professional conversations. I made valuable contacts, received a lot of business cards, and connections to facilities with job opportunities. It was neat to be at a conference and meet the people whose theories we study, and to learn that these experts are real people who are very approachable. "I got so much out of it [CSM] that I can't begin to thank them [the Orthopaedic Section] enough."

Luis said he acquired a wealth of information at CSM. He attended lectures on the foot and ankle, manual therapy, physical therapy for the performing artists, neurological problems and more. He felt comfortable with the content of all the lectures and expanded his knowledge significantly. When asked to identify his most eye-opening experience he replied, "I learned that the APTA was the first medical discipline to submit a proposal on health care reform when discussions began." He realizes how important it is for students to become active *now* in issues that will affect their profession in the future. He was interested to learn what the Orthopaedic Section does in addition to providing publica-

tions. Through the Orthopaedic Section Business meeting Luis learned of the many projects the Section sponsors, what goes on financially and future projects. The Business Meeting and Issues Forum inspired him to consider what contribution he will make to the profession through the Section in the future.

Luis recommends to other students: "If it is at all financially possible, do it [go to CSM], even if you have to pack 10 other students into a hotel room with you! It was an experience that I don't think I'll ever forget and I know that as I enter the profession I will reflect back on what I learned through this experience." In conclusion, Luis would like everyone to know, "it was a great idea for the Orthopaedic Section to sponsor a student to CSM, and I'd like to express my personal thanks to the Section Officers and Committee Chairs who talked with me and introduced me to their colleagues during the conference."

Chris Petrosino, PT is a member of the Public Relations Committee.



Luis Hincapie attended the Orthopaedic Section Business Meeting. He is shown here with Michael Tollan, PT.

ROSE EXCELLENCE IN RESEARCH AWARD WINNERS

Dr. Anthony Delitto, PT was the winner of the 1994 Rose Excellence in Research Award for the publication entitled "Evidence of Use of an Extension-Mobilization Category in Acute Low Back Syndrome: A Prescriptive Validation Pilot Study." The paper was published in the journal *Physical Therapy* in April of 1993. The co-authors of the paper were Michael T. Cibulka, Dr. Richard E. Erhard, Richard W. Bowling and Janet A. Tenhula. Dr. Delitto was also the winner of the award in 1993. Keep up the good work Anthony!



Dan Riddle, Research Committee Chair is shown congratulating Dr. Anthony Delitto the second time winner of the Rose Excellence in Research Award.



Dr. Anthony Delitto is shown with his co-authors. From left to right are Michael T. Cibulka, Richard E. Erhard, Dr. Anthony Delitto and Janet A. Tenhula. The other co-author, Richard W. Bowling was absent.

PRACTICE PROBLEMS??

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

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

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

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

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Daytime Telephone #:(_____) _____

In my practice, I'm having trouble with _____

Please get in touch with me to discuss _____

LIAISONS AND THE ORTHOPAEDIC SECTION NETWORK

The Orthopaedic Section (OS) is considering the development of formal liaisons with certain organizations and would like your advice. Please use the space below to provide your input regarding the development of formal liaisons with other organizations (e.g. which organizations, goals, potential representatives, etc.)

In addition to facilitating an informal network among Orthopaedic Section members who are involved in other organizations, the OS would like to facilitate networking among its members who are developing individual relationships with other organizations. The OS is available to support members in their liaison activities. The OS communication network can provide members with a way to join with other OS members who have similar goals for developing relations with the members of other organizations.

Examples of other organizations with which the Orthopaedic Section would like to develop liaisons:

Associations of Professionals who refer patients (AAFP, AMA, ADA, etc.)

Associations of Professionals who serve some of our same clients (AOTA, ACA, HFES, etc.)

Specialty service/research associations that provide the public with educational materials and which could benefit from our expertise (Arthritis Foundation, etc.)

Business Groups that influence our practice and reimbursement (insurance associations, etc.)

If you would like to network with other orthopaedic physical therapists to foster relations with other organizations, please fill out this form and return it to: Orthopaedic Section, APTA, Inc., 505 King Street, Suite 103, La Crosse, WI 54601.

Name: _____

Title: _____

Mailing Address: _____

Daytime phone: (_____) _____

The organization with which you are affiliated:

Organization's name: _____

Nature of your affiliation (member, officer, advisor, etc.): _____

Ideas for liaison with target organization: _____

HOTLINE ON CUMULATIVE TRAUMA DISORDERS

The hotline during CSM was a huge success! The APTA and Orthopaedic Section co-sponsored this two day event in which volunteers answered a total of 381 calls related to cumulative trauma disorders.

Carpal tunnel syndrome was the most common topic of inquiry by callers, followed by back pain, hand/wrist pain,

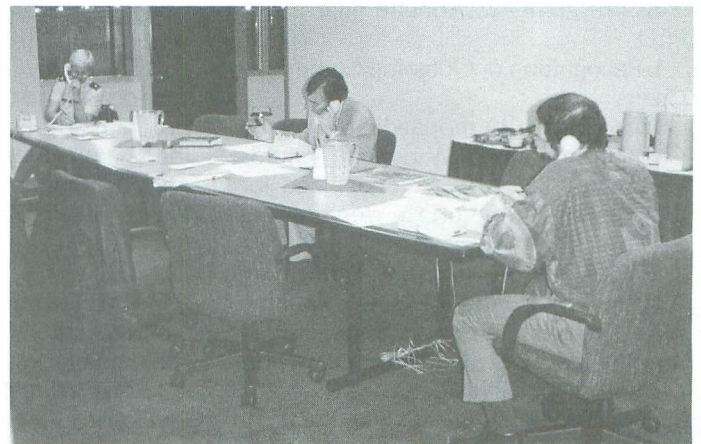
neck pain, tendinitis and tennis elbow. Approximately 70% of the callers were women. The age of the callers ranged from the teens to the eighties, with the majority of calls coming from people between 31 and 50 years of age. Only one third of the callers on this hotline had ever seen a physical therapist before. This indicates the opportunity created by the

hotline to educate the public about the potential benefits of seeing a physical therapist.

The Orthopaedic Section would like to thank the APTA for co-sponsoring this hotline, and all of the physical therapists who generously donated their time to staff the hotline during CSM.



Karen Brown, Public Relations Department at APTA is shown with Karen Piegorsch, Orthopaedic Section's Public Relations Chair.



Volunteers were kept busy with inquiries from various callers.

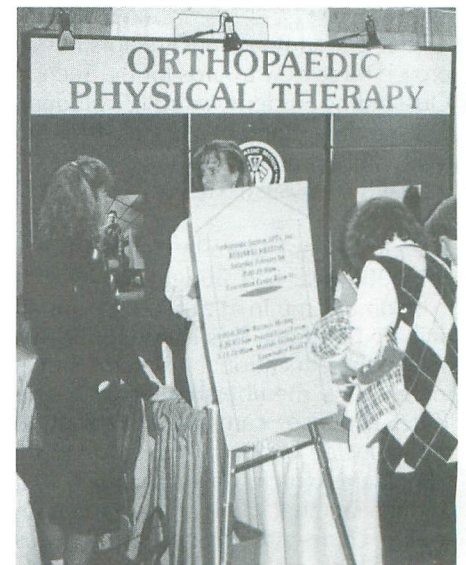
CSM HIGHLIGHTS



The Section's 20th Anniversary Celebration.



Orthopaedic Specialty Council Members, Mary Ann Sweeney, Rick Ritter and Mary Milidonis.



The Orthopaedic Section Booth.

MEETING MINUTES

BUSINESS MEETING

COMBINED SECTIONS MEETING
NEW ORLEANS, LOUISIANA
FEBRUARY 5, 1994

CALL TO ORDER AND WELCOME—

Z. Annette Iglarsh, PT, PhD, President
Meeting was called to order by the President at 8:00 AM.

BOARD OF DIRECTOR REPORTS

A. President—Z. Annette Iglarsh, PT, PhD

1. Recognition of Outgoing Committee Chairs

Rick Ritter, Orthopaedic Specialty Council and Carolyn Wadsworth, Awards Committee Chair, were recognized for their time and effort in serving the Section.

2. SIG Petitions from the Performing Arts and Foot and Ankle Round Table groups were tabled until the June meeting at Annual Conference. John Medeiros, Vice President and Dorothy Santi, Treasurer, will meet with the leaders of each of the Round Table groups to identify the financial impact of each so the Section can maintain its fiduciary responsibility to its general membership while meeting the needs of section specializing physical therapists.

B. Vice President—John Medeiros, PT, PhD

Awards

The Section Board of Directors has approved three new awards for the Section. Outstanding Student Award (PT Student), Outstanding Student Award (PTA Student) and Excellence in Teaching of Orthopaedic Physical Therapy.

C. Treasurer—Dorothy Santi, PT

1. 1993 Year-End Budget

Income came in at 21.8% over our anticipated budget. This is due to the success of the educational programs and an increase in membership of 17% over 1992. Expenses came in at 12% under the expected budget. This is due to the low airfares which were available in 1993 and the fact that some officers and committee chairs are located on the east coast which makes it much less expensive for them to get to Washington D.C. when they are needed.

2. Investments

The Board agreed to cap the reserve fund at 75% of our budgeted expenses. In 1993 we went over the cap by approximately 5%. When we realized our investments were going to greatly exceed the cap because of the success of the home study courses, another fund was created, a building fund. Currently we have approximately \$250,000 in the building fund.

D. Director—Stanley Paris, PT, PhD

1. The Section is investigating possible ways of funding doctoral scholarships.

2. A survey is being developed for schools that have an orthopaedic masters program. The information received will then be provided to those members who are pursuing an advanced masters education as a guide to program characteristics.

COMMITTEE REPORTS

A. Education Program—Nancy White, MS, PT/Lola Rosenbaum, PT, OCS

1. The educational program for the 1995 CSM meeting in Reno will be formalized by June of this year. Serious input from the membership is welcome over the next few months.

2. Home Study Course

a. Kent Timm, PT, PhD, ATC, SCS, OCS, FACSMT was given a very hearty thanks for the work that he has done in bringing the Home Study Course up from the ground floor and for all the time and effort he put forth in making this a quality document.

b. Paul Beattie, PT, PhD, OCS will be the new Editor for the Home Study Course beginning with the 94-2 course scheduled to start in July.

3. This year at CSM we instituted a volunteer moderator program where members interested in getting more involved with the Section helped out in several sessions with the audio-visuals, lights, etc. The following moderators were recognized and thanked for their help: Louis Hincapie, Mike Downing, Catherine Patla, Kim Schoensee, Susan Appling and Alan Lee.

4. The Education Committee has been coordinating the educational activities of the Round Tables and Special Interest Group. Currently we are coordinating programming for the Occupational Health SIG, Foot and Ankle, Manual

Therapy, Head and Neck, Performing Arts and a new group on Chronic Pain Management. Input is welcome on the concept of how we can develop a structure to include each of these groups across the broad spectrum of physical therapy and make it work without developing a major bureaucracy. We are very supportive of this process.

B. Publications—Jonathan M. Cooperman, MS, PT, JD

1. A column on research issues in orthopaedic physical therapy is in the works. Topics for discussion will include; how to write a case study, how to read a research article, dealing with research areas in clinical practice, etc.

2. We are trying to provide more abstracts and book reports. A general call to the membership will be published to solicit these as well as articles of clinical interest. Please send them to Sharon Klinski, Managing Editor of *OP*.

C. Research—Dan Riddle, MS, PT

1. 38 platform presentations were submitted for this CSM. This is four times more submissions than we had five years ago.

2. The Rose Excellence in Research Award winner for 1994 is Dr. Anthony Delitto, PT.

3. A Research Issues Forum was begun at this CSM. The topic was Low Back Pain Classification. Next year's forum will be on occupational health physical therapy.

4. A clinical research mentor list is published in *OP*. This is meant to be a resource list for those attempting to do some clinical research. It is a list of experts who have some documented evidence of expertise in an area and can be of help to members in their research endeavors.

D. Orthopaedic Specialty Council—Col. Mary Ann Sweeney, MS, PT, OCS

1. The Council just completed the practice analysis which was begun in 1992. The new Document of Advanced Clinical Competencies is in its final editing stages. Mary Milidonis was recognized for all her hard work coordinating this process.

2. There were 317 physical therapists who applied to sit for the Orthopaedic Certified Specialist Exam. This will about double the number of Orthopaedic Cer-

tified Specialists. The exam will be moved to March in 1995 and will only be available through the EXPro System (electronic testing).

3. The Council is still working on a re-certification process. The first exam was given in 1989 and re-certification takes place 10 years after that, 1999. We are looking at another alternatives to re-taking the test.

E. Public Relations—Karen Piegorsch, PT, OCS, MSIE

1. The Student Guest for this year's CSM, Louis Hincapie, was recognized. Sponsoring a student to CSM will be an annual event.

2. A Task Force of five mentors along with Lola Rosenbaum and Karen Piegorsch met at CSM to discuss what can be done to define and enhance the utilization of the mentor program.

3. A Resource Manual is now available free of charge to those physical therapists who are interested in forming orthopaedic study groups and/or orthopaedic special interest groups at the Chapter level. A revision to this document is planned for 1995. Your input is welcome to continue to develop this manual.

4. One of the goals of the Orthopaedic Section is to reach out to other professional associations. The PR Committee is calling this the Liaison Project. We are looking for members who are also involved with another association so, in an informal way, the Section can serve as a clearinghouse or networking body. The Section has also been considering formal liaison relationships with specific associations. We are looking at other group of professionals who serve our same clients, i.e., insurance companies and other associations who can benefit from our expertise. A task force will meet at Annual Conference to review all of the information received at this conference to determine future directions.

5. The Section is producing a new pocket style brochure which will contain informational inserts. The inserts will be in two categories; one for information to let physical therapists know what the Section does for its members and how members can work within the Section, and secondly, for those who are not physical therapists and seek information about orthopaedic physical therapy. This type of brochure will tie into the liaison project. The brochure is targeted for Annual Conference.

G. Nominating Committee—Gary Smith, EdD, PT, OCS

1. This year's ballots will contain a tear out return postcard in hopes of increasing the number of voting members sent directly to an external auditing firm. Past returns have been at 10% or less.

2. Slate of Candidates for the 1994 Election

Board of Director—2 positions available

Lola Rosenbaum, PT, OCS

Jonathan Cooperman, MS, PT, JD

Michael Cibulka, MHS, PT, OCS

Elaine Rosen, MS, PT, OCS

Nominating Committee Member—1 position available

Manual Domenech, PT

Malton Schexneider, MMSc, PT, OCS

Adam Geril, PT, OCS

There was a call for nominations from the floor. Hearing none, Annette Iglarsh, as President of the Section, declared the slate closed. The slate will stand as presented and the ballot will be processed as described.

H. Occupational Health SIG—Dennis Isernhagen, PT

1. The Worker's Compensation Focus Group, a cooperative effort by the Orthopaedic Section, the SIG, the Private Practice Section and the APTA is jointly funded for the next three years. A letter will be sent to all Chapter Presidents announcing that the Focus Group meeting will be held on April 16-17, 1994. These dates coincide with the APTA Component Leadership Seminar. The mission of this group is to try and develop some strategies to serve the APTA membership.

2. =MOTION= That the Orthopaedic Section recommend to the APTA Board of Directors that the APTA provide funding to implement the IRAC (Industrial Rehabilitation Advisory Committee) Industrial Rehabilitation Guideline Outcome Study for work rehabilitation programs.=PASSED=

1. =MOTION= That the "a" be dropped from the spelling of Orthopaedic in Orthopaedic Section.=FAILED=

J. Practice—J. Scott Stephens, MS, PT, FFSBPT

1. The Orthopaedic Section had charged the Practice Committee to chair a meeting of other Section practice committees to determine whether or not there are similarities in practice issues. The meeting took place at this CSM. One conclusion of the meeting was to have a portion of an APTA publication allocated to Section practice issues.

2. New members to the Practice Committee are: Douglas M. White, PT, OCS

from Massachusetts; Marilyn Swygert, PT from South Carolina; and, Paula Mitchell, PT from Virginia.

3. In OP is a 'Practice Problems' sheet requesting information on what practice issues are of concern to you. All members are encouraged to fill this out and send to the Section office. The Section Practice Committee needs your input.

PRACTICE ISSUES FORUM

A. The possibility of the Section pursuing or establishing some guidelines for practice given certain dysfunctions and certain diagnosis.

B. Outcome measures in orthopaedics.

MUSCULOSKELETAL COMBINED EXAMINATION BOARD

=MOTION= The Orthopaedic Section recommend to the American Board of Physical Therapy Specialties (ABPTS) that it consider a restructuring of the orthopaedic specialty process to a proposed musculoskeletal board with an exam designed to test that body of knowledge common to general orthopaedics, manual therapy, industrial physical therapy, foot and ankle, hand and perhaps sports, and that these named sub-specialty areas then be encouraged to develop with the ABPTS a further component in their specialty area. This component to be completed after having passed the exam of the musculoskeletal boards and should each sub-specialty area so wish, a residency approved or accredited by those sub-specialty areas and approved or accredited by the APTA.

The motion was not seconded. It served as the foundation for discussion at this point.

Adjournment—10:00 AM

SECTION NEWS

VICE PRESIDENT'S REPORT

Occupational Brief Task Force

Chronicle Guidance Publications, Inc. (CGP) publishes over 600 occupational briefs. Briefs are designed to be read by someone with a seventh grade reading level.

Dennis Isernhagen, Gary Smith and I (chair) were asked to review the PT brief at the fall executive committee meeting 9/30—10/3, 1993. After reviewing the brief we felt that it would need major revisions. However, before starting on this task we contacted the APTA to see if they were reviewing the document. The APTA had submitted major revisions to CGP. In addition two physical therapists had also reviewed the document.

I believe that the revised document is significantly improved as compared to the report which Dennis, Gary and I reviewed last October. However, salary data and some minor changes in wording could improve the current document.

Association Liaisons Task Force

Karen Piegorsch (chair) and I were asked to develop a list of potential people to sign up as liaisons to Associations and report back at CSM '94. After Karen and I discussed this issue we felt that the first step would be to have OS members identify themselves to the task force. Karen then prepared a form that can be filled out by members at CSM '94. The executive committee approved the form during their conference call of 1/11/94. Additional details regarding this task force can be found in Karen's report.

Paris Distinguished Service Award

I have received partial documentation for one nominee. I have asked Anne Porter Hoke to be on this committee with me. She has consented to serve in this capacity. If complete documentation is received, I will seek another member to join us on this committee.

Review of Awards Criteria

Rick Ritter and I are reviewing the Criteria for all Section awards.

Continuing Education to Meet Requirements for Specialization

SOMA, a firm in Austin, TX has published the following statement in their catalog of post-graduate continuing educa-

tion courses: The SOMA Professional Program in Orthopaedic Physical Therapy is an extensive, in-depth and eclectic study of orthopaedic physical therapy which encompasses both theoretical and technical aspects. The program is modular based extending over a 24 month time frame. It is designed to provide the participant with a broad knowledge base and to meet the requirements for the specialization in orthopaedics relative to American Physical Therapy Association standards.

*John M. Medeiros, PT, PhD
Vice President*

EDUCATION PROGRAM COMMITTEE REPORT

CSM 94: A very full program was scheduled for this year's meeting with five combined programs, numerous Orthopaedic Section programs, four sessions of research platform presentations, six SIG/roundtable presentations (including a new Chronic Pain Roundtable). Volunteers were utilized this year to assist with speaker introductions, audiovisuals, and CEU signatures. Black Tie and Roses and the 20th Anniversary Party went smoothly. The pre-conference course with AAOMPT had 138 registrants.

CSM 95: Reno—Plans are being made for the 95 program. The committee welcomes input from the Board for topics and speakers.

Review Courses: The St. Louis course was quite successful with very high speaker ratings. All speakers are being invited back for the 94 course to be held in Williamsburg. We have been contacted by a group in Minneapolis for a fall course.

Home Study Courses: The Section sent out RFPs for Home Study Course Editor in October. Proposals were received and reviewed. Paul Beattie, PhD, PT, OCS has been approved as the new Editor for the home study course series. The first manuscript for the Lumbar Spine Course has been received by participants. There are 916 participants registered for this course. The section will be sponsoring two courses on the Lumbar Spine this year, the second to begin in July.

Continuing Education Units: The Committee is proposing that the Section award contact hours instead of CEUs for participation in programs. This is a result

of the tremendous variability in CEU requirements and credits from state to state.

Continuing Education Course: The Section is co-sponsoring a two day course entitled "Evaluation and Management of Orofacial and Temporomandibular Pain/Dysfunction Syndromes" with The National Institutes of Health. The course will be held at NIH on April 16 and 17, 1994. This is the weekend before the APTA Leadership Seminar in Alexandria which begins on Sunday night. Hopefully the timing will allow many people to attend.

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

RESEARCH COMMITTEE REPORT

The Research Committee completed their review of the 7 articles nominated for the Rose Excellence in Research Award. The following was approved by the Executive Committee as the Rose Excellence in Research Award winner for 1993.

Evidence of Use of an Extension-Mobilization Category in Acute Low Back Syndrome: A Prescriptive Validation Pilot Study. The paper was published in *Physical Therapy* in April of 1993 and the primary author was Dr. Anthony Delitto who was the winner of the award in 1993.

Dr. Delitto was present to accept his award during the 6th Annual Black Tie and Roses ceremony at CSM.

The Research Committee accepted a total of 14 poster abstracts and 38 platform abstracts for CSM. These numbers approximately equal the number of poster and platform presentations at the 1993 CSM meeting. Interest in presenting orthopaedic research at CSM is clearly on the increase.

The list of research consultants is gradually increasing and will continue to appear in *OP*. The research committee will meet during CSM to discuss future plans and activities for the committee.

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

ORTHOPAEDIC SPECIALTY COUNCIL REPORT

The following summarizes activities of the OSC during the 1994 Combined Sections Meeting:

1. Tuesday, February 1, 1994: Mary Ann Sweeney met with the ABPTS, Section Presidents and the Specialty Councils to discuss the following:

a. Communication Mechanisms—Seem to be working well. No significant recommendations.

b. External Review of Specialization Process: This review by a team of consultants is reviewing the specialist certification process. They will report at the Spring ABPTS meeting; the final report will be presented in June 1994.

c. Electronic Testing: This is the first year that testing will be accomplished by electronic means.

d. Recertification: Alternatives to taking the test were discussed and included a point system as well as case reports. Each council is developing a rectification plan.

e. Nomination for Board and Council Vacancies: Nominations are accepted by the ABPTS office through the Sections as well as through the general membership. The cut off is March 1, 1994. The OSC will be filling the vacancy created when Rick Ritter steps down in June 1994.

f. Revision of the Essentials for Certification of Physical Therapy Specialists will be accomplished over the next few months with the goal of removing procedure based information from the Essentials to the Policy and Procedure Manual.

g. Residency Programs/Subspecialization: Virginia Nieland is in the process of obtaining volunteers for the Task Force to investigate accreditation of Residency Programs. The Board of Directors will select the Task Force in March 1994.

h. Financial Plan: The proposed plan continues to be refined. There will be a graduated implementation in order to allow Sections to recuperate some of their investment.

2. Wednesday, February 2: The OSC met at 06:45 a.m. to prepare for the examination. Rick Ritter was the head proctor for the Orthopaedic Test Area; Mary Milidonis and Mary Ann Sweeney also served as proctors. 102 individuals tested at Combined Sections Meeting with an additional 215 opting to test via EX-Pro. Following the testing, the Council participated in Opening Ceremonies where the 1993 Certified Specialists were recognized for their achievements.

3. Thursday, February 3: The OSC met at 11:00 a.m. to review the OSC Platform

Presentation on the Practice Analysis and development of the Document of Advanced Clinical Practice (DACP). The presentation took place at 1:00 p.m. to an audience of over 70 people. A draft copy of the DACP was available at the Orthopaedic Section Booth. The OSC met again in the afternoon and discussed the following:

a. Reviewed test items that require editing. This was discussed with Patti Tice, ABPTS, who stated corrections may be made for the EXPro test.

b. Practice Analysis, DACP: ABPTS comments are being incorporated into the document. There is one section which is currently being rewritten and will be completed on time. The technical report should be completed by the end of February according to Knapp and Associates.

c. Testing in 1995 will be held in March. This will allow quicker feedback to candidates on test results, since it is closer to the April ABPTS meeting where final review is accomplished.

d. Item writing for the new DACP. The current items will have to be recoded. Plan to establish an Exam Development Committee that will oversee the coding and solicit new items to be entered into the bank. Rick Ritter has taken charge of this in the past. It is essential that the new OSC member be identified so that this individual can be part of the item writing process. The ABPTS is proposing establishment of an Academy of Content Experts for item writing in the future. These individuals will serve for an established amount of time and will be trained in item writing.

e. Financial plan: Discussed the proposed plan with the Council and with the Section. Dorothy Santi and Terri Pericak will review the document.

f. Recertification: Discussed additional recommendations to the Recertification Proposal. These include discussion of points, use of contact hours instead of CEU's. The concept of a take home exam was also discussed. The OSC is concerned over the work associated with the review of documents as the numbers will be very large and man-hours for review must be minimized. The OSC discussed the need to accomplish a survey on Recertification. This will be developed by Mary Ann Sweeney and presented to the OSC and Orthopaedic Section by the April ABPTS meeting.

g. Two nominations were received through the Orthopaedic Section. These candidates were forwarded to the ABPTS.

h. The proposed Musculoskeletal Exam: Met with Dr. Stanley Paris to dis-

cuss this proposal. His goal is to establish a general knowledge basic musculoskeletal exam that would cover common knowledge areas of many subspecialties. Individuals would take the general exam then a specialty exam for subspecialty certification. The OSC outlined obstacles to his proposal.

4. Friday, February 4: Reported to the Orthopaedic Section Board of Directors.

5. Saturday, February 5: Attended the Orthopaedic Business meeting reporting OSC activities to the members. Met with members of the Sports Section to discuss shared issues of recertification and financial plan.

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

PUBLIC RELATIONS COMMITTEE REPORT

Hotline Project

Was held on Thursday, February 3rd and Friday, February 4th.

Student Guest Project

This year's winner was Luis Hincapie. Luis is from Temple University.

OS Brochure

I have been working closely with graphic artist Paul Stump and copy writer Todd Marcum on the shell of the pocket brochure. The 2 best ideas and proposal for distributions (fiscal information) were presented to the Board at CSM for a decision. My committee has come up with a recommendation for the organization and content of the inserts; your input is needed before we pursue the actual writing of the copy for the inserts.

Liaison Project

A form will be used to assist in planning for future opportunities to develop liaisons with other associations. It was handed out at the 1994 Business Meeting and Practice Issues Forum during CSM and will be available at the booth at '94 AC, Review Courses for 1994 and submitted to OP for printing in this issue (see page 23).

I proposed a 1995 budget for liaison activities including travel and per diem, phone, fax, postage and brochures. A Task Force composed of the Vice President, Practice Committee Chair, and the P.R. Committee Chair will meet at the AC 1994 Business Meeting to review the forms received from the membership and to develop recommendations on how to proceed with this program.

The goals, responsibilities and limitations of each Section Liaison will be determined on a case basis, be developed

jointly by the Executive committee and the potential Section Liaison, and include the following parameters: the person or body to whom the Section Liaison reports, the duration of the Section Liaison's term (if any), specific goals and restrictions.

The Orthopaedic Bookstore

I worked with Jonathan Cooperman on a letter to invite publishers to provide a discount for Section members.

The Mentor Program

60% of the mentors responded to a survey that Lola Rosenbaum and I developed during the Fall. Their responses were summarized by Tara Fredrickson. The Section sponsored a working lunch meeting during CSM for 5 mentors plus Lola and myself to i) revise and develop the definition of the mentor program, and ii) devise ways to enhance appropriate utilization of the program.

Publicity/Public Service Project

I followed up on Rick Ritter's idea to publish, in an in-flight magazine, exercises that can be done while on an airplane. I submitted a proposal to the publisher of Delta Airline's magazine, and await their response.

Networking Project

- a) *Domestic Networking*: the availability of the "Resource Manual on the Formation of Orthopaedic Study Groups and Special Interest Groups" was announced at the Business Meeting. There was also a copy on display at the booth.
- b) *International Networking*: Gary Smith, Annette Iglarsh and I have begun working together to develop a plan for expanding the network of OPTs southward, to encompass interested OPTs and the PT Associations in Central and South America.

*Karen Piegorsch, PT, OCS, MSIE
Chair, Public Relations Committee*

NOMINATING COMMITTEE REPORT

The following individuals are entered for the slate of nominees:

Director Positions:

Lola Rosenbaum, PT, OCS

Jonathan Cooperman, MS, PT, JD

Michael Cibulka, MHSc, PT, OCS

Elaine Rosen, MS, PT, OCS

Nominating Committee Member:

Manuel Domenech, PT

Malton Schexneider, MMSc, PT, OCS

Adam Geril, PT, OCS

The nominees will provide a synopsis of their background and philosophy for

publication.

A stamped "postcard" will be utilized for the return ballot in an attempt to improve the response of the section members.

Total confidentiality will be maintained in the vote counting procedures. The ballots will be returned to a P.O. Box and tabulated by an attorney (notary).

The employees of the Orthopaedic Section will have no contact with the returned ballots.

Funding for the increase in cost for the elections was approved by the Executive Committee in San Diego.

*Gary Smith, PT, PhD
Chair, Nominating Committee*

PRACTICE COMMITTEE REPORT

Practice/Legislative chairs gathered at CSM. APTA has requested authorization to participate with the Practice Department as well as Government Affairs Departments. Only half of the sections have responded with section goals so an additional accomplishment of the meeting will be goal setting!

According to a document, the Section Executive Committee must "assist the chairperson in selecting committee members." The following names were brought forth and accepted by the Executive Committee:

Douglas M. White, PT, OCS

Massachusetts

Private Practice

Marilyn Swygert, PT

South Carolina

Private Practice

Paula Mitchell, PT

Virginia

Hospital

I would welcome suggestions for a mid-west to west coast OCS practicing in a hospital setting.

Requests for input from the membership via OP have been limited to five. Several have mentioned need for input toward coping with managed care, opening a practice and how to get patients away from the "fun" machines e.g. "eagle" and more toward trunk stabilization. Input may be useful for future programming.

*Scott Stephens, MS, PT
Chair, Practice Committee*

CALL FOR NOMINATIONS

FOR THE 7TH ANNUAL ROSE EXCELLENCE IN RESEARCH AWARD THE BEST RESEARCH ARTICLE OF 1994 IN ORTHOPAEDIC PHYSICAL THERAPY

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

I) ELIGIBILITY FOR THE AWARD

The recipient must:

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

The article must be published in a reputable, refereed scientific journal between September 1, 1993 and August 31, 1994 to be considered for the award. Should the journal containing an otherwise eligible article experience a delay in releasing its August, 1994 issue, the article must be available to the general public no later than September 15, 1994 to be considered.

II) SELECTION CRITERIA

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

III) THE AWARD

The award will consist of a plaque and \$500.00 to be presented at the Combined Sections Meeting in Reno, NV, February 8-12, 1995.

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 15, 1994 and should be mailed to:

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

SPECIAL INTEREST GROUP UPDATE



OCCUPATIONAL HEALTH PHYSICAL THERAPISTS SPECIAL INTEREST GROUP

ANNUAL BUSINESS MEETING
February 5, 1994 New Orleans, LA.

CALL TO ORDER AND WELCOME

11:10 a. m.—Dennis Isemhagen, P. T.

The third annual business meeting was called to order by Dennis Isemhagen, PT. Those present included: Joannette Alpert, PT, Vice President; Mary Mohr, PT, Secretary; Dottie Nelson, PT, Treasurer; Bob Richardson, PT, Nominating Committee Chair; and Kathy Lewis, PT, Bylaws Committee Chair.

ELECTION OF OFFICERS

A. Vice-Presidential slate presented: Mary Mohr, PT and Karen Piegorsch, PT, OCS, MSIE.

B. Secretary: Susan Abeln, PT, ARM and Roberta Kayser, PT.

C. Nominating Committee: Helene Fearon, PT and Gwen Parrott, PT.

D. Brief statements given by all candidates and voting ensued with results to be presented at end of the meeting.

EXECUTIVE COMMITTEE & COMMITTEE CHAIRPERSON REPORTS

A. Secretary's Report-Mary Mohr, PT

1. A 1993 Yearly Report handout was given to the membership and certain activities were described in more detail:

- a. Workers' Compensation Focus Group.
- b. SIG Newsletter.

c. P&P manual for the SIG.

2. Present SIG membership approximately 300.

B. Treasurer's Report-Dottie Nelson, PT

1. Budget of \$15,000 planned for 1994.

2. Possible need to implement dues from SIG members if SIG must be "financially neutral" at the end of 5 yrs., per present recommendation of the Finance Committee. The possibility of SIG dues was STRONGLY OPPOSED by the members present. They expressed the feeling that Orthopaedic Section dues were substantial enough to cover the expenses of the SIG.

3. The need to restructure the formality of SIG's was discussed in detail and it was indicated earlier at the Orthopaedic Section Business Meeting that the

whole concept of the SIG's would be re-evaluated.

C. Vice President's Report-Joannette Alpert, PT

1. Mechanics of preparing the Strategic Plan was discussed.

2. 1994 Strategic Plan was given to the membership in typed format.

3. Membership informed that Health Care Policy-Program 17 has been established and specific objectives are being developed.

D. Bylaws Committee-Kathy Lewis, PT, JD

1. Proposed Bylaw changes which were mailed to the membership were reviewed:

a. Article VI. Meetings, Section 1. SIG Business Meetings-A. A minimum of one meeting of the SIG membership shall be held annually. Additional meetings may be called by the SIG as necessary.

b. Article VIII Committees, Section II Standing Committees-D. The Practice and Reimbursement Committee facilitates 1) the formulation of recommendations for standards of practice and reimbursement, 2) identification of legislative regulatory, and regulatory issues.

c. Addition of Section 11 E under Standing Committees-The Research Committee facilitates: 1) identification of research questions, 2) formulation of research priorities, and 3) identification of mechanisms and parties to perform research.

2. =MOTION=TO accept the proposed Bylaw changes as presented to the membership.=PASSED=

E. Practice and Reimbursement-David Clifton, PT/Dennis Isemhagen, PT

1. Chairperson not present; typed report presented to membership.

2. Per summary by David Clifton, the primary function of the Practice and Reimbursement Committee should be that of an "enabler" and not a "creator" of change in regards to issues facing our profession.

3. Dennis Isemhagen informed SIG of scheduled meeting on April 16-17, 1994 in Virginia which will be held in conjunction with the APTA Leadership Conference. SIG members are encouraged to solicit attendees from their respective

states. Pertinent issues will be identified and a strategic plan will be developed around these issues which will assist the Workers' Compensation Focus Group with their goals.

4. Chapter Presidents will receive notice of this meeting within the next few weeks.

F. Program Committee-Joannette Alpert, PT

1. Joint session held with Cardiopulmonary Section on Friday a.m.; very good turnout.

2. Question of holding a program independent of CSM presented to the membership. Survey was distributed to SIG members present and results will be discussed at the Executive Board Meeting.

3. "Hot Topics" session will be presented separately from the SIG Annual Business Meeting. This year's topic "If It Isn't Functional, It Isn't Worth It" by Susan Abeln, PT.

4. SIG members were encouraged to submit topics of interest to the Program Committee.

NEW BUSINESS

A. Workers' Compensation Focus Group-previously discussed by Dennis Isemhagen under the Practice and Reimbursement report.

B. Guidelines for Functional Capacity Evaluation

1. Evolution of FCE guidelines presented in detail by Dennis Hart, PT.

2. Membership consensus that the Maryland guidelines were a good resource document.

=MOTION=That the Orthopaedic Section procure a copy of the Maryland FCE Standards and any other available states, with a statement of how they were developed, for distribution to SIG members.
=PASSED=

C. NICHE

1. Definition of NICHE given by Dennis Hart-"National Interdisciplinary Committee on Health Ergonomics."

2. Concept of "health ergonomist" originated with the Ergonomic Rehabilitation Research Society comprised of Dennis Hart, PhD, Leonard Matheson, PhD and Susan Isemhagen, PT.

3. Paper in process of being written

which will describe a "health ergonomist." The paper should be available in six months.

4. Method for certification of a health ergonomist was presented as a realistic need.

D. Certification for "Industrial Therapist"

1. Upcoming Work Injury Management Conference in Las Vegas, Nevada on March 3, 1994 discussed. Will be attended by a few SIG members.

2. SIG President Dennis Isernhagen mentioned the fact that he had spoken to the PT who will be discussing this issue in Las Vegas. When questioned whether or not she had contacted the APTA regarding a certification issue, the PT stated she had called APTA main office to inquire about an industrial section and she was told one did not exist. This situation raised the issue of better/expanded publicity for this SIG.

E. Logo Contest

1. Need for a logo presented by Kathy Lewis, PT, JD.

2. August 30th deadline with a prize awarded to the winning logo.

3. Suggestions for prizes can be submitted to Kathy Lewis and donations from vendors would be considered.

4. Winning logo would be utilized in the December Newsletter.

F. Newsletter

1. Organization and publication of Newsletter outlined by Mary Mohr, PT. Noted that it was a joint effort of the SIG Administrative Staff (Tara Fredrickson) and the SIG Secretary.

2. Newsletter would be published in June and December.

3. SIG members are encouraged to submit articles or pertinent information for publication.

G. Acute Care Guidelines

Due to recent issues with reimbursement for Workers' Compensation patients, SIG members had presented concerns to SIG President regarding guidelines for acute care such as those for Work Conditioning/Work Hardening. Dennis Isernhagen made the following motion at the Fall Executive Committee Meeting in San Diego =MOTION=That the Orthopaedic Board of Directors form a task force to develop "Guidelines for the Acute Care of Work Related Injuries." Subject to support by the Private Practice Section 50/50. =PASSED= Fiscal implications: Two, two day meetings; Travel (\$450 x 2 meetings x 6 people) \$5,400;

Lodging & Meals (\$150/day x 2 days per meeting) \$3,600; Secretarial (40 hrs. x \$10/hr.) \$400; Postage \$ 100. Money to come out of the Miscellaneous Fund for 1994.

AWARDS

Certificates of Appreciation were given to outgoing SIG officers and Committee Chairs: Joannette Alpert, Vice President; Mary Mohr, Secretary and Bob Richardson, Nominating Committee Chair.

ELECTION RESULTS

Newly elected officers announced: Karen Piegorsch, Vice President; Sue Abeln, Secretary and Helene Fearon, Nominating Committee. Dennis Driscoll, PT will now assume the position of Nominating Committee Chairperson.

Adjournment: 12:50 p.m.

OCCUPATIONAL HEALTH PHYSICAL THERAPISTS SPECIAL INTEREST GROUP

EXECUTIVE BOARD MINUTES FEB. 6, 1994 NEW ORLEANS, LA.

CALL TO ORDER

8:10 a. m.—Dennis Isernhagen, PT

The first post CSM Executive Board Meeting was called to order by Dennis Isernhagen. The meeting was rather informal and brief as the newly elected officers and committee chairs were unable to attend due to their flight schedules. Those present included Joannette Alpert, PT, Vice President; Mary Mohr, PT, Secretary; Dottie Nelson, PT, Treasurer; Kathy Lewis, PT, JD, Bylaws Committee Chair and Bob Richardson, PT, Nominating Committee Chair.

PRESIDENT'S REPORT

A. Review and accept brief agenda for meeting as new officers not present.

B. Comments on CSM activities as related to the SIG.

1. Publicity for SIG needs to be improved, especially listing of SIG. Annual Business Meeting under Orthopaedic Section Meeting Notice and with "Joint Program" announcements (i.e. Orthopaedic Section/OHPT SIG.)

2. Have sign up sheet for the SIG available at the Orthopaedic Section booth.

C. Schedule a conference call for the Executive Board, including old and new officers, for late in March.

D. Discussion of need for a co-chairperson for the Practice & Reimbursement Committee due to number of issues facing this committee. Suggestion to contact Bob Burles. Dennis Isernhagen will make the contact.

E. Research Committee includes Dennis Hart and Richard Smith. SIG President will contact one of these members to participate in March conference call.

EXECUTIVE COMMITTEE REPORTS

A. Vice President-Joannette Alpert, PT
1. Update for Strategic Plan will be completed with conference call.

B. Treasurer-Dottie Nelson, PT

1. Issue of SIG becoming "fiscally neutral" in 5 yrs. discussed at length. SIG Executive Board understands the concept but philosophically disagrees as it was made very clear by the members present at the SIG Business Meeting that they do NOT support SIG membership dues!

2. SIG President will speak with Annette Iglarsh, PT, PhD regarding "fiscally neutral" issue and send a letter to all Orthopaedic Executive Board members enumerating the positive contributions the SIG makes to the Section:

- a. attracts new Section members,
- b. attracts members to the Education Programs,
- c. makes the Section more cohesive, and
- d. develops liaisons with other groups which impact our profession.

3. 1995 Budget due by July 15, 1994.

4. Discussed motion from the Fall Executive Committee Meeting that the Orthopaedic Board of Directors form a task force to develop "Guidelines for the Acute Care of Work Related Injuries." Subject to support of the Private Practice Section 50/50. Fiscal implication approximately \$9500.

5. Treasurer will obtain membership list from SIG Administrative Assistant and check those who do not want their numbers published.

C. Secretary-Mary Mohr, PT

1. Plan to mail SIG Newsletter in mid May and mid December so members may review it before Annual Conference and CSM.

2. Outgoing secretary will type framework for Newsletter publication and coordinate with SIG Administrative Assistant.

3. Include disclaimer in next Newsletter that views published are not necessarily those of the SIG Executive Board.

D. Bylaws-Kathy Lewis, PT, JD

1. With formal bylaws completed, suggestion made to dissolve the present Bylaws Committee and appoint an individual as necessary to update them. Bylaws chair will write a plan to expunge the committee.

2. Research possibility of utilizing items from the Orthopaedic Section as prizes for the SIG Logo contest.

3. Kathy Lewis will solicit articles from PT's, JD's for publication in the SIG Newsletter.

E. Education Committee-Joanette Alpert, PT

1. Reported very good turn out for joint program with Cardiopulmonary Section and "Hot Topics" session.

2. Results of SIG Business Meeting survey on Educational Programs indicated the membership favored a program independent of CSM and preferred to have it in the Midwest in April or September over a two day time

period and in a panel discussion format. Considering the times of the year for the meeting, the SIG Executive Board would recommend a city such as San Antonio to draw a larger audience.

3. Due to the magnitude of planning for an independent meeting, the Board suggested that the Education Committee increase in size. Joannette Alpert will contact Gwen Parrott, PT.

4. Efforts of SIG will be publicized more at future Educational Programs via the Committee members.

5. Education Chair will write a brief article for June Newsletter to summarize the CSM Educational Programs.

F. Nominating Committee-Bob Richardson, PT

1. Due to lack of clarification with this year's election process, new officers and committee members were not aware of the need to stay the day after the SIG Annual Business Meeting for a transitional meeting with the Executive

Board. Next year's slate will state the need to stay the day after the Annual Business Meeting.

2. As some candidates were taken by surprise when they were requested to give a brief statement prior to the elections, the following year's slate will state that request.

NEW BUSINESS

A. Schedule conference call with new and outgoing officers of the SIG Executive Board on March 30, 1994 at approximately noon time. Dennis Isernhagen will make the formal arrangements.

B. Fall Executive Board Meeting scheduled for September 17-18, 1994 in Duluth, Minnesota.

Adjournment: 11:30 a.m.

ASK THE ORTHOPAEDIC SPECIALTY COUNCIL

Mary Ann Sweeney, Rick Ritter and Mary Milidonis

The Orthopaedic Specialty Council is starting a new column to answer any questions or concerns orthopaedic section members have regarding the specialty exam process. We will also update readers on any new changes that are occurring in the process. If you have questions, please call or write the Specialty Council through the Orthopaedic Section.

EXPro System

One of the newest changes in the exam process this year is computer testing. The American Board of Physical Therapy Specialties together with their testing service, ASI, is now formatting all specialty exams on an electronic system called EXPro. The EXPro exams are given at over 100 sites around the country. If you take the test, you merely make an appointment at a site close to their home during the month of March to sit the exam.

The EXPro system is extremely easy to operate. No computer or typing ex-

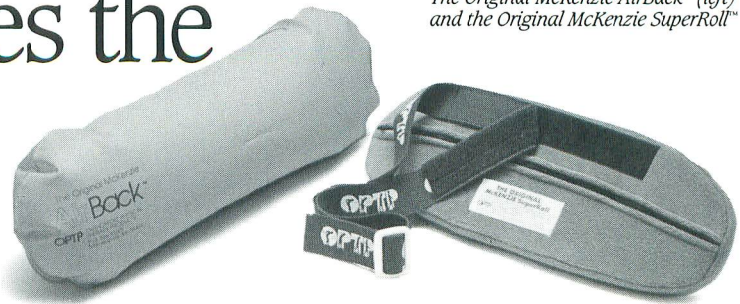
perience is necessary. On your exam day, before beginning the exam, candidates will have the ability to go through a tutorial on EXPro operation. The system operates by use of a touch screen and eliminates the need for paper and pencils.

New Competency Document

The 1994 document, describing advanced clinical practice in orthopaedic physical therapy, should be available sometime in April of 1994 from the Orthopaedic Section Office. This document defines the testing parameters for the specialty exam and also defines the practice of orthopaedic physical therapy for a certified specialist.

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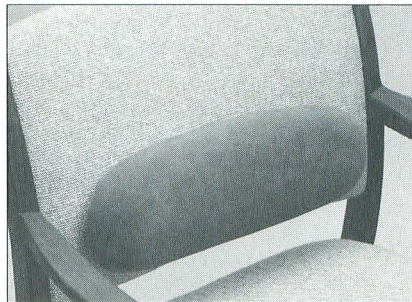
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RESIDENCY PROGRAMS

The Orthopaedic Section, APTA, Inc. is not endorsing the following programs. We are just providing a listing as a service to our membership.

Gulf Coast Physical Therapy
Residency Program in Orthopaedic Manual Physical Therapy
1500 45th Avenue, Suite B
Gulfport, MS 39501
(601) 864-1212
Director/Contact Person: Mr. Michael D. Rogers, PT, OCS

Folsom Physical Therapy Residency Program
115 Natoma Street
Folsom, CA 95630
(916) 985-3115
Director/Contact Person: Ms. Emily Moore, PT

Orthopaedic Manual Physical Therapy Series
Program in Physical Therapy
School of Health Sciences
Oakland University
Rochester, MI 48309
(313) 370-4041
Director/Contact Person: Ms. Kornelia Kulig, PhD, PT

Kaiser Hayward Physical Therapy Residency Program in
Advanced Orthopaedic Manual Therapy
27400 Hesperian Blvd.
Hayward, CA 94545
(510) 441-4259
Director/Contact Person: Ms. Carol Jo Tichenor, MA, PT

Kaiser Permanente Los Angeles, Orthopaedic Physical
Therapy Residency Program
6041 Cadillac Avenue
Los Angeles, CA 90034
(213) 857-2422
Director/Contact Person: Mr. Joe Godges, PT, OCS

The Ola Grimsby Institute, Inc.
1742 Garnet Ave., Suite 386
San Diego, CA 92109
(619) 483-7246
Director/Contact Person: Mr. Ola Grimsby, MNFF, MNSMT
(Full-time and part-time residency programs are available regionally)

Therapy Specialists, Inc.
Residency Program in Orthopaedic Physical Therapy
1221 Kapiolani Blvd., Suite 201
Honolulu, HI 96814
(808) 526-0108
Director/Contact Person: Mr. Alan I. Lee, MS, PT, OCS

Institute of Graduate Physical Therapy
201 Health Park Blvd., Suite 215
St. Augustine, FL 32086
1-800-241-1027
Director/Contact Person: Ms. Patricia King Baker, MA, PT

The SOMA Post Graduate Professional Training Program
in Orthopaedic Physical Therapy
3737 Executive Center Drive, Suite 158
Austin, TX 78731
1-800-441-SOMA
Director/Contact Person: Mr. Ty Lawrence

Residency Program in "Medical Exercise & Orthopaedic
Manual Therapy"
Lansing General Hospital/Svensden Consultants, Inc.
Physical Therapy Center
3315 E. Michigan Ave.
Lansing, MI 48912
1-800-697-2405
Director/Contact Person: Mr. Bjorn Svendsen, DHSc, PT

Seminars and Part-Time Residency Program in Orthopaedic
Manual Therapy
The Institute of Orthopaedic Manual Therapy
c/o Orthopaedics Plus
23 Warren Avenue
Woburn, MA 01801
617-932-9363
Director/Contact Person: Mr. Vincent J. Buscemi, PT



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The Orthopaedic Section of APTA
presents
**1994 REVIEW FOR
ADVANCED ORTHOPAEDIC
COMPETENCIES**

WILLIAMSBURG, VIRGINIA
Williamsburg Hilton Hotel
July 17-23, 1994

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

*See page 16 for
further information.*