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Orthopaedic Physical Therapy Practice



AN OFFICIAL PUBLICATION OF THE ORTHOPAEDIC SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION

Proposed Authors and Topics

- Mallory Anthony, MS, PT, CHT and Linda Ware, OTR
Burns and Open Wounds
- Ida Cole, MS, PT, OTR-L, CHT
Fractures and Dislocations Involving the Wrist and Hand
- Jane Fedorczyk, MS, PT, CHT
Tendon and Nerve Injuries
- Cynthia Phillips, MA, OTR, CHT
Degenerative and Inflammatory Conditions of the Wrist and Hand
- Carolyn Wadsworth, MS, PT, CHT
Anatomy and Mechanics of the Wrist and Hand
- Carolyn Wadsworth, MS, PT, CHT
Cumulative Trauma Disorders (CTD)

Contained within this course is information relating to:

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

The Editor

Paul Beattie, PhD, PT, OCS
Ithaca College, University of Rochester
300 E. River Road, Suite 1-102
Rochester, NY 14623
(716) 292-5060

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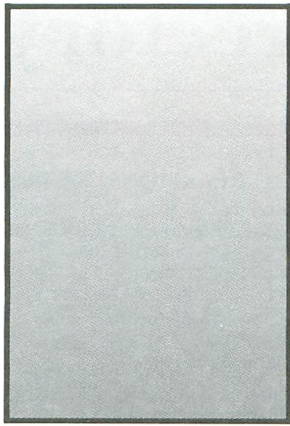
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Orthopaedic Physical Therapy Practice

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PUBLICATION STAFF

EDITOR

Jonathan M. Cooperman, MS, PT, JD

MANAGING EDITOR

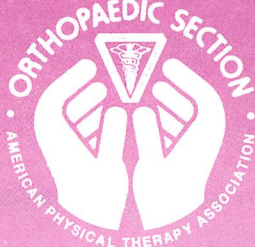
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Orthopaedic Section Directory

OFFICERS

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Z. Annette Iglarsh, PT, PhD
PT Net
5 Mustic Lane
Malvern, PA 19355
(610) 695-0420
(610) 695-0426 (FAX)
Term: 1992-1995

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John Medeiros, PT, PhD
15766 NW Road's End
Banks, OR 97106
(503) 357-6151, x: 2349 (Office)
(503) 324-8972 (FAX)
Term: 1992-1995

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Dorothy Santi, PT
Rocky Mountain Physical Therapy
65 Wadsworth Blvd.
Lakewood, CO 80226
(303) 237-7715 (Office)
(303) 237-1157 (FAX)
Term: 1993-1996

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5818 Marronnet Ct.
St. Louis, MO 63128
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Term: 1994-1997

Elaine Rosen, MS, PT, OCS
Queens Physical Therapy Assoc.
69-40 108th St.
Forest Hills, NY 11375
(718) 544-5730
(718) 544-0414 (FAX)
Term: 1994-1996

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Terri A. Pericak, Executive Director
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Sharon L. Klinski, Publications Coord.
Mary E. Geary, Membership Services
505 King Street, Suite 103
La Crosse, WI 54601
(800) 444-3982 (Office)
(608) 784-3350 (FAX)

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Falls Church, VA 22044
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ORTHOPAEDIC PHYSICAL THERAPY PRACTICE

Editor:

Jonathan M. Cooperman, MS, PT, JD
Rehabilitation & Health Center, Inc.
3975 Embassy Pkwy
Akron, OH 44333
(216) 668-4080 (Office)
(216) 665-1830 (FAX)
Term: 1992-1995

Managing Editor:

Sharon L. Klinski
(See Administrative Personnel)

RESEARCH

Chair:

Dan Riddle, MS, PT
Department of Physical Therapy
Virginia Commonwealth Univ.
Box 224, MCV Station
Richmond, VA 23298
(804) 828-0234 (Office)
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Editor:

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Managing Editor:

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S114 Westlawn
University of Iowa
Iowa City, IA 52242
(319) 335-8406 (Office)
(319) 335-6500 (FAX)

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EDITOR'S NOTE

Reflections

Sitting at my desk early on a Sunday morning and trying to reflect on the year past. Society obligates us to do this as we approach the new year, and I wonder if editors are somehow officially obligated? According to the Gregorian calendar I may be a little late with my New Year musing, but professionally, our calendar begins with CSM and I have just returned. Regardless, I have a hot cup of dark roast in front of me and the blues softly playing in the background. Mirrors couldn't make me more reflective!

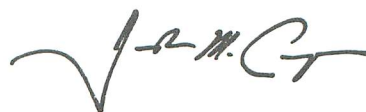
The Republicans have been talking about change, and this past year was filled with so many changes for me. I switched jobs—for the second time in two years, I survived the bar, and I got married (and I risk the wrath of my beautiful wife for putting that at the end of the sentence). If change is healthy, I'm as fit as I've ever been.

We can all reflect on how our individual practices have changed in the past year or two. I'm happy to report that, while managed care has insidiously crept into our everyday professional lives, I know of no PT's standing in the unemployment lines. We may have to work a little harder in this coming year, and we may earn a little less, but the market for our services still exists. In Northeast Ohio we have yet to see capitation or

case rate applied on any significant scale, but if and when they arrive, we'll be ready.

Orthopaedic Practice has gone through some changes as well. In an effort to become even more "reader friendly," we have once again revised our table of contents and the Editor's Note format, and changed our typeface. At CSM, the Section Board of Directors approved the establishment of an Advisory Council for *OP*. This body will help to solicit and review materials. Plan on seeing more clinical information, including journal abstracts in future issues. *OP* will continue to be the publication vehicle for the Section's special interest groups (SIGs), bringing updates on selected areas of practice. With this issue, we formally welcome the Foot and Ankle SIG to our Section family.

In closing, I encourage each of you to reflect on the past year and the year to come. Take a moment to read Karen Hayes comments (page 12). Best wishes for the New Year. Peace.



Jonathan M. Cooperman,
MS, PT, JD

President's Report

The operation theme of the past three years has been oriented toward positioning the Section to meet the rapidly changing health care environment and poise itself for survival into the next century. The Section, representing 12,500 physical therapists, is a professional organization that has evolved into a \$1.4 million operation. It is big business! Consequently, I view myself as an Executive Business Manager or Chief Operating Officer as well as Section President. Although I try to always keep these titles compatible, I sometimes feel like I am developing multiple personalities. While a member of the Council of Section Presidents, I represent the membership among the eighteen other sections and I advise the Association leadership on issues that impact on our patient population and practitioners. I play a key role in the financial arrangements and structure of the Combined Sections Meeting, a key member activity. I support the specialization process by meeting with the Orthopaedic Specialty Council and the ABPTS. I also represent the Section externally in the medical community, government arena and the lay community at large.

As Chief Operating Officer, I manage a staff of four full-time employees and one part-time employee at an off-site location (La Crosse); create and implement a \$1 million operating budget with an \$800,000 investment fund; and oversee or negotiate all contracts ranging from *JOSPT* (\$642,000) to administrative and meeting planning consulting activities. As members are more financially challenged they may choose not to join the Section, thus the Section administration must anticipate this possible decline in membership and cautiously design future operating budgets accordingly. The Section administration has been operating within prudent financial constraints for years, but to meet potential future challenges we must control future growth of overhead, seek sources of non-dues income and manage investments effectively. The purchase of land in La Crosse accomplishes several of these goals. The land that is not slated for development will be sold or co-opped to offset the land's purchase

price. The office building planned will only be 25% built out to meet the need of the Section and completely built out only when tenants are secured. This 10,000 square foot building will be very sellable if the Section plans change in the next five or ten years since it will be a very adaptable, Grade A office space on the Mississippi River. I guess Land Developer can be added to my roles this year. This fiduciary responsibility is conducted with one eye on the financial implications and the other on the needs of the membership.

Both roles blend as I attempt to position the Section for long term success. The Section membership is being challenged by decreasing reimbursement, changing referral patterns, shifting corporate and private practice settings, and introduction of practice networks and hospital preferred provider organizations. These changes in practice force members to weigh the value of Section membership and dues. What does the Section do to warrant the expenditure of dues and what does the Section do for the member that their business environment, corporate or network cannot? The dues question is actually easier to address. Twenty five dollars (half of the Section dues) goes to pay for the member's subscription to *JOSPT*. The remaining twenty five dollars covers the Section administration.

The question remains as to why Section participation is warranted when many of the services previously available only in the Association and the Section are now available from members' corporate structures or networks. The Section can address professional practice issues from a purer, non-monetary perspective. This non-proprietary perspective is often more credible in negotiation with other health care agencies and government bodies than a practice that has for profit motives. Section SIGs and Forums (Roundtables) are tailored to respond to very specific practice interests which may not be germane to a corporate or network environment. The member can also interact with a diverse population of practitioners throughout the United States and around the world to share unique per-

spectives on patient care. Corporate, and to some degree, Networks attract a more homogeneous group that promotes more of a 'group think' rather than diverse approaches.

The reason that I have been able to be as successful in my role as President in the last three years without allowing it to become a full-time job is that I am fortunate to have a very professional staff in La Crosse, an active elected Board of Directors, and a hard working cadre of Committee Chairs and members, SIG Presidents and Forum/Roundtable Chairs. We have developed into an effective team! I thank one and all!

I encourage all Section members to participate in the Section election process. Each vote is important and the selection of your Section leadership should not be passively left to a small minority. As I have presented, the Section's leadership roles are comprehensive and require strong business sense, as well as clinical knowledge.



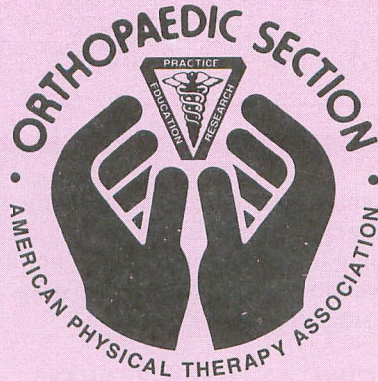
*Z. Annette Iglarsb,
PhD, PT
President*

FOR YOUR INFORMATION

The International Association for Dance Medicine and Science (IADMS) will be holding its annual conference in Tel-Aviv, Israel, June 12—15, 1995. This will be a jointly held conference with the International Association for Arts Medicine (IAMA) and Performing Arts Medicine Association (PAMA).

IADMS was founded in 1990 by Dr. Allen J. Ryan, a sports medicine physician from Minneapolis, and Mr. Justin Howse, FRSC, a physician to the Royal Ballet in England. The membership is a diverse group of health care providers including physical therapists, physicians, dance educators, researchers, dance company directors and dancers. Its official journal is *Kinesiology and Medicine for Dance*.

Those interested in more information can contact Jan Dunn, MS at 303/456-6187.



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From The Section Office

Terri A. Pericak, Executive Director

The Board of Directors met during the Combined Sections Meeting in Reno, Nevada last February. Highlights from that meeting include the following:

- 1) The Orthopaedic Section would contribute \$2,000 to a fund set up by the APTA to help pay the expenses for a WCPT member from a foreign country to attend the World Confederation meeting in Washington, D.C. this June.
- 2) The Board approved a proposal to provide administrative services to the Geriatric Section for a Geriatric Section Home Study Course. Administration to begin in 1995 for the course offering in 1996.
- 3) The Orthopaedic Section approved the purchase of the iMIS database software from APTA. This database will be used for maintaining and updating member records, meeting services, educational courses and committee activities. The iMIS software should be installed by late spring.
- 4) The Board approved the creation of an Advisory Council for *Orthopaedic Physical Therapy Practice*. The Council will consist of the Research Chair, Practice Chair, one Director from the Board, one representative from each SIG, one Section member appointed by the Editor of *OP*, and the Editor of the Home Study Courses.

- 5) The Section will again exhibit at the National Student Conclave meeting which will be held in Denver, Colorado in the Fall of 1995. The Section will also be sponsoring a reception at this meeting.

The next event the Section will be taking part in is the World Confederation for Physical Therapy (WCPT) meeting June 25-30, 1995 in Washington, D.C. Since this is not a traditional APTA Annual Conference the Section will not be holding a formal business meeting. The Section Board of Directors and Finance Committee will meet as planned, however. The next official business meeting of the Section will be in Atlanta, Georgia during the Combined Sections Meeting in February, 1996.

If you haven't already done so, please take a minute to vote. Election ballots were mailed the middle of April. The deadline for receipt of your postage paid bright yellow ballot postcard is May 15. We have an excellent slate of candidates this year. Your vote can make a difference. Please help make this election return the best yet!

The election results for Section President, Vice President and Nominating Committee member will be announced at the Board of Directors meeting during WCPT and will be displayed at the Sections booth space in the exhibit hall. Election results will also be published in the August issue of *Orthopaedic Physical Therapy Practice*.

Re-Entering Orthopaedic Physical Therapists

A Resource Guide

Developed by the Education Program Committee

Free to Section Members

Projected Availability—July, 1995

Pollex Valgus

By Kent E. Timm, PhD, PT, ATC, FACSM

INTRODUCTION

Pollex valgus (PV) is the generic term for several types of injuries which may occur to the ulnar collateral ligament (UCL) of the metacarpophalangeal joint (MCP) of the thumb. In sports, specific examples of PV injuries include: baseball batter's thumb, boxer's thumb, football linebacker's thumb, handball thumb, hockey thumb, skier's thumb, soccer goalkeeper's thumb, and wrestler's thumb. Regardless of the specific name and sport, PV results in the instability of the MCP which usually compromises the functional ability of the athlete's hand.

ETIOLOGY AND MECHANISM OF INJURY

PV results from hyperabduction or hyperextension of the MCP of the thumb which traumatizes the UCL. Injury may result from a single episode of macrotraumatic hyperpositional stress or from the cumulative results of repetitive microtrauma. A hyperabduction or hyperextension overload of 30-40 kg of tensile strain or 15-20 kg of shear strain will rupture the UCL. Repetitive loading with forces that are below these thresholds for macrotrauma will cause the gradual weakening and elongation of the UCL, also resulting in its eventual rupture. Failure of the anatomic integrity of the UCL results in the instability of the MCP of the thumb, which is the common manifestation of PV.

PV has classically been known as "gamekeeper's thumb," so named because the UCL was traumatized as Scotsmen twisted the necks of rabbits with a loose pinch grip that placed the majority of related forces on the ulnar aspect of the MCP of the thumb.

The most common mechanism of injury in PV involves falling on an outstretched upper extremity while the thumb is in a position of abduction. Typically, the thumb is forced into hyperabduction or hyperextension as it impacts the ground, or contacts an object on or near the ground, resulting in damage to the UCL. This is the usual mechanism for PV in the sports of football, soccer and wrestling. A similar sequence of events occurs, but without a fall, when an athlete catches his thumb in an opponent's jersey, or impacts the

thumb against an opponent's body, and experiences the hyperpositional forces which sprain or rupture the UCL. This mechanism for PV is prevalent in boxing, basketball, football, handball and ice hockey.

Perhaps the most common sports related cause of PV is skier's thumb. Skier's thumb occurs during alpine or Nordic skiing when a skier falls on an outstretched upper extremity, but the hand continues to hold on to the wrist strap and ski pole. The MCP of the thumb is levered into hyperabduction or hyperextension by the hand grip of the shaft of the ski pole as the skier falls

“ “

The most common mechanism of injury in PV involves falling on an outstretched upper extremity while the thumb is in a position of abduction.

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when the ski pole strap is looped around the wrist and passed through the palm of the hand. The result of this sequence of events is PV through the sprain or rupture of the UCL of the thumb. Another manifestation of this mechanism of injury occurs in baseball with hitters who hold their bats with a loose grip and then sustain a specific stress to the UCL as they swing and make contact with a pitched ball outside of the "sweet spot" of the bat, such as when a pitch is "fouled-off."

PREVENTION

Preventative measures to avoid these potential causes of PV include protective gloves with reinforced thumbs that limit thenar abduction and extension, thumbless gloves and instruction and enforcement of fundamental sports skills techniques to avoid hand problems. In baseball, PV may be prevented through a tight grip on the bat, which stabilizes the MCP and protects the UCL from specific stresses. Skier's thumb may be

prevented by having a skier hold the ski pole strap against the ski pole without looping it around the wrist, by holding the ski pole without using the strap, or by using strapless ski poles.

SPECIFIC ANATOMIC LESIONS

UCL Sprain and Rupture

Macrotrauma or microtrauma to the UCL typically occurs in the distal one-half of the ligament, near its insertion into the proximal phalanx, and can also lead to secondary involvement of other structures at the thenar MCP. The accessory ulnar collateral ligament, joint capsule, adductor aponeurosis, and/or volar plate may also be injured as a direct or consequent result of a mechanism of PV injury. The compromise of any of these structures would magnify the extent of the MCP instability. Ligament elongation secondary to multiple UCL sprains may also predispose a Kaplan lesion (see below).

Avulsion Fracture

A valgus stress may produce an avulsion fracture of the base of the proximal phalanx at the anatomic insertion of the UCL, rather than a UCL sprain or rupture. Avulsion occurs when a hyperpositional force to the thumb causes a contact shear effect between the base of the proximal phalanx and the radial aspect of the head of the first metacarpal, which fragments a piece of the proximal phalanx at the attachment of the UCL. Avulsion fractures occur most frequently in adolescents, secondary to the lack of closure of the epiphyseal growth plates.

Joint Locking

Hyperabduction or hyperextension of the thumb may cause the ulnar sesamoid bone to enter the MCP joint space. This occurs as the UCL and the other connective tissues of the MCP become taut in an effort to resist the hyperpositional stress and to maintain the normal integrity of the joint during the mechanism of a PV injury. Once the external stress is removed or dissipated and the proximal phalanx begins to return to its normal anatomic position on the first metacarpal from its relative hyperposition, the ulnar sesamoid bone may remain lodged

within the MCP space and cause the locking of the joint. Locking may also occur if a fragment of a sprained or ruptured UCL becomes trapped within the MCP joint space. Any mechanism of MCP locking usually places the thumb in a posture of hyperabduction or hyperextension.

Kaplan Lesion

The Kaplan lesion is a radial subluxation of the first metacarpal which occurs as a consequence of PV. The lesion requires a macrotraumatic force of a magnitude that is sufficient to rupture the thenar extensor expansion and the MCP capsule as well as the UCL. The site of tissue damage is over the base of the proximal phalanx and between the tendons of the adductor pollicis and extensor pollicis longus muscles where the MCP capsule and the extensor expansion are weakest. The injury allows the tendon of the extensor pollicis longus to move toward the radial side of the MCP and the tendon of the adductor pollicis to move toward the volar side of the MCP. This situation changes the normal biomechanics of the MCP and causes the head of the first metacarpal to subluxate in a radial direction through the site of the compromised connective tissues.

Stener Lesion

A Stener lesion occurs as a consequence of a rupture of the UCL when the adductor aponeurosis becomes lodged between the flap of the disrupted ligament and its position of normal attachment. The hyperpositional stress of a mechanism of PV injury may cause the displacement of the adductor aponeurosis in a distal direction, which uncovers the UCL as the ligament tears. As the force of injury is removed or dissipated, the adductor aponeurosis begins to return to its anatomic location, catches the edge of the ruptured UCL, and then forces the torn UCL to fold back upon itself into a position that is both proximal and superficial to its normal attachment on the proximal phalanx. The separation of the ruptured segment of the UCL from its bony insertion by the interposition of the adductor aponeurosis produces general instability of the MCP.

ASSESSMENT OF POLLEX VALGUS

Patients with PV typically report a history of one or more episodes of hyperpositional stress to the thumb accompanied by the pain on the ulnar side of the MCP which increases with attempted use of the hand and thumb.

Swelling may be present in the thenar web space; a Stener lesion is suggested by swelling just proximal to the MCP line. The patient also will report a feeling of instability of the thumb and a decrease in normal grip and pinch strength. Active motion testing may reveal lateral deviations of the thumb during prehensile activities or visible subluxation of the MCP during abduction and extension movements.

Several passive motion tests are specific for the differential diagnosis of PV. Assuming that an injury has not occurred to the other hand, a motion arc of abduction or extension which exceeds the corresponding movements of the opposite thumb by 10° or more indicates rupture of the UCL. UCL rupture is also indicated by ulnar gapping of 3 mm or more upon varus/valgus stress testing of the MCP or by passive axial rotation of the proximal phalanx greater than 5° in a medial or lateral direction. A sprain of the UCL is indicated if these testing procedures produce pain but no increase in joint gapping.

Two resisted tests are also specific for the differential diagnosis of PV. The inability of an injured athlete to actively resist manual hyperabduction or hyperextension forces, which duplicate the mechanism for injury with PV, indicates the rupture of the UCL and the general compromise of normal MCP stability. This finding suggests that surgery is necessary to restore the functional stability of the thumb.

A second resisted test is a manual muscle test of the patient's index finger-thumb pinch strength. Normal index-pollex pinch is indicated by the inability

“ ”

Surgery is necessary for the correction of any PV lesion if splinting or taping cannot ensure the proper alignment and then the healing of the affected tissues.

ty of the tester to “break” through the position of index-pollex opposition when the patient is asked to form the “okay” sign by placing the tip of his thumb against the tip of his index finger and then forcefully holding the two digits together. The ability to “break” index-pollex opposition if the tester

places his index finger into the circle formed by the patient's thumb and index finger position in the “okay” sign and then pulls his index finger against the tips of the patient's digits in an effort to separate is a positive indication of a PV lesion. A positive result from this test indicates the need for surgical correction of the problem.

Radiographic procedures which demonstrate the presence of an avulsion fracture of the base of the proximal phalanx in the area of the UCL insertion or which show a deviation angle of 35° or more between the first metacarpal and the proximal phalanx on a stress x-ray also indicate the need for thumb surgery to correct the PV.

TREATMENT APPROACHES

Conservative

Conservative treatment involves the splinting or the taping of the thumb while the injured tissues heal followed by active exercises to restore functional strength to the hand and thumb. Splinting is accomplished through a spica or orthoplast, or other casting materials that are light in weight, that positions the MCP in 30° flexion and the interphalangeal joint in 20° flexion, but permits free movement of the wrist and fingers. The splint is typically used for 6 weeks following PV injury.

Taping may complement or replace splinting and is also used as a protective mechanism when the athlete returns to active participation in sports. Taping involves a spica strapping that circles the wrist and crosses the MCP in overlapping cycles to stabilize the thumb in a position of partial adduction. A check-reign of tape between the thumb and index finger is used to provide additional defense against excessive abduction and extension stresses to the MCP.

Functional strengthening is accomplished through mobility and pinching exercises which emphasize the actions of thenar opposition and prehension. Active range of motion exercises involving the opposition of the tip of the thumb to the tips of the various fingers plus the movement of the thumb through its cardinal planes of motion will reverse the motion deficits that may arise secondary to splinting, taping or surgery. Pinch strength is enhanced through isometric exercises which involve the opposition of the thumb to different finger tips in an “okay” sign, key pinch or adducted thenar grip positions. Pinching exercises emphasize the improvement of the adductor pollicis muscle, which is the primary active stabilizer of the MCP.

Isometrics are also used for thenar muscle strengthening through resistance against the MCP motions of flexion/extension and abduction/adduction. Other exercises, such as squeezing a ball and graded functional simulation activities, complement the pinching and isometric procedures. The general guideline for mobility and strengthening exercise performance is based upon the athlete's comfort; the athlete performs as many repetitions of each exercise as is possible or convenient, but stops if any procedure produces fatigue or discomfort.

Surgical Intervention

Surgery is necessary for the correction of any PV lesion if splinting or taping cannot ensure the proper alignment and then the healing of the affected tissues. Improper tissue healing predisposes either a generalized contracture of the thenar musculature, which would cause a decrease in the functional motion of the thumb, or an elongation of the UCL and related ligamentous structures, which would lead to the development or the recurrence of a Kaplan or Stener lesion. Regardless of either contracture or elongation, the athlete would experience abnormal function in the affected hand and thumb.

There are several approaches for the surgical correction of a PV problem. Classic methods include the direct repair of an UCL rupture and for a Stener lesion, open reduction with internal wire fixation for an avulsion fracture, and the transfer of the tendon of the extensor indicis to the extensor expansion for a Kaplan lesion. Other procedures include suturing the UCL flap directly to the volar plate to compensate for a Stener lesion, transferring a section of the adductor aponeurosis to reconstruct a ruptured UCL or as another form of compensation for a Stener lesion, and relocating the insertion of the adductor pollicis tendon in a more distal direction on the extensor expansion to treat a Kaplan lesion. The UCL may also be reconstructed using allografts or autografts from the palmaris longus tendon, fascia lata, or extensor tendon of the fourth toe. MCP arthrodesis in a position of 15° flexion is used as a salvage procedure if other attempts at surgery are not successful.

After surgery, the management of PV parallels the conservative approach to treatment by progressing from splinting to taping to exercise and then, hopefully, to normal function and the resumption of athletic activities.

SUGGESTED READING

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- McCue FC, Hakala MW, Andrews JR, Geick JH: Ulnar collateral ligament injuries of the thumb in athletes. *J Sports Med* 2:70-80, 1974.
- Primiano GA: Functional cast immobilization of thumb metacarpophalangeal joint injuries. *Am J Sports Med* 14:335-339, 1986.
- Rettig AC, Wright HH: Skier's thumb. *Phys Sportsmed* 17(12):65-75, 1989.

- Sakellarides HT: Treatment of recent and old injuries of the ucl of the mp joint of the thumb. *Am J Sports Med* 6:255-262, 1978.
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- Wadsworth LT: How to manage skier's thumb. *Phys Sportsmed* 20(3):69-79, 1992.

Kent Timm is currently employed at St. Luke's Healthcare Association in Saginaw, Michigan and a mentor of the Research Committee for the Orthopaedic Section.

Description of Advanced Clinical Practice (DACP)

The Board of Directors approved the following motion at the Combined Sections Meeting:

A discounted price of \$20.00 per copy plus shipping and handling for the Description of Advanced Clinical Practice in Orthopaedic Physical Therapy be offered to:

- 1) An order of four or more copies to an Orthopaedic Section member.
- 2) Student members of the APTA with a student membership card.

A complimentary copy may also be given to institutions as outlined below:

- 1) An institution will receive a free copy of the DACP once for the life of the document upon request only.
- 2) An institution ordering 40 or more may receive one complimentary copy.

Please call 800/444-3982 for further information.

Rose Excellence in Research Award Recipient

Acceptance Speech - February 11, 1995

By Karen W. Hayes, PhD, PT

Editors Note: At Black Tie and Roses the Rose Excellence in Research Award was presented to Karen W. Hayes, PhD, PT who captivated the audience with her acceptance speech. For those of you who were unable to attend, we have printed her comments.

Thank you very much. I am very proud to receive this award. It is really a thrill.

I have spent 30 years in physical therapy, studying physical therapy, education and research, working clinically, teaching, doing research, publishing papers and writing chapters and books. You would think that this paper was the result of a systematic investigation, but the idea for the only prize winning paper I have written came to me in a dream at 2:30 in the morning.

I had been trying to write a research proposal to study selective tension testing and I was really struggling with it. During the height of my struggle, one morning I awoke at 2:30 with the realization that I already had data that would allow me to examine some concepts of selective tension testing. I took the paper and pencil that I always keep at my bedside and outlined the paper on the spot. The next day I discussed my ideas with my colleagues and the rest is history. What was even nicer for me was that writing this paper enabled me to design that study that ultimately qualified for funding from the Foundation for Physical Therapy. I hope you all have such good dreams.

When I was notified about this award,



Karen Hayes and co-author, Cheryl Petersen.

I was asked to speak about how I felt that this study might impact the practice of orthopaedic PT. That's a tall order since I cannot foretell the future, but I would like to tell you how I hope it will impact practice. My greatest fear was that it would not impact practice at all. Judging by the response we received, I think I need not have feared. Some people have loved it, some have hated it, but at least we were not ignored. I think it is probably better to be criticized than ignored. At least you know that people read the work and thought about it. On the day I put these remarks together, I looked at my "quotation of the day" desk calendar and saw that the quote for that day was from Konrad Adenauer. It seemed particularly fitting that he said "A thick skin is a gift from God."

Perhaps I should share that thought with my graduate students in orthopaedics. When I work with them and encourage them to submit an abstract or publish their work, they are often terrified. Such fear is natural with most young researchers (and often older researchers). After an investment of months, maybe even years, they're afraid that their work won't be accepted. Or they're afraid that people will find fault with their work. They usually want to do a poster so they can try to hide in the exhibit hall and perhaps avoid challenges or at least handle them privately.

Fear can hinder their growth or it can be constructive. If I convince these students to face their fears, then they can grow. The criticism their work might receive can only help them determine how to write the paper or modify their thinking for the next study.

Thinking about my graduate students' first venture into this sometimes frightening world of research makes me think of my daughter when she was in junior high school. Now my daughter has never been a risk-taker, but one day, out of the blue, she decided that she wanted to participate in Outdoor Adventure — a sort of mini-version of Outward Bound. The fact that she registered was a surprise to me; it took a lot of courage for her to face her fears of the unknown. When she came home sporting her "I survived" T-

shirt, she told me about having to walk across a gap, 20 feet above the ground on three ropes—you know, the kind that you walk on one and hold on to the other two. About half way across, she



Too often I hear physical therapists say that we need to do research to demonstrate that what we do works. This logic concerns me, because it is not the right attitude to carry into clinical research. We must study *whether* what we do works.



panicked; she couldn't move. Her choices were to inch backward, to inch forward, to fall or maybe a kind soul could come and rescue her. After much emotional display and a great deal of support from her friends, she conquered her fear and made it across the ropes.

It seems to me that when it comes to our clinical research, we are in much the same predicament as my daughter was. We took the courageous step some years ago to study our theories, tests and treatments to enhance our status as a profession. But it seems that we have gone half way across the gap, and now we might be stuck. Perhaps we too are afraid of the unknown. We can't know what we will find out when we embark on a clinical study.

Too often I hear physical therapists say that we need to do research to demonstrate that what we do works. This logic concerns me, because it is not the right attitude to carry into clinical research. We must study *whether* what we do works. If we want to show that what we do works, we will focus only on the studies that confirm our beliefs and ignore those that show us to be wrong. In cognitive psychology, this tendency is

called confirmation or positivity bias. In other words, human beings have a tendency to seek information that is consistent with their current beliefs or theories, and they avoid collecting evidence that would falsify those beliefs.



We must not be afraid of studies that have negative or equivocal outcomes. Negative evidence is *at least* as useful and quite probably *more* useful than positive evidence for us in our growth as orthopaedic physical therapists.



Let me give you an example of confirmation bias. Perhaps you've heard about the man who was walking down the street smacking two sticks together. When asked by a passerby why he was doing this he replied, "To keep the elephants away." The passerby said, "There aren't any elephants around here." To which the man replied, "See! It works." This man has a *serious* case of confirmation bias. Each time he smacks his sticks together and there are no elephants, he confirms his theory that his treatment works. But he has not tried to falsify his theory, and he will believe it to be valid until he tests it in a place where elephants freely roam the streets.

For an example that is a little closer to home, Michael Mahoney, a psychologist, collaborated with one journal editorial board to study the biases of their reviewers. He submitted different versions of the same paper to 75 reviewers. The introduction and method of the paper were the same but in one version the results were positive or supportive of the theory; in one version the results were negative, or refuted the theory; and in other versions, the results were equivocal but were interpreted as either negative or positive. Mahoney found that reviewers rated manuscripts that had positive or supportive results more favorably than those that had negative or equivocal results. Those that reviewed positive results approved them for publication more often.

We must not be afraid of studies that have negative or equivocal outcomes. Negative evidence is *at least* as useful

and quite probably *more* useful than positive evidence for us in our growth as orthopaedic physical therapists. If we keep trying to show that what we do works and keep seeking information, we are not moving forward. We're stuck in the middle of the gap. If we change our mind-set to ask whether what we do works, we will be enlightened and grow as a profession. Through negative evidence we can be motivated to test our assumptions and modify our thinking. With enough negative evidence we might even dispose of ineffective treatments. These are some of the unknowns that might frighten us. We might have to relinquish some of our most cherished beliefs. Now, I am not advocating abandoning selective tension testing based on a single study. I am saying that, based on our results, we have reason to question and study it further.

So I ask you, are we going to inch our way back toward technical status? Stay stuck in the gap? Or are we going to continue to edge forward and cross the gap even if we don't know what is on the other side? Hopefully, we will find real professionalism based on our research.

One forward step I would like to acknowledge is the policy of our journal editorial board. Under Jules Rothstein's leadership, they believe that if a question is worth asking and the study is well designed and implemented, the direction of the results is not a criterion for publication. As we have seen, in some fields, a study such as ours, with negative *and* equivocal results, would not

have been published.

Let me conclude by saying that, just as my daughter conquered her fears through support from her friends, we all need supportive but critical colleagues with whom to work. I have been privileged to work with Cheryl Petersen and Dr. Judith Falconer on this paper and I thank them for their knowledge, insight and encouragement. This award is for them too.

I would also like to acknowledge the sources of the funding to do the study from which the data for this paper were drawn. This study was funded by the National Arthritis Foundation and was part of the Northwestern University Multipurpose Arthritis Center which is funded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Finally, it is always gratifying to be recognized for your work so, to the Orthopaedic Section, I say thank you again.

An Examination of Cyriax's Passive Motion Tests with Patients Having Osteoarthritis of the Knee by Karen W. Hayes, Cheryl Petersen and Judith Falconer; published in Physical Therapy, Vol 74, No 8, pp. 697-707, 1994.

Karen Hayes is Assistant Professor of Physical Therapy and Curriculum Coordinator at Northwestern University Medical School in Chicago, Illinois.

More Snapshots from CSM



Left: Joe Farrell, recipient of the Paris Distinguished Service Award. Right: Joe Farrell accepting his plaque from Annette Iglarsh, President of the Orthopaedic Section.

Dr. Sandy Burkart Honored at CSM

Dr. Sandy Burkart received the Award for Excellence in Teaching Orthopaedic Physical Therapy at CSM in Reno. Dr. Burkart taught the first physical therapy class to enter West Virginia University and he continues to teach today. Throughout his teaching career at WVU, Dr. Burkart has coordinated or taught in 18 of the 26 courses offered in the professional physical therapy program at WVU, but his teaching endeavors extend far beyond the physical therapy classroom.

Dr. Burkart also teaches in the School of Medicine's Department of Anatomy, the School of Nursing, the School of Dentistry and the School of Physical Education at WVU. In addition, Dr. Burkart teaches 14-16 continuing education courses per year for practicing physical therapists.

Dr. Burkart's teaching is exemplified by an understanding of basic science facts and principles integrated with principles of Orthopaedic Physical Therapy and a solid clinical problem solving approach. Overall, Dr. Burkart has been a leader in Orthopaedic Physical Therapy teaching for the past two decades and has demonstrated a commitment to students and teaching excellence. Congratulations, Dr. Burkart.



Dr. Sandy Burkart is shown accepting his award from John Medeiros, Chair of the Awards Committee.

Student Guest Winner '95

Editor's Note: I met with Dana Ehlenfeldt, the winner of the Section's 1995 Student Guest Program at the Black Tie and Roses Reception. After making her promise to continue her Section membership for life after graduation, Dana shared some of her CSM experiences. She asked me to express her thanks to the Section, and especially to her hosts Mary Milidonis and Karen Piegorsch. Here is a brief profile of our guest.

PROFILE



Name:

Dana Ehlenfeldt

Educational Background:

BS, University of Illinois, 1993 (Biology/Psychology)
BS, PT, Finch University of Health Sciences, Chicago Medical School
(expected date of graduation June 95)

Special Honors:

Dean's List—every semester

Home:

Arlington Heights, Illinois

Hobbies:

Soccer

Why PT?

Exposed to PT after a knee injury in 1985

Anticipated Professional Setting:

Orthopaedics; Pediatrics; or both

Current Affiliation:

Physical Therapy and Sports Medicine of Gurnee Illinois

Liked Best about CSM:

Learning about current research and different treatment techniques via poster and platform presentations.

Liked Least about CSM:

Concurrent scheduling, making it difficult to see everything.

The Orthopaedic Section is currently developing a brochure geared towards the non-physical therapist. This brochure will be available for sale late this spring. Please call the Section office at 800-444-3982 for further information.

Winning Big in Reno

The APTA held its annual Combined Section Meeting (CSM) in Reno, Nevada from February 8-12, 1995. I was fortunate to attend because I won the Outstanding Physical Therapy Student Award given by the Orthopaedic Section. I was elated when I learned that I would be attending CSM, but I did not know what to expect. I had high expectations of what I would find in Reno. Believe it or not, the actual experience far exceeded my highest expectations.



Ken Miller, Outstanding PT Student is accepting his award from the Orthopaedic Award Chair, John Medeiros.

CSM is an event that I encourage every therapist to attend. There are seminars, lectures, roundtable discussions and meetings from each of the sections in the APTA. Many more lectures are offered than can be attended. Most of the topics were very interesting and relevant to today's health care environment. News from across the United States regarding health care changes in specific regions were discussed. The professional issues I have learned about concern the advances in entry-level doctoral programs, advanced clinical residency programs, mentorship programs and new medical models relating to physical therapy.

In addition to the meetings and roundtables, the exhibit hall was quite impressive. Companies that provide health care equipment come to CSM to demonstrate the latest advances in their products.

CSM is a valuable experience for networking with potential employers, colleagues and researchers. I was also fortunate to be able to see and try the newest physical therapy products, buy the latest books, as well as learn about the issues facing our profession. As a student attending CSM, I have learned a great deal that I know will help me in my career. I highly recommend CSM next year.

Ken Miller is the Orthopaedic Section's Outstanding Physical Therapy Student Award recipient for 1995. Congratulations Ken!

NEW LIST AVAILABLE ON INTERNET

NeuroMus—Forum on Neuromuscular Aspects of Motor Performance

The Neurology Section of the APTA announces, NeuroMus—a research-oriented forum to discuss issues/questions related to neuromuscular control of motor performance. This electronic list is free and available on Internet/BITNET. NeuroMus is initiating an extensive library of files related to research funding, topical bibliographies, instrumentation/software, and other Internet/BITNET resources of interest to the physical therapist.

To subscribe, send the following e-mail note:

To: listserv@sjuvm.stjohns.edu

Message: subscribe neuromus yourfirstname yourlastname

Don't include anything else in the message (i.e. "hi, thanks," etc.)

Those with ideas for useful information to place in the NeuroMus library, including self-written computer programs, bibliographies, short papers, etc, should contact Andy Messaros at andrew-messaros@uiowa.edu

- Andy Messaros, MA, PT (University of Iowa)

- Roger Enoka, PhD (Cleveland Clinic Foundation)

NeuroMus list coordinators

NOMINATION AND VOTING SCHEDULE FOR THE ORTHOPAEDIC SECTION

(beginning 1996)

March 1	Contact all committee members and inform them of duties Submit call for Section nominations to <i>Orthopaedic Practice</i> for publication in the May and August issues
April 15	Call incumbent officers to determine if they wish to be re-nominated
June, APTA Annual Conference	Call for nominations for APTA offices, awards and scholarships at Annual Conference business meeting
July 1-September 1	Solicit consent to run, candidate profiles, statements, curriculum vitae and photographs from candidates
October 1	Slate finalized and submitted to Orthopaedic Section office
November 15	Ballots mailed to Orthopaedic Section members
December 30	Ballot return deadline
February, CSM	Results of the election announced at the Orthopaedic Section business meeting



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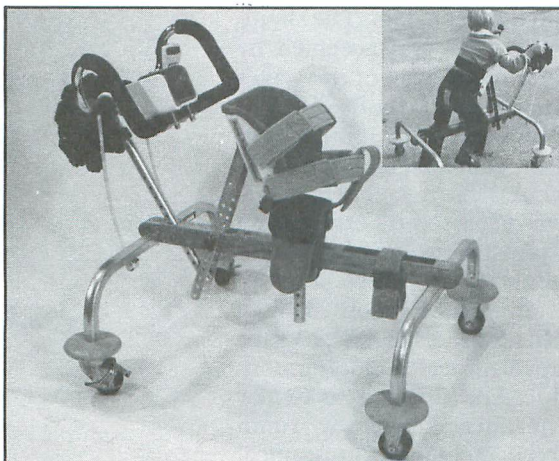
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- Various accessories are available, eg: clear, unbreakable tray, forearm cuffs, push/pull bar for use by parents, etc.



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- Available in 5 sizes from infant through adult.
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- Main benefit: Provides body parts stabilization necessary for the development of dynamic standing and walking patterns and strength. (Oftentimes facilitates independent mobility when other brands fail).
- Subsidiary benefit: Improves foot, head and overall body control along with increased self-esteem.
- Ten accessories are available that allow for a wide range of individual needs.

Book Reviews

Soft Tissue Mobilization Techniques (2nd Ed.), Spoerl JJ, Benner EK, Mot-tice MD, Canton, OH: JEMD Publica-tions, 1994, 60 pp, softcover, illus, \$24.95.

The authors have used their combined 35 years of clinical practice to compile a superbly illustrated manual of soft tissue mobilization. The purpose of their book is to provide clinicians with a step-by-step guide to both traditional as well as modified soft tissue techniques. The manual includes 116 photographs, each of which is accompanied by descriptive instructions.

The book begins with a brief review of soft tissue physiology and discusses the various connective tissues as well as the stages of healing. This is followed by a list of indications and contraindications as well as general guidelines for soft tissue mobilization.

The techniques are grouped anatomically into five sections: craniocervical mandibular complex, shoulder girdle, upper extremity, thoracolumbar and pelvis, and hip and lower extremity. In addition, there is a sixth section on scar tissue techniques. Before each section there is a descriptive list to allow easy and quick referencing. The manual is also spiral-bound which enables it to lie flat on a treatment table or chair. Each technique has an accompanying photograph and description which includes indications, patient and therapist positions, and procedure.

I found the physiology review a bit incohesive and thought it could have been a bit more clinically oriented. The reader could have been better served by a discussion of how to deal with acute versus chronic symptoms, or palpation skills. This notwithstanding, the rest of the book was clearly organized and easy to follow. Most of the techniques were so well-described and pictured, that even someone with very little manual experience could perform them with a bit of practice.

I would highly recommend this manual to physical therapy students and physical therapists who have had some soft tissue training. As the authors note, correct palpation of the structure is essential and one can hardly learn this from a book. This would be an excellent resource book for your personal or

departmental library and would be an ideal guide for in services.

Sharon A. Ross, PT

Richardson JK, Iglarsh ZA: *Clinical Orthopaedic Physical Therapy*. Philadelphia: W.B. Saunders, 1994.

The purpose of *Clinical Orthopaedic Physical Therapy* was to provide the practicing physical therapist with a comprehensive orthopaedic textbook that focused on the clinical decision making process when evaluating a patient. In addition, the book was developed to enhance critical thinking and differential diagnosis for the physical therapist since direct access and advanced clinical specialization have become more widespread.

Richardson and Iglarsh recruited many highly respected physical therapists to contribute to individual chapters related to their clinical area of expertise. This 712 page text covered anatomy, biomechanics, evaluation, radiology, differential diagnosis, surgical and non-surgical rehabilitation treatment principles, procedures and case studies.

Iglarsh and Snyder-Mackler presented the temporomandibular joint and the cervical spine including examples of excellent patient reports and therapist evaluation forms. The thoracic spine was covered by Bowling and Rockar with an emphasis on screening and differential diagnosis. Lumbar spine and pelvis, written by DeRosa and Porterfield focused on the structure, function and classification of mechanical low back pain as related to basic science, functional neuroscience and biomechanics. The shoulder chapter (Yahara) was accented by photographs and coverage of the stages of impingement, rotator cuffs, glenoid labral tears and thoracic outlet syndrome. Fractures and epicondylitis were among a few of the many elbow disorders that were discussed by Stralka and Brasel. An extensive review of common wrist and hand fractures and tendon injuries were covered by Jacobs. LeVeau presented differential diagnosis tables for common hip disorders including congenital dislocated hip and avascular necrosis. The knee chapter by Timm detailed topics ranging from surgical

procedures and rehabilitation management to open chained isokinetics and closed chain functional treatment. Riddle thoroughly summarized the current thought processes and research related to the foot and ankle complex including the hypothesis-oriented algorithm for clinicians.

The final four chapters included posture and movement by McKinnis, gait biomechanics and clinical analysis by Epler, radiology for the physical therapist by McKinnis and a conclusion by Iglarsh on patient education.

Clinical Orthopaedic Physical Therapy is a well referenced text that should be a part of the orthopaedic physical therapist's library.

Eddie Knowlton Benner, PT, MA

Meeting Minutes

COMBINED SECTIONS MEETING
RENO, NEVADA
FEBRUARY 11, 1995

CALL TO ORDER AND WELCOME—
Z. Annette Iglarsh, PT, PhD, President

BOARD OF DIRECTOR REPORTS

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

=MOTION= To approve the minutes from the June 4, 1994 business meeting at Annual Conference in Toronto, Canada as printed. =PASSED=

1. The Orthopaedic Section recently purchased approximately four acres of land on the Mississippi River in La Crosse, Wisconsin. The money to purchase this land came from the building fund which was set up three years ago. A building will be constructed on one acre of the site beginning this spring. The remaining three acres could be sold off at some future date.

2. The American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) are working towards representation in the International Federation of Manual Therapists (IFOMT) and representation with APTA through the development of a certification exam for manual therapists with the ABPTS. The Orthopaedic Section hopes to help the AAOMPT accomplish these goals by bringing them into the Section as a Special Interest Group (SIG). The ABPTS along with the Orthopaedic Section Board of Directors will be looking at the AAOMPT SIG development in June at the WCPT meeting in Washington, D.C. with the hope of official approval at the Combined Sections Meeting in February, 1996.

B. Vice President—John Medeiros, PT, PhD

1. The Award for Excellence in Teaching Orthopaedic Physical Therapy was presented to Dr. Sandy Burkart, PT.

2. The Outstanding Physical Therapy Student Award was presented to Kenneth Miller.

C. Treasurer—Dorothy Santi, PT

Graphs showing year-end income and expenses for 1994 are found under Section News in this issue of *OP*.

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

As a new Board member to the Section, Mike was charged with overseeing Section publications and also looking into where the Section should go with regards

to computer networking.

E. Director—Elaine Rosen, MS, PT, OCS

As another new Board member to the Section, Elaine was charged with overseeing outside contracts for educational courses.

COMMITTEE REPORTS

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

1. Catherine Patla, MMSc, PT, OCS; Susan Appling, MS, PT, OCS; and Alan Lee, MS, PT, OCS were thanked for their help in serving as moderators for the various Orthopaedic Section programs at CSM.

2. The Section office staff were thanked for all of their help and support in coordinating all aspects of the educational courses offered by the Section.

3. Paul Beattie, PT, PhD, OCS introduced the new home study course topics which include the Wrist and Hand (July, 1995), and Cervical Spine (January, 1996).

4. The Section is pursuing having an exhibit at the American Academy of Orthopaedic Surgeons meeting in 1996. The exhibit would be based on research in orthopaedic physical therapy. Please contact Lola Rosenbaum with any topic ideas and or help you could give to this.

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

The Board of Directors approved the creation of an advisory council to *OP*.

C. Research—Dan Riddle, MS, PT

The Research Committee's report appears under Section News in this issue of *OP*.

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

1. The Section was thanked for their support of the Specialty Council.

2. The process of creating the Document for Advanced Clinical Practice (DACP) has been completed and is now available for sale. This is a process that occurs every ten years.

3. Over 300 people have been accepted to sit for the exam in 1995. The exam consists of 200 test questions and will be given electronically across the country in March.

4. Mary Milidonis was thanked for all her work on coordinating the DACP process as well as her work on the council. This is Mary's last year on the council so the Section will be looking for

someone to fill the vacancy.

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

1. The Committee is looking for a new member. Any recommendations should be directed to the Practice Committee.

2. The Section will be contributing \$500 to the fund set up by APTA in memory of Charlie Harker, former Director of Government Affairs. Charlie's name will also be put forth for consideration as honorary member to the APTA.

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

1. The winner of the Student Guest drawing, Dana Ehlenfeldt, was introduced.

2. The new brochure inserts for the non-PT population will be available for purchase through the Section office in May.

G. Nominating Committee—Michael Wooden, MS, PT, OCS

1. The following motion was passed at the Board of Directors meeting at CSM:

=MOTION= Place an announcement in *OP* after each Section election that states the Orthopaedic Section will destroy all election ballots from the last election within 90 days of the election results being presented at the Business Meeting at Annual Conference if no one has contested the vote. =PASSED=

2. =MOTION= To approve and close the following slate of candidates for the 1995 elections:

President: Z. Annette Iglarsh and Bill Boissannault

Vice President: John Medeiros, Nancy White and Anthony Delitto

Nominating Committee Member: Jeffrey Ellis and Catherine Patla

NEW BUSINESS

A. =MOTION= The Orthopaedic Section, APTA develop a task force to study and formulate a research grant program for orthopaedic physical therapy. =PASSED=

B. =MOTION= Create a task force on public relations media response. The task force will be responsible for developing a mechanism for responding immediately and effectively to news releases and other media events of significance to orthopaedic physical therapy practice. Task force report to be printed prior to CSM 1996. =PASSED=

Adjournment—10:00 AM

Section News

EDUCATION PROGRAM COMMITTEE REPORT

The Education Program Committee was pleased with this year's response to the Combined Sections Meeting Program. The Pre-Conference program on Performance Based Documentation was well attended and well received. The evaluations were outstanding from both the educational sessions and the special interest group programming. We welcome suggestions for next year's program and will need any ideas by June.

The home study course series continues to be popular. The current course on the foot and ankle has a record registration and has received many favorable comments. The second course for the year is on the wrist and hand and should be outstanding.

The Education Program Committee is working on a second project under the direction of committee members Kim Schoensee and Ellen Hamilton. By July of this year, we will have available for members a packet of information on Re-Entry into Physical Therapy. This should be a very valuable resource for physical therapists who have been out of practice for several years and wish to return to orthopaedic practice.

The Review for Advanced Orthopaedic Competencies course is scheduled for July in Albuquerque, New Mexico. We are pleased with the strong group of speakers who have agreed to speak at this always popular course.

I would like to ask each of you to take a minute to fill out the Education Committee questionnaire in this issue. Your comments are very valuable to us in planning content and timing of Section educational activities.

Nancy T. White, MS, PT
Co-Chair Education Program Committee

Post Professional Programs in Physical Therapy List is completed, title has been changed and degrees have been added. The updated list will be published in *OP*.

APTA Board of Director policy on attendance of physical therapist assistants, athletic trainers, and others at courses designed for physical therapists: APTA is in the process of finalizing Standards of

Quality for Continuing Education Courses. The APTA will create a process to approve providers of continuing education courses on a national voluntary level. Each provider will contract with the APTA and agree to meet certain standards and will provide the APTA with a one page summary for each course offered, number of continuing education units, and level of course. Marilyn Phillips at the APTA is spearheading this effort and stated that these Standards should address our concerns.

American Academy of Orthopaedic Surgeons Conference Booth in Orlando: I attended the AAOS Conference and will be sending a report to Dan Riddle, Dennis Isernhagen, Mike Cibulka and Karen Piegorsch. We can then decide our future with AAOS Annual Conference and may have a report for OS Board of Directors by WCPT.

APT-CAC check off on continuing education registrations: Chuck Martin states that we can include this on our registration forms. He would then need a list of names and dollars donated sent with the check made payable to APT-CAC. We should stipulate on the registration form that corporations may not donate to a PAC. We can only accept donations from individuals.

Lola Rosenbaum, PT, OCS
Co-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 1994: Karen W. Hayes, Cheryl Petersen, Judith Falconer: An Examination of Cyriax's Passive Motion Tests with Patients having Osteoarthritis of the Knee. *Physical Therapy* 74:697-706, 1994.

The Research Committee accepted a total of 21 Poster abstracts and 34 Platform abstracts for this meeting. These numbers approximately equal the number of poster and platform presentations at the 1994 CSM meeting. There is definitely interest in presenting orthopaedic research.

The Committee confirmed the topic

and guest speakers for the Research Issues Forum which was held at CSM. The topic was research needs in Occupational Health Physical Therapy. Dr. Michelle Battie addressed physical measurements and issues and Dr. Michael Feuerstein discussed psychosocial issues related to Occupational Health Physical Therapy.

The list of research consultants is gradually increasing and continues to appear in this publication. The Research Committee is also sponsoring a Research Issues column. Thanks go out to the Research Committee members for their participation.

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

ORTHOPAEDIC SPECIALTY COUNCIL REPORT

The following outlines the activities of the Orthopaedic Specialty Council (OSC):

1. An article outlining the practice analysis process and development of the Description of Advanced Clinical Practice (DACP) is in coordination and will be sent to the *Journal of Orthopaedic and Sports Physical Therapy* in March for their consideration and review.
2. It has been approved to offer a discounted price of the DACP document to individuals who meet certain criteria. Please see page 9 for further details.
3. 1995 Examination: a. The examination was administered at EXPRO electronic testing sites in March. There were a total of 346 approved to sit for the exam. b. The 1995 examination form consists of 200 items. The examination construction process was more complex this year because of the new DACP, and the need to have the items reflect this document. c. Joe Godges and Mike Cibulka worked to form a "Committee of Content Experts for the Orthopaedic Specialty Exam" (CCEOSE). This committee met for the first time at CSM. Alan Lee, Ann Porter-Hoke and Brenda Green volunteered for this committee. The committee is charged to develop future items for the Orthopaedic Specialty Exam Item Bank.

4. OSC Vacancy: This year Mary Milidonis will be completing her fourth year on the council. Her service was truly exceptional, in particular in the development of the DACP. Although she will be most difficult to replace, we must solicit interested Section members who are Orthopaedic Certified Specialists for this projected vacancy.
5. The OSC will be completing the requirements for recertification this year. Many options are under consideration. The easiest, most efficient option is to require specialists retake the exam. However, the Council is considering many alternatives.

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

PRACTICE COMMITTEE REPORT

The Practice Committee report unfortunately begins with sad news. We regret to report that Charlie Harker, Director of APTA Government Affairs Department, passed away December 24, 1994. Physical therapists across America have lost a friend. APTA has lost an effective leader for Government Affairs. We shall miss Charlie in many ways.

A motion will be introduced to the 1995 House of Delegates to extend Honorary membership to Charlie Harker. You may wish to confer with your state delegates regarding this motion. Additionally, a fund has been established at APTA's P.T. Fund to provide interships for individuals working in the Government Affairs Department at APTA. Contributions may be made directly to APTA with a designation to the Charlie Harker fund.

State Government Affairs Forum. The Orthopaedic Section was represented at the APTA State Government Affairs Forum by Scott Stephens. The round table discussions were most useful to expand the knowledge of members in attendance regarding legislative activities, successes and failures in the represented states. The meeting also afforded attendees the opportunity to hear a preliminary presentation by Dr. Mitchell of the cost efficacy of direct access to physical therapy. Her findings were very favorable for direct access physical therapy. The formal publication of her research (funded by APTA) should occur in the near future.

American College of Radiology. Dialogue with the American College of Radiology (ACR) has continued. A meeting with the ACR will be scheduled this

spring. The effort is intended to result in a formal mechanism for physical therapists to obtain radiologists input with their patients.

Software Comparison Project. Efforts have begun to collect various documentation/note writing software packages for purposes of comparing and contrasting features. Each of the vendors contacted have been asked their opinion on such a comparison. To date all of the vendors have expressed their support for such a review. A second stage of the program review is expected to concentrate on practice business management software.

The comparison project was presented to the November, 1994 APTA Board of Directors meeting for consideration. The Board did not act on the request to co-sponsor the project. There is a possibility an APTA publication will address software projects in a 1995 publication.

Health Care Reform. The November elections were of obvious consequence to the health care reform debate. Key players in the debate have changed . . . some are no longer in office. It is likely legislation will be enacted to accomplish the more widely accepted aspects of the previous health care debate, such as insurance portability and elimination of pre-existing conditions as a cause for coverage being denied. These issues may be delayed for consideration until Fall, 1995.

The insurance industry continues to expand its influence through expansion of the managed care component. Multiple opportunities for network participation exist across the United States. These networks range from small, local provider groups to multi-state networks with hundreds of practices. The evolution and effectiveness of provider networks created to negotiate on behalf of practices versus networks created by third party payors may have a clearer delineation as the year progresses. Physical therapists are encouraged to assess their needs carefully to determine if any alternatives are suitable for their practice settings.

E-Mail. APTA is now on the internet. Individuals at APTA may be contacted via their first initial and last name @APTA.ORG e.g. SSTEPHENS @APTA.ORG.

Practice Problems. The call for information from the membership via the "Practice Problems?" component of the *OP* has received sporadic response. The questions are relative to insurance reimbursement, particularly a lack of reimbursement for work reconditioning

or work hardening. Contact has been made with the respondent with suggestions for sources of additional information.

APTA Board of Directors Action Outcome Management. The November, 1994 APTA Board of Directors added an activity to Program 32—Practice which states, That a pilot study consisting of ten (10) selected facilities be developed to collect outcome data on the management of work conditioning and work hardening program clients in achieving job readiness and return to work, and present the findings of the pilot study to the March, 1995 Board of Directors meeting.

1995 APTA Elections. The following candidates have been slated for national office: Board of Directors: (elect 3) Jim Ball (FL), Ken Davis (KS), Keith Khoo (OK), Rod Miasaki (UT), Marcia Pearl (GA), Jan Richardson (PA); Secretary: (elect 1) Ben Massey (NC); Vice Speaker: (elect 1) Pamela Duffy (IA), Patsy Schenken (CA); Nominating Committee: (elect 2) John Nativo (CA), Marcia Smith (CO) and Marilyn Swygert (SC).

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

PUBLIC RELATIONS REPORT

1. Resource Manual. Michael Tollan has volunteered to take on the task of evaluating and revising the 1993-1994 Resource Manual on Orthopaedic Study Groups and Chapter Special Interest Groups. He will be evaluating the philosophy, content and wording of the manual and soliciting feedback from a variety of sources. The goal is to achieve Board approval for final revisions by Fall 1995 and printing by January 1996.
2. Student Guest Program—CSM '95. This year's winner is Dana Ehlenfeld, From Finch University of Health Sciences, Chicago Medical School.
3. APTA Student Conclave. Based on input from Tara Fredrickson who exhibited the Section booth at the 1994 Student Conclave in St. Paul, I recommend that the Section continue to exhibit at this meeting each year.
4. OS Brochure—Second Set of Inserts to be used with pocket brochure. The following individuals generously donated their time and energy to work with Paula Ashley, copywriter, to develop the copy for the second set of inserts: Lola Rosenbaum, Terri Pericak, Gerry Scotese, and

Marilyn Swygert. Revisions are in progress. Printing is anticipated by early summer.

5. Liaison Program. A mechanism is now in place for the Section to appoint Liaisons to outside organizations.

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

AWARDS COMMITTEE REPORT

We submitted a number of names for the APTA appointed group pool to assist the Board of Directors in filling vacancies on APTA committees and task forces. We also received submissions for the following

Section awards: Outstanding Physical Therapy Student Award, Award for Excellence in Teaching of Orthopaedic Physical Therapy and the Paris Distinguished Service Award.

*John M. Medeiros, PT, PhD
Chair, Awards Committee*

NOMINATING COMMITTEE REPORT

This year's nominees for Section office are as follows:

President:
Z. Annette Iglarsh
William Boissonnault
Vice President:

John Medeiros
Nancy White
Anthony Delitto
Member Nominating Committee:
Jeffrey Ellis
Catherine Patla Paris

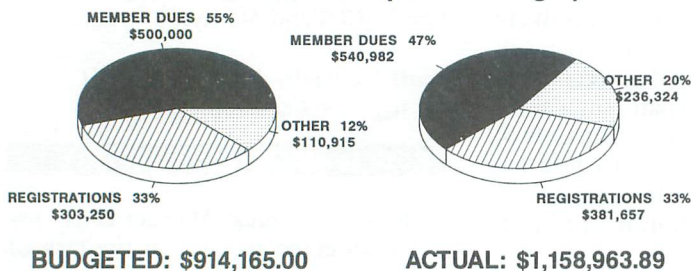
This is a diverse slate of well-qualified candidates. By voting we can show our appreciation for their willingness to serve the Section.

All members are urged to participate in the election by returning ballots by May 15, 1995. If you have not received your ballot through the mail, call the Section office immediately.

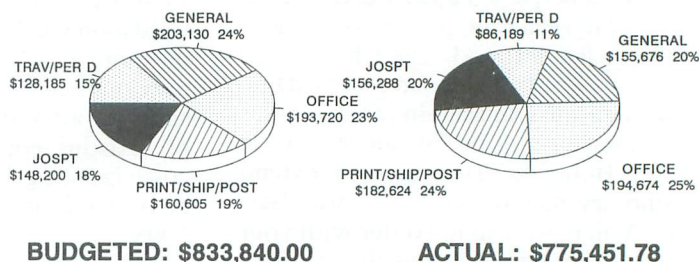
*Michael J. Wooden, MS, PT, OCS
Chair, Nominating Committee*

FINANCIAL REPORT

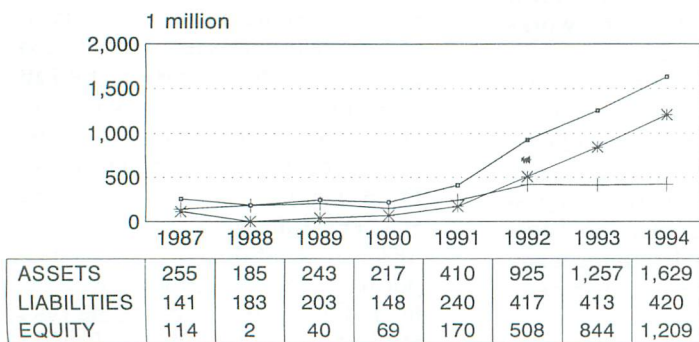
**1994 BUDGET TO ACTUAL
INCOME: BREAKDOWN - December 31, 1994
(+26.8% over our expected budget)**



**1994 YTD BUDGET TO ACTUAL
EXPENSE: BREAKDOWN - December 31, 1994
(-7.0% under our expected budget)**

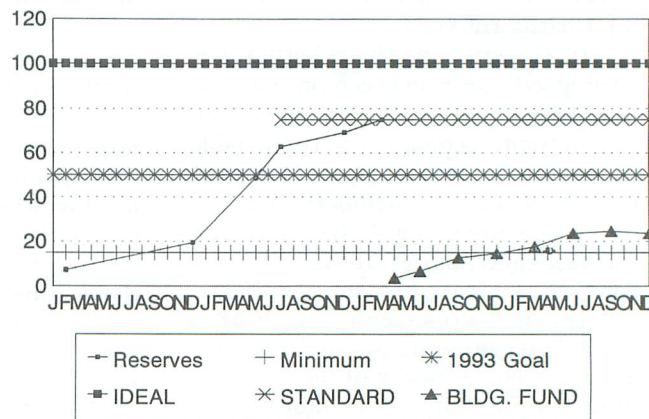


**YEAR END FISCAL TRENDS
1987-1994 (1994 data is as of December 31, 1994)**



To nearest thousand

**RESERVE FUND
January 1, 1991 to December 31, 1994**



Announcing . . .

The California Physical Therapy Fund has an Orthopaedic Physical Therapy Research Grant in the amount of \$2500 which is available to members of the California Chapter, APTA.

In addition to meeting the general requirements of our grant program the following criteria also applies:

Criteria for Eligibility for Award of Orthopaedic Physical Therapy Research Grant

Research proposals which meet the following criteria will be considered eligible for the grant:

1. Study must address an orthopaedic problem, condition or situation.
2. Sample population may be either adult subjects or an animal study.
3. Study must include a control group.

For further information, please contact:

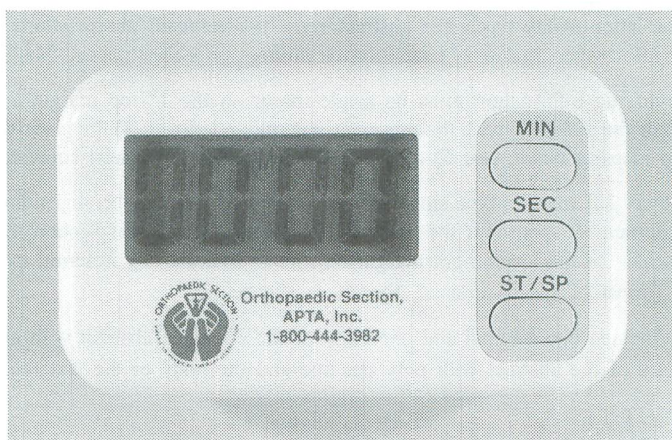
Clarence W. Hultgren, CAE
California Physical Therapy Fund, Inc.
1107 Ninth Street, Suite 1050
Sacramento, CA 95814
916/446-0069
FAX # 916/448-2362



ORTHOPAEDIC SECTION TIMERS

"We can clip them to the patient chart, slap them on metal if we want the patient to perform a timed activity, or stand them up on the charting counter."

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Bakersfield, CA



TIMERS—(\$8 Section Members, \$10 Non-Section Members, \$7.75 in quantities of 10 or more, Section Members only)

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Wisconsin residents add 5½% sales tax.*

RESEARCH COMMITTEE OF THE ORTHOPAEDIC SECTION
APTA, INC.

CALL FOR PARTICIPANTS
PLATFORM AND POSTER PRESENTATIONS
APTA COMBINED SECTIONS MEETING
ATLANTA, GEORGIA, FEBRUARY 14-18, 1996

Persons wishing to make platform or poster presentations dealing with topics related to orthopaedic physical therapy (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 1996 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, 1995. 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 (research, special interest, theory — 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.

In Memory— R. Charles Harker

R. Charles "Charlie" Harker, Director of Government Affairs at the American Physical Therapy Association (APTA), died peacefully at his home on December 24, 1994, following a brief illness.

During his 13-year tenure as Director of APTA's Government Affairs Department, Harker's expertise was instrumental in securing several federal legislative and regulatory gains for physical therapists, including restrictions on physician-owned physical therapy services. He worked diligently to secure the interests of physical therapists on Capitol Hill, and was instrumental in the development of APTA's political action committee, APT-CAC. An expert on Medicare, Harker traveled extensively to APTA chapters and legislative conferences to educate members, state lawmakers, and other health professionals on state and federal legislation affecting physical therapists.

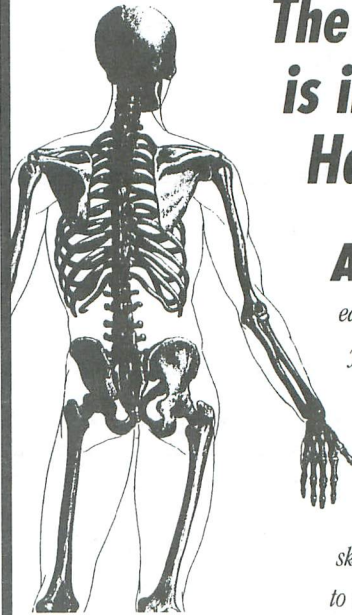
Prior to joining APTA, Harker was Director of Government Affairs for the National Society of Public Accountants and Assistant Director of the Government and Legal Affairs Division of the American Occupational Therapy Association. He began his career as staff assistant to former U.S. Senator William B. Saxbe of Ohio. Harker received his undergraduate degree from Yale University and his law degree from the George Washington University in Washington, D.C.

A program to provide financial support to physical therapist and physical therapist assistant interns serving in the APTA government affairs department has been established in Harker's name and memory. This program is part of the Association's Physical Therapy Fund, a 501(c)(3) tax-deductible fund, which houses the Minority Scholarships and other programs. "We at APTA believe that the internship program will help to continue the level of commitment and excellence in the area of government affairs that Charlie brought to the Association," said Chief Executive Officer, Frank Mallon. Family and friends have requested that the Physical Therapy Fund be a recipient of donations.

Tax-deductible contributions for the R. Charles Harker Memorial Fund should be made payable to the Physical Therapy Fund, 1111 North Fairfax Street, Alexandria, VA 22314. Please specify that your donation is for the R. Charles Harker Memorial Fund.

The Orthopaedic Section has made a \$500.00 donation in Charlie's name. He will be missed.

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For further information contact:

Carol Jo Tichenor, MA, PT
Kaiser Permanente, PT Residency Program in
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27400 Hesperian Blvd., Hayward, CA 94545
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ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSES

COURSE LENGTH: 90 DAYS FROM DATE OF REGISTRATION

1

HSC 92-1 TOPIC: LOWER EXTREMITY

- Gait Analysis: The Lower Extremities
- Functional Biomechanics of the Subtalar Joint
- Cardiopulmonary Considerations in Orthopaedic Care
- Anterior Knee Pain: Differential Diagnosis and Physical Therapy Management
- The Posterior Cruciate Ligament
- Plyometric Exercise Testing: Combining Strength with Speed

2

HSC 94-1 TOPIC: LUMBAR SPINE

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

3

HSC 94-2 TOPIC: LUMBAR SPINE

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

4

HSC 95-1 TOPIC: THE FOOT AND ANKLE

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

Each manuscript will include:

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Registration Fees— Per Course:

\$150.00 Orthopaedic Section Members
\$225.00 APTA Members
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Special discounted rates are available for institutions with multiple registrants. Please call the Section office for complete information.

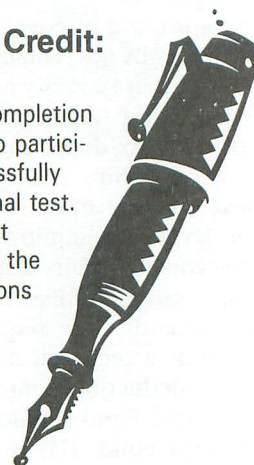
* Absolutely no refunds will be given after the start of the course!

Please make check payable to:
Orthopaedic Section, APTA

Mail check and registration to:
Orthopaedic Section, APTA
505 King Street, Suite 103
La Crosse, WI 54601
1-800-444-3982 or 608-784-0910
FAX 608-784-3350

Educational Credit:

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



REGISTRATION FORM

ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE

Please check:

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- APTA Member
- Non-APTA Member

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APTA # _____ (Wisconsin Residents add 5.5% Sales Tax)

CALL FOR NOMINATIONS

FOR

THE 8TH ANNUAL ROSE EXCELLENCE IN RESEARCH AWARD

THE BEST RESEARCH ARTICLE OF 1995
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, 1994 and August 31, 1995 to be considered for the award. Should the journal containing an otherwise eligible article experience a delay in releasing its August, 1995 issue, the article must be available to the general public no later than September 1, 1995 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 Atlanta, GA, February 14-18, 1996.

IV) NOMINATIONS

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

Nominations (including self-nominations) will be accepted until close of business September 1, 1995 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

Paris Distinguished Service Award

PURPOSE

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

ELIGIBILITY

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

CRITERIA FOR SELECTION

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

PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the Award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Administrative Director at the Section office by December 1, for considera-

tion for the award in the following year.

3. The materials submitted for each nomination shall include the following:
 - a. One support statement from the nominator, indicating reasons for the nomination, and clarifying the relationship between the nominator and nominee.
 - b. Support statements from two professional colleagues.
 - c. Support statement from two former or current Orthopaedic Section officers or committee chairs.
 - d. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

PROCEDURE FOR REVIEW AND SELECTION

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

LECTURE

1. The recipient will present their lecture at a Section "Awards Session" at the APTA Combined Sections Meeting. The lecture should not last longer than thirty minutes.
2. The title of the lecture will be left to the discretion of the recipient.
3. The lecture should focus on the recipient's ideas and contributions to

the Section and orthopaedic physical therapy.

4. The recipient will be invited to submit a written copy of the lecture for publication in the Section's official publication, *JOSPT*.

NOTIFICATION OF THE AWARD

1. The President of the Section will notify the recipient by April 1st and obtain written confirmation of acceptance by May 1st.
2. The name of the recipient will be kept confidential until announced at the APTA Annual Conference.
3. The award will be presented at the APTA Combined Sections Meeting following presentation of the lecture.
4. Those nominees not selected will be so informed in writing.
5. The nominators or individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.

THE AWARD AND ITS PRESENTATION

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

Please submit any nominations to the Section office by December 1, 1995.

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



Newsletter

SPRING 1995

VOLUME 2, NUMBER 3

OHPTSIG PRESIDENT'S MESSAGE

The Combined Sections Meeting in Reno, Nevada was well attended. The programs and educational presentations were excellent. However, the attendance to the annual SIG business meeting was rather small. Those who did attend provided very good input into the activities and issues that the SIG is involved in. The light turnout at our business meetings can be a result of a combination of things; inability of members to attend CSM, other programs and meetings that conflict with the business meeting, lack of good notification of the meeting, and possibly a lack of interest in attending business meetings.

A concern that I have regarding a small turnout to our business meetings is lack of overall membership representation and input into the business of the SIG. It is understandable that the above stated reasons limit participation of many of our members. This brings up the age old question as to how can we

solicit and receive more input from those individuals for whom the SIG was developed? There is an ever increasing number of issues that are coming up that have a direct impact on those of us who practice in occupational health and on the entire physical therapy profession. The segment of physical therapy that we are involved in is often referred to as the cutting edge of health care. I sometimes feel that it is on the "bleeding edge."

The elected officers of the SIG need membership input. I would like to hear from as many of you as possible as to how we can be more effective and efficient in obtaining input from the membership. In addition, I encourage you to contact any elected officer to provide input or register a concern or complaint of the activity or lack of activity the SIG is involved in. You can call or write any of the elected officers directly or contact the Orthopaedic Section at 800/444-3982, FAX 608/784-3350. If you

want to talk with me directly call 218/722-1399 or write me at 2202 Water Street, Duluth, MN 55812.

A new bylaw amendment was approved at the annual business meeting to provide mail voting for elected officers. This was a result of membership input. In addition, the SIG has developed a Research Committee that came out of an expressed need by the membership. Our organization can only be responsive to the needs of its members if we can identify the issues that the members feel need to be addressed.

I appreciate the input that many of you have given and I encourage others to provide their input. There are many issues facing all of us. Don't think the issues facing you only involve you, they probably are issues that impact many physical therapists.

Dennis D. Isernhagen, PT

PRACTICE PROFILE

Editor's Note: As more therapists become involved in occupational health, we felt it may be enlightening from time to time to share profiles of practices or programs where therapists are making a difference in the occupational health of their clients, whether those clients are individual injured workers or employers. Our first profile describes how the Hillhaven Corporation used its internal resources (some 3,000 physical therapists) and created an injury prevention, early intervention and rehabilitation program which they have used internally with great success and now market. This article was written by Sara del Valle, BS, PT. She is the National Director of PRETECT for the Hillhaven Corporation.

Injury Prevention and Rehabilitation Therapy Services Can Reduce Workers' Compensation

In 1992, the US Department of Labor's Bureau of Labor Statistics identified our industry—nursing care—as having one of the top three injury rates among all employers. This designation affirmed what we had long suspected from monitoring our own injury rates, and catalyzed our efforts to find solutions to reduce injuries and their costs. With 35,000 employees nationwide, clearly such solutions were in the best interest of both our employees and our organization.

(Continued on page 29)

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DISCLAIMER

The summaries of articles and the opinions expressed by authors are provided for information only and do not necessarily reflect the views of the authors, OHPTSIG or the Orthopaedic Section of the APTA.

(continued from page 28)

The result was PRETECTSM, a comprehensive program incorporating various elements of injury prevention and management including ergonomics, proper body mechanics, education, early intervention and rehabilitation therapy. With over 3,000 therapists on our staff, we were well prepared to rigorously test our approach.

Now in its third year and providing services in 170 of Hillhaven's 288 facilities, PRETECTSM has delivered returns beyond our most optimistic projections: the program has helped our organization experience a 19% lost time reduction and a savings of more than \$12 million in reduced medical and insurance costs since its implementation. We now offer PRETECTSM services for purchase by other organizations, both in our industry and in others.

A key aspect of PRETECTSM is that it uses the workplace itself as a tool of prevention and rehabilitation, from on-the-job stretching exercises to post-injury transitional work. We customize services to meet the specific needs of each client organization. Prevention services focus

on reducing the most common injuries and illnesses (such as strains, sprains, repetitive motion injuries) that involve lost time days, through activities such as worksite and job task analyses to assess ergonomic hazards, customized stretch breaks and ADA-compliant preplacement screenings.

Injury management services integrate recovery activities into the "real world" of the workplace. By incorporating true job tasks and work environments into the therapy regimen, PRETECTSM returns injured workers to full duty in a timely fashion. Internal case management systems, which include frequent communication between all parties (physician, payor, supervisor, other providers, employee), provide continuous control and permit the case to be closed as quickly as possible.

This approach also encourages the employer to be more involved in the employee's progress. In turn, this results in heightened awareness not only of the complexity of the injury prevention and management arena but also of the value and importance of therapy as a tool in managing the costs related to occupa-

tional injuries. In other words, it's often an eye-opening experience for employers who have had little understanding of the role that rehabilitation therapies can play—the full spectrum from prevention to recovery—in lowering costs.

Obviously our company is pleased with the success of PRETECTSM. We see our injury prevention and management services as having tremendous potential for future success and growth. We also see this success speaking to growing opportunities for therapists who are interested in this dynamic area of service. As the health care environment shifts around us, the demand for better management of occupational injuries increases. It is our hope that the success of programs such as PRETECTSM are helping to educate businesses and legislators about the positive role rehabilitation therapy (and its practitioners) can play in controlling costs without sacrificing the quality of care. Therapy is part of the solution, and the proof is in the numbers.

NOTICE OF CHANGE:

It is with regret that I have had to announce my resignation from the position of Secretary of the SIG and Editor of this newsletter. This past year with its four newsletters has been quite an education for me. I would like to thank Jonathan Cooperman, the Editor of *OPTP*, for his patience, support and counsel throughout this year; Tara and Sharon of the Orthopaedic Section for their tireless efforts and great skills with organization and design of layouts, all the authors of articles, news briefs, legal beagles, and announcements for their well written words and efforts, and the OHPTSIG Executive Board for their assistance in this surprisingly extensive undertaking. I need to single out and thank both Dennis Isernhagen and Karen Piegorsch for the additional time they spent helping me make this what I feel is a valuable newsletter for our membership.

Now, the time for my words is concluded. However, I have one more announcement. I am thrilled to announce Roberta (Bobbie, to her friends) Kayser is the SIG's new secretary and newsletter editor. Bobbie brings a wealth of information, skill and energy to the Board and this newsletter. She has already started making great plans for the next editorial year, I wish her the best. I know she and the SIG will excel.

Susan H. Abeln

ELECTION RESULTS

The Nominating Committee is proud to announce the results of this year's SIG elections. Following is a list of the winners:

PRESIDENT—

Dennis Isernhagen

TREASURER—

Mike Burke

NOMINATING COMMITTEE—

Mark Mashburn

CSM '95 PROGRAM HIGHLIGHTS

CSM programming was packed with good sessions. "Research Issues and Forum" was a Joint Program with the Orthopaedic, Research and Private Practice Sections. The focus was Occupational Health and featured Michelle Battie, PhD, PT and Michael Feuerstein, PhD. Our Hot Topics Forum was "Are you Caught in the Workers Comp/ADA Trap?" The participants enjoyed discussing several case studies with our expert panel: Susan Isernhagen, PT; Jim Rennell, PT; and John DeGraff, JD.

We have a very special international program planned for the WCPT on June 28, 1995 in Washington, DC. It is titled, "Occupational Health Panel" and will feature physical therapists from around the world. Confirmed to be there are: Jeffrey Boyling from London, England; Tuulikki Luopajarvi from Helsinki, Finland; Tony Melles from Toronto, Canada; Celia Reed from Queensland, Australia and Linda Darphin, from Louisiana, USA. The program is scheduled to go from 1:30—2:45 p.m. These

international experts will address issues related to occupational health. Don't miss it!

Currently, planning is also underway for CSM '96 programming and must be complete by June. Please call your new Education Program Chair, Gwen Parrott, PT at 502/491-7432 with your ideas for topics and speakers!

Submitted by Joannette Alpert, MS, PT

AHCPR RELEASES LOW BACK PAIN GUIDELINES

The U.S. Department of Health and Human Services, Agency of Health Care Policy and Research (AHCPR) recently released clinical practice guidelines entitled *Guidelines for Acute Low Back Pain in Adults*. These guidelines ONLY discuss the assessment and treatment of adult patients with ACUTE problems. The multidisciplinary panel developing these guidelines agreed that the assessment and treatment of patients under 18 or those with chronic low back problems may be quite different than for adults with acute problems.

Business and Health reports that according to these treatment guidelines low back pain, the single biggest driver of workers' compensation costs, is best resolved through mild exercise and sometimes, spinal manipulation—not through bed rest, prescription drugs,

physical therapy, or surgery. The expert panel that formulated the guidelines concluded that bedrest usually does more harm than good. The panel also said that 9 of 10 cases of acute low back pain resolved themselves in a month or so and that the \$20 billion of direct medical costs for lower back pain could be cut dramatically if patients were discouraged from seeking medical care for the problem as often as they do.

Free single copies of the quick reference guides, both for health care professionals and for patients, are available by calling 800/358-9295. The full 160 page *Acute Low Back Problems in Adults: Clinical Practice Guidelines* No. 14 is available from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402; 202/512-1800.

CALL FOR INTERESTED PARTIES

If you have an interest in writing or reviewing articles, abstracting "news briefs" or otherwise would like to be a part of creating and refining this newsletter, the Occupational Health Physical Therapy Special Interest Group invites you to consider participating in its newly formed Publications Committee. . . Any and ALL interested parties please contact the NEW editor Roberta Kayser. Her address is ERGOPLEX by Physiotherapy Associates, 4425 Kiln Court, Louisville, KY 40218 or you may call her at 502/451-0400.

The Nominating Committee of the Occupational Health Physical Therapy Special Interest Group is seeking candidates for its 1996 election to the following offices:

1. Vice President
2. Secretary
3. Nominating Committee Member

Please contact one of the following members of the nominating committee if you are interested in running or nominating someone for these offices:

Barbara Merrill
12128 Marilla Drive
Saratoga, CA 95070
408/252-5971

Helene Fearon
7310 N 16th Street, Suite 100
Phoenix, AZ 85020
602/997-7844

ADVICE TO EMPLOYERS ON FINDING THE RIGHT ERGONOMICS CONSULTANT

Risk Management, the magazine of the Risk Management Society and affiliated with the Risk and Insurance Management Society, recently published an article titled Ergonomics—The Safety Science of the 1990's. Written by the Director of Ergonomics Service for Liberty Mutual Insurance Company in Boston, Theodore W. Braun, this article helps risk managers of Fortune 500 companies understand that applying ergonomics in business is essential in order to save the substantial costs of preventable injuries, gather productivity and quality benefits and avoid costly OSHA citations. In this well written, thorough article, Mr. Braun also offers these employers advice on finding the right ergonomics consultant. *It is the edi-*

tor's belief that understanding his recommendations may assist you as physical therapists in understanding the concerns of the employers and therefore, allow them to be more prepared in your consultation efforts. When you read his recommendations, think of how an employer that you consult with might answer. His recommendation to employers is that they examine the answers to the following questions:

- If there is a good match between the technical expertise of the consultant and the hazards posed by your operations, does the consultant fully understand the employer's business and operations.
- Does the consultant mesh with the management team of the employer? Does the consultant demonstrate that

s/he is a team player?

- Is the consultant a good communicator? Is s/he articulate, diplomatic and capable of writing succinct, understandable reports?
- Will the consultant be able to respond to your needs and meet commitments? Are the objectives they establish relevant, clear and is there a means available to measure the consultant's progress?
- Does your consultant have a thorough understanding of current regulations and regulatory trends?
- Does your consultant see the "big picture"? Do they understand how the system works, where the opportunities are and where the threats lie hidden?

NEWS BRIEFS

Managed Care in Workers' Comp. & 24 Hour Coverage on Many State Dockets

According to Workers' Comp. Managed Care as the 1995 legislative session opened in January, lawmakers across the country started considering changes to their workers' compensation medical programs. Legislators in states

such as California, Tennessee, Illinois, and New York are under pressure from employers to add more cost-containment measures—measures such as fee schedules and authority for managed care. In addition, legislators interest in 24 hour coverage pilot programs remains fairly high. Indeed nineteen states presently have statutes which

allow employers (often in pilot studies only) to use this type of 'alternative' product to provide workers' compensation benefits. These include: Colorado, Kentucky, Louisiana, California, Washington, Florida, Maine, Massachusetts (legislation allowing adoption of 24 hour coverage through collective bargaining agreements recently expired), Minnesota, Oklahoma, and Oregon.

Editor's Note: For further information on 24 hour coverage refer to Vol 2, Number 2 of the OHPTSIG Newsletter published by the Orthopaedic Section in the Fall of 1994.

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

President:

Dennis Isernhagen, PT
ph: 218/722-1399
FAX: 218/722-1395

Vice President:

Karen Piegorsch, PT, OCS, MSIE
ph: 803/732-0086
FAX: 803/781-8107

Secretary:

Roberta Kayser, PT
ph: 502/451-0400
FAX: 502/451-0818

Treasurer:

Mike Burke, PT
ph: 708/726-1138
FAX: 708/438-6016

By-laws Committee Chair:

Kathy Lewis, PT, JD
ph: 806/354-5595
FAX: 806/354-5591

Education Committee Chair:

Gwen Parrott, PT
ph: 502/493-0031
FAX: 502/493-8182

Practice & Reimbursement Committee Chair:

David Clifton, PT
ph: 610/521-9373
FAX: 610/521-6893

Research Committee Chair:

Scott Minor, PT, PhD
ph: 314/286-1432
FAX: 314/286-1410

Nominating Committee Chair:

Barbara Merrill, PT
ph: 408/253-5971

Workplace Ergonomics—Occupational Health & Safety's Newest Magazine

November of 1994 saw the arrival of a new business magazine in the occupational health and safety field devoted exclusively to ergonomics in the workplace. It is *Workplace Ergonomics* and it is published by Russell Lindsay, the publisher of *Occupational Health & Safety*. The editors report that the editorial content of this new magazine is to be back safety, material handling, cumulative trauma disorders and computer workstations and vibration, among others.

The OHPTSIG welcomes any comments and ideas for submissions in the newsletter. Inquiries can be directed to: Roberta Kayser, OHPTSIG Newsletter Editor, ERGOPLEX by Physiotherapy Associates, 4425 Kiln Court, Louisville, KY 40218

Foot and Ankle Special Interest Group

Orthopaedic Section, APTA, Inc.

From the President

The Foot and Ankle Special Interest Group (FASIG) held its first "official" business meeting and education session at the Combined Sections Meeting at Reno, Nevada. Twenty-five Orthopaedic Section members and six members of other sections attended the business meeting. The minutes of the business meeting follow this letter.

The educational session, which immediately followed the business meeting, was very well attended by approximately 75 therapists. Our four invited speakers, Joe Tomaro, Jan Bruckner, Teddy Worrell, and David Sims, did an excellent job of presenting their topic areas and stimulated several "lively" discussions. I again want to thank each of them for their time and effort in preparing their presentations. Our Vice-Chair Steve Reischl is presently in the process of planning the next education session for the 1996 Combined Sections Meeting to be held in Atlanta. Please contact Steve or myself if you have suggestions for topic areas in to the foot and ankle which could be considered for our educational meeting in Atlanta.

As you will note in the minutes of the business meeting, the membership voted to form three committees; Programming, Practice and Research. If you would like to serve on any of these committees please contact me at 602/523-1499 within the next few weeks, as we would like to have these committees formed by the end of April.

All of those in attendance at the business meeting were happy to finally see the FASIG formally started and are looking forward to future activities. If I can answer any questions regarding the activities of the FASIG or if you would like to serve on any of our committees, please do not hesitate to contact me. I invite you to become an active supporter of the FASIG and hope to see you in Atlanta in 1996!!

Tom McPoil
Chair, FASIG

Minutes of the Foot and Ankle Special Interest Group (FASIG) Meeting February 11, 1995

Combined Sections Meeting—Reno, Nevada

The meeting was called to order by Tom McPoil at 12:40 p.m.

MOTION: It was moved by Mike O'Donnell and seconded by Steve Reischl that the Standing Rules be approved as presently written. Discussion of the motion

centered around clarification of non-Orthopaedic Section members rights and privileges. Although non-Orthopaedic members cannot vote or hold office, they are encouraged to attend *all* meetings of the SIG and participate in the various committees. Communication between the FASIG and other SIGs with interest in the foot and ankle will be handled by liaisons in those other sections (Scott Stracker: Sports; Margo Orlin: Pediatrics and Mike Mueller: Geriatrics). Passed by Unanimous Vote.

After the approval of the Standing Rules, the next order of business was the election of permanent officers. Irene McClay as chair of the nominating committee, conducted the elections for Chair and Secretary/Treasurer. Those running for office included: Tom McPoil for Chair, Mark Cornwall for Secretary/Treasurer, Dame Sims (2 yrs), Mike Mueller (1 yr), Jim Birke (1 yr) and Irene McClay (2 yrs) for Nominating Committee. No elections were held this year for Vice-Chair. Steve Reischl has agreed to continue to serve as Vice-Chair until next years meeting when formal elections for that office will be held.

Motion: It was moved by Irene McClay and seconded by Steve Reischl to accept the proposed budget as outlined by Tom McPoil. The budget consisted of \$600.00/year for travel assistance to the executive board (Chair, Vice-Chair & Secretary/Treasurer), \$1800.00 for travel assistance to those speaking at yearly educational meetings. In addition, 1 conference call will be paid for the Planning Committee to assist them in conducting their business. Passed by Unanimous Vote.

Motion: It was moved by Mark Cornwall and seconded by Stephen Paulseth to create the following standing committees: Programming, Practice and Research. Discussion of the motion centered around whether the Practice Committee was too broad since it would include such items as the development of entry-level content and common terminology. Passed by Unanimous Vote.

The results of the elections were announced by Irene McClay. They were as follows:

Chair: Thomas McPoil

Secretary: Mark W. Cornwall

Nominating Committee: Dave Sims (2 yrs), Irene McClay (2 yrs), Mike Mueller (1 yr), and Jim Birke (1 yr)

Steve Reischl conducted a short discussion on members' preferences regarding future educational programming by the FASIG. Suggestions such as multi-sectional and multi-disciplinary involvement, basic research and patient case presentations were voiced. Anyone with ideas or suggestions should contact Steve Reischl.

There was no new business.

Adjourned. 2:10 p.m.

Performing Arts Special Interest Group

Orthopaedic Section, APTA

Update on the Performing Arts SIG

Through the concerted efforts of the APTA members who have an interest, and those who specialize in the treatment of performing artists, the Performing Arts Special Interest Group (PASIG) is in route to being official. In the past, performing arts rehabilitation was introduced to the physical therapy community through informal roundtable forums and educational programming at the APTA conferences. The primary purpose of organizing the PASIG is to provide a structured forum where individuals having a common interest in performing arts rehabilitation may meet, confer and promote patient care through education, clinical practice and research.

Because this field is so new, information in this area is very limited. Both academic and clinical research is supported and encouraged to question the limits of this field. Reliability and validity of clinical tools and rehabilitation programs need to be assessed. Qualitative descriptions of techniques and case studies also provide insight. The PASIG plans to bring to the physical therapy profession current practice and research trends as they are happening in this new field.

The PASIG is acknowledging the development of a new medical specialty that has only come about in the last ten years. The PASIG will help to identify the unique role of physical therapists in performing arts rehabilitation as well as provide a forum for interaction with the other varied health care professionals who treat performing artists. The PASIG also hopes to serve as a bridge between APTA sections and other professional organizations such as the International Arts Medicine Association (IAMA) and the International Association of Dance Medicine and Science (IADMS).

A business meeting took place at this year's Combined Sections Meeting in Reno. Our purpose and goals

were established, bylaws submitted to the Orthopaedic Section for approval of the SIG and temporary officers were chosen until our first formal election next year, if we are accepted as an official SIG. Sean P. Gallagher will serve as Chair, Brent Anderson-Vice Chair, and Mindy Bohner-Secretary.

A Planning and Education Committee was also organized. We currently have a call out for presentations, ideas and proposals for programming at Combined Sections in 1996. Please submit the above information to Brent D. Anderson by phone 916/558-4949, FAX 916/558-4959, or mail attn: Brent D. Anderson, 2212 K Street, Suite 100, Sacramento, CA 95816. Platform presentations can be submitted to the Orthopaedic Section as outlined in this issue of OP.

Please inform the platform committee that it is Performing Arts related. This will help in platform grouping. Please note the urgency to submit the above information. DEADLINE IS MAY 30, 1995 for PASIG programming. This allows the committee ample time to peruse, vote and submit to the Orthopaedic Section for 1996 programming.

Other temporary committees were organized until we receive approval from the Orthopaedic Section Board. These committees are as follows:

The Bylaws Committee: Sean Gallagher, Brent Anderson and Mimi Zlatkowski.

The Practice Committee: Bob Smetanka, Nancy Byl.

The Nominating Committee is headed by Jennifer Gamboa.

Call for Presentations, Ideas and Proposals

Please submit presentations, ideas and proposals for programming for the Combined Sections Meeting, 1996 to:

Brent D. Anderson
2212 K Street, Suite 100
Sacramento, CA 95816
916/558-4949
916/558-4959 (FAX)

Deadline for submission of materials is May 30, 1995.

THE ORTHOPAEDIC SECTION, APTA, INC.

presents

"1995 REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES" COURSE

Albuquerque Hilton Hotel
Albuquerque, New Mexico
July 16 - 22, 1995

MEETING A: July 16 - 18, 1995

The Cervical Spine
The Shoulder & Elbow
The Wrist & Hand

MEETING B: July 19 - 22, 1995

The Knee
The Foot
Low Back/SI Joint/Hip

TUITION: Before June 10, 1995

After June 10, 1995

Meeting A:	\$300 Orthopaedic Section Members	\$350
	\$350 APTA Members	\$400
	\$450 Non-APTA Members	\$500
Meeting B:	\$350 Orthopaedic Section Members	\$400
	\$400 APTA Members	\$450
	\$500 Non-APTA Members	\$550
Meetings A & B:	\$550 Orthopaedic Section Members	\$600
	\$650 APTA Members	\$700
	\$800 Non-APTA Members	\$850

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.) Cancellation received in writing prior to the course date will be refunded in full minus a 20% administration fee. Absolutely no refunds will be given after the start of the course.

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

For More Information, 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 * JULY 16-22, 1995

Name: _____ Day-Time Phone No. () _____

Address: _____ City: _____

State: _____ Zip: _____ APTA ID #: _____

Check: Please register me for the following course(s): July 16-22, 1995: 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 your member rate fee). ___

Make checks payable to the Orthopaedic Section

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COMPETENCIES**

ALBUQUERQUE, NEW MEXICO
Albuquerque Hilton
July 16-22, 1995

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 inside back cover for further details.