

# ORTHOPAEDIC

# PHYSICAL THERAPY PRACTICE

THE NEWSLETTER OF  
THE ORTHOPAEDIC SECTION  
AMERICAN PHYSICAL THERAPY ASSOCIATION



VOL. 9, No. 1

WINTER 1997

# NEW FROM F.A. DAVIS!

## **Amputations and Prosthetics: A Case Study Approach**

- Extensive coverage of the client with vascular disease and a chapter devoted to diabetic foot problems
- Laboratory exercises that use the same case studies to focus the learning activities
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- An overview of prosthetic selection, fitting, and training with emphasis on motor control

**Bella J. May, EdD, PT, FAPTA**

Medical College of Georgia, Augusta, Georgia

ISBN 0043-7. 246 pp. 139 ill. Soft cover. August 1996. \$29.95.

*Also available: Instructor's Guide with additional discussion questions, suggested activities, and resource lists (ISBN 0084-4).*

## **Foot and Ankle Pain, Ed. 3**

- New chapters on the diabetic foot and reflex sympathetic dystrophy of the lower extremity
- Suggested diagnoses and therapeutic intervention for foot and ankle pain
- Updated neurophysiologic aspects of the foot and ankle including recent concepts and mechanisms of hallux valgus
- Extensive illustration of techniques and procedures

**Rene Cailliet, MD**

University of Southern California School of Medicine  
Los Angeles, California

ISBN 0216-2. 368 pp. 284 ill. Soft cover. Ready December 1996.  
\$22.95.

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- Discussion of the major types of records (SOMR, POMR) and notes (SOAP, PSG, etc.). Information on narrative, computerized, and predesigned notes.
- Discussion of reimbursement and legal issues
- Emphasis on note writing *in terms of functional outcomes*
- Comprehensive documentation coverage, including incident reports and phone conversations

**Marianne Lukan, MA, PT**

Lake Superior College, Duluth, Minnesota

ISBN 0187-5. 224 pp. Illustrated. Soft cover. September 1996.  
\$19.95.

## **Fundamentals of Orthopedic Radiology (CPR series)**

- More than 600 illustrations, including a complete normal series of radiographic images for each extremity joint and the spine
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All advertisements which appear in or accompany *Orthopaedic Physical Therapy Practice* are accepted on the basis of conformation to ethical physical therapy standards, but acceptance does not imply endorsement by the Orthopaedic Section.

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# Editor's Note

## OUTCOMES AND SUCH

*"I know it was wonderful, but I don't know how I did it."*  
attributed to Laurence Olivier after a brilliant performance of Othello

Unfortunately, this quote describes many of the current problems in our profession as we struggle to produce outcomes measures that justify what we do, and how we do it. While I'm sure that Sir Laurence never imagined that a physical therapist would be using his words as a professional rallying cry, we'd all be wise to take heed and learn from them.

I was speaking on the phone with Paul Beattie, PhD, PT when he recommended that I review an article entitled "The Importance of Placebo Effects in Pain Treatment and Research" (JAMA, Vol 271, No 20, May 25, 1994). It was while we were discussing that article that I glanced up and saw the quote from Olivier on my calendar. Some days the universe seems to be perfectly in balance! The authors concluded that "the true causes of improvement in pain after treatment remain unknown in the absence of independently evaluated randomized controls." I leave it to each of you to review this article and draw your own conclusions. I have realized over the years that sometimes the patients that arrive with the most straightforward presentation of symptoms can be the most difficult and occasionally the patients that I evaluate, and then leave the room thinking that I might as well rub mayonnaise on them do very well despite my confusion as to where their problem originates. We may not know why what we do is effective, and we may not know what it is that we do which helps patients. But we can show that our intervention is effective with regard to functional improvement. We can demonstrate that our treatment is cost efficient, and we can compare our treatment regimens to other providers. But we can only accomplish this with good solid outcomes data. Any clinic not collecting data—especially data that can be

pooled into a national aggregate data set—should give it serious consideration.

☆☆☆

With regard to more of the quarterly matters at hand—I hope that you take notice of, and enjoy the new design of *OP*. With each edition we strive to bring you information about the work that the Section is doing on your behalf. Readers have requested more articles of a clinical nature, and we'd love to print them. Unfortunately, we constantly struggle to increase the number of submissions. This is a forum for clinical practice tips, explanations of new techniques, reviews of literature, and case studies. We are anxious to hear from you, whether you be a seasoned clinician or a student who feels that a recent project would be appropriate for our readers. We **do not** accept research design articles. We **do** accept unsolicited submissions. Please feel free to call me at any time to discuss any ideas that you may have for an article, or regarding any suggestions you might have for *OP*.



Jonathan Cooperman,  
MS, PT, JD

THE ORTHOPAEDIC SECTION, APTA, INC.  
and the  
Orthopaedic Section Foot & Ankle Special Interest Group  
present:

# 1997 Combined Section Pre-Conference Course FOOT ORTHOSES: THE SCIENTIFIC BASIS AND CLINICAL CONCEPTS

Wednesday, February 12, 1997 - Dallas, Texas

COURSE OBJECTIVE: The participant will learn the scientific basis for the use of foot orthoses and current clinical concepts in the design and prescription of foot orthoses.

INSTRUCTIONAL LEVEL: Various

SUBJECT CODE: (12)

## MORNING SESSION: The Scientific Basis for the Use of Foot Orthoses

- 8:00-8:15 Introduction  
8:15-9:15 The Basis for the Use of Foot Orthoses: Functional Foot Mechanics  
Thomas McPoil, PhD, PT, ATC  
9:15-10:15 The Premise for Abnormal Foot Function: *The Typical Pattern of Foot Movement During Walking*  
Mark Cornwall, PhD, PT, CPed  
10:15-10:30 BREAK  
10:30-11:30 The Essential Elements of Foot Orthoses Design: *Pathomechanics Affecting Foot Movement*  
Robert Donatelli, PhD, PT, OCS  
11:30-12:30 Determining the Optimal Foot Orthoses Prescription: *The Foot and Ankle Examination*  
Michael Wooden, MS, PT, OCS  
12:30-1:30 LUNCH (on your own)

## AFTERNOON SESSION: The Design and Prescription of Foot Orthoses: Three Clinicians Viewpoints

- 1:30-2:30 First Clinician - Robert Donatelli, PhD, PT, OCS  
2:30-3:30 Second Clinician - Michael Wooden, MS, PT, OCS  
3:30-3:45 BREAK  
3:45-4:45 Third Clinician - Thomas McPoil, PhD, PT, ATC  
4:45-5:45 Panel Discussion with Questions from the Audience  
5:45-6:00 Summary and Adjourn

TUITION:  
Orthopaedic Section Members: \$125.00  
APTA Members: \$175.00  
Non-APTA Members: \$200.00

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.

To register, complete the form below, detach and mail to: Orthopaedic Section, APTA, Inc., 2920 East Avenue South, La Crosse, WI 54601, 800-444-3982, or FAX registration and VISA or MasterCard number to: 608-788-3965.

### FOOT ORTHOSES: THE SCIENTIFIC BASIS AND CLINICAL CONCEPTS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ APTA I.D. No.: \_\_\_\_\_

Enclosed is my registration fee in the amount of \$ \_\_\_\_\_

Make checks payable to the Orthopaedic Section, APTA, Inc.

Orthopaedic Section Member      Visa/MC (circle one) # \_\_\_\_\_

APTA Member     Non-APTA Member      Expiration Date \_\_\_\_\_

Check here if you have special needs that are regulated by the Americans with Disabilities Act.      Signature \_\_\_\_\_

# President's Report

## Who's Driving This Car?

No matter how I review 1996, at regular speed, slow motion, super slow motion, or reverse angle, I come to the same conclusion—it has been a productive year for the Orthopaedic Section. Utilizing the major themes of the Section's mission, a sample of the accomplishments follow:

- 1) Dissemination of, and allowing for, information exchange: We now have a home page on the world wide web.
- 2) Research: Development of the clinical research grant program.
- 3) Practice: Compilation of chiropractic legislative information.
- 4) Education: Continued development of the home study courses.
- 5) Promotion of Orthopaedic Physical Therapy: Development of the media spokesperson network.

Reviewing the committee reports published in *OP* this past year will reveal a number of other accomplishments as well.

Who gets the credit for these accomplishments: we all do. Only through a coordinated effort between Section membership, committees, and office staff can we have any meaningful success. Of the above three groups which is the key component of the Section? Clearly, the individual Section member. Most of the Section's 1996 activities were initiated by comments, motions, and ideas generated by individual members at our business meetings, via E-mail, or phone calls. The elected officers, committee members, and office staff are primarily the vehicle through which membership's needs can be met and directives carried out. You are the driver of this car and have a responsibility to participate in our travels. Waiting for someone else to initiate action or assuming someone else will, will hurt our cause tremendously.

The challenges awaiting us in 1997 will be more formidable than those faced in 1996. Much of what we accomplished in 1996 simply laid out a foundation for future action. We also have a great deal of unfinished business, eg, clinical residency accreditation. Increased membership involvement is vital for any success we have this year. If you can't join us in Dallas for CSM, use E-mail, telephone, or fax to communicate with us.

## Sponsor-A-Student Program

In response to an individual member's initiative, the PR committee has recently developed a Sponsor-A-Student Program (See p. 20). The goals were to increase Section student membership and educate students regarding current professional issues and the role of the Orthopaedic Section. Unfortunately, Section membership response has been minimal to put it mildly. As of November 1, 1996 over 140 students have expressed a desire or need to be sponsored and only eleven Section members have expressed willingness to be a sponsor. We hope this campaign will spark increased student involvement and participation in Section business. This group is vital to the future success of the Section. Please sign up now to be a sponsor!

## OP: New Look

As you have noticed this issue of *OP* kicks off 1997 with a new look and changes to make the publication more reader friendly. I would like to congratulate and thank Jonathan Cooperman and Sharon Klinski for their efforts associated with *OP*. A major component of the Orthopaedic Section's mission is to disseminate information amongst our membership. *OP* is the vital link that connects us all.

## Building/Conference Room Dedication

I would like to give a heartfelt thank you to Debbie Gould, John and Carolyn Wadsworth, John and Sharon Medeiros, Stanley Paris, and George Davies for joining us in La Crosse to dedicate our building and officially name our conference room after James A. Gould III. Please see page 18 for additional information regarding this event. These dedications and the subsequent socializing capped a weekend marked by an extremely productive Fall Board of Directors' meeting.



William Boissonnault, MS, PT  
President

Orthopaedic Section,  
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THE AFFILIATE ASSEMBLY, APTA  
and  
THE ORTHOPAEDIC SECTION, APTA  
HOME STUDY COURSE 97

# Clinical Approach to Management of Arthritis

Course Length: 3 Sessions May - July 1997

## PROPOSED AUTHORS & TOPICS:

Pathogenesis, Diagnosis, Medical & Surgical Treatment of Arthritis - Dr. Andrew Baldassare  
Anatomy & Joint Deformities - Donald Newman, PhD, PT  
Physical Therapy Treatment of Arthritis - Dave Rubsam, PT

## EDUCATIONAL CREDIT

18 contact hours. A certificate of completion will be awarded to participants after successfully completing the final exam. Only the registrant named will obtain the CEUs. No exceptions will be made. ATC Approved - APTA Approved Provider.

## REGISTRATION FEES

	By April 7, 1997	After April 7, 1997
Affiliate Assembly or Orthopaedic Section Member	\$ 75.00	\$125.00
PTA APTA Members	\$100.00	\$150.00
PT APTA Members	\$125.00	\$175.00
Non-APTA Members	\$175.00	\$225.00

\*If notification of cancellation is received in writing prior to the course, the registration fee will be refunded, less a 20% administrative fee. Absolutely no refund will be given after the start of the course. The Orthopaedic Section offers discounts on registration fees for institutions with multiple registrants.

## EDITOR

Carolyn Wadsworth, MS, PT, CHT, OCS

## ADDITIONAL QUESTIONS

Orthopaedic Section, APTA 1-800-444-3982

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Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ APTA # \_\_\_\_\_

For clarity, please enclose a business card.

Mail registration and check made payable to: **Orthopaedic Section, APTA,**  
2920 East Avenue South, La Crosse, WI 54601.

FAX registration & Visa or MasterCard number to 608-788-3965

Visa / MC (circle one) # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

Please check:

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- PT APTA Member
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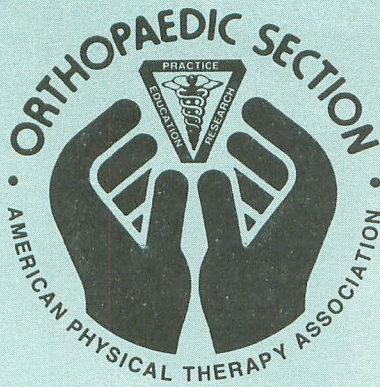
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I wish to become an Affiliate member (\$25) . . . and take advantage of member rate.



# From the Section Office

Terri A. Lunder, Executive Director



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- Brochures

### OFFICE HOURS

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E-mail: [orthostaff@centuryinter.net](mailto:orthostaff@centuryinter.net)

Please leave a voice mail message if you cannot call during these hours. We will gladly return the call!

This issue of *OP* contains the Board of Director meeting minutes from the June Scientific Meeting and Exhibition held in Minneapolis and the Business Meeting minutes from that June meeting. The recommendations from the June Finance Committee Meeting were passed at the October Fall Board Meeting and are incorporated into those minutes. The deadline for getting this information in the last issue of *OP* was prior to these meetings taking place and that is why they appear in this issue. Also in this issue are the minutes from the October Board of Directors' Meeting held in La Crosse, Wisconsin at the Section office. These minutes reflect recommendations made by the Finance Committee at their meeting in August.

The Section held a national grand opening for their new building immediately following the October Board of Directors' Meeting. Pictures of the event and the building appear on page 18. The highlight of the grand opening was the special dedication of the conference room in memory of Jim Gould. This was a very special and memorable event. I would like to thank all of those who attended in helping to make this event one that will be remembered for a long time to come.

Mari Bosworth, the Section's Public

Relations Chair, and I attended the APTA Student Conclave Meeting in Birmingham, Alabama last October. There were over 600 students registered; the best turnout yet at this meeting. The Section booth was set up in the exhibit hall, and the majority of students present stopped by to pick up information and inquire about membership. This was excellent exposure for the Section as well as good PR. We look forward to exhibiting at this meeting on a regular basis. The Section was also a partial sponsor for the Saturday evening talent show which proved to be a big success.

The final program for CSM is published in this issue of *OP*. As you will see it is a very full program with back to back sessions every day. This year we have another recipient of the Paris Distinguished Service Award. We will be honoring Rick Ritter as the fourth person to receive this award immediately following the Paris Award Lecture, Saturday, February 15 from 6:00-7:00 p.m. Following the Paris Award Lecture the Section will once again celebrate the winner of the Rose Research Award at the Black Tie and Roses Reception from 7:00-10:00 p.m. I hope you will all be able to attend both of these special events to honor these award recipients.

## FYI

The Orthopaedic Section will not offer refunds on purchased promotional items once the items have been mailed out of the Section office. If the items arrive damaged or are defective, notify the Section office immediately so arrangements can be made for an exchange.

## Section Members in the News



### *CAPT William A. Fromherz Posthumously Receives Public Health Service Distinguished Service Medal*

*The dedication, in part read, "For almost 30 years, CAPT Fromherz has epitomized what the PHS has stood for—outstanding accomplishments towards the achievement of the PHS missions, professional excellence, and a willingness to serve wherever and however needed." Bill was a past officer of the Orthopaedic Section.*



### *APTA Makes News in Support of the Surgeon Generals' Findings:*

*Florida physical therapist Rick Watson, PT, was interviewed by the nation's largest syndicated radio program, "Here's to Your Health," which is picked up by nearly 150 different radio stations across the country.*

*Rick is a current member of the Orthopaedic Section.*



*Carol Jo Tichenor received the Minnell Award at the Annual AAOMPT meeting in Biloxi, Mississippi.*

*Carol Jo is a current member of the Orthopaedic Section and past member of the Nominating Committee.*

If you know of a Section Member in the News, please contact Sharon Klinski at the Section office.

She can be reached at 800/444-3982, FAX 608/788-3965 or E-mail: orthostaff@centuryinter.net.

## *Now Available!*

## The Orthopaedic Section **RESOURCE MANUAL**

Designed for developing and implementing special interest groups and orthopaedic study groups.

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The new **KS 5 (US Pat. #5,433,699)** is designed to inhibit tibial translation. As tested, the KS 5 demonstrated significant limitations of tibial translation through 20, 30 and 40 pounds of force (testing performed by an independent research laboratory). **The KS 5 was also found to significantly enhance proprioception through both flexion and extension.** At the same time it was found that the KS 5 does not inhibit functional capabilities relative to strength, balance and function. **Weighing less than 11 ounces complete,** the majority of test subjects felt their test performance was enhanced while wearing the KS 5. **Designed to fit as an "off the shelf" unit the KS 5 will fit either right or left leg.** It is easily sized by simply measuring the mid-knee circumference. The KS 5 comes standard with a neoprene sleeve suspension. A knit elastic sleeve suspension system is available as an option. **At less than 11 ounces the KS 5 is perfect for grade 2 and 3 sprains, post injury use, hyperextension protection, all day wear or for the recreational athlete.**

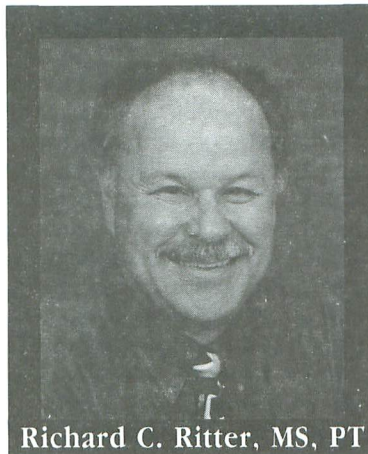
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# Paris Distinguished Service Award '97



Richard C. Ritter, MS, PT

The Orthopaedic Section, APTA proudly recognizes the fourth recipient of the Paris Distinguished Service Award, Richard C. Ritter, MA, PT.

Rick was born on May 3, 1944 in Waukesha, Wisconsin. He grew up in Montana and began Premed studies at Montana State University. After a chance discovery of physical therapy, he transferred to Marquette University, Milwaukee, WI and received his BS in PT in January 1967. In 1981 he received his MA from Pepperdine University in Human Resources Management. He was commissioned in the Army as a physical therapist in the Fall of 1967 for what was expected to be a "brief" 2-year commitment, and he was off to assignment in Japan. There he met Linda who was stationed at the hospital as an Army nurse, and they were married in 1968. Twenty years later he retired from the Army and has been in private practice ever since. During his career as an Army Physical Therapist, Rick was recognized as a leader in clinical practice. Rick and Doug Kersey (in whose memory the course is named) designed and taught the first course for those physical therapists who were being credentialed as primary providers of musculoskeletal care. Throughout his career Rick was known as an innovative clinician, adamant about the need for continued professional growth, clinical education, and activism through the APTA. He considers his last assignment 1981-1987 as Chief, Physical Therapy at the United States Military Academy, West Point, NY as the high point of his

career.

As he traveled in the Army, Rick remained active in local, state, and national APTA activities. He served as Delegate to the APTA HOD from Alaska, Oklahoma, and California; was elected Secretary Golden Gate District, California Chapter APTA; elected as Representative to CCAPTA Assembly of Representatives; elected to the Nominating Committee, Orthopaedic Section, APTA 1983; and served as chair of that committee in 1986 accomplishing the transition to the ballot by mail election process. He started the Section's Mentor Program which is in effect today.

Since the 1970s Rick has been interested in the concept of specialization in physical therapy. He viewed recognition of those who practiced in a specialized area as a logical step in the professional growth process. His focus over the years has not changed, and he is more adamant than ever that the specialization process provides the clinical practitioner the avenue for appropriate recognition that parallels recognition for those in academia, research, or administration. In 1988 when asked to accept an appointment to the Orthopaedic Specialty Council, it was with both trepidation and excitement that he agreed. There had been a significant amount of time, effort, and money spent on the effort to construct a specialty examination, but, for a variety of reasons, still there was no final product. Challenged to complete the task in three months or be required by the American Board of Physical Therapy Specialties to begin

the process from scratch, Joe McCulloch, Susan Stralka, and Rick were able to meet the required deadlines that resulted in the construction and administration of the first Orthopaedic Specialty examination in 1989. Recognizing the examination had to be viewed as a work in progress, Rick agreed to a second term on the OSC. After extensive research it became evident that a "practical" examination would not be feasible, and the idea of evaluating clinical skill over time, or the residency model, made much more sense. He is still a proponent of that approach, and would like to eventually see a residency requirement as part of the application process. Additionally the OSC began refining and streamlining the application process, set in motion the revalidation project, completed and published the Description of Advanced Clinical Practice, proposed a new model for item writing, and began work on the process for recertification of OCS individuals. Since completing his OSC term in 1994, he has continued to be outspoken on the need for and benefits of specialization recognition by the APTA.

One of the original group of physical therapists in the Army who were credentialed as primary providers of musculoskeletal care, Rick sought continued professional growth through numerous short courses and seminars. Areas of specific interest that emerged include knee and shoulder rehabilitation, clinical education, and functional exercise as it relates to specific work and sport applications. He has present-

*(Continued on next page)*

# Letter to the Editor

(Continued from page 9)

ed to numerous groups of physical therapists, physicians, personal trainers, and community groups on subjects ranging from injury prevention and management, evaluation of musculo-skeletal injuries, differential diagnosis, and psychological implications of the rehabilitation process. Publications include work on TMJ position effect on strength, off season conditioning programs, and fitness preparation for new cadets entering the United States Military Academy. He was also co-editor of the Description of Advanced Clinical Practice. His current research interests include patient satisfaction in the managed care environment, patient injury classification, and outcomes management.

He has been a member of the APTA since his student days at Marquette, and currently belongs to the Orthopaedics and Sports Physical Therapy Sections. Rick is an associate member of the American Academy of Orthopaedic Manual Physical Therapists. For the past five years he has been an Assistant Clinical Professor at the UCSF/SFSU graduate program in physical therapy and teaches in the orthopaedic series. He is a member of the Standards of Practice Committee for Bay Area Managed Care, a physical therapist owned company with multiple sites providing physical therapy care. Additionally he is currently serving on the CCAPTA Government Affairs Committee and as a Delegate to the APTA HOD.

Outside the clinic Rick enjoys the benefits of living in California not the least of which are the great wine and food. He enjoys playing golf, skiing, hiking, cooking, digging around in the back yard, and singing in choral groups. Rick and Linda both enjoy traveling in California and around the country. They are most proud of their two sons. Chip is a graduate student at Michigan State University, and Chris is a certified athletic trainer and currently assistant trainer at UC Santa Barbara.

In summary, Rick has been a major ingredient in the mix of individuals who brought the idea of orthopaedic specialization to reality. His service to the Orthopaedic Section, his willingness to commit to a project, and his dedication to clinical excellence and professionalism are qualities that make him an excellent mentor and role model. It is with great pleasure that we honor Richard C. Ritter with the 1997 Paris Distinguished Service Award.

## Remembrances of Bill Fromherz

When I first met Bill Fromherz in 1982, he was enthusiastically working on a plan for a research/clinical affiliation for students at the National Institutes of Health, Department of Rehabilitation Medicine. He had recently recovered from serious health problems but displayed indefatigable energy and infectious high spirits.

For several years we maintained this combination affiliation, with Bill riding herd on the students. Several published papers resulted from this program and many of these students have gone on to successful and involved careers in physical therapy.

I can still hear the sound of Bill's characteristic gait pattern "galumphing" down the corridor. He almost always started conversations with a joke, or more typically, a good-natured jab at your "inadequacies." His ideas and theories always led to additional investigations, but few conversations with him ended without a smile or laughter.

Bill's professional contributions extended throughout the Public Health Service to which he contributed administrative and political support in

addition to his wealth of technical knowledge. He also spent several years of his vigorous career at the Federal Drug Administration. Another of his physical therapy "loves" was the Orthopaedic Section of the APTA. I own several cups with the Ortho logo on them because Bill kindly offered to sell them to me and threatened to hit me with them if I refused.

This was a man who did a lot for patients with bad backs, gait deviations, repetitive motion injuries, etc. Beyond this, he was phenomenally skilled at training people at all levels of ability. But most importantly, Bill Fromherz was a gentleman who was a distinct pleasure to be around. His very presence conveyed a sense of warmth and delight. I and everyone who knew him will miss him. The PT profession has lost a major contributor.

*Jerome Danoff, PhD, PT*

*Ed Note: See Section Members in the News on page 8.*

## HOME STUDY COURSES AVAILABLE



- 94-2 Lumbar Spine
- 95-1 Foot & Ankle
- 95-2 The Wrist & Hand
- 96-1 The Cervical Spine
- 96-2 Topics in Orthopaedic Assessment
- 97-1 Hip & SI Joint

### Upcoming Courses Include:

- 97-2 The Elbow, Forearm & Wrist

### We are also co-sponsoring with the Affiliate Assembly:

- 97 Clinical Approach to Management of Arthritis

# A Winner has been Chosen for the 1997 Student Guest Program

The winner of the fourth annual Student Guest Program was drawn from a pool of 39 students whose names were submitted by their schools. The winner, **Bonnie Symes**, is a physical therapy student at State University of NY at Buffalo, Buffalo, NY.

Please join the Orthopaedic Section in welcoming Bonnie Symes to the 1997 Combined Sections Meeting in Dallas.

The Student Guest Program presents an excellent opportunity to foster the interest of a promising physical therapy student in the field of orthopaedics.

This program, sponsored by the Orthopaedic Section, is open to all accredited entry-level physical therapy schools in the United States and Puerto Rico. Each eligible school is invited to submit the name of one student for inclusion in a random drawing that will be held at the Section office. The winner of the drawing will receive funding from the Orthopaedic Section to attend the CSM.

Eligible students are those members of the senior class who demonstrate an interest in orthopaedic physical therapy, who exhibit professionalism, and who are able to attend the entire conference. The winner of the drawing is expected to attend the Orthopaedic Section Business Meeting and Issues Forum during CSM, assist with audiovisuals at an orthopaedic research session during CSM, and make an oral presentation to his/her class upon returning from CSM.

The following is an alphabetical list of the students whose names were submitted for this year's drawing; we congratulate each of them on their nomination:

Craig Anderson, California State University, Fresno, CA  
Sonja Anderson, Medical College of VA, Richmond, VA  
Lila Bartkowski-Abbate, Touro College, Dix Hills, NY  
Stacey Bean, Southwest Texas State University, San Marcos, TX

Courteney Bealko, University of Vermont, Burlington, VT  
Cynthia Beltran, Richard Stockton College of New Jersey, Absecon, NJ

Dawn Beneway, Hunter College, New York, NY  
John Bob, University of Southern California, Los Angeles, CA

Paul Breyen, The College of St. Scholastica, Duluth, MN  
Kimberly Brock, Medical College of Georgia, Carrollton, GA

Anne Casey, Columbia University, New York, NY  
Susanna Cole, University of Iowa, Iowa City, IA  
Javier Rosa Cruz, University of Puerto Rico—Medical Sciences Campus, San Juan, PR

Mike Dixey, University of Wisconsin, La Crosse, WI  
Melissa Dwyer, Northwestern University, Chicago, IL  
Corrie Eastwood, Slippery Rock University Graduate School of Physical Therapy, Slippery Rock, PA

Deidre Garren, University of Tennessee, Memphis, TN  
Jason Harloff, D'Youville College, Buffalo, NY  
Lynne Herron, University of Central Arkansas, Conway, AR

Amy Hrynik, Oakland University, Rochester Hills, MI  
Heather Hunt, Tennessee State University, Nashville, TN  
Page Karsteter, U.S. Army—Baylor University Graduate Program in PT, Houston, TX

Donald Kelly, Quinnipiac College, Hamden, CT  
Melanie Kentris, Ohio State University, Columbus, OH  
Mark Klingsberg, Mount St. Mary's College, Los Angeles, CA

Brian Krebs, SUNY Stony Brook, Port Jefferson, NY  
Kemp Laidley, Texas Technical University Health Science Center, Lubbock, TX

Kenny McCollough, University of Mississippi Medical Center, Jackson, MS

Ondrell Moore, Louisiana State University Medical Center, Shreveport, LA

Kristen Pika, University of Delaware, Newark, DE  
Joanne Rakich, Chapman University, Orange, CA  
Kimberly Recker, Medical College of Ohio, Toledo, OH  
Shelley Suzanne Rutter, University of Indianapolis, Indianapolis, IN

Scott Sall, University of Alabama at Birmingham, Birmingham, AL

Alan Stein, New York University, New York, NY  
Karin Taylor, Philadelphia College of Pharmacy & Science, Philadelphia, PA

Jenny Vetter, Eastern Washington University, Cheney, WA  
Kim Waldron, Finch University/Chicago Medical School, Waukegan, IL

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# Investment Opportunities Abound Internationally

By Fred Fletcher

Go west, young man, go west.

Over 100 years ago, this was the sage advice offered to those seeking to earn their fortunes. Today, a modified version of that statement might just as appropriately be offered to the same audience: go west . . . and east . . . and north . . . and south.

In the ongoing search for investing opportunities, international markets are holding increasing appeal and are attracting a steadily increasing amount of investment capital. It's not that the domestic market has lost any luster. One would be hard pressed to top the returns provided by the Dow's continuing bull market that has produced a string of new highs over the last 48 months and is up more than 14 percent in 1996 alone.\*

It's simply a matter of reason that with the outbreak of capitalism in so many countries around the globe, the resulting opportunities for investors have increased proportionately.

It should be noted early in this commentary that there are risks associated with investing in markets outside the U.S. that don't exist here. Two of the most compelling are currency risk: that the value of your investment as measured in local currency will decline if the value of that currency declines against the dollar. And political risk: that a government implementing a free-market economy for the first time could be less stable than one with over 200 years of practice.

Having said that, we nevertheless believe that international exposure is a worthwhile component of a diversified investment portfolio.

There are many reasons for this viewpoint and they fall into two basic categories: logical conclusions about events taking place in the global economy today and statistical information that points to the present as an excellent time to take advantage of opportunities presenting themselves worldwide.

## In the former category are these conclusions:

- At no time in our history has busi-

ness been easier to conduct on a global basis. New technologies are shaping and changing the way individuals and corporations conduct business almost every day. Communication is easier, travel is more convenient and exposure to varying cultures is more prevalent than ever before. Our world has truly become a global village.

- The embracing of capitalism and free markets has never been so widespread. Although many transitions have, no doubt, been painful, the ones which take root should, no doubt, be fruitful.
- More American businesses than ever are focusing on expansion through international markets. As U.S. markets for goods and services continue to mature, corporations that have for years generated most of all of their revenue in the U.S. will look abroad for the right opportunities.

## And in the latter category are these points:

- Low (from historical levels) worldwide inflation and low interest rates.
- An improving world economic climate—mainly attributable to the outbreak of free markets in so many locations.
- Economies abroad—especially in emerging markets—that have an abundance of raw materials but are lacking in capital. Finding the right opportunities in these locales can be a promising place to start for patient investors.

If so many opportunities exist, what is the most effective way to find them and how does an investor reduce the risks associated with investing abroad? Following a few simple guidelines will help.

They include beginning with a game plan that examines the right mix of international exposure to one's overall portfolio. One of the benefits of investing in markets outside the U.S. are their long-term lack of correlation to U.S. markets. This simply means that, over time, the performance of the Dow Jones Industrial Average has differed

from that of market averages in the Pacific Rim, Latin America or Northern Europe. This time of diversification is an extremely important component of your overall investment plan.

The next is to remember that opportunities abroad are more varied than those in the U.S.—not only from one market to the next but from individual companies in the same market. This simply boils down to exercising extreme caution when making investment decisions.

Finally, remember not to overexpose yourself to markets outside the U.S. The risks we discussed at the outset are real and even the most aggressive portfolios should contain at least an equal mix of domestic to international exposure.

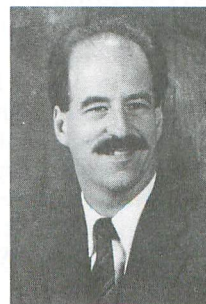
Our expertise lies in measuring our clients' investment goals against their willingness to assume risk in achieving those goals. We continue to believe in investment opportunities outside the U.S. and can help those who want to take advantage of them to find just the right mix. That may well include going west, east, north and south.

\*Indexes such as the Dow Jones Industrial Average are unmanaged and cannot be directly invested into.

All performance is historical and is no guarantee of future performance.

This article is for general information only and is not intended to provide specific advice or recommendations for any individual. Consult your financial advisor, attorney, accountant, or tax advisor with regard to your individual situation.

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Fred Fletcher is an Investment Executive who provides investment advice to the Orthopaedic Section, APTA. If you would like additional information, please contact Fred through the Orthopaedic Section office.

# The Internet??

## Have you had your E-MAIL today??

By Bob Burles, PT

We see and hear about the Internet daily. It is the rage of the 90s. It is the fastest growing source of new business in the world. The APTA and the Orthopaedic Section are on it. SO. . . what is it and why should you bother?

### History of the Net

The Internet (inter indicates between or in a group, intra in or within) represents a worldwide, loosely woven fabric of computer systems that provide communication and information storage for anyone willing to access them. It was started in the 1950s when the U.S. Department of Defense decided it needed a way for its researchers to talk to each other and transfer information. This system was designed with enough redundancy to survive a nuclear attack. Although it was eventually discarded by the military, the schools that it resided in were infested with computer programmers, hackers, and information "freaks" who decided that the net must survive. The Internet was a free medium of communication that was inhabited by hackers and academics until about 7 years ago.

The Internet has become a source of information for the global academic community. Totalitarian governments are powerless to stop it. It might be considered an oppressive government's greatest nightmare, since there is no way to stop information flowing over the net. For example, Bosnian Serbs and Muslims who wanted peace were actually able to communicate over the Internet without jeopardizing their lives.

The Internet has had significant influence on software history. Microsoft Corporation, the most powerful software company in the world and the home of Bill Gates, the richest man in the world, has completely revamped how it does business because the Internet was thought to be able to eventually make it obsolete. Netscape, an obscure company making network software has become a rich and powerful company because it produced the best internet software. Having made this brief introduction, I will

now try to explain why everyone would want to be on the world wide web.

To effectively communicate it is important to learn the "lingo" associated with the Internet. The WEB is the whole thing. When you cruise the WEB you are looking up items that could come from France, Germany, Sweden, or the U.S., or any other site that has information you desire. Information is kept in HyperText Markup Language format (HTML). This innovative format created by Sun Microsystems has made the WEB as we know it today possible. The most important thing to know about HTML format is that most word processors support it, and so anyone can create WEB documents. Search Engines are those programs that allow us to find subjects. Examples are "Web Crawler," "Lycos," and "Infoseek." When you search for a subject such as physical therapy one of these programs takes text and matches it with links or pointers that indicate where those subjects are and then organizes them by percent probability. So, if you have a WEB Page or Home Page (your very own web site paid for or self made) you must link yourself to any other sites you like. The APTA page allows you to send a message to their "WEB-MASTER" who will check you out and then link you to their site so others can find you through APTA. Commercial WEB designers will charge you to do this but if anyone looks you up, you will get linked to some other site. So why should you use the WEB? You can trade jokes with Jonathan Cooperman at coopermanj@aol.com via E-mail. You can download the latest PT information from several PT pages including APTA, the Orthopaedic Section, or several PT educational programs that have sites. You can search everything from medicine to travel tips to the countries of Europe.

### Surfing Lessons

So how do you get on the WEB? To begin with, you need a computer and a modem. The computer doesn't need

to be state of the art, but it must be able to run the operating system your software requires. The modem should be as fast as you can get it. It is your gateway to the WEB, and its speed will greatly reduce your waiting. Then, you need a "provider," a company that provides us with a phone number to dial to access the internet. The simple way to do this is to subscribe to CompuServe or America Online (AOL). These commercial information carriers provide their own information sources; they give you an E-mail address and allow you to access the internet. They even give you a free website. The other simple way is to use AT & T, MCI, Sprint, or any number of local providers who will give you some software, free access for 4-5 hours per month or \$19.95 for unlimited access. These internet provider sites give you a gateway to the WEB, and you can let your imagination do the rest. All the information on CompuServe or AOL are available over the bare internet provider sites, it's just a little harder to find. For beginners, the services like CompuServe and AOL may be a good choice because they are so user friendly. Later you can always switch to some other provider. Once you get on the WEB, find a friend with E-mail and send some to appreciate how easy it is. Then you can go "surfing." Your imagination is your only limit. You should turn off images while you are searching since images slow things down big time while they load onto your screen. Once you get to the site you are searching for then turn them on so you can get the full effect of the page. Happy surfing!

If you get online you can reach me at burles@NWPTC.COM. (caps do not matter)

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Bob Burles is a past officer of the Section and is currently the director and clinician of the Northwest Physical Therapy Clinic, an outpatient orthopaedic & sports medicine facility in Portland, Oregon.

# Abstracts

Coordinated by Michael Wooden, MS, PT, OCS

**Power CM, Landel R, Perry J: Timing and intensity of vastus muscles activity during functional activities in subjects with and without patellofemoral pain.** *Phys Therapy* 76(9):946-955, 1996.

This research report is a study on a commonly believed cause of patellofemoral pain (PFP). The purpose of the study was to test the hypothesis that subjects with PFP would demonstrate EMG patterns consistent with that proposed for compromised patellar stability, ie, delayed timing or reduced intensity of the vastus medialis obliquus (VMO) activity relative to vastus lateralis (VL). The method used to assess vastus muscle activity of subjects during six various functional activities such as ascending and descending stairs, ascending and descending ramps, free speed, and fast speed walking. A total of 45 female subjects were assessed among which 26 were symptomatic and the other 19 used as a comparison group. The procedure involved included EMG activity with needle insertion into the VMO, vastus medialis longus (VML), VL, and vastus intermedius (VI) for timing and intensity of muscle activity. Synchronized with this compression-closing foot stitches were taped under the foot sole to determine phasing of EMG activities during gait.

The results demonstrated no evident differences in the onset and cessation of EMG activities regardless of the task. The PFP group, however, demonstrated a decrease in mean intensity of all vastus muscles EMG activities compared to the nonsymptomatic group during level walking and ramp ambulation and not specific for the VMO. The question remains if this could be related to an avoidance gait pattern of the quadriceps femoris as a result of the anticipation of pain during the higher demand activities causing more stress on the patellofemoral joint surface.

The conclusion of this study is that the common popular belief that PFP can be caused by timing differences between VMO and VL can be disputed based on the results of this study. The hypothesis can not be confirmed. Con-

sequently, the use of biofeedback for muscle re-education of the VMO must be questioned.

*Fred Smit, PT*

**Doucette SA, Child DD: The effect of open and closed chain exercise and knee joint position on patellar tracking in lateral patellar compression syndrome.** *J Orthop Sports Phys Therapy* 23(2):104-110, 1996.

The purpose of this study was to determine the effect of closed and open chain exercise and knee joint position on patellar tracking in lateral compression syndrome. This was the first study to use computed tomography for studying closed chain position.

Sixteen knees were studied in 14 women and 2 men in which a presence of patellofemoral pain had been present for 6 months. Congruent angle was evaluated with 3 muscle conditions and 5 knee angles. Muscle conditions included: lower extremity relaxed, holding an open chain and closed chain exercise position. The knee angles included full extension, 10°, 20°, 30°, and 40° of flexion.

Results indicate a significant difference at 0°, 10°, and 20° of knee flexion between closed chain and open chain and also between relaxed and open chain conditions. With the knee fully extended the congruent angle of the relaxed and closed chain condition were significantly less than open chain condition. This indicated there is more lateral patella tracking with the open chain condition. At 10° of knee flexion relaxed and closed chain conditions were less than the open chain condition. This was also true at 20° of knee flexion angle. At 30° and 40° angles there was no significant difference.

The results also indicate that closed, open chain, and relaxed conditions have progressively improved patellar congruence at 0° to 40° of knee flexion. The measurements indicate more lateral patellar tilt and glide for open chain versus closed chain and relaxed conditions from 0° to 20° of knee

range of motion.

The authors conclude that in functional ranges of motion, closed chain activities allow for better patellar position-with less joint irritation when strengthening the vastus medialis oblique. The fact that all three muscle conditions showed improved patellar congruency from 0° to 40° indicates that initial strengthening at 40° for flexion will allow a more central positioned patella.

*Jennifer Ryan, MS, PT, OCS*

**Wilk KE, Escamilla RF, Fleisig GS, Barrentine SW, Andrews JR, Boyd ML: A comparison of tibiofemoral joint forces and electromyographic activity during open and closed kinetic chain exercises.** *Am J Sports Med* 24(4):518-527, 1996.

In a comparison of tibiofemoral joint forces and electromyographic activity during open and closed kinetic chain exercises, ten uninjured males, with an average of eleven years of weight lifting experience, performed three therapeutic exercises: the leg press, squat, and knee extension. The study was used to analyze the tibiofemoral joint kinetics and electromyographic activity of the quadriceps, hamstrings, and gastrocnemius during these commonly used exercises. It also made three important comparisons:

- 1) Comparison of closed kinetic chain exercises to open chain exercises.
- 2) Comparison of two closed chain exercises.
- 3) Comparison of concentric and eccentric phases of exercises.

The closed chain activities produced less anterior shear (ACL stress), significantly greater compressive forces and greater co-contraction than the open chain activities. The open chain activities of knee extension resulted in the greatest amount of anterior shear, especially from 38° of knee flexion to 0°. A posterior shear force was present during the full range of motion in each of the closed chained exercises, reaching a maximum from 85° to 105° of



knee flexion and during the open chain exercise from 40° to 101° of knee flexion. However, there was significantly greater posterior shear during the closed chain exercises. Additionally, there were greater compressive forces and anterior shear during the concentric phases of all three exercises.

Unlike other biomechanical studies, this study used a three-dimensional dynamic analysis of knee biomechanics during therapeutic exercise. This becomes relevant in making clinical decisions regarding the choice of open chain versus closed chain activities during rehabilitation for the patient with an injured knee.

*Sandi Smith, PT*

Space limitations do not allow us to print the following lists:

Study Groups  
Clinical Research  
Consultants  
Residency Programs  
Mentor list

If you are interested in obtaining any of the above information, please contact us at 800/444-3982 and we will gladly mail, FAX or E-mail the list to you.

## Education Program Report

We would like to welcome Paul Howard, PhD, PT, and Gary Shankman, PTA, ATC, CSCS to the Education Program Committee. Paul is developing a needs assessment survey for Section members, and Gary is helping plan our educational programs.

## HOME STUDY COURSES

Courses in progress or planned for the future include:

- 97 Clinical Approach to Management of Arthritis (co sponsor with Affiliate Assembly)
- 97-1 The Hip and Sacroiliac Joint
- 97-2 Elbow, Forearm, & Wrist

These courses offer contact hours for continuing education credit, and we also offer an institutional rate. Please contact Sharon Klinski at the Section office if you need more information on the home study courses.

## DALLAS CSM 1997

Our program is complete and will start with a full day preconference course on Wednesday, February 12, 1997 on foot orthoses. It ends on Sunday, February 16, 1997 with two half day courses on pediatric orthopaedics and on a researched based approach to low back pain. In between we cover a wide spectrum of orthopaedic topics. If we don't have something you are interested in attending, let me know. There is a schedule of orthopaedic programming in this issue of *OP*. A schedule of all other section's programming and registration information is available in the November *PT Magazine*.

## APTA APPROVED PROVIDERS

The Orthopaedic Section, APTA, Inc. is now an APTA Approved Provider.

## STUDY GUIDE UPDATE

The OCS study guide has been updated. This guide lists references suggested by orthopaedic certified specialists and includes their suggestions in preparing for the exam. Please call the Section office if you would like a complimentary copy of this document. It is one of your membership benefits.

## ADVANCED REVIEW COURSE

"Current Concepts: A Review of Advanced Orthopaedic Clinical Practice," will be offered in two parts this year. Part I, the Upper Extremity, Cervical Spine, and TMJ is scheduled for San Diego in November 1997. Part II, the Knee, Foot, Ankle, Hip, SI, and Lumbar Spine is scheduled for Baltimore in July 1997. A valuable aspect of this course is the chance to meet and interact with other physical therapists who have taken or plan to take the specialty certification exam. Call Tara Fredrickson at the Section office for more information on this course.

*Lola Rosenbaum, PT, OCS  
Chair, Education Program Committee*

## Public Relations Report

The Sponsor-A-Student program has generated considerable interest in student membership in the Orthopaedic Section. Approximately 150 students have expressed interest in sponsorship. Eleven physical therapists have agreed to sponsor students. Please consider making an investment in the future of physical therapy and sponsor a student.

Efforts continue in the development of the Orthopaedic Section's Media Spokesperson Network. There are still some media centers in need of a spokesperson. Please contact me or the Section Office if you have any recommendations. In addition to securing a spokesperson for all of our media centers, we are working on further development of the Network. APTA's 1997 Component Leadership Seminar will be held April 25-26 in Arlington, VA. I will be providing further details about CLS to all Orthopaedic Section media spokespersons as plans are finalized.

Please contact me with any comments or suggestions you may have regarding any of our public relations programs.

*Mari Bosworth, PT  
Chair, Public Relations Committee*

*(Continued on page 16)*

# Section News Continued

## Orthopaedic Specialty Council

### SUMMARY OF ABPTS AND ORTHOPAEDIC SECTION PARTICIPATION AT THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

The ABPTS booth was manned on October 3, 1996 by Bill O'Grady, MA, PT, OCS and on October 4 and 5, 1996 by Joe Godges, MPT, OCS and Arlette Godges, MS, PT, OCS. The exhibit booth fees were funded by the ABPTS and the Orthopaedic Section. Transportation, lodging, and per diem expenses for Bill and Joe were funded by the ABPTS. Arlette paid for her transportation and per diem out of personal funds.

At the AAFP meeting there were at least four entities which had professional practice and/or marketing efforts promoting physical therapy: 1) several local physical therapists gave presentations, 2) APTA public relations department had an exhibit booth, 3) ABPTS, represented by the Orthopaedic Specialty Council, had an exhibit booth in a separate location, 4) the Orthopaedic Section assisted with funding the ABPTS/OSC booth.

The ABPTS booth had approximately 30 verbal contacts per day. The majority of the comments/discussions

of the physicians who stopped for a moment at the booth can be summed up as follows: 1) "You guys do a great job, thanks," 2) "Oh, you are specializing now, give me some information so I can give it to the therapists I work with so they can get with the times," 3) "My daughter is going to PT school, do you have any information that I can give to her?," 4) "There is sure a wide range of skills of the therapists out there, but I've found a couple who provide good care and write me clear progress notes. I don't know what they do, but they sure know what they are doing. All my orders are for evaluation and treatment."

**Recommendation of the Orthopaedic Specialty Council:** The OSC is strongly behind the principle that for specialization to grow at an accelerated rate, there must be a motivated stimuli created by forces outside of our own professional association's rewards. Specifically, becoming a certified specialist will be of greater importance if referral patterns and reimbursement is based on postprofessional training and specialty certification. The OSC also believes that this is a timely issue in our volatile health

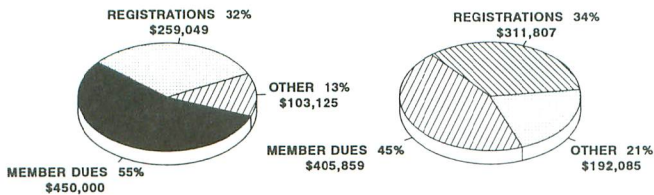
care market—where everyone from aerobics instructors to chiropractors are recognizing themselves as providers of health care services for individuals with movement related to musculoskeletal disorders. We believe that clinical specialists in Orthopaedic Physical Therapy need to establish their niche as the most efficacious practitioner in this arena through: 1) research publications in peer-reviewed journals, 2) postprofessional clinical education standards, 3) recognition of certified specialists, and 4) marketing of our specialized services to health care policy makers and payors. If this direction is considered a reasonable course of action by the Orthopaedic Section Board of Directors/Members and the ABPTS, the OSC suggests that it become part of a clearly stated strategic plan, then consistent, long range strategies could be implemented using the resources available.

*William H. O'Grady, MA, PT, OCS, COMT, FAAPM  
Chair, Orthopaedic Specialty Council  
and Joe Godges, MPT, PT, OCS,  
Member, Orthopaedic Specialty Council*



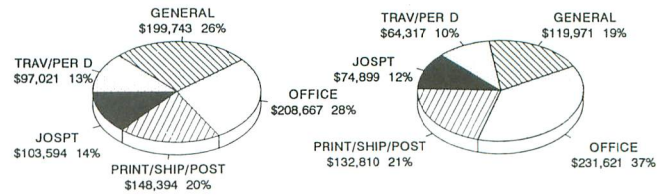
Bill O'Grady manning the booth at ABPTS.

**1996 BUDGET TO ACTUAL  
INCOME: BREAKDOWN - Sept. 30, 1996  
(+12.1% over our expected budget)**



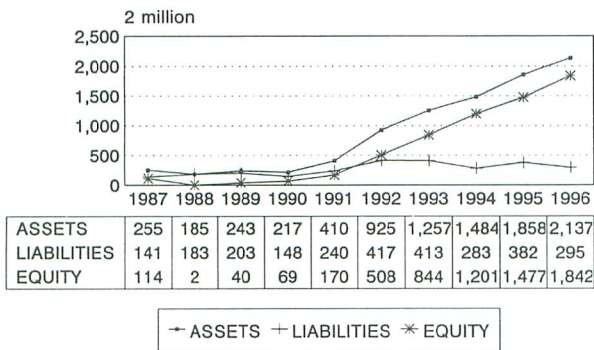
**BUDGETED: \$812,174.85      ACTUAL: \$909,751.92**

**1996 YTD BUDGET TO ACTUAL  
EXPENSE: BREAKDOWN - Sept. 30, 1996  
(-17.7% under our expected budget)**



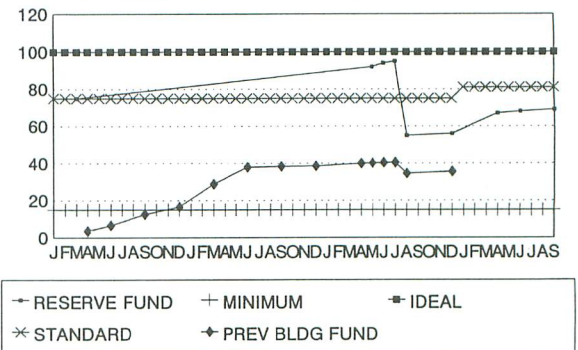
**BUDGETED: \$757,419.66      ACTUAL: \$623,618.08**

**YEAR END FISCAL TRENDS  
1987-1996 (1996 data is as of Sept. 30, 1996)**



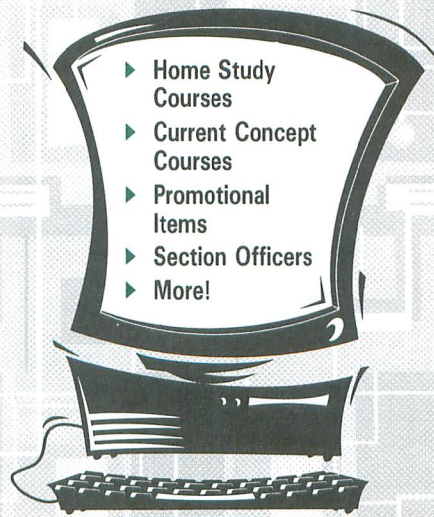
To nearest thousand

**RESERVE FUND  
January 1, 1993 to Sept. 30, 1996**



**Orthopaedic Section  
HOME PAGE ON THE INTERNET  
www.orthopt.org.**

Now you can find us on the World Wide Web. We will continually upgrade the Home Page and hope to add more informational items and news about "current" orthopaedic physical therapy practice. In the future we may also offer Home Study Courses as well as our Section newsletter, *Orthopaedic Physical Therapy Practice*.



So get on the "NET" and find us! We are "linked" to the American Physical Therapy Association's Home Page ([www.apta.org](http://www.apta.org)), as well as to the Foot & Ankle SIG (<http://jan.ucc.nau.edu/~cornwall/fasig/fasig.html>) and the Occupational Health SIG (<http://walden.mo.nu/~minors/ohptsig.html>) Home Pages.

Comments or suggestions can be sent to the Orthopaedic Section  
E-mail: [orthostaff@centuryinter.net](mailto:orthostaff@centuryinter.net) Phone: 800-444-3982 FAX: 608-788-3965

# Section Celebrates Official Conference Room De



**Business Meeting**

On Saturday, October 5, 1996 past and present officers of the Section came together on a beautiful fall day to celebrate the grand opening of our new building, East River Professional Park in La Crosse, Wisconsin.

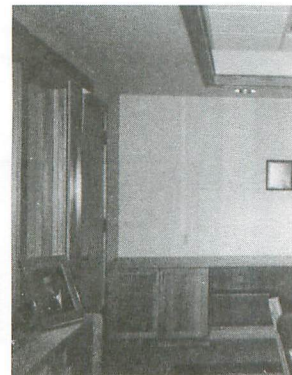
Current officers and committee chairs were joined by past presidents Stanley Paris, Carolyn Wadsworth, and Jan Richardson, along with past Vice President John Medeiros. The visit to La Crosse, which coincided with the fall business meeting, gave current President Bill Boissonault the opportunity to dedicate the conference room to the memory of Jim Gould, MS, PT. After Bill shared his thoughts (and a

few tears) about Jim, many of those in attendance, including George Davies, President of the Sports Section, used the occasion to say a few words about the history of the Orthopaedic Section and how Jim had touched and inspired their lives and careers, as a mentor, friend, colleague, and advisor. It was a truly special moment—one that will be remembered by all those in attendance for a long time to come.

Our very special guest was Debbie Gould who presented the Section with a picture of Jim, to be displayed next to a plaque designating it as the *James A. Gould Conference Room*.



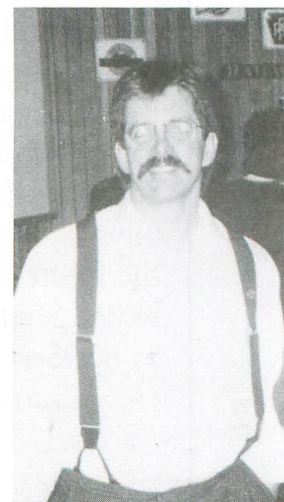
**Stanley Paris says a few**



**James A. Gould C**



**Socializing at the Dedication**

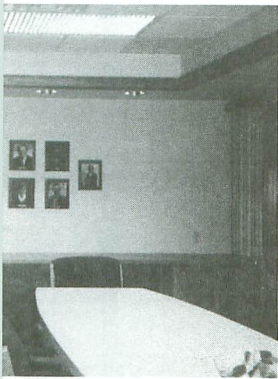


**President Bill B  
Nominating Committee**

# Opening of New Building Dedicated to Jim Gould



Words at the Dedication



Conference Room



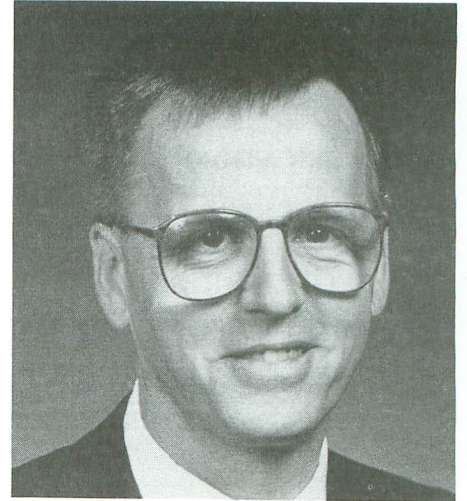
Boissonnault and  
Chair Tony Domenech

## Dedication

### James A. Gould Conference Room

Jim's contributions to the physical therapy profession extend well beyond the Orthopaedic Section. But, today we officially recognize him for his role in the history and evolution of the Section, a role which was significant and substantial. Everyone in this room has been influenced professionally by Jim whether you had met him or not. Everyone in this room is a better professional because of Jim's presence and accomplishments. Originally I had thought I would list Jim's accomplishments today as a part of the dedication, but soon realized that regardless of what I mentioned it wouldn't do justice in terms of measuring Jim's contributions to the Orthopaedic Section.

Today we honor Jim and Debbie Gould by naming this room the James



James A. Gould

A. Gould Conference room. But we will honor Jim even more by the decisions that we will make in this room. I believe Jim's presence will help insure that the decisions made here will be made in an intelligent, thoughtful, and constructive manner. It is in this way Jim will continue to contribute to the growth and advancement of the Section.

*William Boissonnault, MS, PT*



A good time was had by all

# SPONSOR-A-STUDENT PROGRAM

## PURPOSE:

To initiate students to the Orthopaedic Section, APTA, Inc., and serve as a liaison and/or assist in the transition for the student preparing to enter the profession of physical therapy.

## THE SPONSOR SHALL:

- Assist with introducing the student to the Orthopaedic Section.
- Serve as a role model and a resource for questions.
- Sponsor the student financially by funding a one year membership in the Orthopaedic Section. The cost for student membership is \$15.00.

## QUALIFICATIONS:

The sponsor must be a member of the Orthopaedic Section and interested in promoting the physical therapy profession.

**FOR MORE INFORMATION ON THIS PROJECT, CONTACT THE ORTHOPAEDIC SECTION OFFICE AT 1-800-444-3982.**

## PROCESS:

1. Sponsor will send in Sponsor Application to the Orthopaedic Section office.
2. Office will enter sponsor in computer and send sponsor's application to the PT or PTA program within that sponsor's area (when possible), or to sponsor's school preference if indicated.
3. School liaison will coordinate with the students interested in participating; assisting with matching the student with a sponsor.
4. School will forward student's name to the Orthopaedic Section's office.
5. Orthopaedic Section will notify sponsor of his or her student.
6. Sponsor will contact assigned student.
7. An evaluation form will be sent to student participants and sponsors at the end of one year.

## WHY GET INVOLVED?

To assist students in the transition from PT or PTA school to professional involvement in the APTA and the Orthopaedic Section.

## SPONSOR APPLICATION

NAME: \_\_\_\_\_ PT \_\_\_ PTA \_\_\_

Other degree(s) earned: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

SCHOOL PREFERENCE (if any): \_\_\_\_\_

- |   |   |   |
|---|---|---|
| 1. Would you be willing to sponsor a student(s) from a different school than the school you listed? | Y | N |
| 2. Would you be willing to sponsor a PTA student?   | Y | N |

AREAS OF EXPERTISE: (please state in 25 words or less)

AREAS OF PROFESSIONAL INVOLVEMENT:

AREAS OF PRACTICE:

Ortho _____	Pediatric _____	Geriatrics _____	Private Practice _____	Sports Medicine _____
Hand Rehab _____	Neuro _____	Home Health _____	SNF/ECF/ICF _____	
Academic Institution _____	Research _____	Hospital _____	Rehab Center (Inpt.) _____	
Rehab Center (Outpt.) _____	School System _____	Industry _____	Other _____	

**PLEASE RETURN TO:**  
ORTHOPAEDIC SECTION, APTA, INC.  
2920 East Avenue South  
La Crosse, WI 54601

# Fall Board of Directors Meeting Minutes

La Crosse, Wisconsin  
October 4-5, 1996

## ROLL CALL:

Present

Bill Boissonnault, President  
Nancy White, Vice President  
Dorothy Santi, Treasurer  
Michael Cibulka, Director  
Elaine Rosen, Director  
Lola Rosenbaum, Education Chair  
Jonathan Cooperman, *OP* Editor  
Tony Domenech, Nominating Committee Chair  
William O'Grady, Specialty Council Chair  
Scott Stephens, Practice Chair  
Mari Bosworth, Public Relations Chair  
Jan Richardson, APTA Board Liaison  
Terri Lunder, Executive Director

Absent:

Dan Riddle, Research Chair  
Dennis Isernhagen, President, OHSIG

## MEETING SUMMARY:

The minutes from the June 14, 1996 Board of Directors meeting in Minneapolis, MN were approved by the Board as printed. The minutes from the June 16, 1996 Finance Committee meeting in Minneapolis were approved by the Board as printed. Minutes from the August 23-24, 1996 Finance Committee meeting in La Crosse, WI were approved by the Board as printed.

The agenda for the Fall Board of Directors meeting on October 4-5, 1996 was approved as printed with minor adjustments.

=FAX VOTE 1= To approve the proposal to the Section on Women's Health for assisting them in developing their own Section office. =PASSED 9/12/96=

=FAX VOTE 2= The Orthopaedic Section Board of Directors adopt the Occupational Health Physical Therapy SIG's "Definition of Occupational Health Physical Therapy" as an official definition of the Section. =PASSED 6/25/96=

=FAX VOTE 3= To approve Ann Grove, PT as a new member to the

Finance Committee to replace Don Lloyd. =PASSED 6/25/96=

=FAX VOTE 4= To approve sending a \$50 certificate to all of the 809 registrants of the 96-1 home study course due to errors in the test questions and some of the x-rays for which an errata had to be sent. =PASSED 6/21/96=

=FAX VOTE 5= To approve Carolyn Wadsworth, MS, PT, CHT, OCS as the new Editor of the Home Study Courses. =PASSED 6/20/96=

## =MOTION 1=

The Orthopaedic Section contribute, out of the benevolent giving fund, a maximum of \$2,500 each towards the assistance or recognition of two individuals, Polly Cerrasoli and Bill Fromherz respectively. =PASSED=

## =MOTION 2=

1. The Orthopaedic Section Board of Directors endorse the "Work Injury Management in Physical Therapy Proposal Part I" developed by the Occupational Health Physical Therapist Special Interest Group.

2. The Orthopaedic Section Board of Directors submit the "Work Injury Management in Physical Therapy Proposal Part I" to the Board of Directors of the American Physical Therapy Association. =PASSED=

## ss: Introduction

There is a significant amount of talent and energy being spent to further the interests and information available in the area of Physical Therapy work Injury Management. However that energy is not necessarily being used as effectively as it can be. Having an overall plan and model to address the documentation and communication needs of this practice arena will facilitate appropriate, coordinated, and directed efforts towards specific goals and minimize duplication.

## Development of a Compendium of Guidelines for Work Injury Management in Physical Therapy

Because, by their very nature, "guidelines" frequently become the de facto "Standards of Practice" in our profession and are often used in physical therapy education programs, careful development and professional consensus will be a critical factor. We do not believe these goals can be achieved by diverse groups producing individual documents through a variety of processes that are not necessarily concordant.

Benefits of the Compendium:

- Source of non-dues revenue;
- Facilitate consistency of practice;
- Standardized review process of physical therapy practice by third parties and others;
- Model for document development in other areas of practice;
- Public relations tool for promotion of Physical Therapy Work Injury Management;
- Basis for continuing education programming and entry-level education;
- Model for document development in other areas of practice.

## Reorganization of the Workers' Compensation Focus Group

Workers' Compensation issues will continue to be an important factor in the practice of physical therapy for the foreseeable future. There continue to be a number of internal communities of interest (state chapters, Orthopaedic Section, Private Practice Section, Health Policy and Legislation Section) for whom information gathering, dissemination, and influence on policy-making will be an important focus. For these reasons, we need an effective, cost-efficient group to achieve these goals on an ongoing basis. We believe the model of Advisory Panels has worked well in similar arenas, and will be an effective means of accomplishing these goals.

## Workers' Compensation Education Program/Forum

Because there will continue to be

broad interest and needs regarding information and policy-making in the area of Workers' Compensation, and because many who have participated in the initial Workers' Compensation Focus Group model have found the communication and education aspects beneficial, an ongoing process to permit this to occur, without expecting a group of this size to effectively deal with the more specific needs noted above, would round out the overall plan for supporting needs related to Workers' Compensation and Work Injury Management throughout the country.

**= MOTION 3 =**

The Board of Directors of the Orthopaedic Section draft a policy for the use of Section funds that are donated to the Physical Therapy Foundation for research purposes. This policy statement should include but not be limited to:

- Funds that are donated to the Physical Therapy Foundation will be designed for specific research topics/areas.
  - The Board of Directors will solicit research topics/areas from Section Special Interest Groups and other appropriate parties for which the funds will be designated.
  - The Board of Directors will appoint/designate a member(s) of the Section who has expertise in the topic/area designated to work with the Foundation to draft the request for proposal for the funds to be distributed and to participate in the review and selection process.
- = DEFEATED =**

**= MOTION 4 =**

That the Orthopaedic Section Board of Directors endorse and encourage the continued communication and collaborative discussion that the Occupational Health Physical Therapist-SIG has started with the American Occupational Therapy Association's Work Programs Special Interest Section. **= PASSED =**

ss: The Occupational Health Special Interest Group of both the American Physical Therapy Association and the American Occupational Therapy Association have had preliminary discussion on how the two organizations might work together in the area of workers compensation that would benefit both groups. There are a number

of issues that parallel the two associations. To be more successful in resolving these issues would be enhanced with the combined resources of APTA and the AOTA. Plans to collaborate will be presented to the Orthopaedic Section Board of Directors prior to implementing such efforts.

**= MOTION 5 =**

To approve the 1997 Orthopaedic Section budget as printed. **= PASSED =**

**= MOTION 6 =**

The Orthopaedic Section modify its policy on Board and Committee Chairs speaking at Section sponsored educational events to allow them to present (speak or write) only with prior approval of the Board of Directors. If approved, these individuals will not receive remuneration for honorarium or reimbursement for expenses. **= PASSED =**

**= MOTION 7 =**

The Public Relations Committee be charged to develop a marketing packet to include a sample press release to existing and newly certified Orthopaedic Certified Specialists. **= PASSED =**

**= MOTION 8 =**

The Orthopaedic Section recommends that the APTA develop a compendium of guidelines for work injury management in physical therapy utilizing the recommendations in June OHSIG's work injury management in physical therapy proposal part I. **= PASSED =**

ss: The development of documents that define the performed clinical management role of physical therapists in specific practice settings is critical. The OHSIG has proposed the creation of such documents in work injury management. The APTA should play an active role in the coordination of these activities in this and other practice settings.

**= MOTION 9 =**

The Orthopaedic Section recommends that the APTA Board of Directors work with the Orthopaedic Section and other interested components to develop a plan for combined financial support of the Guidelines for Work Injury Management Part I as proposed by the OHSIG. **= PASSED =**

ss: Although the cost projections for this project are incomplete, the initial estimates are approximately 20,000 per year. The Orthopaedic Section believes that the development of guidelines such as these are important to our profession and is committed to assisting in the financial support of this project.

Adjournment

(Approved at Board of Directors' Meeting)



# 1997 CSM TENTATIVE PROGRAM — February 13-16 — Dallas, TX

## WEDNESDAY, FEBRUARY 12

8:00 AM-6:00 PM  
Pre-Conference Course  
*Foot Orthoses: The Scientific Basis and Clinical Concepts*  
Thomas McPoil, PhD, PT, ATC  
Mark Cornwall, PhD, PT, CPed  
Robert Donatelli, PhD, PT, OCS  
Michael Wooden, MS, PT, OCS

8:00 AM-5:00 PM  
*Orthopaedic Specialty Council: Item Writer's Workshop*

## THURSDAY, FEBRUARY 13

8:00 AM-12:00 PM  
*Multi-Section Programming: Diagnosis*

1:00 PM-3:00 PM  
*Cowboy Up! Injuries of Rodeo Athletes*  
Tandy R. Freeman, MD  
Moderator: Kim Schoensee, MS, PT, OCS

1:00 PM-2:30 PM  
*Occupational Health SIG Programming Evaluation of Permanent Lumbar Impairment: The Physical Therapy Perspective*  
Raymond Vigil, PT, OCS  
Moderator: Gwen Parrott, PT

1:00 PM-2:20 PM  
*Research Platforms*

2:45 PM-3:45 PM  
Open Forum on Specialist Certification & Recertification

3:45 PM-4:30 PM  
*The Nature of Clinical Practice Structure for Specialists in Orthopaedic Physical Therapy*  
Mary Milidonis, MMSc, PT, OCS  
Joe Godges, MS, PT, OCS  
Gail Jensen, PhD, PT

4:30 PM-6:30 PM  
EXHIBIT HALL BREAK

6:30 PM-7:30 PM  
*Performing Arts Reception*

6:30 PM-8:30 PM  
*Preferred Practice Patterns: Vol. II*  
Multi-Section Program

## FRIDAY, FEBRUARY 14

8:00 AM-5:00 PM  
(Board and Committee Chair Meeting)

8:00 AM-10:00 AM  
*Pain SIG Programming Industrial Testing: Pain Prevention*  
Joseph Kleinkort, PhD, PT  
Tom Watson, Med, PT, FAAPM  
Moderator: Gaetano Scotese, MPT  
Joint Program with Oncology

10:00 AM-3:30 PM  
EXHIBIT HALL OPEN

11:00 AM-12:00 PM  
*Pain SIG Business Meeting*

8:00 AM-10:00 AM & 11:00 AM-12:00 PM  
*Research Platforms*

8:00 AM-10:00 AM  
*Treatment Guidelines: Moving in the Future*  
Carol Schunk, PT, PsyD  
Joint Programming with Private Practice Section

8:00 AM-10:00 AM  
*Entry-Level Curriculum in Industrial Health*  
Scott Minor, PhD, PT  
Joint program between Education Section and OHSIG

11:00 AM-12:00 PM  
Joint Program with Hand Section

11:00 AM-12:30 PM  
*Occupational Health Hot Topics Accessing Ergonomics Through the Internet*  
Mark Anderson, PT, MA, CPE

*Performing Arts SIG Programming*  
Moderator: Marshall Hagins, MA, PT

8:30 AM-10:00 AM  
*Introduction to Dance and Physical Therapy*  
Marika Molnar, MA, PT

11:00 AM-12:30 PM  
*Trouble-Shooting the Classical Dancers' Foot with Manual Solutions*  
Peter Marshall, MA, PT

1:30 PM-2:30 PM  
*Performing Arts: Dance Medicine Video*

8:00 AM-10:00 AM  
*Oncologic Limb Salvage Procedures*  
Joint Program with Oncology

11:00 AM-12:00 PM  
*Oncology for the Basic Orthopaedic Physical Therapist*  
Joint Program with Neurology and Oncology

10:00 AM-11:00 AM & 2:30 PM-3:30 PM  
EXHIBIT HALL BREAK

11:00 AM-12:00 PM  
*Foot and Ankle SIG Business Meeting*

*Foot and Ankle SIG Programming Managed Care Considerations in the Foot and Ankle*  
Moderator: Tom McPoil, PhD, PT  
12:30 PM-1:00 PM  
*Ligament Injuries to the Foot and Ankle*

Joe Tomaro, MS, PT, ATC  
1:00 PM-1:30 PM  
*Plantar Fasciitis, Plantar Heel Pain*  
Stephen Reischl, PT, OCS  
1:30 PM-2:00 PM  
*Pronatory Foot Conditions*

Joe Godges, MS, PT, OCS  
2:00 PM-2:30 PM  
*Panel Discussion*  
3:30 PM-4:30 PM  
*Foot and Ankle Biomechanical Abnormalities in Children with Disabilities and the Use of Posting in Orthoses*  
Dale Turner, MA, PT, PCS  
4:30 PM-5:30 PM  
*Terminology Related to the Foot and Ankle*  
Joe Tomaro, MS, PT, ATC

11:00 AM-12:00 PM  
*Forum: Hand Therapy Certification*  
Joint Program with Hand Section

11:00 AM-12:30 PM & 1:00 PM-2:30 PM  
*Interfacing Clinical Research and Practice: Low Back Diagnosis*  
Joint Program with Research  
Dan Riddle, MS, PT; Anthony Delitto, PhD, PT; Paul Beattie, PhD, PT, OCS

3:30 PM-5:00 PM  
*Management of the Stiff Hand*  
S. Davila, PT  
Joint Program with Hand Section

## SATURDAY, FEBRUARY 15

8:00 AM-5:00 PM  
*Critical Pathways*  
Joint Program with Acute Care, Oncology, Pediatrics, Cardiopulmonary, and Neurology

8:00 AM-10:00 AM  
*Orthopaedic Section Business Meeting*

10:00 AM-3:30 PM  
EXHIBIT HALL OPEN

11:00 AM-12:00 PM  
*Manual Therapy Roundtable Business Meeting*

*Manual Therapy Programming*  
Moderator: Laurie Kenny, PT, OCS  
*Manipulation: To Thrust or Not to Thrust*  
1:30 PM-2:30 PM  
Chris Dollar, PT, MA, FAAOMPT  
3:30 PM-5:30 PM  
Richard Erhard, PT, DC

*Performing Arts SIG Programming*  
Moderator: Marshall Hagins, MA, PT  
11:00 AM-12:30 PM  
*Introduction to Music and Physical Therapy*  
Nicholas F. Quarrier, MHS, PT, OCS  
1:30 PM-2:30 PM  
*Performing Arts Business Meeting*  
3:30 PM-5:00 PM  
*Lumbopelvic Asymmetry in Dancers*  
Katy Keller, MS, PT

11:00 AM-12:00 PM  
*Occupational Health SIG Business Meeting*

1:00 PM-2:30 PM & 3:30 PM-5:30 PM  
*Research Platforms*

11:00 AM-12:00 PM  
*Clinical Research Demonstrations Projects*  
Joint Program with Research

12:00 PM-1:00 PM  
*Responsiveness of a Shoulder Outcome Scoring System*  
Brian Leggin, PT and Susan Brenneman, MS, PT

3:30 PM-5:00 PM  
*Intra and Interrater Reliability of Orthopaedic Data*  
Leslie Russek, PhD, PT  
Joint Programming with Research Section

6:00 PM-7:00 PM  
*Paris Award Lecture*

7:00 PM-10:00 PM  
*Black Tie and Roses*

## SUNDAY, FEBRUARY 16

8:30 AM-12:30 PM  
*A Research Based Approach to Low Back Pain*  
Jeff Gilliam, MHS, PT, OCS  
Ian Barstow, PT

8:00 AM-12:00 PM  
*Surgical and Rehabilitation Management of Children with Hip Dysplasias*  
Joint Program with Pediatrics

8:00 AM-12:00 PM  
*OHSIG Board Meeting*

# Platform & Poster Presentations - CSM 1997

## THURSDAY, FEB. 13, 1997 SESSION A: 1:00-2:20 PM

1:00-1:20 PM

HEALING RATES BY LOCATION OF DIABETIC NEUROPATHIC (CHARCOT) FOOT FRACTURES USING TOTAL CONTACT CASTING. *Sinacore DR*, Mueller MJ, Kent ME, Elsner T, Rubenow C. Program in Physical Therapy, Washington University School of Medicine, St. Louis, MO.

1:20-1:40 PM

THE EFFECTIVENESS OF BAPS BOARD TRAINING ON INDIVIDUALS WITH CHRONIC ANKLE SPRAINS. Belyea B, *Cuozzo J*, Ryan K. Ithaca College, Ithaca, NY.

1:40-2:00 PM

QUANTIFICATION OF FOOT PRONATION USING 3D MOTION ANALYSIS. *Powers CM*, Reischl S, Rao S, Perry J. Dept. of Biokinesiology and Physical Therapy, University of Southern California, Pathokinesiology Laboratory, Rancho Los Amigos Medical Center, Downey, CA.

2:00-2:20 PM

GROUND REACTION FORCE AND PLANTAR PRESSURE REDUCTION IN AN INCREMENTAL WEIGHT BEARING SYSTEM. *Flynn TW*, Canavan PK, Cavanagh P, Chiang JH. The Center for Locomotion Studies, Penn State University, University Park, PA.

## SESSION B: 1:00-2:20 PM

1:00-1:20 PM

THE EFFECTS OF STRETCHING AND STRENGTHENING EXERCISES ON SUBJECTS WITH PROTRACTED SHOULDERS. *Wang CH*, McClure PW, Pratt NE, Nobilini R. Allegheny University, Philadelphia, PA.

1:20-1:40 PM

FORCE REPRODUCTION IN SUB-MAXIMAL MANUAL CERVICAL TRACTION APPLIED BY EXPERIENCED PHYSICAL THERAPISTS. *Sailors M*, Breit P, Shattuck A, Uttecht M. University of South Dakota Physical Therapy Dept., Vermillion, SD.

1:40-2:00 PM

THE EFFECT OF THORACIC

POSTURE ON SCAPULAR POSITION, SHOULDER ELEVATION MUSCLE FORCE AND SHOULDER RANGE OF MOTION. *Kebaetse M*, McClure P, Pratt N. Allegheny University, Dept. of Physical Therapy, Philadelphia, PA.

2:00-2:20 PM

NECK PAIN AND RELATIONSHIPS AMONG CERVICAL RANGE OF MOTION, FORWARD HEAD POSTURE, AND FUNCTIONAL DISABILITY. Van Eck M, Hart A, Harrison A, *Nitz A*, O'Keefe J, Fayans M. University of Kentucky, Lexington, KY.

## FRIDAY, FEB. 14, 1997

### SESSION A: 8:00-10:00 AM

8:00-8:20 AM

CASE STUDY: ANTERIOR COMPARTMENT SYNDROME VS. L5 NERVE ROOT COMPRESSION. *Bell SL*, Loudon JK. University of Kansas Medical Center, Sports Medical Institute, Kansas City, KS.

8:20-8:40 AM

TAI CHI: PROCESS OF UTILIZATION BY ORTHOPEDIC PHYSICAL THERAPISTS. *El-Din DJ*, Smith G. Eastern Washington University, Spokane, WA.

8:40-9:00 AM

TREATMENT OPTIONS FOR SUPERIOR GLUTEAL NERVE IMPINGEMENT. *Turner Robert*. Robert Turner Physical Therapy, New York, NY.

9:00-9:20 AM

LOW BACK PAIN IN RHYTHMIC GYMNASTS. *Tremain L*, Christiansen J, Beitzel J, Shanahan K, Hutchinson M. HealthSouth Rehabilitation of Willowbrook, IL and University of Illinois at Chicago.

9:20-9:40 AM

A UNIQUE APPROACH TO PATELLAR INSTABILITY IN YOUNG DANCERS. *Ritter D*. Westside Dance Physical Therapy, New York, NY; Southside Physical Therapy, Dallas, TX.

9:40-10:00 AM

LOWER EXTREMITY CLOSED CHAIN PROGRESSION USING REACTIVE NEUROMUSCULAR TRAINING. Voight M, *Cook G*. Orthopedic and Sports Physical Therapy, Dunn, Cook

& Associates, Danville, VA; Berkshire Institute of Orthopedic and Sports Physical Therapy, Wyomissing, PA.

### SESSION B: 8:00-10:00 AM

8:00-8:20 AM

A COMPARISON OF THE RELIABILITY OF TWO HAND-HELD DYNAMOMETERS. *Barr JB*, Threlkeld J. Creighton University, Omaha, NE.

8:20-8:40 AM

TEST-RETEST RELIABILITY OF THE LATERAL STEP-UP TEST IN HEALTHY YOUNG ADULTS. *Ross M*. 74th Medical Group, Wright-Patterson Air Force Base, OH.

8:40-9:00 AM

INFLUENCE OF HAMSTRING LENGTH ON GRAVITY CORRECTION, PEAK TORQUE AND ANGLE OF PEAK TORQUE FOR THE KINCOM. *Ryberg JA*, Minor SD. Program in Physical Therapy, Washington University School of Medicine, St. Louis, MO.

9:00-9:20 AM

THE EFFECT OF ICING OF ANTERIOR KNEE STRUCTURES ON TORQUE PRODUCTION AND ALPHA MOTONEURON EXCITABILITY IN THE QUADRICEPS FEMORIS. *McDonough AL*, Weir J, Gentile A, Nelson Jr A. New York University, Dept. of Physical Therapy, Human Performance Laboratory, New York, NY.

9:20-9:40 AM

EMG ACTIVITY OF THE VASTUS LATERALIS FOR OPEN AND CLOSED CHAIN ACTIVITY BEFORE AND AFTER "MECHANICAL" AND "METABOLIC" FATIGUE. *Hasson S*, Logemann H. Texas Women's University, Houston, TX.

9:40-10:00 AM

THIGH AND CALF GIRTH FOLLOWING KNEE INJURY AND SURGERY. *Ross M*, Worrell T. Krannert School of Physical Therapy, University of Indianapolis, Indianapolis, IN.

**SESSION A: 11:00 AM-12:00 NOON**

11:00-11:20 AM

CHARACTERIZATION OF JOINT END-FEEL: A THEORETICAL MODEL. *Loubert PV, Patla CE.* Central Michigan University, Mt. Pleasant, MI and Institute of Physical Therapy, St. Augustine, FL.

11:20-11:40 AM

THE NORMATIVE RESPONSE TO THE PRONE KNEE-FLEXION STRETCH TEST ON ASYMPTOMATIC ADULT MALES. *Cummings GS, Higbie EJ, Whipple T, Albert M.* Georgia State University, Dept. of Physical Therapy, Atlanta, GA.

11:40-12:00 NOON

INCIDENCE OF ADVERSE NEURAL TENSION IN AN INDUSTRIAL POPULATION. *Davenport M, Beissner K.* On-Site Consultants, Cortland, NY.

**SESSION B: 11:00 AM-12:00 NOON**

11:00-11:20 AM

AN INVESTIGATION OF THE FORCE/VELOCITY RELATIONSHIP OF HUMAN KNEE EXTENSORS USING THE BTE DYNATRAC AND CYBEX II DYNAMOMETERS. *Salinas R, Harding FV, Fortanasce MG.* Fortanasce & Associates Physical Therapy/Sports Medicine Center, Arcadia, CA.

11:20-11:40 AM

EFFECT OF MUSCLE IMBALANCE ON EMG BEHAVIORS OF HIP EXTENSOR AND ERECTOR SPINAE MUSCLES. *Wise D, Hasson S, Watson M.* Texas Women's University, Houston, TX.

11:40-12:00 NOON

STATIC AND DYNAMIC PERFORMANCE CHARACTERISTICS OF THE BLANKENSHIP ELECTRONIC INCLINOMETER. *Loubert PV.* Central Michigan University, Mt. Pleasant, MI.

**SATURDAY, FEB. 15, 1997**

**SESSION A: 1:00-2:20 PM**

1:00-1:20 PM

ORTHOPEDIC REHABILITATION OUTCOMES: AN ANALYSIS OF THE F.O.T.O. NATIONAL DATA BASE. *Dobrzykowski EA.* Focus On Therapeutic Outcomes, Inc., Knoxville, TN.

1:20-1:40 PM

EFFECTS OF PHYSICAL THERAPY INTERVENTION ON PATIENTS' FUNC-

TION FOLLOWING KNEE INJURY AND/OR SURGERY. *Worrell T, Frazier S, Jonathan J.* Advanced Physical Therapy, University of Indianapolis, Indianapolis, IN.

1:40-2:00 PM

FUNCTIONAL OUTCOMES IN PATIENTS WHO RECEIVED PHYSICAL THERAPY AFTER TOTAL HIP ARTHROPLASTY. *Simonsen L, Fillyaw MJ, Salis J, Sheldon MR, Melville M.* University of New England, Biddeford, ME.

2:00-2:20 PM

ORTHOPEDIC REHABILITATION OUTCOME MEASURES AND PROTOCOL IN THE F.O.T.O. NATIONAL DATA BASE. *Dobrzykowski EA.* Focus On Therapeutic Outcomes, Knoxville, TN.

**SESSION B: 1:00-2:20 PM**

1:00-1:20 PM

MANUAL THERAPY EDUCATION: HOW GOOD IS IT? GRADUATE OUTCOMES OF THE \_\_\_\_\_ INSTITUTE. *Grimbsy K.* Loma Linda University, Loma Linda, CA.

1:20-1:40 PM

JUMP TRAINING IMPROVES VERTICAL LEAP AND REACTION TIME IN RHYTHMIC GYMNASTS. *Tremain L, Christiansen J, Beitzel J, Shanahan K, Hutchinson M.* HealthSouth Rehabilitation of Willowbrook, IL and University of Illinois at Chicago.

1:40-2:00 PM

THE RELATIONSHIP BETWEEN FOOT PRONATION AND TRANSVERSE PLANE MOTION OF THE TIBIA AND FEMUR DURING WALKING. *Reischl S, Powers CM, Perry J.* Dept. of Biokinesiology and Physical Therapy, University of Southern California, Pathokinesiology Laboratory, Rancho Los Amigos Medical Center, Downey, CA.

2:00-2:20 PM

RELIABILITY AND VALIDITY OF REGIONAL PLANTAR PRESSURE ANALYSIS TEMPLATES. *Altizer JB, Sims Jr DS, Clark JB, Ebbecke DE, Falot AN, Hamilton HA, Dodd JE.* Shenandoah University-Winchester Medical Center Program in Physical Therapy and Family Foot Care of Winchester, Winchester, VA.

**SESSION A: 3:30-5:10 PM**

3:30-3:50 PM

AN ASSOCIATION BETWEEN CIGARETTE SMOKING AND MUSCULOSKELETAL SHOULDER DISORDERS IN AUTOMOTIVE MANUFACTURING WORKERS. *White DJ, Punnett L, Cupples LA.* University of Massachusetts Lowell, Depts. of Physical Therapy and Work Environment, Lowell, MA. Boston University, Dept. of Epidemiology and Biostatistics, Boston, MA. UAW-Chrysler National Joint Committee on Health and Safety. Foundation for Physical Therapy.

3:50-4:10 PM

IN VIVO MEASUREMENT OF CERVICAL SPINE FLEXIBILITY: THE EFFECTS OF POSTURE, AGE, AND OSTEOARTHRITIS. *McClure PW, Siegler S, Nobilini R.* Allegheny University, Philadelphia, PA.

4:10-4:30 PM

ACCURACY OF THE METRECOM SKELETAL ANALYSIS SYSTEM FOR LINEAR AND ANGULAR MEASUREMENTS. *Michener L, Silfies S, Hutchinson D, McClure P.* Dept. of Physical Therapy, Allegheny University of Health Sciences, Philadelphia, PA.

4:30-4:50 PM

THE EFFECTS OF FOOTWEAR ON QUADRICEPS ANGLE AND TRANSVERSE PLANE TIBIAL ROTATION IN INDIVIDUALS WITH ANTERIOR KNEE PAIN. *Corley M, Hasson P, Worrell T, McPoil T.* University of Indianapolis, Indianapolis, IN.

4:50-5:10 PM

Rose Excellence in Research Award Winner

**SESSION B: 3:30-5:10 PM**

3:30-3:50 PM

THE USE OF A TWO-STAGE TREADMILL TEST IN THE IDENTIFICATION OF NEUROGENIC CLAUDICATION. *Fritz J, Erhard R, Delitto A, Nowakowski P.* University of Pittsburgh, PA.

3:50-4:10 PM

VALIDITY OF MEASURING LUMBAR FLEXION WITH AN INCLINOMETER. *Simons K, Dyrek D, Harris BA.* MHG Institute of Health Professions, Graduate Program in Physical Therapy, Boston, MA.

4:10-4:30 PM

STEP CANE SIGNIFICANTLY INCREASES STANDING TOLERANCE IN PATIENTS WITH LOW BACK PAIN. *Harding FV*, Sadun AA, Fortanasce MG. Fortanasce & Associates Physical Therapy/Sports Medicine Center, Arcadia, CA.

4:30-4:50 PM

THE EFFECTS OF ACETIC ACID ON TENDINOUS NODULES USING IONTOPHORESIS. *Turner R*. Robert Turner Physical Therapy, New York, NY.

## POSTER PRESENTATIONS

DUAL INCLINOMETER MEASUREMENT OF THORACIC SPINE RANGE OF MOTION IN HEALTHY ADULTS OVER 40 YEARS OF AGE. *Olson SL*, Barney LP, Watson KL, Cervini MP. Texas Women's University, Houston, TX.

RELIABILITY OF KNEE FUNCTION TESTS AS MEASURED BY THE FUNCTIONAL ACTIVE SYSTEM FOR TESTING AND EXERCISE (FASTEX). *Losey KM*, Olson S, Paine R. Texas Women's University—School of Physical Therapy, Houston, TX.

THE COMPARISON OF PLANTAR PRESSURE PATTERN DURING SELF-SELECTED PACE WALKING BETWEEN YOUNG AND OLD ADULTS. *Chen FC*, Schieb DA, Protas EJ, Hasson SM. Texas Women's University—School of Physical Therapy, Houston, TX.

THE EFFECT OF GENU RECURVATUM ON PELVIC POSITION IN YOUNG FEMALE GYMNASTS. *Veracalli S*, *Epifano G*, Richardson JK. Slippery Rock University, Slippery Rock, PA.

MANUAL THERAPY FOR THE THORAX FOLLOWING OPEN HEART SURGERY. *Patla CE*, Lonnemann E. Institute of Physical Therapy, St. Augustine, FL.

SHOULDER ROTATOR CUFF STRENGTH AND RANGE OF MOTION IN COLLEGIATE FEMALE TENNIS PLAYERS. *Dong FK*, Dellaero KJ, *Chiarello CM*. Columbia University, Program in Physical Therapy, New York, NY.

JOB RELATED PREVALENCE OF NECK PAIN. *Balboa A*, Sabbahi M. Texas Women's University, School of Physical Therapy, Houston, TX.

MANIPULATION OF THE HIP JOINT: A CASE STUDY. *Viti JA*, Patla C. Institute of Physical Therapy, St. Augustine, FL.

EFFECT OF ACTIVE ISOLATED VERSUS STATIC STRETCHING IN ASYMPTOMATIC ADULTS. *McMahon T*, Catlin P, Cooper A, Fleckenstein D, *Maloney P*, Marxe R. Division of Physical Therapy, Dept. of Rehab Medicine, Emory University School of Medicine, Atlanta, GA and Physiotherapy Associates, Inc., Lilburn, GA.

THE EFFECT OF POSITIONS ON SHEAR FORCE OF LAST INTERVERTEBRAL DISC IN NORMAL AND DISCECTOMY PATIENTS. *Hussein TM*, Khattab EG, Agameiah AM. Kasr El-Eini University Hospital, College of Physical Therapy, Cairo University, Egypt.

SIGNS AND SYMPTOMS OF TEMPOROMANDIBULAR JOINT DISEASE (TMD) IN WIND INSTRUMENT PLAYERS AND NON-MUSICIANS. *Muff M*, Browne P, Anderson R, Kennedy B, Kooiman C, Canfield J, Konecne J. Chapman University, Orange, CA.

TMD SIGNS AND SYMPTOMS AMONG COLLEGE CLARINETISTS. *Kooiman C*, Browne P, Anderson R, Kennedy B, Muff M, Canfield J, Konecne J. Chapman University, Orange, CA.

THE VASTUS MEDIALIS OBLIQUE MUSCLE AND ITS RELATIONSHIP TO PATELLOFEMORAL JOINT DETERIORATION IN HUMAN CADAVERS. *Hubbard JK*, Sampson HW, Elledge JW. Dept. of Human Anatomy and Neurobiology, School of Medicine, Texas A & M University, College Station, TX.

CLINICAL MEASUREMENT & RELIABILITY OF THE PELVI-FEMORAL AND PELVI-TRUNK ANGLES. *Steinbagen M*, Lego G, Soderberg G. Creighton University, Omaha, NE.

MOBILIZATION WITH MOVEMENT: AN ADJUNCT TO TRADITIONAL TREATMENT OF LATERAL EPICONDYLITIS. *Johnson J*, Zielinski P, Brennen M. Rehabilitation Center of Fairfield County, Trumbull, CT.

THE USE OF PARAFFIN IN BURN REHABILITATION. *Silverberg R*, Johnson J, Torres-Gray D, Laznick H. New York Hospital-Cornell Medical Center, New York, NY.

THE EFFECT OF BACKWARD TREADMILL WALKING ON LOWER EXTREMITY KINETICS. *Billing S*, *Jeno S*. Dept. of Physical Therapy, University of North Dakota, Grand Forks, ND.

INTER-RATER RELIABILITY OF THE LATERAL SCAPULAR SLIDE TEST. *Johnson E*, *Jeno S*. Dept. of Physical Therapy, University of North Dakota, Grand Forks, ND.

CONTRIBUTION OF SELECTED SCAPULOTHORACIC MUSCLES TO THE CONTROL OF ACCESSORY SCAPULAR MOTIONS. *Ludewig PM*, Cook TM. Physical Therapy Graduate Program, University of Iowa, Iowa City, IA.

POPULATION-BASED TREATMENT DESIGN FOR BACK PATIENTS. *Pati AB*, Lilly SE, Lopez S. Dept. of Rehabilitation Services, Harris County Hospital District, Houston, TX.

THE ROLE OF EXPERIENCE IN SPINAL MOBILIZATION TECHNIQUES. *Simmonds M*, Baum R, Radwan H. School of Physical Therapy, Texas Women's University, Houston, TX.

WHAT DO PHYSICAL THERAPISTS THINK INFLUENCES OUTCOME? *Simmonds M*, Kumar S, Lechelt E. School of Physical Therapy, Texas Women's University, Houston, TX.

USE OF THE HEALTH STATUS QUESTIONNAIRE IN PATIENTS WITH LOW BACK PAIN. *Pollock KS*, Olson S. Texas Women's University, Houston, TX.

THE EFFECTS OF STATIC STRETCH VERSUS STATIC STRETCH AND ULTRASOUND ON THE EXTENSIBILITY OF HAMSTRING TENDONS IN APPARENTLY HEALTHY SUBJECTS. *Alexander KM*, Boyce S, Shaw J, Vinci P, Creelman JE. Dept. of Physical Therapy, Idaho State University, Pocatello, ID.

STATIC BALANCE REACTIONS BETWEEN SUBJECTS WITH AND WITHOUT CHRONIC UNILATERAL LOW BACK PAIN. *Alexander K*, LaPier TK. Dept. of Physical Therapy, Idaho State University, Pocatello, ID.

EFFECT OF A CYCLE WARM-UP ON ISOKINETIC TESTING OF PATIENTS WITH ANTERIOR CRUCIATE LIGAMENT REPAIR. *Maudsley R*, Lombardi M, Mensinger C, Stoddard K, Gillete T. College Misericordia, Physical Therapy Dept., Dallas, TX.

SCAPULAR POSITION IN SYMPTOMATIC AND ASYMPTOMATIC SUBJECTS. *Greenfield B*, Catlin PA, Bawden M, Ryan J, Schaneville K, Schneider J. Division of Physical Therapy, Emory University School of Medicine, Atlanta, GA.

NORMATIVE VALUES FOR ANKLE MOTION IN AN ELDERLY POPULATION. *Caffrey PE*, Grasso J, LaFreniere KL, Vander-Heyden KJ, *White DJ*. University of Massachusetts Lowell, Dept. of Physical Therapy, Lowell, MA.

EMG ANALYSIS OF MEDIAL AND LATERAL QUADRICEPS COMPONENTS DURING CLINICAL EXERCISES. *Harvey LC*, Oberle GM, Bechtel RH, Smith GV. Dept. of Physical Therapy, University of Maryland at Baltimore, Baltimore, MD.

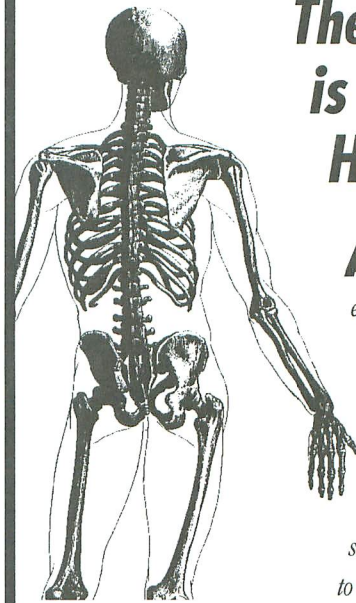
PERCEIVED DISABILITY OF PATIENTS WITH SHOULDER PROBLEMS SEEN IN A RURAL PHYSICAL THERAPY CLINIC. *Swisher AK*, DeVecchis E, Gano A, Hardy E, Thompson C, Witherell R, Bates M. West Virginia University, Morgantown, WV and Raleigh Physical Therapy Wellness Center, Beckley, WV.

HYPERMOBILITY OF THE PROXIMAL TIBIOFIBULAR JOINT AND THE SYMPTOM OF LATERAL FOOT PAIN. *Stenhouse A*. Institute of Physical Therapy, St. Augustine, FL.

COMPUTERIZED ISOINERTIAL LIFTING (CIL). *Blankenship KL*. Human Performance Center, Macon, GA.



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# Board of Directors/Committee Chair Meeting Minutes

## Physical Therapy 96: APTA Scientific Meeting and Exhibition (SME) Minneapolis, MN June 14, 1996

The SME Board of Directors'/Committee Chair Meeting was called to order in Minneapolis, Minnesota at 8:00 a.m. on Friday, June 14, 1996 by President Bill Boissonnault. The meeting was continued on Saturday, June 15 from 12 Noon-1:30 p.m.

### ROLL CALL:

Present  
Bill Boissonnault, President  
Nancy White, Vice President  
Dorothy Santi, Treasurer  
Michael Cibulka, Director  
Elaine Rosen, Director  
Lola Rosenbaum, Education Chair  
Jonathan Cooperman, *OP* Editor  
Joe Godges, Specialty Council Member  
Scott Stephens, Practice Chair  
Mari Bosworth, Public Relations Chair  
Catherine Patla,  
Nominating Committee Member  
Dennis Isernhagen, OHSIG President  
Kelly Fitzgerald, Research Committee Member  
Annette Iglarsh, Immediate Past President  
Terri Lunder, Executive Director  
Sharon Klinski, Publications Coordinator  
Tara Fredrickson, Meetings Coordinator

### Absent:

Dan Riddle, Research Chair  
Mary Ann Sweeney, Specialty Council Chair

### MEETING SUMMARY:

=**MOTION**= To approve the minutes from the CSM Board of Directors meeting (February 16, 1996) in Atlanta, Georgia as printed and to approve the minutes from the Pre-PT: APTA Scientific Meeting and Exhibition Conference Call dated May 14, 1996 with the following editorial change: I. PTA Issue, 'The officers supported the RC. . .' should be changed to read, 'The officers discussed the RC. . .' =**PASSED**=

The agenda for the SME Board of Directors/Committee Chair meeting and the Business Meeting were discussed.

=**MOTION 1**= Recommend changing the Section bylaws to include the Practice Committee Chair as a non-voting member of the Board of Directors as follows:

#### Article VII. BOARD OF DIRECTORS AND OFFICERS

##### Section 1: Composition

Add the wording in bold: . . . Research Committee Chair, **Practice Committee Chair** and Executive Director.

#### Article VII. BOARD OF DIRECTORS AND OFFICERS

##### Section 2: Qualifications

B. Voting on the Board of Directors  
2. Add the wording in bold: . . . Research Committee Chair, **Practice Committee Chair** and Executive Director. . . =**PASSED**=

=**MOTION 2**= The Orthopaedic Section Board of Directors adopt the Occupational Health Physical Therapy SIG's "Definition of Occupational Health Physical Therapy" as an official definition of the Section. =**DEFERRED TO A FAX VOTE OF THE EXECUTIVE COMMITTEE TO BE DECIDED WITHIN TWO WEEKS FOLLOWING THE BUSINESS MEETING**=

=**MOTION 3**= To rescind the following motion made during the business meeting at CSM on February 17, 1996 in Atlanta, Georgia:

'That the Orthopaedic Section request the APTA to complete the work hardening/work conditioning outcome studies and have the results presented to the Worker's Compensation Focus Group meeting May 1, 1996.' =**PASSED**=

=**MOTION 4**= That the Board of Directors appoint Bill Boissonnault the delegate to the House of Delegates for a two year term. =**PASSED**=

Lola Rosenbaum agreed to be the Section's alternate delegate.

=**MOTION 5**= To create a task force with the AAOMPT to put together a position paper related to taking precautions prior to a cervical manipulation. =**PASSED**=

Elaine Rosen agreed to be the liaison to the task force. Recommendations for the task force included Mark Bookhout, Kent Timm, and Dick Erhard. A report from the task force will be presented at the Section's Fall Board Meeting.

=**MOTION 6**= That the Section give \$1,000 to the Minority Scholarship Fund, Diversity 2000. =**PASSED**=

Adjournment



# O ccupational Health Physical Therapists Special Interest Group Orthopaedic Section, APTA, Inc.

Winter 1996

Volume 4, Number 1

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*THE OHPTSIG EXECUTIVE BOARD HOPES THAT EVERYONE HAD A HAPPY HOLIDAY SEASON. THE PUBLICATIONS COMMITTEE HAS TAKEN A HOLIDAY BREAK AND WILL RETURN IN THE SPRING WITH A NEW AND UPDATED OHPTSIG NEWSLETTER ISSUE. WE LOOK FORWARD TO SEEING A GREAT MEMBERSHIP TURN OUT FOR OUR MEETING AT COMBINED SECTIONS IN DALLAS!*

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  
E-mail: DDIIWIN@AOL.COM

#### **Education Committee Chair**

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#### **Research Committee Chair**

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#### **Nominating Committee Chair**

Helene Fearon, PT  
ph: 602/997-7844  
FAX: 602/997-8020

#### **By laws Committee Chair**

Kathy Lewis, PT, JD  
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#### **Advisory Group on Ergonomics**

Mark Anderson, PT  
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E-mail: 76524.1134@compuserve.com

## SECRETARY'S CORNER

As our SIG moves ahead in addressing the many issues that affect physical therapists practicing in both occupational health and ergonomic settings, we ask each of you for input, information, and assistance. The following are ways you can participate in our OHPTSIG.

1. Contact any Executive Board member directly to voice opinions and make suggestions (see listing of Board members).
2. Submit articles, news updates, interviews, practice profiles, etc. that relate to some aspect of occupational health physical therapy for this quarterly OHPTSIG newsletter publication.
3. Say "YES" when the Nominating Committee members contact you to run for office.
4. Volunteer to chair or be a member of a committee. If you have volunteered and haven't been contacted, call Dennis Isernhagen at (218)722-1399.
5. Participate and reply promptly in each field review process for draft documents. If you are not receiving documents for review, contact the Orthopaedic Section office to update our mailing list.

The OHPTSIG Executive Board thanks all of you for your participation in facilitating improved communication and professional sharing within the field of occupational health physical therapy. The following are guidelines for newsletter submission:

### GUIDELINES FOR PUBLICATION OF THE OHPTSIG NEWSLETTER

#### INSTRUCTIONS TO AUTHORS

1. The OHPTSIG Newsletter will be published quarterly (four times per year) within *Orthopaedic Physical Therapy Practice* (OPTP). The following are editorial deadlines for publication year 1997:

##### ISSUE DATE

###### Newsletter OPTP

Winter (January 1997)

Spring (May 1997)

Summer (August 1997)

Fall (November 1997)

##### INTERNAL DEADLINE

###### Date Materials Due to OHPTSIG Section Office

October 18, 1996

February 7, 1997

May 16, 1997

August 15, 1997

##### EXTERNAL DEADLINE

###### Date Materials Due to Section Office

November 8, 1996

March 7, 1997

June 6, 1997

September 5, 1997

2. OHPTSIG will publish articles, news updates, interviews, announcements, abstracts, and briefs related to the subjects of Occupational Health and Physical Therapy/Rehabilitation and Safety/Injury Prevention. Research results are not appropriate for this publication. Case studies are appropriate.



3. Two (2) original copies (FAX REPRODUCTIONS ARE UNACCEPTABLE) of each item presented for publication shall be submitted to the OHPTSIG Secretary and OHPTSIG Newsletter Editor to be received NO LATER THAN the internal deadline (see above).

Each item should be forwarded to:

Roberta L. Kayser, PT  
Group Director Physiotherapy Associates  
Kentucky Region  
6400 Dutchman's Parkway Suite 20  
FAX: 502/897-0042  
E-mail: bkayser@juno.com

4. Each submission must be double spaced, with a one inch margin at each side. In lieu of submitting two originals, the author MAY submit a diskette containing the item saved either as Word for Windows Document or as an ASCII file. If the modem method of submission is desired by the author, special arrangements should be made with the OHPTSIG Secretary/Newsletter Editor.

5. Abstracts are considered to be brief synopses of recent articles related to the current practice of Occupational Health Physical Therapy. Abstractors may not abstract any article to which they were in any way recognized as an author or contributor. The OHPTSIG Newsletter Editor has the final OHPTSIG responsibility for decisions regarding content, quality, and recommendations for publication of abstracts. The OPTP editor has the final authority regarding publication.

6. Upon receipt of the items, the OHPTSIG Editor, in conjunction with the OHPTSIG's Publication Committee, will review each item for:
  - Appropriateness/Relationship to Current OHPTSIG Objectives
  - Readability
  - Reliability and/or Verification of Information
  - Relevanceand will make all necessary revisions or modifications.

*Roberta L. Kayser, PT OHPTSIG Secretary and Publications Committee Chair*



# Pain Management Special Interest Group

Orthopaedic Section, APTA

Thanks to all who've joined the PMSIG.

CSM



February 14, 1997 - Dallas

-Pain Physiology  
-Functional Capacity  
Evaluations  
Joe Kleinkort, PhD, PT  
Starts at 8:00 a.m.

Business Meeting at 11:00 a.m.  
-Discuss elections  
by ballot  
-Pain discoveries  
-Continued education

If you'd like to be a speaker on pain, please call the Orthopaedic Section or me.

If you would like to be an officer in PMSIG: President, Vice President,  
Secretary/Treasurer, or Education Coordinator,  
please contact Tara Fredrickson at 1-800-444-3982  
or me at 1-619-291-6282  
or E-mail: [painfree@ix.netcom.com](mailto:painfree@ix.netcom.com) or call the Orthopaedic Section.

Remember - "Pain does not have to be a way of life."

*Tom Watson, PT*  
*PMSIG*

# FOOT AND ANKLE SPECIAL INTEREST GROUP

## ORTHOPAEDIC SECTION, APTA



### CHAIR'S REPORT

Since our last meeting in Atlanta, Steve Reischl (Vice Chair), Mark Cornwall (Secretary/Treasurer), and I have been busy with the organization of the upcoming FASIG educational meeting for CSM in Dallas. We are all extremely excited about the Preconference course on FOOT ORTHOSES which is co-sponsored by the FASIG and the Orthopaedic Section. This Preconference course will take place on Wednesday and should provide the participant an in-depth overview of the current clinical concepts used in the design and prescription of foot orthoses. Please take time to read the advertisement for the course in this issue of *Orthopaedic Practice*.

Steve, Mark, and I are quite happy with how things have progressed to date with regard to the pre-instructional course as well as the FASIG educational program which will be held on Friday at CSM in Dallas.

The three FASIG standing committees have been busy and will present reports at our business meeting at CSM in Dallas. The programming committee under the direction of Vice Chair Steve Reischl has planned an exceptional educational program for Friday. A description of the program is provided below. The presentation by Professor Dale Turner on the use of foot orthoses in children with disabilities should be of great interest to the FASIG membership as well as our colleagues in the Neurological and Pediatric Sections. Dale is an outstanding clinician who has also conducted research on the utilization of foot orthoses on children with disabilities. Also of great interest to those in

attendance at the educational session will be the session on "managed care considerations in the treatment of foot problems." We are fortunate to have three speakers: Joe Tomaro, Steve Reischl, and Joe Godges who have extensive clinical experience working in the managed care environment. Both of these sessions will no doubt serve to stimulate discussion among those in attendance.

The final chapter of our educational session will be a presentation by Joe Tomaro, Chair of the Practice Committee, on the proposed "Terminology Related to the Foot and Ankle" which was developed by the practice committee. At the last FASIG business meeting in Atlanta, I charged the Practice Committee, with approval of those members in attendance, to develop physical therapy foot and ankle terminology which we could eventually submit to the Section for possible adoption. In this final session, Joe will be reporting on the prognosis with the development of the foot and ankle terminology with a discussion to follow. The terminology that Joe will present for discussion is included in this issue of *OP*.

In order that we can have a meaningful discussion on this important topic, I hope all of you will take the time to read this prior to CSM in Dallas. If you will not be attending CSM, the Practice Committee would still like to have your comments!! Please send them to Joe Tomaro, PT, 490 East North Ave, Suite 501, Pittsburgh, PA 15212.

Also at our business meeting at CSM in Dallas, we will be electing a Chair, Secretary/Treasurer, and two Nominating Committee members. I want to thank Irene McClay and the Nominating Committee for

putting an excellent slate of candidates for the FASIG. The following are the slate of candidates that have been nominated:

CHAIR:

Steve Baitch

SECRETARY/TREASURER:

Mark Cornwall

NOMINATING COMMITTEE:

(elect 2)

Ted Worrell

Jim Birke

Walt Jenkins

If you are interested in running for these positions, please contact Irene McClay (302-831-8910), Michael Mueller (314-286-1400), or me (520-523-1499).

I would like to acknowledge the outstanding contributions made by outgoing FASIG Secretary/Treasurer Mark Cornwall as well as Nominating Committee members Irene McClay and David Sims. Having such outstanding individuals involved with the FASIG has made my job as Chair for the past two years so much easier.

Finally, I want to personally thank all of you who have been so supportive of my efforts over the past four years as we have attempted to get the FASIG off and running. I can still think back to 1992 when several physical therapists met in Flagstaff and discussed the possibility of a special interest group for the foot and ankle. While our original thought was to create a multisection interest group, I still feel that the FASIG, while housed under the Orthopaedic Section, has worked to maintain that multisection involvement! All one has to do is to look at the annual educational session programming for a reminder of this multisection involvement. I am really proud of what we have accomplished and look forward to participating in FASIG activities at future CSM meetings. Unfortunately, changes in my responsibilities at Northern Arizona University have necessitated that I not run for

the Chair position for a second term. Again, I cannot thank each of you enough for having given me the opportunity to direct the FASIG during its formative years. In addition I want to thank Tara Fredrickson, Terri Lunder, Dorothy Santi, and the Orthopaedic Section Board of Directors for all of their assistance in the formation of the FASIG. I feel that the FASIG has achieved all that I hoped it would become in its first two years of existence, and I have no doubt that it will continue to grow under new leadership elected in Dallas.

In closing, I want to invite you to be and participate in the FASIG. Please join us for both the business and educational meeting that will occur on Friday at CSM in Dallas. As I mentioned, Steve and his committee have put together an excellent program that will no doubt prove stimulating and informative. If you have any questions or suggestions regarding the FASIG, please do not hesitate to contact me by either phone (520-523-1499) or FAX (520-523-9289). I look forward to seeing you in DALLAS!!

Best Regards,

Tom McPoil  
Chair, FASIG

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**FASIG BUSINESS  
AND EDUCATIONAL  
SESSIONS AT CSM**

**DALLAS, TX**

The business meeting and educational session is scheduled for FRIDAY at the 1997 CSM in Dallas. The FASIG Business and Educational program is as follows:

10:30 to 11 :30 FASIG Business Meeting

12:30 to 2:30

Managed Care Considerations  
in the Treatment of Foot  
Problems

-12:30 to 1:00 -Ligament Injuries  
Foot and Ankle

-Joe Tomaro, MS, PT, ATC

-1:00 to 1:30 -Plantar Fasciitis and Heel  
Pain

- Steve Reischl, PT, OCS

-1:30 to 2:00 -Pronatory Foot Conditions

- Joe Godges, PT, OCS

-2:00 to 2:30 -Panel Discussion

2:30 to 3:30 EXHIBIT BREAK

3:30 to 4:30

Biomechanical Abnormalities of the  
Foot and Ankle in Children with  
Disabilities; The Use of Posting with  
Orthoses

-Dale Turner, MA, PT, PCS

4:30 to 5:30

Report on the FASIG FOOT and  
ANKLE

TERMINOLOGY Paper

-Joe Tomaro, Chair, FASIG Practice  
Committee

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**TERMINOLOGY RELATED TO  
THE FOOT AND ANKLE**

Joe Tomaro MS, PT, ATC  
Allegheny General/Duquesne  
Sports Medicine Institute

Chair, Practice Committee of the Foot and  
Ankle Special Interest Group

Over the past year the practice committee of the Foot and Ankle Special Interest Group has developed terminology concerning foot and ankle biomechanics. The purpose of this was to provide consistency in the use of terminology related to the foot and ankle. This standardization is important to physical therapists to allow for better communication between the various specialties in the profession. Below are the recommendations of the committee beginning with structural definitions followed by descriptions of motion. This terminology will be discussed and modified as necessary during the presentation. In addition, terminology describing the components of motion during foot pronation and foot supination and how excessive foot mobility and limited foot mobility are defined will also be debated.

**Structure**

**Rearfoot** - talus and calcaneus

**Midfoot** - navicular, cuboid, and cuneiforms

**Forefoot** - metatarsals and phalanges

**Tibio-fibular varus** - a structural position of the leg in which the distal aspect of the tibia/fibula is closer to the midline in comparison to the proximal aspect.

**CalenNeal (subtalar) varus** - a structural position of the calcaneus in which the distal aspect of the calcaneus is inverted in comparison to the proximal aspect.

**Rearfoot varus** - a structural position of the leg and calcaneus combining the measurements of tibio-fibular varus and calcaneal varus.

**Forefoot varus** - a structural position in which the second, third, and fourth metatarsal heads are inverted relative to the plane of the calcaneal condyles with the subtalar joint in a neutral position and the midtarsal joint fully pronated.

**Forefoot abductus** - a structural position in which the forefoot is displaced away from the midline.

**Forefoot adductus** - a structural position in which the forefoot is displaced toward the midline.

**Plantarflexed first ray** - the first metatarsal and medial cuneiform are plantarflexed in relation to the other rays.

**Dorsiflexed first ray** - the first metatarsal and medial cuneiform are dorsiflexed in relation to the other rays.

## Motion

### SAGITTAL PLANE MOTION

**Dorsiflexion** - motion in the sagittal plane in which the distal aspect of the foot moves toward the leg.

**Plantarflexion** - motion in the sagittal plane in which the distal aspect of the foot moves away from the leg.

### FRONTAL (CORONAL) PLANE MOTION

**Inversion** - motion in the frontal plane in which the plantar surface of the foot is tilted toward the midline of the body.

**Eversion** - motion in the frontal plane in which the plantar surface of the foot is tilted away from the midline of the body.

### TRANSVERSE PLANE MOTION

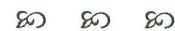
**Abduction** - motion in the transverse plane in which the distal aspect of the foot rotates away from the midline of the body.

**Adduction** - motion in the transverse plane in which the distal aspect of the foot rotates toward the midline of the body.

### TRI-PLANE MOTION

**Supination** - a tri-plane motion consisting of a combination of plantar flexion, inversions, and adduction.

**Pronation** - a triplane motion consisting of a combination of a dorsiflexion, eversion, and abduction.



# FROM NATIONAL

## APTA Continuing Education Service

The APTA Continuing Education Service (CES) is expanding two of its services. It will be easier to record your CE activities in your PROFILE database by simply calling the APTA toll free 800 number. Also the PROLOG clearinghouse listing of CE course offerings will be available in three different arrangements: 1) chronological. 2) subject area, and 3) regional. Details are listed below:

## PROFILE - APTA CE Registry

A Registry member can report participation in a CE and/or professional development activity by calling APTA's toll-free 800 number. The process is SIMPLE, FAST, AND AT NO CHARGE TO YOU: DIAL 1-800-999-APTA (2782). PRESS 1 when calling from a touch-tone phone. SELECT option 3 (for PROFILE Registrants). REPORT:

1. Your APTA Membership Number or Social Security Number.
2. Your Full Name - first, middle, last (spelling any unfamiliar words).
3. Your daytime phone number (area code and number).
4. The CE Program Title (spelling any unfamiliar words).
5. The CE Provider's Name (spelling any unfamiliar words).
6. The number of CEUs awarded.
7. The CE Program start date ("Start Date: June 6th, 1996).
8. The CE Program end date ("End Date: June 8, 1996).
9. The CE Program location (city and state).

You may still complete a PROFILE PARTICIPANT'S FORM and return it to CES.

## PROLOG - APTA Clearinghouse of CE Offerings

The PROLOG clearinghouse of CE offerings will be available in three different arrangements: CHRONOLOGICAL - the current arrangement lists upcoming CE offerings BY DATE. SUBJECT AREA - this arrangement will list the upcoming CE offerings BY SUBJECT AREA. REGIONAL - this arrangement will list the upcoming CE offerings BY REGION OF THE COUNTRY.

These PROLOG clearinghouse listings are available on APTA's FAX-ON-DEMAND at 1-800/399-APTA, ext. 2782. Request document #1702 PROLOG **Chronological**, document # 1706 PROLOG **Subject Area**, document #1707 PROLOG **Regional**.

The PROLOG clearinghouse listings are also available on the APTA homepage at <http://www.apta.org>. You'll find us under the heading of "Professional Development/Continuing Education."

Watch for these additional PROLOG arrangements coming this Fall for further information about the APTA's Continuing Education Service PROFILE - the CE Registry; PROLOG - the Clearinghouse of CE Offerings; or PROVIDE - the Approved CE Provider program - call ext 3534 or E-mail Phillip Kokemueller at [pkokemueller@apta.org](mailto:pkokemueller@apta.org).



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