



SPECIAL INTEREST GROUP

Minimum Standards and Future Directions

What an exciting time it is for researchers and clinicians who regularly treat foot and ankle conditions! This column is devoted to exploring current research involving the foot and ankle, and also represents our SIG contribution to diagnosis, treatment, and instruction.

Entry-level Curriculum Recommendations

The FASIG is excited to announce the completion of a 4-year process in the development of minimum curriculum standards for the foot and ankle. "Foot and Ankle Curriculum Content for the Entry-level Physical Therapist" is a document now available by link on the Orthopaedic Section website. The primary purpose of this paper is to assist the orthopaedic instruction of entry-level therapists by establishing minimal competencies in the examination, treatment, and diagnosis of a variety of foot conditions. This document is intended for any and all stakeholders in the education preparation of our future physical therapists. In particular, orthopaedic instructors are encouraged to use the document as an instructional aid.

A 35-member Task Force first met in November 2011 to begin the process of providing conformity and consistency in the orthopaedic instruction of foot and ankle material to all 206 physical therapy programs across the country. An earlier survey of physical therapy program directors and orthopaedic instructors indicated the need for base-line curriculum content. At the same time, the Task Force intended to provide instructional background materials, including references, citations, and patient cases, to assist the orthopaedic instructor.

Over the last 3 years, the document has been vetted, reviewed, amended, altered, and grammatically checked. An initial version was presented at CSM 2014, where additional input was gathered, and further changes were implemented. The FASIG is proud of this document.

The authors of this very large and impressive document should be credited; the original 35 member Task Force is listed in the document and should be applauded for their efforts. As you will see from the list, the Task Force was a representative example of the talent and experience that comes with the Orthopaedic Section and the Foot and Ankle Special Interest Group. Nonetheless, a few people deserve special mention:

- Chris Neville chaired the original Task Force meetings and spearheaded the project until completion. His leadership, vision, and organizational skills provided the foundation for the clarity and thoroughness of this entry-level document.
- Lisa Silverstein reviewed the entire document for content, references, grammar, and layout. Her meticulous attention to detail and cited references adds strength to this document.
- Todd Davenport, Stephanie Albin, and Steve Pettineo provided invaluable input regarding content and formatting.
- Tom McPoil, Steve Paulseth, and RobRoy Martin provided the impetus for the initial survey and guided the initial steps in forming a Task Force.

- Pam Duffy acted as the Orthopaedic Section Board liaison to the FASIG and provided critical guidance. Thanks again to ALL that assisted in this process!

Future Directions: A Randomized Controlled Trial You Should Check Out

Randomized Controlled Trial Comparing Orthosis Augmented by Either Stretching or Stretching and Strengthening for Stage II Tibialis Posterior Tendon Dysfunction

Jeff Houck, PT, PhD

Christopher Neville, PT, PhD

Josh Tome, MS

Adolf Flemister, MD

This recently published randomized controlled trial is from the *Foot and Ankle International*, the publication for the American Orthopedic Foot and Ankle Society. I wanted to bring attention to the article and acknowledge the authors. First, Jeff Houck and Chris Neville have been active in the Foot and Ankle Special Interest Group for several years. They have a long and impressive list of research papers, many of which deal with posterior tibialis tendon dysfunction. This article caught my attention because of its relevance to the clinician who treats foot and ankle disorders, as well as the strength of the study (level one).

Dr Houck and Dr Neville concluded that a moderate-intensity, home-based exercise program minimally improves outcomes over an orthosis alone in those with stage II tibialis posterior tendon dysfunction. I think this verifies what many clinicians encounter when we see this category of patient. However, take a closer look at the study, particularly, measurement of strength.

A custom-made isometric strength testing system that isolated the deep posterior compartment by resisting foot adduction was used. Please note that the authors were not just trying to measure uni-planar forces, but rather, they are attempting to isolate force production in the foot in different compartments, planes, and directions. In other words, following the lead of Dr Houck and Dr Neville, shouldn't we explore the force (and force attenuations) capabilities of the foot in all directions, planes, and axes? Are there other articulations where forces are produced in the foot? Are forces produced in the foot to propel gait, or to control it? Where are these forces occurring?

The answers to these questions could provide the physical therapist, who is specialized in diagnosis and treatment of the foot and ankle, with a brand new approach to strengthening and stabilizing the foot and ankle, and perhaps providing remedy to multiple dysfunctions and deformities.