Body Worlds  by Aaron Rizzardo, BSc PT

“Anatomy should emphasize how structure relates to function.” My anatomy professor so aptly put what we as physiotherapists try to learn as students and refine as professionals. Relating structure to function, and subsequently dysfunction, is arguably one of the foundational skills of physiotherapy. Dr. Gunther von Hagens’ current exhibit, Body Worlds 3 at Science World, provides the public with a unique opportunity to view the human body in a way most physiotherapists do during their formal education.

For many physios, the thought of gross anatomy invokes images of latex gloves, yellow stained lab coats (one pink one), the feeling of the cold steel doors and dollies and, of course, that perfectly preserved smell of formalin and formaldehyde. I don’t think I have to explain how fantastic it is to be literally inches away from a full specimen while inhaling a deep breath of scented, conditioned air. I want to share what I felt was truly a unique opportunity to get back to the foundation of physiotherapy without the onslaught on my sensory system at Body Worlds 3.

“Look here! Look! You can see the tibial component of the sciatic nerve piercing through the piriformis!”

After speaking with a respected peer in UBC’s Anatomy Department who had recently attended the show, I was second-guessing my immense enthusiasm for seeing the exhibit. However, as I pushed through the turnstile on the second floor of Science World, my heart rate immediately began to race. My mouth quickly became dry and, concurrently, I realized my vocal and oral muscles were completely incapable of keeping up with the thoughts shooting through my brain: “Look here! Look! You can see the peroneal component of the sciatic nerve piercing through the piriformis!” “Look at how they have maintained the phrenic nerve! And there, the crus of the diaphragm!”

I caught myself babbling to my girlfriend about the specimens, answering queries, pointing out the aspects of the specimens that were of either significant interest or quality. It was true what was told to me by my anatomy colleague; these dissections were not dissections to be studied, or anatomy learned from them; these masterpieces were to be admired and taken in from every angle as works of art. The awe of the experience quickly overcame the sometimes theatrical and sometimes creative positioning, not only of the body but also of the dissected elements. It stopped you from questioning the why, but admiring the what and the how.
A Call to Arms!

On a mid-September weekend, I had the privilege of meeting with the PABC Board of Directors and the members of the Public Practice Advisory Committee (PPAC). The weekend was jam packed with strategizing, visioning and decision-making. At the end of the meeting, we took time to discuss a “Mega Issue.” This is a time when we focus on strategic thinking about the relevant future (an idea that came to us via a course taught by Bud Crouch last November. You may recall a Directions article on that course).

The “Mega Issue” we discussed is linked to some recent information provided to us by CPA—a comparison of the number of registered physiotherapists in each province to the number of provincial CPA members. British Columbia unfortunately had the lowest percentage of members. Despite continued growth in terms of overall numbers (which we are very excited about), 47% of registered physiotherapists in BC are not members of PABC. This statistic shocked me and framed the question discussed at the Saturday night Board session.

The question was, “Given that PABC is a leader in innovative ideas and provides the most member services of any of the provincial branches, how can the percentage of members versus registered be so low?”

Prior to our “Mega Issue” discussion, I had the opportunity to do some research at the grass roots level. One of the physiotherapists at the hospital where I used to work (she is not a member of PABC) stopped by my clinic. After some discussion with her, I asked if she would pose a few questions to her hospital colleagues (one of five therapists is a member). She agreed and the responses were interesting. When asked about why they don’t belong to CPA/PABC, the unanimous response was “the cost.” When asked about what the services/benefits to members are, they responded with the usual things: newsletter, journal, malpractice insurance and reduced fees on courses. One interesting response to this question was, “You tell us what you offer.” This of course poses an interesting dilemma. How can we as an association expound the numerous benefits of membership within PABC to non-members if we have no way to reach them?

Returning now to the Saturday night meeting (and part of the PPAC meeting on Friday night), the board discussion focused on various strategies to get this critical benefits information to non-members. I believe current members who work with non-members are the critical link. Whether it be in public or private practice, we all need to be CHAMPIONS of PABC. If we make a concerted effort to tell non-members what PABC does, perhaps we will be on our way to raising that percentage score! This is a measurable goal (we love that as physios, don’t we?) that we could review in a year’s time.

In order to help us all be champions, be on the watch for “Membership has its Privileges” information and various other tools on the website. We’ll make it easy for you to have your colleagues ‘get it.’ Please contact me with your feedback and ideas at president@bcphysio.org.

PABC’s AGM will be held in conjunction with World Congress. Mark your calendars for Sunday, June 3rd from 6-8 pm. In addition to our business, we will have Senator Pat Carney as our keynote speaker, Award presentations and a reception.
CEO’S REPORT

PABC is an Award Winning Organization

Last month we had the great honour of being recognized nationally for having the Best Website among the hundreds of organizations in the Canadian Society of Association Executives. We won the CSAE 2006 Communication Award of Excellence for our site that focuses on member services. You’ll remember we revamped the site last year, and our public site too. We strive to make it easy for you to get your information fast, and to have a repository of invaluable information you don’t have to keep in files on your desk! With the WAD Patient Data Collection project as an active draw to the site, the Librarian page with a link to Eugene’s resource-rich Blog, and the Club Physio portal now installed, our site just keeps getting better. The public frequents the site to find you, and to get generic information on the profession. And now foreign-trained physios have a place to go and get the full story on the steps they need to take to become practicing physiotherapists in BC. With the improvements CPA has recently made to their site, they are a shoe-in for next year’s award.

Last year we won the CSAE-BC award for Membership Services Above and Beyond with our OM Database System. We are confident that next year we will win the national health award we applied for that would recognize our outstanding librarian services that Eugene has made possible.

And you can win awards too! Several of our members have been nominated for CPA awards to be presented at World Congress. And several more can be nominated for the PABC Awards of Excellence. We want to fill the Summer newsletter with photos of you on the platform at WCPT, so please consider nominating your colleague for one of the six awards we offer – check it out on our award-winning website at www.bcphysio.org and on the Members Only site click PABC & You / Awards. There you’ll see a link to the five Excellence Awards and the Ruth Byman Education Award (self-nomination).

And to get you to World Congress to accept an award or see your colleague accept an award, you can apply to PABC for a $500 bursary. Contact me at rbt@bcphysio.org to get the application.

Help put PABC on the international physiotherapy map by ensuring our members are on the Awards podium. Nominate an admired colleague.

News from the PABC Staff

Members Make the Association

by Stephanie Dutto, Member Services Coordinator info@bcphysio.org

Estrid and I have created double-meaning tag lines that cleverly encapsulate our roles at PABC. As your Member Services contact, my job is to ensure you ‘make the association’ between our services and your satisfaction, and we are here to help you ‘make the Association’ a strong one.

Here are some of our recent activities in Member Services.

Our MPT two-year Student Mentorship program is an overwhelming success with over 41 members volunteering to mentor 41 MPT1 students. Based on the mentor’s application forms, it’s clear that they are excited about the opportunity to give back to a profession they have enjoyed working in for many years, and to inspire and share their experience with the MPT students. Many of our mentors have not been previously active in PABC leadership. What a great way to get involved.

The mentors and students met on October 3rd in a session led by Phil Lawrence that included discussions on mentorship in general and expectations of this unique program in particular. It is the only program of its kind that partners the University with the Association.

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Following the session, mentors commented:

Quite the group of mentors!!...thanks to you for making it happen...it was exciting.

It was amazing to see the array of physiotherapists there that spanned the age groups and represented such a wealth of PT professional contribution over the years. The evening flew by and it was hard to see so many colleagues and have no time to chat with them. We tried to stay focused on our mentees. I am very excited to embark on this journey.

Last night was great. The program is going to make a huge impact on the future of our profession. Remember when we had that strategy session on what we needed our members to become, i.e. descriptors like informed, proactive, enthusiastic, leaders and critical thinkers. Well, we’re on our way with this class, this group of mentors and the PABC leadership.

I’m really looking forward to working with this program. Thanks for the opportunity.

We also have several new task force (TF) members:

**Back Strain TF:** Perry Strauss, Philippe De Clerck, Alison Hoens, Bianca Matheson, Tracy Barber, Neil Pearson and Matt Wright-Smith.

**Communication Advisory Group (CAG):** Alison Eadie, May Ly, Joseph Anthony, Stacey Miller, Fred Samorodin, Scotty McVicar, Kate Stebbings and Dr. Peter Culbert

**Member Satisfaction Survey TF:**
Karen Skarpnes, Joan Russell, Rebecca Meeks, Tanya Yardley, Marj Belot, Scott Brolin, Susanne Watson and the CAG Members.

**Briefings TF:** This five member committee includes members with PhD’s and two PhD candidates: Susan Harris, Lynn Feehan, Peter Huijbregts, Maureen Ashe and Vanessa Noonan.

We are proud of our members who are so generous of their valuable time on committees and task forces, and now as mentors. Most members also volunteer for community activities such as sports coaching, marathons and fundraising provincially, nationally and internationally.

To all members “Thank you” for Making the Association.
The Joint Replacement Series

In the past two issues of Directions we have included perspectives on hip and knee replacement rehab, and this article completes our series, taking the broad view and future.

THA and TKA Rehabilitation in BC — IT’S ALL OVER THE MAP

by Marie Westby, BScPT, PhD candidate
PT Teaching Supervisor, Mary Pack Arthritis Program

According to the Canadian Joint Replacement Registry’s 2005 Annual Report, more than 48,000 primary total hip arthroplasty (THA) and total knee arthroplasty (TKA) surgeries were performed in Canada in 2002/03. In the 2006 report due out in October, we are likely to see this number top the 50,000 mark.

In BC alone, over 8,000 procedures were performed in the same period—a now outdated figure with the BC government’s infusion of funding into the healthcare system earlier this year that enabled the opening of a 38-inpatient bed unit at UBC Hospital and dedicated operating rooms with the capacity for 1,600 additional surgeries annually. As of September 1, the Centre for Surgical Innovation (CSI) has performed 549 primary THA and TKA procedures since its launch on April 3, 2006. In addition to opening new operating rooms, acute-care length of stay (LOS) has decreased. At CSI, the average LOS is 3.29 days for THA and 3.06 days for TKA. (Personal communication, Laurie Leith, Project Manager, CSI) These changes have had a dramatic and positive impact on reducing the waiting time for arthroplasty surgery.

The caution is that it has also shifted responsibility for immediate rehabilitation services and costs to outpatient or rehabilitation settings, community care, and the patient and family. The shorter acute-care LOS has also shifted responsibility for care and monitoring of immediate post-operative complications to family members and health care professionals less experienced in the identification and management of potentially life-threatening problems such as deep vein thromboses (DVTs). Patients still need to recover from these surgeries and rehabilitate from what might have been years of progressive disability, altered movement patterns, muscle atrophy and dysfunction, reduced proprioception and a heightened falls risk as a result of progressive osteoarthritis. As I suggested in a briefing paper I prepared for Federal Health Minister Tony Clement earlier this year: “Surgery alone is not enough!”

While it intuitively makes sense that a prolonged and progressive course of rehabilitation is warranted under such circumstances, the literature to date is inconclusive as to the value of various forms of physiotherapy in regaining physical function and health-related quality of life. The research evidence, however, is sparse, physiotherapy is poorly defined and described, and differing rehabilitation protocols, exercise dosage, outcomes and outcome tools make it very difficult to pool study results and draw sound conclusions.

So what type, amount, quality and consistency of rehabilitation care are patients currently receiving after THA/TKA surgery? Well, as the title suggests, it’s all over the map and it’s not only our provincial map, but national and international maps too.

Approximately 70% of THA patients in Ontario receive post-acute rehabilitation through inpatient rehabilitation and/or home care services. (1) While exact figures are not known for BC, the percentage of patients receiving similar services is far lower. Inconsistencies and variations also exist in the type, amount, duration, quality and content of rehabilitation programs across Canada and abroad. (2-4) Closer to home, a current BC-wide survey of inpatient and outpatient hospital facilities found marked variation in the modes of post-acute rehabilitation, content of therapeutic programs, discharge criteria and use of standardized outcome measures. (Personal communication, Dave Troughton, PT Practice Resource, Vancouver Island Health)

At present, rehabilitation “best practice” is largely based on clinical experience, surgeon preferences, traditional care, and clinical pathways established for the acute-care phase. Essentially no evidence-based guidance exists to assist clinicians in recommending therapeutic exercises and physical activities following discharge from the acute care setting. A review of international guideline clearing houses, professional organizations websites and numerous electronic databases has revealed that no clinical practice guidelines are available for THA/TKA rehabilitation. PABC librarian Eugene Barsky conducted a literature review in March 2006 and reported similar results.

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It is for these reasons that the North American Guidelines for Joint Replacement Rehabilitation working group was assembled. This multidisciplinary team of Canadian and US rehabilitation professionals, patients, health care decision makers, surgeons and other physicians is undertaking a multi-phase project to develop evidence-based clinical practice guidelines for post-acute THA/TKA rehabilitation. Focus groups have been conducted in several Canadian and US sites to better understand current rehabilitation practices and concerns from various stakeholders’ perspectives. Cochrane systematic reviews are underway to synthesize the THA/TKA rehabilitation literature. A multi-round Delphi survey will generate consensus-based recommendations for those clinical topics where the evidence is weak or non-existent. A consensus meeting with a mixed panel of clinicians, researchers, patients and decision makers will refine the clinical recommendations, prepare the practice guidelines and develop a knowledge transfer (KT) plan to ensure broad dissemination, implementation and evaluation of the guidelines. (And in my free time…)

In the meantime, physiotherapists in BC can get informed, get involved and get talking.

- Hospitals and health authorities throughout BC have joined forces as a “Provincial Arthroplasty Collaborative” to develop innovative approaches to addressing the needs of THA and TKA patients in their communities. Patient and clinician decision tools and resources are available on the collaborative’s website at http://www.phsa.ca/AgenciesServices/Services/SurgicalServices/ProvincialHipKneeArthroplasty/default.htm. In the “Tools” section select “Self-Management Tools” for patient booklets about pre- and post-op preparation and exercises (including a link to ordering hard copies from Vancouver Coastal Health). For clinician resources, select “Decision Support Tools” where you will find quick tips for physiotherapists, hip precautions and milestones for both TKA and THA. Explore the website further, especially the “Learning Sessions” presentations, to learn what initiatives are happening in your health region.

- The Mary Pack Arthritis Program will be conducting its annual Arthritis Continuing Education (ACE) introductory course April 23-27, 2007 and will encourage therapists not registered for the full course to participate in the ½ day surgical update and rehabilitation sessions. Look for registration information in this and upcoming issues of Directions.

- The spring and summer issues of Directions published articles by physiotherapists who described the care of THA/TKA patients from the pre-operative stage through to the outpatient and community-based, post-operative stages. Sharing your clinical experiences and rehabilitation approaches through informal and more formal channels such as Directions and the Collaborative, are excellent ways to raise awareness about THA/TKA rehabilitation. This can begin to address inconsistencies and inequities in care around our province. For further information, I have prepared a reading list on THA/TKA surgery and rehabilitation, which will be posted on the Collaborative’s website.

Let’s put BC on the map for its collaborative, evidence-based approach to providing high quality rehabilitation services for the growing number of people undergoing THA and TKA surgeries each year.


The Back Strain Task Force

The Back Strain Task Force (BSTF) was struck as a result of the newly negotiated WorkSafeBC agreement. It was agreed that for the next round of negotiation in 2007, we must consider a different approach. WorkSafeBC therefore suggested that, like the WAD CPG, we create a Back Strain practice guide that could form the basis of a program-based fee. We gathered seven expert members and our Outreach Librarian (see photo next page) to undertake the task. The BS team is now reviewing the current literature identifying gaps, and creating the outline of the model. Our deadline is June 2007 to finish our findings and begin negotiating. The member version will be created thereafter.
Greetings from your BAC Chair! Autumn is a time for harvest and we are certainly reaping some of the seeds that were sown this past spring. We have a new WCB Physio agreement, a new OR1 agreement and are actively engaged with other funders across the province and nation.

The Business Affairs Committee was struck to fulfill the following mandate:

- Develop business perspectives for PABC
- Develop business policies and tools to assist the membership
- Negotiate with third party payers and recommend fee agreements for approval by the Board
- Establish and carry out a ratification process for fee agreements

This past summer, I ran into my supervisor from my first physiotherapy placement. I told her that since finishing my physiotherapy degree at UBC, I had returned to school and was now practicing law.

She had a lot of questions for me. Some questions were specific to her practice such as: “What are the damages awarded for an amputated limb?” Other questions were more general: “How do I write a medical legal report?”

I realized that although many of our patients are involved in litigation, few of us received any legal education during rehab school. It seems that dealing with insurers, such as ICBC, or writing reports to lawyers are skills we must learn on the job.

Do you have questions about physiotherapy and the law?

by Derek Mah

This past summer, I ran into my supervisor from my first physiotherapy placement. I told her that since finishing my physiotherapy degree at UBC, I had returned to school and was now practicing law.

She had a lot of questions for me. Some questions were specific to her practice such as: “What are the damages awarded for an amputated limb?” Other questions were more general: “How do I write a medical legal report?”

I realized that although many of our patients are involved in litigation, few of us received any legal education during rehab school. It seems that dealing with insurers, such as ICBC, or writing reports to lawyers are skills we must learn on the job.

With the assistance of PABC, I am very excited to have the opportunity to share my knowledge with you. If you have any legal questions with respect to your practice, please email them to me and I will provide my answers in the next edition of Directions.

Your question may be about the costs and benefits of incorporating your practice. Or you may want to know what information you should record in your clinical notes. I will be happy to answer any questions you may have. You can contact me at: mah@murphybattista.com

Have a fabulous autumn! ♦
WAD Patient Data Project – Tips to Make Participation Easy

by Marj Belot – on behalf of the WAD Patient Data Group

If you haven’t entered your three WAD patients into the WAD Patient Data project (see Summer Directions pages 10-11 for details), the How To (on the OM system you use to enter the data) will make it fast and easy. By participating, you are helping advance the profession, and providing us with needed data for our World Congress presentation (if they accept our submission).

Tip: to enter interim data (the project ONLY requests the initial (initial what?) and discharge), there is an option for the WAD study (and for the general OM database of which WAD is a component). There is only one option for a mid-term report, so we recommend you do it midway through the expected course of treatment, which you can guesstimate at the initial visit or shortly thereafter. Alternately, once you know discharge date you could go back and enter the mid course NDI and pain scale for clients in the WAD study.

Tip: you or your front desk staff could put reminders on a calendar (as with an adjuster follow-up) to prompt you to reassess the NDI and pain scale (or any other OM measures you may be using for non-WAD patients).

Tip: follow-up calls could be initiated to those not returning to assess their discharge status. If you were really keen you could also assess NDI and pain on the phone as well.

Tip: for long-term patients, I find it useful to recheck OM approximately monthly, which aids communication with the patient, adjuster, doctor, etc. However, these would not be entered in the WAD project.

Tip: for discharge data on your WAD study patient, I would enter whatever info you can get, even if you don’t have NDI or pain scores. Also, if they are discharging themselves, there is a space to check if they attended as advised or not, so please check that.

There is also room for comments on your patient within the WAD database so please add whatever comments you feel are relevant (as per comments you’d add to his or her chart).

Also, although we only ask for three patients, it is okay to enter more.

MEMBERSHIP RENEWAL TIME

We made our 2006 goal!! We set our sites for 1,660 members, and we made it! That is the highest membership on record. It is still only 53% of the registered physiotherapists in BC, but we are working hard on initiatives to attract the majority of public practice physios who have not yet caught the vision, or fully appreciate the value of our award winning association. (In the past year we have won a provincial and a national association award for our outstanding membership resources). There are also a few private practice physios who believe that cheaper and lower value malpractice insurance is all they need to practice; we are working to inform them that excellence requires PABC membership!

Don’t wait ‘til Christmas to renew; give yourself the gift of membership today. And by bringing in a non-member, you’ll save $100!!

Recruit a Colleague, Reap the Rewards!

Based on the success of previous years’ programs in which PABC members received membership dues refunds of $100 for recruiting new members, we are pleased once again to be running the Member-Recruit-a-Member Program. Until December 31, for every non-member you recruit into full membership, CPA will refund $50 and PABC will refund $50. For rules or questions about this contest, contact Christine James, CPA Director of Membership Services, at cjames@physiotherapy.ca.
PUBLIC PRACTICE DIRECTIONS

by Scott Brolin, BScPT, Public Practice Advisory Committee (PPAC) Chair

The many efforts of the Public Practice Advisory Committee over the past three years to understand the issues facing physiotherapists in public practice have finally been completed. On the PABC website you will find the summaries of what you and your peers feel are the issues facing your practice in the hospital, home health and pediatric sectors in BC. The issues are common and significant: a high demand for physiotherapy services (imbalanced by a poor supply of physiotherapists), a lack of connectivity between physios and health care decision-makers and a lack of resources to help us move our practice forward.

In an effort to take your responses and formulate them into action, PPAC is drafting a position paper aimed at highlighting the impact of these important issues. We met recently and presented our top-line findings to the Board of Directors. The position paper will outline the desperate need for government and health care employers to implement appropriate strategies to cope with the supply of physiotherapists to the workforce, including a significant increase in enrollment at UBC. In addition, to ensure our patients are able to gain equitable access to our services and the health care system to maximize the potential for patient flow, physiotherapists need to be involved in the decision making process for program planning and funding.

The intent is to complete the position paper in the next couple of months and it will be disseminated to appropriate stakeholders, including the Ministries of Health and Child and Family Development and the provincial health authorities. We welcome your feedback on these and other issues related to physiotherapy in the public sector that you may provide through PABC or through our soon-to-be-completed Physiotherapy Contact List (of those in Physiotherapy leadership roles in facilities).

Royal Columbian Hospital Makes Waves

by Lori Hendry

We are making waves in patient outcomes. Here are some thoughts from the team.

The Issue

Our length of stay (LOS) statistics suggest we are not as good as other facilities at getting our total joint patients out on pathway. Does this mean we need more staff? Different treatment protocols? “Better therapists”? Or can it be that factors beyond rehab control are negatively impacting LOS?

The Project

Through communication with colleagues, we identified several key rehab outcomes that must be met prior to discharge from acute care and tracked the number of days to meet all outcomes, then compared this to the number of inpatient days.

The Results

Although the sample size was very small, the results suggest we meet rehab outcomes on average within .5 days of pathway, though patients were frequently not discharged home on that day. This suggests that rehab staffing/protocols are not the critical factor in LOS values.

Other questions

Because RCH is a tertiary trauma center, the patient composition on the orthopedic floor and the number of elective total joints performed varies greatly. It may not be possible, given this variability, to get an accurate picture of workload and staffing needs to meet provincial LOS-mandated numbers.
An Inside Look at Corporate Clinics

The model of clinic most people are familiar with is the sole-charge or single site multi-owner clinic. There has been a growth of corporate, franchised or multi-site clinics in BC over the past decade. Physiotherapists in these clinics are typically hired as employees, while some are associates and others are owners (such as Philippe De Clerck at Back in Motion). To get a perspective on their approach to treatment and how these clinics differ from single or double site clinics, we have asked several of the corporate clinic managers to describe their practice. We will feature three corporations in the Autumn and Winter editions of Directions.

Back in Motion Rehab
by Dr. Hemphill

Based in British Columbia, Back in Motion Rehab is a full-service rehabilitation and disability management company. Dedicated to the highest professional standards in our industry, our credo is “Helping People Work. Helping People Live.” Our objective is to provide the right rehabilitation solution at the right time.

We work with public and private insurance companies, government, employers, and individuals to identify their needs and provide services to meet their goals, which may include: helping clients to prepare for, find, return to, or stay at work; reduced time loss and absenteeism; and improved health and function. The integration of the needs and objectives of workers, employers and insurers often requires creative solutions with a team of professionals, including physical therapists, physicians, occupational therapists, psychologists, kinesiologists, and vocational counselors.

Our programs include: Medical Assessment and Return to Work Planning Services, Comprehensive Multidisciplinary Pain Assessments, Workplace First Disability Management Program, Activity-Related Soft Tissue Disorder Program, Sympathetically-Mediated Pain Rehabilitation Services, InFOCUS Psychological Services, Customized Active Rehabilitation Program, Head Injury Assessment and Treatment Services, and Compass Comprehensive Assessment Services. We also provide Triumph Vocational Services to Ministry of Employment and Income Assistance clients, including Pre-Employment Services and Planning and Employment Services for people with a broad range of physical health, mental health, and developmental disabilities.

Back in Motion fosters a healthy work environment, and was rated the second best Canadian company to work for by the Great Place to Work Institute (published in Canadian Business magazine, April 10, 2006). We were ranked number one on the dimensions Credibility and Fairness. Credibility relates to openness and accessibility of communications, competence in coordinating human and material resources, and integrity in carrying out vision with consistency. Fairness comprises balanced treatment for all in terms of rewards, absence of favoritism in hiring and promotions, and lack of discrimination and process for appeals.

Since 1993, Back in Motion has grown from five to over 70 employees and contractors, and presently delivers rehabilitation programs and services at four clinics in Richmond, Surrey, Victoria and Coquitlam. We have treated over 6,500 injured workers in British Columbia, and are committed to providing innovative solutions to our customers and clients.

For more information, visit: (www.backinmotion.com) ♦

Canadian Back Institute
by Dave Maxwell

Thanks for the opportunity to tell you about some of the exciting projects we are working on at CBI. We have an extensive network of over 120 physiotherapy and rehabilitation facilities in Canada with more than 1000 clinical and support staff that offer comprehensive services in physiotherapy, occupational and exercise therapies as well as massage therapy, case coordination, vocational rehabilitation, sports and occupational medicine and chiropractic care. We have provided care to Canadians for over 30 years and are 100% Canadian owned and operated.

Our vision is to be the most respected company in the delivery of health care services and to continue to help shape health care standards and practices in Canada.

Throughout Canada and BC we have been fortunate to partner with clinicians and facilities whose excellence in clinical care has made them leaders in their community. Facilities such as the Summit Group on Vancouver Island, Grove Physiotherapy in Langley, Westshore Physiotherapy in Victoria and Pacific Coast Rehab in North Vancouver are some of our strategic partners in BC. These facilities have benefited from CBI’s depth of resources such as our human resources, payroll, operational and data management, accounting, and financial capabilities. The staff of these facilities has in turn increased the
diversity and skill set of the CBI Network by complementing our existing facilities in the provision of quality care.

Additionally, we have also built strategic partnerships with Dynamic Rehabilitation and Canadian Eldercare Services offering case management services and eldercare rehabilitation respectively.

In British Columbia we have over 50 physiotherapists who work with us in our 18 sites that provide not only private practice physiotherapy in small settings but also provide multidisciplinary rehabilitation services in larger facilities. We encourage and support our staff to further their education and, as such, we have therapists with qualifications in high-level manual therapy, acupuncture, IMS and McKenzie training to name but a few. These additional skills allow our therapists to effectively treat the myriad of orthopedic and soft tissue conditions that come into our facilities daily.

CBI also strives to be a community leader in areas other than clinical care. We have just finished our “30 days of CBI” where every clinic in Canada spent 30 days raising money and food for the local Canadian Food Banks. This annual event is an opportunity for our staff to make a difference, and we are pleased to announce that we raised over $68,000 across Canada and over 24,000 lbs of food.

In the coming months, we will continue to seek out the leaders in the field of physiotherapy and rehabilitation. Our goal is to explore synergies between the health management capabilities of CBI and the community leadership and clinical expertise of local providers and therapists. We believe that together we can help provide a more comprehensive service delivery model to British Columbians. We are interested in working with clinicians and clinic owners who are results oriented and who are motivated to provide leading edge and evidenced based treatment in the field of rehab. Our commitment is to continue to have our facilities attain CARF accreditation and we continue to provide research and outcome data to the public.

We are very proud to be able to announce our recent acquisition of Care Point Medical Centres which operat

Orion Health
by Lyn Tse

OrionHealth is an employee-owned rehabilitation company, with three clinics in BC and three in Alberta. Our corporate culture of integrity and clinical excellence is reflected in our mission statement:

“OrionHealth is Committed to Integrity, Innovation and Best Practices”

Today, OrionHealth employs over 100 staff and provides service to more than 2000 clients per year. All our services are directly related to the issues of work and health. We see healthy productive functioning, self-management and sustainable work as necessary components of health and social independence.

Over nearly two decades we have built a reputation as a respected private rehabilitation organization in Western Canada. One aspect that sets us apart from our competitors is our employee share ownership option. Employees and contractors have the opportunity to invest in the organization and participate through the board of directors in decision making. This shared ownership pulls together our different strengths and provides the organization with a clear direction for forward growth.

Our organization consists of a range of clinical disciplines including: physiotherapy, occupational therapy, psychology, vocational counselors, kinesiologists and physicians. We utilize an active mentorship program that allows clinicians to continually expand their areas of knowledge with guidance and support.

The full range of assessment and rehabilitation services we offer are:
• Pain management programs
• ASTD programs (activity related stress/strain disorders)
• Occupational rehabilitation programs
• Community case management
• Functional capacity and worksite evaluations
• Medical status and musculoskeletal examinations
• Dual-diagnosis pain and substance abuse assessment and treatment
• Vocational rehabilitation
• Medical-legal rehabilitation
• Medical-legal FCE and cost of future care evaluations

Historically, we have enjoyed strong working relationships with employers, WCB in British Columbia, Alberta, Yukon and the North West Territories, ICBC, the Ministry of Employment and Income Assistance, and a large number of private insurers. Our organization is growing with another new clinic opening in Alberta this year and other plans for future expansion under discussion.

For more information, visit: www.orionhealth.ca

Members Make The Association
LIBRARY AND INFORMATION TECHNOLOGY (LIT) DIRECTIONS

by Eugene Barsky, Master of Library and Information Studies (MIS), PABC Outreach Librarian

How do you know whether information on a particular website is trustworthy or correct? It’s a problem many of us encounter daily and the focus of my article in this issue. Here is a very quick guide to evaluating health information on the web.

Always check the following:

1. **Who runs the website?** Check the “About Us” section to learn who is responsible for the site and its information. If this information is not listed – not good, this is a warning sign.

2. **Who pays for the website?** A website is an expensive endeavor. The source of a website’s funding should be clearly declared. Obviously, the source of funding can affect what content is presented. Remember that “.gov” are US federal government-sponsored sites, “.edu” indicates US educational institutions, “.gc.ca” indicates Canadian federal government, “.org” is often used by noncommercial organizations, and “.com” denotes commercial organizations in most instances.

3. **What is the purpose of the website?** The “About Us” section should clearly state the purpose of the site and help users evaluate the trustworthiness of the information.

4. **What is the original source of the information on the website?** Many sites post information collected from other resources. If the person or organization in charge of the site did not write the material, the original source should be clearly identified.

5. **How current is the information on the website?** It is particularly important for health websites that medical information is current, and that the most recent update or review date is clearly posted.

6. **What information about users does the website collect, and why?** Any website asking users for personal information should explain exactly what the site will and will not do with the information.

7. **How is information reviewed before it is posted on the website?** Health-related websites should give information about the medical credentials of the people who prepare or review the material on the website. Moreover, medical facts and figures should have references to the original research.

8. **How does the website interact with users?** There should always be a way for users to contact the website owners with problems, feedback and questions.


**Blogs**

Blogs are easy to create and publish for many reasons. First, weblog writers don’t need to know how to code HTML to create a web page. The software will do it for them with built-in templates. Second, writers don’t have to arrange any space on a server as most weblog tools provide free hosting space. The only work that the weblog writer needs to accomplish is creating the text. It’s that simple. This ease of online publishing has made weblogs an international phenomenon, and numerous health professionals have created them in recent years (including yours truly – http://weblogs.elearning.ubc.ca/physio). Frequently, blogs are networked between several people and several members post thoughts that often revolve around a common theme.

Those of you who do not have websites may want to consider having your blog be your public face to the world. Why? Because it is easy, free and increasingly popular!

This is a short introduction to “How to set up a blog in ten minutes:”

1. Go to Google’s Blogger to get started - http://www.blogger.com/
   This publishing tool is easy to use, costs nothing, and can have a weblog up and running in a matter of minutes.

2. Click on the “Create an account” button. You will be directed to the registration page.

3. When you get to the “Create a Blogger Account” page, you will be asked for a username, your first and last names, your email address (you@yourdomain.com), and a password. You have to type your password twice for security and confirmation purposes. Once you’ve read the Terms and Conditions of Blogger, you can check the box that indicates your acceptance. As soon as you’ve completed this process, click on the “Sign Up” button.

4. As soon as you are registered with a username and password, you will be taken to the “Create a New Blog” page.
5. Provide a title and description for your blog. You can edit and re-write your title and description later as well. You can choose to use your blog title (e.g., http://annsblog.blogspot.com/) or your name (e.g., http://annsmith.blogspot.com/) as your blog’s web address. This is the address that you will be using when visiting (and asking other people to visit) your blog.

6. Once the configuration of your blog is complete, you can then choose a template for your blog. At the time of writing this document, there were twelve templates available on Blogger to choose from. Just experiment for now, if you wish. You can always choose another template later or even design your own.

7. Once your blog is created, you will be taken to the administration page of your blog where you can create your very first post. Congratulations! Now you can begin your life as a blogger.

8. I created a new blog for you as an example - http://ubcphysio.blogspot.com/, which took me about ten minutes to set up.

Have fun!
Eugene Barsky, UBC/PABC Outreach Librarian Eugene.barsky@ubc.ca

Eugene’s Websites Worth a Click

The Canadian Health Network (CHN) is a national, bilingual health promotion program. The CHN’s goal is to help Canadians find the information they’re looking for on how to stay healthy and prevent disease. It includes links to more than 20,000 English and French Canadian web-based resources and in-depth information on 25 key health topics and population groups, with resources on how to stay healthy and prevent disease and injury. The website also includes bi-monthly feature articles on current health issues. It is fully indexed for searching and browsing.

This site is a part of the larger Public Health Agency of Canada site, and is a one-page, easy-to-read format about physical activities that can help your patients have more energy, move more easily and get stronger. The information from the handbook is freely posted on the site, moreover you can order FREE hard copies of the Guide itself, or the Handbook with the Guide pull-out here – http://www.phac-aspc.gc.ca/pau-uap/fitness/order.html

Librarian Tour
In the past month, Eugene has visited Prince George, Courtenay, Nanaimo and Victoria to teach members how to master Google and PubMed for ease in finding reliable health/medical physiotherapy information and evidence based research, fun things to do with a search engine, and also future directions in search. Each session was strongly attended, with Victoria reaching 40. Kootenay and Fraser Valley sessions happen this month, with ongoing sessions in Vancouver.

Some Islanders said:
“Everyone enjoyed your energy, and your wonderful sharing was at a level that all of us now can take home and practice. A big thank you; we all felt very fortunate that we have you to assist our profession.”

“The workshop was great! Very helpful tips on researching. Will definitely assist my practice!”

Missed a session and are keen to catch up on what your colleagues are raving about? Contact Eugene at Eugene.barsky@ubc.ca about coming to your community (and drum up your peers too).

The Sues Celebrate
Susan Jorden and Sue Murphy invited many members to their joint birthday Barn Dance party. The Sues have given immeasurably to PABC in their careers, and there is more to come.

Stephanie Dutto, Member Services Coordinator, celebrates 7 years with PABC

www.bcphysio.org  Members Make The Association Fall 2006 13
I took calculus because a “friend” told me I needed it as a pre-requisite to apply for the physiotherapy program at UBC. It was a difficult course, but by far the hardest two credits I’ve ever earned in university was RSPT 532 (aka The Systematic Review required for graduation).

Unlike calculus, the course on systematic reviews provides students with useful knowledge and information. (Honestly, when was the last time you used your calculus?) Through this course, we acquired the ability to become evidence-based practitioners if we choose. One of the chief concerns stated by physiotherapists regarding the employment of evidence-based practice has been a self-described lack in the skill-set required to search the literature and confidently decide if the studies found are valid and reliable. After working through the steps necessary to write a systematic review, these skills are in place.

RSPT 532 requires not only written systematic reviews, but also public oral presentations of the findings (Yup, they weren’t just giving those two credits away). We presented our work at GF Strong with a pod-cast in place for those who couldn’t attend. During this presentation I came to see my classmates as professionals sharing information about an area of physiotherapy that they’d taken the time (a lot of time) to investigate and understand. It’s delightful to know that each of my classmates is a bit of an expert on a specific slice of information from the physiotherapy pie.

Fortunately, the effort it took to successfully complete the systematic reviews and subsequent oral presentations will be rewarded through our future practice as our work becomes more and more evidence-based. Susan Harris did a fantastic job of running the course and provided incentive to strive for excellence by promising a free lunch to the first group of students to have their work published. Unfortunately, I don’t know where she took them, but two of the groups published in the October issue of Physical Therapy. (Look for an evidence in practice article by Falkner et al on ACL injuries and an article by Bicego et al on breast cancer related lymphedema.)

The submission of our systematic reviews for grading and (hopefully) publication signifies the completion of the course work for the first class of MPT students. Soon we will put our skills to the test in the “real world.” Ours is the first MPT graduating class, and we graduate on November 22. As much as I’m looking forward to entering into the physiotherapy profession, I will miss the culture and community of my class. I’d like to take this opportunity to say thanks to the amazing group of MPT-ers who created an extreme atmosphere of friendship and support throughout the program!

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**How To Access the Podcast:**

1. Go to the UBC Physio Info-Blog http://weblogs.elearning.ubc.ca/physio/ (or go to the Librarian page of our Members Only Site and click on the link to the blog).
2. On the blog, you will find the audio files are paired with the PDF versions of the students’ presentations under “Podcasts” on the right hand “categories” column.
3. To choose the presentation you want to hear, left-click on a specific podcasting file to listen to a presentation (or to save and listen later, right-click on the link and select “Save Target As” to save the file to your machine to listen to it on the go (your mp3 player, laptop, iPod, cell phone or your PDA).

To also view the PowerPoint presentation, double click on the icon – you will have to determine when to change the slide based on the audio clues. Enjoy!
School Corner — Moving The School Forward in BC

The UBC Physical Therapy Program is thrilled to report that UBC and the provincial government have recognized a need for improved physical therapy educational facilities in British Columbia. UBC has provided 16,000 square feet of newly renovated space in its Friedman building to expand and improve the physical therapy program by July of 2008. In addition, the Ministry of Advanced Education has committed to incremental increases in enrollment over the next few years.

This unique opportunity has positioned the Physical Therapy Program to ensure our profession continues to meet the needs of all British Columbians. With the help of our partners, UBC will move physical therapy forward in our province and make certain that we graduate future generations of physical therapists with a continued tradition of excellence.

The UBC Friedman building will provide much-needed space for three video-equipped teaching laboratories as well as multiple teaching and conference rooms. In addition to providing increased enrollment for our student population, the new location will facilitate lifelong learning opportunities for physical therapists in BC. Through state-of-the-art videoconferencing technology, UBC Physical Therapy will be able to deliver its educational programs to physical therapists across our province.

The UBC Physical Therapy Program has long been committed to providing first-class educational opportunities for both aspiring and practicing physical therapists in British Columbia; this facility will allow us to deliver on that commitment. As a practicing professional, we look forward to welcoming you to participate in future programs at the UBC Friedman building or through our state-of-the-art videoconferencing technology.

Please see the enclosure for further information on how you can help to make this project a success.

The Rising Costs of Education
by Alim Dhanji, CFP
Healthcare Financial Group

The cost of university and college education is increasing at a rate of 7% per year; that’s 4% higher than the average inflation rate! The government is making it more difficult to access student loans as funding is limited and the competition for scholarships is increasing. It might be important that you plan ahead to ensure that your child will have enough funding for his or her post secondary education.

A great way to save is to take advantage of the Registered Education Savings Plan (RESP), a tax deferred program that allows you to save for your child’s post secondary education. The government provides an incentive for you to save using an RESP by offering the Canada Education Savings Grant (CESG) which amounts to 20% of your contribution to a maximum of $400 per year for each child. The sooner you start, the faster you get compound interest working on your side. We can help project how much money you might need as well as help choose the best investments to reach your goals.

If helping fund your child’s education is an important life goal for you — we are here to help.

Healthcare Financial Group specializes in financial planning for physiotherapists. Alim can be reached directly at adhanji@hcfinancialgroup.com

www.bcphysio.org
Members Make The Association
Choosing to Train Abroad

We recently interviewed a member who returned from Sydney University, asking about her decision to be educated abroad:

Q: What made you decide to go to Australia for your education?
A: I could not get into a Canadian program. I attended Sydney University because I knew the education in Australia would involve more manual skills than what is taught in Canada.

Q: Did you develop an Australian accent while living in Australia?
A: Not really; I tried hard to keep my Canadian identity!

Q: Did you enjoy the weather and the Australian easy going life style?
A: That goes without saying! And I traveled around the country.

Q: Do you know if there is a shortage of physiotherapists in Australia as there is here?
A: There isn’t a shortage and there is ample work for PTs, despite the high number of graduates.

Q: What challenges did you face on your return to BC?
A: The transition of getting accreditation and sitting the PCE is quite difficult for foreign trained students. Canadian programs prepare the students for the exam; therefore, there is a higher rate of success for Canadian students despite the fact that Australian trained physios are very well recognized.

Q: Any ideas of what we can do to help?
A: There should be some sort of mentoring for foreign trained physios from people who have previously gone through the same transition. That way they get a better idea of what needs to be done and perhaps this can save them some time when they come to Canada. Unfortunately, it can take up to two years to finally get everything sorted out - two years of wasted time that they could be working.

We welcome comments from PABC members on this issue? Please email Estrid at pabc@bcphysio.org •

Finding a Physio: Filling the Gap in Vacancies

by Estrid Sortti

PABC is undertaking several initiatives to fill the 180 current vacancies in our province.

1. Increasing UBC Seats
We have written to and met with the Ministry of Advanced Education (AVED), together with UBC, to explain the urgency in not only increasing our current 40 seats to the needed 160 seats, but also to increase funding to address the resourcing crisis. We are now awaiting a joint meeting with AVED and the Ministry of Health to determine actions to be taken.

2. Support from the Health Authorities and Providence Health
We contacted the six Health Authorities (HAs) asking for letters of support regarding the urgent need to address the critical shortage of physiotherapists. Four HAs have done so, and one of whom said: “We were commenting today on how commendable your Association’s interest in the attraction of PTs to the province is...you are a very helpful resource.”

3. Attracting New Grads to BC
We checked the vacancies in other provincial physiotherapy associations and compared them to the number of physiotherapy seats in each university; we are the only province with a crisis! We sent flyers to new grads at the five universities in Ontario to encourage them to come to BC.

<table>
<thead>
<tr>
<th>As at August 14/06</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
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<th>NS</th>
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<td>40</td>
<td>7</td>
<td>3</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
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4. Attracting Foreign Trained New Grads
We found a new source of physiotherapists – 500 unemployed new grads in the UK, thanks to our member, Charla Gray, who informed us when she returned from England. Thanks also go to our member, Andrea Reid who provided valuable input to our research.

To inform the UK grads, we contacted the Chartered Society of Physiotherapists regarding their surplus crisis and submitted an article about our vacancy crisis that included a guide on the necessary steps for immigration and accreditation here. The Society printed our article and posted the “How To Come to BC” article on their website.

Note: Members, please review the How To steps they need to take as outlined on our public website at www.bcphysio.org - Employment Centre – Foreign Trained PTs. Please remember to note in your letter of offer that employment will begin upon arrival in BC when the candidate has their Interim License from the College. You will find other helpful information on the whole process in the How To.

5. Mentoring preparation for the PNE
We are in discussions with UBC and the College regarding a program to help foreign-trained physiotherapists prepare for the PNE.

We advertise with a link to BC vacant positions on CPA’s website.

We are working creatively to help you Find a Physio. •
Award Winning Members

Susan Hearsey recently told PABC about members of her Burnaby Hospital department winning the Fraser Health Authority’s Above and Beyond award. Susan said: “I work with a terrific group of physiotherapists who consistently go above and beyond both at the hospital and in the community. They are strong advocates for our profession.”

Sally Toft and Susan Rankin won for their Wetworks for Joints project. Susan says: “learned of a wonderful community project at the UBC Total Joint replacement workshop in 2005. The North Shore presented a rehab program that they had developed for total joint replacement patients. Lion’s Gate Hospital physiotherapists and Orthopedic surgeons referred their patients to the community to carry out a pool program and/or a land class. During the coffee break, Sally and I both felt that it would be really useful to have a similar project here in Burnaby. We soon found out that there was no pool space in the City of Burnaby. With assistance from my Manager, Jane Davis, we were able to liaise with a seniors centre, Seton Villa, which had an underutilized pool.

Amanda Nichol, the kinesiologist from the North Shore, was willing to carry out the program in Burnaby. We then tackled the land class and were eventually able to work out a class at Confederation Centre that would be done twice a week by two physiotherapists from the Burnaby Hospital. We did not receive our award for originality, rather for persistence in arranging it for our community.”

The Above and Beyond Award

Diana (Dena) Gartner won for the Quick Mobility Test Team who developed a poster and DVD to help employees mobilize older adults; the teaching and prompt tool is now in use province-wide.

Quick Mobility Test Team by Dena Gartner

Our project was part of a larger project – the Geriatric Emergency Network Initiative (GENI) that was developed by Marcia Carr (RN, BN, MS, GNC®, NCA). The GENI was designed for emergency room nurses to address the need to improve their knowledge, skills and attitudes as they relate to older adults. A two day workshop was developed to address issues such as:

• understanding normal physiological and psychosocial changes of aging;
• the impact of chronic diseases/conditions on acutely ill older adults;
• mental health Geriatric Giants – Delerium, Depression and Dementia;
• Adult Guardianship Legislation;
• medications;
• case studies to teach assessments and integration of multidisciplinary approaches to managing the elderly from hospital admission to discharge.

Our project was done as part of the case study on ‘falls, injuries, fractures, joint and/or muscle pain, decline in mobility/function, osteoporosis and injury risk assessment’. My colleague, Chris Szeto, put together a PowerPoint presentation for the initial workshop. From that, together with Denise Charron, a graphic artist in media relations at Burnaby Hospital, we created the poster and DVD/video.

What we learned from this experience was how differently therapists look for, interpret and understand function compared to other disciplines. We have a large body of knowledge from which we assess and interpret our findings that seem so simple and straightforward to us, but need explanations for other disciplines to understand the details and implications. The quick mobility assessment is a tool for nurses to use to determine if mobilizing a patient is safe for the patient and for themselves. The field of geriatric medicine is enormous, and there is much to learn on an ongoing basis. One thing I have had confirmed is that the role of physiotherapy can be vital to the quality of life for this population. What was special for me was the opportunity to work collaboratively with a multidisciplinary group, and to experience the process of valuing each other’s input and creating a product that is far superior to anything I could ever do on my own, and that is meaningful and helpful to the target audience.

Follow-up to the Parkinson’s Article in the Summer Directions

We asked PABC member Catherine McAuley’s mother about how physiotherapy has impacted the management of her Parkinson’s.

My diagnosis of Parkinson’s came about six years ago while I was seeing my physiotherapist, Barbara Desjardins, for my back and hip problems. When I look back, I realize that having an exercise program in place was beneficial. It gave me a head start by letting me nip problems early and it helped me be proactive rather than reactive. Barbara added exercises that strengthened my muscles, made my joints more flexible, and helped me maintain my balance. I have been in various stages of ability/disability, sometimes using a wheelchair, walker or a cane and most of the time walking without any aid. Having Parkinson’s seems to aggravate my arthritis and other conditions.

Everyday basic activities such as turning over in bed, getting out of bed, standing up, eating and walking are sometimes a challenge. With Parkinson’s, it is very easy to slide into a slump and get discouraged. Exercise gives me energy and promotes a feeling of well-being. My physiotherapist is sensitive to changes in my body and adjusts my exercises accordingly, giving me the proper exercises at the right time. Knowing how much my physiotherapist can help me reduces my stress and anxiety. I really believe that my physiotherapy program has kept me walking.

Emily Beaton, Victoria
Member Survey Highlights
Results to provide new direction for PABC leadership

by Bev Holmes, PABC Communications Consultant

Thanks to all of you who took the time to complete our online member satisfaction survey. At Directions press time, with still a week of survey time left, we’re pleased to report a satisfying 342 responses. That’s about 20 percent of our membership – by online survey standards, a great response rate. Equally satisfying is the variety in responses. We’ve captured a good cross section of the province, corresponding with membership rates in regions. There is also a range in years of practice, and a range in length of PABC membership. Just over half our respondents are in private practice, 26% are in public practice, and 16% are in both. About two-thirds work full time.

The survey is the first step of our membership satisfaction journey. We’ll be working to a) explore some of the findings in more depth, and b) reach out to more of our members.

Advocacy and awareness raising
Most respondents are aware of our advocacy efforts. As far as rating specific areas, advocacy with the public tops the list. Negotiating with insurers on practice issues and fees, and scope of practice advocacy with government are also very high. In fact all of our advocacy topics were seen as either very important or important by at least 65% of respondents, indicating we’re on the right track with our efforts.

Most respondents are aware of and support our awareness raising and promotional efforts, but we were pleased with the number of suggestions for improving our work in this area. These ranged from “more media coverage” to “sponsoring and participating in community events” to “more marketing to physicians – especially those entering the profession” to “develop a prevention campaign.” All comments will be taken into account in our future promotion plans.

Professional advice and support
Although most respondents are aware of services such as outreach librarian, outcome measures, whiplash-associated-disorders clinical practice guidelines, do-it-yourself web listing and legal advice, relatively few have used them. More research is needed here to determine the reasons for that gap. Responses indicate that those who do use such services find them useful, so we want to ensure as many members know about them as possible.

Networking
Connecting with colleagues is an important part of professional practice, so we asked for your suggestions on how PABC could improve or provide networking opportunities. Responses ranged from “no need to do more – it’s up to us to attend,” to “hold more events locally,” to “facilitate meetings on specific issues,” to “more updates at a regional level,” to an acknowledged “great efforts, but we’re a difficult bunch to get in one place!”

The Board of Directors will be discussing survey results briefly in their teleconference in December, and in detail at their February in-person meeting. Expect to hear final results and next steps in the Spring newsletter.

A new look for PABC!
At their last meeting, the Board approved the refinement of the PABC logo and the thumbs-up branding (see below). Slightly tweaked fonts and colours make the images cleaner, and our new graphic identity guidelines will ensure a consistent look and feel in all our publications. Expect to see changes in various materials in the coming months as we incorporate the new look. And watch for newly-designed items too, including Directions, media release templates, communications tips sheets, and downloadable logos with a variety of key messages – referred to as ad mats – for use in your own materials.

Marketing Excellence in Physiotherapy
www.bcphysio.org
New clinics

- Mark Ferguson and Greg Guizzo have just opened a second OASIS clinic in Langley. They opened their Abbotsford Oasis a few years ago. Working at both clinics are Mark and Greg, plus Michelle Shewfelt and Lisa Goulet.
- Sarah Stevens has opened a new clinic, Endurance Physiotherapy, in North Delta. She is located at 8425 120th Street, North Delta.
- Bill Burton’s new clinic, Kelowna Manual Therapy Centre on Ambrosi Street, officially opened in September.
- Lynn Barton just moved to a big, bright, new space in Port Alberni where she will continue to provide physiotherapy services (including acupuncture), Orthoticare Clinics, and the twice-monthly services of Dr. Paulette Roscoe, ND. Lynn’s community services include teaching “Osteoarthritis Early Intervention” with a pharmacist and dietitian in partnership with Parks and Recreation and the Arthritis Society.
- Kevin Stoll is opening a new clinic in on Lougheed Hwy in Coquitlam with Francisco Gatchalian. This clinic will also be called Trailside, just like Francisco’s New Westminster clinic.

Member Kudos

“Well of course you won a national award!!! You do the best job in communication/ website and newsletter.”

“Congratulations on the website award. PABC continues to amaze me in how you develop new ideas to make life easier for our members. I will now no longer be amazed and I will just continue to expect these wonderful things from PABC. Happy 10th anniversary.”

“Congratulations on the WorkSafeBC contract?. What a tremendous victory for every player in the team! Thanks to each of the negotiators, and a big thanks to PABC for your solid and wonderfully focused work and tremendously faithful communications with all of us.”

“I went through the whole DVD of the Whiplash Associated Disorders CPG disc from the AGM seminar, and it was very good. THANKS”

“Great job on the member satisfaction survey and the work PABC is doing.”

“Thanks for providing the members with a forum to voice our concerns and opinions.”

“Thanks for the survey; I thought it was easy.”

“As the outgoing Student Director, I just wanted to take the opportunity to thank the Board for the past two years. I have learned so much, not just about physiotherapy but also how effective meetings run!” Sarah Adamson

From Others...

From the Vancouver Health Authority on PABC’s efforts to fill the 180 BC vacancies: “I commend PABC for their progressive work in this area and happy to assist.”

Jonathan Russell spent a month this summer in Soweto, South Africa with an organization called African Enterprise: www.africanenterprise.com. He was able to visit the Chris Hani Baragwanath Hospital which is thought to be the largest hospital in the southern hemisphere as well as the Sunninghill Private Hospital, and spoke with several South African physios.

Philippe de Clerck and Perry Strauss are students again. Philippe is doing his executive MBA through the Centre for Innovative Management at Athabasca University in Alberta. He is about 20 months into the 30 months+ program and, in addition to his full-time work at Back in Motion, is finding it rewarding. Perry is doing his Master of Health Administration through UBC in his spare time on evenings and weekends. Both are eking out time to sit on our Back Strain Task Force.

In her semi retirement, Shirley Lecker completed a Diploma in Music Education at UBC, a Kindermusik Certification and has been studying the cello. She leads a weekly music appreciation class, gives workshops on “Prevention and Management of Musicians Injuries” and leads a variety of exercise and awareness classes on keeping in tune with your body.

A member who loves the profession and wishes to remain anonymous has donated several hundred dollars to PABC to help us disseminate to you the material we produce in our Communications Advisory Group. He said: “The profession has been so good to me and given me the change to work with tremendous people, that I have no difficulty giving back.”

From Others... continued

Peter Portlock, Executive Director of the Alberta Physiotherapy Association: “Just received and read the Summer 2006 issue of Directions – thanks for sending. I continue to marvel at the menu of initiatives and programs going on in PABC! I’m particularly struck by the interview you had with Darrel Skinner re: the WAD Patient Data Collection Study and want to get the text into the hands of my Board.”

From Sarah Sturman: “I am a physio in the UK, and I have just set up a blog for physios in the UK, and I came across your brilliant blog site. I think it is very proactive of the BC Physio Assoc. to have a librarian, and his physio blog is well worth it.”

www.bcphysio.org
Find a Physio 2007-2008 November is Members’ “Accept your Listing” Month

To ensure you are in the Find a Physio 2007-2008 print and online directories, BC’s only source of Physiotherapy contact information, you just follow these simple steps:

STEP ONE:
Go to: www.bcphysio.org
Click: Find a Physio (blue button, top left hand side)
Type in: your first name OR last name
Click: on your name
Check your listing to make sure that it is current. This is the view the public sees. To update/accept your listing following steps 2-4:

STEP TWO:
Login to Members’ Only site:
User ID #: Your secret number
(if you forgot – click on forgot? in the login area. The system will email you your ID #)
Password: CPA number

STEP THREE:
Click: My Profile (on the right hand side)
Click: Review and Accept current listing (on left hand side)

STEP FOUR:
Please review your member record:
- If your Areas of Expertise and Workplace are correct and you have no modifications, click Accept Listing at the bottom of the page and follow the path through the shopping cart *
- To add/delete your workplace, click Workplace. Select your current workplace/s, de-select the workplace/s you don’t want. Click Add to Cart. Follow the prompts to complete your shopping trip.
- To add/delete Areas of Expertise, click Areas of Expertise. Select the areas of expertise you want, de-select those you no longer want. Click Add to Cart. Follow the prompts to complete your shopping trip.

* Those listings requiring payment for the upcoming year will be added to your shopping cart. Continue to “check out” to complete the payment process.

Why list thyself?

The Find a Physio directories are the central source of PABC Physiotherapists’ contact information in BC.

Who needs to find you?
Physicians, Patients/Clients, Physiotherapists, Other Related Healthcare Professionals

Why list thyself?

Overall, Physicians report that our Directory is useful and easy to use, and 42% refer more to physiotherapists because of the Directory. 3700 Directories were mailed to physicians. The 174 Evaluation Forms returned (5%) reported:

A. In my office, the Directory is primarily for:
- Me to refer my patients to Physiotherapists 64%
- Me to contact a Physiotherapist: 11%
- My patients/staff to use directly 22%
- Other Responses (finding expertise) 3%

B. I use the Directory:
- Daily 14%
- Weekly 38%
- Monthly 44%

C. I find the find the Area of Expertise and 2nd Language Spoken listings:
- Useful 86%
- Not useful 14%

D. In the past year, my referrals to Physiotherapists have:
- Increased 22%
- Stayed about the same 77%
- Decreased 1%

Narrative comments included:
- Very useful, can’t do without it.
- This is a well-provided service. Thank You.
- I think this book is very handy for medical offices.
- This booklet is great – wish the Drs Directory was set up in the same way.

Market yourself! Profile yourself!

World Congress of Physical Therapists
June 2 to 6, 2007

Next Early Bird Deadline: February 28, 2007 to register go to www.wcpt.org

Hotel Bookings: The closest hotel to the Conference Centre and the least expensive hotel in the area is the Renaissance Hotel at 1133 West Hastings. To book your guest room go to the website www.wcpt.org - click on register and book accommodation then scroll down to the Renaissance Hotel.

Billets for Congress: Want to house a PABC colleague during World Congress? Email: info@bcphysio.org

PABC AGM – will be held at the Renaissance Hotel on Sunday, June 3, 2007 – 6:00 pm to 8:00 pm

Deadline to Accept or Update your listing is November 30, 2006.

Problems? Email: pabc@bcphysio.org

There are 31 Areas of Expertise including 2 new Areas:
- Joint Replacement Rehabilitation
- Whiplash Associated Disorder

Costs:
- First Workplace Listing - Free, second workplace listing $25 and each additional listing is $5.
- First Area of Expertise - $25 and each additional Area of Expertise is $5.
Classification Ads
Directions is published 4 times per year. For information on classified ads, display ads or website ads please contact:
Phone: 604-736-5130
Toll Free (BC): 1-888-330-3999
Fax: 604-736-5606
Email: pabc@bcphysio.org

PRIVATELY SPONSORED COURSES
Details on www.bcphysio.org
Continuing Studies Calendar
- UBC online Master of Rehabilitation Science courses
- CAOT and Healthcare Financial Learning Services Workshop – Web based course
- 2006 Orthopaedic Symposium - Calgary
- Evolved Pilates
- Upper Quadrant Level 2 Sahrmann Course – Calgary (see in right hand column)
- Soft Tissue/Myofascial management of the Pelvic & Thoracic Outlets
- Sport Certificate Prep Course
- Functional assessment and Management of the Lower Extremity in Clinical Practice - Victoria
- Manual Therapy and Rehabilitation of TMJ and Cervical Spine Disorders - Calgary
- If you Can’t Breathe, you Can’t Function
- Bobath Certification – Ponoka, Alberta (see ad middle column)
- Introduction to the PT Assessment and Management of Rheumatic Diseases. (see ad in middle column)
- Building the Ultimate Back: from Prevention and Rehabilitation to Performance – Calgary
- Buteyko Breathing Method – Practitioner Training Course (see ad page 22)
- Building the Ultimate Back: from Prevention and Rehabilitation to Performance – Vancouver
- Manual Therapy and Rehabilitation of TMJ and Cervical Spine disorders - Victoria

NEW COURSE
Introduction to the PT Assessment and Management of Rheumatic Diseases
This 3-day workshop will give you the knowledge and skills you need to effectively assess, treat and educate your clients with osteoarthritis, rheumatoid arthritis and spondylitis. We follow a best practice model incorporating up-to-date research evidence, outcome measures and advanced clinical reasoning to provide effective, client centred services to this growing population.
Date: April 23 – 25th 2007
Location: Mary Pack Arthritis Centre, Vancouver
Fee: $375 ($45 additional fee for course text)
Registration deadline: March 12th 2007
Contact: Paul Adam
(604) 875-4111 ext. 68830
Email: paul.adam@vch.ca

New Course - Alberta
BOBATH CERTIFICATION
April 26-29, May 10-13, May 24-27 and June 7-10, 2007
PONOKA, ALBERTA
The Centennial Centre for Mental Health and Brain Injury (formerly Alberta Hospital Ponoka) is hosting NDTA instructors Cathy Hazzard and Karen Brunten for a 3-week NDT/Bobath certification course for the treatment and management of adults with hemiplegia.
Tuition: is $2650 per person and includes NDTA membership (mandatory) and the required textbook. Registration deadline is March 9, 2007. Billeting and transportation assistance may be available.
Contact: Fiona Kirkby
Email:fkirkby@dthr.ab.ca

New Course - Alberta
UPPER QUADRANT LEVEL 2 SAHRMANN COURSE
November 18 & 19, 2006
Instructor: Mary Kate McDonnell, PT, DPT, OCS
Wingate Inn, Calgary, Alberta
REGISTRATION IS LIMITED
DON’T BE DISAPPOINTED
REGISTER NOW!
http://www.albertaphysio.org/events
andeducation/courses.html

HOTEL RATES & INFORMATION
The Wingate is Located at: 400 Midpark Way SE. Please call the Wingate at 1-800-561-7666 or (403) 514-0099. The link to access the registration form:
www.albertaphysio.org/documents/Course%20Registration/REGISTRATION%20FORM.pdf
Course Fee: Members $450 / Students $350 / Non-Members $900. For more details email: communications@albertaphyio.org

$3,000 Grant
NEUROSCIENCES DIVISION VANCOUVER UNIT
Presentation/Clinical Studies Grant
$3000.00 is currently available to NSD members, residing in British Columbia, who present papers to Physiotherapists, other health care workers or the public OR who are engaged in neurological rehabilitation research in a hospital or community setting but NOT in a graduate studies program.
Deadline is December 1, 2006 !!!
For more information, go to www.neuropt.bc.ca

Expand your professional career in British Columbia’s Playground.
Two full time physiotherapists required in Kelowna, the heart of the sunny Okanagan. Two clinic 10 physiotherapist, 2 massage therapist extremely popular growing private practice is looking for two physiotherapists with manual therapy backgrounds (Part A or B preferred), IMS/acupuncture/ sports also an asset.
Positions available immediately.
Contact: Tyler
Phone: 250-861-8056
Email: info@suncityphysiotherapy.com

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Members Make The Association
Fall 2006
21
Calling All Experienced & Newly Graduated Physiotherapists...

VCH has openings for newly graduated and experienced Physiotherapists in both Acute Care and Community Practice settings. We have opportunities for you to work with clients of all ages, adult/older adults or with children as part of a team of healthcare professionals. You may work with acute, chronic or palliative clients in a variety of settings including community environments and your clients’ own homes. You may choose regular or temporary, full-time or part-time employment.

You will enjoy the support and synergy of an interdisciplinary team environment.

Interested?
Apply now at www.vch.ca and click on careers.

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www.vch.ca
### Announcing Club Physio

Welcome to the Club

**Your connection to discounts on your favorite products and services.**

#### Automotive
- **Carter Auto Group**
  Exclusive lease & purchase prices on any make and model of automobile, truck, and motor sport.

#### Entertainment
- **Arts Club Theatre**
  Save 20% on tickets for plays & musicals.
- **Vancouver Opera**
  Save up to 50% on tickets for the 2006-07 season.

#### Financial Services
- **Crossgrove & Company**
  Lowest rates on critical illness, life insurance and income replacement packages.
- **The Mortgage Group**
  Up to 1.4% off posted bank rates.

#### Jewelry
- **ICE.com**
  Save 20% on all ICE.com jewelry including rings, watches, necklaces, earrings and bracelets.

#### Sports & Rec
- **Grouse Mountain**
  Save 10% off ticket window prices.
- **Cypress Mountain**
  Save 10% off ticket window prices.
- **Big White Resort**
  Save 15% off ticket window prices.
- **SilverStar Resort**
  Save 15% off ticket window prices.
- **Sun Peaks Resort**
  Save 15% off ticket window prices.
- **ICN Golf Services**
  Save 20% on green fees & carts.

#### Travel
- **Delta Vancouver and Victoria**
  15% off best daily rates.
- **The Metropolitan Hotel**
  $175 per room until April 30, 2007.
- **Park n' Fly**
  20% discount on Vancouver's Park n' Fly airport parking.
- **Eagle Tours**
  Exclusive golf and snowsport vacation packages.

**Go to www.bcphysio.org**

- Log on to the Members Only site and click on the Club Physio button.

**For more information about Club Physio Contact:**
- clubphysio@intrd.com
- T: 604-677-8993
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Save now on lift tickets to your favorite BC mountains including:

- **Grouse Mountain**
- **Cypress Mountain**
- **Big White Resort**
- **SilverStar Resort**
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More savings added monthly.

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An Award Winning Association!
PABC has won:

➢ The national Canadian Society of Association Executives’ (CSAE) Award for Best Website 2006.
➢ The CSAE BC Branch Award in the Above and Beyond category in 2005 for the Outcome Measures module.

2006

23 November – Twenty-five Business Building Tips
An overview of the principles taught by business leaders worldwide, this evening lecture workshop provides specific, physiotherapy-related tips and tools to streamline your business, enhance your personal effectiveness and engage new customers. Speaker: Tanja Yardley. 6-7:30pm, UBC Robson Square. PABC Member Rate: $25 on-site, $45 for teleconference.

2007

19-21 January – Continence and Pelvic Floor Re-Education in the Female Patient – Level 1
Oriented to physiotherapists wishing to expand their skills to include incontinence and pelvic floor dysfunction, this three-day workshop provides a basic understanding and practical application of assessment and treatment techniques. Instructors: Pat Lieblich, BScPT, MCPA and Penny Wilson, BScPT, MCPA. Fri 10 am–5 pm, Sat–Sun 8:30 am–5 pm. BC Women’s Health Centre. PABC Member rate: $475. Subsidies available.

18 April – Rehab and the Law
Learn what information should be recorded in your assessment and progress notes, what details lawyers and insurers scrutinize your notes for, the proper format of a medical legal report, and more. You’ll come away with confidence in working with the legal system and a better understanding of how you can assist your clients. Instructor: Derek Mah. Wednesday 6-8 pm. UBC Robson Square. PABC Member Rate: $30 on-site, $50 for teleconference.

For full course details, more information, or to register visit www.cstudies.ubc.ca/rehab, call 604-822-1459, fax 604-822-0190 or e-mail info.health@ubc.ca. Note: Student members receive 40% discount when they send a copy of their student card.