What do the pleura, the parietal peritoneum, the capsule of the liver, the gall bladder, the subclavian muscle, the pericardium and the capsule of the shoulder joint and C4 all have in common? (answer at the end)

The focus of orthopaedic education for physiotherapists has been the study of how the structures that lie behind the spine influence the spine’s mobility and function. The curriculum presented in the Visceral Manipulation Program offers a method for assessing and treating the influence of those structures that lie in front of the spine. Those influential structures can include organs and their fascial attachments, peritoneum, the greater omentum or blood vessels. Gail Wetzler, PT, Director of the Department of Visceral Manipulation for the Barral Institute in Florida, describes visceral manipulation as “organ specific fascial mobilization.”

In 1988, I studied cranio-sacral therapy which introduced me to a whole new way of palpating and assessing the health of various tissues such as meninges (dura mater). I began to understand the difference between palpation and sensation, movement versus motion. It was a natural progression to pursue training in visceral manipulation and develop a more holistic approach to the assessment and treatment of dysfunctional anatomy.

Visceral manipulation was developed by Dr. Jean-Pierre Barral, a registered physical therapist and osteopathic physician since 1974. He holds many positions including Director (and Faculty) of the Department of Osteopathic Manipulation at the University of Paris, School of Medicine, in Paris, France and Chairman of the Department of Medicine Paris du Nord. He developed this form of manual therapy based on his theory that each internal organ rotates on a physiological axis. Each internal organ also has a relationship through fascial attachments to the spine. Today, his visceral manipulation courses are taught around the world by certified teachers who successfully complete a rigorous training program with Dr. Barral. His cadre of teachers is exceptional.

Consider the following orthopaedic dictum: any structure that crosses a joint has the ability to restrict that joint. It is certainly true for muscle. This also holds true for organs. Dr. Barral’s in-depth study of patterns of stress in tissues of cadavers at the Lung Disease Hospital in Grenoble, France complemented his interest in biomechanics in living subjects. He recognized the potential for the organ system to create lines of tension within the body. This observation was fundamental to his development of visceral manipulation. His interest was also piqued when a client
President’s Report

Our summer member survey on Board representation (results on page 21) informed us that many members don’t know how PABC is organized. As part of my ongoing efforts to ensure openness and transparency of PABC activities, I’ll begin with a brief summary of our current structure.

We have eight Board Directors who are elected from seven regions of the province. The boundaries and membership numbers for each region are shown on the right. Directors are elected from their region only, so the 17 members in the Northwest region have the opportunity to elect one Director who sits on the Board, and this winter the 995 members of Greater Vancouver/Peace River Liaird will elect their two Board Directors. Each Board member has equal voice and voting privileges.

The Board of Directors meets in person three times per year, and once by teleconference.

The Board has a few standing committees which require a director or liaison from the Board. These include the Finance Committee, Public Practice Advisory Committee (PPAC), and the Business Affairs Committee (BAC). PPAC and BAC have their own committee chairs who are not Directors of the Board, but can be. In recent years, much of the ‘work’ of the association has been shifted to task forces (short term committees), PPAC and the BAC — we thank the many members who have taken on these roles and contributed so much to the association.

If you have comments, questions or concerns about the organization or structure of PABC, I welcome the opportunity to hear your perspective.

On the topic of communicating with members, Scott Brolin (President-elect), our CEO, librarian and I have recently completed three town hall meetings with members in Sechelt, Prince George, and Fort St. John. Our meetings include an update on PABC activities, my presentation on “Turning a Clinical Question into Research Action”, discussion with members on their perspectives regarding board representation and communication, and a session with the PABC librarian.

Finally, on a personal note, at 33 weeks pregnant, I eagerly await the arrival of our newest family member. Who knows, maybe a future PABC member?

Thanks to all of you for joining or renewing your membership this year, supporting PABC, CPA and the profession. We are stronger with each one of you.

president@bcphysio.org

Call for Directors

PABC’s Board of Directors announces five Director openings as of the Annual General Meeting on April 4, 2009:
Central Interior, Okanagan, Vancouver Island, Greater Vancouver/Peace River Liaird.

We are fortunate to have incumbents or nominees running in each of these regions, however, members are welcome to seek nomination for election.
CEO’s Report

Awards: Recognizing the Progress on the 30 Year Goal

Rebecca Tunnacliffe
Chief Executive Officer

Congratulations! You have won two awards this autumn. As a member of PABC, where “Members Make the Association,” you are responsible for the decisions we make, the projects we undertake, the high standards we set, and our goals. You share in the work and now you share in the glory.

The first award is for our website, which is designed to provide the information you need to enrich your practice. The Canadian Society of Association Executives (CSAE) chose the PABC website as the best national website in the society. We’ll not rest on our laurels however, and have plans to update the site yet again. We are striking a task force to help us determine what information will best serve you and your patients, so please contact me if you are web-wise and want to help make the best even better.

The second award, Association Excellence in Government Affairs, is for three successful advocacy efforts accomplished with our strategic partners. This award is one to be particularly proud of since it recognizes that PABC’s leadership has made a positive difference for professions and organizations beyond our own. We led the vanguard on initiatives that could never have been accomplished individually.

Our goal to address the shortage of physiotherapists in BC resulted in two advocacy efforts:

1. The Internationally Educated Physiotherapists Mentorship program was the result of a year’s work with CPTBC, UBC-PT, Fraser Health and Vancouver Coastal Health; the Ministry of Economic Development granted $350,000 for the two-year seed funding.

2. The doubling of seats at UBC was the result of three years of focused support of UBC-PT’s work. PABC initiated meetings with the Ministries of Advanced Education and of Health, and intensified the efforts when accreditation was in question. This year the announcement of seat increases from 40-56 for September, and to 80 for 2010, as well as the program at UNBC for 2010, was the outcome for which we strove.

The third advocacy effort, creating a Rehabilitation Directorate in the Ministry of Health* (MoH), was the culmination of five years of work by our Public Practice Advisory Committee (PPAC) and its many sub-committee task forces. They determined that the career concerns of our members in public practice would be ideally addressed by a MoH employee who would take action on recruitment and retention issues, identify and help spread outstanding practices in BC, and generally be the voice of rehab services (PT, OT, SLP, RT).

When acting as a catalyst for these types of initiatives, PABC strengthens the profession and is an association that is relevant to the community.

Vision: PABC will be a powerful, unified provincial organization respected and recognized both within and outside the profession, as the voice of physiotherapy in BC.

And remember our 30 Year Goal, envisioned in 2006 under the reign of Past President Brian Riemer?

Within thirty years, PABC will be proudly representing a profession that has enough capacity to meet BC’s needs. Members will receive the resources to excel, and will have widespread recognition among all stakeholders of their unique contribution as equal partners in the delivery of health care. PABC members will be increasingly known for their high standards, scientific evidence, innovative thinking, and ethical care.

Feel closer to reaching that lofty goal? Enjoy the glow of pride of belonging to an organization where members are vital forces who make a difference.

* MoH informed PABC that the Manager of Therapy Services has been appointed; Susan Illmayer begins her role on November 3rd.

Membership renewal as of October 15th is 97%. This is an unprecedented high.
confirmed he felt relief from back pain after going to an "old man who pushed something in his abdomen." Since that time he has worked with researchers in France and North America to create evidence-based data, documenting changes in the viscera with the use of x-ray fluoroscopy, endoscopy, doppler and ultrasound before and after manipulation of the organ.

How do organs become restricted? They can become restricted by a direct trauma (fall on a soccer ball), acute/chronic illness (pneumonia), absorbing the force of a MVA (seat belt trauma), or following an infection or after surgery. We take approximately 24,000 breaths a day. Our heart beats 120,000 times per day. Any lack of mobility in these structures could promote chronic spinal restrictions – e.g. the attachment of the pericardium to the lower cervical and upper thoracic spine via the thoraco-pericardic ligament. The same relationship occurs for the attachment of three ligaments ( costo-pleural, transverse-pleural, vertebro-pleural) at the apex of the pleural dome to the cervical spine (C6/C7T1).

The mesenteric root of the small intestine can limit the mobility of the spine as it crosses the third and fourth lumbar vertebra. A mechanical restriction at the first lumbar vertebra may be influenced through constant irritation of an old appendectomy scar stimulating the autonomic nervous system. The cecum/appendix and L1 share this viscero-somatic interchange. Decreased flexibility of the fascial connection between the bladder and the head of the femur can limit the mobility of both structures. Chronic dysfunction of the right and left sacro-iliac joint can result from decreased mobility of the cecum and sigmoid respectively. A raised kidney on the anterior surface of the psoas muscle can compress one of five nerves (e.g. ilioinguinal) in the vicinity.

It is speculated that up to 90% of musculoskeletal problems have a visceral component. The spinal restriction and the organ dysfunction often will be treated together in a session. Orthopaedic manual skills and specific exercise programs remain integral to the treatment of a client.

Visceral manipulation complements these skills.

The key in visceral manipulation is to find the most significant area of reduced mobility. A restriction will pull the surrounding tissue toward it. With training, your hand will feel the pull of tissue to the area that is causing the greatest mechanical tension in the body. You will also learn to evaluate visceral mobility — the ability of an organ to move freely in three dimensions in its anatomical environment. In addition, you will be able to feel visceral motility — the organ’s inherent tissue motion. Like joints, organs must move to stay healthy. They have sliding surfaces that articulate with each other, with muscles, with ribs and with the spine. You will be able to ascertain what is normal or abnormal. This is not unlike what we learn about joints. The efficacy of treatment depends on the accuracy of your assessment and the specificity of the application of gentle manual forces in three dimensions to promote the health of the organ and relief of restriction in the body. There can be an immediate response to treatment or a response that becomes apparent over several weeks time as the body unravels a long standing restriction.

I cannot imagine my practice without these tools. It is exciting, rewarding and challenging. Visceral manipulation tests your knowledge of anatomy and inspires you to learn more. I invite you to be curious and learn to look inside the body for possible organ specific fascial restrictions that may be causing spinal dysfunction. For more information about the Visceral Manipulation Program, the Barral Institute and the availability of courses in your area (Vancouver: November 20-23, 2008), I encourage you to visit www.barralinstitute.com.

(The answer to the opening question is the phrenic nerve. It is food for thought.)

Judy Russell graduated from UofT in 1978, and has since developed her orthopaedic skills and acquired her Sports Physiotherapy Diploma. She currently practices at Jericho Sports and Orthopaedic Physiotherapy Clinic: www.jerichophysio.com

Judy Russell will be giving a lecture/audiocast on visceral manipulation in the Fall Lecture/Audiocast series, September 2009.

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Kids, Backpacks and Back Pain
by Peter Goyert PT CCPE

Now that the kids are all back at school and hauling their books back and forth to class, it might be time to reconsider the whole issue of backpacks. The perception that backpacks pose a significant threat to the spines of schoolchildren seems to have penetrated the public consciousness. Articles in the mass media have concluded—perhaps wrongly or at least prematurely—that there is a proven relationship between backpacks and back pain. Just surf the web, open a newspaper or turn on the television. Pronouncements are everywhere. Some recent examples include a New York Times column on National School Backpack Awareness Day where the author states, “Far too many schoolchildren are throwing their backs out of whack and setting themselves up for lower back pain as adults because they schlepp bags that are overstuffed and incorrectly balanced.” Another article tells readers that, “Perhaps the most serious threat to a child’s spine in the past decade is the backpack.” Similarly, recent television campaigns showing a young girl dragging an overstuffed backpack down...
the street only adds to the perception that carrying backpacks is a serious health issue.

A brief search of the web using the words back pain and backpacks yields thousands of hits liberally sprinkled with phrases containing words like “alarming,” “serious” and “permanent damage.” Backpacks have been identified as the cause of everything from neck, shoulder and back pain, to scoliosis and even compromised breathing.

Could backpacks really be that bad? A number of articles, most recently one in The Back Letter, question whether the medical community is complicit in spreading this idea that backpacks are somehow a major risk factor for back pain among children. This article states in part, “When it comes to backpacks and back pain among children and adolescents, the medical community could legitimately be accused of scare-mongering. It seems that professional associations have been eager to boost their profile by grabbing hold of this issue via press releases, media campaigns, and brochures.” What role should we as physiotherapists play in issuing these warnings that are often replete with the dangers of overloading and warping young spines? Where is the evidence to support this and is it good evidence? Apparently there isn’t much, and what there is, isn’t very good.

A commentary in Disability and Rehabilitation (Reneman), points out that the biopsychosocial model of low back pain appears to provide a much better perspective on back pain among children than the traditional biomechanical injury model. The basic assumption of the biomedical model is that the maturing spine cannot sufficiently handle the mechanical load of the backpack. But Reneman points out that there is very limited evidence in the literature to support this assumption. “As a result, we seriously question the need for biomedical oriented public campaigns, alerts on professional websites, etc.” We all know that like back pain among adults, back pain in youth appears to be a complex and multi-factorial problem. The few prospective cohort studies that have looked at multiple risk factors for back pain among children have generally not implicated backpacks as an important issue.

Kids, Backpacks and Back Pain continued

Physiotherapy Foundation of Canada Funds for PABC Members

by Dina Brooks, Chair of PFC’s Scientific Awards Committee

PABC is offering its members a $5,000 research award for pilot projects in physiotherapy research in 2009. This is for PABC members only. Applications for the award, which is being administered by the Physiotherapy Foundation of Canada (PFC), are due February 13th, 2009. Further information on this granting opportunity can be found at www.physiotherapyfoundation.ca. The recipient will be announced at Congress 2009 in Calgary (May 28-31). To help you in the process of preparing and writing this (or another) grant application, here are a few do’s and don’ts to consider.

DO’s and DONT’s of GRANT WRITING

DO’s

• Read the guidelines and follow the instructions
• Find out as much information as you can about the assessment/ranking process
• Find an example of a successful application to see what others have done
• Produce a professional looking proposal
• Be interesting, use figures, flow diagrams, etc.
• Be informative
• Ask for help in the areas you are not an expert in – e.g. statistical analyses
• Use clear headings and sub-headings
• Be concise and precise
• Write in a way that is easy to read, use simple language wherever possible
• Construct clear and logical arguments
• Proofread, proofread and then proofread (ask someone outside the profession to proofread to make sure that it makes sense and is logical)
• Reference your work fully using an acceptable format

DONT’s

• Go it alone (more successful if you collaborate)
• Use words when you are not absolutely certain of their meaning
• Use difficult words to impress your reader
• Use overly simplistic language
• Get off topic and introduce irrelevant information
• Repeat yourself or digress
• Use abbreviations without defining them prior to their first use
• Use too many or obscure abbreviations
• Assume the reviewers “understand” your area
• Exceed the page limits
• Forget to emphasize the clinical implications

The PABC award is included with the PFC 2009 Awards details at www.physiotherapyfoundation.ca

Kids, Backpacks and Back Pain continued

This is, however, not to say that there is no biomechanical aspect to back pain among children, or that backpacks should be overloaded with rocks. Obviously, extreme overloading should be avoided and some basic guidelines may be appropriate. But it does suggest that psychosocial issues must be taken into account—as they appear be important contributors to the reporting of back pain in kids. Parents, educators, and the medical community should look a little deeper if they want to help children with this common complaint. After all, backpacks were initially developed as a method of preventing spinal overloading. Young spines should be loaded regularly to be strong and healthy. However, in normal use, there is no evidence to support the suggested negative effects of backpacks in the development of back pain in children. Until there is evidence to the contrary, this is perhaps the more responsible message that we as physiotherapists should be spreading.
PABC Exceptional Professional Development Bursary

This year, PABC created a special fund to help members undertake exceptional professional development opportunities outside of BC. The bursary is not intended for regular or ongoing professional development. The Professional Development Bursary is designed to support excellence in leadership, research and practice amongst PABC members in order that the membership will benefit as a whole or in specific areas (geographical areas, practice areas). In order to promote practice excellence, the bursary recipient will disseminate the physiotherapy knowledge.

Three members have received funding already! Rick Celebrini attended a Sports Injury Congress in Norway, Marcy Dayan attended a Sex Therapy Training program at Guelph University, and Carol Kennedy attended an IFOMT Congress in Amsterdam. Rick and Marcy have provided articles, below and on the next page, and Carol is providing an article for the Winter Directions.

Sports Injuries are not Accidents, or What I Learned at the World Congress on Sports Injury Prevention

by Rick Celebrini PT, PhD (candidate)

The 2nd World Congress on Sports Injury Prevention was held in Tromso, Norway this past June. Seven hundred and fifty participants from 60 different countries made the long journey to Tromso, an intriguing city known as the “Gateway to the Arctic.” Tromso is located 300 km north of the Arctic Circle, which meant we witnessed the midnight sun and daylight 24 hours per day (or this is what those that were out that late told us).

I had the good fortune of participating in these three intense days of scientific and social programs. The scientific program included 81 international invited speakers from all over the world. There were five keynote lectures, 19 three-hour or 90-minute symposia, 21 workshops, 52 oral presentations and 134 poster presentations from submitted abstracts. The result was a unique and impressive exchange of the latest epidemiology, interventions, risk factors and injury mechanisms for a wide variety of injuries in many different sports. The Oslo Sports Trauma Research group did a great job in hosting this congress with support and a strong presence from the IOC and FIFA.

I have been asked to relay to you, our PABC members, what I presented in Tromso and what I learned from others. First, I will attempt to summarize what I learned, which if not summarized, would far exceed the space constraints of this article. The key message that I took away (or more accurately was reinforced for me) was that many of these sporting injuries are not accidents! They are predictable events that are effected by, as Winne Meuwisse has effectively demonstrated in his dynamic recursive model, a combination of many intrinsic and extrinsic risk factors. These risk factors are subject to constant change and therefore leave the athlete more or less at risk for an inciting event to result in injury. Some of these risk factors are modifiable, while others cannot be changed. However, what became even more apparent, after listening to so many excellent presentations and discussions on such a wide range of variables, is the need to have a systematic approach to preventing these injuries. Willem van Mechelen presented his original model for injury prevention in 1992 and, although there have been a number of evolutions of this model since, the basic processes remain. Simply, one must 1) establish whether there is an injury problem and to what extent this problem exists. If the findings from these epidemiological studies warrant further investigation, either because of the number or severity of these injuries, we must then 2) understand the risk factors and mechanisms of these injuries. Based on these identified risk factors and mechanisms we can 3) develop and implement intervention programs. The final step is to 4) evaluate the effect of the prevention program by repeating step 1 above. This systematic model provides a framework that we must all keep in mind as we focus on our individual areas of investigation. In doing so, we create the most effective and efficient approach in attempting to keep our athletes healthy.

Consistent with the above model, I presented on a novel movement strategy that may decrease some of the biomechanical and neuromuscular risk factors identified in the literature as increasing the risk for lower extremity injury in field and court sport athletes. I submitted a poster outlining a pilot study related to my PhD dissertation and had the opportunity to expand on this work in a 55 minute workshop. I will try to crystallize the key points in the following paragraph.

Although there are many risk factors to address in the prevention of lower extremity injuries in field and court sports, it is becoming more and more apparent that the way in which an athlete moves may result in an increased risk of injury. The good news is that injury prevention programs aimed at decreasing lower extremity injury have been effective in decreasing biomechanical and neuromuscular risk factors. They have also been effective in decreasing the incidence of these injuries. What we don’t know is what the effective components are in these programs. This is important to
create the most effective and time efficient programs. Most combine elements of strength, balance, flexibility, plyometrics, body control and technique. I have tried to tease out these last two components, body control and technique, and investigate these within my thesis.

One of the key messages that I tried to relay was that many of the movements that are at high risk for injury, such as landing from a jump, cutting to change direction, and decelerating quickly, are skills (arguably no different from throwing or kicking a ball) and yet are not instructed or practiced as such. If we are trying to change how an athlete moves, we need simple yet effective methods of instruction. This is where the novel movement strategy that I am investigating fits in. It provides a simple, effective strategy for the athlete to incorporate into everything they do. This is important. A movement strategy extends beyond a simple movement pattern in that it also includes how the athlete responds and is able to transfer this strategy to different sporting environments. A key to the effective integration of this strategy is in providing extensive opportunity for athletes to incorporate this strategy. We know that the single greatest challenge in implementing any injury prevention programs is compliance. We also know that intensive gym programs or home based exercise programs have low compliance rates. The team or individual warm-up may provide a frequent, dedicated time to “practice” this strategy. Therefore, I presented the content and structure of an injury prevention team warm-up based on existing, effective programs with a focus on this novel strategy throughout.

Although this is one small component of what must be addressed in an effective injury prevention program, it is one that is potentially modifiable and therefore should be investigated further. Such is the path that I’m on.

I would like to thank PABC for the assistance in attending the congress in Tromso.

Sex and Physiotherapy?

by Marcy Dayan, PT, MSR, MHA

Shoulder pain, back pain, loss of knee ROM; we pride ourselves on a thorough assessment. Onset of symptoms, aggravating and alleviating factors, diurnal patterns, impact on work and leisure; we ask it all. But do we ask specifically about the impact on sexual function? Think about yourself engaging in various sexual activities with jaw pain, pain moving your fingers, pain bending or weight bearing on your knee, pain with pelvic movement. What about being short of breath on exertion, or at rest? Thorough subjective and objective assessment would ideally allow the client the opportunity to express and be evaluated for the impact of their problem not only in terms of ROM, muscle tone and strength, but also how these limitations affect the functional and social aspects of their lives. The impact on work, leisure and personal roles and activities is commonly directly assessed and addressed. The impact on sexual function and the cascade of issues that surround this are not routinely directly addressed by the physiotherapist and rarely offered spontaneously by most clients.

Sexual function (including the typical physiology of female and male sexual response), common sexual issues and concerns, how these are impacted by our client’s medical and physiotherapy diagnoses, and how to approach and integrate this information into our treatment intervention are minimally included in physiotherapy entry level, and rarely included in continuing education courses (including those specifically addressing urogynaecological areas of practice).

Many of us are aware of the PLISSIT model (Annon, 1976), which enables health care professionals to provide sexual health support to their clients at the level of comfort and expertise of the health professional, and alerts the health professional to the need for referral. PLISSIT is an acronym for increasing levels of intervention regarding sexual health and stands for permission, limited information, specific suggestions and intensive therapy. The first three levels are appropriate within a physiotherapy scope of practice. Routinely mentioning that many people with back pain (or any pain or change in physical function) find that this interferes with or changes sexual activity and asking the client if he/she has any concerns or questions about this gives the client permission to talk about sex. The direction of subsequent conversation depends on both the client’s response and the physiotherapist’s comfort and knowledge. Is the physiotherapist aware of current theories of typical sexual response cycles? Does the therapist understand the direct effects of the client’s condition on sexual response? What about indirect effects of the condition such as spasm, incontinence, fatigue or persistent pain? Iatrogenic effects of medications and other interventions also impact sexual desire and function, as do psychosocial factors. Depending on the client’s concerns and the physiotherapist’s ability, therapeutic interventions could include providing limited information on typical sexual response and how this might be impacted by the client’s circumstances, to providing specific suggestions regarding positioning and aides and adaptations. This might be as simple as suggesting bolsters for positioning. Knowledge of reliable educational and therapeutic resources is important for referral when the client’s concerns or needs are beyond the physiotherapist’s comfort, knowledge or scope.

The intention is not to have physiotherapists take on the role of counselling therapists. However, the ability to ask the right questions regarding sexual function opens the door for us to provide information within our scope of practice and appropriately refer our clients to others in the health care team in an area that often remains painfully silent and unaddressed.

For PABC members only:
Marcy will be giving a free lecture/audiocast on this topic, January 28, 2009 7 pm at GF Strong.
Public Practice Directions

by Susanne Watson, Public Practice Advisory Committee (PPAC) Chair

Fall is Here and Change is in the Air!

As incoming chair, and on behalf of all physiotherapists, I would like to sincerely thank Kathy Doull for her invaluable leadership of PPAC during a period of wonderful accomplishments. We must also acknowledge the many years of dedicated commitment to our profession from several outgoing members: Brigid Gillis, Angela Rocca and Monique Ledoyen. Thank you for your time, your energy and your ideas.

The good news is that our committee has had an influx of talented and enthusiastic physiotherapists ready to capitalize on the momentum generated from the Public Practice Today report and the Future Members Survey. We welcome Anne Rankin, Tara Pollock, Tasha Carmichael, Stacey Rigby, Dave Troughton, Jill Greczmiel and Kerri Huck (student rep) and I certainly look forward to working together to ensure further successes for rehabilitation professionals in public practice everywhere.

The first goal for PPAC will be to establish priorities for action based on the analysis of both these important documents. However, there are several clear and important directions we must take for the following reasons:

- **Advocacy works.** The newly created “Program Manager for Therapy Professions” position within the Ministry of Health is a crucial and timely advocacy success story for PPAC and for all rehabilitation professionals. But there is more work to be done. PPAC will continue to build opportunities for advocacy through collaboration with government, health authorities, academic institutions, communities, agencies and other health professionals.

- **There is strength in numbers.** A stronger membership means a stronger voice, which means a stronger profession. There are 2500 registered physiotherapists in BC and 1832 are members of PABC. Recent surges in membership have come largely from the public practice sector. This is a wonderful show of support and we value the confidence you place in us to continue to represent you!

This past spring, PPAC surveyed our future members and we will now strive to directly address the key issues identified by respondents. The Ambassador Program will provide a communication and information sharing format that will benefit both members and future members in health care facilities throughout BC. Also, we will develop specific tools and resources targeted for public practice physiotherapists to promote enhancement of clinical practice.

Strength can also be built through mutual partnerships with our health care colleagues. In the recent federal campaign, the Liberals have targeted money for more nurses and doctors while the NDP say they will expand nursing and medical school enrolment. Obviously, rehabilitation services need a stronger voice and that may mean doing what public practice therapists do so well...engaging in interdisciplinary collaboration.

- **Primary health care is a good road to take.** The aging population base with growing complex health care needs, combined with the looming health human resource crisis is threatening to undermine our entire health care system. The challenges are real, but so are the opportunities. The success of primary health care (PHC) will depend, in part, on the ability to work within integrated health networks. Physiotherapists have tremendous knowledge and expertise to contribute within these networks and towards the goal of improved health outcomes in priority populations. PPAC will support physiotherapists in realizing our potential in this critical effort to create sustainability in health care.

  - **The proof is in the pudding.** This old proverb says it all. It means the true value or quality of something can only be judged when it’s put to use or tested. Our services are valuable and we know it. But until we show it and can defend it, we’ll continue to be an underutilized component of the health care system, rather than a crucial part of the solution! We must measure up and we must continue to use research and evidence to guide clinical practice. PPAC will continue to support or promote initiatives that will help improve our capacity to measure success and link therapists to research and best practice.

  Fundamentally, each and every practicing physiotherapist who has a voice should use it. Every one of us has the opportunity to sow a seed towards change and recognition. Every interaction we have with a client who would like more service, with a referral source who wants more of our time, and with teams of healthcare professionals who know and understand the value of our work, is an opportunity to mobilize our health care system toward inclusion of rehabilitation services at every level of change.

Growth in Public Practice Membership

The 2007/08 membership year ended in September with 87 brand new members, half of whom are in public practice; 68% of the new members were past members who returned to PABC, 30% of whom are in public practice. This is a positive measure of success for our efforts to be relevant to public practice members.
Malpractice Protection – The value of individual protection

by Brian Gomes, Vice President, Aon Reed Stenhouse Inc.

The importance of health care professionals, such as physiotherapists, protecting themselves individually against liability, rather than relying on employer-provided insurance, has never been greater. Patients today have high expectations of health care services as education and training continue to develop for professionals currently operating under an increasingly litigious malpractice environment.

A liability claim can be financially devastating without adequate insurance or necessary coverage to protect the professional involved. Even a false or frivolous claim can result in crippling defense costs. Health care professionals who arrange liability insurance through their professional association such as the CPA receive coverage that best protects them during such claim circumstances regardless of whether they are working in a clinic, a hospital, operating independently or a hybrid of public and private practice.

The CPA Insurance program is in place to protect individual physiotherapists from allegations of malpractice while rendering professional services. Employer-provided malpractice insurance policies are designed to protect the best interest of the employer/clinic. Such coverage can significantly vary and often does not include various extensions that are built into the CPA member’s policy.

The CPA coverage protects physiotherapists best. In addition to standard malpractice defense and damage coverage, the CPA policy also shields assets and covers legal expenses to defend not only against claims and allegations, but also against complaints to a professional’s regulatory body.

This extension has been implemented to reimburse members’ legal expenses associated with defending oneself in front of a regulatory disciplinary committee.

Arthritis Continuing Education at the Mary Pack Arthritis Program

More Than Just an Education Workshop!

by Paul Adam, Mary Pack Arthritis Program, Rheumatology Liaison & Outreach Services Coordinator

Long recognized as the provincial source of expertise in arthritis care, the Mary Pack Arthritis Program (MPAP) has been providing an annual continuing education workshop for physiotherapists for over 25 years. This three-day course is held each spring in Vancouver and is called, “An Introduction to the Assessment and Management of Rheumatic Diseases,” and it provides the most current and evidence-based arthritis training for physiotherapists in the province. Comments from past attendees were, “It was good. I can’t think of any way to improve it,” and “excellent.” However, the MPAP Arthritis Continuing Education (ACE) Program is a lot more than this.

Therapists who attend this annual course become ACE members and the Mary Pack Arthritis Program then provides the following free member services (italicized quotes are some of the feedback that we’ve received from our members).

Clinical Exchange – a regularly scheduled telephone discussion on a variety of clinic topics centred around recent literature of interest to clinicians.

Clinical Link Newsletter – published twice yearly, this newsletter provides news, clinical tips, and resources in the field of arthritis and its management – “well presented anecdotes, practical research tips, easy contact information.”

In addition, the policy also includes coverage extensions and provisions whereas the insurer will reimburse members for legal expenses from criminal allegations that had occurred while that member was providing professional services when a member is found not guilty from such charges. It is imperative to provide members with the ability to seek legal funding and support when such criminal allegations are frivolous.

This year, a new enhancement was added to the policy providing members with loss of earnings coverage that provides financial support to insured members for work time lost in the event they are called upon to assist the insurer in the defence of a claim or allegation.

The CPA members policy provides additional extensions and differs from an Employers policy that may be in place. It is in place to protect liability exposures of physiotherapists operating both within clinical and independent practice settings.

This article is written for informational purposes only and is general in nature. Please reference your policy for specific coverage details or contact Aon Reed Stenhouse Inc.

Telephone Consultation – therapists at Mary Pack provide consultation and advice to members relating to the management of their patients with arthritis – “great resource, please continue.”

Professional Resources – a website provides access to professional educational materials (podcasts and PowerPoint presentations), patient education materials, as well as treatment approaches used at the Mary Pack Arthritis Program.

If you are interested in attending our course and becoming an ACE member, please visit our website at http://www.argbc.ca/practitioner/ace-program/membership for more information or contact me at Paul.Adam@vch.ca
Private Practice Directions

by Tanja Yardley, Business Affairs Committee Chair

I would like to take this opportunity to welcome our newest members: Janet Leung, Tracy Barber, Jaime McGregor, Scotty McVicar, Salveen Jagpal, and Margherita Cirillo. The infusion of new energy into the committee is timely as I wind up my responsibilities as Chair over the next six months and prepare to pass the torch!

We are thrilled to report that the Private Practice Toolkit is now on the website. Go to the Members Only Site at www.bcphysio.org and click on Business Resources/Private Practice Toolkit. There are new tips and tools being uploaded regularly so check back often. The sections, each one loaded with downloads and web links, are:

- Leadership/Entrepreneurship
- Starting a Business
- Managing Operations
- Fees and Finances
- Marketing and Promotion
- Human Resources
- Customer Service and Satisfaction
- Growing Your Business
- Insurance and Risk Management
- Selling a Business

Now that the toolkit is complete, we have taken on some new tasks to help busy practice owners. The first project will be a Report Writing Resource, with tips and templates for all kinds of reports. The second will be an expansion of our WAD Clinical Guidelines project, and the third will be an “Open House” kit for clinics wanting to host promotional events. Look for these in 2009!

New Bill Provides Credit Protection for Registered Investments

by Bradley Roulston

Losing assets from bankruptcy is a real distress especially for self-employed physiotherapists who might see a significant part of their savings taken away. Until this summer, an investor’s registered assets (RRSPs, RRIFs, DPSPs) did not have the same layer of protection against the claims of creditors in a bankruptcy action than that of insurance investments (such as Segregated Funds) or Registered Pension monies which are generally exempt from creditor claims. Segregated funds are similar to mutual funds; however, they are issued under an insurance contract. These investments have always enjoyed creditor protection whether or not they were held in an RRSP — making them a powerful planning tool for many PTs.

The passing into law of Bill C-12 applies to all bankruptcy actions initiated on or after July 7, 2008. However, contributions made to an RRSP within 12 months of a bankruptcy action may not be subject to this new protection. This condition is to limit people making large RRSP contributions intentionally to avoid creditor’s claims.

This bill provides more equal treatment for self-employed PTs or those in small clinics compared to PTs working in much larger companies/hospitals belonging to pension plans.

Here is some more news for PTs with student loans. Previously in bankruptcy, a student loan debt would be automatically discharged if the student had been out of school for over ten years. This has now been reduced to seven years, meaning that if you haven’t been a full or part-time student for seven years when you go bankrupt then your student loans will be automatically discharged. However, an application may be made to the court in hardship cases to have a student loan discharged as early as five years. Bankruptcy should not be taken lightly and other measures might be more appropriate. Specific advice from professionals is highly recommended.

For more information, email our BC manager Alim Dhanji, CFP directly at adhanji@hcfinancialgroup.com. Healthcare Financial waives our assessment/recommendation meeting fees for members of the PABC in good standing.
What You May Not Know about ICBC

by Marj Belot, PABC-ICBC Liaison

The following questions are from PABC members. I have discussed, corrected and confirmed the answers with David Waterman, Manager, and Injury Technical & Program Support at ICBC. Many of these questions and answers relate to the BC Insurance (Vehicle) Act Insurance (Vehicle) Regulation which is available on line at: www.qp.gov.bc.ca/statreg/stat/1/96231_01.htm.

Q: Why is my client not receiving reimbursement from ICBC for the clinic surcharge?
A: The surcharge is not covered under Part 7 Accident Benefits in the Insurance (Vehicle) Regulation. ICBC will only consider reimbursement of the surcharge if an ICBC motorist, other than your client, is at fault for the crash. In that case, the surcharge may be paid from the liability insurance policy of the at-fault motorist. Note that fraudulent statements and illegal activity, while very serious, do not specifically affect whether surcharges will be paid.

Q: My client cannot afford to pay the surcharge. What options do they have?
A: There are several options:
1. If the client is eligible for reimbursement (see above) then they or their lawyer can negotiate with ICBC adjuster for an advance of their settlement in order to cover the cost of physiotherapy. Adjusters are not authorized to pay the surcharge directly to clinics.
2. Sometimes the lawyer will pay the fee and follow-up with ICBC at time of settlement. This and any other alternative reimbursement options should be in writing and very clear.
3. A ‘direction to pay’ can be signed between the physiotherapist and client, which authorizes the lawyer to pay the physiotherapist out of the client’s future settlement. This is not recommended from a business perspective as this item will remain a receivable for potentially many years and if the client loses their litigation claim, you are unlikely to recover the fees.
4. See PABC Pro Bono Guidelines (Members Only Site/Business Resources/Guide to Fees) and your clinic’s Pro Bono Policy to decide if you wish to continue to treat a client for a reduced or waived surcharge.

Q: How are ICBC rates for physiotherapy assessment and treatment set?
A: By the Insurance (Vehicle) Regulation, Section 88 (7) which states: “The maximum amount payable by the corporation under this section for medical, surgical, dental, nursing or physical therapy services or for chiropractic treatment, occupational therapy or speech therapy listed in the payment schedules established by the Medical Services Commission under the Medicare Protection Act is the amount listed in the payment schedules for that service, treatment or therapy.” With the delisting of rehabilitation from MSP in 2002, however, this regulation is irrelevant; the fee remains at the 1991 negotiated rate and is adjusted by the clinic surcharge. For information on the MSP, see www.health.gov.bc.ca/msp/legislation/msc.html.

Q: Why do home care rates not reflect the true cost of providing physiotherapy service to the client, including travel and other business expenses?
A: See previous question. As with the physiotherapy rates in general, it is stated in the Insurance (Vehicle) Regulation that ICBC is not obligated to pay more than the fees set by the Medical Services Commission. The home care rate that ICBC is willing to pay on behalf of its insured customers is established and adjusted from time to time by ICBC Rehabilitation Services. PABC’s Business Affairs Committee is aware that it is an issue, and continues discussions with ICBC.

Q: Am I able to bill ICBC for phone calls, particularly for complex cases that require significant time?
A: No. There is no fee in place. ICBC’s position is that brief phone calls confirming that physiotherapy is reasonable and necessary and a brief treatment plan (estimated number of visits and timeframe) are a part of good communication and should not be billed. On a case by case basis, particularly for complex cases, you can advise the adjuster up front that you will be billing for the call and your rate. They can authorize or decline this charge. Alternatively, the adjuster can request a CL-20.

If you have additional questions, comments or concerns regarding physiotherapy and ICBC please send them to me at belotphysiotherapy@gmail.com.

Recommended reading: BCMA journal article regarding the ICBC system and policies, www.bcmj.org/icbc-medical-claims-coverage.

Job Demands Questionnaire

by Scotty McVicar, PABC-WCB Liaison

In my first meeting with WorkSafeBC as PABC’s Liaison, our discussion led to workplace issues and the value of knowing a worker’s work site situation. I have been using a form that I find very helpful, and I’d like to share it with you. The Job Demands Questionnaire, newly posted on the PABC Members Only website, provides a structured format for a client to report his or her job demands. This form provides a base line for the Job Demands as outlined by the client, and can be used for comparison when determining the client’s fitness to return to employment or activity. The information is often requested by insurance companies. This form can be administered by your staff to clients in the waiting room. For your convenience, it is in Word format so you can modify it to your practice needs, and add your logo. It is posted at www.bcphysio.org Members Only Site/Business Resources /Third Party Payers/Job Demands Questionnaire. If a more detailed Job Description is needed, ask the employer.
Marc Rizzardo, Soccer

The Women's Olympic Soccer team was in residence for two years. In those two years, they went to many countries in the world and many competitions including the 2007 Pan American Games, the 2007 World Cup in China and the 2008 Olympics in Beijing, China.

Thus the Olympic experience must be put into context. The team was very tight on and off the field. Even Pellerud, the head coach, had announced prior to the tournament that he would not seek to renew his contract that expired in December, 2008. Thus emotion was a factor in and around the team. I have been working with the players for three years and with some of them much longer than that. A couple of them I coached with the Vancouver Whitecaps, a role I had in the summer of 2008.

The pre-tournament acclimatization camp was held in Singapore for ten days. This allowed the players (and staff) to acclimatize to the weather (hot, humid, sticky, wet, humid, soggy, damp, humid, sunny, humid), to the people, to the culture, food, pressure, and each other. It was GREAT! Extremely clean, friendly, restful, and totally did the job of getting the players and staff ready for the next leg of the journey.

The medical team consisted of a physiotherapist (me), a massage therapist, a chiropractor, and a medical doctor. We all worked very well together and had great laughs both at work in our mash clinic and on our off time. We set specific roles for each member so that we were all involved in the process of getting the players to perform at their peak during the games. As the lead therapist, I was overseeing the management of the players and the first responder during the game. Our doctor, Dr. Andrew Pipe, was fantastic. He has been the team doctor for Basketball Canada for thirty years and had a ton of experience. That came in very handy many times, especially when we had to deal with some major injuries like fractured ribs and a punctured lung, torn ACL, etc. He also was in charge of water so that everyone did not cross-contaminate anyone else! Our massage therapist, Nicole Stephens, was extremely busy and was a crucial adjunct to our medical team. Our chiropractor, Garrett Kusch, is a former National and Professional soccer player, and travels with the Men's team, so he was well aware of the needs of the players. We had a daily medical meeting among the medical team and the senior assistant coach so that everyone was aware of every player's status on a daily basis.

The Olympics themselves were different for us. We arrived in Beijing on August 30th for a few days to get used to the village and its surroundings. I had been to Beijing/China on three previous occasions. (The medical and mission teams all had their orientation in Beijing in April for a week).

Then we traveled by bus to Tianjin, which was approximately a 2.5 hour drive. Security was phenomenal. We had total police escort everywhere we went including this trip. They actually closed the freeway both ways in order for our bus to go up to where our first two games were scheduled. Unfortunately, the organizers overlooked the need for a group of 20 women to use the washroom over the three hour span. We actually had to force the bus driver to pull over in the middle of nowhere so that the players could go to the washroom in the ditch. After two games in Tianjin, we traveled by train (that went 250 km/hour) back to Beijing where we played Sweden. Once we qualified for the next round, we flew to Shanghai for the quarter final game vs the USA. We lost to the USA in overtime. The USA went on to win the gold medal.

The majority of the players and staff stayed until after the Closing Ceremonies, which was great since we were in Tianjin during the Opening Ceremonies. Personally, after being away close to a month, I went home early when I was given the opportunity. I needed to treat some of the players that were hurt and it all worked out well.

In summary, the 2008 Olympics were very organized, very secure, high technology was used everywhere (that is why you saw sooooo many records set), and the people were fantastic. Our medical and coaching staff all got along extremely well. We all had traveled together before to major competitions and all of us knew our roles. Onto the 2010 GAMES!!!!!!!!!!!!!
PABC Members at the Beijing Olympics

Nadine Plotnikoff, Wrestling

The Games were a magical time. And so easy, it seemed. The village and venues were impressive. Any detail one could think of seems to have been pre-planned by our Chinese hosts (other than planning for better food at the venue concession stands!).

The Olympics were my fourth trip to China in the twelve months prior and, although not foreign to me, I continued to find Beijing an interesting mix of familiar (Starbucks) and different.

Of course, my Games highlight was the performance of the women’s wrestling team, who I have travelled with since 2001. They have always been such successful athletes and wonderful people, yet have flown somewhat ‘under the radar’ of more known, traditional sports. We have shared so many good times together over the past seven years and their group has become very special to me. The thrill of being there to witness my friends become Olympic gold and bronze medallists, both achieved in impressive fashion, is difficult to give adequate description to, other than to say that August 16th, 2008 will forever be remembered as a highlight in my life.

For me, an unexpected highlight was participating in the Closing Ceremonies. Down on field level was a celebration of humanity that, to me, is what the Olympics is all about. The enthusiasm of the Chinese volunteers for us, even after 16 long days, was so touching. Still saying ‘Welcome to Beijing’! That night still brings a tear to my eye as I write about it. I lingered down on the field as long as I possibly could, soaking it all in — long enough to be one of the last Canadians along with Marylou Lamy (BC physio for Athletics) on the field for the CBC-TV camera to focus on for a good 10 seconds. An unexpected thrill for my Mom to finally see me on the big screen!

I think back on all the trips I have taken over the years and the cumulative time away from my practice. I have given a lot of myself to this endeavour but I have received tenfold back.

The photo was taken right after the weigh in for the tournament (done the evening before they compete). I ‘just had a feeling’ that the next day was going to be a big one so I took some photos with them in advance. They were so prepared and so calm. This particular photo reminds me of that amazing feeling of being on the brink of something special.

Laurie Freebairn, Softball

People ask “how were the Olympics?” when you get home and it is somehow hard to put into words. Everything about the Olympics is on a “grand scale.” The village, the dining hall, the venues, the pageantry, even the athletes are on a “grand scale” (eg. Yao Ming, Michael Phelps!). As well, everything is SO accentuated at the Olympic games. The “highs” are incredibly “high” and the “lows” can be incredibly “low”.

As team therapist, you often feel a different pressure, one that includes keeping the athletes as healthy as possible and in top form leading up to and during the 10 day competition. At times, you feel your role is as much a sport psychologist as a sport physio! The beauty of the Olympics, however, is having the luxury of “tapping” into Team Canada medical professionals and realizing that you no longer have to do it all yourself. Everyone was incredibly helpful and supportive, even if to just wish you “good luck”! The team ultimately fell just short of the podium with a 4th place finish. This was the best ever finish for Canadian women’s softball, but it was a tough loss (one of those “lows”)! So, it’s back to the “real job” now, but I have a lifetime of memories from the journey. Reflecting back, it will be the many “highs” that I remember, the “lows” are already a distant memory.
Paige Larson, Paralympics

It was with pride and contentment that I returned home from Beijing after a Paralympic experience I will never forget. Beijing put on an amazing event and Team Canada rose to the occasion. The Chinese were able to do some amazing things. A culture rich in heritage, they were able to get things done in time frames alien to most of us. The sheer number of people was staggering. With a three day turnaround between the Olympics and Paralympics, they had the city transformed for our arrival down to having every street banner changed in all of Beijing to welcome the Paralympics. Previous timelines have allowed a week for such changes to be made, and many did not manage to get to the street banners.

The Village was a beautiful sanctuary with water features, sculptures, ornate fences and putting green lawns surrounding modern five to ten storey apartment buildings. The recreation, entertainment, eating and many other areas were exemplary and greatly appreciated by all of us living in the Village. The venues were spectacular, TV not doing them justice. The volunteers at the Games were always there ready to help in any way they could. Every local we met was friendly, whether they were in the market, on the street corner or at a venue. The whole country seemed ready to put their best face forward.

Team Canada was like a well functioning machine, things happening seamlessly within our group. The medical team of 13 therapists and three doctors looked after all the needs of our athletes and staff. I worked with athletics for the first time. It was a terrific experience and I felt greatly appreciated. The athletes and staff were focused on their tasks. We all worked together to get each and every athlete ready for their peak performance when it counted. It showed in the medal count for athletics, 17 (ten gold, one silver and six bronze). Team Canada came in seventh overall, with a total of 50 medals, narrowly missing the goal of top five.

It was inspiring to work with Chantal Petitclerc as she won each of her five gold medals, ending in her last ever track race. She plans to retire from the track and move on to road racing. Another memorable time was when Dean Bergeron won his first of two gold medals (200m, 100m, and a bronze in the 400m T52 class). His excitement was contagious as he came off the track, and it brought it all home as to why they train so hard and give up so much to be there. Seeing the performances, results and responses like that are what made it worthwhile.

It was the culmination of all Sports Physiotherapists do at a major Games. The Paralympic athletes have some different obstacles from Olympians, but they are athletes all the same. The competitiveness, desire to win and goal orientation of athletes from all over the world shows that people are essentially the same, driven by that same inner voice, to excel and work to be the best at whatever it is we do. I like to think that we each made a difference for the athletes in Beijing, and look forward to making more differences for all my patients every time I work with them, wherever that may be.

To read more on my time in Beijing, see my blog at www.northshoresportsphysio.com

Sport Physio BC Update

by Timothy George, BSPT, BScKin, Diploma
Sport Physiotherapist, Chair SPC-BC

It’s only twice a year you may find me stuck in front of my television set at disturbingly early hours of the day, and for multiple hours at time. The first is a yearly thing, during the Tour de France for 23 days every July, and the second is during Olympic Coverage every two years. Now that both of those are over, I can resume normal life again, and get back to acting as the Chair of Sport Physio BC.

We’re gearing up for a busy fall and winter with lots of upcoming courses and preparing for the one year countdown to the 2010 Winter Olympics in Vancouver.

Early December, we’ll be co-hosting with Sport Medicine Council of BC an evening seminar and social night on the topic of being a “Team Therapist”. We aim to have multiple, experienced sport physiotherapists, who work and travel with teams, share their wisdom about what it takes to be a team therapist. If you work with a team or desire to work with teams, this is a night for you. We hope to foster some interesting discussion and make it a learning opportunity for even the veteran therapists.

Keep an eye open for our other courses in the planning stages with Paris Orthotics on “Evidence behind Orthotic Prescription – When to Prescribe” as well as Sports Taping for the Clinician and Sports Therapists.

For further details and course registration, or for more information about Sport Physiotherapy in BC, please visit our website: www.sportphysiobc.com

New Date for AGM
The AGM will be held on Saturday, April 4th. CPTBC and PABC will jointly host a day of business and pleasure at the Plaza 500 in Vancouver.
Professional Development Directions

by Andrea Reid, MScPT, Dip. Sport PT, FCAMT, PABC Education Manager

PABC’s Professional Development Advisory Committee (PDAC) has recently expanded to include several new members and is excited to bring you a full education calendar in 2009. Cameron Bennett, Waymen Wong, Jennifer Keefor and Jordan Monks joined this long-standing committee, while past Chair Colleen Van Hooft has moved on to other projects.

PDAC has planned two courses, two lecture/audiocast series and two ‘extra’ lectures to keep you going in 2009.

You may have noticed a few changes to our lecture series. We have moved from UBC Robson Square to the GF Strong Auditorium, and also changed the start time to later (7:00 – 8:30 pm) to accommodate travel time. We have also all but waived the student rate to encourage our future members to participate in PABC events.

The spring lecture/audiocast series is entitled “Above the waist: Losing pounding pain” where we will hear Carol Kennedy speak on cervicogenic headache, May Nolan offer thoughts on assessment and treatment of the cervicothoracic junction, and John Oldham on the temporomandibular joint (TMJ).

If you are like me, you may be in the dark about some of the complementary therapies many physiotherapists use (i.e. what the heck is visceral manipulation?) in their practice. We’ve asked a few local experts to give us a basic overview and in the fall series we look at “Complementary Therapies: Tools Outside the Box”. Judy Russell (vesical therapy), Janey Cole-Morgan (cransiosacral therapy) and Dana D’Abreo (yoga and pilates) will shed some light on the tools they use in their practice.

And a bonus evening lecture…Marcy Dayan has offered to give an evening lecture to our members who are interested in SEX. Seriously, Wednesday January 28th (7pm at GF Strong), Marcy will introduce current theories on how the conditions we treat impact on sexual response, and the role of the physiotherapist in providing effective and valuable interventions in this regard. To top it off, it will be FREE and only for PABC members!

A reminder about audiocasts: Many of you know when you register for the lecture/audiocast series you have the option of attending “in person” or “by audiocast”. If you chose the audiocast, then the week following the lecture you will receive an e-mail from Stephanie at the PABC office. It will include the following: instructions on how to download the audiocast (a recording of the speaker’s lecture), a copy of the PowerPoint slides so you can follow along, and a copy of any extra handouts that were offered. You have about two weeks to go to the PABC website and download the audiocast. You can then listen to it whenever you like. This is different from the live teleconference series that is offered by CPA. The disadvantage is that you have to hope that an “in-person” member asked your burning questions, but the advantage is that you can listen to the lecture whenever you like. The good news is that we’re currently working on offering a “videocast” and hope to be able to replace the audiocast before 2009.

Courses for 2009 will include Level 1 Female Urinary Incontinence (April 17-19, 2009) instructed by Penny Wilson and Pat Lieblich, and Understanding Human Locomotion instructed by Cathy Eustace and Deb Treloar (October 15-18, 2009). PDAC approached Cathy and Deb 18-months ago in the hope that they would put together a gait course that would help therapists integrate their ‘neuro’ and ‘ortho’ skills when thinking about how their patients walk. After loads of work, they are ready to present the following: an evening lecture (October 15, 2009) and a three-day course (October 16-18). These events will run as two separate entities, and will therefore each require registration independently.

If you’re looking for education information at any time you can find it on the PABC website (www.bcphysio.org) under ‘Courses/Events’. Remember that we are always looking for education topics that would be of interest to our members in different areas of practice and we are eager to hear your feedback and have your suggestions. Please feel free to contact me at education@bcphysio.org with any of your comments.

Andrea Reid, PABC Education Manager
education@bcphysio.org

Participants’ comments:

Fall Lecture/Audiocast on Nutrition

• great speaker and topic; very relevant and practical for physios
• evidence-based info related to key elements
• great specific nutrient requirements and why
• explained in a ‘use it the next day’ way
• loads of information and good handout
• practical location, available parking, good timing (weekday evening)
• useful, interesting info in fun style, good visuals

Audiocast on Manipulation Kudo

“This week, five physios (50% of the physios in Williams Lake) gathered for a pizza party and to listen to Peter Huijbregts’ audiocast and PowerPoint presentation on Manipulation and Cervical Artery Dysfunction. Kudos to PABC and Peter for this excellent, thought-provoking presentation. It was so convenient to do this “distance education” and at no cost to us. This is just another example of the benefits of being a PABC member. It was a challenge trying to eat pizza with one hand while keeping the other hand clean to manipulate the computer mouse...that required dexterity.” BD
Using the A-Z Journal List

- Go to Library Service > A-Z Journal List > click the link (a new window opens)
- Type the journal title in the search box (note: search will accept truncated terms, and partial titles such as “rehab” or “physical”)
- Select the journal from the list, follow the link, then drill down (by year, issue, etc.) to locate your specific article.

What if my journal doesn’t come up in the A-Z Journal List?

- First check the spelling. When in doubt truncate your term, but be cautious. Watch abbreviations, and don’t use more than one truncated term (“physio” works, but “physio Canada” doesn’t).
- If nothing comes up, then chances are it is not available through the PABC eLibrary, but don’t despair. There are still a few options…

Searching PABC Databases for Full-Text

Using the A-Z Journal list is the best way to locate the full-text when you have an existing citation, but what about searching for a topic for full-text articles? First, think about your topic, map out keywords and/or subject terms, and then choose the database you want to search. The free index PubMed (www.pubmed.gov) is always a great place to start, but because it doesn’t directly link to the full-text available in our collections, we will focus on the databases in our eLibrary.

A note about embargoes:

Some journal titles have access restrictions (i.e. full-text access may be denied for the current year). If you encounter an embargo, contact me and I may be able to find an alternate source!

Using the EBSCO Interface (CINAHL, Medline, PsycINFO)

I really like the new EBSCOhost interface upgrade. It’s clean, easy to use, and full of neat tools. From the main search page of your chosen database (note: you can search all EBSCO databases by selecting “choose databases”) enter your search terms. If you want to retrieve full-text only results, you can select the “Full Text” box in the “Limit your results” section.

Limit your results

Full Text

Click “search” and you will only receive records with full-text results. You can download the PDFs one at a time, or add them to the folder to email multiple items.
Another (preferred) option is not to select the Full Text only limit, and instead return all indexed results (this will include records with citations and abstracts only). The reason to do this in this is because EBSCO will link to full-text outside of its collection. Records will have the following links to full-text (if available):

- Browse this journal via FreeFullText.com
- Check Free Medical Journals
- Find this article in full text from Lippincott Total Access Collection

Follow the link to download the full-text!

**Getting full-text Cochrane systematic reviews with Ovid’s EBMR database.**

EBMR (Evidence Based Medicine Reviews) is both an index and a full-text resource. Mainly, you’ll want to use it to obtain full-text Cochrane systematic reviews. Getting the full-text from this database can be a little tricky because it searches multiple collections simultaneously, and the links to the full-text aren’t obvious. To obtain the full-text of a Cochrane systematic review follow the EBMR Topic Review link, then download the PDF.

**Want to set up a database training session at your workplace?** Please contact me to discuss training options at librarian@bcphysio.org. Sessions could include basic and advanced searching techniques using the PABC eLibrary, using current awareness services to keep up-to-date, advanced Google, and more.

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**Best-Evidence Synthesis for the Clinical Diagnosis of SLAP-Lesions Available Online at PABC Website**

*by Peter Huijbregts, PT, DPT, OCS, FAAOMPT, FCAMT – Consultant Physiotherapist, Shelbourne Physiotherapy Clinic, Victoria, BC*

**Assistant Professor, University of St. Augustine for Health Sciences, St. Augustine, FL**

Andrews et al first described superior labrum anterior-to-posterior (SLAP) lesions of the shoulder in 1983. Since then, these lesions have been the subject of a great deal of research studying their anatomy, biomechanics, diagnosis, and management. With reports indicating a great variation in but noted prevalence of SLAP-lesions at 6-26% in shoulders undergoing arthroscopic evaluation and, with a preponderance of the literature at this time indicating the need for surgical referral and management, the physiotherapist in a direct-access role in the health care system needs to be able to confidently rule in or rule out the presence of such a lesion.

Because data on epidemiology, mechanism of injury, and other history findings with regard to SLAP-lesions provide insufficient information to allow for confident research-based clinical diagnosis, the physiotherapist has to rely on the physical examination. In the currently predominant evidence-based practice paradigm, research-based data on utility of diagnostic tests supplement and replace the pathophysiologic and pathobiomechanical rationale previously used for the interpretation of these tests. Research studies on diagnostic accuracy of individual tests provide statistics such as sensitivity, specificity, predictive values, and likelihood ratios. However, the numerical value for these statistics and hence their clinical interpretation are highly dependent on the methodological quality of the study in which they were derived.

SLAP-lesions have been a topic of interest to me for some time and, in 2001, I had the opportunity to publish a narrative review on this topic. However, narrative reviews do not combine quality assessment of the studies used with a presentation of their findings. Recently, I had the opportunity to work with one of my students at the University of St. Augustine for Health Sciences on updating my earlier review paper with all the new diagnostic research produced in this area but also with a systematic and qualitative review of methodological quality of the studies retrieved. This allowed us to produce a best-evidence synthesis with regard to the clinical diagnosis of SLAP-lesions that will likely be of interest to orthopaedic physiotherapy colleagues and that PABC with permission of the Editor of the Journal of Manual and Manipulative Therapy http://jmmtonline.com/ has included on its website to allow greater access to these clinically relevant findings. Enjoy the reading!

**References**


Read the full text on the website under PABC Publications – Member Research http://www.bcphysio.org/app/index.cfm?fuseaction=pabc.memberresearch
So long and thanks for all the exams ...

by Lindsay Trimble, Soon to Be New Grad!

As the third UBC master of physical therapy class puts the finishing touches on its university education, I would like to take a moment to both reflect and congratulate my compatriots on their triumphant success in the last two years, bred of long hours, hard work, and a great deal of practice.

Over the past few months, our class has faced some of the biggest challenges of our academic careers, perhaps even our lives, or at least it seems. Here is the Coles notes version of what we've been up to lately. First of all, we completed our last ever set of UBC exams. Although I'm sure there will be other exams, I never again intend on participating in the hellish tornado that is an exam week. We completed three exams in four days, including a ten station practical OSCE exam. Following that, we had a few weeks to sink our teeth into writing the final drafts of the systematic reviews that we had been toiling over in groups of five for just over a year. All of this work culminated in a symposium that took place at GF Strong over two days in July. The reviews covered topics such as aerobic exercise post stroke, tai chi and balance, exercise and pharmacological therapy and bone density, exercise and metastatic cancer, dry needling and myofascial pain, power and strength training in the elderly, physical therapy for rheumatoid arthritis, and physical activity and schizophrenia. All of the papers and presentations were shining examples of the type of hard work and dedication that the MPT students have been exhibiting throughout the last two years. A number of groups have submitted or will be submitting papers to Physical Therapy Canada, so look out for those in print in the near future!

Finally done classes, exams, and now preparing for the infamous PCE and PNE exams, our class embarked on our final two senior placements. These placements have been challenging in many ways, not only in the expectations placed on us by the faculty, supervisors and clinical educators, but more in the expectations we have for ourselves as students. Many students had their first experience working in private practice, or in areas of specialty such as arthritis and pediatrics. This seemed to be in many ways a chance to prove to ourselves that we are in fact ready to be physical therapists, that we can confidently treat clients with diligence and skill, and assure ourselves that in just a couple months we will be ready for the job we've dreamed about for months, perhaps even years.

So in conclusion, I'd like to say a big thank you on behalf of my classmates to all the supervisors, professors, faculty, administration and clinical educators. I'd also like to especially thank all of the clients that were gracious enough to let us learn from them through clinical experiences, class visits, and clinical placements. Without these people, our education would surely be deficient. I'd also like to thank my classmates for being awesome and wish them all the best in the future. If I have any advice to give to my fellow graduates, soon to be graduates and students just beginning their journey, it is to paraphrase something a clinical supervisor once told me: Realize that you know more than you think you do, so be confident. But also know that you will never know it all, so again, act accordingly.

UBC Physiotherapy Department Happenings

UBC PT Department Corner

by Brenda Loveridge, Interim Head
UBC Department of Physical Therapy,
Faculty of Medicine

On September 19, UBC completed the move into our newly renovated Friedman Building. The expanded new facilities are impressive even though some construction tasks remain incomplete. We will be planning an “Open House” as soon as construction is complete and all new equipment is in place, but in the meantime you are welcome to drop by and check out the new facilities.

Our enlarged MPT1 class of 56 students challenges us to team-teach in larger labs and develop new teaching and learning strategies as we move to a class size of 80 students by 2010. The large screen video-monitors are installed in all labs and over the next few months we will be working with a camera system to help capture and display lab demonstrations.

The infrastructure to support future distance education video-connectivity is built into our facilities, and when this is realized, UBC will be able to link across the province to open new opportunities for education at all levels.

New faculty and the Headship recruitments are progressing well. We are also working to develop more part-time instructor positions to support the MPT Program. As soon as these positions are finalized they will be shared widely with the clinical community.

UBC MPT Program Clinical Education Update

by Sue Murphy

I have now been in my new position as ACCE (Academic Coordinator of Clinical Education) for a couple of months and the learning curve is steep, partly because I have such big shoes to fill in following Pat Lieblich into this position. The more I learn, the more I realize what a stellar job Pat did in managing the clinical education of our students for the past 12 years. Luckily Pat is still around to mentor me in my new role, for which I am truly thankful!

The 08-10 class of 56 MPT students began studies at the end of August and will soon begin their introductory “shadow” placements in the Lower Mainland. These placements are designed to introduce the students to various aspects of clinical
practice in order to facilitate a smooth transition into their first placement in April. The MPT2 class will begin their level 2 placements in November and the graduating class are just finishing their final placements as I write this, so there are a total of over 130 students undergoing learning experiences in the PT community this fall.

At the end of October the Department is hosting a two-day clinical education symposium to articulate the Department’s values around clinical education, to develop a vision and mission statement, and to begin to form a strategic plan for the future direction of the clinical education programme. Invited participants are from all regions of the province and all areas of practice. We look forward to a productive two days — as well as some fun on the second day which happens to be Halloween!

**In Memoriam**

**Jenny Robertson**

Jenny Robertson, a physiotherapist who worked at GF Strong from 1978-2007, passed away from ALS on August 11, 2008. Jenny will be remembered for her keen interest and enthusiasm in all activities that she undertook. Not only was she a skillful PT, but a researcher in the area of NMES application for gait facilitation. In 2005, she founded the international FESAiR (Functional Electrical Stimulation: Applications in Rehabilitation) organization along with Maura Whittaker and two other physiotherapists from England.

Jenny served as HSA Chief Steward at GF Strong and as a HSA Board of Director representing Region 4. In her Director capacity, she also chaired HSA “Run for the Cure” committees.

To say the least, Jenny was involved and gave life “her all” with zest, grace and a good sense of humour. She was dedicated to her work as a PT and was quoted in the December 2007/January 2008 HSA Report “I loved my job. I loved it.”

**ESP is Looking Ahead**

PABC has partnered with CPTBC and UBC-PT to create a task force to recommend legislative change to reflect changing practice. The Extended Scope of Practice (ESP) members have met thrice to create a ‘wish list’ and will follow a work plan that includes research, surveying the BC physiotherapy community, meeting with stakeholders to inform and seek support, and to draft a legislative proposal. Thanks to the following ESP members: Brenda Hudson and Marilyn Atkins (CPTBC), Linda Li (UBC-PT), Scott Brolin, Chris Palmer, Jen Fyle, Heather King, Kristen Pummell, Phil Lawrence, Peter Huijbregts, Waymen Wong, and Maureen Duggan, chaired by Pat Lieblich.

**Kudos**

**On the TV Ad During Olympics Coverage**

That’s great news, I’m so glad to see how you guys are really representing us and are “moving us forward”. SC

Congratulations for arranging this coup. PABC should be just amazingly proud of this accomplishment. Way to go!!! AG

**On the Canadian Society of Association Executives Awards**

Congrats PABC! I’m proud to be a member, way to go! VN

Congrats!! You guys are inspirational. And I love the emails that you send to keep me in the loop. SB

Congratulations! You and your team are doing a fantastic job and the awards mean others have noticed. MB

Congratulations to all of you at PABC for the various awards...we are all very proud of you. KV

Hearty congrats to all those who have worked so hard, and successfully, on our behalf. AH

**From a member retiring and leaving BC**

“I would like to thank PABC for all the hard work and fun you have put into our organization. I am and always will be proud to say that I was a member of PABC.” PP

RBT is presented the CSAE national award for Best Website by Signe Holstein, former Ontario Physiotherapy Association CEO
**What Members are Doing**

Aaron Li, GF Strong, was in China for the past two months to volunteer in disaster relief. He is working at China West Hospital at Chengdu, and may work at two other rehab centres. At his time of leaving in August, the official data were 370,000 people injured during the earthquake, 100,000 hospitalized and close to 60,000 killed. He will work with those recent earthquake victims (mainly fractures, amputees and spinal cord injuries). He said, “My main roles are direct patient care, clinical teaching and mentoring to local staff, working on projects and helping to develop treatment protocol, etc. They have very heavy workloads and the staff working there haven’t taken any breaks (even on weekends) since May. No one at Sichuan will forget 5:12 just like 9:11 for the US.”

Dr. Susan Harris has been chosen as the 2007 Faculty of Medicine Distinguished Lecturer in the Clinical Sciences, in recognition of her highly regarded academic career in physical therapy. She is the first faculty member in the Department of Physical Therapy at UBC, and the previous School of Rehabilitation Sciences, to achieve this award. A reception to honour Susan’s retirement was held last month at which she was presented with a PABC Certificate of Appreciation for her years of volunteering and support.

Steps to Better Health: Rehabilitation in Motion’s physiotherapy staff challenged their patients to “Walk Across BC” in August. Participants were equipped with pedometers provided by WalkBC. The winner, Pat Grono, logged 313,643 total steps in 31 days while recuperating from a knee replacement! Rehabilitation in Motion presented Pat with an On-the-Ball kit as part of our initiative to “keep bodies in motion”.

Mhairi Karklin attended the Canadian Association of Nephrology Nurses and Technicians conference in Quebec City last month. She was one of the key presenters representing the physiotherapy profession. She has been extensively involved in exercise programs with dialysis patients and has been a part of a research team at Queen’s University that investigated cardiovascular responses to intra-dialytic exercise (exercise while they are having dialysis). Her group presented Determinants of the Systolic Blood Pressure Response to Sub-Maximal Intra-Dialytic Exercise.

Alex McKechnie has been named one of BC’s most prominent people in this BC Almanac of Greatest British Columbians by Mark Forsythe and Greg Dickson – http://www.harbourpublishing.com/title/BCAlmanacBookofGreatestBritishColumbians. He is described as a recognized physiotherapist specializing in core strengthening and the rehabilitation of pro athletes, and is lauded for his exceptional contribution to our province. In addition, he was featured in the July Sports Illustrated for his creation of The Core X System, “a muscle rehab system used by top athletes and everyday people.” Now the L.A. Lakers’ athletic performance coordinator, Alex has developed products and programs widely used in the NBA, NFL and NHL. Quoting the Vancouver Sun, it is “a long way from the clinic he once ran in the Burnaby 8-Rinks complex.”

**Little Physios**

Karen Cooke (Beishuizen) welcomed her firstborn, Carter Robert, on June 13th, at 7.1 lbs. He arrived 4 weeks early, which was a big surprise for the new parents.

Shannon Stofer See gave birth to Oliver Dennis on July 23rd at 7 lbs 14 oz, a little brother for Aidan.

Waymen Wong is the proud dad of Shyla, born July 22nd weighing in at 7 lbs 7oz. “We have a shirt that has printed on it, I love the night life.”

Jennifer Keefer is a new mom to Elsie Katelynn Silcock, born July 30th at 6 lbs 4 oz.

Both Waymen and Jennifer don’t let new parenthood stand in the way of creating busy volunteer schedules — they are new recruits to PABC’s Professional Development Advisory Committee.

Sonja Redden brought brothers Robert and Joseph a sister, Julia Christine Redden, on August 29th weighing 7 lbs 8oz.

Dana D’Abreo gave birth to Taylor Ava on August 25th weighing 8 lbs 11 oz.

Ali Coupe was busy on Labour Day giving birth to Riley Sage Bouchard, weighing 7 lbs 11 oz, half-brother to Tristan Bouchard, 12 years old.

Slightly Older Baby News

Gabrielle Campbell had her first baby, Isla Anne May Bitting, 6 lbs 12oz following the lunar eclipse on February 21st.

Kristy La Mantia gave birth to a second daughter, Amalia Joely, in December 2007.


Maria Morley had a baby boy, Harlan, in April 2007.

If you are expecting a little physio to come into the world before the January 1st newsletter deadline, let us know at rbt@bcphysio.org.
Communications Directions

Survey results crunched: members weigh in on region representation

by Bev Holmes, PABC Communications Consultant

We conducted an on-line survey this past summer regarding regional representation. You offered insightful ideas and opinions. Thanks also to members who attended town hall meetings in Sechelt, Prince George and Fort St. John, sharing their thoughts with us face to face.

The purpose of the survey and the meetings was to understand member perspectives on board representation: its purpose and the extent to which it’s being fulfilled. Survey results – which were echoed at the town hall meetings – are presented below.

What you said

Respondents were asked to rate three aspects related to the question: “In your opinion, what is the purpose of region representation at the Board of Directors level?”

- 94 percent said to ensure regional issues are taken to the Board for resolution
- 93 percent said to ensure updates from their region are shared with the Board
- 88 percent said to enable their Director to provide them with relevant PABC updates

The survey asked: To what extent do you feel your region is represented at the PABC Board? Responses were:

- No opinion – 47 percent
- Very well or well – 49 percent
- Poorly – three and a half percent
- Very Poorly – one-half a percent

When asked to explain their rating, respondents’ comments were for the most part variations on a theme: “I don’t know how board representation works,” “I have not kept up with association goings-on as I am busy,” or “I am unclear of what our rep does.” Several comments indicated satisfaction with region representation, and a few comments suggested all may not be well, along the lines of “I don’t hear what is happening at the Board table,” or “I do not think PABC focuses on representation that much.”

We also asked respondents if their region meets as a group: 52 percent didn’t know, 27 percent said yes, and 21 percent said no. Of those who said yes, about half attended those meetings. If they didn’t, it was mostly due to busy-ness. The majority of respondents (94 percent) get most of their information about PABC activities from the PABC office (e-blasts, website, newsletter, mailings). Fewer than one-half of one percent get information only from their Board director, and only six percent get it from both. However, when asked their preferred source for PABC info, 63 percent said the PABC office, under two percent said their Board director, and 35 percent said both.

What’s next?

With 47 percent of respondents having no opinion on whether they are well-represented at the Board level and 49 percent feeling well- or very well-represented, the overall findings from the survey suggested to your Board of Directors that members are not clear on region representation, but also that they are not overly concerned about it.

On the other hand, the Board decided there is definitely room for improvement, especially related to the finding that 35 percent of respondents want to hear from a regional representative and “PABC central,” whereas only six percent do so now.

Over the next few months, a Board task force will confirm and clarify the role of region representatives — including tasks and responsibilities — and communicating with members about the outcome. Stay tuned!

TV Ad Campaign Update – Gold Medal Performance

by Ron Blouin, President and Creative Director, Hotshop Communications Inc.

Earlier in the year the Board asked us to come back with a plan to best spend the additional $20,000 that was allotted to Advertising.

Right away we thought placing our physical therapy messaging inside the CBC Olympic broadcasts was a great idea but the cost was prohibitive. But by waiting to the last moment, we were able to secure a media buy at a 50% discount from the original rates and get messages placed during the last two weekends of the Beijing Olympics. Spending half (10k) of the budget, our messages were seen in many high-profile events including the Canada/USA Women’s Soccer quarter-finals game (unfortunately we lost to the US in the 11th minute of extra time).

The original forecast audience for the entire media buy was 2,075,000 viewers but because of the overall popularity of the games as well as positioning in certain events and the political dynamic of China hosting the Olympics, our measured in-home audience reached a whopping 3,861,000 viewers for an 86 percent increase over forecast.

For the remainder of the 20k we recommended that new messaging be created to enhance our brand. The ‘X-ray Series’ continues to capture people’s attention and by adding new visuals and themes to the mix we feel it will continue to take advantage of the brand equity we have built up over the past six years as well as move our brand forward.

Stay tuned—these new messages being developed are scheduled to be on the air early in the New Year.
HEABC Survey of Physiotherapist Shortage in Private Practice

The Health Employers Association of BC (HEABC) requested that PABC undertake a survey of private practice vacancies in order that they, under the direction of the Ministry of Health, gain a complete perspective on the total vacancy rate in the province. HEABC has solid data on the shortages in public practice thanks to its extensive employer records, but lacked private practice information. Its public sector records show 54 vacancies in ‘difficult to fill positions’ (vacant for more than 3 months) in the first quarter of 2008, and 40 difficult to fill vacancies in the second quarter.

PABC undertook a survey of the private physiotherapy clinics in July 2008. There are 448 private physiotherapy clinics employing approximately 842 physiotherapists. The 166 sole charge clinics and the corporate clinics (Lifemark, CBI) were not surveyed. A total of 189 surveys were sent to the remaining clinics and to owners of multiple clinics (49 clinic owners have 85 clinics) with 109 responses (57.6%).

From those who responded, 71 (65%) needed additional physiotherapists for a total of 102 positions or 90.5 full-time equivalent (FTE) to meet client demand. The 57.6% response rate is significant enough to suggest that there are a total of 157 private practice vacancies throughout clinics in BC.
The vacancies range from 38 clinics with no vacancies to number of clinic owners short 2 and 3 FTEs.

![Number of Vacancies per Physio Clinic Owner]

 Owners reported that their typical timeline to fill a position varied from 1 month to ‘never’. The chart below shows the length of time it takes to fill a position. Please note, included in the > 2 years category are responses ranging from ‘never’ to 5-6 years to ‘position left unfilled’.

![Time to Fill Vacancies by Number of Clinics]

Viewed by Health Authority regions, the majority (40%) of the vacancies are in the Fraser Health Region, 28% are in Interior Health, 16% are in Vancouver Coastal, 9% in Vancouver Island Region and, the remaining 7% in Northern Health.

In the comment section regarding why physiotherapy vacancies are chronically not filled, the primary reason was the lack of physiotherapists:

<table>
<thead>
<tr>
<th>Reason Why Physio Vacancies are Chronically Not Filled</th>
<th># Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>No physios available</td>
<td>20</td>
</tr>
<tr>
<td>Can’t attract to rural location or outlying urban area</td>
<td>11</td>
</tr>
<tr>
<td>Locums hard to find</td>
<td>6</td>
</tr>
<tr>
<td>Need physios with special skills</td>
<td>4</td>
</tr>
<tr>
<td>No response to Ad</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>
Interestingly, some rural areas have no trouble finding physiotherapists (e.g. Whistler & Nelson) while urban areas like White Rock & South Surrey are struggling with vacancies. The range of special skills needed ranged from neuro, hand and manual therapists, to Punjabi speakers. The ‘other’ category has a wide range of comments from trouble finding flexible staff to finding someone to work certain hours.

In the Final Comments section, once again the difficulty in finding locums was often mentioned with some clinics feeling burnt out for lack of vacation coverage. Some clinics are finding success with international educated physiotherapists (IEPs) willing to come to Canada while others mentioned the Physiotherapy Competency Exam as being a barrier to hiring IEPs (expense & the energy it takes to go through the process). A few clinics said they have no trouble hiring physiotherapists because they are in a desired location (Vancouver, Vernon, Comox, Courtenay). A number of comments were on the theme of hours – whether they cannot find a full time or a part time physiotherapist, or find anyone to work evenings. Two owners noted that they are close to retirement and are concerned that there will be no one to work in their rural clinic.

With a vacancy of BC physiotherapists in public and private practice now well-documented and hovering at 200, and with retirement on the horizon for many of the 2500 registered physiotherapists, PABC is pleased to know that the Ministries of Health and Advanced Education are strategizing to increase education seats at UBC and UNBC, and that the IEP entry to practice process is being reviewed.

### PABC’s Membership Compared to All BC Registered Physiotherapists

<table>
<thead>
<tr>
<th>AGE GROUPS</th>
<th>PABC MEMBERS</th>
<th>REGISTERED PHYSIOS</th>
<th>FUTURE MEMBERS (% within age group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 24 YEARS</td>
<td>21</td>
<td>22</td>
<td>1 (0.5%)</td>
</tr>
<tr>
<td>25 - 34 YEARS</td>
<td>544</td>
<td>702</td>
<td>158 (22%)</td>
</tr>
<tr>
<td>35 - 44 YEARS</td>
<td>445</td>
<td>717</td>
<td>272 (38%)</td>
</tr>
<tr>
<td>45 - 54 YEARS</td>
<td>336</td>
<td>680</td>
<td>344 (50%)</td>
</tr>
<tr>
<td>55 - 64 YEARS</td>
<td>265</td>
<td>429</td>
<td>164 (38%)</td>
</tr>
<tr>
<td>65 - 74 YEARS</td>
<td>36</td>
<td>42</td>
<td>6 (14%)</td>
</tr>
<tr>
<td>75+ YEARS</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Age Unknown</td>
<td>178</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1832</td>
<td>2594</td>
<td>762 (30%)</td>
</tr>
</tbody>
</table>

- 30% of BC Physiotherapists are not members of PABC
- 50% of BC Physiotherapists between 45 to 54 years are not members of PABC
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PRIVATELY SPONSORED COURSES
Details at www.bcphysio.org
Courses/Events
Private Courses/Events
Courses Listed in Chronological Order as of October 1, 2008
- UBC’s online Master of Rehab Science
- Assessment & Treatment of the Functional Foot – see ad below
- Canadian Bobath Instructors Association – Maximizing Functional Movement Potential Following Traumatic Brain Injury
- Peggy Schoedinger’s 3-Day Hands-on Aquatic Training Course - Oregon
- Acute Care Cardiorespiratory Physiotherapy Refresher Course
- Functional Examination of the Soft Tissues and Treatment by Manual Methods
- Kinesio Taping Seminars
- Gait Patterning, Enhancing Hip Function and Quality of Life through the use of Rollator Walkers – Victoria – Burnaby – Kelowna - Free
- Visceral Manipulation
- Preparing for Court – Free
- Discover the Introductory Pelvis & Hip (Level 1)
- First Congress of the International Society of Electrophysical Agents – Las Vegas
- Where It’s At: Teams using Learning Technology, Assistive Technology for Children & Youth Conference – Saskatoon

NEW CLINIC ADS

November 14th - 16th, 2008
This course will cover the assessment and treatment of the functional foot. We will look at applied anatomy, biomechanics, gait, manual assessment and treatment, exercise and muscle re-education, bracing and orthotics.

Trelorah Physiotherapy Clinic
#505- 686 West Broadway
Victoria

Friday- Evening. Time TBD.
Sat/Sun - 8:30am - 4:30pm
Requirements: Level 2
Price: $475.00
Course limited to 14
Contact: Erin Trelorah
Phone: 604-875-6207
Email: tpc@shawbiz.ca

Find a Physio 2009 – 2010
Listing Deadline
Clinic Owners/Managers or Physio Dept. Administrators
You will receive a Find a Physio Sign-off sheet in the mail with instructions. Once you and the members working at the workplace have approved the listings please fax it to Estrid at FAX: 604-736-5606 by November 15th.
- Please be sure that you have reviewed each member’s listing with them. Ask each member to initial beside their name to show that they approve the listing and the cost associated with the listing(s).
- Add any Physio who is a PABC member to the Sign-off sheet if they are not already listed.
- First Workplace listing is free, second workplace listing is $25 and each additional listing is $5.
- First Area of Expertise is $25 and each additional area is $5.
- Listings will be updated as the Sign-off sheets arrive in the office. The database will automatically invoice the members to their email address if there are costs associated with the listing(s).

Ads in the Directory:
- Clinic Ads? Regular clinic advertisers will be sent a copy of last year’s ad to approve for 2009-2010.
- New Advertisers? Please email Estrid if you want to have an ad in the print directory.
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- New Clinics? The final cut-off for listings and ads in the print directory is Feb. 1st.

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Reduced rates for CPA NSD members and CAOT members. For further information, course registration details, and contact information please visit our website at www.bobathcanada.com

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Registered Physiotherapist
• Must be registered with the Canadian Physiotherapy Association and the College of Physiotherapists of British Columbia
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PABC Professional Development 2009

Courses in 2009

Continence & Pelvic Floor Re-education in the Female Patient
Instructors: Penny Wilson, PT and Pat Lieblich, PT
April 17, 18, 19, 2009; BC Women’s Health Centre, Vancouver
This 3-day hands-on workshop taught by leaders in the field of female incontinence and pelvic floor rehabilitation is oriented towards physiotherapists with an interest in women’s health. Take advantage of this opportunity to expand your scope of practice in providing primary care for women with incontinence, a growing health issue affecting one in three women.

Understanding Human Locomotion in Two Parts: Evening Lecture and Weekend Course
Instructors: Deb Treloar, BSR, FCAMT and Catherine Eustace, BAppSc(PT), IBITA Instructor
October 15, 16, 17, 18, 2009; location TBA – Vancouver
Choose both or either parts of the Lecture or Course:
Part I: Evening Lecture, October 15
Overview of anatomy, biomechanics and neurophysiology underpinning human locomotion – no pre-requisite required
Part II: Course, October 16, 17 and 18
A 3-day course that integrates neurological and orthopaedic approaches to understanding human locomotion – pre-quisite: either a 3-day Introductory Bobath Course or Level 2 Orthopaedic Division

Registration
To register for the 2009 Courses or Lecture/Audiocast Series (see page 28 for descriptions), follow these three easy steps:
1. www.bcphysio.org and click Courses/Events on the top right
2. read the descriptions; scroll down to “To Register …. Click Here”
3. click “sign up” on the course or lecture you’re interested in

For more information, call PABC at 604-736-5130, ext. 3 or email Andrea Reid at education@bcphysio.org.

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Evening Lectures/Audiocasts in 2009

Location: GF Strong Auditorium 4255 Laurel Street (at Oak)
Time: 7:00 – 8:30 pm
Fee: PABC members: $40; Student members: $5; Non-members: $60

To register for the 2009 Courses or Lecture/Audiocast Series, follow the three easy steps outlined on page 27. For more information, contact Andrea Reid at education@bcphysio.org or at PABC 604-736-5130, ext. 3.

Spring Series: Above the Waist: Losing Pounding Pain

1. February 26  Cervicogenic Headache: A pain in the neck
   Presenter: Carol Kennedy, BScPT, FCAMT

   Headaches originating in the neck are distinguished from other headache forms and are very responsive to the physiotherapeutic interventions of manual therapy and specific exercise. This evidence-based session will outline the subjective and objective features of cervicogenic headache, which will assist in the differential diagnosis, as well as present the comprehensive management of this condition.

   Carol Kennedy, a physiotherapist for 30 years, is a partner at Treloar Physiotherapy Clinic where she treats, almost exclusively, patients with cervical spine dysfunction. She teaches nationally and internationally in the Orthopaedic Division Manual Therapy Course system (in which she is now Chief Examiner) and in her own specialty courses on the cervical spine and cervical exercise. Carol sits on the Editorial Board for the Journal of Manual and Manipulative Therapy, and has published a cervical spine chapter in Therapeutic Exercise: Moving Toward Function. Carol received PABC’s Award of Excellence for her clinical contribution in 2005.

   Presenter: May Nolan, BScPT, DipManipPT

   This session will present assessment of the cervicothoracic junction and differential diagnosis. Participants will learn about examination of the musculoskeletal system and the neurovascular bundle. Physiotherapeutic approaches to the management of select conditions will be discussed with reference to literature as well as case examples.

   May Nolan is an associate physiotherapist at Oakridge Physiotherapy Centre, a clinical instructor at the UBC Department of Physical Therapy, and a teacher and examiner for the BC section, Orthopaedic division. May is co-author of the widely used orthopaedic textbook Clinical Assessment and Treatment Techniques for the Lower Extremity. May received PABC’s Award of Excellence for her clinical contribution in 2006.

3. April 23  The temporomandibular joint, breathing and the autonomic nervous system
   Presenter: John Oldham, BScPT, FCAMT

   This lecture presents a systematic method for examining and treating the gnathic system, including posture and movements of the TMJ as related to the craniovertebral joints, lingual and pharyngeal musculature including lingual resting position. Measurement of hypocapnia and control systems for breathing will be reviewed, as well as physiotherapy impact on the respiratory function.

   John Oldham, a graduate from New Zealand College of Physiotherapy who successfully challenged the Manual Therapy exam in the Canary Islands, has been in practice in Vancouver since 1970 where he specializes in orthopaedics, spinal manipulation, whiplash disorders and the TMJ. A founding member of the Orthopaedic Division of the CPA for whom he has been a lecturer and examiner, John is also a founder of Canadian Academy of Manual Therapy, and is a Clinical Instructor at UBC–PT Department.

Fall Series: Complementary Therapies: Tools Outside the Box

1. September 22  Visceral Therapy with Judy Russell
2. October 21  Craniosacral Therapy with Janey Cole–Morgan
3. November 26  Yoga & Pilates in physiotherapy with Dana D’Abreo

Save these dates and watch for details in the Winter Directions.

To register for the 2009 Courses or Lecture/Audiocast Series, follow the three easy steps outlined on page 27. For more information, contact Andrea Reid at education@bcphysio.org or at PABC 604-736-5130, ext. 3.

Special FREE Lecture for PABC Members Only. January 28, 2009, 7-8:30 pm GF Strong Auditorium

Sex and Physiotherapy? by Marcy Dayan, MSR, MHA

This session will introduce current theories on sexual response, and how the conditions we treat impact this response. PABC members will gain an increased awareness of the role of physiotherapy in sexual health, a model for integrating this into our assessment and treatment in clinical practice, and knowledge of reliable educational and therapeutic referral sources when the client’s concerns or needs are beyond our comfort, knowledge or scope. (See article page 7)