Counting Repetitions and Categorizing Practice: Do our patients get an adequate “dose” of practice?

by Lara Boyd, PT, PhD and the Observe Study Investigators

Task-specific training is believed to be the best way to optimize functional recovery after stroke. In animal models of stroke, subjects receive hundreds if not thousands of task-specific repetitions on a daily basis during their “rehabilitation”. Similarly, in experimental motor learning studies, both healthy participants and people with stroke commonly practice many hundreds of movements in a relatively short period of time (e.g. three sessions in one week). The impact of dose and task-specificity in practice after stroke appears to be highly interrelated. In work from the Brain Behavior Lab at UBC, we discovered that high dose task-specific practice stimulates cortical neuroplastic change, whereas merely increasing the dose of generalized movements does not (Figure page 4). Preliminary reports suggest that people with hemiparesis experience much less task-specific practice during stroke rehabilitation than the doses used in motor learning research. In 2007, a group of investigators undertook a multi-site observational study to better understand what activities and how much of these activities are currently provided during physical and occupational therapy sessions for people with hemiparesis post stroke.

We recorded numbers of repetitions in specific movement categories and data on potential modifying factors (patient age, side affected, time since stroke, Functional Independence Measure item scores, and years of therapist experience). In total, 312 rehabilitation sessions were observed at seven sites across Canada and the US. We discovered that practice of task-specific, functional upper extremity movements occurred in 51% of the sessions that addressed upper limb rehabilitation and the average number of repetitions of arm movements per session was 32. Practice of gait occurred in 84% of sessions that addressed lower limb rehabilitation and the average number of gait steps per session was 357. None of the potential factors listed above accounted for significant variance in the amount of practice in either of these two categories.

In this study (which is currently in press at Archives of Physical Medicine and Rehabilitation), we document that the amount of practice currently provided during stroke rehabilitation is quite small compared to animal models and human
We live in times of change. The pace of change also seems to be accelerating, sometimes with the result that even once we find out ‘things are different’, they are changing again. One of the more negative changes is the impact the recession has had on us all. Although we haven’t heard of layoffs impacting too many physiotherapists directly, there may be some of our ‘significant others’ who have felt this hard blow to the economy. Added to that, the financial impact on our patients, and their subsequent ability to seek our services, is truly a critical issue facing our profession.

As governments try to reign in budgets and deal with tax reform, we have heard from a number of our members concerned about the impending harmonized sales tax (HST) implementation. Although this tax reform does not impact the provision of therapy, the increased tax burden on space rental agreements, accounting/legal fees and equipment purchases has sent some of our clinic owners into a spin wondering how they will cope with a 7% increase in substantial overhead costs. We have expressed our concern with the Ministry of Finance, and by the time this issue is released will have already met with the Ministry staff to express our concerns and the resulting impact on the access British Columbians will have to physiotherapy services (with likely increases in fees).

Feel free to contact the PABC office if you have any questions related to our strategy to engage government on this important issue. Although this tax reform will have impact on all sectors of our profession, it is likely to impact private clinics the most — as such, our Business Affairs Committee will remain focused on providing recommendations to our vast network of clinics to ensure your continued viability and ability to serve your patients.

Not all changes on the horizon are bleak. Many of you were involved in completing a survey that is guiding the work of a task force reviewing our current scope of practice (as defined in the Physical Therapy Regulation — see the link on the website for the College of Physical Therapists of BC: http://www.cptbc.org/physicaltherapistsregulations.asp. As the College prepares for revisions to the regulation and bylaws, under the revised Health Professions Act, we are working together, along with UBC, Department of Physical Therapy, Faculty of Medicine, to recommend appropriate changes to our regulation to ensure that our scope of practice reflects the best access to health services for the public in a framework that ensures competent, effective and safe practice.

Some examples of our work include background and rationale with regard to recognizing some activities, where we have competency-based training, to perform activities that will improve the efficiency of physiotherapy practice, and enhance interprofessional collaboration. For example, should physiotherapists be permitted to order an x-ray for a patient presenting with persistent functional deficits following a fracture, s/he could order an x-ray so that when the patient arrives at his/her family physician’s office for follow-up, the x-ray results would already be available to ensure a quicker medical response. This optimization of physiotherapy scope will ensure a more efficient use of health care dollars, and enhance our ability to manage our patients by having broader access to needed information to guide the therapeutic goals of treatment. We are beginning an informal consultative process with our stakeholders to ensure that we move ahead with the best interests of our patients in mind.

These are only two examples of the significant issues facing our profession (HST, Scope of Practice). There are many others. As our profession boldly moves forward, please know that your elected leaders (PABC Board of Directors) are well prepared to make certain that physiotherapy leads the way in ensuring the best health outcomes for those we serve. There is no doubt that we, as an Association, will also need to make some changes in how we serve the membership, connect with one another and prepare ourselves for the future. Building on the strong staff leadership that we are so fortunate to have (Rebecca, our CEO; Estrid and Stephanie, our Marketing and Member Services staff) and our highly regarded library and knowledge broker services (welcome to Deb Monkman, PABC Librarian and Alison Hoens, Knowledge Broker), we see that this next year will see further developments in the technology that our Association uses and provides, to ensure continuity of our services, practice and continuing development of physiotherapists in BC.

If you have any questions or comments regarding these or any other issues facing our profession, feel free to contact me at president@bcphysio.org.

**Mission:** PABC provides leadership and direction to the physiotherapy profession, fosters excellence in practice, education and research, and promotes high standards of health in BC.
In Sympathy

For this issue, in place of the CEO column, it is with great sadness that I let you know that Nathanael Tunnacliffe, Rebecca’s son, passed away on September 18th after a long and courageous battle with brain cancer.

Nathan was 25, a graduate of SFU, an active competitive sailor and a dedicated musician throughout his illness. In honour of Nathan and his battle with cancer, the family is participating in the Ride to Conquer Cancer. You can find more information at the following link: www.tinyurl.com/ride4nate

By the time this newsletter is published, Rebecca will be starting back to work after time off with family. She sincerely thanks all who have sent their expressions of support and for your understanding as she gradually returns to full duties.

Scott Brolin, President

Knowledge Broker Projects for PABC

by Alison Hoens, MSc, BScPT
Physiotherapy Knowledge Broker

Progress on the knowledge translation projects involving PABC and its members has been inspiring! There are many skilled and dedicated people working on your behalf to provide you with the best possible information, presented in the best possible format, to help you provide the best possible care to your patients. The three current projects undertaken in conjunction with PABC include:

1. SAFEMOB – The objective is to provide guidance for clinicians in determining when it is safe to mobilize the acutely ill medical or post-surgical patient. A team of content experts has been convened to produce a one page document outlining what a physiotherapist (PT) needs to look for in the chart, needs to assess, and needs to monitor in order to safely mobilize this ‘at risk’ population. UBC PT students will be undertaking systematic reviews of the literature to ensure that we have the most up-to-date and important evidence to inform us.

2. TKAOM – The objective is to provide guidance for clinicians in the use of outcome measurement (OM) to support best practice for Total Knee Arthroplasty (TKA). This project encompasses several smaller initiatives including: an evaluation of how OM is currently utilized in TKA, development of educational resources to help PTs use OM, identification of the preferred OM tools, and the identification of barriers and potential solutions to adoption of OMs.

3. SKIN & WOUND CARE GUIDELINES – The objective is to provide guidance for clinicians in best practice for skin and wound care. Given that there are recent documents to do this that have been developed by OT, PT and Nursing, the next steps are:

continued on next page
Counting Repetitions and Categorizing Practice...continued from page 1

motor learning studies. Given that patients post stroke spend large portions of their day relatively inactive, the dose of practice provided during therapy is of utmost importance. Our results open up the possibility that current doses of task-specific practice may not be adequate to drive the neural changes needed to optimally promote functional recovery post stroke. While optimal doses of daily repetitions have not been determined from animal models or human studies, we speculate that required doses to facilitate neural reorganization associated with improved functional recovery are probably much higher than the numbers reported in our work. If future studies substantiate the number of repetitions currently delivered to animal models of stroke, then rehabilitation for people with stroke will have to change. Based on the upper limits of our observed ranges of practice during stroke rehabilitation, it appears possible to provide hundreds of daily repetitions of upper extremity functional movement and thousands of daily repetitions of gait during rehabilitation. Pilot work is now underway to evaluate the feasibility of high repetition doses of task-specific practice for upper extremity rehabilitation in people with chronic stroke. Time and further research will tell whether individuals with stroke can tolerate much higher doses of practice during rehabilitation; however, it may be that current outcomes would be enhanced by increasing the dose of task-specific practice of functional tasks.

Dr. Boyd would like to thank and acknowledge the Observe study investigators.

Study Investigators
Hornby, T George, PT, PhD
Kimberley, Teresa J, PT, PhD
Lang, Catherine E, PT, PhD (PI)
McCarthy, Arlene, PT, MS, DPT, NCS
Reisman, Darcy, PT, PhD
Ross, Sandy, PT, DPT, MHS, PCS
Scheets, Patricia K, PT, DPT, NCS
Schindler-Ivens, Sheila, PT, PhD
University of Illinois at Chicago
University of Minnesota
Washington University
Kaiser Permanente Redwood City Med. Ctr.
University of Delaware
Maryville University
Carle Foundation Hospital
Marquette University

Knowledge Broker Projects... continued from previous page
• To determine the current level of awareness of PTs regarding the PT role in skin and wound care issues and to determine the number who utilize basic and more advanced assessments and interventions;
• To develop learning resources/ adoption strategies to guide basic risk assessment and intervention;
• To review existing resources on advanced assessment and intervention, augment if required, and make available on-line. The resources will be collected and posted on the PABC website.

A detailed update of each of these three projects is available on the PABC website www.bcphysio.org, on the members only site under ‘KT Broker’. Please feel free to contact me at alison.hoens@ubc.ca if you have any questions or comments regarding these projects.

Legend for Figure:
Region of interest analyses in the sensorimotor cortices from representative participants.
A) Task related activation before and after task specific practice, which induced motor learning (SP). The participant is using her/his hemiparetic arm to track to targets while undergoing functional magnetic resonance imaging (fMRI). Note the reductions in the magnitude of bilateral sensorimotor activity following training (post image).
B) Task related activity before and after general practice (GP) using the hemiparetic arm. Participants in the GP group performed the same number of movements as those in the SP group but show no change in the magnitude of cortical activity during fMRI.

Lesions aligned to Right. I=Ipsilateral to hand used for tracking. C = Contralateral to hand used for tracking.

Editor’s note: The areas in the figure above referred to in the legend were darkened from the original figure provided so they would show up when printed in this document.

Permission granted by author of this article.

Sport Physio BC Update
submitted by Timothy George
Chair – Sport Physio BC

Sport Physio BC would like to congratulate our newest SPC Certificate and Diploma Sport Physiotherapists in BC. All of these therapists have spent thousands of hours collectively on the sidelines of playing fields, gymnasiums, and sporting events around the province, the country and the world. Good luck to you all as you continue to pursue your careers as Sport Physiotherapists.

SPC Certificate Holders:
Tara Baker (passed with Distinction!)
Duane Brousmiche
Brandon Butt
Heather King
Sophia Sagur
Thomas Tran

SPC Diploma Holders:
Julie Harvey
Therese Leigh
A Year in Recovery: From Hands to Mental Health

by Dolores Langford, BScPT, CHT, CAFCI

Have you ever had that niggling feeling that it was time for a job change, that maybe you should explore or expand the realms of physiotherapy? One year ago, that feeling happened to me.

I was a happily Certified Hand Therapist, specializing in upper extremity rehabilitation for the previous 15 years, and trundling along quite comfortably, feeling proficient, competent, but not quite completely content. Scanning through the newspaper employment section one day…out it popped, the advertisement that forced me from my complacency, or as they say in recovery, from “contemplative phase” to “action phase”. The job was in an area in which I had zero experience, but perhaps that was the appeal. The Burnaby Centre for Mental Health and Addictions, a new provincial facility dealing with concurrent disorders, was about to open. The physiotherapy job posted was a full time, sole charge position to develop and deliver physiotherapy services to a wide range of clients with complex mental health and addiction issues (as well as behavioural and physical health concerns) within a multidisciplinary team.

The Centre provides assessment, diagnosis, stabilization and treatment services to a wide range of clients with complex issues including fetal alcohol syndrome, bipolar disorder, borderline personality disorder, in combination with severe substance abuse, most commonly crack cocaine, or poly substances (e.g. cocaine/heroin, severe alcoholism). Most of our clients are homeless or in marginal housing prior to admission to the centre.

Upon acceptance of the position, I searched the literature for articles on physiotherapy for mental health and addictions; it was sparse, particularly in the addictions arena. I had to take an inventory of all the areas I needed to research in order to successfully work with clients at the Centre. These included the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the Neurobiology of addiction, grief, loss and trauma psychology, Motivational Interviewing, and non-violent crisis communication and intervention, among others. Having had minimal experience in either mental health or addictions, I was eager to spend time working alongside psychiatrists and addiction medical specialists to gain insight into the field. I was very fortunate to be able to shadow both disciplines as well as counselors, art and music therapists, a psychologist, psychiatric nurses, a pharmacist, a yoga therapist, health care workers and recreation therapists. Through multidisciplinary team meetings, we were able to develop care plans for the clients, using a strength based model of care, a philosophy based on the premise that all clients have strengths, and so called “weaknesses” can often be re-framed in a positive light to affirm the client’s ability to recover.

I have been asked often “What does a physiotherapist do in a mental health and addictions facility?” As in other domains of physiotherapy, I assess and treat acute and chronic musculoskeletal dysfunction. Street life is harsh and violence is prevalent, often with little medical follow up after the initial emergency room visit due to the nature of addiction. Neurological conditions are common, as chronic alcoholism affects the cerebellum (cerebellar ataxia), and almost all the clients have sustained at least one head injury on the streets of the downtown east side. I assess and treat gait and balance disturbances related to substance abuse “the cocaine shuffle”.

In the first few months, before the physiotherapy equipment was delivered, I was homeless myself within the centre, as renovations were still underway. I had a bag, with a few hot/cold packs and acupuncture supplies, and travelled to clients as needed. Gradually, my equipment arrived, and I was designated a treatment room and was able to “set up shop” with my plinth, ultrasound, TENS, muscle stimulator, and all the usual typical private practice equipment. I was also responsible for ordering the cardiovascular conditioning equipment (treadmills, bikes, elliptical machines, free weights, kettle bells, and universal gym). I negotiated with the Ministry of Social Services to get funding for TENS machines, and other medical appliances, as required.

One major difference in treatment I have noticed in this setting versus other outpatient facilities is that appointments need to be scheduled for at least one hour at a time as clients need time to tell their stories completely, to build trust and rapport. Therapists have to be cognizant of trauma and abuse issues (almost universal in concurrent disorders) that can be triggered by insensitive interviewing techniques, and permission to examine and place hands on this clientele is even more critical than in the normal population.

Over the past year, I have designed and implemented a multidisciplinary chronic pain management program “Peace with Pain”, a 12 week , 24 session program with the main client outcome measures (Quality of Life , and the McGill Pain Questionnaire) showing very promising results. In addition, I am the tobacco cessation coordinator. I facilitate a weekly smoking cessation group, having completed the TEACH course (Training Enhancement in Applied Cessation counseling and Health). I also provide brief and intense tobacco cessation interventions based on Motivational Interviewing principles. I liaise with the pharmacist and GP regarding nicotine replacement therapies, monitoring clients for nicotine withdrawal and provide education regarding NRT.

continued on next page
Legal Tips for Physiotherapists – Starting a Practice

by Jennifer Neville, LLB

Running a physiotherapy practice is not just about providing quality health care. When starting a physiotherapy practice, it is important to consider legal issues and limit risk. The purpose of this article is to give some basic legal tips for starting a successful physiotherapy practice.

Business License
*Municipal bylaws require any person carrying on a business, other than as a salaried employee, to obtain a business license at the applicable municipal office. The applicant will need to attend in person, provide picture identification, describe the business, give the address of the proposed business, and pay fees. A business license is linked to the premises of the practice and therefore it is critical to contact the municipality and confirm that the premises are suitable for use as a physiotherapy clinic prior to signing a lease.

Business Entity
When starting a practice, it is important to consider the most appropriate business structure. The following is a summary of common business structures and the advantages and disadvantages of each:

1. Sole-Proprietorship. A sole proprietor is a person who carries on business by himself or herself without any formal organization. A sole proprietorship is relatively inexpensive to set up and for this reason many physiotherapists start as a sole proprietorship and incorporate at a later date. It is advantageous to operate as a sole proprietor if losses are anticipated, because a sole proprietor is entitled to deduct business losses from other personal income. The primary disadvantage of a sole proprietorship is that the sole proprietor will be personally liable for all claims against the practice, and accordingly there is greater personal risk.

2. Partnership. A partnership consists of two or more people doing business together. Similar to a sole proprietorship, business losses can be deducted from other personal income, and the partners are personally liable for all claims against the business. In addition, except in a limited liability partnership, a partner will be personally responsible for claims against the other partner, which consequently creates greater personal risk. When entering into a partnership, it is critical to have a comprehensive Partnership Agreement.

3. Corporation. A corporation is a distinct legal entity that is separate from the person running the business. The main advantage of a corporation is that the shareholders and directors of the company will not be personally liable for claims against the company, unless they have personally guaranteed such obligations. Therefore, operating a physiotherapy practice as a corporation is a good method for limiting personal risk. Prior to incorporating, the College of Physical Therapists of British Columbia must approve the proposed corporate name. Such approval must be provided to the Registrar of Companies of British Columbia upon making an application for incorporation.

When setting up a physiotherapy practice, you can minimize liability and stress by working with a lawyer and planning for tax issues with an accountant, leaving you to focus on providing quality physiotherapy services.

*The question of business licenses is one of PABC members’ most commonly asked questions. If you are an employee or practice in a non-municipality, you don’t need a license; if you work in a municipality and are self-employed, go see city hall.

Jennifer Neville is a lawyer with Hammerberg Altman Beaton & Maglio LLP jnvilie@hammerco.net. Look for her articles in the coming two Directions on entering into a lease, and buying an existing physiotherapy practice.
Clinical Education – Changes are happening!

by Sue Murphy, Academic Coordinator of Clinical Education

Over the last 18 months, there have been changes to the placement requirements for students at UBC. Previously, students were required to complete placements with specific patient populations (e.g. neurosciences, musculoskeletal, cardiorespiratory). In recognition of practice changes, and in order to better align clinical placements with the MPT curricular model, students are now required to complete placements in each of the following areas: acute care, rehabilitation, geriatric or community, outpatient (public or private), and interprofessional (which includes pediatrics and rural locations as well as Interprofessional clinics). Students also complete one elective at the end of their program, which can offer additional experience in an area of specific student interest, or exposure to a specialized area of practice, which the student would like to experience.

Placements are randomly assigned to students, however care is taken to ensure that each student has experience with clients with a wide range of pathologies. This is important as many clinical experiences do not fit “neatly” into a category, and it is the overall clinical experience, which must be balanced by the end of each student's program. This balancing will likely become even more crucial as more “mixed” placements are offered — for example, home care two days a week, and an inpatient medical unit three days a week. These placements often offer excellent learning opportunities and are being actively encouraged by the Department.

Another change is that students can now be assigned to a specific area of practice at any time during their program, with the clinical sites determining what level of student they are able to accommodate. This means that the student's first placement could be in neurology or paediatrics, not only in inpatient orthopaedics or cardiorespiratory areas, which used to be the case. The key for success in this model is for the student and the site to develop appropriate objectives for the level of student. Although a level 1 student may not have extensive knowledge of specific assessment and treatment techniques with a target client group, there are many skills that can still be practiced (for example, communication, teamwork, professional behavior and time management), as well as core clinical skills such as positioning clients, measuring joint range, and auscultation.

If you have any questions or comments about these changes please do not hesitate to contact me at sue.murphy@ubc.ca. I am always happy to hear from you! ♦

Student Perspective

by Kirsty Exner, MPT2

Enjoying the Process…

It is hard to believe it has already been a year since we started. When we think of where we were this time last year to where we are now, how much we have learned academically, socially, personally and practically is amazing. So much change and growth in such a short time. When you're in the midst of it, you think you'll be there forever. Today, I looked around at my classmates and suddenly realized that I won't be seeing them again this time next year.

The connections that you make, the time we have right now...I think it is human nature to think that “when I get to here” or “when I finish this…THEN I’ll be done”, but it is not so. It is the PROCESS that we have to savor. As much as we are all enthusiastic to be out working in our field, we will never have a time like this again. When do you ever see the same 54 people everyday for eight hours a day, and every single one of them are friends.

What type of personality is attracted to physiotherapy and who makes a good physiotherapist?

I wondered that myself for a while but now that we have been immersed into it, I see it. It is a unique situation to be surrounded by a group of people who are similar to you. Though we are all different, we all have the same basic characteristics - drive, determination, compassion, a willingness to help, to learn, to be challenged, to move ahead, communication and kinesthetic knowingness, and a fascination with the physical being and all things that relate.

Now that we are past the half way point with a year of academia under our belts and two full clinical placements, we are really beginning to feel like we are becoming our profession. There is confidence gained with having that much behind us and knowing we got through it. We are now starting to see ourselves and our fellow classmates in the role, in the clinic or hospital working as physiotherapists. We are seeing where our strengths are and who is attracted to what areas and why. In such a short time, we transform out of our skin, breaking the barriers and pushing past our limitations to reach our potential. And the future is bright - with so many options and ways to indulge our minds in après-grad courses and lectures. We are part of the process in defining physiotherapy and what our role is, as the profession itself has made much new ground in recent years. But there are still many avenues to explore. And of course, the more you know, the more there is to know. It never stops.

Here we are, half way through our third semester and soon to be on placements again. The time flies by, and we enjoy the process and are as present as we can be… every step of the way. ♦
Physiotherapy Business Report: Are You Having a Successful Day?

Business reports can be dry, uneventful, and yet full of information that can engage owners in brainstorms and analysis and drive business success. The Business Affairs Committee (BAC) is excited to deliver a series of reports over the next year that will stimulate each physiotherapist to connect to the business of physiotherapy.

**Mission:** BAC provides leadership to enable private practice members to achieve sustainable business excellence.

The background for our first business report relates to understanding 'What is business success in physiotherapy?' We have a lot of great tools in our Private Practice Toolkit, but are they improving the success of physiotherapy business in BC? How do we define success in physiotherapy?

From a business perspective, how does each individual physiotherapist know if they have had a successful day? How does a physiotherapy clinic know if they have had a successful day? How do we know if the physiotherapy profession within British Columbia is successful?

Why do we care about knowing whether we are successful on a daily basis? The answer is simple; we need to know we are financially viable to ensure that we can continue to stay in business and thrive. If you wait until the end of the month, quarter or year, it may be too late. Physiotherapy business in BC is experiencing many threats to its viability. These threats include, but are not limited to, encroachment from other professions, deterioration of third party funding, and increasing competition for health care dollars.

The purpose of this report is to provide private practice physiotherapists, especially clinic owners, with metrics that can help define business success. The definition of success will vary from physio to physio and from clinic owner to clinic owner. Hence, metrics will not be the same for everyone, and are not limited to purely financial indicators.

To create a relevant list of metrics, the BAC reviewed and analyzed the metrics within the 2008 Cost of Business Survey, as well as brainstormed other metrics that could directly or indirectly reflect the success of physiotherapy business.

A number of metrics could reasonably be applied to individual physiotherapists or to a whole clinic. The results are as follows:

**Physiotherapist Metrics**
- number of return clients, number of visits per client, duration of treatment, client satisfaction, cancellation rate, no show rate.

**Clinic Metrics**
- number of return clients, number of visits per client (revenue per client), client satisfaction, cancellation rate, no show rate, total revenue, revenue mix (efficiency), revenue per PT (FTE), expenses (clinical and non-clinical HR and non-HR costs), expenses as a ratio of earnings, direct access initial visits, how patient chose the clinic, third party payer satisfaction.

Physiotherapy Business Report: Are You Having a Successful Day?

The review yielded a number of options for physiotherapists and clinics, and provides insights into the business of physiotherapy for physiotherapists no matter where they work or whether they are in public or private practice.

It was concluded that many metrics are available to facilitate the individual physiotherapist, or clinic owner to quantify the success of their operations. The 'suite' of metrics one chooses is dependent on your definition of success. For example, the clinic owner looking to identify inefficient use of clinic time would choose to closely monitor 'no shows' and 'cancellations' that go unfilled. Understanding the reasoning behind why these blocks of clinic time go underutilized could lead to behaviour changes that reduce non-clinical expenses as a ratio to overall revenue. There are a myriad of connections between the various metrics listed, which will provide endless analysis for the keen analyzer. The Cost of Business Survey does provide some benchmarks for comparison, but you must recognize that there is no consensus on what score on a metric defines success, or which metrics are most important.

The BAC recommends that you personally identify what indicates a successful day in your practice or business. Then look to identify metrics that best represent this definition. Monitor, analyze and act to improve your results.

The BAC also recognizes that we have a duty to understand how the profession is doing in BC. We plan to engage in this very practice and share our findings with you in a future report.

How have you improved business results by defining and measuring success? We encourage you to share your story with your colleagues. We plan for future reports to highlight the successful use of metrics in driving business excellence. Please email your story to Perry Strauss, Chair of Business Affairs at perry.strauss@gwl.ca. Please identify if you would like your response kept confidential.

**Perry Strauss is the Regional Manager of Great West Life Assurance Co.**
ICBC Hot Topic: Fees

by Marj Belot, BScPT, MScKin (c), PABC-ICBC Liaison

In my role on the Business Affairs Committee as PABC-ICBC Liaison, I facilitate ongoing communication between PABC and its members and ICBC. This involves several meetings per year with our CEO, Rebecca Tunncliffe and the Manager, Injury Technical & Program Support at ICBC. It also involves exchanges of emails and phone calls between me, Rebecca, Stephanie Dutto, PABC staff member, and ICBC as needed. Typically, calls or emails are initiated in response to concerns brought forward by our members or ICBC.

The most frequent topic of communication since I took on this role in April 2008 has been fees. There is much confusion, anger, disappointment and debate amongst the membership. In this article I hope to clarify the background, current status and process regarding fees and fee negotiations with ICBC.

The most frequently asked question is “Why are the fees that we bill directly to ICBC so low?” The answer to this is not simple and necessitates a review of the historical background to this issue.

The fees for physiotherapy services billed through the MSP system have not changed since 1992. As per the Insurance Act (Motor Vehicle), changes to physiotherapy fees must be approved by the BC Medical Services Commission. To my knowledge, there has been no action by PABC or ICBC to increase fees by this mechanism since 1992. This is the reason clinics instituted a surcharge. This surcharge is not being charged by ICBC and was not put in place by them, which is why they regularly request that clinics do not call it an “ICBC surcharge”. Other fees have been negotiated and set on an informal, ad-hoc basis, aside from the CL-20 Report Fee which was negotiated by PABC with ICBC and set in 2002. Subsequent to 2002, the fee negotiations team met with ICBC to discuss a change in the CL-20 report fee, negotiations broke down and the status-quo was maintained, as ICBC’s position was that there should be no fee attached to the CL-20. Fees for home care services were increased last year in an informal process in which the Manager of ICBC Rehabilitation Services agreed that the fees should be more in line with those of OT’s providing home care services. Fees for specialized clinic programs, including supervised exercise programs for clients with benefits beyond Part 7 are negotiated between individual clinics or individual therapists and the adjuster on a case-by-case basis. There is mutual recognition that a more intensive program may be of benefit, but due to the frequency of attendance and time in the clinic, the typical system of set fees combined with user pay surcharges may be a deterrent to participation by the claimant.

Where do we go from here? This has been discussed at length by your BAC and will be revisited at our upcoming meeting in November. The issue will also be raised at our next meeting with ICBC, which is to take place sometime in October. In most cases, when the ICBC fee billed through the MSP system is combined with the clinic surcharge, the total is approximately equivalent with the clinic’s private fees. This is a good argument for not negotiating new fees. If a new fee were to be negotiated, there is the strong probability that the surcharge would be reduced or eliminated and the new fee structure would compensate clinics and therapists below private rates. The arguments in favour of such a negotiation would be:

a. Other fees such as changes to report fees, compensation for telephone calls and other aspects of communication could be negotiated to the benefit of our members. I have fielded many complaints from members about ICBC requesting information without payment (free phone calls, faxes in lieu of CL20 or other billable reports). This could strengthen communication and facilitate the rehab process for all involved (claimants, clinics, physiotherapists and ICBC)

b. If the client is paying lower surcharges, they are more likely to attend at the frequency they are advised to attend. This should improve outcomes and shorten the total course of physiotherapy, which would also benefit clinics, physios, the client and ICBC. This issue is of particular benefit to claimants who have only Part 7 Benefits and no extended health plan to reimburse a portion of the surcharge.

c. ICBC has expressed concerns about the lack of predictability of costs for physiotherapy services. Predictability of physiotherapy costs would aid in negotiating future increases for our members.

d. If ICBC is compensating members fairly for our time, then they may be more prudent with their requests for same.

The bottom line at the moment is that we do have a CL20 in place and members should not be giving away their services. If the adjuster wants a progress report, then they should be requesting a CL20. The current fee for the CL20 is $46.

I will update you following the upcoming discussions with ICBC and the BAC.

In the meantime, I am happy to receive comments, feedback and questions regarding this or any other ICBC related issues at belotphysiotherapy@gmail.com.

Marj Belot practices at West 4th Physiotherapy in Vancouver.

Little Physios

Lana Benge of Vernon had a baby boy, Quinton Alec, on July 8th at 8 lbs 8 oz.

Perry Strauss’s toddler twins have a new sister; Ava Marilena was born October 14th weighing 3 lbs 12 oz and was eight weeks early.
Staying up-to-date with Alerts

Recently, I spent a rainy afternoon reviewing old issues of Directions. Sure enough, in the summer of 2007, PABC’s first librarian, Eugene Barsky, wrote an article on staying up-to-date on the literature! Two years is a long time in the information world, so it’s definitely time for a review.

What is an Alert?

An Alert is a way to stay up-to-date with what’s current in the journal literature relating to your areas of interest. Whatever your interest — from work injury to acupuncture to lateral patellar instability — you will receive citations and abstracts of journal articles on these topics emailed directly to your inbox on a regular basis or sometimes as an RSS feed, if you prefer. (See the Spring 2007 issue of this column to learn about RSS.)

Is an Alert the same as a literature search?

No. An alert is about staying up-to-date with the very most current literature — maybe three or four articles a month on a specialized topic. You dip your net and skim the surface for the latest information. A literature search is about finding out what has been written about a topic over time, casting your net deeply and widely to get a more complete picture.

Will you get the full-text articles with your Alert?

No. You may be lucky to find a link to an article that is free on the internet but in most cases full-text articles come with a price tag. Luckily, the PABC e-Library provides access to full-text journals that you would otherwise need to pay for. If you find an abstract of interest, be sure to check the A-Z Journal List in the e-Library on the PABC members-only website. When not available there, contact me and I will search further sources and advise you of your options.

Three ways to get alerts

There are three ways you can get Alerts. If Alerts are new to you, I suggest you start with the first way and then eventually try a combination of all three, until you find what works best for you.

Choose one or more of these options:

1. Use a ready-made alerting website such as Physiospot (http://www.physiospot.com) or Rehab+ (http://plus.mcmaster.ca/rehab/+).

Here someone has done the work for you. All you need to do is select the subject areas you want and sign up for email or RSS feeds. I must say, both Physiospot and Rehab+ are favourites of mine because they are so easy to use and they are physiotherapy-specific! I definitely recommend Physiospot to beginners who want to find just one way to improve their practice. I like it because it presents an array of articles considered clinically relevant by practitioners, not just the highest levels of evidence. However, the articles are not critically appraised. If you’re more interested what the experts say about the quality of an article, start with Rehab+ instead. Remember that articles from ready-made alerting services may not be hot off the press since it takes time for them to be reviewed, and that you may not agree with the service’s choices or evaluation!

2. Create a search Alert in a large bibliographic database.

PubMed/Medline or CINAHL are good bets. I prefer this type of alert when I want to focus on special areas of interest, sometimes with a complicated search strategy. For example, you may want to keep up with the literature on functional electric stimulation for quadriplegia in young adults. Also, sometimes I want to see ‘everything’ that is being published (bearing in mind these databases, though large, don’t really cover ‘everything’) rather than what someone else selects. You will likely retrieve irrelevant articles along with relevant ones, but there is no way around that.

I can provide you with instructions on how to set up your own alert in PubMed (freely accessible on the Web) or in Medline and CINAHL (accessible via the PABC Web site). If you’d like to keep up with only the highest levels of evidence, like metaanalyses, systematic reviews and guidelines, you can always limit your search by publication type.

3. Get a table of contents Alert from journals you like.

A visit to most journals’ websites will give you the option to have the current table of contents emailed to you (or RSS feed). If you know which journals you like to read on a regular basis, this is ideal! Instead of remembering to go to the journal, the table of contents comes to you! While you’ll get the most current research, articles in any one issue may not be relevant to your interests.

I hope you’ll be inspired to experiment with these different alerting services and find what works for you. Feel free to contact me at librarian@bcphysio.org with your comments and questions.

Websites Worth a Click:

PhysioToday

http://www.physiotoday.com/

Thanks to Susanne Watson for suggesting this website.

PhysioToday is a Community of Practice for physiotherapists. Based in Scotland, it has been set up to allow physiotherapists from around the world to exchange expertise and experience. While you can tour the site without a password, sign up for a free account to fully explore all of the offerings. They include case studies, articles explaining therapeutic techniques, a database of medical imaging, a pathology encyclopedia, a discussion forum, job listings and more. I would love to know what you think of the site. Please email me at librarian@bcphysio.org with your feedback.
Rehab+ from McMaster University

Rehab+ is a unique service from McMaster University's Health Information Research Unit. Articles from 130 clinical journals are pre-rated for quality by research staff and then rated by clinical relevance and interest by a worldwide panel of practicing physical and occupational therapists. Subscribe to the latest citations and abstracts according to the level of relevance and interest, plus select the patient population, clinical setting, specialty (shown below) and email alert frequency. Click on "Register." This service is free, though you must create a login to access it.

Rehab+ Record Example

This is an example of a Rehab+ record, showing the article citation, the ratings for relevance to practice and newsworthiness, the abstract, and the reviewers' comments.


<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>RELEVANCE TO PRACTICE</th>
<th>IS THIS NEWS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness/exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments from Clinical Raters

Fitness/exercise
I think there is a lot of information nowadays about this issue.

Mobility
These results are expected; however, the article provides further evidence to support what we already do.

Musculoskeletal
Systematic reviews are always a good source of info for clinicians regarding new evidence for practice. However, having some familiarity with many of the articles used in this review, one needs to be cognizant of the physiological basis for some interventions. Specifically, although the general findings are positive in terms of outcomes, I would argue that this review underestimates the effectiveness of various interventions. Many of the studies reviewed report positive findings, but do not employ interventions that would stimulate physiological changes (in strength, ROM, balance) that result in positive outcomes. Hence, an underestimation of the potential of rehabilitative (or pre-habilitative) interventions.

Abstract

OBJECTIVE: To address the need for a research synthesis on the effectiveness of the full range of hip fracture rehabilitation interventions for older adults and make evidence based conclusions.

DATA SOURCES: Medline, PubMed, EMBASE, CINAHL, and the Cochrane Central Register of Controlled Trials were searched from 1980 to 2007 for studies published in English. The terms rehabilitation and hip fracture were exploded in order to obtain related search terms and categories.

STUDY SELECTION: In the initial search of the databases, a combined total of 1031 articles was identified. Studies that did not include persons over the age of 50 years, and/or did not include measures of physical outcome were excluded.

DATA EXTRACTION: Only studies with an Oxford Center for Evidence-Based Medicine Levels of Evidence level of I (randomized controlled trial, RCT) or II (cohort) were reviewed. The methodologic quality of both types of studies was assessed using a modified version of the Downs and Black checklist.

DATA SYNTHESIS: There were 55 studies that met our selection criteria: 30 RCTs and 25 nonrandomized trials. They were distributed across six categories for rehabilitation intervention (care pathways, early rehabilitation, interdisciplinary care, occupational and physical therapy, exercise, intervention not specified) and three settings (acute care hospital, postacute care/ rehabilitation, postrehabilitation).

CONCLUSIONS: When looking across all of the intervention types, the most frequently reported positive outcomes were associated with measures of ambulatory ability. Eleven intervention categories across three settings were associated with improved ambulatory outcomes. Seven intervention approaches were related to improved functional recovery, while six intervention approaches were related to improved strength and balance recovery. Decreased length of stay and increased falls self-efficacy were associated with two interventions, while one intervention had a positive effect on lower-extremity power generation.

Reprinted with permission
Professional Development Update
by Andrea Reid, MSc, Dip. Sport PT, FCAMT, GunnIMS, PABC Education Manager

Welcome back to professional development after a fantastic summer! Your hard working member volunteers of our Professional Development Advisory Committee (PDAC) have recently met to determine the future education endeavors of PABC beyond 2010. Watch this column for details as we convert our brainstorm into plans.

As for the coming 12 months...

The final lecture in this Fall’s Evening Lecture Series has swapped instructors, and we’re pleased to have Siobhan O’Connell join us November 26th. She, with the help of Susie Higgins and Dani Langford, will discuss “Pilates for Physiotherapists: Sustainable results from the inside out!” Next up in the lecture series are the post-Olympic Spring 2010 speakers. On March 31st, Alison Hoens will provide an electrotherapy refresher, and on April 27th, Alex Scott will give us an update on the management of tendinopathies.

For all these lectures, you may watch them from the comfort of your home by registering for the videocast version.

The two weekend courses planned for the coming year are:

The back: PDAC is pleased to have the renowned Dr. Ola Grimsby joins us May 15 – 16, 2010 for his course titled “A comprehensive, eclectic approach to science, theory and clinical rationale for Lumbar assessment and interventions.”

The hip and shoulder: PDAC is working hard to bring you a shoulder, hip and knee one-day seminar in October 2010. We’re coordinating a group of orthopods and physiotherapists to bring you the latest in joint replacement and rehabilitation techniques for your patients with “new” joints.

It is easy to register for the lectures, videocasts, and courses through the PABC website www.bcphysio.org under ‘Courses/Events’.

Remember, we are always looking for suggestions and feedback, so please feel free to contact me with any of your comments at education@bcphysio.org.

Rebounding off the Wall
by Siobhan O’Connell, BScPT

We are truly blessed to have a career that allows us to morph and evolve professionally and personally. When we hit a “wall”, there is inevitably some new direction waiting just around the corner!

My wall appeared 12 years ago in the form of total frustration with a rehabilitation system that, in my experience, was dysfunctional on at least two levels: firstly, inconsistent results in particular for spine rehabilitation; secondly, there was the utter absence of any holistic elements to standard exercise strategies. The concept that breath, rib motion, the interdependency of the fascial system, organs and hormonal system as a backdrop to any exercise (with the notable exception of yoga) was not even remotely conceptualized functionally. The Australian model, while sound in logic, yielded in the opinion of many physiotherapists, a dull and disengaged logic, which, in the opinion of many, was tedious to teach physiotherapists, a dull and disengaged logic, yielded in the opinion of many, was not even remotely conceptualized functionally. The notable exception of yoga was not even remotely conceptualized functionally. The interdependency of the fascial system, organs and hormonal system as a backdrop to any exercise (with the notable exception of yoga) was not even remotely conceptualized functionally. The Australian model, while sound in logic, yielded in the opinion of many physiotherapists, a dull and disengaged logic, which, in the opinion of many, was tedious to teach and boring for patients with often low compliance and poor results particularly for patients requiring high level rehabilitation.

Sustainable results from the inside out!”

Next up in the lecture series are the post-Olympic Spring 2010 speakers. On March 31st, Alison Hoens will provide an electrotherapy refresher, and on April 27th, Alex Scott will give us an update on the management of tendinopathies.

For all these lectures, you may watch them from the comfort of your home by registering for the videocast version.

The two weekend courses planned for the coming year are:

The back: PDAC is pleased to have the renowned Dr. Ola Grimsby joins us May 15 – 16, 2010 for his course titled “A comprehensive, eclectic approach to science, theory and clinical rationale for Lumbar assessment and interventions.”

The hip and shoulder: PDAC is working hard to bring you a shoulder, hip and knee one-day seminar in October 2010. We’re coordinating a group of orthopods and physiotherapists to bring you the latest in joint replacement and rehabilitation techniques for your patients with “new” joints.

It is easy to register for the lectures, videocasts, and courses through the PABC website www.bcphysio.org under ‘Courses/Events’.

Remember, we are always looking for suggestions and feedback, so please feel free to contact me with any of your comments at education@bcphysio.org.

We are truly blessed to have a career that allows us to morph and evolve professionally and personally. When we hit a “wall”, there is inevitably some new direction waiting just around the corner!

My wall appeared 12 years ago in the form of total frustration with a rehabilitation system that, in my experience, was dysfunctional on at least two levels: firstly, inconsistent results in particular for spine rehabilitation; secondly, there was the utter absence of any holistic elements to standard exercise strategies. The concept that breath, rib motion, the interdependency of the fascial system, organs and hormonal system as a backdrop to any exercise (with the notable exception of yoga) was not even remotely conceptualized functionally. The Australian model, while sound in logic, yielded in the opinion of many physiotherapists, a dull and disengaged logic, which, in the opinion of many, was tedious to teach and boring for patients with often low compliance and poor results particularly for patients requiring high level rehabilitation.

Serendipity led me to my first Pilates session in 1997, and my brain has been sizzling ever since with the potential of this dynamic exercise system.

Joseph Pilates created his system of “contrology” almost 60 years ago. His exercises were designed to embody eight specific principles: relaxation, concentration, coordination, alignment, breathing, centering and stamina.

Based on these rock solid concepts, he designed a system of full body exercise using self-designed equipment (reformer, cadillac, chair, barrel and mat). While the ideal environment would be within a fully equipped clinic where physiotherapists and teachers can work side by side, the work has clinical applications that can hugely benefit patients in acute, long term care and community settings as well.

The benefits of Pilates work, regardless of setting, include development of a strong core, postural correction and, in my experience, it yields results that are truly sustainable. This is likely due to the deep level of neurological integration: each movement is based on neutral spine, engages breath and includes both strength and flexibilty components embedded within every exercise regardless of level. It is easily embedded into standing work, a traditional gym mat, and pool and martial arts programs.

There is an increasing evidence base to support its efficacy. I have listed the most substantial articles and studies on my website for your perusal.

Instruction is now widely available in the Lower Mainland and Victoria. Certain organizations offer rehab specific training more applicable to physiotherapists. The highest quality rehab training in North America is, in my experience, provided by Polestar Pilates whose founder, Brent Anderson, a physical therapist who completed his PhD on the topic of Pilates exercise for rehabilitation of chronic back pain.

At SYMMETRICS, we provide clinical pilates in conjunction with manual therapy, IMS, acupuncture, and osteopathy to manage a full spectrum of post surgical, pre post natal, orthopaedic, sports and neurological conditions (Parkinson’s disease).
disease and multiple sclerosis primarily) from beginner rehabilitation level to advanced fitness. Our patients currently range in age from 14 (a young female dancer with a scoliosis and a spondylolisthesis) to 81 (retired Vancouver Symphony Orchestra violinist with post shoulder arthroplasty).

The potential to facilitate huge and sustainable changes in your patients is as limitless as your creativity as therapists! If I have piqued your curiosity, your next step would be to treat yourself to a series of private sessions with an experienced teacher. Allow your own body to open you up to the possibilities!

Links: www.pilatesassociationofcanada.ca  
www.polestarpilates.com  
www.symmetricsphysio.com

Siobhan O’Connell owns Symmetrics Physiotherapy, formerly Espiritu Physiotherapy-Rehabilitation in North Vancouver.

Surrey Memorial Hospital Physiotherapy Department: An outstanding place to practice

by Estrid Sortti, PABC’s Marketing Coordinator

As we reviewed the list of hospital-based members in context of our new Ambassador program, we noticed that Surrey Memorial (SMH) had a much higher percentage of members than any of the other hospitals. We also noted that many of PABC’s leaders are from SMH. So we asked Clinical Practice Leader Teresa Francis what makes it so dynamic? “It is the people: both the department’s camaraderie as well as with hospital staff. We support each other through mentorship, strong teamwork, open communication, and a willingness to share ideas. And all are encouraged to get involved.”

There is a family type atmosphere with a good mix of new and experienced physiotherapists and rehab assistants, many of whom have given conference presentations and offered education to the entire hospital. All are considered equal; all input and activity is appreciated. Teresa feels “fortunate to have a supportive manager who has allowed us to support staff in these endeavors.”

The department is keen on education, and through its education committee, many opportunities are offered including in-services, practical sessions, journal club and the CPA teleconferences. They participate regionally in the Fraser Health physiotherapy professional practice council, as well as unit based professional practice council. In addition, they are part of the Rehab Services professional practice council which includes OT, SLP, audiology and recreational therapy.

The current physiotherapy supervisors are passionate about providing quality evidenced based care, and in collaboration with other staff physiotherapists, have presented posters etc. at several conferences. This has an engaging effect on staff and motivates them to also provide best patient care and get involved where possible in any type of research. The supervisory team here has an open door policy and are willing to problem solve with staff in order to support them.

Flexible hours with a variety of different shifts help with work/life balance. With the choice of four days on and four days off, the traditional 7.5 hr. day, or the four nine-hour days, the last is the most popular. Rotations exist for our full time staff, and some senior staff has chosen non-rotating positions in order to specialize.

The final element of their great work place is the fun. “Our social committee organizes sports events, social evenings, wedding and baby showers, and parties for any occasion.” Their proud record is their six consecutive years of winning the SMH best group costume award at the annual Halloween competition.

SMH Physio Team’s winning Halloween 2008 theme, ‘Thriller’

More SMH Winnings

It’s been a winning time with PABC for the SMH physio team. In August, Sonia Singla won PABC’s one night get-away stay at Whistler (see All in the Family story on page 17 for more Singla news) for being the member to bring our number to 1909. Cynthia Chung won PABC’s prize draw of a one night get-away stay in celebration of SMH being the BC hospital with the highest percentage of PABC members.◆
Public Practice Directions

by Susanne Watson, BHSc(PT), AFCI (1), Public Practice Advisory Committee Chair

It has been one year since I agreed to take on the role of chair for PPAC and, other than the mildly stressful deadlines of Directions newsletter submissions, I am pleased that I had this opportunity. At the time of this writing, PPAC is looking forward to meeting again face to face at the end of October in Vancouver and one key goal will be to update our strategic plan.

Within the four focus areas identified last year — primary health care, advocacy, recruitment and retention, and library services — two projects (Primary Health Care and the Ambassador Program) have evolved nicely and will continue to grow with less need for direct nurturing from PPAC.

It was clear the focus on primary health care was highly relevant but too large in scope to manage within the context of our committee. Therefore, a Primary Health Care Taskforce has been established with representation from key individuals within public and private practice and from the Ministry of Health through the participation of Susan Illmayer (Program Manager of Therapy Services). It is with great anticipation that this group will carry out its newly established Terms of Reference and mandate:

- To review the current PHC literature to ensure the task force’s baseline understanding of the BC landscape, and for a backgrounder in the position paper;
- To identify the current and emerging role, practice and the interests of PABC members in a PHC model;
- To identify effective current PHC PT applications as examples for the position paper;
- To identify the specific service delivery and system implications in BC;
- To identify benefits and challenges of the role of physiotherapy in PHC;
- To provide PABC members with a PHC toolkit

The formal launch of our Ambassador program occurred this summer with an initial mail out of PPAC’s bulletin board package and goodies to all our Ambassador’s at health care facilities throughout BC. Thank you to those who have come forward to act as a liaison between PABC and the colleagues who you come in contact with regularly.

PABC’s Public Practice Ambassador Program includes a PABC bulletin board similar to this one that Osita Hibbert created for Royal Columbian Hospital.

We learned two interesting things through this work that may help focus some of PPAC’s future activities.

First, hospital settings have a very low percentage of PABC membership amongst their employed physiotherapists. Only 18% of working public practice physiotherapists at Kelowna General, for example, are members of PABC! The average throughout hospitals in BC was about 30%. We need to understand the reasons for this and we hope to work closely with our Ambassadors in these facilities to make membership for hospital-based physiotherapists more relevant and valued to their practice.

The second finding was a fresh awareness of how isolated many physiotherapists are in rural and remote practice settings. Many settings have less than one full FTE allocated and these positions, if not filled, can remain empty for months or years due to the recruitment difficulties. PPAC may have a role to play in helping these members find a connection to their profession and their colleagues throughout BC. We will continue to explore possible social networking tools and concepts such as Communities of Practice (CoP) as a means to bring together our members who have common areas of interest and a desire to share and generate knowledge despite their geographical location. The concept of CoP was first introduced during the 1990’s by Wegner and Lave and can now be defined as “groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.” (Wegner 2006).

An example of an ambitiously scaled web-based CoP that has been developed for physiotherapists by a group in Scotland can be explored at www.physiotoday.com.

Our task over the next few months will be to clearly define our strategy for a CoP and to develop further goals to support public practitioners.

“Cognitive psychology has shown that the mind best understands facts when they are woven into a conceptual fabric, such as a narrative, mental map, or intuitive theory. Disconnected acts in the mind are like unlinked pages on the Web: They might as well not exist.”

Steven Pinker ��
Multifaceted Approach to Treatment Strategies for Parkinson’s

by Jan Goldstein, BSc(PT) MHSc and Rebecca Gruber BPT, MSc

Many advancements have been made in the past few decades in the treatment of Parkinson’s, both with medications, and with surgeries such as deep brain stimulation. In addition, exciting new research is showing that exercise and physiotherapy are also important for improving mobility and quality of life in people with Parkinson’s disease (PD).

Physiotherapists maintain that living well with Parkinson’s involves a multifaceted approach, including medications, exercise, learning and practicing efficient ways to do activities, and using appropriate equipment. Once someone starts medication, it is important that the dose provides the best symptom coverage, and that medications are taken regularly as prescribed by the doctor. People can benefit most from exercise when their medication is working best, and when they are not too tired.

An exercise program for someone with Parkinson’s includes flexibility, strength and aerobic components. Flexibility exercises, or stretching, improves the amount of movement at each joint, improves posture and balance, and helps the person with Parkinson’s move more easily. Torso flexibility is often reduced in people with PD, even when they are newly diagnosed, and can lead to difficulties with daily activities such as turning over in bed, getting up from a chair, and walking. Specific torso flexibility exercises can help maintain or improve mobility and function. Strengthening exercises provide stronger muscles for better posture, balance, and movement. An aerobic exercise component benefits heart and lungs, improves stamina, and lessens fatigue. A physiotherapist can develop a program that includes flexibility, strengthening and aerobic components and is appropriate for each individual’s needs, and exercise preferences. With the right physical activities, decline in physical functioning can be limited.

Physiotherapists also help people with Parkinson’s improve their physical abilities and everyday functions by teaching more efficient movement strategies. Learning and practicing ways that use less energy and utilize better body mechanics can make it easier to stand up from a low seat, for example, or to roll over in bed with less difficulty. The right equipment can also help maximize physical functioning in Parkinson’s. This may include, for example, using a treadmill, stationary bicycle, bed rail, raised toilet seat and/or a walker. Physiotherapists can help people determine what best suits their needs at any stage of the condition.

A physiotherapy assessment will include measures of posture, mobility, balance, flexibility, strength and endurance. Physiotherapists also assess how people perform daily activities such as walking, turning, getting in and out bed and standing up, as well as how people perform recreational activities such as golf. These physical assessment results, and the individual’s personal needs and goals form the foundation for physiotherapy recommendations and treatment.

Ontario physiotherapists Jan Goldstein Elman and Rebecca Gruber agreed to write this article for the BC Parkinson Society at PABC’s request. They have been practicing physiotherapy since 1986, focusing on the elderly and chronic illness, developing and implementing cutting edge mobility services at renowned organizations such as Baycrest and the Centre for Movement Disorders in the Greater Toronto Area. Their One Step Ahead Mobility Clinic is located in Toronto.

The Parkinson Society British Columbia is a not for profit charitable organization that exists to address the personal and social consequences of Parkinson’s disease through education, counseling, community outreach, scientific research, advocacy and public awareness. 11,000 British Columbians live with Parkinson’s disease. www.parkinson.bc.ca

PABC’s NEW USERNAME FOR THE PABC MEMBERS SITE

In the course of our website review, you let us know that a limiting factor to you using our site is the barrier of remembering the login info. So, to make life and access easier for you, we have changed the login to the member’s site at www.bcpysio.org
Your Username is now your email address.
Your Password is your CPA/PABC membership number.

Once logged in, you can go and change both your Username and Password to whatever you want. Simply click on the “Edit Username and Password” in the red Member Tools box on the right, change your Username and/or Password, and click “edit” at the bottom of the page. That’s it! No more random numbers to remember!

If you have more than one email address, contact Stephanie for help. If you share an email address with another PABC member (such as a generic clinic email that you all share), one of you will have to add a number at the beginning of your email/username, e.g. one of you will have info@bcpysio.org as your username, the other will have 2info@bcpysio.org.

If you are having difficulties logging in, please email Stephanie at info@bcpysio.org who is in the PABC office Mondays/Wednesdays/Thursdays from 9am to 4pm.
What Members are Doing

Rewarded with Awards

Many of our members have been recognized for their excellence this past quarter:

Hilary Crowley was recognized at CPA Congress 09 for her International Development work by being awarded the CPA International Health Award. Hilary spent a year in India from 1994 - 1995 teaching local disability workers and developing a community based rehabilitation program in rural areas of South India. On return home, she started a non-profit society, now a charity, in Prince George to support this work, called Samuha Overseas Development Association (SODA.) Hilary returns annually to this project, taking two students for their six week placement. This venture has proved very successful for broadening the students’ horizons as well as enhancing the disability program. Hilary has also volunteered her skills in Bhutan, Tibet and Mexico. Hilary is currently editor of Dispatches, the newsletter of the International Health Division. Some members may remember her as being PABC president 1991-1993.

Scott Brolin was awarded the prestigious Award of Merit from the BC Academic Health Council for a new student-run outpatient physical therapy clinic that recently opened at the Royal Columbian Hospital. Scott was nominated by the UBC Faculty of Medicine.

Paige Larson (Deep Cove Physiotherapy and North Shore Sports Medicine Clinics) is a finalist for the North Shore Business Awards – Community Involvement category. The winners will be announced just after Directions goes to press. Find the results at www.nvchamber.ca under Events.

Kerry Maxwell and her Burrard Physiotherapy Clinic team won the Consumer Choice award in the category of physiotherapy in Vancouver, and Martyna Chrzastowska’s West Point Grey clinic won the Best of Vancouver award.

Brian Woltz, JR Justesen, Shannon Bourassa and Krista Williams of Parkway Physiotherapy + Performance Centre won the Westshore Chamber of Commerce award for professional service for the South Vancouver Island region. Says JR: “The entire clinic won the kudo during a very nice ceremony that was attended by many of the businesses in our region.”

Sherrill Rutherford, Nanaimo, won a night at the Granville Island Hotel from PABC for registering early for the AGM. She says: “We had a great time in my old home town and the weather was made to order. We roamed Granville Island in the evening, then took the Aqua Bus across False Creek and walked downtown to catch some live jazz piano. In the morning, we lounged in the hot tub and then had breakfast at the market while watching some amazing juggling of knives and fiery torches. Alas, we had to check out and return home. We really enjoyed ourselves (the dog did too).”

On July 15, 2009, Pauline Martin held an open house for her new clinic Neumotion Physiotherapy in Vancouver with approximately 50 people attending.

“It was a pleasure to open the clinic to therapists, physicians, and other interested individuals. We were able to demonstrate the Lokomat (Robotic gait assist device), the Wii, and our NuStep Trainer. Our nine staff members assisted with the demonstrations, and we had numerous research and information articles available for people to take away.

We mostly used email contacts to let people know about the open house. The recommendations from PABC were very helpful. We used a greeter at the door to encourage people to sign in and enter the contest to win a yoga mat. We launched our new website www.neuromotionphysio.com which is still being developed.

Check out the new PABC Open House Toolkit (applicable to public and private practice events) on the Members Only Site www.bcphysio.org, Business Resources, Private Practice toolkit.

Linda Li was profiled in various places in September (Arthritis month) for her work in arthritis. Her arthritis knowledge translation study was featured by Canadian Institutes of Health Research (CIHR) and can be found on their website at www.cihr-irsc.gc.ca/e/40066.html. Linda has developed a decision aid for people to decide about the use of methotrexate. Although the information is not directly related to physiotherapy treatment, she thought we may be interested.

Marc Rizzardo was on AM 1140 in a back to school interview. He noted seeing a drop in sports injuries in kids, which is being replaced with video gaming-related injuries. “I see increased tendonitis of the forearm, increased problems with their thumbs and increased problems with their shoulders from having bad posture. Cuts to provincial school funding won’t help student fitness levels.”

Ceri Jakobsen just opened the Fine Balance Pilates & Physiotherapy clinic in Nanaimo. Says UBC-PT grad Ceri, “The clinic will focus on manual therapy and one-on-one exercise sessions. Pilates-based exercises will be used where appropriate. The Pilates principles are very beneficial for clients where movement patterns, whether it be recruitment patterns, symmetry of movement, or basic lumbo-pelvic stability, are needing to be corrected. When a patient has moved into a home exercise program...”
and is ready for progressions and/or variety to their exercise regime, they can continue on in a Pilates group class."

**Dan McDonald** has opened a second clinic in the east Kootenays. We featured his new Fernie Physiotherapy in the last *Directions*, and now can announce his expanded services to Elkford. The new clinic, Elkford Physiotherapy, will save many people the travel down to Fernie for their physiotherapy, as well as enable others who previously couldn’t access treatment.

**Fairy Godmother:** One of our members sponsored each MPT2 student to attend PABC’s Gait lecture by Deb Treloar and Cathy Eustace. She will remain anonymous, but you might guess who the wand-wielding member is...

**Peter Huijbregts** shares his latest published project on Repeated Applications of Thoracic Spine Thrust Manipulation with a link to the abstract at http://jmmtonline.com/current, and notes that “some full-text free stuff is there too that might be of interest.” Peter has also published more in his PT and Rehab Medicine series at: http://tinyurl.com/yl4xclt.

---

**Members Heard Through the Grapevine**

I know I have said this before, but I am so proud of our profession, and am so proud to have you support us as physiotherapists. *LW*

We have a truly great membership!* MC

RBT, you have the most amusing email salutations, and PABC is doing a great job to keep us informed of relevant happenings! *PM*

Thank you for all of the updates; I really appreciate your efforts to keep us informed. As a cheeky addendum, I should point out that if ICBC is concerned about our surcharge terminology, perhaps they should just pay in full. *BK*

My clinic was just audited by EI/CPP Canada regarding an associate who worked here for a few months. The associate claimed for EI based on non-physio work but had to include the physio income also. They asked me quite a few questions about our agreement. I used the Associate Agreement template from the PABC website and it did hold up to the test for CCRA guidelines! *PL*

---

**All in the Family**

Congratulations to Sonia Singla (Surrey Memorial Hospital) who won PABC’s award for reaching its 2009 membership goal of 1909. Sonia was number 1909 and enjoyed a one night get-away stay at Westin Whistler Resort and Spa!

Sonia is a new grad from India. Her sister Sumen and her cousin Amy Sekhon, also physiotherapists educated in India and PABC members, work at Rehab Max and Cloverdale Physiotherapy respectively. Sonia’s brother Sushil, also a physiotherapist, is currently completing his credentialing and soon will arrive in beautiful BC to practice. Cousin Nilesh follows the footsteps of all four by planning to attend the same college in Bangalore India and to follow them here to practice in BC.

Sonia says “The credit for getting my family interested in physiotherapy goes to my father Narender Singla. He had a car accident and followed up with physiotherapy. He was so impressed that he researched the education and credentialing, and encouraged us to become physiotherapists. We five were interested in the medical field and were enthused that our practice could be individualized.”

The Singla family has broken PABC’s “All in the Family” record. Previously, there were three families each having three physiotherapists, but now the Singlas four physio family (soon to be five) sets a new high.

If there are other “All in the Family” stories, please email pabc@bcphysio.org. It will be hard to beat the Singla family record of five Physiotherapists in the family!

---

**Website Hits Over the Year**

Each quarter, we track our website hits, which average 24,000 visits every three months. In every quarter, our top four visited areas are: the Home Page, the Find a Physio Search and Results page, and the Job Vacancies page, followed by the also popular PABC Course Listings page.

Now that you are back in action after the summer, we anticipate you will be back to your computers and checking out all the interesting info on the PABC website and bring those hits back up in the Members Only site areas.

---

**PABC Website Hits 2009**

Each quarter, we track our website visits, which average 24,000 visits every three months. In every quarter, our top four visited areas are: the Home Page, the Find a Physio Search and Results page, and the Job Vacancies page, followed by the also popular PABC Course Listings page.

Now that you are back in action after the summer, we anticipate you will be back to your computers and checking out all the interesting info on the PABC website and bring those hits back up in the Members Only site areas.
PRIVATELY SPONSORED COURSES

Details at www.bcphysio.org - Courses/Events
Private Courses/Events
Courses Listed in Chronological Order as of October 1, 2009
Courses are held in the Lower Mainland unless otherwise noted

- UBC’s online Master of Rehab Science
- Ergonomics Course – Judy Village
- Visceral Manipulation: Abdomen 1 (VM1) - Toronto
- Introduction to Canine Rehabilitation - Abbotsford
- Introduction to Canine Rehabilitation
- Key Mobilization and Rehabilitation Strategies: Clinical Skills and Evidence to improve Clinical Outcomes – Victoria
- The sacro-iliac joint and pelvis complex – parts 1 and 2 – Courtenay
- Vestibular Rehabilitation: An Overview of Vestibular Pathology and Management
- Ergonomics Course – Judy Village – Prince George
- Visceral Manipulation: Abdomen 1 (VM1)
- Kinesio Taping Seminars
- Kinesio Taping Seminars - Edmonton

HEALTHCARE FINANCIAL
Full Insurance & Financial Planning
CONTACT: Alim Dhanji, CFP
PHONE: 604-818-4112 or Email: adhanji@hcfinancialgroup.com
For a complementary meeting.
Financial Planning Services – Get informed advice on saving and investing your money.
Healthcare Financial
PABC’s Financial firm that supports the physiotherapy profession.

CLINIC FOR SALE
Physiotherapy clinic for sale in beautiful Comox, Vancouver Island. Well established clientele (15 years), newly renovated space near marina, and great staff. Looking to re-establish that work-life balance?

The Comox Valley is the perfect place to be your own boss!

Contact: Kim
Phone: 250-897-2820
Email: ksenechal@shaw.ca

Thank you to contributors for UBC Student Prize Draws:

- Pacific Blue Cross
- The Old Spaghetti Factory Restaurant
- Red Robin Restaurant
- A & W Canada
- River Rock Casino Resort
- SportMed
- LadySport
- Relaxus
- Kahilia’e Active Wear for Women
- Mardon Group Insurance
- Murphy Battista, Trial Lawyers
- McQuarrie Hunter, Barristers & Solicitors

www.bcphysio.org
Click on: Find a Supplier / Service
Over 12 categories of Suppliers / Services

PLACED ADVERTISEMENT

TOTAL FITNESS REPAIRS

FAST RELIABLE SERVICE AND SALES OF ALL PHYSIOTHERAPY AND FITNESS EQUIPMENT

Call: ENZO PICCOLO 604-983-2506

Offering complete clinical repairs and preventative maintenance on all makes and models of equipment. We specialize in new, used and refurbished equipment sales.

Toll Free: 1-866-908-2506 info@totalfitnessrepair.com
www.totalfitnessrepair.com

AMMUNDSEN HOME CARE and WELLNESS

Over 40 years of CARING Service

Dealers of Chattanooga, EMPI, Akron, EMS, Saunders

15% Discount on all Intelect Advanced Unit orders placed before December 31, 2009.

Unit 5 – 13025 84th Avenue
Surrey, BC V3W 1B3
(604) 597-6800 1-800-663-3366

www.bcphysio.org
Click on: Find a Supplier / Service
Over 12 categories of Suppliers / Services
“The advantage of purchasing insurance through a group plan is unmatched compared to purchasing insurance individually.”

We have **Group Discounts** available to PABC Members for

- Home Insurance
- Condominium Insurance
- Tenant Insurance
- Automobile Insurance - Mobile Service which delivers right to your door

For additional information or to obtain a quote, please call:

604-877-7762  
Toll Free: 1-866-846-4467

More detailed product information is also available by visiting us at:

WWW.MGINS.CA

**Club PHYSIO**

Brought to you by the Physiotherapy Association of BC, Club PHYSIO gives you exclusive access to discounts on your favorite products and services. Save today at pabc.intrd.com

**CELEBRATE**

Fall

WITH GREAT SAVINGS

Also save on business services and more!

Save today at pabc.intrd.com
PABC Professional Development
Fall 2009 – Spring 2010
Evening Lecture/Videocast Series

Fall 2009 – Complementary Therapies: Tools Outside the Box
November 26: Pilates for Physiotherapists: Sustainable results from the inside out! with Siobhan O’Connell BScPT
Siobhan O’Connell is both a physiotherapist and a certified pilates teacher whose practice integrates both disciplines. She, together with Susie Higgins (MSCP) and Dani Langford (PT), will discuss how knowledge of pilates together with our physiotherapy base can help obtain long-term change in difficult patients.

Spring 2010 – Your Basic Skills Refreshed
March 31: Hot & Swollen: Ice, US, Laser or IF with Alison Hoens MSc, BScPT
Physiotherapists are faced with many choices of potential interventions for the management of inflammation, edema or swelling. Although these three stages each have unique characteristics they are often viewed synonymously and treated similarly. However, recent evidence suggests that different therapeutic management strategies may be preferable at each stage. Come learn a decision-making framework to optimize your treatment strategies.

April 27: Tendonopathy: More than just the Achilles with Alex Scott PhD, BScPT
This lecture will review the problem of tendonopathy, reveal new insights into injury mechanisms, and discuss current and emerging physiotherapy treatments and strategies for injury prevention. Alex’s post-doctoral research at UBC is focused on understanding the molecular mechanisms of tendon overuse injuries (tendinopathy). His work strives to answer clinically oriented questions about tendon biology and injury-repair mechanisms.

Lectures/Videocast Details
Location/time: GF Strong Auditorium, 4255 Laurel Street 7:00 - 8:30 pm
Videocasts: distributed to registrants one week following the live lecture
Fees: PABC members $40 ($5 for students); future members: $60 videocast “group” site: PABC members $60; future members $120

Spring 2010 Course
Lumbar assessment and interventions: A comprehensive, eclectic approach to science, theory and clinical rationale with Ola Grimsby, PT, MNFF, MNSMT, FFAPMT
The renowned clinician and educator, Ola Grimsby, presents leading edge research on today’s manual therapy, and provides participants with the skill to define, discuss and evaluate the evidence.

Date/time/location: May 15 & 16, 9:00 am – 5:00 pm, UBC
Fee: PABC members $525; future members: $700. Lunches and refreshments provided.

To register for the 2009/2010 Courses or Lecture/Videocast Series, simply:
1. go to 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. 1 or email Andrea Reid at education@bcphysio.org.

Thank you to our sponsors.