PABC members recently joined Alison Hoens (PABC Knowledge Broker) and me in a “fireside chat” style webinar on cryotherapy. The topic has recently come under fire in the media with respect to its place in injury management. Given the widespread use of ice in our profession, it is not hard to understand the wave of concern and confusion about the implications to our practice. Our recent presentation was designed to help members become informed on this issue of consequence to most physiotherapists.

Several researchers have voiced a divergent view of icing. Criticism has centred on the belief that the body does a good job of ‘self-regulation’ of inflammation and ultimately provides an appropriate degree of response to an injury, with the implication that limiting that response will ultimately negatively influence tissue healing. Conversely, we have historically thought of the body’s inflammatory response as being ‘over-responsive’ and potentially more damaging than necessary to tissue, with the use of ice playing an important role in controlling this over-responsiveness. One of the statements that struck me most was by Dr. Alex Scott, from the UBC Department of Physical Therapy, who stated that we did not want to leave inflammation unchecked; that the application of ice after acute injury limits the initial influx of neutrophils, thereby limiting the extent of secondary injury to surrounding tissue.

We began the webinar with a review of how controversy surrounding cryotherapy erupted, before providing a summary of the basic physiological effects of icing. Naturally, our conversation then turned to the effects and roles of ice from a clinical perspective. The research is broad and varied; direct comparisons and conclusions are difficult because of differences in the design and methods used in the studies.

Some of the articles Alison highlighted looked at the effect of cryotherapy on nerve conduction, pain threshold, and pain tolerance. There is good evidence that shows that indeed it is effective with pain control.

The webinar was a good opportunity to review the differences among inflammation, edema and swelling, with a view to discussing the appropriateness of using cryotherapy for each of these. Inflammation includes the presence of its five cardinal signs: heat, redness, pain, swelling, and loss of function; heat and redness are absent in both edema (which involves the presence of necrotic debris and fluid accumulation) and swelling (accumulation of fluid without necrotic debris). Cryotherapy is therefore clearly more appropriate in the management of inflammation but not in edema or swelling.

continued on page 4
Hi folks,

Another jam-packed edition of Directions is here to keep you all entertained. For a little update on what your Association and Board of Directors have been up to, please read on.

Our most recent Board of Directors meeting was in April 2014, on the same weekend as yet another successful AGM and Forum. Thank you all for attending; I hope you all had a chance to connect with friends and colleagues. I would like to extend a special thanks to Rebecca and her team—Stephanie and Fiona—along with some fantastic volunteers who made our day possible. Thank you so much!

At our board meeting, the directors took time to recognize the contributions by our outgoing members: Val Neifer, Tanja Yardley, and Remmert Hinlopen. All three will be missed and gave selflessly to the PABC and its members. My sincere thanks go to those leaders. It was with great pleasure that we also welcomed two new directors: Jen Bay and Patrick Jadan. We expect both will be keen contributors.

At that meeting, the Board approved the last of its policy items that assist in providing guidance to the daily operation of the Board of Directors and PABC staff.

The Board also officially agreed to amalgamate our two northern regions while also creating a rural and remote director position to address the needs of our rural members throughout the province. To abide by PABC’s bylaws, the Board will move to create a new region to ensure there are 7 regions representing the membership. As such, the Board will look to add a new director in the coming months once the new region is decided upon at our September meeting. Updates to follow!

The BC Physiotherapy Consortium (the senior leaders of UBC-PT, the CPTBC, and PABC) continues to meet throughout the year to share information and to find common goals and purpose. Presently representatives will draft a pledge representing the values of the physiotherapy profession. This pledge is to be stated by graduating students in order to strengthen the bond between our new professionals and the greater good of the profession.

Lastly, the new WorkSafeBC agreement and service model is now in full effect. I am sure there have been hiccups and I have even run into a few myself. I would strongly encourage our members that should any of you have any concerns regarding specific clients or in general, please feel free to reach out to the case manager, the PABC office or myself. We will always endeavour to address any and all of your concerns as best we can.

My email box is always open so please drop me a line at president@bcphysio.org.

Jason Coolen co-owns Oakridge Physio, Vancouver Physio, and North Vancouver Physiotherapy clinics. He is the father of two young children, and is completing his osteopathy credentials. Jason has been on the PABC Board of Directors for three years and has presided over PABC in his voluntary leadership capacity since April 2013.

The BC Physiotherapy Consortium:
- Val Neifer: Lifetime Accomplishment
- Robin Roots: Professional Contribution
- Steve Young: Clinical Contribution;
- Scott Brolin, and Teresa Francis – Leadership

Remmert Hinlopen giving PABC’s Finance Report at the Forum
Being Inside the Leading Physio Community

In addition, our monthly missive poll revealed that you renew membership: to be in the loop of the physio community (60%); for practice resources (30%); and to save money on education, insurance, and perks (9%).

One comment gave us the warm fuzzies: “Because I believe in the work that our association does and the support it offers us every day!”

PABC members have the unique benefit of free access to our librarian (Deb), our e-library, and countless resources on the Members’ Site curated by our Knowledge Team (Deb, Alison our Knowledge Broker, and Fiona our Member Services Manager).

No other provincial branch—and not even CPA or WCPT—has a librarian or knowledge broker. PABC is a unique resource for access to best practice and evidence-informed therapy.

That’s the WHY. What about the WHO? The demographic statistics show who make up our active and inspiring PABC community:

<table>
<thead>
<tr>
<th>Age Range</th>
<th># of members</th>
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<tbody>
<tr>
<td>21 - 30 years</td>
<td>458 (21%)</td>
</tr>
<tr>
<td>31 - 40 years</td>
<td>642 (30%)</td>
</tr>
<tr>
<td>41 - 50 years</td>
<td>483 (22%)</td>
</tr>
<tr>
<td>51 - 60 years</td>
<td>371 (17%)</td>
</tr>
<tr>
<td>61 - 70 years</td>
<td>183 (8%)</td>
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<tr>
<td>&gt; 70 years</td>
<td>24 (1%)</td>
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<tr>
<td>Total who answered the question</td>
<td>2161 (100%)</td>
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<th>Employment Sector</th>
<th># of members</th>
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<tr>
<td>Private</td>
<td>1397 (76%)</td>
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<tr>
<td>Public</td>
<td>407 (22%)</td>
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<tr>
<td>Other (e.g., academic, administration)</td>
<td>41 (2%)</td>
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<tr>
<td>Total who answered the question</td>
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<tr>
<th>Gender</th>
<th># of members</th>
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<tbody>
<tr>
<td>Female</td>
<td>1497 (68%)</td>
</tr>
<tr>
<td>Male</td>
<td>716 (32%)</td>
</tr>
<tr>
<td>Total who answered the question</td>
<td>2213 (100%)</td>
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You can renew your membership by visiting the CPA: http://www.physiotherapy.ca/Membership. Better yet, receive a $100 discount to your membership for recruiting a member (physio or PTA): http://www.physiotherapy.ca/Membership/How-to-Join/Recruit-a-Member.

As for why I stay in the loop as your enthusiastic leader: I do so because this is an association of committed and engaging professionals with a lot of heart and soul. That makes for a very compelling CEO role.
The Cryotherapy Controversy Webinar...continued from cover page

We also reviewed various common methods of ice application to learn that motor and sensory nerve conduction are affected to varying degrees by different methods of cryotherapy (i.e. ice pack, ice massage and cold water immersion)—listed in order of increased effect on motor and sensory nerve conduction (Herrera et al, 2010). Certainly factors such as injury depth, type of tissues in the area and adipose thickness also influence therapeutic effectiveness.

For many years, the acronym “PRICE” (protection, rest, ice, compression and elevation) has been central to the advice we have given to our patients for managing of their acute injuries. However, Bleakley et al (2012) proposed a revised model of “POLICE” which replaces “rest” with “optimal loading”.

The clinician in me smiled at this suggestion. It makes sense! Taking into consideration safety concerns and the specific needs of the relevant injured structure, I certainly believe that the term “optimal loading” better describes what we hope to impart to our patients and what we actually do clinically.

Like any modality we employ dosage is important and, in the area of cryotherapy, clinicians would welcome more specific information. Do we ice for 5 or 10 or 20 minutes? Do we ice hourly or several times per day? The answer is: there is no single dose that is appropriate across all situations. We must use our skills in clinical decision-making. Clearly, five minutes of ice massage for an acutely swollen PIP may be more appropriate than twenty minutes of ice in a wet towel for an acutely torn hamstring.

To aid us with our specific clinical decision-making with each of our patients, we were reminded of the importance of utilizing outcome measures with their known ‘Minimal Detectable Change’ (MDC) and ‘Minimally Clinically Important Difference’ (MCID) in helping us to determine if there was true and meaningful improvement gained with cryotherapy. Relevant outcome measures discussed were pain scales (VAS and NRPS), volume measures (water displacement and circumferential measures) and patient-reported functional scales such as the DASH and LEFS.

Given all this, we encourage members to not “throw out the baby with the bathwater” when it comes to cryotherapy. While the research continues to evolve, there is already good evidence for the use of ice in situations for which we commonly use it, such as management of inflammation in the first 48 hours when there is heat and redness and later in healing, for management of pain (not swelling). However, ice should not be used in CRPS and other chronic pain situations. The Contraindications/precautions for electrophysical agents, Special Issue (62:5) of Physiotherapy Canada by Houghton, Nussbaum & Hoens (find it on the PABC website http://www.physiotherapy.ca provides further details regarding this information at http://bcphysio.org/resource/electrophysical-agents-contraindications-and-precautions.

Finally, we need to use safe practice by assessing hot/cold sensation, assessing the reaction to ice, monitoring for adverse effects and not using ice in combination with electrical stimulation such as TENS, NMES or IFC.

In conclusion, we should use our well-honed clinical reasoning skills to determine, for each situation, whether ice is contraindicated, indicated, how we need to ‘titrate the dose’ specific for the nature and depth of the tissue, and whether we are managing pain or inflammation. We should take advantage of this opportunity to include outcome measures in our care.

The webinar provided members with a variety of resources and a list of relevant articles discussed. Log onto the members section of the PABC website and click on the “Icing Controversy” post for more information.

Nadine co-owns Form Physiotherapy in Vancouver, and has just started a term as the Chairperson of Sport Physiotherapy Canada.

Physio Forum 2015

Saturday April 25th (always the 4th Saturday in April) brings you the annual chance to meet up with fellow physios, take in the education, and stay in the loop of all things physio in BC. Speakers include renowned experts among us Deb Treloar, Erl Pettman, Linda Li, Dave Troughton, and of course Alison Hoens. Topics include gait, manual therapy, patient compliance, and something totally new – Case Conundrums (details and experts to follow).

Registration opens March 1st. Seats limited for this sell-out event.
Physiotherapy Treatment Table Review

by Joe Box, MScPT, CAFCI, CGIMS

I own three types of powered treatment tables and, as I work on them, I’ve discovered the pros and cons of each. I offer reviews of the following products with the hope they will help you when purchasing a treatment table:

1. Orthocanada V-series 3 section table (bought in 2011)
2. Kor Innovations Eurolift 3-section table (bought in 2014)
3. Cardon CTT 3-section table (bought in 2014)

All three tables are very high quality and have a number of common features. Since I dislike single foot-switches, all have a surround bar, except in the Cardon, where three sets of “soft-touch” switches on the sides and front come standard. There is little difference in price between the tables: all sell for approximately $2300 when fitted with castors and the foot bar. They each have very good quality German or Danish motors with expected life-spans of 10 years or more. All raise to a similar height, although the Orthocanada table can go a little lower. The Kor table uses “friction locks” while the Orthocanada table uses “pneumatic struts” for the adjustable headrest and footrest. While friction locks are clunkier, they will never need to be replaced.

Orthocanada V-Series
Cons:
• The foot bar travels up and down a great deal before it engages the motor, sometimes even contacting the body of the bed before the switch is activated.
• The cushion in the table isn’t very thick and the fabric appears to be lower quality (less flexible and more prone to distort) than the other tables.
• The face hole is significantly less comfortable than the other two tables.

Pros:
• This table drops about 2 inches lower than the other tables.
• The pneumatic supports for the head and foot pieces allow smooth adjustment without much effort.

Kor Innovations Eurolift
Cons:
• Raising the table involves stepping down on the right foot-bar, or pulling up on the left one. This takes getting used to.
• On the castors the table rolls fine but there is barely enough clearance, even with very short carpet.

Pros:
• At maximum height this table was noticeably more stable than the other two.
• The foot-bar works well and can be accessed blind from any point on the bed.
• Thick cushion; good quality fabric; comfortable face hole.
• The headrest adjusts one-handed.
• Maintenance-free friction-locks on the head and foot pieces.

Cardon CTT Table
Cons:
• No surround foot bar option. Comes standard with Soft Touch switches on left, right, and front sides. These switches aren’t as accessible as a full foot bar.
• The motor labours more than the other two motors when under load.

Pros:
• For what it is worth this is a beautiful table, is nicely engineered, and has very good cushion, fabric, and face-hole design.
• Might be a couple hundred dollars less than the other two tables.
• My smaller co-worker likes the two-handed headrest adjustment mechanism.

In summary, I recommend the Kor table. It has no pneumatic supports so should not require any maintenance on these components over its lifespan. The vinyl and padding are very comfortable as is the face hole. It is stable at full height, the motor is robust, and the foot bar is the best adjustment mechanism of all three tables.

Conversely, I would not buy another Orthocanada table due to the poor design of the foot-pedal and the apparent lower quality of the vinyl. And, while the Cardon table is the prettiest of the bunch, I find the lack of a bar option makes it an unlikely choice compared to the Kor.

Joe Box opened his first clinic in 2011 and recently moved, expanded, and renamed his practice Pinpoint Physiotherapy and IMS. Joe believes that Nanaimo is the greatest place to live in order to balance quality of life with cost of living. He and his wife love whitewater rafting and will follow up last year’s four-day self-supported river trip on the Thompson with their 1.5 year old daughter with this year’s Class 3, seven-day, self-supported raft trip down the Main fork of the Salmon river in Idaho.
I’ll admit it. As a public practice physiotherapist it’s easy to wonder how you can make an impact that truly affects your health authority. Patients get admitted and discharged, staff levels are ever changing, people are overworked, and the status quo is maintained. You are one voice, two hands, two very active feet, and an exceptional brain. But then there’s the unbreakable enthusiasm that so many physios have! That same enthusiasm that got you through school, and into your first job, also makes you work harder for each patient and strive for better outcomes. If that motivation is harnessed, and you’re willing to take the first step, there’s no telling what you can achieve.

Let me take a second to introduce myself. I’m Scott Okrainetz, a MPT graduate of UBC 2011, a public/private physiotherapist from Victoria, and the new Chairman of the public practice advisory committee (PPAC). Apparently I’m a workaholic too!

For my first newsletter column I want to share with you how I was able to make waves in Island Health (formerly Vancouver Island Health Authority) and the huge amounts of fun we had doing it during National Physiotherapy Month (NPM) last May.

It all started in November following a PPAC committee during which our team was striving to make NPM more impactful for public practice in BC. I was occasionally frustrated at work because many patients didn’t know physios existed in hospitals and little was done to celebrate our amazing profession. With that in mind, I sent a letter to the CEOs of Island Health and PABC. The response of total support for my landmark NPM campaign was astonishing!

The campaign I designed involved employees of Island Health counting their daily kilometers of physical activity and sending in the total number to win raffle prizes. The cumulative kilometers were then counted to see if Island Health could circle the globe during NPM.

Directors throughout Island Health were approached about involvement and the new “Island Health in Motion” team was created. It brought together seven of us from various professions throughout Island Health, with the new campaign just four months away. A website was developed, a social media presence started, pamphlets printed, and a video starring the PPAC Chairman was filmed.

On May 1, the response was overwhelming. Employees from all over Island Health, coast to coast, north to south, rushed to sign up and be a part of the campaign. Along the way the In Motion team heard inspiring stories and received heartwarming photos. Comments poured in: “It motivated me to get out and do something,” “I was so surprised I was able to clock 85km!” “5 flights of stairs 6 times a day – didn’t think I could, but am fitter for it,” and “I can’t wait to participate next year!” It was very humbling for our team.

By the end of NPM 2014 we reached 1039 registrants and 124,437km: circling the globe 3 times!

The months spent developing and helping run Island Health in Motion showed me a lot: the power of physiotherapy to motivate people, how the support of a community can surpass even the most ambitious goals, and how much change you can create if you just take that first step.

Enjoy your day, and know that others will follow your lead to Keep British Columbians Moving for Life.

Scott Okrainetz talks with an MPT student at the Forum

Chiara Singh accepts the Silver Quill award from CPA President Doug Treloar at National Congress.
Recognizing Leadership in Fraser Health  
by Andrea Chan, BScPT

The Fraser Health Authority held its 5th annual P.A.R.A.D.E. (Physiotherapist and Rehabilitation Assistant Day of Education) at the Langley Events Centre on May 28. Physiotherapists and Rehabilitation Assistants from across the region representing Acute care, Rehab, Outpatient, Community, and Long term care came together for a day of networking and education.

This year, together with PABC, we recognized outstanding leadership in physiotherapy in Fraser Health:

• Teresa Francis won a PABC Leadership award for her outstanding service as the Clinical Practice Leader at Surrey Memorial Hospital and mentorship of new leaders. She has contributed significantly to the development of physiotherapy practice and physiotherapists as leaders in Fraser Health.

• Scott Brolin won a PABC Leadership award for his leadership as Director of Centralized Allied Health (Fraser Health) and as 2-term president of PABC. Among his many contributions to the profession, he developed the Priority Intervention Criteria tool and initiated the Student Rehabilitation Outpatient Clinic model.

• Chiara Singh won the CPA Silver Quill Award to honour excellence in scientific writing in Physiotherapy Canada for her research paper: “The effect of prospective monitoring and early physiotherapy intervention on arm morbidity following surgery for breast cancer: a pilot study”, Volume 65, 2nd Edition, Spring 2013. Chiara undertook the research and writing while also being a Clinical Supervisor at Surrey Memorial Hospital, Clinical Assistant Professor at UBC, PPAC chair, and PABC Board Director.

• Hyman Gee won the FHA “Above and Beyond Award” for Service Delivery Excellence for his work with the Student Rehabilitation Outpatient Clinic (SROC) at Royal Columbian Hospital. RCH was the first site in Canada to implement the SROC, based on a model of practice in Australia. Since it opened in 2009, Hyman has helped it develop from a single profession clinic with PT students to a multi-disciplinary clinic that includes OT students, medical students, and Rehabilitation Assistant students.

Also recognized were: Janet Lundie, PARADE co-chair, for her recently acquired Master of Rehabilitation Science degree; Stacey Rigby for her six-year term on PABC’s Public Practice Advisory Committee.

Presentations this year included the Total Joint Arthroplasty Outcome Measures Toolkit (Alison Hoens and team), “Shaping Movement for Life” (Libby Swain), a panel discussion with two prosthetists, and updates from our community partners including PABC, UBC Department of Physical Therapy, Capilano University, and Vancouver Community College.

What a great way to finish Physiotherapy Month!

Andrea Chan is the Clinical Supervisor Physiotherapy (High Intensity Rehab Unit) Eagle Ridge Hospital and a co-planner for PARADE. Andrea served as Chair of PPAC, and has been a PABC Ambassador since the program was inaugurated.
Physiotherapy treatment for patients with chronic pain is a growing field with increasing opportunities for our profession to make a difference in patients’ lives and to bring understanding to the science of pain.

While I have worked closely with Pain BC on a number of projects, the Chronic Pain Masterclass is perhaps the most exciting because it brings practical clinical application to you, my peers. My involvement in the Doctors of BC Pain Practice Support Module has now expanded to encompass physiotherapists. This Masterclass is the PT version of the MD module. To develop this module for PTs, we engaged Nova Scotia physiotherapist Mike Sangster, a Clinical Specialist in Pain Science through CPA. Mike is one of the founding members of CPA’s Pain Science Division, and teaches pain science and physiotherapy pain management internationally. His exceptionally powerful day of practical and experiential education has been proven to enhance clinical practice, improve patient outcomes, and decrease clinician stress. It was a perfect fit for Pain BC’s initiative to create champions in the physiotherapy community who will carry the message to their peers.

Building on the success of creating both physician and pharmacist pain champion programs in BC, the Chronic Pain Masterclass not only offers a select group of PTs practical and effective techniques to improve patient outcomes, but opens the door for these PTs to build strong relationships with their local physician, pharmacy, nursing and OT pain champions.

Adding to Mike’s expertise, each daily session will include a local MD, providing their experiences and successes in the MD pain champion program, and suggestions for improved MD-PT collaboration. This one-day course provides the opportunity to learn modifications of traditional rehabilitation practices to increase clinical success and decrease clinician stress. We will discuss and practice effective pain management techniques, considering one to one interventions and coordinating care with primary care MD.

Physiotherapists participating in this program will gain skills in pain management, create virtual community interdisciplinary teams, and become leaders in community-based pain management. We are sure those involved will experience an increase in business because of their involvement. Ongoing support and relationship building will be provided by Pain BC in an effort to connect those in need with community pain champions, and to further build relationships between local health professionals dedicated to improving primary and secondary pain management services.

Masterclass Dates: Vancouver – October 24 & November 28, Victoria - October 26, Kelowna – November 29. I encourage you to learn more about this field and this course; for more information, and to register, visit http://www.painbc.ca/sessions/upcoming.

Neil Pearson practices at Dale Charles Physiotherapy in Penticton, teaches the MPT2 students at UBC, travels internationally teaching pain science and pain care yoga, and is passionate about improving the care of people in pain through enhanced collaboration of primary care PTs and MDs.

Introducing: PhysiotheraPy Ultrasound Imaging (PUI)

by Gordon Bohlmann, BScPT, OMT, CGMIS, RSMK

Following the article I wrote in the spring edition of Directions, PABC invited a group of physiotherapists interested in this tool to meet and discuss how physiotherapists might use Ultrasound Imaging.

I was honored to be part of this group that included Jackie Whittaker, Alison Hoens, Rebecca Tunnacliffe, Dr. Alexander Scott, Nadine Plotnikoff and Kevin Perras. I am very pleased to report that the outcome of this meeting, and several follow up e-mails, is that we have a new definition for the use of Ultrasound Imaging in Physiotherapy:

PABC invited experts and interested members to its office for a meeting on the future of imaging in BC, L-R: Kevin Perras, Gordon Bohlmann, Jackie Whittaker, RBT, Nadine Plotnikoff, Alex Scott, Alison Hoens
Physiotherapy Ultrasound Imaging (PUI):

Ultrasound imaging uses high frequency sound waves to produce images of structures within the human body. Physiotherapists in British Columbia may use Ultrasound Imaging (USI) as to assist in physiotherapy assessment, treatment and research, for the purpose of maintaining, restoring or improving function that has been impaired by injury, pain, or disease; and for the promotion of mobility and health.

More specifically, physiotherapists use USI to assess the structure and function of the neuro-musculoskeletal system, including its morphology and movement characteristics; to provide education and biofeedback; and to inform the clinical reasoning process. PUI is not a stand-alone assessment technique or treatment tool. PUI applications include rehabilitation ultrasound imaging (RUSI), and musculoskeletal ultrasound imaging; performed within the professional scope of physiotherapy.

Since early June, Dr. Alex Scott and I, in consultation with Jackie Whittaker and others, have worked to develop a course and professional recognition program for Physiotherapists.

This brand new course, “Musculoskeletal Ultrasound Imaging for Physiotherapists” is divided into two parts. The first part in online, covering all theory and non-clinical aspects (coming early 2015). The second part is a 3-day practical course consisting of multiple scans of the shoulder, elbow, wrist, hip, knee and ankle (November and January). Educational standards are currently being finalized, and the pre-requisite requirements have been set to include only physiotherapists with a minimum of five years of clinical experience.

For questions about PUI or about the course, please email me at gordonbohlmann@mac.com.

Introducing … Posturology!

by Siobhan O’Connell, Dip. Physiotherapy

This year my physiotherapy world view expanded in an exciting new direction. Curious to see if anyone was providing more than the usual exercises, gadgets, and tips in the area of posture and alignment, I was excited to discover the work of Dr. Bernard Bricot, an orthopedic surgeon based in Marseilles, France. The neuroscience of posture has been studied there for more than 90 years under the banner of Posturology.

Posturologists practice widely in France and commonly work side by side with physicians and surgeons. Dr. Bricot’s work is also being taught in Canada, and I am the first physiotherapist to complete the 4-level Posturology Internship. It’s a game changer in my opinion.

Contrary to the commonly held belief that us humans are poorly adapted to gravity, and that asymmetry of the body is “normal”, neuroscience shows this is absolutely not the case. In fact, we have a developed postural system with the function to drive symmetry in the body while expending as little energy as possible.

Dr Bricot identifies 4 main postural “sensors”:

The eyes: Designed to work as a muscularly-matched team and given the highest ratio of motor to sensory fibers of any muscle group in the body to do so. Ocular imbalances, often from cranial malalignment in pregnancy and birth or due to missed steps in the neurodevelopmental process, can cause the eyes to function asymmetrically, generating the need to tilt the head and pelvis, and to adapt the feet.

The foot: Loaded with highly refined postural receptors in the medial arch, the foot communicates with the eyes to ensure we are walking evenly with eyes level on the horizon.

The TMJ: Profoundly affects posture via the connection to the visual, muscular, and cranial paths.

The skin: A scar can stretch the skin’s exteroceptors and produce aberrant signals into the gamma loops causing erroneous adjustment of the corresponding muscles.

Dis-regulation of any or all of these sensors generates shifts in normal spine curve values in the sagittal plane, plus head tilt, thoracic and pelvic tilts in the frontal and transverse planes with resultant disharmonic feet.

The sensors communicate with each other via extrapyramidal pathways to the vestibular system and midbrain with wide autonomic connections to the tonic muscles. The system is neurologically interdependent. The neuroscience clearly shows that addressing one aspect alone (e.g. the TMJ or pelvis) will not deliver systemic, permanent results.

Treatment is on the spot, correcting the eye and foot first, followed by the TMJ and skin using simple posturology tools. The patient sees results immediately. Research shows it takes up to a year to fully re-engram the system.

Dr Bricot’s work also shows the huge crossover between a poorly functioning postural system and impaired sports performance, brain function, human learning, and chronic illness.

I learned to assess and treat postural asymmetries from an integrated neurological perspective: correcting the source of my patient’s problem, not just treating the results below C2, where so much of our work is targeted. With this tool we can bring the brain and nervous system into an elegant and intelligent treatment plan, providing our patients with the symmetry of brain and body we are hardwired to own.

This is the most evidenced-based holistic physiotherapy I have seen in 35 years of study. Posturology is a lens through which we can treat the entire system to deliver truly sustainable results for our patients. www.posturepro.ca  www.matboule.com

Siobhan O’Connell was trained in physiotherapy at the University of Dublin owns Trimetrics Physiotherapy Clinical Pilates and Complementary Health.
Library and Information Technology Directions

Woot Woot! Another PABC Library Innovation: Access to Databases & Journals Easier Than Ever With “One Search”

by Deb Monkman, MLS, BSc, PABC Clinical Librarian

It’s time to celebrate yet another PABC Library innovation: a new way to make accessing journal articles and Medline searches even easier than before. The EBSCO Discovery Service, is a seamless interface from our member site that allows you to enter search terms (as you would with Google) and search across all our databases: “One Search,” so to speak. If you wish to search a particular database (e.g. Cochrane Library) or conduct an advanced search in Medline or CINAHL, you still can. However, when you’re not exactly sure how to approach a search, the “One Search” function will enable you to quickly and easily access all of our databases and journals together. The best part? For those of you perpetually seeking full-text articles, simply enter the article title and it will appear. Watch the member site for this new service coming September 1.

Providing Great Value at Low Cost
How does PABC acquire “One Search” and all of our other essential databases and journals on your behalf? We have been a member of the Electronic Health Library of British Columbia (e-HLbc) Consortium since 2007. Without it, we would be hard-pressed to bring you such a diversity of resources. By pooling resources and sharing expertise, all e-HLbc members in health organizations, government, and post-secondary sectors are able to accomplish far more together than we ever could individually. As a member of the e-HLbc Steering Committee as well as the Management Committee, I recently represented PABC at a Canadian Library Association Conference where I spoke about the value of e-HLbc to our members. Notably, our collective approach to licensing databases and journals results in significant cost savings for us:

- 50-55% discounts to our Medline, CINAHL and PsycINFO databases though e-HLbc.
- 80 cents for a full-text article, compared to an average cost of $30 if you were to purchase it online.
- Substantial time-savings. The e-HLbc staff negotiate licenses and assist us with technical set-up, so PABC’s time goes directly to serving you: evaluating and promoting resources, providing training on how to use them, and offering literature search and article retrieval services to save you time.

PABC Members Are Evidence-Informed
Whether you are a UBC student, in public practice, or private practice, you can access these same e-HLbc resources throughout any career transitions. PABC members are high users of e-HLbc, performing 7,000–10,000 searches per year. Research demonstrates that using your librarian’s lit searching services increases the quality of the information and saves time to devote to your clinical practice. We’re sure that PABC members are some of the most evidence-informed practitioners around! Learning to use the e-HLbc databases and journals is a great way to impact your practice, and I can provide training and assistance as required.

New Practice Resources
Explore these latest practice resources on the member site. Click on “Clinical Library” and scroll through the news items.
- Icing Controversy: PABC Responds
- TJA Outcome Measures
- Arthritis Resources
- Lymphedema Management
- Reading for Meaning: How to Critically Appraise a Journal Article
- Systematic Reviews and Meta-Analyses: A PABC Guide to Finding and Appraising

Most Popular Virtual Forum Post
Clyde Smith and Timberly George posted comments on our Virtual Forum following Deb’s post on our Facebook and Twitter feeds regarding the article “How Do You Weigh In On Shoulders? Members Critique ‘Nonoperative and Postoperative Rehab for Glenohumeral Instability;’” 2033 members read the comments and article. See the action on the Members’ only site http://bcphysio.org/blog/how-do-you-weigh-shoulders-members-critique-nonoperative-and-postoperative

1 E-HLbc Year in Review 2013
http://ehlbc.ca/sites/default/files/eHLbc_YIR_2013-2.pdf#sthash.z3WKihC6.dpuf
Knowledge Team Webinars

Join our Knowledge Broker Alison Hoens (supported by our Librarian), and a special guest, for a series of three free webinars:

In the first two webinars Alison is joined by Dr. Shakeel Bhatti, a well-respected pharmacist, to provide the most important information that pharmacists require when working with: a) patients with acute inflammation and b) patients with poor bone health (e.g. osteoporosis) who are taking, or thinking of taking, medications to manage these conditions. Dr. Bhatti is a clinical pharmacist, a board director with The Canadian Pharmacy Association, and past president of The BC Pharmacy Association.

1. Tuesday, November 4, 7:00-8:00 pm
   - “Putting out fires” – the pharmacological (with an emphasis on NSAIDS) and nonpharmacological (POLICE and ultrasound/LASER/ Electrical devices) management of acute inflammation.

2. Tuesday, February 1, 7:00-8:00 pm
   - Better bones – the pharmacological (bisphosphonates and Vit D) and nonpharmacological (exercise) management to enhance bone health.

In the third webinar of the series, Alison is joined by physiotherapists Drs. Naz Virji-Babul and Michael Borich. These concussion researchers will provide a brief summary of the current state of the field in relation to changes in the brain following concussion, and describe how physical therapists can use findings from neuroimaging research studies to inform current clinical practice. Naz is Assistant Professor at UBC’s Department of Physical Therapy, and Michael is Assistant Professor in the Division of Physical Therapy at Atlanta’s Emory University School of Medicine.

3. Tuesday, March 1, 7:00-8:00 pm
   - Dings in the brain: What brain imaging can tell PTs about concussion
     Although research has dramatically increased during the past decade, significant knowledge gaps remain in the diagnosis and management of individuals with concussion. Advances in novel neuroimaging approaches have created new opportunities to further our understanding of the brain following concussion.

PLUS

Library and Lit Search Webinars for 2015
Look for a new series of Library and Lit Search Webinars and Tutorials to update you on all of PABC’s new resources. Dates announced in the next Directions.

Register now on the PABC website under Courses: http://bcphysio.org/courses

Thank you for the 2014 PABC Peter Huijbregts Bursary
by Judy Sturgeon, BScPT, GIMS, FCAMPT, MCiScPT

I am honoured to thank PABC for awarding me the Peter Huijbregts Bursary for continuing education: an award in memory of a physiotherapist who gave a great deal to our profession in the form of research and mentoring.

The day I received notice of the bursary, a research colleague sent me a newly published article in French. In response to my inability to read it, she replied, “Refer to our reference list: there is an article by Peter Huijbregts which supports our paper.” Peter continues to live on through his significant contributions to physiotherapy.

I have been thrilled to attend the University of Western Ontario as an off-campus student in the MCiSc in PT program. I cannot say enough positive things about the program so I will “tap it cool!” The Master’s degree combines evidence-based medicine with best clinical practice, advanced manual and manipulative therapy, and professional development.

With gained knowledge of research methodology, I became part of a research team investigating the diagnostic validity of common clinical tests used to diagnose ACL tears. We have future goals to publish our manuscript of this systematic review with meta-analysis. This program also included modules in emotional intelligence, radiography and pharmacy: all components to enhance my reflective practice.

Networking with younger, computer savvy colleagues has been a great way to combine my 28 years of clinical experience in orthopaedic/manual therapy with the fresh knowledge of my teammates. When I got lost navigating my way through virtual classrooms and electronic databases, they always smiled and showed me the correct path. I had the privilege to work within a group that included four other FCAMPT members: I will continue to value their support and enthusiasm for the profession.

I finish this program knowing I will be a better physiotherapist with advanced clinical reasoning skills as a result of seeing through the eyes of my students, patients and colleagues. We are so lucky to be part of a profession that continues to inspire learning.

I look forward to mentoring future students as we share our experiences and knowledge. Thank you so much to Peter’s family and friends who have provided support through this bursary. I plan to follow his lead and continue my dedication. Thank goodness you can teach an old dog new tricks!
Private Practice Directions

The Benefits of Incorporation

by Business Affairs Committee Members: Ramsey Ezzat, BScPT, BPHE, FCAMPT, CAFCI; Peter Francis, MPT; Patrick Jadan, MScPT, CAFCI

PABC’s Business Affairs Committee spoke with Craig Dale, a Chartered Accountant and Financial Planning Specialist at RBC who recently presented at the Physiotherapy Practice Forum, to provide insight into why a physiotherapist may choose to incorporate their business.

A physiotherapist is able to provide services as an employee, as a sole proprietor (independent contractor), or under the legal structure of a professional corporation.

A professional corporation is a corporation owned and operated by one or more members of the same profession, such as physiotherapists. A professional corporation may provide various advantages, including income tax deferral, the ability to income split with family members, and to some degree, a limitation of liability.

Each of these advantages is examined in more detail below.

1. Income Tax Deferral
A compelling reason to incorporate a professional corporation is to benefit from the tax advantages of a corporation. Specifically, one of the key tax advantages is the ability to defer tax by retaining income in the corporation to the extent it is not required to fund lifestyle expenses.

In British Columbia, the corporate tax rate on professional income up to $500,000 is 13.5 percent, which is often significantly lower than the personal rate that might be paid on salary or dividend income. Therefore, to the extent that an individual does not require all income, excess income can be retained in the corporation and taxed at a lower rate than if it was earned personally.

It is important to note that tax deferral represents a timing difference of when the tax is paid and not necessarily an ultimate tax saving. In other words, less tax may be paid at the time the income is earned but, in the future when the retained income is distributed in the form of a dividend, a layer of personal tax will be required.

2. Income Splitting
A further advantage of a professional corporation is the ability to facilitate income splitting: a planning technique that shifts income to family members who have lower income and are therefore subject to lower marginal tax rates.

It is possible to income split through a professional corporation by issuing dividends to an adult aged family member (spouse or child) that is also a shareholder of the corporation. It is important to review and comply with share ownership restrictions applicable to professional corporations if considering this strategy.

An alternative income splitting strategy involves paying a salary to a family member that works in the business. A salary must be reasonable for the services rendered and should be comparable to what would be paid to someone at arms length. A salary also helps to generate RRSP contribution room and enables CPP contributions.

Each individual should consult an accountant to determine the optimum dividend and salary mix.

3. Limitation of Liability
A professional corporation is a separate and distinct legal entity from its shareholders. It has the same rights and obligations as an individual, but since it is a separate entity, creditors of the corporation cannot generally seize personal assets of the shareholders unless the shareholders provide personal guarantees on commercial obligations.

A professional corporation, however, does not offer the same liability protection as a typical corporation in the areas of negligence or malpractice. Specifically, a professional corporation cannot insulate a professional from these types of claims that may be brought against the corporation, and therefore, the professional may still be liable.

Each individual should consult the provincial legislation for further details on special rules, restrictions, and limitations for professional corporations.

Summary
Incorporation is a complex decision that depends on each individual’s unique circumstances. It offers a number of planning opportunities to physiotherapists but is not without its drawbacks. It is more costly and complex to establish and maintain a professional corporation and there are more onerous filing requirements. It may not make sense to incorporate in the first few years of practicing since the costs and administrative headaches may outweigh the benefits, and the tax benefits may not yet be available if income levels are not sufficient.

In any event, it is best to seek professional advice and consult your accountant and lawyer to see if a professional corporation is the right option for you.
PABC-ICBC Liaison – Good News Update
by Marj Belot BScPT, MSc, FCAMPT, CAFCI

You can reduce your admin time if you follow ICBC’s policy of billing without phoning for preauthorization. Trelora Physiotherapy Clinic, Sitka Physio & Wellness, Therapeutic Edge Physiotherapy, and others doing this and are very happy with the reduced number of calls needed to ICBC.

Essential to the success of this method is being mindful of the four-month end date that adjusters are encouraged to use in non-complex cases. If it looks like your treatment plan will run past that 4 month window, starting when person initiates their claim, and even if the period includes fewer then 20 visits, contact the adjuster and give them your treatment plan and anticipated end-date. Request they reset the end date to accommodate your recommendation. This should prevent most rejections related to end dates.

The options for contacting ICBC are via phone, email, or by emailing or faxing the Therapy Update form available on ICBC.com or the PABC website (you receive no fee for this form). This form can also be used to initiate extension requests.

*Please note that ICBC has an obligation to pay all physiotherapy visits up to the point where the adjuster advises that treatments are not authorized. You don’t need to call on any claims up front but if you follow the suggestions above, the process will be smoother.

ICBC.com updated! If you were one of many members who noticed chiropractors were featured prominently on the site and that PABC’s Find a Physio link was difficult to notice, check out the update for an improved home page: www.icbc.com.

Adjusters know that physiotherapists are qualified to prescribe and supervise exercise programs. The complaints regarding adjusters thinking that physiotherapists are not qualified to do so have evaporated. Linda Calbick from ICBC is educating adjusters formally and informally. We are monitoring the situation to see if further action is required. Please inform PABC, or email me at belotphysiotherapy@gmail.com, if you are finding this to be a problem or you have any other queries that are not answered on the ICBC section of the PABC website.

Marj has been clinical associate at West 4th Physiotherapy Clinic since spring 2008, and is a registered instructor with the Orthopaedic Division of CPA. She also incorporates IMS/dry needling, and acupuncture into her physiotherapy practice.

PABC WSBC Liaison – New Model Update
by Jamie MacGregor, BScPT, CHT

THE GOOD: Three months into this new treatment model and fee schedule, early outcomes suggest that we have achieved many of our goals in the creation of the model:

• Workers have early and guaranteed access to us for the initial week of assessment & treatment in essentially all pending and accepted new claims.
• We now focus assessment, communication, and reporting on functional ability and job demand, while maintaining our therapeutic focus on helping clients heal and to return to work and life activities.

• Board officers and employers are commenting that our new communication requirements (reports, phone calls) are very valued (when completed fully and clearly).

Finally, we now see the many benefits of working under a modern, effective treatment model, after years of a model that wasn’t evolving with the changing needs of neither the claims management process nor physiotherapists.

THE CHALLENGES: While I am impressed overall with the transition from old to new treatment models, any large transition such as this comes with a few bumps along the road. Some tweaks and changes have been made (dropping the mandatory initial call to the board officer), and more will come. PABC and WSBC continue to field members’ questions regarding the new contract, ranging from invoicing procedures, to report requirements, to what happens when a worker moves from one physiotherapist to another. The majority of the answers are available in WSBC’s contract and reference manual or in bulletins, but also have likely been answered in PABC’s FAQs on our website, or in the virtual forum discussions. If you have a question, please check these references. If there is a question to which you can’t find an answer, please contact me or the QA Supervisor Karen Takai.

It is important to recognize that Karen and Physiotherapy Services Program Manager Gabrielle Jacobson have worked tirelessly to attempt to resolve any issues or concerns that PTs have encountered, with our great gratitude. With that in mind, please first read the reference manual, contract, and resources listed continued on next page

PABC and WSBC team at the Castlegar airport following the Nelson town hall meeting, L-R: Gabi Jacobson, Jamie MacGregor, Karen Takai, RBT
NEW DEVELOPMENTS: During the development of this new treatment model, PABC requested more accurate, timely, and efficient communication of claims statuses and information for our members. We asked that barriers to early access to treatment for injured workers be removed. We have just received exciting news from Acting Senior VP of Operations Trevor Alexander: “I am pleased to announce that we’re ready to launch WorkSafeBC’s ‘Physiotherapy Hotline.’ This hotline will provide an additional service to BC’s physiotherapists to ensure that you have the information that you need to stay up to date with your client’s claims.”

At the time that I write this article, we have been asked for feedback regarding the hotline but the launch date wasn’t confirmed. Regardless, we are very happy that Mr. Alexander took action on our request and has undertaken to improve our access to timely information on claim status.

BIG PICTURE: We started the process of wholesale change to our treatment model and fee schedule more than four years ago. Our goals were to help our model evolve with the changing needs of physiotherapists, workers, employers, and board officers, as the claims management and rehabilitation model has evolved over time. We are in the early stages of this new model but are already seeing great strides in positioning members as a resource for these stakeholders with our enhanced communication, improved access for workers, meaningful functional information for employer and board officer, and improved fees for physiotherapists.

As PABC’s WSBC liaison, my commitment is a continued focus on positioning members to be the treatment provider of choice and the solution for injured workers, employers, and board officers, while representing our needs as physiotherapists with WSBC. If you have any questions or concerns regarding this new model, or in relation to the treatment of injured workers as a physiotherapist in any facet, please feel free to contact me at jm_macgregor@hotmail.com.

continued on page 24
The Baby Belly Belt™

by Diane Lee, BSR, FCAMPT, CGIMS, RYT200

In July 2014, I launched The Baby Belly Belt™ (The BBB): a new support for the pelvic girdle that I designed for expectant and post-partum moms. I conducted a Q&A with PABC to discuss this new invention.

Q: Why The Baby Belly Belt™?
A: In 2001, I developed a pelvic belt (The Com-Pressor™) after recognizing the need to provide more specificity of support for my patients with pelvic girdle pain. Clinically, I had noticed that some could move with less pain when the pelvis was compressed anteriorly, whereas others needed support posteriorly. There was no belt on the market that could specifically address this individuality that we needed. I received a North American patent for the idea of a sacroiliac (SI) belt with specific compression straps in 2006.

While this SI belt helped most patients for whom compression relieved their pain, there was a group of women who found that The Com-Pressor was not wide enough, nor adaptable enough: this group included those who were pregnant or had a postpartum ‘baby belly’. Repeatedly, I was asked: “Does The Com-Pressor work during pregnancy?” to which I had to honestly reply, “Not that well.” One year ago, I decided to rectify that problem and bring to market an exceptional belt that was adjustable, expandable and still met the fundamental criteria of being able to specifically apply support where needed.

Q: How did the idea become a product?
A: The idea had been brewing for a long time when I finally reached out to Greg Bay, the innovator of The Core Shorts, for advice on how to bring this to market. Greg kindly connected me with the person who helped him get The Core Shorts to market. Soon I had a team of people helping me with development, design and marketing. Many trial belts later, we had a product that was not only effective but also attractive, well-packaged, and made in Canada.

Q: What advice do you have for physios to give to their mom patients on how to fit the BBB?
A: The official website, www.babybellybelt.com, provides resources for women, and physios treating women, with pelvic girdle pain. It’s also an online store to purchase the belt from. If walking, sitting, climbing stairs or rolling over in bed is painful and compressing the pelvis somehow makes the task easier, this belt will be a helpful adjunct to physiotherapy. No trial period of using the belt is necessary. You can tell within the initial visit whether it’s going to be effective or not. However, physiotherapy is essential. If you need this belt during or after your pregnancy, you also need physiotherapy.

Q: Is training required for physios advising moms on the use of the BBB?
A: Following the “How to Wear the Baby Belly Belt” instructions on the website or in the package is all the training you’ll need to fit or prescribe this belt. Helping women with pelvic girdle pain, pelvic floor dysfunction and/or diastasis rectus abdominis with physiotherapy does require specific training; I provide a course for that. Further information is available at www.dianeelee.ca.
Cervical Spine Rule Advisory Group Update

by Marj Belot, Chair of the C-Spine Rule Advisory Group (CRAG)

Every PABC member received a copy of the Canadian C-Spine Rule and our FAQs for their own use in the last Directions newsletter. The 3-year task force put together for members and physicians an evidence-based information kit on how the Rule informs our practice.

If you needed to use it at work, do you know where it is? If you prefer a mobile app, have you downloaded QxMD? It also has the Ottawa Ankle and the Ottawa Knee rules. This and copies of the Rule are available on the PABC website on the C-Spine Rule page on the Members’ Site.

Curious about how it was developed? The original article by Stiell et al can be found on the same PABC page. Are you feeling uncertain about how to apply the rule? There is a 5-minute video with cases on YouTube as well as the PABC site and a longer, free webinar that includes discussion regarding use of clinical judgment with the Rule. Peter Francis and Alison Hoens have been developing some tweets with clinical scenarios to test your knowledge of how to use the Rule. If you don’t want to miss out, follow PABC on Twitter.

Carol Kennedy and I presented a poster at CPA Congress regarding the baseline survey for this project that was well received. Next steps include completing a manuscript to share what we’ve learned with the wider physio world as well as searching for a keener who would like to perform an in-depth analysis of our KT project. If you’ve been considering doing a research masters, Dr. Li would be happy to supervise you and guide you through the process. If you are interested, contact Alison Hoens at alison.hoens@ubc.ca.

The Physiotherapist in Court: I have received a Subpoena, now what?

by David J. Wallin, Barrister & Solicitor

I recently wrote an article for Directions in Physiotherapy that discussed a treating professional’s legal rights and obligations when it comes to providing testimony in court proceedings.

From time to time physiotherapists may become involved in the legal proceedings of their clients. For many physiotherapists, the prospect of being compelled to attend court at a place, date and time specified in a formal court document is a somewhat daunting prospect and fraught with much uncertainty and misunderstanding. I have been asked to provide a further discussion of what a physiotherapist is to do if they are “Subpoenaed” into the legal proceedings of their clients.

What follows is in the form of a Q&A discussion of the essential information that you may need to know in the event that you receive a “Subpoena to Witness” or a “Summons to Witness”, requiring you to attend at court to testify on the treatment of a current or a former client.

Q: What is a Subpoena to Witness or a Summons to Witness?
A: A “Subpoena” is defined in Black’s Law Dictionary as “… a command to appear at a certain time and place to give testimony upon a certain matter.” It is the term generally used in civil proceedings before the Supreme Court of British Columbia (as referred to in the Supreme Court Civil Rules) and is similar to a “Summons to Witness” in Provincial Court civil proceedings.

Q: How are subpoenas generally served on physiotherapists?
A: To be legally enforceable, a Subpoena must be served upon a witness by a party of record in the proceedings. This is generally effected by personal service by a process server. However, in the case of treating professionals, lawyers will generally wish to meet with the witness well in advance of the court date and will usually personally (and less formally) deliver the Subpoena when meeting to discuss trial testimony matters.

Q: What is my role as a witness in court/what is the purpose of having me attend at court?
A: Simply stated, a witness helps our legal system by presenting important information (called evidence) to a court. A witness “testifies” or tells the court what they know about a particular matter. Information from witnesses helps the court make the correct decision on a matter. If you receive a Subpoena that says you have to be a witness in a trial, it is likely because it is believed that you have important relevant information about a client.
Q: Who can Subpoena me and who will be asking me questions?
A: Either lawyer in a court case (counsel for the client / plaintiff or counsel for the defendant(s)) can issue a Subpoena, requiring you to attend at court to be a witness. The notice you receive to be a witness in a civil case will show the names of all parties to the lawsuit.

The lawyers for both parties may ask you questions on topics that are considered relevant in the case before the court. In some cases, the Judge may also ask the witness questions. However, the questions asked by the Judge will generally be to clarify the evidence already provided in response to the questioning of the lawyers involved.

Q: What if I don’t want to answer the questions I am being asked in court?
A: Many people do not want to be a witness in court because they are for a number of reasons reluctant to become involved in the process and would prefer not answering certain questions. They may also erroneously believe that they can refuse to answer questions for patient confidentiality reasons, or even by “pleading the fifth amendment”. This is incorrect.

Witnesses must testify, or tell the court what they know, by answering questions from either side, or questions asked by the Judge. If a witness refuses to answer a question, the Judge can find them in contempt of court and has the power to Order the non-compliant witness incarcerated. However, this judicial power is very rarely required to be used.

Q: How much notice of my court attendance am I entitled to?
A: In the Supreme Court of British Columbia you are entitled to a minimum of 7 days advance notice from the time you are expected to be in court to testify. However, a Judge of the Court may make an Order seeking to abridge the time period and shorten the notice period in the appropriate circumstances.

Q: Am I able to charge for my time as a witness under Subpoena for the time preparing for and attending at court?
A: Generally speaking, if you are attending court under Subpoena you are entitled to the same witness fees or “conduct money” as prescribed by Schedule 3 of the Supreme Court Civil Rules, or “travelling expenses” as prescribed by Rule 9 in the Small Claims Rules. In the Supreme Court of British Columbia, the conduct money to which you are entitled is indeed modest and is the same for you as it is for any other “factual” witness.

The above situation should be distinguished from a scenario where a physiotherapist may be called upon to testify in the capacity of an “expert witness”, which will generally have involved the physiotherapist having prepared an expert report for use in court proceedings. In such cases, the expert witness may make mutually satisfactory arrangements with the engaging counsel with respect to how they will be remunerated for both trial preparation and trial attendance fees.

Q: If I am unable to attend Court at the appointed time in the Subpoena, what can I do?
A: On the Subpoena or Summons to Witness is the name of the lawyer who is calling you to attend court. It is completely appropriate for you to phone the lawyer to find out why they want you as a witness and what relevant documents you may have to bring to court. Ask exactly when you have to go to court, and if necessary, try to arrange a more convenient time. It would be a rare case that the lawyer calling upon you to testify will not be able to make some reasonable accommodations with respect to the timing of your court attendance, however, this issue will depend on a number of witness scheduling factors that may be outside the lawyer’s control.

Q: What if I just don’t want to attend or feel I am not a proper witness?

A: If you have a good reason not to be a witness, you can apply to the court for an Order setting aside the Subpoena on the grounds that compliance with it is unnecessary or that it would “work a hardship” on the person. The court may make any Order, as to postponement of the trial or the canceling of the Subpoena as the court considers appropriate in the circumstances.

Q: What will happen to me if I don’t attend?
A: If the Subpoena or Summons is not cancelled and you do not make other arrangements with the lawyer issuing the Subpoena respecting when to give your testimony, then you must go to court. If you don’t attend when required in the Subpoena, the lawyer may ask the judge to have you arrested and brought before the court. A judge may issue a “material witness” warrant for your arrest.

Q: What am I supposed to bring with me to Court?
A: The British Columbia Supreme Court Civil Rules require the recipient of a Subpoena to bring with them “all documents in your possession or control relating to the matters in question in this proceeding.” The Form 25 Subpoena to Witness served upon a potential witness states this expressly in the body of the Subpoena to Witness.

For the treating physiotherapist, this will generally require you to secure and bring the original copies of your patient’s clinical file materials with you to court, in the event the original copies are required to be inspected or reviewed by the parties or the Court.

David Wallin is a Director at WhitelawTwining Law Corporation.

PABC is creating another promotional video in its series on physiotherapy. The first was released in the summer and focused on paediatrics, neuro and oncology. The autumn release is on treating arthritis, both before and after surgery; it coincides with Arthritis Awareness Month. In the video are Allison Ezzat (R) and former Canadian Women’s Rugby Team Captain Ruth Hellerud-Brown. Allison is treating Ruth for knee OA.
Interim Leadership

by Brenda Wessel, Research Grants Facilitator

Jayne Garland has accepted reappointment to another five-year term as Head of the Department, and is currently enjoying a six-month sabbatical during which she will focus on her research. Fortunately, we have Janice Eng, PhD, PT serving as Acting Head for the Department during Jayne’s absence. Janice is a graduate of our program (1985) and has been on faculty since 1997. She has served in several leadership roles within UBC including Associate Director of International Collaboration on Repair Discoveries (ICORD). She is currently finishing up a 7-year term with the UBC VP research office as the Health Advisor. Janice will also continue to direct the Rehabilitation Research Program at Vancouver Coastal Health Research Institute: a multidisciplinary program out of G.F. Strong Rehabilitation Centre. Janice’s research is in the development of novel rehabilitation interventions to improve important aspects of the functioning and health of individuals with neurological conditions.

Janice has also worked behind the scenes in many past department initiatives such as the implementation of the Rehabilitation Sciences PhD program. Her experience, expertise, and personal attributes assure she will lead our Department forward until Jayne returns to the position December 31.

Wisdom for the Ages

by Marcia Denhoed, MPT Student Columnist (now a New Grad)

August is an exciting month at UBC. As the new class arrives, the MPT1s become MPT2s and the MPT2s take the moniker of graduates. I know I’m not alone in feeling that the last two years have both flown by and taken forever. There have been struggles, but the program is all about progress. Some of the significant gains we all made were lifelong friendships and positive memories (in addition to the grey hairs, potential ulcers and extra thickness around the waistline.) Above all, we have gained vast amounts of knowledge.

My classmates brought forth some gems about what enduring lessons they would take into the outside world, including: “Work smart, not hard,” and “Caffeine is the lifeblood.” Instructor May Nolan left an indelible impression on us with quotes such as, “Be wary of the bizarre but consistent patient,” and “Listen closely to what your patients tell you regarding their pain, often they will tell you exactly how to fix them.” At final exam time, a classmate urged peers to see the big picture and implored us to “Think more and memorize less.” Finally, in the words of the esteemed Aart van Gorkum explaining how to palpate a patient’s more personal regions: “Get in and get out ...Boom!” If only that applied to grad school!

Clinical Education Corner

by Robin Roots, BHSc(PT), BA, MSc(RehabSci)

Greetings from Prince George! As Sue Murphy’s counterpart coordinating clinical education for the Northern and Rural Cohort (NRC), it is my pleasure to take my turn writing a column for Directions.

Wow, how time flies! It seems like only yesterday we admitted our first NRC and now they are set to graduate in November. Thanks to the dedication of our clinical community throughout the province, these students have done at least four out of six of their clinical placements in northern and rural sites. With the intent of increasing recruitment of PTs to rural regions by offering students amazing opportunities to learn about rural practice and rural life, we eagerly anticipate their decisions about where they will start their careers and how many of them will gravitate to rural.

Speaking of career choices, the MPT1s were recently witness to a terrific “Public practice versus Private practice” debate, hosted by the venerable RBT. In an effort to bust some of the myths surrounding public and private practice, and to confirm which location is best suited for new graduates, Jason Coolen (President of PABC and Director in Oakridge Physiotherapy Clinic) and Chiara Singh (Clinical Supervisor at
Surrey Memorial Hospital duked it out, each presenting strong arguments about the benefits of working in their area of practice. Students had all their questions answered, including queries about flexibility to take holidays, support for continuing professional development, and the breakdown of a starting wage in both public and private practice. While both speakers did a super sell job, Chiara made a very compelling case for new graduates. Perhaps we will start to see the tide turn in favour of new graduates entering public practice!

On the clinical placement front, we are piloting a number of exciting new placements in northern BC. We are fortunate to be invited to work with Dr. John Pawlovich—renowned for his work in telehealth and primary care in First Nations communities—and Carrier Sekani Family Services to bring physiotherapy services to remote First Nations villages in the Central Interior. In June, Emile Whittemore, MPT2, and I had the opportunity to team up with Dr. Pawlovich and his resident, Dr. Sharkley, to travel to Yekooche and Takla Landing. Currently, residents in these communities must travel between three and five hours on logging roads to see the nearest physiotherapist. As part of an interprofessional team that included a nurse practitioner, Emilie and I provided physiotherapy services in the health centre and in the community, then followed up on those visits using telehealth video conferencing technology via satellite connection. This combination of face-to-face interaction with follow up telehealth allows providers to build trust with patients and offers students a glimpse of what will soon become part of mainstream practice for rural and urban regions alike. We will continue to offer this opportunity to students as another example of a mutually beneficial community partnership that benefits students’ learning while increasing access to rehab services in rural and remote regions.

The Buddy Program: Connecting Students & Physiotherapists

by Andrew Flynn, MPT2 Student

Do you remember when you were a physiotherapy student? You were probably full of excitement and had lots of questions about what to do once you graduate. You had an idea of which area of physiotherapy you wanted to focus on and where you wanted to work, but still wanted to find out more. The same holds true for physiotherapy students today.

What better way for a student to find answers than to speak with someone who already does what they want to do? With this in mind, I created the Buddy Program for PABC’s Physiotherapy Practice Forum last spring. The pilot initiative was designed to connect practicing physiotherapists and physiotherapy students.

At the Forum, a student and a physiotherapist were paired up as buddies for a two-hour hangout. The objective was to provide physiotherapists with a chance to share their expertise and to give students an opportunity to chat with a physiotherapist practicing in an area that interested them. The areas of practice that we recruited included: ortho/sport, paediatrics, neurological/SCI/stroke, women’s health and in-patient/acute. The support from physiotherapists was fantastic—we had more than 70 who volunteered.

For many students, including myself, Forum was our first major physiotherapy event. The Buddy Program was a great initiative to help us feel in the loop thanks to the support of our future colleagues. The feedback I received from physiotherapists and students was overwhelmingly positive. Almost 90% of those surveyed said that they would buddy-up again next year.

One of the students, Jonathon Carkner, said, “The buddy experience at PABC’s Forum provided the opportunity to connect, question, and learn from someone who could relate to my journey as an MPT student. The experience left me feeling connected to the PT community and with a greater understanding of what life and practice can look like post-graduation. I look forward to the program again next year.”

I find it energizing when someone who wants to enter the UBC Physical Therapy program asks me about my experience so far. Sharing with prospective students helps to reinforce why I choose this career. After all, it wasn’t long ago that I was in their shoes. It’s important that we give back by paying it forward. Whether you take a student for a five-week placement or are buddies for two-hours there are opportunities to connect, share your passion and get that warm fuzzy feeling you get when you know you’re making a difference.

Look for the buddy option on PABC’s 2015 Physiotherapy Practice Forum registration.

Andrew is from Vancouver. He was drawn to physiotherapy because he wanted a meaningful and challenging career that encouraged a healthy lifestyle. 🏃
What Members are Doing

Ron Mattison, Allan McGavin Sports Medicine at UBC, was at the Glasgow Commonwealth Games last month with the Canadian Swim Team. Ron ran into Marc Rizzardo who was with the Badminton team.

Cathy Gordon had the best reason for a last-minute Physio Forum cancellation. She wrote: “It was the last show of the season for Ballet BC and I found myself busier than expected helping the dancers prepare for their closing night. Attached is a picture from the basement of Queen Elizabeth theatre as proof.” I heard the day was a success - well done PABC for creating such a popular and sold out event/AGM. I may be dating myself but I remember the days when we got on the phone the day before to ensure we would have a quorum at our AGM!!

Drs. Alison Grieg, Kristin Campbell, and Michael Hunt have each been granted tenure. UBC has just solidified the careers of PABC’s most promising young professors to enter the big leagues. Also achieving tenure is Lesley Bainbridge, who, after achieving this milestone in her academic career, plans to now retire.

Kristin Campbell did the Tour TransAlp in Europe in July. The 7-day stage race goes across the Austrian and Italian alpines for over 800 km, with more than 19,000 meters of elevation. Kristin did the 7-day race in 38 hours, 37 minutes, 7th in the women’s category (out of 22 teams).

Denise Uyrhnuk has been busy again. At the Peach triathlon she came in second place in the BC sprint championship. She won her age group and was top masters female. She also won some cash for having the fastest run time. She continues her training for the Worlds this year in Edmonton.

Erin Macri was given the Vanier Award which provides three years of full funding for her PhD. Erin is at the Centre for Hip health and Mobility, researching patellofemoral pain.

Petra Lehmann’s Lakeside Physiotherapy Clinic was presented the Professional Service Excellence Award by the Nelson Chamber of Commerce recently. She told the Nelson Star: “it’s never easy establishing a new practice (especially for somebody raising two kids along the way) and there were certainly bumps in the road, but being named for the award is evidence that she’s created something the community values.”

In Memoriam

Louise Didyk passed away on June 22nd, at just 42. She was a passionate physiotherapist and an esteemed colleague who, although a new mother, joined our PD committee. When she was newly diagnosed with cancer and undergoing treatment, she continued in her volunteer role; a tribute to her indomitable spirit and her love of her profession. She touched so many, and is an inspiration of joyous living.
PABC Advocacy

• In May, after 2 years of advocacy, PABC convinced the Ministry of Child and Family Development to increase the post-adoption rate from $60 per visit to $190/hr.

• In April, PABC hand delivered a letter to Premier Clark (thanks to Terry Fedorkiw and Angela Rocca) advocating for an increase in physios for the northern and rural regions of BC. We followed that up with a Brief (contributions by Brenda Loveridge and Scott Brolin) on the shortage of physiotherapists (267 current vacancies) and request for a meeting. We were rewarded for our efforts with a date being immediately set for August 15th.

• PABC’s President and CEO were joined by UBC’s Head of the Physio Department on a trip to Victoria’s legislature for a discussion with the Ministries of Advanced Education and of Health to advocate for an increase in the training seats for physiotherapy students at UBC. The 267 vacancies in the province call for urgent action, including the training of more physiotherapists in the province. To see the Brief and the Letter, go to member news at http://r-be.ca/pwg.

Member’s Kudos

PABC’s WorkSafe Contract Implementation Kit

I just want to say a quick “thanks!” for all the help from you and your staff regarding the WorkSafe BC RFQ and contract implementation. All of you have been very, very helpful. TD

I have been looking at the implementation toolkit and all the info PABC has produced is very helpful. BT

Very exciting about the toolkit launch! You and the team did a stellar job at identifying the needs of the members and providing a very clear and informative toolkit. Bravo. JC

Thanks to you for all your resources. Most of us have been doing elements of the new model already but for me it will focus my attention more on really finding out what the worker needs to be able to do as opposed to what they can do. SM

PABC’s Video on Paediatric Neuro http://r-be.ca/58q

Just saw the video and wanted to congratulate you all on a great production—you both make me/us proud! IIG

I like this video! Well done…much better story of what physios can do. JS

Just watched the new video for The Value of PT and it’s amazing! What a great promotion for PT, especially public practice PT. HC

What a great job you did on this video! JE

Just wanted to say how impressed I am with the video! Good work and I will do my part to spread it as widely as possible. DS

I love the video PABC did on “Born to run: Darren”s Journey” CE

Well done! Thanks for being proactive on this! Excellent! RM
Letter to all HSA members from President Val Avery

As a public practice physiotherapist for the past 31 years, I am deeply committed to the work of HSA members like you. As the President of your union, HSA, I work every day to ensure the critical contributions of all health science professionals are recognized and acknowledged. It’s important that people understand the work we do to keep British Columbians healthy.

I want to congratulate the Physiotherapy Association of BC for this excellent video about the work of public practice physiotherapy, and encourage you to circulate this link to your friends and colleagues.

HSA works with Professional Associations like PABC to promote the work of health science professionals, and we all benefit when we can share with others such a powerful example of our contributions to the system.

At CPA Congress, two PABC members received the great honour of being named CAMPT life members: Cliff Fowler and John Oldham. PABC CEO Rebecca Tunnacliffe caught up with Cliff (L) and Erl Pettman (R) in the lobby after the fete; Erl received John’s award on his behalf.
Health Choices First
by Gordon Bohlmann, BScPT, OMT, CGIMS, RMSK

A colleague of mine founded HealthChoicesFirst (HCF), a consumer health care service of over 2,000 videos that cover hundreds of categories – including physiotherapy. They are offering PABC members a free introductory period to get involved in their newly-launched Canada-wide, condition-based web platform that will provide practical information on chronic diseases and solutions for healthy living and taking control of one’s well-being.

I encourage you to participate as it will give us all a much stronger presence in the community, and it’s a great way to get our brand out there even more. You will recognize some PABC members in the videos, including West Fourth, Treloar, Marpole, Physiomoves, and others.

Free early registration! http://beta.healthchoicesfirst.com/registration

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Workers Being Referred to OR1?

by Jamie MacGregor

While the new model enables members to better communicate critical information to the board officers managing a claim (case manager, RTW Nurse specialist, etc), some continue to find that workers are being referred away from their treatment and into an OR1 program. Regardless of our contract, Return to Work Nurses managing claims are adhering to specific policies such as referral to OR1 at 3-4 weeks post-injury if a GRTW plan is not in place or forthcoming. I have three suggestions should this happen to you:

1) if the injury you are treating does not appear to be a simple sprain/strain (i.e. the diagnosis may not be accurate) voice that concern to the nurse, with clear objective findings, so that appropriate diagnostics and treatment recommendations can be made; if you believe your concerns are not being heard, contact the QA supervisor Karen Takai;
2) ensure your initial contact to the employer facilitates early RTW/ stay at work. If your client is at work or about to embark on a GRTW, you should be able to continue to treat him/her (i.e. no need for a nurse’s referral to OR1);
3) if referrals are being made without your consultation, inform Karen Takai. Tell me too, so I can advocate as appropriate. We can work to correct issues that may exist when we are aware of them.

PABC Professional Development 2014

Evening Lecture/Vodcast Series

Fall 2014 – “Our BC experts share their secrets – part III”

Case studies with our local experts. Join us to “ask the expert”. Bring your questions and hear how they would manage specific clinical scenarios.

“Pedal to the metal – treating overuse knee pain in road cyclist. A case-based presentation and group discussion”
September 30: with Tyler Dumont, MSc, Diploma Sport Physiotherapist

“The athletic artist – treating overuse hip pain in the dancer. A case-based presentation and group discussion”
October 29: with Cathy Gordon, BScPT

Paetzold Lecture Theatre, Vancouver General Hospital, 899 West 12th Avenue, Vancouver BC, Registration and refreshments 7:00 pm, Lecture 7:30 – 9:00 pm
Vodcasts: distributed to registrants one week following the live lecture

**PLEASE NOTE THE NEW FEE STRUCTURE ** Fees: PABC members “in person”: $30 (students $10), “in person” with the vodcast: $35 (you must be in attendance to get the vodcast), Vodcast: $40; Vodcast “group rate” per site: PABC members $60, future members: $120

Weekend Courses

Vestibular Rehab: A practical approach – COURSE FULL with waitlist
September 20 – 21, 2014 with Bernard Tonks
UBC Friedman Building, Vancouver

Relieving Sacro-iliac and Pubic Pain During and After Pregnancy
November 14 - 16, 2014 with Cecile Rost and Susannah Britnell
UBC Friedman Building, Vancouver

Taming of the Jaw - Level 1
January 17 -18, 2015 with Cathy Russell
UBC Friedman Building, Vancouver

Coming soon...

Fall 2015 – Bob Powls – Manual Therapy Treatment for Lumbar Spine and Pelvis Dysfunction

To register for courses or lecture/vodcast series, follow these four easy steps:

1. Go to www.bcphysio.org and click Courses
2. In Type box, choose “PABC Education” and click “Apply”
3. Under the Event column, click the course title you want
4. Click “Register for in-person lecture HERE”, “Purchase Vodcast HERE”, or “REGISTER NOW”

For more information, call PABC at 604-736-5130, ext. 2 or email Andrea Reid at education@bcphysio.org

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