Success Measures in Acute Physiotherapy

By Perry Strauss

Why measure success?

Physiotherapists have long seen their clients gain range of motion, strength, perceived abilities, functional strength and more as a result of effective treatment. However, these measures of success have not been utilized by therapists to educate and influence stakeholders, such as insurance companies and referral sources, on the measured benefits of physiotherapy.

Knowing that physiotherapy is responsible for treatment success can lead to significant gains in justifying appropriate funding for physiotherapy. Using convincing data with funders and referral sources that shows physiotherapy affects positive change will ensure physiotherapy maintains its position as the leader in physical rehabilitation.

Success measures can also help therapists reflect on their practice, guide their continuing education decisions and contribute to the development of best practice therapies. Therapists will increase their role in defining the future of ‘evidence based practices’ when utilizing success measures.

What success measures should we use?

We have to consider many variables when choosing success measures. In private and public practice, pragmatic concerns such as ease of use, timeliness and cost are very important considerations. From an outcome perspective, we need to ensure the tool used measures the effect of treatment, and is sensitive enough to reflect change. An excellent resource for a summary of outcome measures in physical rehabilitation is Physical Rehabilitation Outcome Measures (PROM I), available from the Canadian Physiotherapy Association.

Given the large market of insurance-funded physiotherapy, we should also consider measures that define success in the payers’ context. A physiotherapist’s skill in assessing movement dysfunctions, monitoring symptoms, perceived effort and safe body mechanics during active therapy (e.g. physical reconditioning exercises, work simulation tasks) is a very powerful tool seldom seen outside physiotherapy clinics (e.g. physician offices, chiropractic offices). When we measure our success based on the client’s functional progression in the clinic, we have a uniquely powerful tool to market the effectiveness of physiotherapy.

Success Measures in WCB programs

Success measures defined and prescribed by insurance companies have left many physiotherapists less than satisfied with identifying the effect of their prescription. Currently in the WCB acute therapy contract, the measures are not related to effectiveness, but are limited to utilization (number of treatment days). By contrast, WCB programs such as Work Conditioning and Occupational Rehab utilize ‘fit to return to work,’ satisfaction, treatment days and durability (working at three months post discharge or not receiving WCB benefits) as success measures. These

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Achieving Excellence!

The priority for our Board this summer was to evaluate, develop and plan the direction of PABC for the coming year. From the outset our goal was to move from reactive decision-making and towards proactive planning. Led by our vision statement for 2003-2004, the Board will develop initiatives that distinguish PABC from other rehab providers.

To provide the required leadership, we are reviewing each board member’s strengths, weaknesses and goals. As well, we participated in a one-day workshop with noted parliamentarian Eli Mina on effective meetings and decision-making. Using this information we will review and renew and update the current strategic plan to create a 2004-2006 plan in our meeting this month.

Following the branch presidents’ meeting in Toronto, discussion with members of CPA at the Leadership Conference and attendance at the World Congress in Barcelona, it is suffice to say we have a pulse on physiotherapy provincially, nationally and internationally.

There is no doubt that development of research paradigms, use of outcome measures and the development of evidence-based practice will be the focus of the future. Our intent for helping members to be on the leading edge of this important and significant wave is to help you prudently select the right outcome measure tool, and to develop the sophistication and skill to use the tool effectively in evaluating clinical decisions.

The ability to choose relevant outcomes, to match outcomes to rehabilitation targets and to summarize data will be key skills for our profession to learn, develop and master if we are to continue to be the leaders of rehabilitation. As witnessed in Barcelona, physiotherapists are developing evidence-based practice, but implementation is an ongoing challenge.

In Canada, we need not search internationally to find exemplary models of evidence-based practice. CPA has developed an excellent resource book in the second edition of Physical Rehabilitation Outcome Measures or PROM II, and have redesigned Physiotherapy Canada Journal which offers exposure to Canadian research, clinical trials and, most importantly, provides exposure for clinicians and researchers who are developing data and using these references to guide decision-making.

As a Board we encourage you to become engaged with research. This starts with keeping current with the wonderful literature we have available to us. PABC is committed to the development of best practices through the use of outcome measurement (see pages 9 & 14) and a number of initiatives we are planning.

The entire summer has not been spent on reflection and planning. We have concluded a number of projects and are in the process of finalizing new committees that will be running in the fall. The first project of note is the completion of the second generation of our ad campaign (see page 4). This involves a second, full-length ad and the development of our interstitial ads. Each of these ads will be seen on our fall TV schedule. This project was unveiled at the branch presidents’ forum in Toronto and received huge praise and enthusiasm.

Our new membership online database is up and running this month. This system not only allows us better control of our print and web directory, but will also have the potential to serve as an outcome measures database...details to follow. And the Public Practice Advisory Committee (PPAC) has completed its terms of reference; members will be selected at our Board meeting on September 12th. A Task Force reporting to PPAC was formed to review the role of Rehab Assistants in BC. I am looking forward to receiving feedback from these committees and expect PPAC to be a comprehensive voice for public practice therapists.

I hope you have had a safe and enjoyable summer, and I invite you to send any ideas or feedback to bmacdonald@bcphysio.org.

Bill MacDonald, President
PABC Leaders Offer Vision and Direction

Ever wonder what your Association does for you? Just look to your leaders for the answer. At the recent CPA Leadership Conference, BC proved to be rich with inspired physiotherapists who attended or presented, and who offered fellow members their vision and direction.

Keynote address speaker William Tholl, Canadian Medical Association CEO, identified three key attributes of a leader that we are fortunate to have in our new CPA & PABC Presidents:

1) vision and values,
2) focus and determination,
3) passion.

New CPA President and fellow westerner Sandy Rennie (Alberta) in his inaugural speech defied the traditional view of a leader by saying, “I am not a leader. You are leaders. I am one of you.” He then demonstrated true leadership by stating goals for his two-year term:

1) to demonstrate strategic advocacy for the right things by the right people,
2) to increase membership to over 10,000.

Our new PABC President, Bill MacDonald, returned from the Leadership Conference demonstrating William Tholl’s three attributes of leadership when he identified the need for PABC members to lead the way in evidence-based practice, and he committed to providing members with the tools needed to do so. Bill has envisioned a ‘starter kit’ of outcome measures that is web-based – not only for the measures, but for data input and analysis. That’s leadership!

What else has your Association done for you lately? A new print and online directory, a revamped public side of our website and also added features to the members’ side, the new “broster,” and a new TV ad. That all adds up to a lot more exposure for PABC members, and ever greater opportunity for you to continue to be the leaders in rehabilitation!

For details on the directory, the broster, and the new TV ad, see “Our Winning Advertising Campaign” (next page).

September is CPA Membership Renewal Month.
Rejoin Now!

Physiotherapy and CSAE Leadership

PABC CEO Rebecca Tunnacliffe was elected to the BC Canadian Society of Association (CSAE) Executives Board of Directors in July. Christine James, CPA Director of Membership Services, was called to the Ontario CSAE Board, and Signe Holstein, CEO of the Ontario Physiotherapy Association, has been named President of the National CSAE.
Our Winning Advertising Campaign:
The Directory, The Broster, The TV Ad

The Directory: Doctors, libraries, insurers and other stakeholders province-wide received their Find a Physiotherapist 2003/2004 Directory last month, and yours is enclosed. Thank you for your support and patience. This attractive, streamlined print copy originates from a website database which PABC has developed and which will be launched on the PABC public website in October. Kudos to the staff (especially Estrid Sortti) and our project partners who worked over the past five months to raise this annual marketing tool to new standards. Because we took this project in-house, PABC now owns its own sophisticated member web-based database system, which has endless online potential that will benefit you, the public, and the Association.

It has never been easier for people to locate your services. The print directory is distributed to thousands of stakeholders throughout B.C., while the online Find a Physio is widely advertised in our print materials and in our television ads.

Instant updates are now possible! November’s Directions will tell you how you can update your own data through the on-line Find a Physio on the Members Only site. That’s right – if you change your email or workplace, you no longer have to wait until next year’s directory cycle – you will be able to do it instantly. In the meantime, email changes to pabc@bcphysio.org.

And, if you did not submit your listing request, but you still wish to be in the online Find a Physio, it isn’t too late! Your listing can be added to the online database. Email your information to pabc@bcphysio.org or fax details to (604) 736-5606. Please reference the online directory. This is a do-not-miss profiling opportunity for you and for the profession!

Read the November Directions for your username ID number. You will need this to access your online data. It will be on the label on the envelope (the number will follow your name). Please record your username ID number for future use on the online database. If you are not listed in the Find a Physiotherapist print directory, your username ID number will not appear on the label. Please contact Estrid in the office or pabc@bcphysio.org with questions.

The “Broster”: This new hybrid of a brochure and a poster is the brainchild of our advertising firm HotShop in response to your request at the AGM for a print companion piece to the television ads. You asked for a poster, but since we also need a brochure that describes what we do (Maximize Your Physical Ability is out of print), HotShop designed a great poster that when folded serves as a brochure. The image is of the swimmer, with numbers on the body relating to the text below that describes areas of expertise in practice.

We took the prototype of the broster to the CPA branch presidents’ meeting last month and they instantly committed to increasing our print run by buying into it. Not only do we get to share our creativity and leadership, we will gain some revenue for PABC for a print companion piece to the television ads. You asked for a poster, but since we also need a brochure that describes what we do (Maximize Your Physical Ability is out of print), HotShop designed a great poster that when folded serves as a brochure. The image is of the swimmer, with numbers on the body relating to the text below that describes areas of expertise in practice.

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Physiotherapists Score Big

By Ron Blouin, Hotshop Communications

We created the new ad ‘Road To Better Mobility’ in the x-ray series to compliment our original Body Specialist ad. It highlights many areas of practice expertise. Thanks to our Advertising Advisory Committee for improvements suggested at the AGM draft viewing.

It was a busy spring with both our new and our original spots in the x-ray series running during the Canucks’ Stanley Cup Playoff series. More than 1.8 million measured viewers saw our message, and it’s estimated that there were as many as 30 percent additional out-of-home viewers watching our hockey team (and our message) in public places throughout the province. That’s nearly a quarter of a million impressions. Through the summer you may have caught us on various programs on CBC, including the new and very popular Stephen Spielberg mini-series, Token. Look for additional CBC coverage through the fall as we air on current affairs programming such as Fifth Estate and Nature of Things, as well as the Cirque du Soleil special on October 22nd. A new channel will also be added as we air on KVOS TV, and of course we will continue on Shaw TV Listings channel.

Our successful interstitial ad series, produced this spring featuring PABC members presenting tips on better mobility, continues to run through
October on such shows as Canada AM News, CTV News at 5, and Dr Phil. These six engaging ads can also be seen on our website.

We also produced a brochure-poster – the Broster, over the summer. It features the body specialist swimmer with text highlighting the ways physios treat a wide variety of conditions. The broster will soon be available to you at-cost. You will see a similar but simplified version on the inside back cover of the new Find a Physiotherapist 2003-2004 Directory.

Public viewer support for the advertising campaign has been excellent. We will measure the success of the campaign by running another public opinion survey in December, one year after our initial survey.

Phil Lawrence, BSc.Ind Econ, BSc PT, MBA
(phil_j_lawrence@hotmail.com), is currently practicing in Vancouver at City Sports and Physiotherapy Clinic, (Orthopedics and Neurology), West Boulevard Physiotherapy Clinic (Neurology), in addition to working as a Project Leader, Centre for Aging and Health, Providence Health Care.
Sharing Physiotherapy with the World: Global Health and Physical Therapy

By Dr. Elizabeth Dean

Learning is a treasure that will follow its owner everywhere.

Chinese Proverb

After many years of international collaborations, including the Middle East and Asia, I have become acutely aware of the glaring gap between the leading global health problems of our time, namely the “diseases of affluence,” and the virtual invisibility of the profession of physical therapy (Dean et al, Phys Ther, 80: 1275-8,2000). As western influences spread to corners of the world that have been largely free of heart disease, smoking-related lung disease, hypertension and stroke, diabetes, and all cancers, these conditions have fast become leading killers worldwide. The World Health Organization has proclaimed for many years that these “largely preventable” conditions are becoming globally epidemic. In light of growing evidence, we, as non-invasive practitioners, not only can prevent these conditions to a significant extent, but also can treat and cure them. Our primary role in the prevention, cure and treatment of the “diseases of affluence” is indisputable.

Making Health Priorities

“Physical Therapy Priorities”

Although the “diseases of affluence” are prevalent, progressive, degenerative conditions, only a small proportion of patients with them are seen by a physical therapist for their primary management. Most often, a patient with one of the “diseases of affluence” comes to the attention of the physical therapist when it is a secondary condition – typically secondary to musculoskeletal or neuromuscular diagnoses. However, when heart disease, smoking-related lung dysfunction, hypertension and stroke, insulin resistance syndrome or frank diabetes and obesity are underlying conditions, these are indeed the health priority. Relatively speaking, the underlying musculoskeletal conditions can be considered an inconvenience relative to the life-threatening underlying conditions. Because these underlying conditions are known to be manageable by non-invasive interventions practiced by physical therapists (i.e. education, exercise, nutrition, smoking cessation and stress management), the physical therapist has a primary responsibility to ensure that non-invasive interventions are being exploited in the patient’s management overall.

In my view, the day and age of focusing primarily on a musculoskeletal or neuromuscular condition is over, particularly as our population ages and younger people are manifesting the effects of poor, long-term health choices. The physical therapist is the “non invasive” care expert who is responsible for educating our health care colleagues and policy makers, as well as patients, about evidence-based, non invasive management of the “diseases of affluence”, and why such care needs to be maximally exploited in the patient’s and society’s best interests.

Reframing Physical Therapy Practice in an Era of Holistic Care

All health care providers are governed by the Hippocratic Oath, which proclaims “First, do no harm.” This statement implies the need to minimize invasive interventions, namely drugs and surgery. We then need to consider three options: First, the ideal intervention given one is indicated, is a totally non-invasive approach with no medication or surgery. Second best is a non-invasive approach supported by medications, surgery or both. And third best is in the case of a health care crisis, which is likely the best indication for an invasive intervention. Even then however, non-invasive care needs to be exploited as much as possible with the goal of reducing the need for medication or surgery. In our current era of designer drugs and highly invasive surgery, and the advent of minimalist surgery, the health care community tends to lose sight of our oath “to do no harm” in favour of a predominantly invasive approach with minimal to no, non-invasive physical therapy. I believe that physical therapists at times recoil in awe of high tech advances, almost believing our low-tech alternatives are less good. In fact, the very opposite is true, as their indications are becoming much more important, not less.

“Rebuilding our Boat”…

At a keynote presentation in London this spring, with inspiration from my colleague, Marijke Dallimore, I challenged my attentive audience to consider “rebuilding our boat.” At the outset of the presentation, I rhetorically asked the audience to consider whether we had “missed the boat” by largely ignoring our responsibility to be the solution to the “diseases of affluence” on a patient-by-patient as well as population basis.

If we were to construct the profession of physical therapy today based on our primary health care concerns and their evidence-based, non-invasive management, and with no knowledge of the profession’s history, I predict we would build a very different “boat.” This “new boat” would address the leading health care problems as primary and secondary conditions in addition to the functional deficits resulting
from musculoskeletal and neuromuscular conditions that up to now have been a mainstay of practice. In addition, we would be actively developing and implementing public health campaigns to promote health and wellness, and thereby minimize the suffering, anguish and cost of our leading killers.

As non-invasive practitioners, we have a commitment to practice to the highest degree possible and promote physical therapy as a “primary” intervention for the leading health care priorities of our day. We also need to ensure our health care delivery system is practicing health care, rather than illness care, and that we are collectively practicing our commitment to “doing no harm.”

In the era of genomics and mapping of the human genome, we must not lose sight that non-invasive care is always the priority over invasive care. Drugs and medications need to support non-invasive care in most instances, rather than the reverse. We must keep this priority in sight to better serve the patient—to reduce medical mistakes, iatrogenic incidences, and doctor and hospital based care. An emphasis on the exploitation of non-invasive care is ethical care, and one committed to the reduction of the burden of disease, societal cost and health care costs overall.

“Sailing our New Boat”…

Addressing the world’s health problems and making these physical therapy priorities, we, as physical therapists, can be undisputed leaders in the world health community. We can marry evidence-based planning (that is, matching health care need and provision of physical therapy service) with evidence-based practice.

Given the multibillion annual profits associated with invasive care, turning the tide away from illness care to the practice of holistic health care is no simple feat. This will require unparalleled vision, imagination and leadership within the profession, and a paradigm shift in practice. As I contemplate the challenge before us, I like to recall the inspiring words of Nelson Mandela in his inaugural presidential speech “…you are powerful beyond measure.” Given the current health care trends, I can think of no other health professional that alone has the greatest potential to make this a healthier world – affecting the greatest degree of health over the long-term, with the least cost. Can you?

Dr. Elizabeth Dean, PhD, PT
Professor, UBC School of Rehabilitation Sciences

Dr. Dean’s clinical and research interests are in cardiovascular/ cardiorespiratory health with a broad perspective that includes ICU, the community and the “global village.” She has also been involved in the development of a physiologic and scientific basis for cardiopulmonary physical therapy; defining parameters of body positioning and mobilizations to optimize oxygen transport in the critically ill.

Other research has included: the effect of low intensity exercise on medically stable individuals with low functional work capacity; early management and late effects of poliomyelitis; and intercultural perspectives on cardiovascular and cardiopulmonary health with special reference to China, India and the Middle East. These interests reflect her multi-system, holistic orientation and commitment to the exploitation of non-invasive practice in pursuit of societal and global health.

At the 2003 World Confederation of Physical Therapy Congress in Barcelona, Spain, Dr. Dean presented work with collaborators from Australia, Hong Kong and New Zealand in four different sessions. Currently she is spearheading “The First Physical Therapy Summit on Global Health.”

Inaugural Rehabilitation Research Day

On June 5, 2003, 40 physical and occupational therapists gathered at G.F. Strong to share in the celebration of community based research. There were over 14 posters presented ranging from acupuncture and bladder function to hand function. The evening commenced with opening words by occupational therapist Janice Ritson who spoke eloquently on her first experience with clinical research. The evening lasted approximately two hours and was followed by a lovely selection of cheeses, sandwiches and other refreshments. The plan now is to put together a poster for next year … an event not to be missed. Thanks again to PABC for their support.

Maureen Ashe
PABC’s Academic and Research Liaison with UBC.
Appropriate Referrals: When to Call in the Physiotherapist

This article is also appearing in BSCOT’s October newsletter, OT-Line. BCSOT will run an article in the November issue of Directions regarding appropriate referral by PTs to OTs.

For years, occupational therapists and physical therapists have been recognized as the traditional rehabilitation practitioners. Not surprisingly, the two professions have frequently collaborated in the clinical management of their clients, and our two professional associations have worked in partnership on a number of issues. And yet there is an increasing sense that a renewed awareness of our two areas of practice expertise is needed because we each see appropriate referral opportunities overlooked.

Within an interdisciplinary clinical team or working in a hospital setting, assumptions have been made that occupational therapists naturally seek physical therapy services whenever their clients encounter physical impairments. However, growing observations made by members of BSCOT and PABC indicate that both occupational therapists and physical therapists appear to be under-utilizing one another in the area of referrals. This trend is fast becoming commonplace for those working with third party payer clients. At this point, members in both fields may benefit from understanding when cross-referral is optimal for the treatment of disabled clients, and PABC would like to foster an appreciation for the value of physical therapy.

Increased demand from funders to reduce health care costs has affected referral choices. With limited funding and high expectations for health care providers to achieve the best treatment outcomes in the shortest time possible, support personnel have seen an increased role. As a result, the utilization of “transfer of function” by physical therapists has often been employed in hopes of achieving treatment goals and maintaining excellent client care. The transfer of function practice involves PT assistants, kinesiologists, personal fitness trainers and exercise therapists overseeing the physiotherapy designed, exercise-specific program for many disabled clients. Each of these providers has specific skill strengths to offer and each has access to further training outside their respective degrees, but none are regulated nor specifically educated to clinically assess and treat clients with musculoskeletal, neurological, respiratory and multi-systemic impairments. As such, they require the supervision of a physiotherapist.

The College for Physical Therapists (CPTBC) has outlined specific clinical practice standards to which physical therapists must adhere. The statement requires physical therapists to be in constant communication or supervision of support personnel during their sessions with these clients. It is further stipulated by a pair of OT researchers in the 2002 ICBC study, Injury Service Provider Credentialing Project, that kinesiologists and personal fitness trainers must have at least one year of experience working with “disabled” clients. Even with this experience, it is recommended that personal fitness trainers be supervised by a physical therapist.

When an occupational therapist refers a client for physical assessment or treatment, it is imperative a physiotherapist be involved at the outset of assessment and treatment planning. As documented by the 2002 ICBC study, physical therapists are recommended as the first professional to refer to for clients who have “injuries and disabilities” and require physical conditioning programs. This is largely due to the study of human pathologies and "extensive focus on graded and adapted exercise for persons with disability or disease" by physical therapists in their training.

Direct referrals to kinesiologists and personal fitness trainers can be made in the area of nutrition, evaluations of personal fitness levels and designing exercise programs following treatment. These professions of course must have the necessary further certification that allows them to work with more medically involved populations. Physical therapist supervision will still be required in these cases.

Typically, kinesiologists and physical therapists work together in clinics that optimize the care of group treatment, such as a work-conditioning program. The physical therapist must ensure all care directed by the kinesiologist is appropriate for any given client with an injury.

Standard practices in rehabilitation have been based on establishing functional and measurable goals within the framework of the person’s impairment. The adeptness of each profession must be acknowledged in addition to their own professional scope of practice limitations. As with many aspects of medical care, physical conditioning has no organized standard in the industry. This makes it even more imperative for the occupational and physical therapists to become savvier on policies and each other’s roles in the private care of clients. The function of appropriate referrals must not be lost in order to streamline clients’ care to professionals who have the expertise and training to address their needs in the most efficient manner.

For occupational therapists and physical therapists to remain competent and competitive in the progressive rehabilitation field, they must keep abreast of the myriad of new developments made in standard treatment approaches. To meet this growing challenge faced by both

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Public Practice Directions

PPAC? What’s That?

By Kathy Doull

PPAC is the “Public Practice Advisory Committee”! This is a new committee, approved by the PABC Board of Directors in April 2003, whose primary purpose is to advise the Board on issues related to the provision of physiotherapy services in publicly funded settings (e.g. hospitals, community, pediatric and long-term care settings, as well as educational institutions).

PPAC will be comprised of five to eight members representing a wide variety of geographical and practice diversity as possible. We have had a great volunteer response with more than double the required number of members stepping forward with interest in participating. However, we are short representation from community, pediatrics and educational practice areas, and also from the Northern Authority.

If any of these interests match yours, and you’d like to participate either on the committee or on a PPAC task force level to develop policies and strategies on specific topics relating to public practice, please let Rebecca Tunncliffe at PABC know of your interest. Terms of committee membership will be two years and we anticipate four to six meetings/year, generally through teleconference. PPAC members will be selected by the Board at the September meeting, so act now if you want to participate!

If you can’t participate directly at this time, we still need your ideas! If there are any public practice issues concerning you please let us know. (We think there may be one or two out there...)

Our hope is to identify issues affecting some or many of our members, and then work together with members and other stakeholders to develop strategies for solutions and/or support of the members. One example is looking at the relationship between physiotherapy assistants (PTAs) and physiotherapists, and some of the issues that are arising as more public sector administrators are looking for less costly ways to provide client care.

We are developing a task force to look at these issues, and to benchmark the duties of both physiotherapists and physiotherapy assistants. We can then make recommendations to the PABC Board, and the health authorities about what are reasonable and safe expectations of PTAs, and what role physiotherapists should play in this relationship.

At a recent PABC course on the topic of PTAs, there were a lot of different ideas about how to best utilize their skills. It was a great example of an issue affecting many of our public practice members that could benefit from a coordinated and consistent approach.

Another area of interest for the committee may be looking at how to increase PABC membership and promote leadership among public practice physiotherapists, who are under-represented in their support of the Association. Any ideas? We’d love to hear them.

We’ll keep you informed on our progress and issues we are looking at in future issues of Directions. Please contact Kathy Doull kathy.doull@fraserhealth.ca with comments, questions or ideas.

Business Directions

BAC

The Business Affairs Committee (BAC) met over the summer and decided to create a Best Practices Task Force to recommend ways to improve our evidence-based treatment decisions. Their first initiative will be to review a number of existing client satisfaction surveys and develop one that will be the gold standard for PABC members in any practice setting.

Direct Billing: The BAC was asked to investigate the use of direct billing now used by some of the larger clinic corporations. The group determined that its document created last February, called “Pros and Cons of Direct Billing” is still relevant, with a newly added “note” at the end. It can be found on the Members Site under Business Info/Billing Help.

ICBC

The Liaison Committee met over the summer at the Capilano Claims Centre and was joined by three adjusters for the purpose of increasing mutual understanding of the challenges and factors in managing claims.

Adjusters expressed the wish to be an active part of the care team with physiotherapists, and would like to be more informed about the client’s condition. Our BAC Best Practices Task Force will review adjusters’ specific recommendations.

Regarding treatment extensions, adjusters request a reasoned explanation to help them make an informed decision. The CL20 is the form designed to provide written rationale for extended treatment past 12 visits, but the adjuster must request this $46 form.

Adjusters continue to express concern over the infamous “end date.” How the term is now used is not the same as its original definition for a number of historic reasons. To clarify, as it stands now, the end date...
is when adjusters need to check-in on the claim. It is not supposed to be the cut off date for therapy.

In reality, this is not always how the end date is handled, nor what the terminology suggests, yet the end date is not to be interpreted as an end of treatment date. ICBC’s position is that the practitioner, not the adjuster, should determine the discharge date. So, consider “end date” to be an internal ICBC term meaning “time to check in with the physio,” and then be prepared to indicate a discharge plan.

One remaining wish from adjusters is that physiotherapists contact them directly rather than have office staff make calls on client condition (unless the call is of a strictly administrative nature). PABC’s suggests that your communications with adjusters will improve when you use your contact as an opportunity to extol the benefits of physiotherapy with MVA clients.

The Neurophysiotherapists also met with ICBC over the summer. Robert Johnston and Paula Peres joined Rebecca Tunncliffe to discuss with Rehabilitation Department Managers concerns over the referral process, and inadequate home visit compensation. PABC offered to provide follow-up information on ‘what is a neurophysio’ and “how does one become so.”

WCB

In response to some concerns from members, Anna Lam (PT Program Manager) suggests the following tips for those times when you find yourself in conflict with case managers:
1) Make every effort to keep communication open and relations positive,
2) Let them know what you need to know and by when,
3) Leave a trail of your efforts for follow-up,
4) If you keep getting voice mail, hit “0” and ask the operator for assistance,
5) For unresolved payment issues, seek help from the client service manager, who is responsible for final decisions
6) As a final recourse, you may go to Anna. Anna also recommends you bear in mind that case managers have client information you do not have, and some decisions will not be clear to physiotherapists because you do not have the whole picture.

After an 18-month hiatus from the liaison team during the contract negotiations, the team met in the summer. All but two people are new to the table: Rebecca B Tunncliffe (PABC CEO) and Rob Hofmann (College rep) have been on the committee for some time. They are joined by Perry Strauss, PABC’s BAC rep, and WCB’s team consisting of Dr. Don Graham (CMO and Director of Clinical and Rehab Services), Anna Lam, and Duane Endo (PT Quality Assurance Manager).

This first and very positive meeting of the new team was devoted to terms of reference. We were also given a demo of the new on-line claims status system built to help providers determine the current status of injured worker claims, www.worksafebc.com.

Victoria Approves By-law Changes

You voted at the AGM to change Section 6.3 Election or Appointment of Board Directors such that each Director has equal opportunity to hold executive positions. Victoria has officially approved this change.

What National Special Interest Divisions Offer PABC Members

Have you ever thought about the benefits of joining one of CPA’s Special Interest Divisions? Now’s the time to take action.

What is a Division?

Divisions are national “special interest groups” open to all CPA members. They offer members an opportunity to work together to advance physiotherapy in a particular area of practice through promotion of excellence in education, practice and research. Divisions also work with CPA to develop requirements for a Clinical Specialty Program.

Why Join?

Membership gives you an opportunity to broaden your knowledge base and keep current on issues related to your area of interest. As a division member you will have access to a network of “experts” and receive a newsletter on your area of interest. Some divisions have websites; some have established continuing professional development programs.

- CPA Divisions
- Acupuncture
- Cardiorespiratory
- Gerontology/Senior’s Health
- Neurosciences
- Orthopedic
- Pediatric
- Leadership (was PT Management)
- Private Practice
- Research
- Sports
- Women’s Health.

Find Out More

Information on each division is available on the CPA website (under About CPA/Organization/Divisions), including contact people at the
national level. All divisions now have standard emails (e.g., neurosciences@physiotherapy.ca) with the exception of Sports, which is info@sportphysio.ca.

Division Activity in BC

Not all national divisions have active provincial sections. When PABC asked the July Branch President’s meeting “What are your divisions doing?” most said Orthopedics and Sports sections (because of their credentialing courses) were active and the other divisions only had national activity.

BC has enjoyed an unusual amount of activity in the past few years because the national executives of Pediatrics, Leadership, Women’s Health, Seniors’ Health and Orthopedics have been here. With only Seniors’ Division and the new Neurosciences chair being from BC, the other divisions have either created a provincial section, taken a hiatus, or developed a sub-special interest. Here is a BC update so you know where you can get involved locally or where you might want to start something here.

Orthopedics:

The BC Section of the burgeoning Orthopaedic Division is comprised of 10 enthusiastic members who have been working hard to liaise with BC members and the national executive. Their initiatives since September 2002 include publishing a quarterly newsletter, Articulations, beginning a multi-location, province-wide Journal Club, developing a BC section website, administering the Medical Library Service, conducting a needs assessment among UBC students and teachers with the goal of implementing actions to meet the needs of members pursuing orthopedic division courses, and organizing and advertising the National Orthopaedic Symposium taking place in Victoria this October. The unit is headed by an executive, including co-chairs Lauren Watson and Stephanie Rizzo, which meets monthly to discuss issues. The group looks forward to their continued efforts to influence local and national issues through the support of PABC and the national executive. Contact Lauren at laurenwatson14@hotmail.com.

Neurosciences

The Vancouver Unit of the Neurosciences Division unites the NSD members in the Lower Mainland area. The unit has developed a website (www.neuropt.bc.ca) to make information about the unit and planned seminars/courses easily accessible. Anumber of evening seminars related to neuroscience physiotherapy are planned each fall/winter season as informal information-sharing forums. Practical sessions have been extremely well received and will continue to be a focus.

Each year the Vancouver Unit offers a clinical studies grant to a qualified applicant to encourage the development and publication of research and clinical studies in neuroscience physiotherapy. Please email info@neuropt.bc.ca for more information on the Vancouver Unit or contact Robert Johnston (Chair) at 604-760-1011.

Sports

Sports Physiotherapy BC is a section of Sports Physiotherapy Canada (SPC). The nine-member volunteer executive in the Lower Mainland meet every four to six weeks to administer services to the 250 BC division members.

Sports Physiotherapy BC provides the following services:

1) A quarterly newsletter called Sidelines is sent out to all BC SPC members. The newsletter contains research abstracts, self-tests, physiotherapist profiles, clinical tips, and a bulletin board of upcoming events. Submissions are always welcome!

2) Information to help individuals pursue their sports physiotherapy credentials is provided on an individual basis.

3) A seminar/lecture series on sports physiotherapy topics is offered in the Vancouver area. Watch for our upcoming series of lectures this fall and winter.

For general information on sports physiotherapy and the credentials system, please visit the Sports Physiotherapy Canada website at www.sportphysio.ca. For specific concerns or requests, please contact Tyler Dumont (Chair) at tldumont@interchange.ubc.ca.

Leadership

The Leadership Division BC section is open to any physiotherapy leader (physiotherapists interested in leadership can also join). Although most members are in a supervisory position in public practice, the section would like to see that change. Because there are many leaders within the profession who are not in a supervisory position, the name of the Division was changed last year from “Management” to “Leadership.” Members are welcome from all areas of practice.

The Division’s aim is to promote best practice in physiotherapy and to act as a resource for all leaders. Through an email listing, members can rapidly respond to issues and questions posted by those in similar situations and keep abreast of the changing face of health care.

The section meets four times per year plus an annual general meeting. Meetings are held within the Lower Mainland, although many members are scattered throughout the province. The annual general meeting is scheduled to coincide with the PABC AGM to provide an opportunity for members outside the Lower Mainland to attend. All Division members receive minutes from meetings.

The BC Section received a special project grant from the National Leadership Division to develop guidelines for physiotherapy staffing

Continued on page 16
Talking to Doctors: Tips for Improved Communication

As a key source of referrals, physicians deserve to be informed well and frequently about physiotherapy in general and treatment of their patients in particular.

But They are Busy

According to a 2001 survey of family physicians conducted by the College of Family Physicians of Canada, the average family doctor sees 124 patients per week and works an average of 53 hours per week—73 hours a week when on-call is included. Busy? Sure they are busy!

Briefings Newsletter

Well-received

PABC’s twice-yearly newsletter, Physiotherapy Briefings for Physicians, is a good example of effective communication with doctors. Since 2001 this small newsletter has provided abstracts of high-quality research that demonstrate the effectiveness of physiotherapy in a variety of conditions and circumstances.

Last spring PABC sent out a readership survey along with the newsletter, and the results were very positive. Ninety-three percent of doctors who responded to the survey said the newsletter is good or excellent. Fifty-three percent said they had read all of the newsletter and an additional 26 percent said they had read half. Fifty-two percent of respondents said they would or may increase their frequency of referrals to physiotherapy as a result of reading the newsletter.

Ninety-five percent of survey respondents consider physiotherapists members of the primary health care team and 63 percent see them as users of evidence-based practice.

Always Room for Improvement

At the same time, some of the comments from doctors were revealing, and may have implications for how you communicate with physicians in your practice. Here are some tips we can take from the doctors’ comments:

“You need hands-on demonstration of improvement over time, especially with surgical patients who often do not obtain the value of early intervention post-op with good physiotherapy.”

Tip: When you report back to a physician about the progress of a client, be as clear and specific as possible. Describe improvement in functional terms and in terms of progress toward a goal.

“To make physios part of the team, it would be useful if they sent us assessment and progress notes on referred patients.”

Tip: Create progress report and discharge report templates and use them consistently. Keep the reports clear and brief. Do not use physiotherapy jargon. Organize your thoughts before you put pen to paper or fingers to keyboard.

“I like the short four-page [Briefings] format. Sadly, we get SO much mail like this that we scan the first page and toss it out. Sorry.”

Tip: Less is more. Set a goal of reducing the number of words in your reports by 25 percent without losing any of the meaning. Make every word count. Put the most important information first, the next-most-important second, and so on.

Get to Know them Better

Each physician differs in personality, philosophy of patient care and expectations of physiotherapy. How well do you know the doctors who refer to you most often? Do you know their schedules? Have you asked them recently what type and frequency of communication they would like to get from you? Do you know who prefers fax and who prefers email?

It Works for Insurers Too

You can apply these same tips to your communication with insurers as well. Contact the insurer early about a client’s condition and anticipated treatment period, then follow up immediately if there are any significant changes or you need to request an extension of treatment.

A critical difference, however, is the language you use with insurers. In contrast to physicians, for whom specific medical terminology is helpful, your best bet with insurers is plain language. Use language that reflects observed behaviour and is not judgmental. If you must use abbreviations, spell them out the first time.

What Did They Say?

Doctors in BC and Saskatchewan receive Physiotherapy Briefings for Physicians twice yearly. Here’s how the two provinces compare on the spring 2003 readership survey.

<table>
<thead>
<tr>
<th></th>
<th>BC</th>
<th>Sask.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of survey respondents</td>
<td>43</td>
<td>20</td>
</tr>
<tr>
<td>Percentage whose overall impression of newsletter is excellent or good</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage who have read one or two issues of newsletter</td>
<td>88%</td>
<td>75%</td>
</tr>
<tr>
<td>Percentage who have read half or all of the spring 2003 issue</td>
<td>79%</td>
<td>85%</td>
</tr>
<tr>
<td>Percentage who consider physiotherapists to be:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- members of the primary health care team</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>- users of evidence-based practice</td>
<td>63%</td>
<td>80%</td>
</tr>
<tr>
<td>- research-oriented</td>
<td>42%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Cathy Beaumont is PABC’s Communication Consultant.
Consider a Doctorate In Physiotherapy?

This month our UBC student representative Jaclyn VanderHorst is enjoying a well-deserved holiday between her practicum session in the Yukon and her return to studies. Her Student Direction column will return in November.

This issue we hear from a member who moved beyond the BA and MA level to become one of two physiotherapists in Canada to have a Doctorate In Physiotherapy. We hope his story will encourage more members to consider the advantages of taking “student directions” again.

When Peter Huijbregts completed his Diploma in Physical Therapy in the Netherlands he sought opportunities to improve his skills and knowledge through continuing education. But as there was no competency testing on individual courses, he felt it necessary to pursue more structured learning and signed up for a Master of Science degree. “In addition to increased skills and knowledge, the MSc introduced the basic science behind physiotherapy and opened my eyes to scientific methodology,” he says.

Peter completed an MSc in Manual Therapy in Brussels and then a second Master of Health Science in Physical Therapy, partially funded by his US employer. “In the US, they are trying to prepare physiotherapists for primary care practice so there is more emphasis in the educational programs on evidence-based practice, imaging, screening and medical diagnosis, and pharmacology.”

Pleased with what he had learned but eager to improve this line of study, Peter went on to complete a Doctor of Physical Therapy degree (a post-professional clinical doctorate) at the University of St. Augustine for Health Sciences in Florida.

In the US there are two types of clinical doctorate programs. The entry-level degree has a standardized curriculum to prepare graduates for direct access clinical practice. The post-professional degree allows students who have a Master’s or Bachelor’s degree to design to some extent a course of study to match their interests. Peter describes the entry level BSc in Canada as similar to the entry-level degree offered in the Netherlands. “In the US, the Master’s and Doctorate are quite different, with more independent study and study groups. They are more condensed with emphasis on clinical reasoning. Canada is moving in a similar direction towards a problem-based, evidence-based approach emphasizing primary care.”

“Initially I expected graduate education would provide extra skills and practical knowledge in physiotherapy in specific areas such as orthopedics. It has done that and much more. It has taught me to appreciate methodology, research statistics and to incorporate research-based evidence, not just authority-based knowledge, into my clinical practice. My degrees have taught me to interpret and apply research and enabled me to be a resource to colleagues on statistics and methodology.”

Peter’s degree has also led to an online faculty position at his alma mater, the University of St. Augustine in Florida, an appointment to the University of Victoria Health Advisory Committee, and writing assignments. Although in Canada public awareness of the advantages of a doctorate is lower than in the US, reaction here has been positive. Some physicians refer patients to Peter for a second opinion.

Although he’s only aware of two other physios who have clinical doctorates in Canada (one being his former student), Peter predicts there will be more in the future, especially since some of the international students in his online course are Canadians from the Vancouver area.

For more information about the American Association of Physical Therapy: www.apta.org For information about a sample doctorate program, University of St. Augustine for Health Sciences: www.usa.edu

Dr. Peter Huijbregts
Success Measures in Acute Physiotherapy

Continued from page 1

measures can be useful for comparing the effectiveness of multidisciplinary team services in similar demographic regions, or to monitor changes over time. However, we have learned that these measures are often confounded by many variables not necessarily related to the specific physiotherapy intervention. The results are a reflection of the multidisciplinary team, and potentially also reflective of other variables such as job attachment, job satisfaction, secondary gain and claim adjudication.

The option of utilizing some of these success measures such as ‘fitness to return to work’ in the WCB acute therapy contract would be challenging. Sometimes the appropriate status of a client is ‘not fit’ and ‘recommend a rehab program’ during acute therapy. A client with barriers better addressed by a multidisciplinary team would be better served in a structured rehab program. To date, there are no plans to amend the WCB acute contract to reflect the effectiveness of physiotherapy, but we can effectively communicate our success by the applying success measures and then communicating the outcomes to the case manager.

Using Success measures to Facilitate Safe, Appropriate Return to Work Plans

WCB has recently reinforced the expectation that injured workers will be re-introduced to the workplace as soon as possible. In the near future we can expect a ‘return to work therapist’ to contact us during a client’s acute therapy to facilitate the RTW process.

By re-introducing the injured worker safely and quickly back to the workplace, we can influence a positive employee relationship with the employer. This is quickly becoming more and more important for the employee based on new WCB legislation. Bill 51 significantly limits resources for vocational services for workers despite the fact that they may be unfit for their previous positions. No government legislation protects the injured worker from being ‘let go’ by the employer who cannot accommodate the disability.

To be ready and ensure we are acting in the best interest of our client we can communicate the client’s success through a number of available functional measures. A client’s successful pain control strategies, functional range of motion, rate of recovery, and, if possible, functional strength and tolerances are all useful. Functional testing is not always practical in all clinical settings, but communicating clear areas of concern (e.g. limited stooping tolerance, limited sustained overhead reach) to the ‘return to work therapist’ would be valuable. Utilizing guidance from the treating physiotherapist, the ‘return to work therapist’ would be better able to ensure the client is provided with the appropriate resources (e.g. comprehensive functional testing, on the job monitoring/coaching) for a safe return to work.

The rapid changes we are seeing among insurers in their focus on cost containing case management are presenting physiotherapists with new challenges. It is critically important that in continuing our high standards of treatment and our positive outcomes, we also provide evidence for our treatment plan decisions. We can easily do this with the use of success measures.

Perry Strauss, Hon.BSc.Kin., BHSc.P.T., is PABC’s Business Affairs Committee’s WCB Liaison. Perry is a registered physiotherapist who practices and also manages services at the CBI physiotherapy and rehabilitation clinic in Vancouver.

You Too Can Become Evidence-Based

“Today in BC, throughout health care, evidence based practice is being used not only to improve clinical expertise, but to ensure practice is based on the best available scientific research, which includes outcomes measures,” says Susan Harris, UBC School of Rehabilitation Sciences. We asked Susan to tell us more.

What are outcome measures?
Outcome measures are objective assessments of the degree to which patient goals are met. They are tied to the goals of therapy (e.g. changes in range of motion, speed or arm circumference.)

Why use them?
Outcome measures assist therapists in becoming evidence-based practitioners. They enable practitioners to make objective statements and decisions about a client’s progress or lack thereof. With this information the practitioner knows when there is not sufficient progress and it would be good to change treatment and when treatment can be stopped.

What are the barriers?
This is a new approach that many practitioners, including myself, were not initially trained to do. Historically, we were trained to rely on subjective assessments and qualitative impressions, which don’t hold water in today’s world. Some practitioners resist taking an objective approach to treatment outcomes.

How can PABC members learn more about outcome measures?
PABC is presenting a one-day workshop, Outcome Measure and Evidence-based Practice for Clinical Decision Making in October. I invite those who can to join Paul Stratford and me as we help participants
identify outcomes relevant to their own practice and assist them to develop a case report or single subject research design for one or more clients within their practice.

**What support is available to PABC members unable to attend the course?**

The School of Rehab offers five web-based graduate level courses; one of these is an evidence-based practice course titled ‘Evaluating Sources of Evidence’. Information on the course is available on the Graduate Certificate in Rehab program website at http://rhsc.det.ubc.ca

The School is proposing an online masters degree that will require this course and the other five certificate courses. Students already admitted to the Certificate program will be given priority consideration for admission when the Masters degree becomes available. It is possible for students to take one of the courses in the certificate program, all five for the Certificate, or when available, complete the five courses plus other courses for the Masters degree.

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**Appropriate Referrals: When to Call in the Physiotherapist**

*Continued from page 8*

Professions, the respective colleges have made initial steps to making continuing education requisite for all members. This increased standard will result in greater accountability and stricter practices by these regulated therapies.

*Raj Mann, BSc PT is a member of PABC's Exercise Therapy Task Force.*

**References:**


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**What Members are Doing**

Nadine Plotnikoff, sports physiotherapist, and Kevin Stoll were on the core medical team for the Pan Am Games in the Dominican Republic last month. Both were assigned to men's/women's field hockey and also worked in the medical clinic.

Judy Todd was nominated for a Woman of Distinction award by the Abottsford Business and Professional Women's Club for her physiotherapy career accomplishments.

This summer, Carmen Chung and Maggie Leung hosted booths and workshops for the SUCCESS Palliative Care Forum and the Health Fair by the Canadian Chinese Medical Association. Both events were well received.

Clyde Smith has a new angle on preventative care. His clinic is leading a PCL construction team at the UBC Michael Smith building site in a pre-work warm-up session two days per week on an eight-week trial. Between 40 and 240 onsite workers are involved in this proactive approach to injury prevention PCL is piloting. Clyde was also on the medical team for the Molson Indy in July, and his clinic’s proximity to the Cirque du Soleil also had some spin-off benefits for the clinic.

Meena Sran has had a very busy few months: In addition to being the physiotherapist for the Canadian Women’s Field Hockey team finals in Cuba, and to being appointed to the Executive of the International Organization of Physical Therapists in Women’s Health, she has also received two prestigious research grants: a Health Research Doctoral Award from the Michael Smith Foundation, and an Alberta Bone and Joint Training Program Doctoral Award from the Canadian Institute of Health Research to study at the University of Calgary for 12 months.

Kathy Doull is energetically engaged in studies as she launches into her Masters of Leadership at Royal Roads University this month. She is also Director of Physiotherapy at MSA Hospital, the Chair of the Public Practice Advisory Committee, and mother of three year old boys.

Dorothy Leung undertook the challenge and adventure of a first child this summer.

**Members in the News**

Over the past two months, physiotherapists have been featured on the front page of the Living section of the *Vancouver Sun:*

- Darryl Gjernes and Clyde Smith – innovative hip replacement techniques
- Carl Petersen – pre-natal and elite athlete programs
- Scott Fraser – his research study on spring-loaded boots called Kangoo (sic) Jumps...

Teresa Buchinski (New Westminster) and Pieter Rijke both have columns in their local newspapers, promoting The Body Specialist message, SMART, and a variety of physio treatments like TMJ and IMS.

Carmen Felius ran an article in the *Kelowna Capital News* on the importance of full activity.

Tanya Yardley wrote in the *Powell River Peak* on avoiding and treating joint pain.

Courtney Physio Clinic wrote an article about a series of seminars their four PTs gave on injury prevention.

Jane Knauer and Carolyn Cossenas co-wrote an article in the *Delta Optimist* on their Body Back Fitness program for new moms.

Damien Moroney got full-page coverage in the *Nelson Daily News* for his work at the pre-season camp for the Oakland Raiders.

Michael Wawrykow (Nanaimo) and Lynn Barton (Port Alberni) each ran local newspaper articles on National Physiotherapy Month.
What National Special Interest Divisions Offer PABC Members

Continued from page 11

levels, and this project is currently underway.

If you are interested in joining the BC Leadership Division or would like more information, contact Theresa Francis (Chair) at 604-585-5666, ext 2482 or Teresa.Francis@fraserhealth.ca

Women’s Health

The BC section has evolved into a sub-interest group of those involved in pelvic floor dysfunction. The group recently ran a pelvic floor course with the internationally renowned physiotherapist Kari Bo, in partnership with PABC Education.

Cardiorespiratory

While there is no BC section, a number of interested CR members occasionally partner with PABC to host professional development courses.

We do not have updates on BC activities of the Paediatric and Seniors’ Health Divisions, and the Acupuncture, Research and Private Practice Divisions have never had a BC section.

FREE LECTURES - MEETINGS

FINANCIAL PRESENTATION
Presented by:
PHYSIO LIFE Financial Services Inc.
September 11th, 2003 at 6:00pm

PHYSIO LIFE Financial Services Inc. (Division of Roulston Financial) will be giving a 2 hour financial and benefit presentation on Thursday, September 11th, 6pm at Royal Vancouver Yacht Club.

While all Physiotherapists will find the evening rewarding, private practice members will be particularly interested.

No cost for members of PABC (other attendees cost $50).

Topics will include:
- How to best structure your own personal financial plan.
- What are the best options for defensive planning, short-term planning and long-term planning?
- How to best arrange your Disability protection plan.
- Is a Group Benefits Plan still the best route to go, or are new Trust plans better?
- Market conditions and where to invest in the future?

Register by calling 1-888-830-1338 or email info@roulstonfinancial.com

Location:
Royal Vancouver Yacht Club
3811 Point Grey Road, Vancouver

Bradley Roulston, BA, CFP, RHU has been specializing/speaking with Health Professionals for over 6 years, including the Ontario Physiotherapy Association. Bradley is a Certified Financial Planner and Registered Health Underwriter. PHYSIOLIFE Financial focuses on health professionals, and will give particular examples and tips on how Physiotherapists can best arrange their financial affairs.

FREE LECTURES - MEETINGS

Sports Physiotherapy
Free Info Night
Wednesday, November 19, 2003
7:30-9:00pm,
Lecture Theatre, GF Strong Rehabilitation Hospital,
4255 Laurel, Vancouver

The Sports Physiotherapy BC executive will be offering free information about sports physiotherapy and answer these questions:
- What is sports physiotherapy?
- What are the benefits of Sports Physiotherapy Canada membership?
- What are the benefits of getting my sports physio levels?
- How do I get my levels?

Plan Ahead for the 2010 Winter Olympics

*Did you know…?*
- Only 15 PABC members have earned the Sports Injury Diploma that designates them as Sports Physiotherapists, and only 7 years to go before the Olympians arrive.
- In fact, rumour has it that athletes will start arriving for training a few years prior to the Olympics.
- Find out how you too can become a credentialled Sports Physiotherapist by attending the Free Info night, above.

*Watch November Directions for numbers of members practicing in other Areas of Expertise - all available through our new online Find Physio database.

Balance And Dizziness Disorders Awareness Week

Meeting: September 11, 2003
Time: 3:30 – 6:00 p.m.
Cost: By Donation
Location: St. Paul’s Hospital Hurlburt Auditorium

Tinnitus
Speaker: Glynnis Tidball
Meniere’s Syndrome “What is it really”
Speaker: Dr. Westerberg

September 7-13 is Balance and Dizziness Disorders Awareness Week. Join us for a social prior to the meeting and some attendees go out for dinner afterwards.

EMAIL YOUR ADS…

Please attach your ad in a Word document and email it to pabc@bcphysio.org
We will reply with a quote and the ad copy for your approval or changes.

September is CPA Membership Renewal Month. Rejoin Now!
EDUCATION CALENDARS
For details on these courses visit the website: www.bcphysio.org
All course locations are in the Lower Mainland unless noted

CPA DIVISION COURSES
Orthopaedic Courses:
• Level 1, 2, 3, 4 and 5
15th Annual Orthopaedic Symposium – Victoria
• The Functional Foot
• Cervical Spine Exercise
• Training Program Design in Sport Physiotherapy
Pediatric Division:
• Current Trends in Pediatrics
• Creating Movement
• The Evidence & the Art of Paediatric Therapy + Rethinking the Brain

PRIVATE COURSES (Non PABC Courses)
(in chronological order)
• Balance and Dizziness Disorders: Tinnitus and Meniere’s Syndrome Free/By Donation
• “PHYSIO LIFE Financial Services Inc – Free for members
• Functional Analysis and Exercise - The Fintess Group
• The Mulligan Concept – Mobilizations with Movement, Nags, Snags and other Kiwi Tricks – Lower Quadrant
• Addressing Sexual Health - Edmonton
• Training Strength and the Endurance in Neurological Clients – Myths, Truths and Uncertainties
• Balance Disorders, Dizziness and Falls, Evaluation, Treatment and Evidence – Saskatoon, Conference
• Maximizing Functional Mobility in Neurologically Impaired Patients
• Treating Urinary Incontinence: Pelvic Floor Muscle - Edmonton
• Chronic Wound Workshop
• Neuroanatomy Course
• Effective Segmental Stabilization Training Free
• Information Night on Sports Physiotherapy
• Fit to Deliver: Pre & Post Natal Fitness Certification Course
• Shoulder Complex 1
• Thoracic Spine Part 1

Classified Ads
Directions is published 6 times per year. For information on classified ads, display ads or website advertising please contact: pabc@bcphysio.org

Phone: 604-736-5130
Toll Free (BC) 1-888-330-3999
Fax: 604-736-5606

FOR SALE

CLINIC FOR SALE
Surrey/Delta
• Established for 16 years
• Owner retiring due to health
• Suitable for 1 – 2 Physiotherapists
• Orthopaedic caseload
• Located inside a Medical Clinic
Contact: John
Phone: 604-591-2557
Evenings: 604-594-7965

EQUIPMENT FOR SALE
• ARCON FUNCTIONAL TESTING with MTM’s and all software. Price negotiable
• Digging Station $450.00 o.b.o.
Contact: Saranne Drew
Phone: 604-983-8514
Email: saranne.drew@lynnvalleyphysio.com

EDUCATION CALENDARS
Remember the yellow page Education Calendar insert that used to be included with Directions up until May 2002 issue? We changed the format to make it easier for members:
Directions:
• All PABC courses with details are found on the back page.
• We include a listing of other courses in the Classified Ads under Education Calendars.
Website:
• The same information can be found on the Professional Development Calendar on the PABC site and you can print the lists too.
• PABC courses
• CPA Division courses
• Private Courses (Non PABC Courses)
Website: www.bcphysio.org

PROFESSIONAL DEVELOPMENT
‘Pre & Post Natal Fitness Certification Course’
A comprehensive practical and instructional exercise certification course to promote an active healthy lifestyle before, during and after pregnancy. The Fit to Deliver Course is taught by a Physician and Physical Therapists.

A few of the things you will learn:
• Current exercise and pregnancy research.
• The physiological changes of pregnancy
• Relative and Absolute Contraindications to prenatal fitness
• ACOG Guidelines 2002 & CSEP Guidelines
• Fetal and Maternal Responses and Benefits to Exercise during pregnancy.
• Post Partum & Preconception Training Guidelines.

Practical Sessions include:
• ABC’s of Pre & Post Natal Training
• Pelvic floor & Core Training
• Dynamic warm-up and flexibility for pregnancy (exercises to correct).
• Fit to Deliver class demonstration with pregnant clients.
• Modify & expand exercise repertoires for pregnant clients. (Upper / Lower body & core)

General Info: www.fittodeliver.com
Price:
$ 275.00 individual / $ 250.00 each for groups of 2 or more from same facility. Includes comprehensive manual and copy of Fit to Deliver.
Date:
November 21, 22 & 23 ½ days.
Location:
Vancouver, B.C. (Downtown)
Contact: Sarah Arscott, Anne
Email: sarah@fittodeliver.com
Phone: 604-437-9065 (Anne)
Fax: 604-430-1936
15th Annual Orthopaedic Symposium
October 24-26 2003
VICTORIA, BC

Research & Practice – Making It Fit
Speakers from all over the world will be coming to Victoria to discuss their latest topics on the theme Research & Practice – Making It Fit. There will be individual speaker presentations, a panel discussion, and the opportunity for the audience to ask questions directly to the speakers. The Keynote speaker will be Nik Bogduk with a strong supporting list of Canadian and American presenters.

The Gala event Saturday night, admission to the wine & cheese Friday night and meals for the weekend are included in the registration fee.

Full details and registration can be found on the Orthopaedic Division website www.orthodiv.org

POST SYMPOSIUM COURSES

The Functional Foot: Clinical Assessment and Treatment
Course Instructor: Deb Treloar
Course Date: October 22-24, 2003

The Lumbopelvic Region - Techniques to Release, Unwind and Connect
Course Instructor: Diane Lee
Course Date: October 23-24, 2003

Cervical Spine Exercise Programs
Course Instructor: Carol Kennedy
Course Date: October 27-28, 2003

Training Program Design in Sports Physiotherapy
Course Instructor: Bruce Craven
Course Date: October 27-28, 2003

To register for a course, go to www.orthodiv.org

VACANT POSITIONS

There are over 25 vacant positions listed under Employment on the website.
Visit the website: www.bcphysio.org

HAZELWOOD PHYSIOTHERAPIST CORP
SURREY, BC
PART TIME

Associate opening
• Permanent Part Time associate position available immediately for experienced physiotherapist.
• Tues/Thurs or Tues/Wed: 2-8 pm, plus Fri: noon-6 pm
• Must be registered with CPTBC, and have a strong manual therapy background.
• Orthopaedic caseload, with emphasis on manual therapy and exercise prescription.
• Clinic has 7 closed treatment rooms and gym area.
• Located in the Fleetwood area of Surrey (10 minutes off Highway #1/160th Street exit)

Contact:
Rebecca Meeks, BSc. (PT)
#203-16088 84th Ave
Surrey, BC V3S 2P1
Phone: 604-543-5590
Fax: 604-534-5154
Email: rebecca_meeks@telus.net

PHYSIOTHERAPIST

Are you experienced in Sports Physiotherapy and have good manual skills?
• We are looking for a motivated experienced person.
• Must have experience with hard core strengthening and exercise rehabilitation.
• Excellent interpersonal skills and ability to manage their case load a must.
• Position initially Mon, Wed, Fri, 1:00 PM to 7:00 PM leading to full time

Position available:
November 1, 2003

Work Conditioning Physiotherapist
Do you have superior communication and organizational skills?
• We are looking for a physiotherapist for 2 days per week 8:00 to 12:00 PM
• If you are interested in full time you may also apply (8:00 to 12:00)
• This position is for Work Conditioning Program

Contact:
Saranne Drew
Phone: 604-983-8514
Email: saranne.drew@lynnvalleyphysio.com

HAZELWOOD PHYSIOTHERAPIST CORP
SURREY, BC
PART TIME

Associate opening
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• Tues/Thurs or Tues/Wed: 2-8 pm, plus Fri: noon-6 pm
• Must be registered with CPTBC, and have a strong manual therapy background.
• Orthopaedic caseload, with emphasis on manual therapy and exercise prescription.
• Clinic has 7 closed treatment rooms and gym area.
• Located in the Fleetwood area of Surrey (10 minutes off Highway #1/160th Street exit)

Contact:
Rebecca Meeks, BSc. (PT)
#203-16088 84th Ave
Surrey, BC V3S 2P1
Phone: 604-543-5590
Fax: 604-534-5154
Email: rebecca_meeks@telus.net

PHYSIOTHERAPIST

Are you experienced in Sports Physiotherapy and have good manual skills?
• We are looking for a motivated experienced person.
• Must have experience with hard core strengthening and exercise rehabilitation.
• Excellent interpersonal skills and ability to manage their case load a must.
• Position initially Mon, Wed, Fri, 1:00 PM to 7:00 PM leading to full time

Position available:
November 1, 2003

Work Conditioning Physiotherapist
Do you have superior communication and organizational skills?
• We are looking for a physiotherapist for 2 days per week 8:00 to 12:00 PM
• If you are interested in full time you may also apply (8:00 to 12:00)
• This position is for Work Conditioning Program

Contact:
Saranne Drew
Phone: 604-983-8514
Email: saranne.drew@lynnvalleyphysio.com

HAZELWOOD PHYSIOTHERAPIST CORP
SURREY, BC
PART TIME

Associate opening
• Permanent Part Time associate position available immediately for experienced physiotherapist.
• Tues/Thurs or Tues/Wed: 2-8 pm, plus Fri: noon-6 pm
• Must be registered with CPTBC, and have a strong manual therapy background.
• Orthopaedic caseload, with emphasis on manual therapy and exercise prescription.
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Phone: 604-983-8514
Email: saranne.drew@lynnvalleyphysio.com
INTRODUCING THE BOARD 2003-2004

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Lynn Barton
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vacant

Chief Executive Officer
Rebecca B. Tunnaciffe

Directions in Physiotherapy
Directions is published six times a year: January, March, May, July, September and November.

We welcome information of interest to the PABC membership. Please e-mail copy to the PABC office by the deadline. Articles are limited to 500 words in length.

The editor retains the right to determine content. Unless specifically indicated, statements do not reflect the views or policies of the Association. Services or goods advertised are not endorsed by the Association.

NEW Print Deadlines
Nov Issue: Oct 1
Jan Issue: Dec 1
For a rate card, please contact the PABC office.

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PHYSIOTHERAPY ASSOCIATION
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TOLL FREE FOR MEMBERS
PABC: 1-888-330-3999
CPA: 1-800-387-8679

We Give you What you Want
The CPA Membership Services Task Force performed an extensive survey of members to see what you want from your professional association. Of interest to BC members may be these results:
Highly valued: contact (95%), client education tools (88%), online membership Directory (82%). PABC hunch that the newsletter and marketing tools were important to you and that is why we put great effort into Directions, why we developed the TV ads and new broster, and have re-developed the online and print directories (Find a Physiotherapist). Also interesting is the percentage of members with Internet access is now so high (94%), but how many have access in their workplace is unknown.

Let’s Hear from You.
Please fill out the reader’s survey included as an insert in this issue of Directions. We value your input and look forward to receiving your ideas on how the newsletter, e-mails, inserts and other publications can best serve your needs.
You’re the experts, please take a moment to share your wisdom.

What Happened to My July Directions?
No, you didn’t miss your delivery of the July Directions because it was the E-Directions issue. This is our second year of publishing an electronic summer newsletter. You can read it on the Members Only site at www.bcphysio.org. If you don’t have access to the Internet or if you would like a print copy, please contact us with your request and your mailing address: Fax 604-736-5606 or Email pabc@bcphysio.org

What Members are Saying about July E-Directions:
“Wow! The e-newsletter looks great, and I just read the whole thing in one sitting! I don’t generally sit down to read email unless I do have time to devote to reading what is in the ‘inbox’. As a result I just read the full newsletter and feel quite pleased with myself!! Great job, just what we need to make it easier to stay up to date.”
“I think the suggestion in the July e-Directions that we have an online ‘buy and sell’ section is a great idea and one long overdue.”

Our Website Works
Members who listed on the PABC website looking for locum work were so successful they were ‘swamped’ and had to take their name off halfway through the summer!
Behind the Scenes

PABC’s four-member staff team responsible for all the work behind the scenes is dedicated to serving the members and to the work of the Association.

Estrid and Stephanie are the in-office staff whose voices are familiar, but whose faces and duties we thought you’d be interested in knowing better:

**Stephanie Dutto, Administrator**
- Performs all bookkeeping
- Administers courses
- Responds to member & public queries
- Manages the AGM Trade Show
- Email: info@bcphysio.org

As Administrator, Stephanie is involved in the day-to-day running of the office as well as special projects. This is Stephanie’s fifth year with PABC, and she has returned from a year’s maternity leave to work part-time Tuesday through Thursday.

Stephanie’s administrative skills and cheerful disposition help keep the PABC office humming. From answering third party payer questions to posting a job vacancy, she is available to help members with any and all questions.

**Estrid Sortti, Executive Assistant**
- Assists the Chief Executive Officer
- Manages special projects – marketing
- Coordinates advertising in *Directions* and on the PABC website
- Email: pabc@bcphysio.org

As full time Executive Assistant to the Chief Executive Officer, Estrid is involved in the CEO’s various projects in a very fast paced environment. This is Estrid’s second year with PABC.

With over 20 years of business administration and marketing experience in various industries, Estrid’s strong organizational skills and creativity contribute significantly to PABC’s high administrative standards.

The other two PABC staff members are well known to you: Education Coordinator Jacky Behr, and CEO Rebecca B Tunnacliffe.

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**PABC Professional Development Courses**

<table>
<thead>
<tr>
<th>Month</th>
<th>Course Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>October</strong></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Outcome Measures and Evidence-based Practice for Clinical Decision Making with Paul Stratford and Susan Harris. Richmond, BC, EB deadline September 12. EB rate for PABC members $160.50 (includes GST).</td>
</tr>
<tr>
<td><strong>November</strong></td>
<td></td>
</tr>
<tr>
<td>14/15</td>
<td>Upper Extremity Neural Stretching by Michael Shatlock. Vancouver. EB deadline October 3. EB rate for PABC members $481.50 (includes GST).</td>
</tr>
<tr>
<td>16/17</td>
<td>Lower Extremity Neural Stretching by Michael Shatlock. Vancouver. EB deadline October 3. EB rate for PABC members $481.50 (includes GST).</td>
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<tr>
<td><strong>December</strong></td>
<td></td>
</tr>
<tr>
<td>6/7</td>
<td>Osteoporosis Refresher by Barbara Beatty, Victoria, BC. EB deadline October 24. EB rate for PABC members $294.25 (includes GST).</td>
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</tbody>
</table>

**For Details:**
- PABC Website www.bcphysio.org
- PABC office:
  - info@bcphysio.org
  - Phone 604-736-5130
  - Toll Free 1-888-330-3999

*EB = Earlybird*

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**Countdown for PTs in BC**

Physios will be flocking our way this decade as BC hosts these notable events:
- **PABC AGM, Vancouver, April 3, 2004**
- **CPA Congress, Victoria, 2005**
- **WCPT, Vancouver, 2007**
- **Winter Olympics, 2010**