Extracorporeal Shockwave Therapy – Using Best Practice Principles to Introduce a New Modality

by Michael Yates, PT

The Vancouver 2010 Olympics/Paralympics were a hotbed of leading-edge practice for the medical teams, and our clinic has benefitted from the experience through an introduction to shockwave therapy. Extracorporeal shockwave therapy (SWT) is technology derived from lithotripsy, a technique to break down kidney stones using sound wave energy. It has been reported to improve outcomes for tendinopathy that has failed to respond to other treatment.

In the 1990’s, SWT using focused shockwaves was found to be successful in treating certain musculoskeletal conditions. Focused shockwave therapy delivers a high-energy sound wave to stimulate tissue regeneration and repair. Treatment with fSWT can be painful, often requiring the use of a local anesthetic and supervision by a physician. The technology is also expensive, reflected by high treatment fees, and it is not widely available.

Radial shockwave therapy (rSWT) is a safe, effective and affordable alternative to fSWT. It delivers a lower energy, and does not require a physician to perform the procedure. In addition, it does not require anesthetics (which has been shown to reduce the effectiveness of SWT).

The energy of rSWT is produced by a low-frequency ballistic compression, creating an acoustic (or pressure) shockwave. The shockwave is directed at the selected treatment site. Treatment sessions are short, and mildly uncomfortable. Radial SWT is safe, and can be used by a physiotherapist in the treatment of musculoskeletal disorders. It is also less expensive than fSWT. Three to five sessions are required at weekly intervals. The proposed microtrauma effect follows a soft tissue healing model, and 8-12 weeks are required to measure the full benefit of treatment.

In our clinic group, the interest in SWT was generated following the Vancouver Olympic/Paralympic experience by one of our staff, Shandia Cordingley. She reported that the equipment was available at the polyclinic, but used sparingly. At the 2010 PABC AGM, an equipment representative had a unit for demonstration, and offered a trial period of a radial SWT unit.

The Fall 2010 guest editorial of Physiotherapy Canada quotes Sackett’s definition of evidence-based medicine as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual clients”. When choosing to add a new treatment modality to a clinic, physiotherapists should follow the model of best practice guidelines, using evidence-based practice by integrating available research, clinical experience and patient values.

continued on page 4
PABC Providing Leadership Provincially and Nationally

While we’re on the topic of forums, I want to thank all those members (and future members!) who took the time to attend our Physiotherapy Practice Forum in Vancouver on April 2nd. While the day ran long (and crept into some highly-valued networking time – we’ll refine the schedule for next year), it was exciting to put some old business behind us with a long-awaited revision to the bylaws, and of course to reveal our new brand, logo and TV advertisement. Look to our website and your TVs for the new look of PABC later this Spring!

At the Physio Practice Forum we heard about recent developments with the College’s proposed Quality Assurance Program (QAP). We have had regular communication with the College Chair and Registrar over the past few months, and are working toward a process that will routinely allow for information flow and input between our two organizations. However, we have not yet had a specific dialogue with them on our concerns about the process that the College is using for the registrant competency assessment (RCA) portion of the QAP. While we completely support the College in their mandate to have a competency assessment component to the QAP, we continue to struggle with the notion that this can only be assessed through a written examination using a key features approach. With the input of our CPA colleagues (who are also developing a competency assessment component for experienced therapists) we have provided the College with an outline of our concerns, specifically tailored to the scope of the QAP (which, from what we can interpret, should be limited to the Practice Standards, established by the College); our perspective (backed up by research) is that the key features examination, although valid in entry-level, re-licensure settings, is inappropriate to assess competence in experienced therapists, who rely on the interaction of their experiences to make clinical decisions. With a new College Chair elected by their Board, I look forward to bringing further clarity to this discussion. In the meantime, by the time you receive this publication, you will likely have received an updated communication outlining our concerns (expressed on your behalf) and a call to action to ensure that the College makes evidence-informed decisions in the development of the QAP.

I really appreciate hearing your perspectives on this (and any other) issue facing our profession. Please email me at president@bcphysio.org with any questions, concerns or comments related to the QAP, whether you’re in support of the current program or concerned.

New Board of Directors Positions for 2011-2012

Following the Physio Practice Forum on April 2nd, the PABC Board of Directors met and elected the following Board Officers:

President: Scott Brolin, for a second two-year term
Vice President: Tanja Yardley
Finance Director: Remmert Hinlopen
Public Practice Liaison: Irene Goodis
Private Practice Liaison: Jason Coolen
Chair of Awards: Aart van Gorkum

For the full Board list and director biographies, see page 5.

PABC is grateful to the leadership of the outgoing Director for Vancouver, Phil Lawrence who has served for the past two years. Thanks also to student director Jonathan Coelho who is now a new graduate.
Association Associating: That’s Powerful

Our Association has a long and powerful history. We are ninety-one years old. Yes, we are a young profession compared to medicine and nursing, but we are a mature association compared to other health care providers. Canadian physiotherapy pioneers had the vision to create the Canadian Physiotherapy Association in 1920 shortly after the profession emerged here in WW1. As the profession grew, so grew the ability to support and advance it.

Now in our 92nd year, we have shaped a powerful Canadian profession. As the numbers grew, provincial branches were created. In 1946 British Columbia saw the beginning of a provincial infrastructure of regulation and practice support through the Association of Physiotherapists and Massage Practitioners of BC (APMP), which evolved into the College of Physical Therapists and PABC (and MT college and association).

Without our Association to support us, where would our profession be? We would not have evolved from remedial gymnasts to the highly-respected international group we are today. It is because physiotherapists associate with one another through the Association that we have advanced the profession, augmenting innovation as we share, expand experience, take risks, experiment and research our practice. Sure, this is done in the practice-setting realm, but without a provincial and national Association those workplace discoveries are not widely disseminated and adopted. We have created a powerful Association through associating with one another.

Our challenge today at the national and provincial level is in the area of practice where we got our start 91 years ago. Public practice physiotherapists represent half of all registered physiotherapists, yet only a quarter of these are committed to the Association. We wrestle with the question of why public practice physiotherapists are unaware of the value of association, and how the profession can effectively be advanced without them.

As you may have heard, the Association of Occupational Therapists closed its offices last month because less than 15% of registered OTs, the majority of whom are in public practice, were members. Who will now advance that profession? Similarly, will physiotherapists let our Association wither? Sixty percent of BC physiotherapists are PABC/CPA members; can you influence the apathy of the 40%?

I know that Association membership is enriching, and that our members enjoy a unique connection that deepens practice experience, raises excellence, and advances practice. We want all BC physiotherapists to experience the power of association. Ask your colleagues if they are Association members; if they are not, be sure to express your expectation that they join. Then they will share this member’s opinion: “It’s truly remarkable how PABC has been able to take the passion we physios have for our profession and channel it to grow such a productive, supportive, and cutting-edge professional association.”

Rebecca B. Tunnacliffe, MA
Chief Executive Officer


The triumvirate of PABC, CPTBC and UBC leaders gathered for a lunch meeting last month: R-L, Brenda Loveridge, Rebecca Tunnacliffe, Jayne Garland, Brenda Hudson, Sue Murphy
Extracorporeal Shockwave Therapy... continued from cover page

Available Research
We have done web-based searches to accumulate research of various levels of evidence. Some clinic staff have participated in the recent PABC webinar ‘Anatomy of a Literature Search’ to improve our confidence to search for evidence. We are satisfied with the reading we have done, although our attempts have not been exhaustive. The research supports using SWT on shoulder tendinopathy (calcific and non-calcific), medial/lateral elbow tendinopathy, infra-patellar tendinopathy, achilles tendinopathy, and plantar fasciitis. It has also been tested on non-union of fractures.

It became clear in our review of the literature that there is some confusion of terms describing SWT. The term ‘extracorporeal’ simply means ‘outside the body’. The term extracorporeal SWT is often loosely used interchangeably with fSWT. However, extracorporeal SWT describes both focused and radial SWT. Most of the early research was done using the more expensive fSWT. More research is accumulating using rSWT, with some articles suggesting that outcomes using rSWT are similar to fSWT. I would caution that when marketing and billing for the service, there should also be a distinction between the two forms of SWT.

Clinical Experience
We know that selection of appropriate candidates will improve our outcomes. SWT should be considered for clients who have failed to respond to other treatment options. In order to evaluate SWT in our clinic, we are using outcome questionnaires to measure treatment success. Our initial trial last summer of a small group of 10 clients resulted in positive outcomes for all subjects (measured by the Minimal Detectable Change, MDC) for a variety of chronic conditions. Now that we are offering SWT as a treatment option, we are gaining clinical experience by monitoring all our SWT clients with outcome measures that will eventually build a data base.

Patient Values
We provide patient education through an information brochure that describes the procedure, contra-indications and precautions, and conditions that benefit from SWT that are supported in the literature. Providing an expected outcome increases the client’s confidence in the therapy.

Overall, we are pleased to be able to offer our clients a new treatment option. To our knowledge, we are the only physiotherapy clinic group providing SWT in the BC interior, although there may be other health care providers with SWT in their services.

Michael is the Director of the Dale Charles Physiotherapy Clinic and the Sports Clinic at City Centre in Penticton.

No Fee Increase: PABC Membership Fees Have Not Increased since 1996

PABC’s Board of Directors wishes to inform members that there will be NO FEE increase for the 2011-2012 membership year (PABC’s portion is half the annual membership fee CPA collects). Similarly, CPA will not increase its portion of the fee for the coming few years. Therefore, the membership fee for the coming renewal year is exactly the same as it has been since 1996!

The Board of Directors wishes to emphasize that the PABC fee has not increased in over 15 years. In 2004, the membership voted to add a 14% fee that solely and specifically funds annual TV advertising; each year, this amounts to approximately $65,000 to air our commercial. Apart from the TV ad, PABC continues to operate on the same membership dues it has since 1996.

Each year we increase member services yet we do not increase membership fees. Members get higher value at no higher cost. How do we accomplish this? Membership numbers have increased annually:
With 500 (30%) more members over the past seven years, we are able to increase our services and increase our strong physiotherapy influence. We hope that members recognize PABC’s focus on member services; ours are the strongest in the country. No other province has a knowledge team: PABC provides members free access to our extensive e-library, our librarian, and our knowledge broker. We are also the only province to provide a free webinar series, Club Physio, an evening lecture/podcast series, and an ever-growing resource of web-based clinical tools. All this in addition to the basic offerings of stakeholder advocacy, courses, newsletter, practice committees, free annual education day, newsy e-blasts, and of course a dedicated staff team to answer all member questions and to act on members suggestions.

PABC is a dynamic organization committed to member services. To keep membership fees at their 2004 level for years to come, recruit one of the 800 non-member physiotherapists.

This member sums it up: “Thank you for the ability to participate; PABC continues to grow and WOW me. KT

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The Board of Directors has 13 members: nine are PABC members elected from seven regions in the province, two are students members, one is an External Director chosen by the Board according to its strategic direction; the CEO is a non-voting member of the Board.

Each year, half the Director positions are open for election. In 2011, three directors complete their terms: Irene Goodis (Okanagan), Lois Lochhead (Central Interior/NE), and Phil Lawrence (Greater Vancouver/Sunshine Coast). Irene and Lois are renewing their roles for another term (two years), and Aart van Gorkum has been elected to fill Phil’s position. Scott Brolin has been re-elected to the President’s role to serve another two-year term.

INCOMING DIRECTOR
Aart van Gorkum, Director of the Greater Vancouver/Sunshine Coast Region
Aart earned his professional diploma in the Netherlands from the Academy for Physiotherapy in Utrecht. He moved to Vancouver in 1991 and earned his Advanced Diploma in Manual and Manipulative Therapy in 1999. Aart practiced in a number of clinics before opening Main Street Physiotherapy Clinic in 2009. He is a UBC Clinical Faculty member, mentors manipulative therapy PT students, and has volunteered with PABC in a variety of roles including the UBC-PT/PABC mentorship programme. Says Aart about his new role on the PABC Board of Directors: “My clinical faculty position at UBC has allowed me to have a better understanding of the needs of our future physiotherapists and also to be an influence on them and what they are learning. Opening my own clinic has put me in a position to be in charge and responsible for others, and to market and promote my business as well as my profession. This experience will allow me to contribute on a larger scale to the further development of PABC’s strategic plan.”

CONTINUING DIRECTORS
Scott Brolin, President
Scott earned his physiotherapy degree from Curtin University, and has focused his practice to acute care with Fraser Health where he is now the Director for PT services for South Okanagan, and chairs the Interior Health Physiotherapy Practice Council. He has been an active volunteer on numerous profession committees. Irene is in the 1st year of her 3rd two-year term.

Valerie Neifer, Director of the North West Region
Val has practiced in both hospital and clinic settings, and has been a community physiotherapist for the past eight years. Val is now in the 2nd year of her two-year term.

Remmert Hinlopen, Director of the Fraser Valley, Finance Director
Remmert emigrated from Amsterdam, and practiced at Chilliwack hospital before opening two clinics with Peter Devette in Chilliwack. Remmert is in his 2nd year of his second two-year term.

Lois Lochhead, Central Interior/NE Director, Joint Initiatives Committee Liaison
After a 25-year career that spanned hospital, community and private settings, Lois is in the second year of a PhD in Rehabilitation at UBC. Lois is in the first year of her second two-year term.

Tanja Yardley, Vice President, Vancouver Island Director
Tanja brought her entrepreneurial spirit from the Yukon and has been in private practice for 18 years as the CEO of Rehabilitation in Motion and the Director of Operations for CBI Health Group. She is also active in CPA’s Private Practice Division. Tanja is in the second year of her first 2-year term.

Jason Coolen, Greater Vancouver/Sunshine Coast Director, Private Practice Liaison
A Queen’s grad from Nova Scotia, Jason is an associate and director of Oakridge Physiotherapy Centre and of Vancouver Physiotherapy and Sports Clinic. He is currently enrolled in the Canadian College of Osteopathy. Jason is in the second year of his first two-year term.

Irene Goodis, Okanagan Director, Public Practice Liaison
Irene is the Professional Practice Leader

Scott Brolin presents outgoing director Phil Lawrence with a recognition award at the 2011 PABC AGM.

Little Physios
Meggan Oliver had her first baby, Rachel Claire, on October 13, 2010.
Waymen Wong had his 3rd child; a baby boy on February 13th weighing 8lbs 12 oz.
Janine Slater had her second child on February 20th; Jack Evan weighed 7lbs 11 oz.
Kathryn Snider had her first baby, Leah Allison, on March 1st at 5.5lbs.
Tim Horton’s and Hospital Overcrowding
Can Physiotherapy Be Part of the Solution?

by Chiara Singh, BScPT, Public Practice Advisory Committee, Chair

I am sure you all heard about the patients in the Tim Horton’s at Royal Columbian Hospital. In March, the coffee shop was closed and screens were used to create makeshift rooms for stretchers when the hospital emergency department reached capacity. How could the media resist a story like that? The sad thing is, those of us who work in busy hospitals in BC probably thought nothing of it. Every day at work I walk past patients in the hallways, in chairs in TV lounges, in dining rooms and in stairwells...basically anywhere there is open space.

Our hospitals are all grappling with the growing demand for health care. The number of seniors living in BC has increased by 22% in the last 10 years, and that number will more then double in the next 20 years according to Health Minister Colin Hansen. This overcrowding means that there is extra pressure for physiotherapists to clear patients for discharge and to assess and treat patients under less than optimal conditions.

What is the solution to the congestion in emergency departments, and can physiotherapists be part of that solution? The first, and perhaps the most obvious, way physiotherapists can help is by taking on important roles in the ER to screen and treat patients in a timely manner. The therapist’s discharge recommendation was not implemented and follow-up services recommended by the therapist (mostly home or outpatient physiotherapy services) were lacking.1 Other articles have shown that early discharge care including individualized assessment and self-management education with ongoing follow-up support (by physiotherapists) can reduce hospital readmission rates in COPD patients2 and in older adults with risk factors (like multiple co-morbidities or poor social support).3

The increasing pressure on ER departments has the government taking a closer look at prevention and primary care. We need to make sure that this closer look includes physiotherapy both in the hospital and the community settings.

References
1 Smith BA, Fields CJ, Fernandez N. Physical therapists make accurate and appropriate discharge recommendations for patients who are acutely ill. Physical Therapy. 2010;90:693-703.
Safe Patient Handling is All the Buzz

by Tanya Kessling, BMR-PT, Safe Patient Handling Task Force Chair

It took milliseconds for Google to tell me what I already hear from physiotherapists in both public and private practice: safe patient handling is a hot topic! Google reported 863,000 results for a search of ‘safe patient handling’.

It used to be a common belief that as long as you used good biomechanics, it was okay to lift and transfer most patients manually. High injury statistics (approximately one in three physiotherapists get injured during patient handling tasks) led to more research in this domain. This research is increasingly and clearly showing that despite appropriate training and good physical condition of the caregiver (PT, nurse, etc.) and ideal patient compliance, manual patient handling is a high-risk activity. There is strong evidence of excessive shear and compressive loads on the spine.

In acknowledgement of the risks, the National Institute for Occupational Safety and Health (NIOSH) released the following shocking recommendations for weight limits in patient handling tasks:

- 2-handed patient handling tasks: 35 lb max
- 1-handed patient handling tasks: 11.1 lb max

Why are these recommendations set at such low weight limits? They are a reflection of the fact that a patient is not an inanimate object, but instead is quite unpredictable. High tone, or rigidity, or flaccidity, or even physical aggression against the physiotherapist can result in much higher loads than anticipated. The above recommendations have really made me consider the techniques that I use in my private practice for tasks which involve lifting limbs, such as in assessing straight leg raise. The recommendations are even more pertinent to those who work in public practice and undertake ROM and patient transfers with acute patient populations, and residents in long-term care settings.

PABC’s Safe Patient Handling awareness campaign is issuing four posters over four months to educate physiotherapists on factors of safe handling. The first two alerts were emailed and are on the PABC website. Alert #3 of the campaign was just released; it has more information about the NIOSH recommendations. These latest recommendations from 2007 are changing the way we undertake rehabilitation and we will see policy changes throughout health care as more and more regions move to “No Lift” policies. Most states in the United States have already mandated “No Lift” policies: caregivers, including physiotherapists, are strongly encouraged not to lift patients or even limbs that exceed the recommendations. Instead, new equipment is being used to help physiotherapists achieve the same results with a lower risk. Ideas and equipment are changing monthly as our creative colleagues around the world and here in Canada come up with new strategies.

Resources and explanations of safe patient handling strategies and equipment can be found in the Safe Patient Handling Toolkit which launched on the members-only website in February. This toolkit will expand as new research and information surfaces. I believe this toolkit can help PABC members keep on top of this rapidly-evolving topic. In its first month, it was accessed 358 times! The Safe Handling of Patients (SHOP) taskforce is keen to expand the toolkit with your innovative and resourceful ideas; please send your ideas to me at: tkessling@physiobase.com.

Thanks again to all the task force members for their hard work in creating the toolkit and putting together the awareness campaign!

SHOP member Kathryn Snider uses a double-handed safe lift with her new daughter Leah

Outcome Measurement—What are Your Thoughts?

by Maureen Duggan, MRS, PT

How often have you thought, “I should be using outcome measures more consistently” or, “I would use outcome measures but they don’t really reflect the quality of my patient’s function.” Since 1993 CPA has promoted the use of outcome measurement (OM) as an integral component of evidence-based practice. Although physiotherapists agree with this position, the evidence suggests that there are still significant barriers to the integration of OM into clinical practice and clinical decision-making.

The purpose of my major project was not only to fulfill the requirements of my Masters degree (although that was the most important part to me!), but to identify some of the barriers and facilitators that influence the use of OM in the decision-making process. As part of the PT Knowledge Broker’s Total Joint Arthroplasty Outcome Measures (TJAOM) project the identification of the barriers and facilitators would help inform the knowledge translation plan to enhance the use of OM in clinical practice.

A focus group was assembled with eight Vancouver physiotherapists who work with joint arthroplasty patients. One of their major concerns was the limitation of some outcome measures to measure what physiotherapists need to know. They reported that “the timed walk test will show speed but it doesn’t measure the quality of the patient’s performance”; and that “most tools lack the sensitivity to reflect why a patient can’t perform a specific task.” The conclusion that emerged from this discussion was that to be clinically meaningful, the physiotherapist needs to select the right measure at the right time for the right patient.

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International Health Spreading in BC

by Kim Hesketh, PT

International Health Initiatives is a special interest group formed as a response to rehabilitation professionals in British Columbia who expressed an interest in international health.

The group was initiated in the fall of 2010 and has made great progress over the past several months. We comprise over 50 members across BC and the territories. We hold meetings monthly in Vancouver that include a short education session, updates from members, and planning for our developing projects.

The group aims to: provide mentorship and resources on how to get started in international health projects; provide information on locations where projects are available for volunteers; provide mentorship for therapists new to international health; and collaborate on future projects that ensure sustainability and adhere to principles of community-based rehabilitation (CBR).

IHI Mission

1. Collaborate with national and international organizations to coordinate and deliver sustainable interdisciplinary rehabilitation in underserved areas.
2. Promote the role of interdisciplinary rehabilitation to optimize health and well being.
3. Promote and facilitate engagement of communities to build their own capacity.
4. Act as a resource for interdisciplinary rehabilitation professionals who share an interest in international health.

IHI Values

1. Promote a community focus and assets-based approach to ensure sustainability of programs.
2. Build effective partnerships with various stakeholders.
3. Promote human rights and equality for people and communities in underserved areas.
4. Empower people with disabilities to participate fully as members of their community.

5. Utilize principles of community-based rehabilitation

We are currently developing two projects. The first is an Upper Extremity Rehabilitation Project in Cameroon and is in partnership with the International Center for Disability Research (ICDR) from the University of Toronto. Objectives of the project include: to develop a training manual for hand therapy appropriate to the context; to reach rehabilitation providers so that they are aware of opportunities for hand therapy; to train at least 50 nurses, doctors and others who see patients with hand injuries; to reach all hospitals and several health centers to increase awareness of opportunities for referral; and to develop strategies to use locally-available and sustainable products in hand therapy.

The second program will be in Cambodia in partnership with Rose Charities at the Rose Rehabilitation Centre and surrounding communities. At this point the project is in the needs assessment stage. We hope to provide education and training to local Cambodians and/or therapists using a CBR model to help build capacity.

Members of IHI can participate at their own comfort level. They can simply join the Google groups and receive emails and updates from meetings and about special events, or they can attend monthly meetings and participate in program planning and group events. The IHI website is a fantastic resource for rehabilitation professionals interested in international health. It includes extensive information on organizations, resources, events, international postings, our projects, and a forum for discussions.

If you are interested in joining please visit our website at: http://www.internationalhealthinitiatives.com

To join the Google Groups sign up under the “About US” tab.

Diagnose Knee Osteoarthritis in 4 Minutes

Dr. Linda Li has shared with PABC a brand new YouTube video on standardized OA knee tests which she co-led with Dr. Jolanda Cibere. Called the RheumTube project, it instructs on how to perform standardized knee assessments and early diagnosis of knee osteoarthritis, and features Leslie Nielsen as the patient.

www.arthritisresearch.ca click Video.

The Rick Hansen 25th Anniversary Relay

Beginning on August 24, 2011 in Cape Spear, Newfoundland and Labrador the 25th Anniversary Relay will retrace the Canadian segment of the original Tour, but this time one man in motion will be represented and celebrated by many in motion; engaging 7,000 participants from across Canada who have made their own difference in the lives of others. See how you can get involved at www.rickhansenrelay.com
Professional Development Update

Reflective Practice Research and the Value of PABC Professional Development

by Andrea Reid MSc, FCAMT, Dip. Sport Physiotherapy, CGIMS, PABC Education Manager

For those of you who attended our recent Physiotherapy Practice Forum, you already know that the issue of maintaining professional competence is a hot topic among BC physiotherapists. We struggle to find a model that is feasible, fair, and truly accurate in identifying those among us who would benefit from some help in raising their level of competence.

Thanks to Alison Hoens (our knowledge broker) I recently read an article by Regehr and Kevin (2006) that discusses the appropriateness of self-regulation in medical professions. They discuss the claim to self-regulation as a cornerstone of autonomy and outline how the medical profession, to date, has tried to take responsibility for constructing mechanisms to police its own members.

Regehr and Kevin outline the following steps of the self-regulating model:
1) Through ongoing monitoring and daily reflection on practice, the self-regulating professional self-assesses his daily performance.
2) Through self-assessment, the self-regulating professional identifies certain areas of personal knowledge or skills that have dropped below professional (or personal) standards.
3) This recognition of the “gap” in knowledge or skills leads to a decision to see opportunities for improvement.
4) The appropriate learning opportunities are taken advantage of (such that the knowledge or skills are gained).
5) The new knowledge or skills are put into action.
6) Performance is reassessed to ensure the professional has achieved the minimum standards of practice in this area.
7) This process is repeated as needed.

Regehr and Kevin challenge two main assumptions of this model. First, that adult learners, when faced with the identification of a learning gap, will spontaneously seek out opportunities to redress the gap. Second, that the process of self-assessment can lead to the identification of gaps in skill or knowledge.

Unfortunately, the true nature of the substandard practitioner, at least anecdotally, is that he will spend huge amounts of energy covering up gaps rather than simply addressing them. And, in general, people are more likely to attend continuing education activities that reinforce what they already know rather than focus on domains where they might be weak. I had to agree when I read the authors’ line, “Learning fun things is fun, but learning hard things is hard, and learning boring things is boring.” I think we can all agree with that. Therefore it requires a great deal of internal self-control to gain knowledge in an area where one is weak.

A fundamental flaw in this model of self-regulation is that the capacity to identify gaps in one’s own knowledge or ability may be limited. And, in fact, there is little or no relationship between actual performance or ability and self-rated performance or ability. The vast majority of individuals rate themselves to be above average in performance, with all but the highest performers overestimating their level of performance. Of greatest concern is that the worst offenders are those in the lowest quartile of performance (i.e. those in most need of remediation).

Given that incompetence not only robs people of the ability to perform well, but also leaves them unable to detect how poorly they are performing, it is difficult for us to defend our ability to take responsibility for our own assessment of continuing competence.

It is worthwhile keeping these ideas in mind as we move forward in developing a model for maintaining our professional competency, and also when making our decisions about what avenues of professional development we will each pursue in 2011 and 2012.

We hope that PABC can help support you in your attempt to fill your gaps in knowledge, and support you in your maintenance of ongoing professional competence. Please see the back page of the newsletter for our upcoming professional development activities, and feel free to contact us at anytime with suggestions of how better to fill your educational needs. Our course and lecture evaluations consistently report extremely high satisfaction with instructors, content, delivery (and food!). With podcasts, you never have an excuse to miss our educational events. So reflect on your practice and register today for a PABC learning experience.

Reference
PABC’s Brand New Brand

by Jesse Royer, PABC Member Services Manager

From this position, we developed a tagline that expresses what we champion: **We Keep British Columbians Moving for Life**

The tagline and new TV ad convey this message to our audience: **For active people in British Columbia seeking a joint or muscle pain relief solution, the Members of PABC are the “go to” source for relief. They listen to and work with all of the members of your health care team to provide you with a workable plan for an optimal outcome.**

**Why a Provincial Logo?**

**PHYSIOTHERAPY ASSOCIATION OF BRITISH COLUMBIA**

The board felt strongly that PABC needed a provincial logo as a companion image to CPA’s logo that would embody the energy and empowerment of our new positioning, thereby promoting an identity that reflects our unique provincial personality. Our new logo reflects:

- PABC and its members are energetic, enthusiastic, real and driven.
- Our values include trust, integrity, being open-minded and being supportive.
- We are the “go to” source for mobility issues in BC, and the champions of the cause.
- We are proud of the BC outdoor lifestyle.

**Why a new TV commercial?**

The x-ray ad *Your Body Specialist* that we have been running in a variety of messaging for the past eight years has stood the test of time, but we wondered how much longer it would continue to be captivating. The message in that series is directed at physiotherapy from a functional perspective, whereas our new brand is physiotherapy from an active lifestyle perspective. Our new ad features 30 PABC members dressed in a wide variety of gear reflecting the breadth of our active BC lifestyle. As with the x-ray ad, the new ad targets women age 35+ who influence the health care decisions of their family — “Dr. Mom” — as well as physicians and future members.

Our new commercial went to air province-wide on April 11th for one month to complement the national CPA TV ad campaign during the NHL Playoffs. It will air again from June 6th to July 17th. The ad will run in news programming: it provides a credible, trustworthy environment and targets habitual viewers, and our Dr. Mom group is known to watch the news more than any other program genre. We’ve focused our strategy on efficiently-priced fringe news programs including the 5pm Early News, Global National, Global Morning News, Noon Newshour, and the Saturday and Sunday Morning News. We are also running seven-second sponsorship TV billboards (This fitness feature is brought to you by the Physiotherapists Association of British Columbia), and 10-second sponsorship on Canadian Traffic Network (Physiotherapists prevent and treat injuries and chronic conditions to keep British Columbians moving for life. They are the rehab professionals that physicians recommend most. Visit movingforlife.ca to learn more) on Global’s Morning and Early News from June 8th to July 17th. As added value, CTN provides fifty 30-second live-read spots on their Vancouver radio network.

You can see our new TV ad by going to our YouTube page at www.youtube.com/bcphysio. Also check out the “Making Of” video, a behind-the-scenes view of the film shoot.

While you’re surfing the web, you may notice the new look of our bcphysio.org website: new layout, new logo, new colours, and even a new font! We’ve kept the best parts of the old site, and have put a fresh coat of gloss on all the great resources and features that PABC has available on the site. The new site is being rolled out in stages, with a few of the most frequently-used features leading the way: the Find-a-Physio search, the Physiotherapy Jobs in BC listings, and the courses and events page. As always, if you have any questions, please send them to us! You can reach me at: info@bcphysio.org.
Communicating our New Brand

Our new brand goes beyond our new TV ad and website. The ad is just one avenue for promoting BC physiotherapists as the ones who prevent and treat injuries and chronic conditions to keep British Columbians moving for life; the rehabilitation professionals physicians recommend most.

We have engaged Red CAB Communications (Alix Cameron & Cindy Ball) to help us roll out a communications plan that will extend the imagery from our new TV spot (launching June 6) and the positioning tagline — Physiotherapists Keep British Columbians Moving for Life. Using various communications tactics we will continue to talk about the benefits of physiotherapy to our target audiences (patients, future members, and physicians), demonstrate the range of practice and expertise of our members, and show the value of the PABC to future members.

In order to extend the campaign beyond TV we needed a hook to keep talking about physiotherapy. To that end we created the Physio^4. The Physio^4 is four physio tips on injury prevention or pain alleviation. Each month in a calendar, on the website, and in press releases we will explore a different activity that British Columbians enjoy, and provide them with the Physio^4 for that activity. The Physio^4 is an opportunity for you to share your expertise and knowledge with your target audience as well as for our audience to return to the website or flip the calendar back to see which activity is profiled and what tips they can benefit from each month.

The Physio^4 calendar for 2012 will be distributed to all PABC members in the fall newsletter mailing. Each month will highlight an activity (June – biking) or a condition (January – falls). It was hard to choose just twelve activities - British Columbians are an active bunch! However, our public and private practice committees helped select the top dozen. We plan to use photos of PABC members wherever possible in the calendar.

We will start to use the content created for the calendar this June. The content will be used on the new PABC website, in a newsletter email to physicians, and in media releases for distribution to community papers. Additionally, each month a “story kit” will be available on the website that includes the activity with its corresponding image, Physio^4 tips, and the related content. We encourage you to use this information on your websites or blogs, hospital newsletter, or to share with your local community centre, runners group, or anywhere that you think your target audience would benefit. Please write us with Tips you have on any of the activities at rbt@bcphysio.org.

<table>
<thead>
<tr>
<th>Month</th>
<th>Sport/Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Improved Balance (falls prevention)</td>
</tr>
<tr>
<td>February</td>
<td>Heart and Stroke Month</td>
</tr>
<tr>
<td>March</td>
<td>Running/Walking</td>
</tr>
<tr>
<td>April</td>
<td>Workplace Accident Month</td>
</tr>
<tr>
<td>May</td>
<td>Gardening &amp; Arthritis Month</td>
</tr>
<tr>
<td>June</td>
<td>Cycling</td>
</tr>
<tr>
<td>July</td>
<td>Golf</td>
</tr>
<tr>
<td>August</td>
<td>Water Sports</td>
</tr>
<tr>
<td>September</td>
<td>Posture (school and office)</td>
</tr>
<tr>
<td>October</td>
<td>Pre- and Post-Natal care</td>
</tr>
<tr>
<td>November</td>
<td>Preparing for Winter (shoveling, yard work)</td>
</tr>
<tr>
<td>December</td>
<td>Winter Sports</td>
</tr>
</tbody>
</table>

PABC is grateful to the following members and friends for volunteering their time to be in the new TV ad:

- Gordon Bolhmann, golfer; Clyde Smith, surfer and clinic patient; Cathy Russell, karate lady; Therese Lord, runner; Val Poirier, soccer player; Laura Patrick, tennis player; Chiara Singh, triathlete; Lieon Kit, patient; Jesse Royer (PABC Staff), scuba diver

Physios as Themselves
- Linda Joy Lee; Marilyn Adams; Mark Borslein

Physios’ Kids
- Jake Lanson, water polo; Matthew Leeder, baseball; Delaney Westby, skier; Marcus Britnell, hockey kid; Sarah Morbey, equestrian

Guests
- Maelle Ricker, (Olympian), patient; David Lyons, sit skier; Rahna Gitsels (Marpole Physio receptionist); Alison Taylor (PT Health receptionist), pregnant yoga

We received many emails from our member stars; this one reflects their overall comments:

“Thanks for a great day it was a lot of fun watching everyone working so well, and especially good to re-connect with people I haven’t seen in ages and to meet other colleagues of PABC.”

See the new ad on PABC’s new patient micro-site www.movingforlife.ca

PABC’s Marilyn Adams (L) and Olympian Maelle Ricker (R) during TV ad filming

A behind the scenes look at the filming of the new TV ad starring PABC members listed below

Physios as Patients
- Steve Chan, snowboarder; Amrit Kahlon, mountain climber; Jessie Wong, archer; Amy Moffatt, kayaker; Carman Wong, goalie; Susie Britnell, hockey mom; Cassandra Basi, Indian dancer; Tony Gui, fisherman; Penny Strauss, lumberjack; Kimberly George, mountain biker; Gillian Coates, curler;
To PABC Members

This condensed financial report has been extracted from the audited financial statement for the year ending December 31, 2010 as reported by our auditors Morrow and Company Certified General Accountants. A complete copy of the audited financial statement is available to PABC members through the PABC Office.

Physiotherapy Association of British Columbia (a branch of CPA)

YEAR-END FINANCIAL STATEMENTS AS AT DECEMBER 31, 2010

STATEMENT OF FINANCIAL POSITION AS AT DECEMBER 31, 2010

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$52,534</td>
<td>$34,495</td>
</tr>
<tr>
<td>Temporary investments</td>
<td>802,507</td>
<td>847,137</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>33,180</td>
<td>27,362</td>
</tr>
<tr>
<td>Inter-funds receivable</td>
<td>250,167</td>
<td>292,036</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>4,516</td>
<td>6,466</td>
</tr>
<tr>
<td></td>
<td>1,142,904</td>
<td>1,107,496</td>
</tr>
<tr>
<td>CAPITAL ASSETS</td>
<td>3,112</td>
<td>2,996</td>
</tr>
<tr>
<td></td>
<td>$1,146,016</td>
<td>$1,210,442</td>
</tr>
</tbody>
</table>

STATEMENT OF OPERATIONS FOR THE YEAR ENDED DECEMBER 31, 2010

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Operating Fund 2010</th>
<th>Operating Fund 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial fees</td>
<td>$484,298</td>
<td>$473,055</td>
</tr>
<tr>
<td>Directory advertising</td>
<td>659</td>
<td>29,874</td>
</tr>
<tr>
<td>Interest</td>
<td>3,897</td>
<td>5,551</td>
</tr>
<tr>
<td>Newsletter</td>
<td>14,710</td>
<td>10,967</td>
</tr>
<tr>
<td>Professional development</td>
<td>44,826</td>
<td>29,551</td>
</tr>
<tr>
<td>Other non-dues revenue</td>
<td>12,500</td>
<td>9,560</td>
</tr>
<tr>
<td></td>
<td>560,890</td>
<td>558,558</td>
</tr>
</tbody>
</table>

| EXPENSES | | |
|---------| | |
| Bad Debts | 3,394 | |
| Annual general meeting | 11,778 | 10,666 |
| Board and executive operations | 22,785 | 21,075 |
| Committees | 22,277 | 21,311 |
| Communications | 106,132 | 150,954 |
| Computer system | 5,159 | 6,490 |
| Congress and conferences | 7,682 | 4,983 |
| District allotments | 1,426 | 2,305 |
| Donations and awards | 774 | 766 |
| Government relations | 1,499 | 1,934 |
| Newsletter publications | 23,998 | 21,437 |
| Office | 24,478 | 30,203 |
| President's and officers' expense | 7,682 | 12,375 |
| Professional development | 22,700 | 23,717 |
| Professional fees | 47,441 | 16,315 |
| Salaries and benefits | 197,627 | 197,669 |
| Staff development | 2,234 | 503 |
| Staff expenses | 2,963 | 3,099 |
| Strategic development | 1,500 | 1,400 |
| Student support | 4,062 | 3,895 |
| | 517,561 | 531,097 |

<table>
<thead>
<tr>
<th>EXCESS (DEFICIENCY) OF REVENUE OVER</th>
<th>$43,329</th>
<th>$27,461</th>
</tr>
</thead>
</table>

Independent Auditor’s Report on the Financial Statements

We have audited the accompanying financial statements of Physiotherapy Association Of British Columbia which comprise of the statement of financial position as at December 31, 2010 and the statements of operations and changes in fund balances in restricted funds and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Association at December 31, 2010 and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles for not-for-profit organizations.

As required by the British Columbia Society Act, we report that in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

Vancouver, B.C. APRIL 2011 MORROW AND COMPANY CERTIFIED GENERAL ACCOUNTANTS

Full financial statements for 2010 are posted on the PABC Members Only Site at www.bcphysio.org
Our second annual Forum was last month. PABC and CPTBC co-hosted a day of free education, food, wine and profession updates at the Marriott Hotel in Vancouver. The venue was fabulous, and over two hundred physiotherapists from around the province caught up with each other as well as with current physiotherapy research and practice. Our new venture into Breakfast Theatre (thanks to Lois Lochhead) was a hit. Thanks go to actor/members Kirby Epp, Marilyn Atkins, Chiara Singh, Nancy Cho, and Lois Lochhead, and to informed panelists Susan Paul and Alison Hoens for the production. Thanks to Dr. Darlene Reid for UBC’s contribution of Rapid Research and the poster presentation.

Rebecca Tunnacliffe congratulates the 2011 Clinical Contribution Excellence Award winner Deb Treloar. Deb was nominated by her peers for this prestigious annual award in recognition of her expertise and unique clinical insights into the foot through a whole body approach.

Also accepting bursary awards were: Tara Pollock for the Ruth Byman Memorial Bursary which provides $1000 tuition for a mid-career PABC member; Sherrill Rutherford for the first annual Peter Huijbregts Memorial Award for $1000 tuition for a PABC member demonstrating Peter’s passion for knowledge, teaching and research.
Private Practice Directions

Business Affairs update presented at PABC’s AGM

by Perry Strauss, BHScPT, MHA, Business Affairs Committee Chair

Beginning in late 2010, the Business Affairs Committee (BAC) formalized its strategy in a number of areas within its priority actions. It began by documenting the strengths, weaknesses, opportunities and threats to members within areas such as WorkSafeBC claims, ICBC claims, Extended Benefit Plans, and private paying customers. We are working to establish clear actions within each of these areas to maximize how Physiotherapists keep British Columbians moving for life! We are early in this exercise, and we have already established many targets on which to work.

Preliminary work in the area of WorkSafeBC claims sees distinct opportunities to satisfy the goals of the injured worker, employer/union and WorkSafeBC. The common goal is early and safe return to work. Early intervention and collaborative communication between the Physiotherapist, WorkSafeBC, and the Employer are key activities to making this happen. Unfortunately, attempting to negotiate terms to include these activities is proving challenging. An increased bilateral effort to leverage acute physiotherapy services to reduce durations is required.

In the area of ICBC claims, the BAC has provided ICBC with a list of areas of concern along with possible solutions. ICBC is currently going through a significant change within their organization which will impact how Physiotherapists and claimants interact with ICBC. The BAC is offering input and expertise in an attempt to positively influence the relationship between our organizations and create a system that better treats their claimants.

The BAC is in the preliminary stages of establishing a strategy within the extended health benefit arena. We plan to work with CPA who has already begun some work here.

As we gain momentum with our strategy sessions and the accompanying actions, we are looking forward to another area of great interest for the profession: customer experience. This area has the potential to reap significant rewards in terms of warding off threats from other provider types and bolstering our current strong relationships with many British Columbians. We will bring a lens to this perspective that many members may not have viewed through before. The goal in this arena is to increase the positive experience of the client, and increase the promotion of the profession to an even greater number of British Columbians.

I would like to thank the BAC team for all their efforts as we work to reinvigorate our direction. Thanks to Marj Belot, Patrick Mayne; Jason Coolen; Kerry Maxwell; Tony Gui; Jamie MacGregor; Salveen Jagpal; Scotty McVicar.

ICBC Update

by Marj Belot BScPT, FCAMPT, CAFCI, MSc Biomedical Physiology and Kinesiology

On January 31, Rebecca Tunnacliffe, Perry Strauss (BAC Chair) and I attended a meeting with Rob Wilson, Director of ICBC Claims Services, Shelley Russell, Vice-President of ICBC Claims Program and Planning, and Aleisha Fazekas of ICBC’s rehabilitation department. Anita Gill, Manager, ICBC Medical and Technical Services and ICBC’s PABC liaison, was unable to attend.

The purpose of this introductory meeting was to lay the groundwork for future communications because there were a large number of transitions in ICBC leadership last year. The tone was positive and ICBC reiterated their commitment to strengthening communication with PABC and our members. One significant change to our future liaison meetings will be that follow-up actions will be directed toward resolving the underlying cause of problems to avoid dealing with the same issues repeatedly on a case-by-case basis.

A follow-up meeting is being scheduled to resolve these outstanding issues:

• ICBC aims to better communicate with the claims department on physiotherapists’ operational needs
• Communicating corporate policy on not directing treatment and addressing any deeper systemic issues that may be at the root of the issue.
• Improve adjuster training and Part 7 customer information sheet to improve consistent and timely access to benefits.
• Create a Physiotherapist locator at icbc.com.

Please Note:

• The adjuster does have the discretion to request referral from a medical doctor. However, when a claimant initiates physiotherapy several months after an MVA the adjuster may request a GP referral, particularly if the GP saw the claimant soon after the MVA and is in a better position to advise that the injuries being treated are directly related to the trauma of the MVA.
• If you wish to bring forward specific issues for PABC to follow-up, please be sure of the details of what happened before bringing cases for review. It is not uncommon for us to follow up on complaints only to find that members don’t have the whole story. For example, in a case where the claimant changes to another facility (perhaps for a supervised exercise program), was the adjuster initiating the change (inappropriate) or the GP or client acting through their GP (reasonable and not a case of the adjuster directing care).

Please do not hesitate to communicate your concerns, comments or questions to me at belotphysiotherapy@gmail.com or to PABC at info@bcphysio.org. Many commonly-asked questions are answered on the PABC website.

Correction: Directions Winter 2011 edition mistakenly noted that Marj completed a research Masters degree at SFU in December 2010: it was completed in December 2009.
As of the writing of this article we are now three months past the expiration of our previous contract with Worksafe BC. However, physiotherapy services continue under the guidelines set out in our previous contract. While there is nothing new to report with respect to contractual changes in the near future, my hope is that by the time you’re reading this article that will have changed. Our negotiating team continues to volunteer their time and effort working hard towards establishing a new contract that better meets the needs of both physiotherapists and Worksafe BC.

THERE ARE NO EXTENSIONS TO STREAM 1. This will be my mantra until the questions about ‘stream 1 extensions’ stop. Can we all just call it ‘conversion to stream 2’? We are aware that some case managers had worked out how to ‘work around’ CMS and allow extensions in stream 1; however this loophole is outside of the contract, has been identified, and is closing. Case managers have received direction — again — that there are NO extensions to stream 1. It is also our responsibility as PT’s to recognize this and to use the request to convert to stream 2 if further therapy is needed.

The bulk of complaints/concerns that I have received from PABC members relate to questions regarding the terms of our agreement, concerns regarding procedural inconsistencies at WSBC, concerns regarding the shuffling of case management desks amongst various regional offices, and occasional complaints about specific case managers’ handling of claims, communications, etc. One of the most frequent concerns relates to apparent inconsistencies among case managers and among service delivery locations (SDLs- regional Worksafe offices). With the shuffling of desks, it has become very apparent that there is variation in the procedures which case managers require us to follow for conversion of stream 1 to stream 2, extensions within stream 2, communication expectations, etc.

Of note, there are discrepancies between our contractual obligations relating to reports and communication expectations, and the perceived requirements by some case managers. While this can be very frustrating for members who are simply looking for consistency of procedure, the reality is that these differences exist and will likely persist. While we will attempt to address these inconsistencies in the new contract, at present our only option is to recognize them, and deal with them.

At the end of March Rebecca forwarded an e-mail to all members identifying the recommended procedure for dealing with instances when there are difficulties receiving communication from the case manager. As I indicated in that e-mail, this procedure arose from a meeting between me, the acting quality assurance supervisor Mr. Patrick Wong, and health care manager Mr. David Florkowski. This procedure is recommended ONLY for those instances when communication or a response from a CM is not forthcoming. If you are NOT having issues receiving a response from the case manager, you do not have to use this procedure, which is as follows:

1. Request or recommend conversion of stream 1 to stream 2 immediately upon identifying the need and at least a couple of weeks before the 8-week limitation on stream 1 (NOT at the last minute unless by some strange circumstance the need didn’t arise until the 11th hour).
2. Call CM to request conversion from stream 1 to stream 2 verbally. Leave a message with the relevant information. Wait a couple of days for CM to process the call.
3. If you have not heard back after two days, Call CM again. Leave a message. You can also try the team assistant and leave a message. Again, wait a couple of days.
4. Call the Call Centre. Ask to leave a message for the CM to call you back, stating the date and the claim number. This is essential for them to ‘time stamp’ the attempted contact on the file; it is ‘proof’ that you called. Now, once again, wait a few days.
5. If you have followed this procedure, with no returned contact from the CM or a team assistant, call Patrick Wong, acting Quality Assurance Supervisor at WSBC. He will ask you for specifics and assist with dealing with the concern.

Patrick Wong: Patrick.Wong@worksafebc.com or via the call centre.

In treating injured workers, we all experience frustration dealing with “the system” involved with the provision of care for our patients. While it is easy to be critical of “the other side,” we sometimes need to take stock of our own roles and responsibilities. I recently requested a meeting with case managers and/or their managers at WSBC with the goal of identifying our strengths and weaknesses from their perspective. I provided a list of questions designed to identify how well we meet their needs while treating our clients - the good, the bad, and the ugly, so to speak. The meeting was well supported by WSBC, the feedback frank and honest, and the results enlightening. Look for upcoming emails and/or blurbs in Directions summarizing that feedback.

Finally, a request. If you are having issues or concerns in dealings with WSBC, please let us know. That is not to say don’t deal with them yourself if you are so inclined. However, it is important for PABC to be aware of the issues with WSBC that affect physiotherapists so that we can raise and address them. Please email me with concerns that arise.

Jamie MacGregor is a private practise physiotherapist, Certified Hand Therapist, and clinic owner/partner in Priest Valley Manual Therapy Centre in Vernon, BC. Jamie has been on the Business Affairs Committee for 2 years, and is the WSBC Liaison. Contact Jamie with questions or concerns regarding dealing with WSBC at jm_macgregor@hotmail.com.
Library and Information Technology Directions

Finding, Appraising & Applying Physiotherapy Evidence to Your Practice

Lessons Learned from PABC’s First Webinar Series on Evidence-Informed Practice

by Deb Monkman, MLS, BSc, PABC Clinical Librarian

For the past year, PABC has offered members a series of free webinars on how to find, appraise and apply the evidence-based literature to physiotherapy practice. I thought it would be worthwhile to comment here in our newsletter on some of the lessons I’ve learned from you, our webinar attendees. This may serve as a prelude to our upcoming conference presentations where Alison Hoens and I, along with Jesse Royer and our intrepid leader Rebecca Bing Tunnacliffe, will be presenting our knowledge team work at the Canadian Physiotherapy Association conference and at the Canadian Health Libraries Association conference. In addition, I have offered my experience to the Canadian Physiotherapy Association as they undertake a webinar series on “Applying Evidence in Practice.” For something completely different, stay tuned for PABC’s summer webinar series where Jesse and I will be presenting an all-new series on “Cool Tools for Physios,” focusing on ways to use social media and other helpful web tools in your practice.

Lesson 1: Participating in education sessions is more appealing when you cut down on travel time and attend from the comfort of your home computer

The webinar experience has proven popular with attendees participating in the evenings from home, even when home is on a boat in BC’s coastal waters! Many attendees are from areas outside of major centres and even those in Vancouver enjoy an education experience while relaxing at home.

Lesson 2: Even hands-on training can work via webinar, and practice time is important when you’re developing new skills

To learn how to do a literature search, hands-on practice time is important. I decided to try hands-on training via webinar, prepared to abandon the effort if it didn’t work. Much to my surprise, attendees appreciated the opportunity to practice during the session. Anatomy of a Literature Search expanded from one hour to two one-hour sessions with more searching time, and attendees have asked for even more than that!

Lesson 3: Learn the principles of searching and if necessary, refer complex searches to me

Taking the time to learn about the range of resources that exists for physiotherapy practice is worth the effort. You can focus your searching time and efforts and refer a search to me if you’re not confident about the results. In the introductory webinar for the absolute beginner, participants explore the pros and cons of several databases, coming to the conclusion that while Google is helpful for a basic understanding of a topic, PubMed/EMbase and CINAHL are essential for retrieving relevant articles to apply to practice.

Lesson 4: Your clinical questions are often complex and it’s not always easy to find answers in the literature!

It’s not you, it’s the literature! I’ve checked with my colleagues and it’s true – searching for rehab literature is trickier than searching in other fields like medicine and nursing. I especially noticed this when I asked attendees to send me clinical questions they wanted to answer in advance of the webinar. As I worked through how I would explain how to do a search, I found most of the examples were too complex to use in a teaching session. That’s real life for you! It’s important to learn the principles of searching and that may mean using easier examples than your latest clinical case.

Don’t despair – I can usually help you with those tricky real life searches.

Darrel Hagel on Running in Children: Another PABC Librarian Connection

Darrel Hagel contacted our PABC clinical librarian to bone up on research about running in children. He wanted to respond to a letter to the editor in his local paper, Penticton Herald, saying that growing children should not run. The writer had watched a Global news segment suggesting that families should run together and countered it by citing 30 year old research that running ruined children’s joints. After contacting the PABC clinical librarian to update his knowledge, Darrel responded to the letter stating that he had found no guidelines on running in children, no research to demonstrate wearing of joints in children, and little literature on the topic of running in children as a whole. He cited various physical activity guidelines for children, literature on limiting training, and to the question of what this all means he responded, ‘Use common sense when it comes to physical activity and children, look for warning signs of injury and ask your kids about how they feel. They are still your best source of information, and by no means restrict your children from running if that is an activity they enjoy!’ Says Darrel about the PABC library service, ‘The library service run by Deb has been a great help on numerous occasions. Deb deserves a big hats off!’
Lesson 5: Webinars fill a knowledge gap in an inviting, non-intimidating way, especially when learning about statistical analysis and critical appraisal of a research study

We’ve noticed that attendees often comment that they learned something valuable from the Journal Club presenters. Frequently it’s about how to critically appraise the statistical analysis section of a randomized controlled trial article (even though most say they could use even more education on statistical analysis!) Participants also appreciate having a handy worksheet for evaluating an article. It’s nice to learn in an inviting, non-intimidating way… and you can always watch the webinar recordings on the website after the fact if you missed the live version or need a refresher!

Clinical Librarian’s New eBlast to Members Proves Popular

Each month I send members an email (eBlast) with a smattering of resources – reminders to sign up for our latest webinar, hot topic searches like “constraint-induced therapy” posted on the members-only website, new web resources like OrthopedicProtocols.com, and the ever-popular Deb’s Picks with current research articles.

Since most of us read emails and then delete them, I thought it would be useful to have an archive of old eBlasts on the members’ website. And, as Jesse Royer and I are hatching a plan to present webinars on cool web-based tools for physios, I thought I should explore Google Docs as a potential tool. With Google Docs (which is free), I created a colourful page, complete with pictures and links, and made it accessible to anyone with the link via my email.

Members appreciate a brief email touching on the highlights. At their leisure, they can link to the Google Doc for the colourful, complete experience. Some people (usually those with older computers) have had trouble opening the Google Doc, so I provide a link to a pdf version in the email. If you are looking for a free way to share a document via the web, where you have control over who can edit and view it, consider using Google Docs. If you have any comments or questions, please contact me at librarian@bcphysio.org.

Here’s what some members had to say about the clinical librarian’s monthly eBlast: “I LOVE your eBlasts” “always juicy!” “great eBlasts” “Thanks for your time researching articles for us.” “Enjoy reading your monthly eBlasts. You have interesting articles.” “I just read this eblast for the first time and loved it. It’s great to know what other people are asking you about and also to get more informed about this social media stuff. I also like to know what the relevant current research is saying in order to use it to help my patients.” “Thanks for all your work you have done for the physio profession in BC.” “I find your messages very helpful.”

Shockwave Therapy Search Illustrates PABC Synergies

I was first introduced to shockwave therapy as a physiotherapy treatment in August 2010 when the late Peter Huijbregts requested a literature search on the topic. I discovered that the appropriate subject heading was Extracorporeal Shockwave Therapy but much to my consternation, this resulted in many thousands of citations on lithotripsy and other articles that did not seem relevant to physiotherapy. (See Michael Yates’ cover article for more on terminology). We further refined the search to focus on musculoskeletal diseases and particularly tendinopathies and plantar fasciitis.

Fast-forward to February 2011. Michael Yates was preparing for the ‘Anatomy of a Literature Search’ webinar. He sent me a clinical question to use as a training example: “Is radial shockwave therapy effective in the treatment of healing of non-union fracture?” Michael reported success in his learning, quipping, “I found an article, so I passed the course.”

Knowing that shockwave therapy was on members’ radar screens, I took note of an article on ‘Shockwave therapy for the treatment of chronic proximal hamstring tendinopathy in professional athletes’ which had received attention from the McMaster University Rehab+ clinical reviewers (Rehab+ rates the quality of studies, with comments by clinical reviewers). I regularly post interesting articles on PABC’s Facebook and Twitter and this one generated six comments, including one from Shandia Cordingley, who noted that her Penticton clinic had just gotten a shockwave therapy machine – and this turned out to be Michael Yates’ project! Spotting an opportunity for a Directions article, Rebecca responded to Shandia’s Facebook posting, asking Mike to write one.

And here we are, having travelled through lit search requests, webinars, social media, and sharing members’ clinical experience in Directions – all the great ways we communicate and connect! To complete the circle, I have added a “Hot Topic” search on shockwave therapy to the members’ website so be sure to look there if you’re interested in research on this topic.

Finally, completing the bigger circle, Mike was the original catalyst for PABC’s library program; a family friend referred him to the Hugh Sutherland foundation and funding. Says Mike, “passing the buck to the school, library and PABC made it all happen, so no work on my part, really.” Reflecting on the PABC’s library services today, Mike says, “I found the three library webinar sessions helpful in that they forced me (and Gary Weare who attended with me) to look into this great service we have and rarely use, being satisfied with Google (scholar) from an original library seminar with Eugene 4-5 yrs ago. I have often found articles directly from journal sites, or used those sites to wander through a maze of links, including PubMed and others. Using the databases available to PABC is more organized, less random.”

PABC thanks our Physio Forum 2011 sponsors
Are You Ready to Rumble?
A Helpful Background for Return to Work

by D. Scotty McVicar

The ring announcer barks out this call, bringing athletes together at the start of a wrestling or boxing match. Other sports have different start-up calls such as, “Ladies and Gentlemen start your engines”. In all cases, the athletes have to be ready to jump into action.

If you have treated injured athletes, you know the demands that they have to meet when they step on the field, into the ring or onto the ice. Not only do we have to understand the injury and the recovery process, but we also have to understand what is required of the athlete to return and compete. Now slip off your sport medicine hat and slip on your hard hat for Industrial Rehabilitation.

In the same way we treat athletes we can treat our industrial athlete. We should already know the injury and recovery process; it is just the same as the sportsman or sportswoman. But do we know the demands that are placed on a worker, what they do, and where they have to be in order to make a safe and durable return to work?

Some Basics

1. Work can be split into five categories, as described by Dr. L. Matheson in The Physical Demand Characteristics of Work (1993): Sedentary, Light, Medium, Heavy and Very Heavy. The breakdown is based on lifting demands as shown in the table below.

2. Work hours are split up to allow for a standard grading of the demands of a position. Occasional is up to 1/3 of the working day, frequent is up to 2/3 of the working day and constant is up to the full day.

<table>
<thead>
<tr>
<th>Demand Level</th>
<th>OCCASIONAL 0-33% of day</th>
<th>FREQUENT 34-66% of day</th>
<th>CONSTANT 67-100% of day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>10 lbs.</td>
<td>Negligible</td>
<td>Negligible</td>
</tr>
<tr>
<td>Light</td>
<td>20 lbs.</td>
<td>10 lbs.</td>
<td>Negligible</td>
</tr>
<tr>
<td>Medium</td>
<td>20 – 50 lbs.</td>
<td>10 - 25 lbs.</td>
<td>10 lbs.</td>
</tr>
<tr>
<td>Heavy</td>
<td>50 – 100 lbs.</td>
<td>25 - 50 lbs.</td>
<td>10 - 20 lbs.</td>
</tr>
<tr>
<td>Very Heavy</td>
<td>Over 100 lbs.</td>
<td>Over 50 lbs.</td>
<td>Over 20 lbs.</td>
</tr>
</tbody>
</table>

The chart above differentiates between work levels on the basis of the load to be lifted and the frequency/duration of lifting. The lighter the weight lifted, the lighter the job in most cases. Where there is a frequent repetition, the job may be graded at a higher level.

For example, someone who lifts 30 lbs all the time (constant) or carries a 30 lbs tool belt or other apparatus would be classed as performing a Very Heavy Physical Demand Job. A person who lifts 40 lbs, but only two or three times a day, would be classed as having a Medium Physical Demand Position. On the chart, this scenario is depicted with the weight lifted identified in bold print.

3. Knowledge of the job description or a job demands analysis is extremely beneficial. This gives us an idea of the tasks which are involved in a job. On occasion, a job description can be provided by the employer or job descriptions can be looked up online either through The National Occupations Classification or The Dictionary of Occupational Titles.

The National Occupations Classification can be found at http://www5.hrsdc.gc.ca/NOC/. On this page, go to the Occupational Structure item on the left hand side, which will bring up the major job classifications. For physiotherapist, look under health occupations and the number 3142 will be identified. Then go to the Career Handbook on the left column, put the number 3142 in the quick search box on the left and press enter, which will take you to an outline of a physiotherapy position. Of interest, our job is classified as being of Medium Physical Demand.

The Dictionary of Occupational Titles is from the USA. It can be found at http://www.occupationalinfo.org/. It is very straight-forward and lists jobs by first initial. Some of the positions in the USA carry different names than in Canada; for example, a logger in Canada is called a chopper in the USA.

Armed with the background information for your client’s job, you are now ready to optimize their function so that they can make a full and safe return to employment.

HOLD THE DATE for Forum 2012
Saturday, MAY 5th

We have confirmed clinical leaders Diane Lee and Neil Pearson will present on their expertise in hour-long sessions at next year’s Physiotherapy Practice Forum. In addition to these PABC gurus of pelvis and pain, PABC and CPTBC will again co-present an education session on an issue of joint concern.

The Joint Initiative committee, below, already has begun discussions on the topic and presenters. As always, the Forum will include complimentary breakfast, lunch and coffee breaks, Trade Show, and wine and cheese reception. PABC is also exploring a billet and ride share web posting to increase the out-of-town attendance.

PABC/CPTBC Joint Initiatives Committee
L-R: Marilyn Atkins, Susan Paul, Rebecca Tunnacliffe, Lois Lochhead
How an eBlast Led to a New Program in the North
A Success Story for a Rural PABC Member in Public Practice

by Alison Hoens, MSc, BScPT, Physiotherapy Knowledge Broker, PABC

Karen Skarpnes, a PABC member in Prince Rupert, wanted to incorporate more research findings into practice. She felt strongly that patients throughout all of BC should have access to the same cutting-edge quality care, but found the rural setting and relative isolation from the educational opportunities of the Lower Mainland limiting. According to Karen, however, thanks to PABC having the right people in the right positions to support evidence-informed practice, things have changed. She recently was able to start a program, incorporating the latest research findings, to provide best practice for breast cancer survivors in her community. The following is a summary of the amazing partnership of people, organizations and resources that helped Karen realize her goal.

Identifying the need
Karen noticed that many of the patients whom she had seen for various injuries/conditions since the 70’s were now breast cancer survivors. She witnessed lymphedema slowly and progressively influencing their lives. Current practice of prescribing compression garments, providing occasional lymphapress treatments and recommendations to avoid strenuous exercise did not seem to be very effective.

The chain of knowledge and helping hands
The ball got rolling when Karen received an eBlast from our CEO Rebecca Tunnaciffe. Rebecca’s eBlast alerted Karen to a PABC podcast of a recent lecture by Dr. Kathryn Schmitz. UBC Department of Physical Therapy’s (UBC-PT) Dr. Kristin Campbell had invited Dr. Schmitz to share the results of her highly-regarded research in breast cancer and lymphedema. Karen realized her goal.

Karen’s next step was to contact the PABC librarian Deb Monkman to access the full text of Dr. Schmitz’s article, which she also passed along to nursing and exercise therapy colleagues. This interdisciplinary group had some questions about how to implement the program, such as where could they purchase a volumeter? Karen forwarded these questions to the PT Knowledge Broker Alison Hoens. Alison introduced Karen to Dr. Campbell, who put her in touch with someone who could build a volumeter and, even more impressively, put her in contact with Dr. Schmitz herself who then answered all the clinical questions.

Now Karen had the knowledge and partners but she still needed money to start the program. She wrote a brief proposal to Northern Health to fund a trial of the program. The proposal summarized the results from Dr. Schmitz research and outlined a plan for how the program would be organized (ie. 5 weeks of supervised training at Prince Rupert Hospital, supplemented by nursing support to monitor for exacerbation, followed by 47 weeks of unsupervised training). Karen received the funding and the program is underway.

When the news of the success of the venture was shared with Dr. Campbell, she and Anne Rankin (MPT Program Coordinator) decided to use the BC PT Research Collaboration Directory (available on the PABC website on the PT KB webpage) to identify others who might be interested in starting an oncology special interest group in BC.

This situation beautifully illustrates how the combination of a committed PABC member, librarian, staff, and Knowledge Broker, together with UBC-PT faculty and local health authorities can work together to be aware of, access, interpret and use the latest research findings in clinical practice to provide best practice for patients. A small but important idea by a single therapist, through a carefully-crafted chain of events, is impacting cancer survivors in Prince Rupert.

New Clinics
Pauline Martin has just opened a second NeuroMotion Physiotherapy Clinic, this one in Victoria on Yates Street. Her main clinic opened in Vancouver a few years ago. Hillary Acosta and Sarah Honkanen are the neuro physios working in the Victoria clinic with Pauline. The clinic enjoyed press coverage in the local papers and TV stations which helped with their successful Open House on May 1st.

Jessie Wu and Byron Chan opened PhysioWorks in Vancouver early in January.

Greg Redman and Martha Sirdevan just opened Wave Physiotherapy in Kelowna. (photo below) They got some great Open House tips from the PABC on-line private practice toolkit.

Keeping British Columbians Moving For Life
50 Years of Physical Therapy at UBC
by Dr. S. Jayne Garland, Head of Physical Therapy Department, UBC

I am delighted to invite anyone who has contributed to the success of UBC PT over the years to the Golden Gala celebrating 50 years of UBC Physical Therapy and Occupational Therapy. See Janice’s article, below.

I am pleased to report that UBC graduates continue to be very successful on the National Physiotherapy Competency examination; our graduates had a 100% success rate on the 2010 written and practical components of the exam. Three of our current MPT class of ’08 students, Andrea Mendoza, Jamie Burniston and Ryan Hik, enjoyed a very interesting placement in Koppal, India with supervisor Hilary Crowley, a pediatric physiotherapist from Prince George. This opportunity allowed them to see how factors such as poverty, family dynamics, low education levels and culture impact general health of the population and the delivery of health care. You can read more about their experience on our website (http://www.physicaltherapy.med.ubc.ca/Home.htm) and in the March 2011 issue of the Globe, our clinical education newsletter.

We have a few new faces and some returning to the Department. Alison Greig will be returning to her role as MPT program coordinator April 11, 2011. No one will be more pleased than Anne Rankin, Clinical Assistant Professor, who has worked very hard as both interim MPT program coordinator while Alison has been on maternity leave and as Assistant Academic Coordinator of Clinical Education during Sue Murphy’s absence. Sue will be returning to some of her duties 8 hours a week and we are thrilled with her return. Anne’s efforts at filling both these roles have been essential in maintaining services to our students over the last year and are very much appreciated. We also welcome new staff members to the Department. Ingrid Dill has taken over the role of Clinical Placement Assistant from Melissa Haller who has moved into the position of Department Secretary. He has taken over the finance work of our recently-retired Department Secretary, Agnes Zee. We wish Agnes the best of times in her retirement. We also wish Jennifer Barker happy times while she is on maternity leave with her new addition to the family due April 22. Angela Tardif will be with us during Jen’s absence. I am sure all of these great additions to our Department will assist both us and our community.

Golden Gala: Come Celebrate 50 years of UBC Physical Therapy and Occupational Therapy
by Janice Eng, Professor, UBC Dept of Physical Therapy (class of ‘85)

We invite current and past students, clinical educators, tutors, instructors, faculty, staff and alumni to the Golden Gala celebrating 50 years of UBC Physical Therapy and Occupational Therapy. The event is on Saturday, March 28 from 7 pm (‘til the wee hours!) at the River Rock Hotel, Richmond. There will be food (including a sushi station, hors d’oeuvres and chocolate dipping station) and a no-host bar. Discounted hotel rates are available until May 31, 2011. Go to www.osot.ubc.ca and follow the links to purchase tickets by May 22, 2011.

We hope everyone who has contributed to the success of UBC PT and OT over the years will join us for an evening of festivities and friendships.

A Bit of History
The School of Rehabilitation Medicine first opened its doors at UBC in 1961 under the directorship of Dr. Brock Fahmi. In the School’s beginning, students completed one year of university, a three-year certificate program and were then granted a Certificate Course in Physical Medicine Therapy (which combined both PT and OT).

By 1970, graduates of the four-year program were granted a Bachelor of Science in Rehabilitation Medicine (BSR).

The emergence of a distinct curriculum began in 1983 with the division of OT and PT programs. Students who graduated at this time were granted either a Bachelors of Science in Occupational Therapy or Physical Therapy. By 1992, the School had changed its name to the School of Rehabilitation Sciences. In 2004, both programs changed to a Masters degree (MPT, MOT). Finally, on July 1st, 2007, two new departments were officially created within the UBC Faculty of Medicine: Department of Physical Therapy and Department of Occupational Science and Occupational Therapy (OSOT).

Today, the UBC Departments of PT and OSOT are vibrant places to learn and teach. With 80 MPT and 48 MOT students each year, 36 MSc/PhD students, and an engaged clinical community, these two departments have been leaders in advancing the fields of PT and OT.

MPT1s: Coming to a Hospital Near You!
by Patricia Otukol, MPT1 Student Columnist

After eight grueling months of lectures, labs, and exams, students in the MPT1 Class of 2012 are shining their shoes, packing away their sweat pants, and fishing out their name tags in preparation for ten weeks of clinical placement. Students have been placed on a variety of units in hospitals and clinics from Vancouver Island to the Interior of BC. For many of us, this will be our first real clinical experience where we are responsible for time and caseload management, treatment planning, and clinical decision making. We’re eager to get out of the classroom and put our newly-found skills into practice.

During the program, MPTs get to try on a number of different physiotherapy hats. We complete clinical placements in a number of practice areas including acute care, home care or geriatrics, rehabilitation, outpatient orthopaedics or private practice, and inter-professional
practice to get as many diverse experiences as possible. In addition, half of our placements will also be outside of the lower mainland. That’s right, Prince George, we’re coming to see you too.

At this point you might be thinking, “Hey! I have a wealth of knowledge to share. How can I get involved?” Well, don’t you worry. You too can follow in the footsteps of other great educators like Socrates, Mr. Miyagi, and Obi-Wan Kenobi. Information about how to become a Preceptor can be found on the UBC Physical Therapy website under the Clinical Education tab.

In addition to all the new experiences we’ll be having, we’ll also be taking on the role of “guinea pigs” for an exciting new study taking place at UBC. An electronic clinical portfolio system called T-Res is being implemented this year, and UBC’s 2012 class has the privilege of being among the first physiotherapy students in Canada to test the system. The T-Res application, created by Vancouver-based Resilience Software, is a web-based format for recording clinical experiences. Students will be able to record their experiences via the web through laptops, desktop computers, or other mobile device. The system is being evaluated to replace the current paper-based portfolio and to keep up with the evolving expectations of increasingly technology-savvy students. This software will hopefully make it much easier to report and store our clinical experiences and reflections, and retrieve them after graduation.

We’re looking forward to seeing you this spring. Oh, one last thing. If you happen to have an MPT1 on your unit or in your clinic who is periodically typing on their phone, don’t be alarmed. We are reflecting, not – I repeat, not – texting.

Clinical Education Corner
Good to be Back!
by Sue Murphy

It is with great pleasure that we reintroduce the “Clinical Education Corner” in this issue of Directions. After an unplanned hiatus of almost a year due to an encounter with cancer, Sue has started a slow graduated return to her role as ACCE (Academic Coordinator of Clinical Education) and is delighted to be in the process of getting this show on the road once again. Sincere thanks to all our clinical educators who have been so supportive and so patient over the last few months and we sincerely hope that “normal service will resume as soon as possible”.

Clinical educators often ask about evidence-based approaches to designing and managing a clinical learning experience for a student. One tool which is simple to use, evidence-based, and effective, is the use of reflection. Reflection enables learners to build on existing knowledge, helps the student to identify learning needs, promotes integration of new learning, and speeds the learning process.

In its simplest form, reflection means ‘thinking about what happened’. As with other aspects of learning on a clinical placement, learning to reflect effectively is a skill which can be fostered and encouraged by the clinical educator. Dedicated reflection time and a quiet location for the student to access are important to allow skill development. Questioning by the clinical educator can also be a great way to encourage effective reflection by students; for example, asking the student for their overall impressions of the event (“how did you think that went?”) or asking the student to talk through what they did (“tell me what happened there”). Other helpful questions include asking the student what went well and what they would do differently next time, what issues or questions arose, what assumptions the student made, and how their actions might change in a different context.

One of the tools the UBC MPT program is hoping to use to encourage students to learn through reflection is a web-based program called T-Res. T-Res is an electronic portfolio system which medical residents from various programs in North America (including UBC) have used for several years, but which has now been redesigned for use by the UBC MPT students. Currently students complete a paper-based log and reflective exercises as part of their learning while on placement, which helps identify future learning needs and gaps in clinical experience. With the T-Res system they will be able to complete this portfolio on a web-based application which can also be used on smart phones and iPods. UBC Physical therapy students are the first in Canada to use the T-Res system and we are very excited to be leaders in the use of T-Res in Physical Therapy. If you would like to see the system in action, ask your level 1 students this spring to show you how it works, or come and see a demo at our booth at CPA congress!

PABC Funds Students for Congress in Whistler

There are two things that UBC physio students can always use more of: sleep and money. While unable to help with the sleep part, the ever-responsive PABC kindly donated $1,000 worth of bursaries towards helping MPT students attend CPA Congress in Whistler this summer.

PABC student directors Michelle Soh (MPT1) and Sarah Stroh (MPT2) opted to divide the money into multiple, smaller bursaries to spread the wealth among as many of their classmates as possible. Each class held separate contests to determine the recipients. The MPT1s had to log into the PABC website and write about something that they found particularly interesting, while the MPT2s completed a short survey about the PABC members who most inspired them, sessions they were most excited to attend at Congress, specific details about the upcoming Physio Practice Forum, and reasons they may or may not become PABC members after graduation.

All of the participant’s names were entered into a draw, which was made at the spring PABC Pizza & Practice event in March. The lucky winners were:
MPT1: Lily Wu, Erin Robinson, Meghan Markewich
MPT2: Rochelle Veronneau, Andrea Mendoza, Matthew Harriman, Tony Gui, Megan MacKenzie

Congratulations to all the lucky recipients, and a big thank you to PABC for continuing to support students in their burgeoning physiotherapy careers!
Not all Populations Seek Physiotherapy Equally
by Tony Gui, MPT2

In the article Immigration and Health Care Utilization Patterns in Canada, Steven Globerman reports that most immigrant groups except Asians tend to visit physiotherapists more frequently than Canadian-born individuals. Asians and Canadian-born individuals are least likely to seek physiotherapy. To investigate some of the barriers to physiotherapy treatment in the Chinese community and some strategies for making physiotherapy treatment more accessible to this demographic, we contacted PABC members with a Chinese background: Kevin Tam (Metrotown Physiotherapy), May Ly (Keary Physiotherapy), Grace Cheung (Go! Physiotherapy), and Sokee Lee (Hillside Physiotherapy). The following are excerpts from our conversation.

Do you think the Chinese community is undeserved with regards to physiotherapy?
Kevin: “I would say that the Chinese community is somewhat underserved by BC PTs. With the lower mainland having probably the highest Chinese population, there are not enough of us Chinese-speaking physiotherapists to go around.”

Grace: “From my experience, I don’t think that they are underserved. With the larger Chinese immigrant population being from mainland China where there is no physiotherapy (vs. Hong Kong, where there is physiotherapy), newer immigrants are less familiar with physiotherapy and therefore less inclined to go. But if their doctor tells them to go, they usually do, whether their physio speaks Chinese or not.”

May: “It may be due to low number of Asian speaking PT’s that there is low uptake of our services, but also other factors such as cultural, socio-economics, and awareness. Physiotherapy is relatively new compared to the types of treatments they are aware of which are often based on thousand- year old histories. So it is hard for them to buy into something that is not as well established as the traditional types of treatments that they are used to. Cost may be another factor, as a lot of Asians immigrants are employed in lower paying jobs, or jobs that do not offer extended health benefits to offset the cost of physiotherapy.”

What strategies would you suggest to increase physiotherapy awareness in the Chinese community?
Kevin: “Chinese radio and newspaper educational ads, contact with Chinese physicians to educate them on the value of physio, Chinese PT representation at Asian/Chinese health expos (if there are any), liaise with other Chinese allied-healthcare professionals, i.e. RN, RMT, MD, etc.”

Grace: “I’ve done educational talks regularly with community services in Vancouver and Burnaby, and usually there is a phenomenal turn-out. Numbers are huge. Although the population may be an older one (similar to the general population that would normally attend a free educational talk), they are very eager to learn (and get free health advice as well). It’s a great way to promo physio as well.”

What marketing strategies have been effective in your practice/clinic to attract clients from the Asian community?
Kevin: “They come to me by word of mouth and direct referral from fellow Chinese (and non-Chinese) physicians in my referral network. Some of my clients find me through the internet and phone book. By virtue of my Chinese last name, the Asian population have sought me out and inquired about my Chinese-speaking abilities before making an appointment with me.”

Sokee: “I just advertise that I do speak the language, and many times I find that after an initial appointment they have no problems communicating”

This article only scratches the surface. The key message is that there are opportunities to connect with a new clientele and there are innovative yet simple strategies to successfully engage new clients of all cultures. There are big opportunities here for all of us. Banks, for example, employ strategies to market their services to new immigrants, such as advertising the languages in which their associates are able to provide service at the entrance. Start by brainstorming 2-3 ideas on how your clinic/practice can tap into new markets. The good ideas will spread, first from person to person, then from one circle to another, and eventually into large groups.

Tony Gui is in his second year of the physiotherapy MPT Programme and is in his second year on the Business Affairs Committee as a Student Director.

Not Your Usual Home Visit
by Grace Cheung, MScPT, Dip. Manip. P.T., FAMPT

During my years working in private practice, I have often been asked to do home visits throughout the Lower Mainland and the Sunshine Coast. But when I was asked by a client to travel to China to continue physiotherapy treatments that she had started at my clinic here in Vancouver, I was taken aback!

I accepted the invitation, and last month I traveled to Wuhan, China, where I put my physiotherapy skills to use. When I first arrived, I was admittedly nervous. For starters, I do not speak fluent Mandarin (only Cantonese). Further, my client told me that she and the other patients were quite eager to see me. In fact, some were to travel from several hours away. Were they expecting a miracle worker?

For two weeks, I saw about six patients a day in a makeshift clinic that was run out of the mezzanine floor of a large family home. Most issues I saw were orthopedic in nature. The treatment approach I took was educational, evidence- and exercise-based, so that when I left, I knew they would still have things they could work on on their own. What a relief it was to hear, at the end of the trip, that they all had
I have recently completed the certification process to become a Certified Cervical and Temporomandibular Therapist (CCTT), and would like to share information about this certification with those of you interested in this area of clinical practice. The certification requirements (which include a written examination) are modelled after the certification process developed for physiotherapists and occupational therapists to become Certified Hand Therapists (CHT).

The CCTT certification process was developed by the Physical Therapy Board of Craniofacial and Cervical Therapeutics (PTBCCT), which was established in 1999 by an international group of physical therapists who specialize in the evaluation and treatment of patients with cervical spine disorders (CSD), cervicogenic headaches (CGH), orofacial pain (OFP) and temporomandibular disorders (TMD). Many of the board members have faculty appointments in dental and physical therapy schools as well as clinical, research and textbook publications.

The examination for CCTT designation is offered annually at the AAOP scientific meeting. Candidates applying to sit the examination must meet specific clinical and educational requirements, some of which are:

- Five years and 2000 hours of clinical physical therapy experience of which two must include specialization in the evaluation and treatment of patients with CSD, CGH, OFP and TMD.
- 100 hours of continuing education in the areas noted above during the past 5 – 10 years.

Upon successful completion of the examination, candidates receive the CCTT designation and Diplomate status within the PTBCCT. In order to maintain certification, each CCTT must complete 25 hours of continuing education in courses related to this area of specialization.

The certification process is open to physiotherapists interested in the evaluation and treatment of patients with CSD, CGH, OFP and TMD. The certification requirements include:

- A minimum of 5 years and 2000 hours of clinical experience in physical therapy, of which 2 years must be in the evaluation and treatment of patients with CSD, CGH, OFP and TMD.
- 100 hours of continuing education in the areas noted above during the past 5 – 10 years.

Upon successful completion of the examination, candidates receive the CCTT designation and Diplomate status within the PTBCCT. In order to maintain certification, each CCTT must complete 25 hours of continuing education in courses related to this area of specialization.

The PTBCCT maintains a diplomate directory of CCTTs on their link within the AAOP website that can be accessed by the public, insurance companies and referral sources. There are currently three CCTTs from Canada; another will be sitting the examination at the upcoming meeting in Las Vegas. For further information regarding the PTBCCT and the CCTT examination process, visit the AAOP website: www.aao.org and click on the link: Physical Therapist/PTBCCT on the homepage or refer to the reference below. If you have further questions, please contact me at mariazwestside@telus.net.

**Reference**


**Maria is an owner of Westside Physiotherapy and Hand Clinic in Vancouver.**
Journal Clubs: Free, Interesting and Fun!

When PABC launched the webinar journal clubs last August we didn’t know just how much participants were going to love them! The following is a brief summary of the journal clubs including: (1) what they are, (2) how they work and (3) what participants have told us about them.

What is a PABC journal club?
A PABC journal club is a web-based opportunity for members to ‘get together’ with a guide (the PT Knowledge Broker) and a guest expert on a topic, to improve their skills in how to determine if a journal article is ‘good enough’ (i.e. of sufficient quality) that they should consider using the results of the study to inform their own clinical practice.

How does a PABC journal club work?
PABC members register, for FREE, on the PABC website. PABC’s Member Services Manager Jesse Royer and clinical librarian Deb Monkman send you all the information that you need for the journal club (the article, instructions on how to connect etc). Approximately 10 minutes before the journal club is to begin you sit in a comfortable chair at your computer, with a glass of wine, and then connect to the journal club via webinar. Alison and the guest expert lead participants through an easy-paced one-hour tour of the article, explaining basic concepts in study design, methods and statistics and sprinkling the discussion with clinically relevant facts about the topic (e.g. effectiveness of joint mobilizations for osteoarthritis; steroid injection or manipulation for tendinopathy; soft or hard hip protectors etc.). Participants can ask questions and share thoughts and treatment ideas from the comfort of their own home.

What do people who have joined a PABC journal club tell us about it?
Participants complete a questionnaire before and after each journal club. You will see below that members’ sense of their ability doubles after the webinar experience. This is a summary of the combined responses of three journal clubs. The percentages represent the range of responses.

<table>
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<th></th>
<th>Before joining a journal club webinar</th>
<th>After joining a journal club webinar</th>
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<tr>
<td>Feel very confident in their ability to assess the quality of an article</td>
<td>0-15%</td>
<td>25-45%</td>
</tr>
<tr>
<td>Agree or strongly agree that they were able to determine whether the literature review was adequate</td>
<td>30-45%</td>
<td>65-92%</td>
</tr>
<tr>
<td>Agree or strongly agree that they were able to determine whether the methodology was adequate</td>
<td>30-42%</td>
<td>60-84%</td>
</tr>
<tr>
<td>Agree or strongly agree that they were able to interpret the statistical findings</td>
<td>11-25%</td>
<td>29-56%</td>
</tr>
<tr>
<td>Agree or strongly agree that the findings should be applied to their patient population</td>
<td>52-65%</td>
<td>78-92%</td>
</tr>
</tbody>
</table>

Sample comments
- "I have never done this before and am technically challenged.”
- "I need a better understanding of the practical application of what I read in journals." 
- "I find it frustrating to take the time to search for studies and then debate on how to use the results in my day to day practice.”
- "I want quick, key steps that are easy to remember when analyzing an article.”
- "How to determine why specific statistics were used & whether the author’s conclusions were appropriate based on the information given.”
- "I want to feel more confident in evaluating the quality of an article to better inform my practice. I am not familiar with statistics, and find them daunting. What is it that I need to know minimally to be proficient at evaluating the literature?”
- "Webinars are easy to participate in, even for someone not as computer savvy.”
- "I was interested in the topic which, combined with the purpose of learning how to evaluate an article, was a great combination.”
- "Great to learn the skill with content that is meaningful to our practical physio experiences.”
- "Both the evaluation skill set and content were the reasons why I left the comfort of my rocking chair and TV.”
- "I liked the practice analyzing the article under the guise of interesting/helpful content. I wouldn’t have thought I would do it for that reason, but now having done it once, I would do it again. In these busy and costly days, getting education free and convenient is great!”

Sport Physiotherapy BC
by Timothy George, Chair, Sport Physio BC

Kudos and Courses
Congratulations are in order to a few of our SPBC executive members (past and present): To Chris Napier and Dave Terlicher, on the opening of a Vancouver-based satellite office of Restore Physiotherapy, started by Nadine Nemhbad in Burnaby; and to Wil Seto, SPBC newsletter editor, who will be opening the doors at his new clinic, InSync Physiotherapy, in the Cambie Corridor on April 14, 2011. Best of luck to all of you in your new endeavors!

Saturday/Sunday September 24/25, UBC
Soft Tissue Myofascial Management of the Pelvis & Thoracic Outlets
Murray MacHutchon of Winnipeg, an instructor and examiner in CPA’s Orthopaedic Division, provides this exciting hands-on course. Registration opens June 2011.
In Memoriam

Tribute to Ruth Pollock

by the Physiotherapy Department, Eagle Ridge Hospital, Port Moody

It is with great sadness that we inform the physiotherapy community of the passing of Ruth Pollock on April 5, 2011 after a courageous battle with cancer. Ruth passed away peacefully in her sleep at home, surrounded by family and friends.

Ruth trained at the Ulster University in Northern Ireland in 1978 and came to Canada soon after. She worked at Royal Columbian Hospital from 1980-1985 before moving to Eagle Ridge Hospital (ERH) in 1986 to help establish the High Intensity Rehab Unit, where she continued her work as Clinical Supervisor of Physiotherapy (Rehab) until taking medical leave in June 2010.

Her passion was Neuro Rehab. She was a leader in the neuro community, which has benefitted from her knowledge, excellent clinical skills, and constant involvement over the years. She was a strong advocate for increasing Neuro Rehab at ERH and within the Fraser Health Authority, and was instrumental in maintaining the best standards and encouraging excellence in patient care.

As a member of CPA, she was one of a core group of physios who established the Vancouver Unit of the Neuroscience Division in the mid-1980s, and successfully improved post-graduate education and clinical skills. She also volunteered her time with CPA toward the creation of the Neurological Physiotherapy Specialization Program. The results of her efforts, together with that of many others, have resulted in the roll-out this year of the Canadian Physiotherapy Specialization Program, and hopefully we will have our first Canadian Neurosciences Physiotherapy Specialists by the end of 2011.

In her spare time, Ruth enjoyed exploring the world. Most recently, she travelled to Europe, cruising off the coast of Greece, exploring Croatia, and visiting loved ones in Ireland — two of her favourite things: sunshine and family.

Ruth will be greatly missed by her colleagues and patients. Her legacy will live on through her work in Neuro Rehab and in her inspiration to us all to become the best clinicians we can be.

Tribute to Grant McLean

Grant McLean was diagnosed with brain cancer in the summer of 2009. He wished to keep his PABC colleagues informed of his harrowing journey, and wrote a Directions column last year that he planned as the first of several instalments. His health however quickly deteriorated and he let us know that he was unable to act on his intent. We are deeply saddened to now announce that Grant passed away on January 15, 2011. His battle with brain cancer was physically and emotionally harrowing; he wrote of how cancer quickly prevented him from practicing physiotherapy, painting, and raising his children. Grant graduated from UBC in 1977 (BSR) and was an owner/partner of a clinic in Langley for the past 20 years. Throughout his 32 years in physiotherapy practice Grant was well respected by his patients and his peers.

Grant was also an acclaimed artist. As a senior signature member for the Federation of Canadian Artists, he exhibited in juried art shows for over 20 years. Grant is survived by his wife and three daughters. He will be greatly missed in the many communities he influenced.

Kudos from Our Members

I have to say Jesse in your office is really switched on! GR

Love the webinars; I’m hoping to start creating time for these types of activities. PL

For me, (the Knowledge Broker initiatives) point out the importance of PABC membership as membership facilitates sharing of knowledge and expertise and enables us to provide the best quality of care to the public. DT

I LOVE webinars; it’s my new favorite thing. Keep up the good work. JD

Thanks for the evening lecture series and making them available as videocasts. Ten of us sat and watched the osteoporosis one and all agreed it was a great way to update and refresh our knowledge on a topic we frequently see. SY

I am very glad I went to the Forum, it was a great informative day. PT

I just wanted to say thank you to you and everyone involved in organizing such a fun day at the Physio Forum. I was trying my skills in sales today promoting membership to my hospital based colleagues - they are really missing out!!! RD

Everything that is happening within PABC and the College is very good for physiotherapy as a profession. It was good to see. Thank you to you and your team for doing a great job. DT

Wanted to let you know that I LOVE the new logo, tag and website (including the color tie in with BC) we saw at the Forum!!! Pretty terrific! I also really enjoyed the commercial! Thanks to all the stars and your hard work!!! AR
What Members are Doing

Graeme McCreath had a successful book launch last month that captured national and local news. Graeme says of his book The Politics of Blindness: “I have written this book to offer practical solutions that will help change blind people’s lives in Canada. All my life I have been one of the minority of working blind people. My hope is that many of my PABC colleagues will read my book as it is relevant to all aspects of rehabilitation. Blindness can be treated as merely an inconvenience, not a tragic disability.”

www.thepoliticsofblindness.com

In March, Vancouver Mayor Robertson presented Andrea and Augustin Navarro with the Dahong Pilipino Award for Outstanding Leadership.

Brian Riemer is organizing physio volunteers for the BC Senior Summer Games for August 16-20. Contact him at evergreentpt@shaw.ca or (250) 368-8862 to get involved. www.2011bcseniorsgames.org

Wendy Epp and Timberly George were part of the Year of Science/Sport and Science expo for teens in February in the outdoor venue at Robson Square.

Paige Larson has been nominated for the YWCA Woman of Distinction Award for the health and active living category. Paige was also a finalist in the North Short Sports award in the volunteer category.

PABC’s Student Director Sarah Stroh was awarded the prestigious national Helen Saarinn Rahikka Student Leadership Award leadership which will be presented to her at Whistler Congress.

Thanks for PABC’s Scam Alert:

Stephen Chan let PABC know how its eblast helped him avert a con artist. Says Steve: “It happened to us today but because of those previous PABC emails, I was suspicious right from the start. I alerted my building colleagues too.”

Pilates For Physiotherapists

These courses form the link between evolving research in stability training and traditional Pilates work. They are structured to give you a toolkit that will enable you to deal effectively with early stage rehabilitation progressing to more dynamic and specific training.

The many variations of the traditional Pilates repertoire will be broken into key components and you will learn to quickly and effectively select pathology specific exercises. Building upon these foundations you will then be able to develop a logical sequence in movement selection.

This program is designed by physiotherapists for the health care professional. Places are limited, so early booking is advised.

Level 1: (2 days) June 4/5, 2011 - $350
Level 2: (2.5 days) May 14/15, 2011 or Oct 14-16, 2011 - $475
Pilates for the Shoulder Sept 17/18, 2011 - $350
Pilates for Pregnancy and Postpartum: June 11, 2011 or Sept 10, 2011 - $175

Venue: Symmetrics Physiotherapy, North Vancouver

Presenters:
Susie Higgins, non-practising registered Physiotherapist, Bodycontrol Pilates Instructor
Margaret Bowden, non-practising nurse, Polestar Pilates Instructor

To register contact Susie Higgins, ph: 604 970 1057 or at evolvedpilates@shaw.ca

Privately Sponsored Courses

Details at www.bcphysio.org - Courses/Events - Select the Private Courses/Events tab

May
• Building Better Bones, Melioguide, Online Course
• Lyn Watson Level 1 Shoulder Course, Vancouver
• Relieving Pelvic Girdle Pain During and After Pregnancy, Fort St. John, BC
• Pilates For Physiotherapists Level 2, North Vancouver

June
• Conflict Resolution for the Rehab Professional, Surrey
• Pilates for Physiotherapists Level 1, North Vancouver
• Pilates for Pregnancy and Postpartum, North Vancouver
• 7th Annual Healthcare Professional Conference, Vancouver
• The Bobath Concept 3 week Basic Course, Vancouver

August - November
• Soft Tissue Release Training Workshop, Victoria
• Pilates for the Shoulder, North Vancouver
• Stability Ball Training, Vancouver
• Conflict Resolution for the Rehab Professional, Victoria
• Vestibular Rehabilitation: Advanced Assessment & Management, Vancouver
• Kinesio Taping Seminar, Vancouver

PABC Members Awarded Provincial Paediatric Honours

The Office of the Provincial Paediatric Therapy Recruitment and Retention Coordinator (PPTTRRC) created awards to recognize some of the exemplary therapists working with children and youth with special needs in BC. Thanks to Jason Gordon for announcing the following proud PABC members who won the 2011 awards:

The Mentorship/Education Award: Yvette Jollet, Physiotherapy Department Head, Fraser Valley CDC
The Dedication to the Profession/Lifetime Achievement Award: Llaesa North, Director of Physiotherapy, Prince George CDC
This year, thousands of people will find themselves in need of crutches, wheelchairs, bathroom aids or other health equipment. Through HELP, we are providing health equipment loans to people living with illness or injury.

For more information or to find the centre nearest you, please visit www.redcross.ca/help

Equipped for independence.

“It scored the highest in all categories”
– BC’s Directions in Physiotherapy: Winter 2011

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Weekend Course
Summer 2011
Rediscovering Anatomy: Exploring musculoskeletal form and function with cadaver prosections
June 25/26 with Sean Campbell MSc and Majid Alimohammadi Ph.D.
Saturday June 25 and Sunday June 26 8:00 am – 5:00pm, Life Sciences Building, UBC
A comprehensive understanding and integration of anatomy is the foundation of our profession and the common language that allows all health care professionals to communicate with each other. As physiotherapists we need to not only be the movement experts but be able to integrate detailed anatomical knowledge into our clinical reasoning. This course provides clinicians with a comprehensive 2 day hands on exploration of cadaver prosections under the guidance of instructors from the UBC Department of Anatomy and Regional Clinical Experts. " This course is a must for any therapists who use needles, manual therapy, or want to solidify their anatomical knowledge.

Evening Lecture/Podcast Series
Fall 2011 – Are the Kids Alright? Training Principles for Young Athletes and Pediatric Red Flags
Inspiring Athleticism in our Youth
October 18: with Peter Twist MSc, CSCS
Many kids are deconditioned and unmotivated. Learn how to make purposeful exercise interesting so kids of all ages find elements of play in training. Discover essential growth and development characteristics combined with practical training tips to become a change maker for the future generation of fitness and sport.

Kids in Pain? Something’s wrong!
November 15: with Dr. Kristin Houghton MD MSc FRCP FAAP Dip Sports Med
This lecture will outline childhood “do not miss conditions” that are musculoskeletal in nature, or masquerade as such. Join us and be ‘reminded’ of childhood “red flags” through this case based presentation by Pediatric Rheumatologist and Sports Medicine physician Kristin Houghton.
Location/time: Gordon and Leslie Diamond Health Care Centre 2775 Laurel Street, Vancouver BC, 7:00 – 8:30 pm
Podcasts: distributed to registrants one week following the live lecture
Fees: PABC members: $40 (students $10 - in person only), podcast $30; future members: $60; Podcast “group” rate per site: PABC members $60; future members $120

Spring 2012 – Below the belt … an Encore Presentation
Join us as two of our most popular presenters provide a repeat appearance: Deb Treloar and Rick Celebrezzi will speak on lower extremities orthopaedic topics.
To register for courses or lecture/podcast series, follow these three easy steps:
1. www.bcphysio.org and click Courses/Events on the top right
2. read the descriptions; scroll down to “To Register …. Click Here”
3. click “sign up” on the course or lecture you’re interested in
For more information, call PABC at 604-736-5130, ext. 2 or email Andrea Reid at education@bcphysio.org.