Managing Pain in the Musculoskeletal Orofacial Pain Patient: A Conference Presentation Summary

by Virginia Fenzl, BScPT

At the Canadian Pain Society Conference in Victoria this May, I had the opportunity to present a session on Managing Pain in the Musculoskeletal Orofacial Pain Patient, along with Vancouver-based Dr. Sujay Mehta, DMD, UBC Orofacial Pain Clinic, and Dr. Mike Racich, DMD. This session addressed the multi-disciplinary approach to diagnoses and treatment. It was an excellent opportunity to promote and educate the health care community on the role of physiotherapy and its connection to dentistry as part of a continuum of care that can enhance recovery and contribute to more successful outcomes for orofacial pain patients.

Patients presenting for treatment of pain in the orofacial region often become lost souls when they selectively present signs and symptoms to health care providers as they see pertinent to that provider’s scope of practice, i.e. face or tooth pain to dentists, neck pain to physiotherapists, headaches to doctors.

To effectively treat and manage these signs and symptoms, it is necessary to attempt to diagnose the individual components that precipitate, provoke or perpetuate pain and dysfunction of the orofacial pain region and, with that knowledge, develop a multi-disciplinary treatment plan to address the patient’s needs.

Dr. Mehta introduced our topic by taking us through the multiple diagnostic entities including dental pathology, salivary gland disorders, neurovascular and neuropathic pains and musculoskeletal disorders. The process of differential diagnosis leads to appropriate referral and treatment of these patients. Temporomandibular Disorder (TMD) is a sub-classification of orofacial pain. It describes a group of related disorders within the masticatory system that involve the temporomandibular joints and/or its associated structures that have many common signs and symptoms. TMD may include multiple diagnoses that precipitate, provoke or perpetuate dysfunction and pain in the cranio-mandibular area.

Physiotherapy plays an important role in the multi-disciplinary approach to treatment of these patients. We are trained to assess function of the neuromuscular
President’s Report

Meena M. Sran, PT, PhD
President

Our Regional Representation

For the past year, I have been leading the Board through a critical appraisal of the PABC regional structure. As a Board Director for six years, I have wondered why we are organized the way we are. At the same time, I observe that the needs of individual members and the goals of the Association as a whole appear to have changed somewhat in the past few decades, especially with the enormous advancements in technology. The Board would like to know if your representation needs have changed, and are therefore seeking your input on a quick survey Rebecca sent to you by email on July 4th and which closes on August 15th. Please refer to the email from RBT entitled Region Survey, and New Stuff, or email rbt@bcphysio.org to get the link.

While PABC’s structure is based on geographic representation, CPA and many of the provincial branches have no specific requirements for geographical or population-based representation. We can choose what works best for us, which is why we are asking you to complete our survey.

Currently, six of our regions each have one representative on the Board, and Greater Vancouver/Peace River Liard has two Board Directors (over half of our members residing in this region). Each Board member has equal voting power regardless of the number of members they represent. The more important point, from my perspective, is organizing us so that we can meet the needs of our members and the strategic plan of the organization, and use our human and financial resources most appropriately to meet these goals. So we are asking, does the present system work for you?

We invite each of you to participate in helping the Board understand whether our regional representation structure is meeting your needs. Is there something more you want from your Board Director? Is there something critical you need to excel in your professional life that we could help with? I know every survey you complete is valuable time out of your day, yet please take five minutes to complete this one.

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The PABC Mission is to provide leadership and direction to the physiotherapy profession, foster excellence in practice, education and research, and promote high standards of health in BC.

I ask that you seriously consider taking a look at how we are organized and share your thoughts on what you think will work best for you, and for your colleagues. In addition to this base-line survey, we will also be holding Town Hall meetings in the regions over the coming year to discuss the matter of representation and boundaries to ensure we have a strong understanding of your interests. This is not a process that we undertake often, and the structure we choose will remain for many years to come. Thank you in advance for your time. You can also email me anytime at president@bcphysio.org.

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New PABC Grants

Exceptional Professional Development Bursary

Now in its first year, the PD Bursary has already funded three PABC members to undertake extraordinary education in distant places that would have been more difficult without the financial support of PABC. Watch for upcoming articles in Directions from these better-informed members who will share their learning with us (Marcy Dayan, Carol Kennedy, Rick Celebrini). Five bursaries are available annually; see www.bcphysio.org members only site/PABC and You/Awards and Bursaries. Applications take up to two months to adjudicate.

Research Grant

PABC has created a new Physiotherapy Foundation of Canada funding grant of $5,000. Please consider applying for the grant, deadline of February 20th. In the Autumn newsletter, we will have a Tips On the Perfect Application to help you write a strong proposal. We created this fund in order to encourage clinical research.
PABC On the Move: The French Connection

One of the exciting things about working with you amazing physiotherapists is hearing about your adventures practicing in distant and exotic places. When I talk about PABC to the new MPT class each September, they typically tell me that one of the reasons they are becoming physiotherapists is the chance to work abroad. A sense of wanderlust is part of the physio psyche, and my month-long adventure in France gave me an appreciation for what you gain when you take off to another land to work with elite athletes or under-serviced populations. Although I was pleasure-bent, you can see from my reading material (in photos on this page) that you and your adventures were on my mind.

I returned with a refreshed perspective and an eagerness to undertake the strategic direction our Board of Directors set at our AGM meetings in April. Our priorities for the coming year are:

1. Member Recruitment and Retention
   - Facilitate regional education, library services, and member networking.
   - Increase awareness of the value of PABC among students and future members.

2. Excellence in Practice
   - Provide best practice tools.
   - Ensure PABC members continue to lead rehab in BC.

3. Stakeholder Relations
   - Strengthen relationship with physicians.
   - Raise awareness of physiotherapists involved in Olympics.

Each of these priorities has a list of exciting actions. We are working closely with our Communications Consultant Bev Holmes on the communications plan for these goals, and we will establish task forces for many of the new initiatives.

With our membership number and our percentage of membership among all BC physiotherapists at all-time highs, we know we are on the right track providing services that are meaningful to your practice. Another exciting measure of success is the unprecedented response we had to our call last month for leaders on the Board and committees; we welcome many members to our committees and task forces who have never been involved with PABC leadership until now. We are on the move!

All Time High

PABC has reached its highest membership number ever, while the total number of registered physiotherapists remains about the same. The 1,808 members of PABC represent the highest ever percentage of the total registered physiotherapists (2,879) at 63%. The increased membership is coming from the public practice area where nationally the membership is low compared to the almost 100% private practice membership. See the results of PABC’s recent Future-Member Survey on page 13.
Managing Pain....continued from page one

skeletal system and to use our skills to assist in restoring or improving normal postural function. It was the purpose of my presentation to offer an understanding of the interdependence of the neuromusculoskeletal system. Changes in the function of the temporomandibular joints may be produced by local or distal changes produced by injuries, systemic disorders and/or adaptive changes. Assessing the total body is essential in identifying the TMD as a primary, secondary or coexisting source of pain and or dysfunction.

When the primary cause of dysfunction is the temporomandibular joint, addressing it first through dental intervention and direct treatment is indicated. When the primary cause is distal or away from the temporomandibular joints, addressing the postural or the occlusal component first is indicated. When there are multiple contributors to the dysfunction as in MVAs, chronic pain or systemic disorders, addressing all of the contributors concurrently with constant re-evaluation is indicated to effect more successful outcomes. Physiotherapy treatment can address pain, movement, and re-education of the neuromuscular system producing a more stable environment within the skeletal system. This allows for increased success in other medical and/or dental interventions that may be indicated.

Dr. Racich concluded our session by reviewing the diagnostic considerations and their implications in a dental office. He related that patients appear in a dental office for three reasons — pain, function and appearance — but will not be happy with appearance if pain and dysfunction persist. Evaluation, education of the patient, and appropriate referral will lead to improved treatment planning and goal setting for that patient.

Working with other health care providers and presenting to a multi-disciplinary group that have a common goal of seeking and integrating evidence with knowledge and skills to more effectively address the needs of the individual patient was a valuable experience for me. It reaffirmed my respect for the time and energy that providers, researchers and presenters dedicate to improving quality of care. Because the etiology in orofacial pain patients is poorly understood, there are varying treatment approaches. Each discipline brings an individual area of expertise and skills. When we assess and begin treatment of patients presenting with pain and dysfunction, it is important that we approach with an open mind and a respect for the knowledge that individual disciplines can contribute to their treatment, management and care. When we work together in a mutually supportive manner, we can provide better care, set realistic goals and optimize treatment success for these patients.

The Canadian Pain Society website allows you to access our abstracts, including our session 106: www.canadianpainsociety.ca/congres/victoria2008/CPS_Abstracts_2008.pdf

Virgínia Fenzl owns Pitt Meadows Physiotherapy Clinic, where her general practice is complemented by her expertise in TMD, and where she and her associates believe that their patients are best served when disciplines work together in a mutually supportive manner.

Pain Science Division Launches on the Eve of Congress 08

by Neil Pearson, MSc, BScPT, BA-BPHE

In 2005, a group of physiotherapists involved in the area of pain management developed the Canadian Physiotherapy Pain Sciences Group. This group set out to find ways to enhance the education of Canadian physiotherapists with respect to modern pain science and to start to bring together Canadian physiotherapy academics, researchers and clinicians involved in this area. A bimonthly newsletter was established and offered free to anyone with an interest (previous editions are archived at www.cppsg.squarespace.com). The group’s activities received considerable support from clinicians, educators and researchers in Canada and internationally.

Over the past three years, many changes occurred. It became clear that pain is now viewed within Canadian health care as an important and costly health issue, that the scientific community was shifting its view of pain towards a clinical and medical entity in and of itself, and that physiotherapists needed to position themselves as leaders in the non-pharmacological treatment of people in pain. After a CPA survey early in 2008 indicated that 69% of CPA member respondents would consider being members of a Pain Science Division, the steering committee of the Canadian Physiotherapy Pain Sciences Group presented a proposal to CPA for
the development of this new division. This division has not only demonstrated it will be viable within CPA, it founded at a time when Canadian health care desperately requires the unique voice of physiotherapists in policy decisions regarding the treatment of people in pain.

The goals of the new division are:
1. To disseminate and share evidence-based information regarding the assessment and treatment of people with pain by physiotherapists in Canada.
2. To foster the development of connections and working relationships between Canadian clinicians and researchers interested in pain and physiotherapy.
3. To develop working relationships and a stronger presence for Canadian physiotherapists and the physiotherapy profession in Canada within national and international pain groups.

The PSD will offer a quarterly newsletter _NOCEPTION_. This newsletter will include resources and current scientific information to assist members in their understanding of pain and to enhance the treatment of people in pain by our members. The newsletter encourages evidence-based and best practice submissions, including scientific research, reviews of current quantitative and qualitative research reports, reports of clinical experience in pain management, and discussions of patient values and economics of pain science and pain management. Upcoming courses of interest and resources to assist in the treatment of people in pain are also accepted for publication. All submissions are reviewed and accepted by the newsletter editor. **Dave Walton: dave_m_walton@yahoo.ca**

The PSD will also work towards offering:
- yearly courses for Canadian physiotherapists new to the area of pain science and pain management;
- yearly intermediate and advanced courses for Canadian physiotherapists;
- a current bibliography of pain science and pain management materials; and
- a registry of Canadian physiotherapists with a special interest in the area of pain management.

As you might expect, the executive of the PSD intends to consider models of developing a specialty area for CPA members involved in the area of pain management.

Pain science and pain management are important issues for all divisions, and are also interdisciplinary issues. As such the executive has developed collaborative relations within CPA and with other divisions, and has initiated relationships with the Canadian Pain Society, the Pain, Mind and Movement special interest group of the International Association for the Study of Pain, the Canadian Pain Coalition, the Canadian Academy of Pain Management, NOIGroup, and the Physiotherapy Pain Association in the UK.

CPA members will have the opportunity to officially join the PSD when they renew their CPA membership this September. The division membership cost is expected to be approximately $25. Watch for a new website for the PSD, and a fall teleconference series.

**The Congress Experience**

The day following the launch of the Pain Science Division, Congress 08 began in Ottawa. I was fortunate to apply for and be granted partial funding from PABC to attend CPA Congress 08. It was a huge success — well organized, packed with diverse choices of education topics, excellent trade/show/exhibit hall and great food. Presentations on best practice guidelines, marketing physio practices, and research into core stability stood out among the many educational sessions. The keynote speakers and Enid Graham award recipient were engaging and inspiring. The location in the heart of Ottawa, alongside the canal and close to many museums, made for many pleasant options for enjoying time out of the meetings and presentations.

It is always a pleasure to network with physios in other areas of the country. The opening and closing ceremony receptions and the local flavor night added loads of chances to share ideas and make new professional and personal connections. At one point, an ad hoc group of us had an intense discussion about the importance of including patient values and treatment cost in presentations about best practice and evidence-based treatment.

The Physiotherapy Foundation private auction had some excellent buys this year, and also provided the opportunity to be competitive — by bidding-up prices for friends who really wanted a particular item. Another highlight for me was the PFC 5 km run. As the reigning winner since Congress 06 in Victoria, I was happy (sort of) to head out at 6:30 a.m. in POUNDING rain to defend my crown. Thanks to some unsolicited help from the (exiting) chair of the Orthopaedic Division who intervened at about 3 km, picking up the competition and carrying him back towards the start line, the title remains in BC — at least until Congress 09 in Calgary. It really was unsolicited help, and I needed to defend my lack of forethought into planning this as a winning strategy a number of times at Congress. The other two highlights were having a chance to present on pain science and pain management to a room of 171 PTs from across the country, and the chance to be seen with our own Rebecca as she sported her recently purchased (please read with French accent) haute couture de Paris. We definitely have a cool CEO who has helped us in BC to be the envy of many other CPA members.

I can’t forget one other highlight. CPA’s new CEO, Mike Brennan, presented himself as passionate (about PT), knowledgeable and determined to advance our profession. If first impressions are good predictors, we should see considerable action from the CPA to enhance our position in Canadian health care.

Let’s plan for a strong BC contingent at Congress 09 in Calgary, at which the Orthopaedic Division will hold their national symposium.

Neil Pearson works as a physiotherapist and yoga therapist in Penticton, at the Sports Clinic and Purple Lotus Yoga. He is a Clinical Faculty Member at UBC, and the founding chair of the new Pain Science Division of the CPA.
I joined Vancouver Acute as the Practice Leader for Physiotherapy in November 2007. I am thrilled by this opportunity. The team of approximately 120 physiotherapists and 25 rehabilitation assistants provides services across the continuum from the most acute critical and emergency care settings, rehabilitation, to outpatients and outreach. We provide services at Vancouver General Hospital, UBC Hospital, GF Strong and the Mary Pack Arthritis Program (in Cranbrook, Penticton, Vancouver, Victoria). I would like to provide some insights into the work we are doing.

A major focus for me in these past six months has been to do an informal SWOT (strengths, weaknesses, opportunities and threats) analysis. I've seen evidence of many of the challenges identified in the report developed by PABC’s Public Practice Advisory Committee. That said, I found a team of highly motivated and committed clinicians striving to provide evidence-based services to patients. I also found an established Physiotherapy Leadership Group that was running a range of ambitious and effective projects. With this in mind, the Leadership Group set about developing a strategic plan (using the process below) that would, wherever possible, be led by clinicians and would build on the work that was already underway.

The draft strategic plan has been emailed out to the Physiotherapy Team and we've sought feedback by attending meetings across our sites and services. Here are some highlights from the plan.

### Vision

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<td>Imagine…</td>
<td>A Physiotherapy team known for its research and for translating this research into practice</td>
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<td>A Physiotherapy team renowned for its teachers – teaching patients, future and current PTs and RAs</td>
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Some Deliverables from the year so far

**Practice**
- Co-led (with OT) the introduction of S.M.A.R.T. (specific, measurable, achievable, realistic, time specific) goals for the interdisciplinary teams at GF Strong

**Education**
- Over 200 PTs & RAs attended a one day PT education event in April; we also piloted a 12:3 student-to-supervisor placement on the surgical floors at VGH

**Research**
- VA is supporting 2 PhD candidates: Nicole Acerra who recently completed her PhD and Marie Westby who is due to defend her thesis later this year

**Leadership**
- A pool of permanent physiotherapists who float across programs has created a relatively stable staffing situation; and Vancouver Acute is supporting Chris Palmer to complete his Masters in Leadership from Royal Roads University

Some Deliverables for the next year

**Practice**
- Establish an Advanced Practitioner position; use the new workload measurement system to raise awareness of the work the team is/is not doing; create a special projects fund for ‘practice champions’

**Education**
- Significant increase in funds available for professional development; and introduce a mentorship program (including individual learning plans)

**Research**
- Push the Knowledge Translation strategy including a joint Knowledge Translation position (collaboration of VCH with PHC, PHSA and UBC); and establish an expert interdisciplinary working group to guide the research agenda

**Leadership**
- Attract and retain PTs through the creation of up to 4 general rotation and up to 3 new graduate rotation positions

PABC congratulates three members of the Vancouver Acute team who were awarded PABC Awards of Excellence this spring: Chris Palmer, Darryl Caves, and Maureen Duggan (see photo page 16).

Two Find a Physio Extras for You

1. An excellent marketing photo opportunity for your Workplace!

2. Adding Logo’s to Clinic Home Page on the online Find a Physio directory.

My goal, in this article, was to give you some insights into the work we are doing at Vancouver Acute. Hopefully it has also left you with a sense of the opportunities in our group for clinicians who want: to become a clinical expert; to be teachers in our system; to increase our collective knowledge through research and; to be leaders. If you wish to find out more, please contact me at phil.lawrence@vch.ca.

And now to thank some key people — all the Vancouver Acute Physiotherapists and Rehabilitation Assistants for being ambassadors for the profession — the Leadership Group (Catherine McAuley, Chris Palmer, Jacky Behr, Nicole Acerra, Sarah Rowe, Victor Brittain) for ‘leading the way’ and my Director, Jo Clark, for advocating for Physiotherapists to work to their full scope of practice across Vancouver Coastal Health.

**Phil is Practice Leader for Physiotherapy at Vancouver Acute; he also maintains a caseload at his clinic Movement Essentials Physiotherapy.**

Club Physio—Great Savings

Save 25% on both Playland and PNE tickets this season.

AND save 20% on BC Lions tickets.

PABC members can login to Club Physio through www.bcphysio.org, and click the Club Physio icon. Forgot your password? “Click Here” will activate a password email to you.

Get ready for SNOW!

From October 1 - November 15, you can order ski tickets by email to Whistler Blackcomb, Big White, Silver Star and Sun Peaks. Watch for your email invitation next month.
Manipulation and Cervical Artery Dysfunction: Audiocast and PowerPoint Presentation

by Peter Huijbregts, PT, MSc, MHSc, DPT, OCS, FAAOMPT, FCAMT

Recently, the lawyers of Mrs. Sandy Nette filed a $500 million class-action lawsuit against her chiropractor, his clinic, the Alberta College and Association of Chiropractors, and the Alberta Ministry of Health and Wellness on behalf of anyone who has paid for or has been injured by chiropractic treatment based on “inappropriate and non-beneficial adjustments” (1). This lawsuit came about after Mrs. Nette suffered a bilateral vertebral artery dissection shortly after receiving a chiropractic cervical adjustment. The chiropractic profession has found itself at the receiving end of a number of such lawsuits in Canada in recent history, most notably the ones related to the deaths of 20 year old Laura Jean Mathiason in Saskatoon and 45 year old Lana Dale Lewis in Toronto (1).

The underlying central concept of chiropractic is that proposed so-called spinal subluxations play a relevant role in health and disease, with manual adjustment the intervention of choice for their correction. In and of itself, this places chiropractic patients at a greater risk of adverse effects with manipulative interventions. However, other healthcare providers, including physiotherapists, also provide manipulative interventions. In fact, in Canada manipulation has been part of the legislated scope of practice of physiotherapy since 1925 (2).

There is clear evidence physiotherapists practiced manipulation long preceding the 1895 birth of the profession of chiropractic (3). Although the literature clearly shows the predominance of adverse effects with manipulation associated with chiropractic treatment, physiotherapists should of course be keenly aware of contraindications to cervical manipulation, which is why I decided to provide a podcast and accompanying PowerPoint presentation on this topic for all PABC members.

Objectives of this presentation are to discuss:
1. Epidemiology of cervical artery dysfunction (CAD)
2. Anatomy and physiology relevant to CAD
3. Research linking cervical manipulation to CAD
4. Relevant clinical (differential) diagnosis
5. Risk management and emergency procedures with regard to CAD

The podcast and accompanying PowerPoint presentation are available on the PABC Members Only site/PABC Publications/Member Research are Peter Huijbregts’ Dizziness in Orthopaedic Physical Therapy Practice: Classification and Pathophysiology; History and Physical Examination; Vestibular System Anatomy, Vascularization; and Physiology with Clinical Implications.

I hope many of you will take this opportunity to read up on this topic, or at least on my interpretation of the research on this topic. I would like to thank our PABC CEO, Rebecca Tunnacliffe, for her support in making this presentation possible.

References
2. Drugless Practitioners Act, Province of Ontario, 1925

Peter Huijbregts is a Clinical Consultant at Shelbourne Physiotherapy Clinic in Victoria, BC, and an Assistant Professor at the University of St. Augustine for Health Sciences in St. Augustine, FL.

Peter Huijbregts is the series editor in a new series of physiotherapy books, this Headache book being the first release.
All good things happen with collaboration. This is really evident when it comes to the Provincial Rehab Advisory Group (PRAG), a committee formed out of the Hip and Knee Arthroplasty Collaborative. The focus of this committee is musculoskeletal conditions and it began with OTs and PTs in public practice and has since grown to include private practice. The initial focus of this group has been osteoarthritis (OA), in particular hip and knee OA.

As a member of this group, I was tasked to review and update a previously developed public practice exercise booklet for Total Knee Replacement. As Chair, I formed a committee of province-wide public practice physiotherapists from each health authority with experience and who were working with knee replacement patients.

Initially, I thought this would be an easy task. I soon found that not only was it challenging to reach consensus among professionals, but that there were also many things that needed to be taken into account when putting together an exercise guide for patients who have varying levels of OA, physical fitness, exercise knowledge, speak different languages, are different ages and live in a variety of geographic locations in our diverse province.

By focusing on the most current available evidence-based exercise guidelines, using resources for writing health information for patients and families, and a huge team effort, the exercise guide evolved and will be finalized by the fall of 2008. In addition, we developed evaluations for patients, physicians and health care professionals to help us improve the guide. Once finalized, it will be available on the OASIS website www.vch.ca/oasis and will be able to be downloaded and/or printed for free. Further information regarding the exercise guide will be available on the PABC website in September 2008.

My experience in this committee was one of professional development, building great relationships, learning, sharing and committing to making the patient experience better in our health care system. Please look out for many great works coming out of this very dynamic and creative Provincial Rehab Advisory Group in the future!

Members’ Reading Recommendations

Treating Back Strain

Last year, PABC’s Back Strain Task Force released its literature review findings and recommendations for treating back strain www.bcphysio.org/PABC Publications/ Clinical Practice Guidelines/Back Strain Model of Care. Al Kozlowski recently sent us this updated literature: http://www.iwh.on.ca/research/rh-2007backpain_recovery.php. Al says, “This article could help with decision making in the Back Strain Model of Care. It describes five different paths of recovery for subsets of people with work-related, uncomplicated low back pain conditions. Most people in the study experienced continuously high, moderate reduction, or fluctuating back pain and back pain-related functional disability over the year following work-related injury, rather than quick and large reduction of pain and disability. There were some factors related to prolonged disability. Workers with continuous high pain were more likely to be older and have other health conditions (co-morbidity) at baseline than the other three groups. Workers with fluctuating or large reduction in pain were less likely to have had a previous back injury than the other two groups. The group with fluctuating back pain had less cumulative time loss than the other three groups.”

Patient Satisfaction

Susanne Watson also offered a good read: Patient Satisfaction With Private Physiotherapy for Musculoskeletal Pain. Musculoskelet.Disord. 2008 Apr 15; 9:50. The article can be found free online at: http://www.biomedcentral.com/1471-2474/9/50 where you need to sign up; PABC Librarian Suzanne Geba recommends this site as a good source of physiotherapy information.
New Business Excellence Resources

by Tanja Yardley, Business Affairs Committee Chair

Summer is finally here, and so is the Business Affairs Committee (BAC) Private Practice Toolkit! We have been hard at work uploading the various tip sheets and articles, and we expect you will have access to many of them by the time this goes to print. Since the toolkit is a proverbial “work in progress,” you will find new sheets arriving as we complete them. So far, we have a wealth of information in sections on leadership, marketing, human resources, practice management, as well as on starting, buying and selling a private practice. Be sure to bookmark this new resource on the members only side of the website www.bcphysio.org under Business Resources. Stephanie, Member Services Coordinator, will also be happy to help you or lead you to what you are looking for in a draft format.

The BAC has had a busy few months with the PABC AGM and the CPA Congress. This was the first year the Congress hosted business courses, and we were well represented from BC. Erika Trimble gave a workshop on marketing and I presented workshops on recruiting and hiring as well as and on practice evaluation. I also co-presented on starting a practice. I anticipate there will be more business courses developed for Congress 2009 in Calgary, given the popularity of this year’s offerings. In addition to the business resources BAC has developed and presented, we are focusing on enhancing our relationships with funders and on establishing fair fees and service expectations. We hope you completed the Cost of Business Survey in June so we will have solid data for our negotiations.

As some of you are aware, we have been searching for new members for BAC. It is always great to infuse the committee with new energy and experience to contribute to an even higher level of excellence. As my term as BAC Chair winds down between now and next April, I look forward to taking on some new challenges and deepening these relationships.

Have a wonderful summer!

Clinic versus Departing Associate: Patient Retention Considerations

by Mary Clare T. Baillie, Barrister & Solicitor

Physiotherapy clinics often offer professional services to patients through associates who are employees or independent contractors. Issues can arise regarding who is entitled to continue to treat a patient upon the associate’s departure, either to a new clinic or to set up practice on her own. Does the clinic retain the exclusive right to retain the patient? Can the departing associate solicit the patient to follow her/him?

Conflict over patients that may ensue between a clinic and an associate when an associate leaves a clinic has the potential to compromise patients’ interests, and PABC urges clinics and associates alike to approach this situation with professionalism, in a way that best ensures continuity of patient treatment.

Ideally, prior to the commencement of the working relationship between the clinic and the associate — either as employer/employee or contractor/contractee, the clinic owner and the associate will have entered into an agreement that sets out what is to happen in the event the associate leaves the clinic. Clinic owners and associates are free to enter into any reasonable arrangement in this regard, provided that it does not compromise the interests of the patient and it respects the patient’s privacy interests. In circumstances in which there is an agreement, the provisions of the agreement will apply. It is prudent for both parties to obtain legal advice prior to executing such an agreement.

Where there is no agreement, however, the respective legal rights of the clinic and the departing associate are less clear. Depending on the relationship between the associate and the clinic, associates owe varying degrees of loyalty to the clinic, whether they have been providing services to patients at the clinic in the capacity of an employee or an independent contractor.

For example, the duty of loyalty of an independent contractor associate who has assumed management or operational responsibilities on behalf of the clinic may prevent the associate from acting in any way that may harm the interests of the clinic upon her departure. In these circumstances, a departing associate would not be at liberty to contact patients she/he has been treating at the clinic for the purpose of encouraging the patient to continue to receive treatment by the departing associate in her/his new practice.

On the other hand, a departing associate’s responsibilities may have been limited to the provision of professional services only. In this case, while the patient list may remain the property of the clinic, it may be lawful for the departing associate to solicit patients she/he has treated at the clinic based on information she/he remembers after her/his departure or that is publicly available.

Notwithstanding the legal considerations, as a matter of professional ethics, the

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Private Practice Member Success Stories

by Rebecca Tunncliffe, CEO PABC

The Paperless Practice

In 2006, Sarah Macey was leading the way in BC with her paperless office (see Summer Directions 2006, page 13). Since then, several clinics have explored electronic solutions to managing paper and people. Brent Stevenson and Harry Toor’s new clinic is paperless, and Brent says: “I have been running a paperless clinic for the past two years and have recently started using Clinic Server. It has been a great tool to integrate scheduling, billing and charts all on a secure online server. We use tablets for paperless charting and can back it up to the server. We are even able to email people their receipts as pdf files, which most clients tend to prefer. It is quite an efficient system. With physicians at Vancouver Coastal Health being mandated to use electronic charting, we will try to integrate our system to theirs to help them get our feedback. I started my practice as a paperless clinic which made it easy; to switch to paperless would be tough, but doable.

PABC would like to provide regular highlights on what’s cutting edge in electronic practice, so please forward your experiences to rbt@bcphysio.org

Two Pacific Blue Cross Happy Ending Stories

Marcy Dayan recently had several pelvic floor patients denied reimbursement for an extended visit. Pacific Blue Cross (PBC) had decided that the 60 minute visits (and hence the higher billing fee) was beyond “reasonable and customary” limits. Marcy wrote them and included research to support the evidence base for physiotherapy treatment for incontinence and vulvar pain, as well as a study citing that 60 minute sessions were typical in the treatment of vulvar pain. She also described the need for internal vaginal and rectal exams. This was also supported with billing information from the PABC 2005 Cost of Business survey. PBC called Marcy, expressing surprise that physiotherapists offered this type of treatment, and that the physician who reviews extraordinary claims requests agreed that there was a role for physiotherapy in this area and understood the longer time requirements. Marcy then created a form that she shared with the pelvic floor physio community that described for PBC the medical diagnosis, and the physiotherapy diagnosis and expected number of treatments. Nice work, Marcy!

A member recently requested coverage for a wheelchair from Pacific Blue Cross but was denied because the request was not submitted by an OT. When PABC took to head office the complaint about the reason for the decision, PBC accepted the claim (the case manager was wrong wrong wrong). However, they noted that typically OTs make seating requests, and “OTs are better at providing a detailed report.” PBC reiterated what we often hear from insurers—that they need enough details to help them make an informed decision. In this case, they wanted the medical history relevant to the need for a wheelchair, whether they now have a chair and what type, the benefit of the chair requested, and any other relevant information. While we don’t like to have the stigma of poor reporting, in this case the initial rejection was incorrectly given.

Such letters can be incorporated into a written contract where the clinic and the treating associate agree at the outset that a patient’s preference should be determinative, or they can be invoked in the event there is no written agreement between the clinic and the associate.

The Courtroom Drama

In the life of most private practice physiotherapists treating ICBC clients, there is a moment in court. Janine Slater almost had her day, and tells us the story.

She was called to court for cross-examination by the ICBC lawyer. She was informed by ICBC counsel that they would not accept the analysis part of her initial assessment because she was not “qualified to diagnose.” In preparation for her cross-examination by ICBC, she has CPTBC’s Practice Standard for Clinical Records where it clearly states in #8 that “information in a clinical record regarding the assessment of the patient must include: history of presenting complaint, relevant medical history, current prescribed medications, subjective and objective findings and a PHYSICAL THERAPY DIAGNOSIS.” She was spared the spar with ICBC because the case settled out of court at the last minute.*

“This was particularly fortunate since Janine went on maternity leave shortly thereafter (see Little Physios, page 17).

Janine was well-prepared for the client’s lawyer too, though. In praise of PABC’s work, Janine says she met with the prosecution and brought her PABC Whiplash Associated Disorder Guidelines “which clearly outlined that I did what I was supposed to do when I so called ‘diagnosed’ this individual with WAD grade 3. The lawyer was happy with the package as it was so clearly outlined and left no questions to ask that if we did go to court he asked for a copy to submit as evidence. Way to go WAD task force!!”

Free Course: Preparing for Court Saturday, November 29th, 1-3 pm Visit www.bcphysio.org Courses/Events Private Courses
How to Lose a Referring Physician in 3 Easy Steps

by Erika Trimble

There are usually very good reasons for a physician to stop referring to your clinic. I bring this subject to you because I recently read about a survey that found that most physicians do NOT read therapist reports. I hope to help you avoid this possibility all together by talking about the three reasons physicians may not read your reports.

1. One of the more common reasons physicians stop referring to you may be because you have failed to stay in touch with them in a meaningful way. As you know and experience daily, we are all moving too quickly in today’s world to remember all things. From a marketing perspective this means it is very important to develop marketing communications to stay in the forefront of people’s minds.

Suggested approach: Think about keeping regular contact with your referring physicians and think about it as a way of helping them remember a resource of value to them and their patients.

There are more subtle and yet just as powerful reasons you may be losing a referring physician. Here are two such possibilities.

2. You may be losing referring physicians because of your reports. Your reports may not be meeting physicians’ needs: they may not be concise enough, your progress notes may not be legible, and your reports may not be timely for the patient or the physician. Is this a possibility for you?

Suggested approach: A physician needs to glean the information she wants by quickly scanning your reports and getting the necessary information in only a few seconds. Write short and to the point reports with only patient results information. Writing more suitable reports for your referring physicians is in fact easier for you, too. It is a win-win. Why not sit down with your team or even the physician and design an easy-to-use template that will meet everyone’s needs?

3. You may be losing a referring physician because of a patient’s complaint about you. It may be that either your front desk staff or clinical staff has said something that upset a patient enough for the patient to go back to her physician and complain.

Suggested Approach: Communication with your clients is paramount to their satisfaction and openness with you when they have concerns. Always check by asking your patients about their satisfaction with, and concerns about, your services. It is much better that they tell you than others.

Erika Trimble is a business coach who develops your business skills, and offers tools and resources to help you succeed in your physical therapy business. See details of her popular business success programs at: www.prosperousphysicaltherapy.com/bizsuccess.

Prosperous Physical Therapy
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PABC /WorkSafeBC Liaison News

PABC thanks Matt Wright-Smith for his three years service as our WCB Liaison, in which time he sat on the Back Strain Task Force to create new guidelines for treating low back pain, and has also helped to plan for a new agreement.

Taking Matt’s place on the Business Affairs Committee and at the WCB Liaison table is Scotty McVicar of Oceanside Physiotherapy in Parksville. Scotty is well known to BC physiotherapists, and last year received CPA’s Life Membership Award.

Scotty received his Diploma from the Royal Infirmary School of Physiotherapy, Glasgow, Scotland in 1969. His interests in sports physiotherapy lead to his employment in Professional Hockey with The Winnipeg Jets of The World Hockey Association. He also attended The 1976 Montreal Olympics and 1978 and 1982 Commonwealth Games as a physiotherapist. Scotty has operated private clinics in Winnipeg, Qualicum Beach and Parksville. At present he owns and operates Oceanside Physiotherapy & Work Conditioning Centre. Scotty been involved in Industrial Rehabilitation since 1996 and has developed his skills in Work Conditioning, Functional Assessments, Job Site Evaluations and Job Demands Analysis. Having owned and operated Private Practices for the past 30 years Scotty believes he has a background which will assist the Association at this time. In 1983 Scotty represented Private Practices in Manitoba in negotiations with WCB Manitoba.

New Physiotherapy Private Practice Handbook,
Business in Clinical Practice

Everything you need to know about starting your own clinic, or re-shaping an existing practice, is here. Written by a physiotherapist and university educator, and a financial planner, this book is yours for $54. Visit the publisher's on-line store at www.caot.ca (click English Home Page, and see the On-line store is under Popular Links)
Public Practice Directions

by Kathy Doull, BScPT, Public Practice Advisory Committee (PPAC) Chair

Ah, summer and nice weather has finally arrived… as well as some tangible results from past efforts of the PPAC. This is the last PPAC report I will write before handing over the reigns to incoming chair Suzanne Watson, a PPAC member for several years and the driving force behind our recent “future members” survey.

Many great examples of PPAC leadership over the last six months should be noted and celebrated! Thanks as well to all who wrote kind emails about our recent successes; it is great that the hard work of our committee members over the last year was noted by many physiotherapists and other professionals as well.

Many of you have seen the “Manager, Therapy Positions” posted within the Ministry of Health, which is exciting news. We were very excited to see the government take such positive and rapid action as a result of PPAC’s Practice Today report and the subsequent meetings between PABC and the Ministry, where we were able to successfully advocate for the need for more direct action to support therapy professions. We know some PABC folks have applied, so let’s keep our fingers crossed a physiotherapist takes on this leadership role. The tangible action taken by the Ministry does highlight the ability we have to influence the direction of health care in BC in a positive way, and demonstrates that advocacy at a provincial level can make a difference. I look forward to seeing the impact of more focused Ministry attention on rehabilitation.

As well, a National PPAC has formed within CPA, with our very own Scott Brolin chairing this group; another example of BC leading the way!

Finally, the results of a “future members” survey done in March/April provide valuable information to guide our future planning. The survey was sent out via PPAC communication network to non member colleagues, and showed some interesting results.

Key Future-Member Survey Results

• 63% were not aware there is a Public Practice Advisory Committee and 54% were unaware of the Practice Today Report.

• Over 80% stated that recommendations in PABC’s Practice Today Report were very or extremely relevant to their practice including:
  o increase physio involvement in HA plans/decisions;
  o multiple strategies to address PT shortage (IEP, UBC);
  o create Rehab Directorate (posting for Therapist Manager); and
  o increase clinical PT educator positions.

• Potential members suggested recruitment incentives were not important, but course offerings relevant to their field of practice were very important.

• Of all PABC offerings, respondents were most aware of Member’s Discount for Courses, and least aware of PABC’s Librarian Services and Club Physio. Respondents highly valued access to the electronic library and our EBP support for clinical questions.

• The major reason given for not joining is the fee, even though 82% said our Practice Today findings and actions are highly relevant to their practice.

• 33% of respondents were unsure of the differences between PABC and the roles of HSA and CPTBC; 30% ranked themselves as five on the scale of 1-10 on awareness of the role and benefits of PABC.

• 40% of respondents had over 20 years practice experience, while 20% have been practicing for less than five years; 90% were in permanent positions with 65% in full time jobs.

• Potential members suggested benefits and services must have individual relevance.

These survey findings demonstrate that the work PPAC and PABC is doing is of relevance and benefit to ALL BC physiotherapists working in publicly funded areas (members and future members alike), but we need to continue to develop and provide services that respond to members needs and ensure potential members are aware of the benefits.

Please continue to share what is happening in PABC with potential member colleagues so we can continue to increase our membership and ability to be an effective voice for publicly funded physiotherapy within BC and nationally. As always, feel free to share your thoughts, comments and ideas so we can keep improving services to meet members’ needs.

Thank you.

Upper Limb Ergonomics Course in Prince George

The ergonomics course PABC presented in Vancouver this spring is being repeated in Prince George on Saturday, September 20th at UNBC. For registration and details, contact Lydia Ma at lydia.ma@ubc.ca or see the Education Calendar at: www.bcphysio.org.
Happy summer dear members! It’s been a terrific first few months as PABC’s librarian. So far, I’ve answered 67 member questions, performed hundreds of database searches, obtained 172 full-text articles, forwarded 349 alerts, experienced the lively discussions surrounding the publication of Briefings, and started posting to the Physio-Info blog. Needless to say, you’ve kept me busy! I want to thank everyone who has been patient and supportive during these early months. Keep your questions coming, and I will keep building my physio knowledge.

For this issue of Directions, I’m going to kick back and talk a little bit about what’s coming up and share some thoughts on my first few months as your librarian. By now everyone should be familiar with (and hopefully tried out) our electronic library. Previous issues of Directions featured specific databases in detail. Go to the members only section of the PABC website, follow the Library Service link, and select “Databases and Full-Text” for access and a brief description of each service’s content. It’s been almost a full year since PABC members have had access to our virtual library, and it’s time to check in and see how you are using these resources, and to gather your thoughts on what you’d like to see in the future. Coming very soon, you will be asked to complete an online survey of library services (similar to the one two years ago). Please take some time out as it will be an important source of feedback that will enable us to tweak the library services to fulfill your needs. Don’t worry about missing the opportunity to speak your mind; we will send out notices, and look forward to pouring over the results!

When I came on board in April, I was again faced with one of the biggest challenges of being a librarian: serving the information needs of a highly specialized group of users, while possessing a limited knowledge of the subject area or of the associated information resources. I had a lot of learning to do! Library school teaches us generally about information sources, technologies, and best practices. It did not teach me how to find “clinical practice guidelines or systematic reviews of rehabilitation protocols for shoulder labral tear arthroscopic surgical repairs” — that is pure on-the-job training. One of the coolest aspects of my job is building the knowledge base required to effectively serve a group of users. As a librarian, I am always interested in how people gather information and in the iterative processes they go through. In learning about physiotherapy, I have two objectives:

1) To understand the basics of the profession (types of practice, areas of expertise, modalities, key terminology, education and regulatory requirements, and how PT fits into the overall health system).

2) To identify and locate the core information sources available to support physiotherapists in their research and clinical practice (relevant indexes, databases, and journals, controlled vocabularies, training materials, evidence based medicine guidelines, etc).

Using the PABC website as a springboard, I quickly obtained a bird’s eye view of the profession by exploring the websites of related associations, regulatory bodies and educational institutions. From there, I perused the highly reliable UBC Rehabilitation and Health Sciences library resources. Talk about a wealth of information! From subject guides, wikis, EBM (evidence-based medicine) worksheets, database tutorials, to lists of reliable web links and blogs, I began to build my physio librarian knowledge base. UBC’s comprehensive listing of health databases and physiotherapy related journals proved invaluable. Keep in mind that while database access is restricted to students and faculty, there are many resources freely available to help you begin your research. Next came checking out (aka Googling) the “lower levels of evidence” so to speak: commercial websites, blogs written by physiotherapists, videos, podcasts, and discussion forums. Did you know there are over 1,600 videos posted on YouTube tagged “physical therapy,” and over 370 physiotherapy related blogs on the Technorati search engine? This may not be within the parameters of evidence-based medicine, but a fascinating insight into the brave new world of physiotherapy. What happens when patients start using YouTube for treatments? More on this later.

Okay, what to do with all this information? More importantly, how can I find it when needed? Saved by web 2.0 tools that are freely available and super easy to use. As a “virtual” librarian frequently on the move (desktop, laptop, PABC office, Blackberry, cafe), I need a portable place to store my collection of tagged and organized links to databases, blogs, websites, wikis, etc. The solution: create a web-based PABC
del.icio.us account (http://del.icio.us/PABC). I also need to stay up-to-date with new research, journal content, database alerts, blog entries and physio news for both members’ research, and for Physio-Info Blog content. Using Bloglines (http://www/bloglines.com) RSS reader, I subscribed to dozens of blogs, news and journal feeds as well as set up database search alerts that conveniently come to me via one simple interface. As you can see, there are no magic tricks. These are tools that Eugene, your previous librarian, has discussed in great detail. In addition to our fabulous PABC library, I now have a collection of tools and resources to help me serve my clients (PABC members) and their information needs.

As a newcomer, to the world of physiotherapy informatics, I am amazed, but by no means surprised, by the vast quantity of information out there! I’m interested in taking a deeper look into the role these new technologies are playing in the information seeking behaviors of both allied health professionals and consumers. I am particularly interested in the use of online video available through websites like YouTube. I look forward to further exploration and in sharing some thoughts via the Physio-Info Blog and in future issues of Directions. Have a terrific summer!

Now that we all know about Web 2.0
Your previous librarian, Eugene Barsky, spent a good deal of time talking about Web 2.0 technologies, introducing you to the many possible applications for blogs, wikis, and other “social networking” tools. So what are you using in your professional practice? Do you blog, contribute to a wiki, rely on your RSS reader? Do you Facebook or podcast for professional reasons? I’d love to hear about it. Send me an email at librarian@bcphysio.org, or give me a call on Tuesdays at the PABC office.

### Websites worth a click:

**Videojug (www.videojug.com/)**
Their tag line is “Life explained on film.” The site claims to be “the world’s most comprehensive library of free, factual video content online,” boasting “professionally-produced, high definition videos covering every conceivable topic” and is “the definitive online encyclopedia of life.” Well organized and easy to navigate, the site offers many features such as discussion threads and personalization. While you should definitely check out the physiotherapy videos in the health section, take a look at the often witty “How to” videos in “Love & Sex”! (It’ll Move You!)

**Audiocast Series for Spring 2009**
**Pain Above the Belt**
**Neck:** Cervicogenic Pain and Headaches, Carol Kennedy, February 24th
**Back:** Thoracic Spine, May Nolan, March 25th
**Head:** TMJ, John Oldham, April 23rd
See page 24 for Fall 2008 courses.
PABC AGM Highlights

On the first sunny day in months, over 100 PABC members forsook their outdoor pleasures to support the day of education and networking on April 12th. The AGM Day was jointly presented by PABC and CPTBC to maximize information sharing with attendees.

The day started with an education session on the Protection of Privacy, which was remarkably engaging for a topic that can be dull. Then, CPTBC held its AGM which included enthusiastic discussion from the full house, after which their guest Angie Abdou gave a moving presentation on the subject of her book The Bone Cage. All then enjoyed a fine feast paired with wine, while 30% of PABC members won prizes from our trade show suppliers.

In the afternoon, PABC’s Business Affairs Committee provided an update on its new Business Excellence Toolkit, and our Public Practice Advisory Committee updated the crowd on its Future-Member Survey results (see Public Practice Advisory Committee report, page 13).

To capitalize on the Ministry of Health’s interest in considering changing roles for health professionals, PABC has created the Advanced Practice Task Force (APT Force) to propose legislative changes for expanded scope of physiotherapy practice. APT Force members Scott Brolin, Chris Palmer, Linda Li, Heather King, Pat Lieblich, Kristen Pummel, Jen Fyfe, Phil Lawrence and Peter Huijbregts expect to have preliminary work done by the spring.

Then, PABC’s invited guest speaker, Craig Knight, Assistant Deputy Minister from the Ministry of Health spoke. He began by celebrating our members as professionals on the move who get people moving after an injury or illness. Mr. Knight provided an overview of the key themes that came out of the Conversation on Health and presented an overview of the activities noted in the recent Throne Speech. The initiatives implemented over the coming year will address how we can stay healthy and how to improve access and choice to health services and health professions.

Mr. Knight provided us with an overview of the Health Professions Reform Amendment Act, recently tabled in the BC Legislature. He noted there will be a Health Professions Review Board and the Minister will have the ability to convene Health Profession Advisory Panels on specific issues related to scopes of practice, entry to practice and disputes between professions. He also highlighted the Throne Speech commitment to expand roles for some health professions and concluded by thanking members for the contribution they make to the health care of British Columbians.

To capitalize on the Ministry of Health’s interest in considering changing roles for health professionals, PABC has created the Advanced Practice Task Force (APT Force) to propose legislative changes for expanded scope of physiotherapy practice. APT Force members Scott Brolin, Chris Palmer, Linda Li, Heather King, Pat Lieblich, Kristen Pummel, Jen Fyfe, Phil Lawrence and Peter Huijbregts expect to have preliminary work done by the spring.

Eugene Barsky shares with RBT the ‘World’s Best Librarian’ robe PABC presented to him at the AGM in thanks for his 2 years of service.

L-R: Maureen Duggan (Ruth Byman award), Darryl Daves (Clinical Contribution), and Scott Brolin (Leadership). Missing but presented later (see page 6) was Chris Palmer (Clinical Contribution).

Lynn Barton (L) with Excellence Award Winners

AGM 2009

Mark your calendars for Saturday, May 2nd for another PABC/CPTBC co-hosted AGM Day featuring fascinating company and presentations, great food, and PABC prizes.
Little Physios

Gail Pateman has a daughter! Mieko Stella was born on May 10th, her due date, at a healthy 7 lbs 6 oz and with a full head of hair.

Becky Maranda had twins Daniella (Nellie) at 2.8 kg and Oliver at 3.4 kg on May Day, to the delight of sisters Sophie and Sara.

Sarah Macey gave birth to 9 lbs 10 oz Emma on May 14th, who is already dearly loved by siblings Makena and Harrison.

Janine Slater gave birth to 7 lbs 9 oz Talia Elise Slater on her due date, June 9th.

Lauren Watson and Eddy Cannon are proud parents of Sasha Mary Claire, born April 22nd at 6 lbs 7 oz. Her toddler brother adores her!

Isabel Grondin brought twin boys into the world on May 17th. Zachary David was 5 lbs 12 oz and Brendan Patrick was 5lbs 14 oz.

Wendy Marchelewitz gave birth to baby girls on July 2nd. Katya Lynne and Maya Ingrid were born within minutes of each other at 6 lbs 15 oz and 7 lbs 10 oz.

Vicki Powell had her second child, Will Evans, on January 18th, weighing 8 lbs 11 oz. With Vicki’s daughter, Aidan, life in Pemberton is busy.

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

Kudos

The Ontario Physiotherapy Association and their health association colleagues have just received three-year funding from the Ministry of Health for access to an electronic library. OPA thanks PABC in their recent newsletter for “the evidence gathered by PABC to assist our Ministry partners develop the proposal for approval.” Furthermore, Jane Hilton from the Ministry noted that OPA’s enthusiasm and “the evidence from the BC Physiotherapy Association helped contribute to a good business case.” This new service provides access to three databases — SPORTDiscus, MEDLINE and CINAHL. This is a portion of library PABC has electronic access to, and is an excellent start for Ontario physiotherapists. Congratulations OPA! And we hope some day there will be an OPA librarian.

Congratulations to Linda Li, who has been awarded a Canadian Institutes of Health Research (CIHR) New Investigator Award, which is one of the most significant recognitions a young scientist in Canada can achieve and provides partial operating funds for five years. Linda’s award was based on her Early RA Help-Seeking Experience project, which studies factors affecting the process of patients looking for information and treatment shortly after the onset of RA. Linda and her team will use the results to develop targeted information strategies to enhance the public’s awareness about joint symptoms and what to do about them, and to develop models of care to improve support for those who are recently diagnosed.

Kudos for PABC from members

PABC’s work with the Ministry of Health (MoH) has successfully resulted in the creation of the Rehab Directorate we recommended. The MoH posted the position for Therapy Program Manager in May, and we await the announcement of the winning applicant. Our members have shared their enthusiasm for this monumental step forward for physiotherapy services in this province:

I was SO pleased to see that you and PPAC have been able to finally influence the Ministry to create this dream position. I’m sure it’s been years of hard work and persuasion. AE

Seeing the job posting and knowing we influenced this happening made me feel pretty proud to be a part of PABC. KD

This current development in the continuum of governmental negotiations and communications brings me to tell you that I am so full of praise and thankfulness to each of these our leaders. I see that each has been leading and organizing with such quality of principals using outstanding and broad range of skills. I love that there is such a vision for physiotherapists effectively guiding government to use our tax dollars to develop a much better health care system which could put our incredible profession’s knowledge and expertise to the fullest benefits of the Canadian public. I feel proud to be a physiotherapist in my own little corner, regardless of the bigger physiotherapy picture. Added to that, having such shining leadership, gives me such hope and confidence that what I do will be facilitated to be ever more effective for more people in the future. JP

Business Tips

See the green inserts for the last two of this year-long insert series on Promoting and Marketing your Business: Communication with Physicians; Community Involvement.

Look for this 11-tip series, plus the 10-tip Managing Your Business series at www.bcphysio.org Members Only, Business Resources.
Ullukut (hello/good day) my colleagues. Ever wonder what life is like in northern Canada? Or ever look at a map of Canada and wonder about the small communities of the Arctic and how/if they receive physiotherapy services?

Last winter, while exploring the CPA website, I found a job listing for a locum position in Iqaluit, Nunavut and decided to see for myself. After some brief negotiation regarding timing and discussion with my current employer (who was very supportive and accommodating), it was agreed that I would work a nine-week stint during April and May of this year at their government funded multidisciplinary clinic.

The timing turned out to be perfect, enabling me to experience the end stages of winter with temperatures in the -30s Celsius, blowing snow, and stark, frozen landscape. Then, almost as if a switch had been thrown, the snow began to melt and the landscape came alive with the first hardy flowers of spring.

Iqaluit is a community of 6,000 people located on Frobisher Bay, Baffin Island. It is also the capital of Nunavut, Canada’s newest territory, which encompasses the archipelago of islands that makes up our far Arctic. With a total landmass of 2,000,000 km² and a population of 25,000, Nunavut is one of the world’s most sparsely populated and remote regions. Due to heavy sea-ice, Iqaluit is accessible only by air for most of the year, with the main connection point being Ottawa — a three-hour flight south by jet.

The clinic where I worked is operated by the Health and Social Services department of the Government of Nunavut. It offers the services of physiotherapy, occupational therapy, audiology, and speech language pathology to the Baffin Region with inpatient, outpatient, home health, and TeleHealth services. During my typical week working as a physiotherapist, I saw 70% of my clients in clinic, 20% via TeleHealth, 5% as home visits, and 5% as inpatients at the local hospital. In addition, each of the small communities in the region has its own Health Centre and is visited at least yearly by each therapy profession. Unfortunately my locum did not include any community visits outside of Iqaluit.

As the only therapists in the region, your practice is truly general with clients ranging through all age groups from infant to Elder, and conditions from simple orthopedic to complex neurological. As in most parts of Canada, the resources are always limited and the therapists in Iqaluit have developed a seven-step prioritization system based on the type and severity of condition as well as the age and presentation of the client.

I found working with the primarily Inuit clientele extremely rewarding. They, like other First Nations groups, have a wonderful, rich culture and I found they are glad to share it with visitors. One of my fondest memories is being shown how to ice fish during a day out on the land with an Inuit Elder. Unfortunately, the knowledge doesn’t always translate, as is evidenced by the fact that while the Elder caught at least a dozen fish, I did not even get a nibble.

Certainly there were challenges working in the north, but these allowed me a unique opportunity to improve my practice and grow as an individual. I definitely recommend you consider the possibility of working in a northern or isolated community at sometime during your career. You won’t be disappointed.

Ottawa ’08 – A Congress to Remember!

The end-date of my northern work adventure was timed to coincide with the CPA Congress in Ottawa. I’ve had the opportunity to attend three Congresses in my short career as a physiotherapist and have thoroughly enjoyed each one. It is an unparalleled opportunity to meet and converse with colleagues and old friends from across the country. The keynote speakers and discussion panels truly inspire and help you build a larger view of our profession and the opportunities for the future.

This year’s Congress was especially important for me, however, as I presented my research and took on two new roles within national organizations. My research, which is titled “Entry-level Inter-professional Education: Perceptions of Physical and Occupational Therapists Currently Practicing in Ontario” was very well received and made for some lively discussion. It is a special feeling when someone comes up to talk to you with their Congress agenda planner open and your name highlighted and notes written beside with questions they don’t want to forget to ask.

Taking an active role in our profession is, of course, hugely important so at this Congress I took on the positions of Treasurer of the CPA’s Leadership Division and as a member of the Board of Directors of the Physiotherapy Foundation of Canada. The PFC was founded in 1982 by a committed group of physiotherapists who believed strongly in the power and importance of research. For 26 years, the PFC has supported Canadian physiotherapy researchers in their quest to advance treatment techniques, knowledge...
and skills of Canada’s physiotherapists. I look forward to doing my part to help the PFC reach its goals.

One of my favourite events at Congress this year was the PFC Silent Auction, which featured many tempting donations to bid on, interesting people to talk to, and our very own RBT in a beautiful dress straight from Paris! A sight not to be missed. :)

Ottawa in spring is always a joy. Add to that the fun of Congress and you have a no-lose situation. No doubt next year will be just as good and I look forward to seeing you all in Calgary.

For more information about the PFC please see: www.physiotherapyfoundation.ca.

**PT Department Corner**

_by Brenda Loveridge, Interim Head_  
**UBC Department of Physical Therapy, Faculty of Medicine**

**Sue Murphy is the new ACCE**

The Department of Physical Therapy is delighted to announce the appointment of Sue Murphy as the Academic Clinical Education Coordinator (ACCE) at UBC effective July 1, 2008. Sue takes over from Pat Lieblich who, while retiring as the ACCE, will continue with some teaching, clinical practice and research in women's health. Thanks Pat for a job well done!

**Susan Harris Retires**

Susan Harris officially retired July 1, 2008 but will be returning part-time effective September 1, 2008 - June 30, 2009 to continue to mentor and support her research graduate students who have yet to complete their research training. Mark your calendars for October 7th as Susan will deliver the Faculty of Medicine Distinguished Clinical Medicine Lecture. The department will co-host a retirement reception with the Faculty of Medicine to honour Susan’s contributions to UBC following the lecture. Details will be widely circulated closer to the event.

**Department Moving August 22, 2008 to Newly Renovated Friedman Building**

The expanded class of 56 students will be enjoying classes this fall in the newly renovated facilities. The official building re-opening with the Premier, President, Dean and other dignitaries is planned for spring 2009, but we invite our colleagues to drop by at any time and see the new facilities. The improvements are outstanding.

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**Thank You to PABC**

The department wishes to thank PABC members for their very generous donation of $17,810 ($10 for every PABC member). Our fundraising efforts continue so that we can equip the fitness gym and add more student learning resources, but we are making excellent progress. Thanks to those who have contributed.

Please consider the department in your charitable donation plans. A donation to the program is an important means of supporting the future of physiotherapy in BC.

**PABC Website Stats**

April through June

20,324 visits  92 countries

4 minutes average visit

**Country Visits**

- Canada  18,309
- US  471
- UK  394
- India  172
- Australia  116
- Brazil  62
- New Zealand  58
- Barbados  58
- Ireland  56
- Pakistan  49

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**Correction**

The cover article in the spring edition, “Rising Above Barriers,” was credited to Judy Richardson. In fact it was co-authored by Judy and Robyn David.

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**Go to the Movies on PABC**

PABC regularly receives free movie tickets to Greater Vancouver cinemas hosting pre-release screenings. A member recently wrote: ‘Thanks PABC. My daughter and I thoroughly enjoyed the show [Journey to the Centre of the Earth] at Coquitlam Silver City.’ For those of you living outside Vancouver, let us know when you plan to visit the city, and we’ll see if we can scoop a double pass for you.
What Members are Doing

Scott Simpson, Saanichton Physiotherapy and Sports Clinic, came in 10th in the Time's Colonist 10km run, 4th in his age group.

Hollyburn Physiotherapy was voted Best Alternative Health Care Provider in the North Shore News' Readers' Choice Awards, leading the competition in the category that included Spas, RMTs and Chiropractors!

Anne Leclerc, Val Avery and Erna Bruce were each featured in the HSA Report newsletter.

Who's in Beijing? Several PABC members are playing a central role in sports physiotherapy at the Olympics this month: Marc Rizzardo (football); Laurie Freebairn (softball); Ron Mattison (swimming); Scott Fraser (field hockey); Nadine Plotnikoff (wrestling), Judy Russell (soccer), and Marilou Lamy (athletics).

Barbara Bialokoz, a Part B Manual sole charge therapist in Victoria, recently played a significant role in the first ever Catholic ordinations of a married male priest and of a female priest. The ordination was conducted by a Catholic female bishop!! The male priest is a patient of Barbara’s, and he chose her to represent the “anointing by the people”. Barbara says, “I am the first physio in the world who can not only detect subtle changes in joint movement and perform grade 5 manipulation techniques, but by virtue of these finely tuned hands, anoint the first ordained married Catholic priest! As physiotherapists we are always interested in what is new and challenging, and sometimes become involved in community/world events simply by virtue of our professional conduct, talent for empathy, listening and understanding. It is a very serious role and although we enjoy interactions with our patients and laugh and share many personal and poignant stories, we are sometimes called upon to share significant events with them. We cannot underestimate the privilege for such moments.”

New Clinics

Tracy Barber and David Kwan just opened SALUS PHYSIOTHERAPY at 105-1765 West 8th (yes, the same building as CPTBC). Working with them in manual therapy, sports, IMS, orthotics and spinal manipulation are Paolo Bordignon and Karie Farrer. And they got a great phone number: 604-8physio (874-9746).

Marc Hampton opened a second clinic in Port Moody, Excel Physiotherapy at the recreation centre, 300 Ioco Road. www.excelphysiotherapy.com. With Mark are Amanda Beers and Lisa Coleman.

West Boulevard Physiotherapy Clinic is expanding. With a focus on neuro, Pauline Martin is opening Neuro Motion Physiotherapy Clinic this month at 1688 West 6th Avenue in Vancouver. And to best serve her neurological clients, she is utilizing cutting edge technology, The Lokomat. The Lokomat is a device to help individuals with neurological injuries walk again. It is a body weight support system over a treadmill with robotic legs which moves the individual’s legs through symmetric, coordinated walking patterns. There are now four Lokomats in Canada: one at UBC being used for research by Dr. Tania Lam (PT); one at McMaster University, one in a private clinic in Toronto, and now one in Vancouver. Check out the You Tube video of the Beyond Therapy Program in Atlanta where Pauline attended a workshop on the Lokomat.

http://uk.youtube.com/watch?v=jzifRIvWtCI

Strategic Communications

PABC's Communications Consultant Bev Holmes is working with the Board of Directors to develop a communications plan to support the Strategic Plan for 2008-09 (see pg 3). Some highlights of the communications focus include:

1. Emphasize evidence and research
2. Involve members in PABC communications (press releases, patient materials)
3. Expand on current tools (website, newsletter, TV ads, e-blasts) by:
   • building on CPA initiatives
   • placing articles in others’ newsletters
   • establishing a presence by attending/speaking at others’ events
   • responding to media and stakeholder communications (reports) about physio-related topics
   • creating member profiles in PABC and others’ publications
   • profiling physiotherapy role in 2010 Olympics

For the coming year, with these communications strategies we expect to increase member satisfaction and retention, and increase stakeholder awareness of the value of PABC and physiotherapy.
The Joint Initiatives Committee Report

The Joint Initiative Committee (JIC) is a group of four members of PABC and CPTBC who meet regularly to discuss matters of mutual interest we can jointly pursue; Lynn Barton and Rebecca Tunnaciffe join Susan Paul and Jeff Garrett three times a year for JIC. Recently, JIC agreed that the profession would benefit from a discussion on offering free treatment. In the spring issue of Directions, page 9, PABC announced the newly created Pro Bono Guidelines created by its Business Affairs Committee, available on the Members Only site/ Business Resources. PABC asked Erica Mahon of City Sports and Physiotherapy Clinics to share her thoughts on pro bono work.

Pro Bono Work: Considerations

by Erica Mahon, PT

Have you or your clinic ever stopped to figure out how much it really costs to treat those who do not pay the full fee or possibly any fee. The Business Affairs Committee recently put together a guideline for providing “pro bono” to use the legal community term.

All members offer free services at some point, whether to a patient who can’t afford to complete treatment, a premium assistance client who has run out of 10 sessions, or a cousin who sprained their ankle.... What about discounts given to team members and good friends. We all do it and so we should, but do you know what it costs? My experience has been that as professionals we are often very quick to give away our expertise and once gone, rarely think about the true value of our services.

A few years ago I started asking my staff to bill everyone the clinic rate and we would make the “professional adjustments” at the month end reporting. I forwarded an accounting to each therapist, indicating the services they provided pro bono. Some would have covered a rather nice car payment. I didn’t want anyone to stop; I just wanted them to think about it carefully and prioritize where they wanted to support their patients. Everyone’s practice in the clinic changed somewhat.

Another fear that always sits in the back of my mind is my hair. Most of you can relate, although you may ask why? Would I rather get a cut for free or pay full fee and have someone give me their BEST PRACTISE? I vote for the latter. Remember you may get what you pay for!

This guideline, prepared by the Business Affairs Committee, provides some great tips on administering and tracking the services you provide pro bono. You should continue to provide them; just know what it costs you.

Physiotherapists — The Body Specialists: Are We Taking Care of our Bodies?

by Jillian Carson, BScPT, Saanichton Physiotherapy and Sports Clinic

PABC’s Physician Advisor, Dr. Peter Culbert, recently advised PABC’s Board of Directors to consider the health of our membership and determine what we can do to support your physical and psychological well-being. In conversation with Jillian Carson, PABC learned that her 25 years in practice experienced a set-back due to an injury. We asked her to share some reflections as we put our minds to your wellness.

Has anyone of us physiotherapists ever thought about what we would do if something happened to our bodies and we could no longer be a physiotherapist? Of course not! Not me. WE ARE THE BODY SPECIALISTS. I found myself in this predicament after twenty five years of working as an orthopaedic physiotherapist.

I recently had an anterior discectomy and fusion at C4/5. I now know what it is like to be a PATIENT. The frustrations getting to a diagnosis, the frustration dealing with the pain and dysfunction, and the worry about my job as it was. If something is going to be complicated it happens to health care workers. And yes, I developed a traumatic focal point dystonia in my dominant arm, from the injury to the spinal cord. I remember reading something about that when in school, but never did I have a patient with these symptoms. I am now a botox junkie.

I am, however, being pampered by an excellent body specialist! It is hard work though, being a patient and having patience. I would rather be treating patients! And now what am I going to be? I am a clinical orthopaedic physiotherapist. That is who I am. That is my education.

What is going to happen to my clinic? Look at how it has affected my co-owner of eighteen years. We tell our patients to look after their bodies, teach them proper body mechanics and postural exercises. Do we think about what we put our bodies through working as physiotherapists? My advice to all of you is to look after your bodies and be diligent. Also, stay away from the waterslides and remember you have the best job out there!
It is Membership Renewal Time

Here are three recent unsolicited comments from members which we hope will send you racing to your membership renewal form:

• I am a foreign trained physio from Nepal. I am proud to be a member of this elite group, PABC. RP

• As a long time member of PABC, I feel that the organization is exceptional and has been instrumental in establishing a strong identity for the profession. RM

• PABC emails are friendly and make me feel as though I am part of a larger team. Thank you for all the work you do for all of us. NC

Sandra Lamb, long-time PABC member and our first PTA, has been on CPAs National Support Worker Assembly since its inception a few years ago. We congratulate Sandra on now being elected NSWA President. As PABC’s CPA Board Director Kathy Doull says, “Again, PABC members showing their leadership!”

New Business Learning Opportunities From Prosperous Physical Therapy

The Private Practice Business Source is the first ever private practice business newsletter dedicated to the continuous business learning and business skill development of private practice business owners.

This monthly newsletter gives you practical and proven business tips, resources, and insider secrets that will help you achieve personal and professional prosperity.

Subscribe at: www.prosperousphysicaltherapy.com/newsregistration

Find a Physio 2008 – 2009 ADDENDUM

Page 2: Medical Services Plan
Now called: Health Insurance BC-Teleplan Support Centre
Use this toll-free service to reach the Teleplan Support Centre about electronic billing problems, liaison with software vendors, electronic remittance statements and refusals, resetting of passwords and assistance with technical problems.
Vancouver: 604-456-6950
Toll Free: 1-866-456-6950

Page 44: Howard L. Jones & Associates. Clinic has closed.

Page 58: Deirdre Byrne Physio
Correct: Email address beside Deirdre’s name to: deidrebyrnephysio@gmail.com

Page 72: Queen Alexandra Centre
Correct: Lynn Purves email to lynn.purves@viha.ca

Page 81: Acupuncture Comox
Add: Colleen Conway

Page 89: Joint Replacement Rehab Comox
Add: Colleen Conway

Page 91: Orthopaedics Comox
Add: Colleen Conway

“SEPTEMBER” is CPA Online Renewal Time!
www.physiotherapy.ca
The Private Practice Business Success Self-Study Program is a new option for your business learning. It is the same acclaimed Private Practice Business Success Program now formatted for independent learning. If you are a clinic owner who cannot attend the live tele-seminar series, and if you learn well independently, this is THE option for you. The program is available at: www.prosperousphysicaltherapy.com/selfstudy.com

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2. Treatment space available Mon/Wed/Fri am for experienced physiotherapist with commitment to Integrated Medicine model, preferably your own caseload.

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Directions in Physiotherapy

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PABC Professional Development Courses

Courses in 2008

Shirley Sahrmann

Hands-on weekend in the Fall with the world leader! Learn unique information about diagnosis and treatment of Movement System Impairment Syndromes. Requirement for this course is the Introduction to Concepts and Application (previously Level 1).

PABC Member rate: $525. Held at UBC Physical Therapy Department.
- September 6-7, 8:30 a.m. - 4:30 p.m. – Upper Quadrant Advanced Application

To register for the Shirley Sahrmann course, visit www.cstudies.ubc.ca/rehab, call 604-822-1459, fax 604-822-0190 or e-mail dorie.gray@ubc.ca.

Fall Evening Lecture/Audiocast Series

Location: GF Strong Auditorium, 4255 Laurel Street (at Oak)
Time: 7:00-8:30 p.m.
Fee: PABC member rate is $40 on-site or audiocast, or $110 for all three on-site/audiocast lectures

Fall Series: Keys to Unlocking the Olympian Within
This session will focus on the core sport nutrition and hydration principals for the athlete and weekend warrior, and will include a review of common sport nutrition supplements and nutrition recommendations for rehabilitating from surgery or injury.
Jennifer Gibson, BASc, RD, Sports Nutritionist, SportMed BC

2. October 23: Three Sets of Ten, Can we do Better? Using Exercise Physiology to Optimize Training and Performance
In this session, the latest American College of Sports Medicine exercise prescription guidelines pertaining to muscular strength, endurance, power, and hypertrophy will be reviewed and applying these guidelines to orthopaedic patient populations will be discussed.
Tyler Dumont, BScPT, MPT, Sports Diploma

3. November 20: Recovery Strategies for Olympians, Weekend Warriors & You
The session will introduce the concepts of overtraining and overstress and discuss implications for athletes. A variety of both short-term and long-term recovery strategies will be explored with practical examples and protocols that can be implemented immediately.
Carl Peterson, BScPT, BPE

To register on-line for the Lecture/Audiocast 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 Fall 2008 Lecture Series, then click Sign-up now

For more information, call PABC at 604-736-5130, ext. 3 or email Andrea Reid at education@bcphysio.org. Watch for your ‘Professional Development Courses for physiotherapists, 2009’ inserted in the Autumn Directions.

Student members receive a further 40% discount.