Mobilization with a Deep Vein Thrombosis

Fraser Health Clinical Practice Guideline

by Krista Cunningham, BScPT

In February 2009, the Fraser Health Authority held its first annual PARADE (Physiotherapist and Rehabilitation Assistant Day of Education). At one of the networking sessions, the topic of when to mobilize patients with deep vein thrombosis (DVT) came up. A quick survey of the participants indicated that there were up to 10 variations in practice throughout the health authority. Many of the physiotherapists were also concerned about the potential that mobility could increase the risk of pulmonary embolus (PE) formation in patients with a DVT. A shared work team was formed to review the literature and develop an evidence-based clinical practice guideline (CPG) to help standardize clinical practice.

The shared work team started with a literature review, which revealed that there is no evidence of increased risk of DVT progression or PE development with mobilization once a patient has been started on anticoagulants. It also confirmed that the risk of immobility far outweighs the risks of mobility. The group also looked more carefully at the use of compression while mobilizing patients. While compression is commonly used in Europe, it is not used as much in North America during patient mobilization. Some patients with DVT are prescribed compression stockings but this is more for comfort and to prevent post thrombotic syndrome, which is long-term damage to the valves inside the veins which may effect circulation and lead to chronic pain and swelling. Multiple experts also commented that compression should be used for swelling control and comfort, but there is no evidence to support any physiological effects on the DVT.

A review of the types of anticoagulation was also completed and attached to the CPG to help clarify the time required for therapeutic effect and clinical investigations needed to monitor the effect of the anticoagulants.

After the literature review was completed, a draft CPG was sent for review and feedback to a number of clinical experts and stakeholders from the following clinical disciplines: physiotherapists, physicians, respirologists, orthopods, nurses and pharmacists. In particular, Alison Hoens (Knowledge Broker), Cathy Anderson and Tom Overend (CPA Cardiorespiratory Division Co-chairs), and Dr. William Geerts (first author of the ACCP Guidelines on Prophylaxis for VTE) all gave feedback to the CPG.

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It is with great pleasure that I report on the huge success of the 2010 PABC Physiotherapy Practice Forum. We had record numbers turn up for a packed day of updates from your Association, informative updates from our College partners, and stimulating education from PABC’s own Knowledge Broker (the great Alison Hoens) and pain expert Neil Pearson, among other interesting talks. The day was nicely rounded out by the poster presentations from your respected colleagues, a new addition to the Practice Forum design.

Such a successful turnout from both current and future members of PABC reflects the positive influence and benefits that our association brings to the profession at large. Such initiatives are central to the Board’s strategic plan, covering all three priority areas: member retention/recruitment, excellence in practice, and positive partnerships with our stakeholders.

On behalf of the Board, I want to congratulate our hard-working staff (RBT, Stephanie and Suzanne) and planning task force (Lois Lochhead, Susan Paul, Brenda Hudson and RBT) on such a wonderful design to the day. We have received praise from our CPA colleagues (President Alice Aikman and CEO Michael Brennan) on the wonderful contribution that this event makes to the Branch membership and the province’s contingent of CPA members. Here at PABC, we certainly know how to lead the pack (with strong leadership among the staff and Board volunteers). My hat off to you all!

Of the many fine snippets of the day (not least of which was the ‘Dutchman’ wearing a suit — if you don’t get it, you’ll have to come next time) I am pleased to announce to those unable to attend the Forum that we have the fortune of signing our CEO, Rebecca Tunnacliffe, on for another five years. There’s nowhere to go from here but up!

Since the last issue of Directions, there are several notable developments:

- Alison Hoens (PABC Knowledge Broker) will continue her contract with PABC for 3.5 more years, in partnership with UBC, Vancouver Coastal Health and Providence Health Research Institutes
- PABC is in the early stages of a new marketing and branding campaign to ensure that PABC and the physiotherapy profession stay in the forefront of the minds of British Columbians
- Our Knowledge Team, librarian Deb Monkman and Knowledge Broker Alison Hoens, have launched a webinar series
- PABC is designing a social media strategy for the effective use of new web tools to enhance member services

Minister of Health Kevin Falcon recently announced that every British Columbian will have a family physician by 2015, thanks to the Divisions of Family Practice. Why is this good news for us? With primary healthcare reform,

 Minister Falcon’s vision ensures direct patient access in the model for which our Primary Healthcare Task Force has been planning — inter-professional health teams that see physiotherapists as team partners in the management of the health of the public. The Minister specifically mentioned physiotherapists in his several media quotes. In this model, patients presenting with neuromuscular conditions to a primary health team should be seen first by the team’s physiotherapist, given our scope and expertise in managing these types of conditions. Proper screening can ensure efficient management of the patient, including the ability to bring in other health professionals (eg. physicians, dietitians, pharmacists) as needed, all in the same visit. Such a strong inter-professional model of care, which sees physiotherapists as the primary provider for a number of patients, will ensure efficient health care — a necessary recipe for a sustainable health system. We look forward to continuing our work in demonstrating the effectiveness of this model, and to continuing the enhancement of recognition of our value in promoting the health of British Columbians.

I hope you all have a safe and fun summer!

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Scott Brolin is the Program Director, Rehabilitation/Allied Health for the Fraser Health Authority. He earned his BS(PT) Honours degree at Curtin University in Australia. Scott has served on numerous committees and task forces for PABC. Scott and his wife have two young children. ◆
Thinking Ahead: That’s what we do

CRUNCH! Ugh — the sickening sound of my new bike meeting its demise atop my car! As I drove into the PABC office parking garage just two days before the Ride to Conquer Cancer, I was thinking ahead to what I was going to do when I got into my office, and not thinking in the moment about my first drive in to work with my bike on my roof. All the encouragement I had stored up to prepare me for the 250 km cycle dissolved into discouragement. By the time I had bought another bike the day before The Ride, however, I had found the courage to not look back and to again think ahead.

Thinking ahead is what physiotherapists do in practice. You see patients who are facing a discouragement, and you look ahead to how your treatment and their participation can help them. In BC in particular, physiotherapists have thought ahead to advance practice in many areas (eg. spinal manipulation, IMS, sports physio, private practice). You also expect forward thinking from your Association, and have written it into PABC’s vision statement.

PABC has been the first professional association in Canada to have a librarian, e-library, video podcasts or knowledge broker, and the first physiotherapy association to have a TV ad. We think ahead because that is what you expect of us. This month, we’ll be at it again. We are holding a Leaders’ Summit of our committee chairs and communications consultants to brand PABC and BC physiotherapy in anticipation that, having gained a lot of ground with our stakeholder perception over the past years, we need to work what is unique about our profession as we negotiate primary health care and advanced practice, as well as navigate confidently through the increasingly crowded rehabilitation landscape.

We’ll report on the cascading outcome of our summit in the next Directions. Until then, we’ll be looking in the rear view mirror to remember where we’ve come from, we’ll look up through the roof window to be aware of our immediate environment, and we’ll look ahead in order to keep you at the cutting edge, as you expect of us.

The new athletic RBT

Ride to Conquer Cancer physios gather at the end of Day One

Other Activities with PABC Members

Anne Rankin and RBT complete the Eugene Half Marathon

Physios take a hike with RBT on Bowen Island
L-R: Lois Lochhead, RBT, Anne Rankin, Maria Juricic

RBT is now training for the Vancouver Triathlon and Victoria Marathon.

Clyde Smith gives RBT royal treatment outside the medical tent
Mobilization with a Deep Vein Thrombosis...continued from page 1

Once all the feedback and revisions were incorporated into the CPG, the content was reviewed and approved by the Physiotherapist and Rehab Assistant Professional Practice Council in Fraser Health. The members of the shared work team then presented the CPG through two teleconferences across the health authority. A pre- and post-survey of current practice will also be used to show the impact of the CPG to clinical practice in this region.

A copy of the Clinical Practice Guideline can be obtained by email. Questions or comments can be directed to Krista Cunningham at Krista.Cunningham@fraserhealth.ca.

Path to a PhD: Think moguls not bunny hills

by Marie Westby, PT, PhD

“...You should do a Master’s degree, you love doing research. And if you start it now at UBC, you can fast-track into a PhD and not have to pay tuition!” These were the words of a well-meaning colleague that finally hooked me in the spring of 2004. I had thought about going back to school many times but always found good excuses — aside from the fact of having two young kids at home — as to why it was impossible. I posted a large PROS and CONS list on the kitchen wall and encouraged friends and family to add to the list — particularly the CONS side (I wanted to ensure a democratic process and go with the majority view).

The next thing I knew, I was filling in forms, applying for scholarships, talking to faculty about serving on my supervisory committee and making arrangements for additional childcare. The excitement grew when it came time to select courses, purchase text books and buy brand new school supplies (I always liked September for that reason alone).

With educational leave and lots of encouragement from colleagues in the Mary Pack Arthritis Program, I was free to focus on course work and re-learn how to study after 16 years away from school. I was nervous about my ability to juggle courses, readings, assignments and exams while still being a mom, wife, driver, cook, cleaner... But everything slowly fell into place. I met other ‘mature’ grad students, some with kids, and found myself energized by student life once again. And then a big mogul on the course: my 5-year old son was diagnosed with autism and my precarious run seemed destined to go off course. Dropping out of grad school and putting my energy into this new challenge seemed the wise thing to do, but supportive family, friends and my son’s already wonderful team of professionals and support workers encouraged me to stick with it.

Fast forward 5 years and a 315-page thesis later. I can now reflect on the early days of the PhD journey with a sense of humour, accomplishment and great deal of appreciation for all of the support that I received. My advice for other clinicians pondering graduate school in their near future is several-fold:

• Don’t be afraid to ask for help — like an athlete, you need a good support team around you.
• Find a topic or research question that you’re passionate about — it will help you stick with it when you encounter the larger moguls.
• Your supervisor is like your coach — find one you work well with.
• Buy a lap top.
• Get enough sleep.
• Love your family.

Although I haven’t skied in a few years, I think I’m ready to try!

More PhD Physiotherapists

Also newly-graduated PhD PABC members are Joseph Anthony and Al Kozlowski. New to BC PhDs are Alex Scott and Mike Hunt, both now professors at UBC’s Physiotherapy Department.
Exposed to Opportunities for Play

by John Cumberbirch, PT, Classifier for CPISRA/UCI Paracycling

I am sitting in an arena complex three hours before my game of co-ed hockey. My table overlooks an ice surface on which a group of 6- or 7-year olds is practising hockey skills. I turn on my computer and my screensaver shows a group of junior hockey players — including myself — at practice in 1968.

Over these past decades, I have been fortunate to find myself working primarily as a physiotherapist in paediatrics with children with physical disabilities and their families, interrupted by a brief but rewarding stint in orthopaedics. I presently work out of The Centre for Child Development, an organization with committed, capable staff and a dedication to being directed by what is deemed important in the hearts of the family and the child. My work takes me into the schools, homes, and communities of families whose journeys are loving, varied, and complex.

Another part of my work involves the world of sports for athletes with disabilities. As a classifier for the Cerebral Palsy International Sports and Recreation Association (CPISRA) and UCI Paracycling, my primary directive is to operate with fairness in a transparent and consistent fashion. This then allows dedication, effort, and excellence to create the outcome. Watching a player that I know play for Canada at the World Cup of C.P. 7-a-side soccer in Brazil is inspirational. Knowing that as an 8-year-old kid he used to attend a weekly workout run at the track by The Centre is wonderful. Knowing that he has made himself available in the past to encourage youngsters who question ’possibility’ is awe-inspiring.

Frannie Cruise, a recreation therapist at The Centre and a friend experientially rich in the world of sports and recreation for individuals with disabilities, and I are to share our take on the topic of a child ’Being Actively Engaged’, with the Centre’s physiotherapy department. We will present an exercise examining what has to be considered to enable ’Billy’ to play ball, whether he is 2 or 18 years of age, and in whatever way he engages the ball game. We are all meant to engage the world, to discover it, and ourselves, through continuous exchange.

It has been said that a child’s work is play. When I look at the kids on the ice and then gaze to my screensaver, I recognize the lines of possibility that have connected the events in my life of play. Physiotherapy occupies an important position as an agent of possibility for the family and the child. The establishment of a trusting relationship includes the sharing of what is important for the family and the child. Combining clinical competence with the awareness of what is important and with other agents of possibility within the family’s community creates an environment of possibility for the child. In listening to what the child and family state as being important, the physiotherapist, along with the rest of the team, creates an agency of possibility for the child.

At a recent event, I had the good fortune to meet Denny Morrison, speed skater par excellence. When I requested an autograph for a friend’s kids, he wrote, “Dream…Believe…Achieve”. And so, my fellow physio/physical therapists, carry on being agents of possibility, not only in the work you do, but within your community. Encourage dreaming, plant the mustard seed of belief in a family’s collective heart. The results are…priceless!

When sending this article, John wrote to PABC this riveting thought: “It is very difficult not to ‘wax poetic’ when one feels blessed to do the work we do.”

Sport Physio BC Update

by Timberly George, BScPT, Diploma Sport Physiotherapist, SPBC Chair

Since returning from the Sport Physiotherapy Canada AGM in Toronto, I’ve been doing some reflecting. I began on the BC executive as a student in 2003, and have held the position of Chair since 2006. I’m amazed at how the time has flown by and how much we’ve done. I love going to the AGM and the annual council meetings each year — it’s a chance to find out what goes on across the country and to witness the progression of our profession. Our BC membership has grown from 252 in 2004 to 344 in 2009. Our national council is undergoing a massive reorganization from an executive council to a policy governance model with a CEO and a Board of Directors. And 2012 is the 40th anniversary of SPC! Exciting times are ahead.

What do the changes to the national organization mean for us as a provincial group? It’ll mean more support from and collaboration with national, providing more educational opportunities, a more organized and streamlined post-graduation credential system, and an increased profile of our profession to the general public, sporting and coaching associations across the country. As well, it will provide you with more ways of getting involved. Many committees will be formed, some with short-term goals and commitments, other with longer, on-going involvement. The Business and Education teams are already up and running as well as a special group planning the 40th anniversary party. If you’ve always wanted to get involved, your time is coming. Keep your eyes and ears open for positions coming available soon.

Faculty of Medicine Seeks Interviewers

The FoM MD Program is recruiting interviewers for the annual multiple mini-interviews (MMI) admission selection process scheduled for the weekends of February 12-13 and 26-27 of 2011. Background material and an interactive training session about the theory and logistics of the MMI will be provided. To participate, contact Catherine Macala at: interviews.md@exchange.ubc.ca.
Library and Information Technology (LIT) Directions

by Deb Monkman, BSc, MLS, PABC Librarian

Suzanne Geba and Deb Monkman at the Physio Forum

Three years with the Electronic Health Library of BC (e-HLbc): How has it benefitted members?

The PABC e-Library is our gateway to the Electronic Health Library of BC (e-HLbc), giving members access to:

- Medline, CINAHL, Cochrane Library, PsycINFO and Evidence-Based Medicine (EBMR) databases
- 3,772 full-text journals
- Clinical librarian services

In 2006, PABC became the first professional association to have a librarian. In his first year, Eugene Barsky worked relentlessly to gain us access to e-HLbc in order to provide members with the same gateway to health resources that the academic and health care community had. In September 2007, we were the first association to be accepted into e-HLbc; we then launched an e-Library on the members-only website. Our PABC e-Library seamlessly guides members to the databases and full-text journals of e-HLbc, and makes available tutorials, links and other physiotherapy information resources catering to our members’ special needs. In addition, members have the services of a clinical librarian, something that today still no other professional association can boast!

Feedback about the librarian services and improved access to these important resources for evidence-informed practice has been extremely positive over the past three years, and we’re happy to say that not only does it provide a cost-effective service, but based on research conducted by Meena Sran, it also makes a difference to your practice!

High Member Usage of e-Library Services

PABC members have made good use of the 24-7 self-serve e-HLbc databases and full-text journals over the past three years. Usage remains fairly steady with members performing around 10,000 searches and downloading 3,000 articles annually. CINAHL is the most-used database and Spine is the most-used journal consistently over time. However, demand for the clinical librarian’s services has steadily climbed; in the past year it has doubled, with close to 700 requests.

1. Database Searching:

- Number of searches on e-HLbc\(^1\) = 10,320/year
- Most-used databases: (1) CINAHL, (2) Medline (EBSCO, OVID), (3) Cochrane Database of Systematic Reviews

2. Full-text Articles:

- Number of articles retrieved\(^2\) on e-HLbc = 3,240/year
- Most-used journals: (1) Spine, (2) Sports Medicine, (3) Clinical Rehabilitation, (4) Physical Therapy, (5) Medicine & Science in Sports & Exercise

3. Clinical Librarian Services:

- Percentage of membership using librarian’s research services in one year (not including self-serve searches)\(^3\) = 17%
- Number of requests from members = 686/year (representing 339 members)
- Average time to complete a research request\(^4\) = 30-45 min.
- Total number of articles librarian retrieved for members\(^5\) = 1,584/year
- Number of articles librarian retrieved from non-e-HLbc sources = 1,084

- Most-requested topics: (1) Modalities (particularly FES), (2) Paediatrics, (3) Lymphoedema and breast cancer, (4) Sports injury prevention, (5) Treatment of motor vehicle accidents

Getting a PABC bargain on the cost of a journal article

Buying a journal article online can cost $20 or more, whereas the cost via e-HLbc is only 69 cents! Our costs for providing members with databases and full-text journals are significantly reduced by joining the e-HLbc consortium. e-HLbc reports that its total costs for licensing databases and full-text journals amount to approximately $1.2M. As a result of this large group buying power, our per unit costs are low compared with the costs an individual physiotherapist or a small organization such as ours would pay for the same information.

The introduction of e-HLbc improves physiotherapists’ access to databases and journal articles: A study by Meena Sran

Prior to and one year after the introduction of e-HLbc, PABC members were surveyed about the barriers that prevented them from reading journal articles. After the introduction of e-HLbc, time continued to be a significant barrier (86% to 88%), while access to databases was less of a barrier (decreasing from 21% to 12%), as was access to full-text articles (decreasing from 45% to 32%). Full results of this research study by PABC member, Meena Sran, are being compiled for publication.

Endnotes

\(^1\) Only research requests, not including article requests
\(^2\) Articles retrieved for members on e-HLbc plus non-e-HLbc sources
\(^3\) Includes members and librarian
\(^4\) Includes members and librarian
PABC Knowledge Team

e-Library Autumn Webinar Series

Beginning in September, watch for our new series of four e-Library Webinars to be held in the evenings from your home or office computer. The summer series was a hit, and space is limited to 25 members per webinar so register now at www.bcphysio.org. Each webinar is less than an hour long and lets you interact through the simple web format. Watch for the librarian’s monthly email for announcements of upcoming sessions hosted by our librarian Deb and knowledge broker Alison.

1. Physiotherapy resources in the PABC e-Library: 3 simple ways to impact your practice for the absolute beginner (or a review for the experienced)

Prerequisite: None
Learn about the rich resources you can access through the PABC e-Library, a service designed especially to help you in your practice, and one that no other professional association offers. If you answered NO to any of these questions, then this course is for YOU! Do you know:

- How to get to the members-only eLibrary – and what gems you’ll find there?
- How to get a full-text journal article (that’s not free on the Web) from the 5,772 journals PABC provides you?
- How to set up an Alert to receive the most recent journal abstracts about your area of practice or topic of interest?
- Why you’ll get better results searching PubMed INSTEAD of Google?
- How all this fits into your evidence-informed practice?

2. How to find a full-text article

Prerequisite: None
You have a reference and abstract, but where do you find the full-text journal article? Gain a better understanding of where full-text articles can be found and learn strategies to find them using the PABC e-Library.

3. Anatomy of a literature search for beginners

Prerequisite: none
Do you find yourself asking clinical questions, and then not knowing where, or how, to search for the answer? Google and Google Scholar just don’t give you good results and you wonder where the full-text articles are? If you’re eager to do a good literature search and find information to apply to your clinical practice, this one’s for you! Learn the principles of literature searching that apply to all databases, and then learn the basics of searching EBSCO Medline (as a bonus, you’ll get more full-text articles!)

4. Get more full-text with your lit searches! How to search EBSCO CINAHL & Medline (instead of PubMed!)

Prerequisite: “Anatomy of a literature search” or basic literature searching skills
Once you’ve learned the basics of lit searching, why not improve your search skills so that you don’t have to weed through so many irrelevant search results? This session builds on “Anatomy of a literature search” with the EBSCO databases that are linked to our full-text journals. This session is for you if:

- You wonder why you can’t always find good physiotherapy articles – using both Medline and CINAHL will give you better coverage
- You can’t get enough full-text articles from PubMed – with EBSCO, you can link directly to our full-text offerings
- You find yourself reading through too many irrelevant abstracts to find just one or two relevant articles
- You want to learn how to get the most out of a database!

Cancer Rehabilitation – building bridges from diagnosis to wellness

Dr. Kristin Campbell, BScPT, PhD, is hosting a free lecture by visiting academic Kathryn Schmitz from the University of Pennsylvania. Dr. Schmitz will give a public lecture as well as one specific to physiotherapists. The purpose of the physiotherapy talk is to outline a vision of cancer rehabilitation programming that provides continuity of care from the point of cancer diagnosis, through treatment, back to work, and on to wellness and health promotion. The emerging literature on this topic will be reviewed, and the call for focused research programs to develop this programming will be discussed.

Dr. Schmitz is an expert on the role of physical activity in rehabilitation for cancer survivors. In 2009 she published a large randomized controlled trial on resistance training in breast cancer survivors in the prestigious New England Journal of Medicine (available through PABC). Dr. Schmitz will discuss her work on lymphedema and the role of physical activity at a free lecture, in October at the VGH lecture hall. Watch for date and time on the PABC and UBC-PT websites.

PABC thanks Dr. Campbell for her advice on lymphedema in the most recent Briefings for Physicians, co-produced with CPA and circulated this month to every physician in Canada. Watch for it in CPA’s fall Contact.

What PABC members said about the summer e-Library Webinars:

“Great information, short duration, and could do it from home”
“Free (but worth money!”
“I had two kids in the room with me doing crafts and could still learn new things!”
Nothing but the truth...and make it easy to understand: Your Medicolegal Expertise

by Tony Gui, MPT1 student, BAC member

Physiotherapists represent the profession every day, in face-to-face interactions with clients, communicating on the phone with other health care professionals, and in a multitude of other arenas. One which not commonly travelled is the court room. Every arena has a distinct culture, which includes an inherent expectation for the style of communication. Court is no exception. PABC sent Tony Gui, the Business Affairs Committee (BAC) Student Representative, to a conference on this topic with the goal of gaining and sharing insight into the expectations for physiotherapists when they are called to court. Tony shares his findings in the following report. I hand my usual Directions column to him. Perry Strauss, BAC Chair

A few weeks ago, I was fortunate to be a part of a conference, “The Intersection of Law and Medicine”, held by the Trial Lawyers Association of BC. The aim of the conference was to harmonize the relationship between legal personnel and medical professionals such as physiotherapists, in the event both parties are employed to collaborate on legal matters concerning a client. Of all professionals, physiotherapists spend the most time with clients during rehabilitation; therefore, we are in a strong position to be expert witnesses in litigations. Many of you may have been or will be approached by lawyers to provide medicolegal services as a niche in your private practice. Here are some tips I picked up on how to prepare, how to be effective, and what to expect when called on to provide your expert opinion in court.

In the beginning. First consider whether you are the appropriate person to provide expert opinion on the issue under consideration. Are you qualified? Are you prepared to commit the time and effort necessary to do the job? Can you provide an unbiased opinion to assist the court in coming to the correct conclusion? Keep in mind that the role of the medical expert is to give unbiased opinion to the judge or jury on matters that require special medical knowledge and experience, not to advocate for the lawyer or party that contracted you.

Thorough preparation is the key to success. If you agree to provide your expert opinion, you should send out a letter confirming your willingness, including your terms and conditions for preparing the report, such as your fees, deadlines, etc. In addition, you will need to work with the lawyer to make sure both of you understand the background of the case and you understand the issues to be addressed in order to assemble your evidence. Be prepared to deal with questions regarding the medical history, injuries sustained, treatments received, present condition relating to work status and the prognosis of the client. Be timely: the lawyer needs to serve your initial report to the opposing party at least 84 days before the trial date. You should always be aware of the deadlines, and give your retaining lawyer enough time to check the facts of your report before it is sent.

On the stand. You want to lay out your report in a logical fashion. Begin by identifying the patient for whom the report is being written and specify what the purpose of the report is. State your qualifications: are you specifically qualified in the area in which you are giving expert opinion? Is your knowledge current? Next, you should acknowledge your responsibility to the court to provide an unbiased testimony. Remember your role is to help the court understand complex matters that may be beyond the understanding of a lay person. Do not give opinions outside the realm of your expertise. Essentially what you will be doing is painting a picture of the client with the problem. What were they like before the event? What actually happened in the event? What has happened since? And what will happen in the future?

Things to consider. Be as specific as possible. Don’t fall into the “this and there trap”; responses such as “I noted tenderness at this joint” or “she indicated she had pain there” accompanied by the physio pointing at a paper diagram or body part may be of little value several months down the road when someone reading the transcript is trying to understand what the physio was referring to. Use visuals to help support your opinion; they can capture a lot of evidence. Photos make it real, that the event actually happened, such as the scene of the MVA, the client at the time of the incident, the recovery process, etc. You can also bring in the imaging reports (i.e. X-Ray or MRI; use them as basis for discussing their condition). It is hard to argue with an X-Ray. Keep it simple. This is easier said than done when you have so much to communicate, but remember that visuals can be used to anchor your major points.

More resources on medicolegal matters, both presentations from this conference and other materials, can be found in the practice toolkit when you log onto the member’s section of the PABC website www.bcphysio.org under Practice Resources/Private Practice Toolkit/Court Preparation and Testimony.

Note: PABC thanks Erica Mahon for recommending the Business Affairs Committee (BAC) send a student to this conference.
ICBC Update: What’s new since April?

by Marj Belot, MScKin, BScPT, FCAMT, CAFCI, PABC-ICBC Liaison

Over the past two years, the most frequent complaint I heard from members was about ICBC’s request for verbal updates without payment. The big news is that ICBC has agreed to pay the CL-20 report fee when we provide verbal reports on request which include the same information as the CL-20 report. There is still some confusion as to when a quick call regarding areas of injury and end-dates (currently no fee) becomes a verbal CL-20; we are having ongoing discussions with ICBC regarding clarification, and they are working on a policy statement. For now, if you are billing, remember to let ICBC regarding clarification, and we are having ongoing discussions dates (currently no fee) becomes a verbal CL-20; we are having ongoing discussions

On June 25th, Rebecca circulated an email to the membership in which she discussed the pilot Chiropractic Flat Fee agreement with ICBC. As Rebecca stated in her email, the Chiropractic Flat Fee agreement with ICBC does not limit the client’s ability to attend physiotherapy concurrently.

There have been a few complaints from members regarding ICBC’s refusal to pay for certain physiotherapy modalities e.g. IMS. We advise that you remind insurers that the decision to pay for physiotherapy should be driven by outcomes not techniques, including demonstration of improved function.

Please contact me at belotphysiotherapy@gmail.com or PABC at info@bcphysio.org if you are having trouble with any of the issues discussed or you have other comments or questions. Please provide specifics i.e. claim number, adjuster, date of incident etc. in order that ICBC can provide specific follow-up and feedback.

Marj Belot is the PABC-ICBC Liaison on the PABC Business Affairs Committee; her practice is at West Fourth Physiotherapy.

PABC’s Librarian Deb Monkman conducts our first webinar, with support from Technology Lead Suzanne Geba (see picture page 6). See page 7 for information on upcoming free webinars.

RECENT CHANGE in WSBC Claims Management

by D “Scotty” McVicar, PABC’s Liaison to WSBC

WSBC recently centralized its claims management for the major industries throughout the province.

For example, all the claims for Vancouver Island Health Authority are handled by a couple of claims managers in the Victoria office. Similarly, other major industry sectors such as logging, fisheries, Emergency Health Services, Save-On-Foods, Thrifty Foods, Walmart etc. are centrally managed.

How will this affect physiotherapy? It should not affect the treatment of the worker, but you may find that you are communicating with a Case Manager or Nurse Advisor who is not in your local area and who may not know the ins and outs of your region. However, the Case Manager will have an intimate knowledge of the industrial setting.

Our responsibility is to ensure that physiotherapy service is provided to workers in a manner which meets our contractual obligations. All reports should be provided in a timely manner and telephone calls responded to with efficiency. It is important that, as physiotherapists, we create a professional rapport with case managers and nurse advisors who have never dealt with us before. We must showcase our highly skilled professional service so that we can build excellent new relations as in this new business model.

Please respect the fact that WSBC is an insurer representing employers. Their responsibility is to ensure that workers receive treatment which will allow them to become physically capable of returning to employment in a safe and durable manner.

Dyck’s Pharmacists

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Can Advocacy Unbalance the PT-Patient Relationship?

by the Business Affairs Committee and the PABC/CPTBC Joint Initiatives Committee

Recently, both the PABC and CPTBC have had inquiries about different aspects of patient advocacy. In our case, the inquiries typically arise when a third party (often an insurer, but sometimes another stakeholder) is involved. Through our Joint Initiatives Committee, PABC and CPTBC are examining the role of the physiotherapist in patient advocacy in our summer newsletters. We are asking, “How should I advocate for my patient’s best interests?” In Update, you’ll find the perspective of patient boundaries and your duty of care. Here, we will look at advocacy from the perspective of stakeholder relations.

In considering what patient advocacy means, many members would say it is to ensure that the patient gets the care they need. The danger in advocacy, however, is that objectivity can become blurred and create an imbalance in the therapeutic relationship. Let’s look at a possible scenario.

A physiotherapist is treating a shoulder dislocation that he treated in the past, which subsequently became dislocated again. The insurer has denied the subsequent claim on the grounds that it was not related to the original injury. The physiotherapist believes this decision was made in the absence of evidence, as he has evidence on chronic shoulder dislocation that would support his patient’s claim.

Things to consider:
- the role of the physiotherapist and the insurer: Once the PT has provided the assessment to the insurer, does he have a further role in providing evidence after a decision is made?
- the role of the physiotherapist and the patient: Is providing a patient with information on hand versus doing a literature search to help the patient with his insurer advocacy? Once the physiotherapist has clarified for his patient his insured rights, his condition, and the need for taking responsibility for the claim, does entering into discussions with the insurer on the client's behalf cross the line and jeopardize objectivity?
- Include evidence in your reports, along with the history and objective findings; be comfortable sharing this with insurers and patients alike.
- Clarify the goals of treatment for yourself, the patient, and the insurer — sometimes the treatment goals differ from the goals of the insurer (pain cessation is the most common point of departure).

Physiotherapists may find themselves providing information that they feel is paramount to a disability when considering the claimant’s job. However, clinicians, including physiotherapists, and patients themselves often do not recognize that insurers are assessing their claimants based on a specific definition of disability. In many cases, the insurer’s definition of disability may only consider a percentage of the pre-disability duties of the claimant, or the definition of disability may be any occupation that pays a percentage of the pre-disability earnings. In other words, the policy or contract that the insurer is working under dictates the definition of disability.

Another area of concern is ‘causation.’ Chronic conditions pose a challenge in understanding to what extent an MVA or workplace injury exacerbated a pre-existing condition. A good functional and symptom history predating the injury is key to understanding the impact of the injury for which the claim is made.

Lastly, the scenario can be further challenged by non-medical barriers that can drive a protracted length of disability.

As one BAC member experienced, “Advocating too strongly for a patient tends to backfire with the insurer. They believe you have taken sides and that you lack objectivity and therefore credibility. Stepping back is much more effective.”

The BAC welcomes your contributions to this discussion; email rbt@bcphysio.org with your thoughts and we’ll follow-up in the next newsletter.

Members of the Business Affairs Committee and Joint Initiatives Committee:

BAC: Perry Strauss (chair), Marj Belot, Jason Coolen, Tony Gui, Salveen Jagpal, Jamie MacGregor, Scotty McVicar, RBT
JIC: Lois Lochhead, Susan Paul, Brenda Hudson, RBT
PPAC’s New Coach Considers The World Cup

by Chiara Singh, BScPT, Public Practice Advisory Committee Chair

Recently I had the opportunity to hear Minister of Health Kevin Falcon give an address at the Transformational Changes to Health Care Conference on the future of health care in BC. He highlighted three areas of focus for the government to make the changes that must happen in order to sustain the health care system for our children and grandchildren:

1. Primary Care (Integrated primary and community care).
2. Innovation within the existing system including initiatives like patient focused funding (funding following the patient), shared services and clinical practice guidelines.
3. Disease prevention and health promotion.

Knowing that these are the three priorities for the BC government is important, as we are much more likely to be successful in our advocacy if we can tie it to the government’s existing areas of focus. The government is unlikely to hear what we have to say as an association if our strategies do not align with their priorities. Doing some research to find out more about the players that are our teammates and those that are our competition should lead to a better result for our physiotherapy “team” — and hopefully a much better outcome than the early exit of the Italians from the World Cup!

Chiara Singh graduated with a BScPT from UBC in 1998. She is a clinical supervisor of physiotherapy for the paediatric and adult surgical programs at Surrey Memorial Hospital. In her spare time, Chiara enjoys triathlons and cooking.

Note: PPAC thanks past chair Susanne Watson for her leadership over the past two years, and is grateful that Susanne is remaining on PPAC. Chiara has agreed to serve as interim chair for the year.

Ambassadors Quarterly Question

PPAC established the Ambassador Programme in 2009, wherein each public facility has a PABC Ambassador serving as a liaison between to the workplace. Each season, PPAC poses a question for Ambassadors ask their colleagues. Here are the first responses.

The winter question: “What is the main project you are working on?”

Chilliwack General Hospital/Home Health
• Ongoing education: Fall & Injury Prevention including a conference in Surrey in May and attending the falls mobile clinic
• Keeping up with patient waitlist

Peace Arch Hospital
• Developed a balance class for discharged patients who were still a fall risk, designed to bridge hospital with a community resource
• Stroke cohorting/Post-CVA protocol on safe patient mobilization post-stroke.

The spring Question: “What is the biggest barrier to doing your job?”

Lions Gate Hospital
• Time frame to see patients is too short
• Pressure to discharge patients before they have reached their optimal rehab potential
• Too many patients on physios’ caseloads
• Lack of support for complex patients
• Safety equipment (i.e. ceiling lifts) not readily available on certain wards
• Charting expected in too many different places (e.g. lots of repetitive paperwork)
• There are pros and cons towards ICARE (daily meetings to discuss patients’ progress and discharge with the team plus hospitalists). They take valuable time in addition to our own staff meetings/inservices, yet they do make the doctors more responsible, and patients move more quickly through the system.

Surrey Memorial Hospital
• not enough time with patients nor to thoroughly review cases, etc.
• short staffed so physios have to cover several case loads
• inadequate community services post-discharge

continued on page 13
Physical Therapy Knowledge Broker Project Update

by Alison Hoens, MSc, BScPT

PTs & Skin: We’ve Got You Covered!
The PT Knowledge Broker project on providing guidance for BC PTs on prevention, assessment and treatment of skin & wound issues is racing along. The team (Nancy Cho, Sarah Rowe, Rochelle Graham, Rebecca Packer, Michelle Jacobs, Leah Keiffer, Leslie Hopkins, Emily Motyka, Heather Newsome, Angela Ng, Sondra Ng, Oksana Peczeniuk, Devon Tyler, Fiona Wright) has been working hard on the following:

OBJECTIVE #1: Increasing awareness
You received a Post-It Notes pad in your Directions envelope with our awareness-raising catch phrase “PTs and skin: we’ve got you covered!” with the resource link on the PABC website (see Objective #3)

OBJECTIVE #2: Increasing the number of PTs using electrical stimulation to assist wound healing
A lecture and practical education session is scheduled for October 22, 8:30 am at George Pearson Center in Vancouver. It will be videotaped and available for all PABC members. To attend in person, please contact Nancy Cho at nancy.cho@vch.ca.

OBJECTIVE #3: Providing access to learning tools and resources for PTs who wish to advance their skills and knowledge in skin & wound prevention, assessment and treatment
An inventory of relevant tools and resources is posted on the PABC website on the KB webpage.

The College of Registered Nurses of BC recently sent a communiqué to its members regarding skin and wound care. Here is an excerpt:

“CRNABC has recently updated their position on whether the use of electrical stimulation to treat wounds is within the scope of practice of nurses. Here is a brief summary:

• e-stim is not considered a restricted activity
• there is nothing in the Nurses (Registered) and Nurse Practitioner regulation to preclude RNs from carrying out this activity
• CRNABC does not currently have any limits or conditions on this activity
• the provincial nursing skin and wound committee supports e-stim as an adjunctive treatment modality in wound care that could safely be carried out by registered nurses and plans to develop a decision support tool
• RNs carrying out e-stim must meet the Scope standards which include ensuring the activity is within agency policy, that they have the competence to carry it out safely and ethically, and the ability to manage the intended and unintended outcomes”

This position is consistent with that of Ontario where PTs and Nurses have been collaborating on e-stim for wound healing for many years. The BC PT Skin & Wound Knowledge Translation Committee recommends that BC PTs become leaders in collaborating with nursing colleagues to ensure that patients have access to best practice for wound management with e-stim. For further information please contact Nancy Cho, Chair, at nancy.cho@vch.ca.

ONE STEP FORWARD IN PT PRACTICE: Use of Outcome Measures by PTs for the Total Joint Arthroplasty Population

Total Joint task force
L-R: Greg Noonan, Tracy Wong, Fatima Inglis, Phil Lawrence, Susan Carr

Congratulations to Phil Lawrence, Greg Noonan, Fatima Inglis, Susan Carr and Tracy Wong. They recently completed a chart audit of a sample of charts from prehabilitation, inpatient, outpatient and private practice settings to determine how PTs in these settings are using outcome measures (OMs) for patients along the total knee arthroplasty continuum from pre-op to the community. The audit was the focus of their participation in the Vancouver Coastal Health Research Institute’s Program Evaluation Course that ran from October 2009 to April 2010. Greg Noonan provides his perspective here as a member of the working group:

“I volunteered for the TKAOM project immediately after reading Phil Lawrence’s submission to the VCH program evaluation course. Our Lions Gate PT outpatient department had been collecting outcome measure (OM) data for a long time, but I was unclear as to the data’s true purpose or how it could best be used. The TKAOM project appeared to be a great opportunity to provide them and the Ortho team with some much-needed direction.

The course was valuable because of its applied nature — everything we learned had to be immediately applied to our project. We certainly perplexed our instructors, as I don’t think anyone had
previously defined the use of outcome measures as a program! I learned how to develop a logic model, determine measurable outcomes and then evaluate those outcomes, in our case via a chart audit. I also gained a much better appreciation of OMs including the importance of repeated application and consideration of both error and minimal detectable/important change.

Going forward, I intend to modify our current use of OMs here at Lions Gate and certainly share with the staff some of the lessons learned. I also intend to stay in close contact with the great therapists that I had the pleasure of working with on this project. As a team I’m sure we can work towards improving the use of OMs at our individual sites, across our health regions and hopefully one day, across our profession.”

Fatima Inglis of the TKAOM team also advised PABC on its current Lymphedema Briefings issue. Fatima is presenting a course on the evidence and management of lymphedema, and a bandaging workshop, at Holy Family Hospital in September after she returns from the National Lymphedema Network International Conference in Orlando.

OTHER PT KB PROJECTS

For up-to-date details on the status of other PT KB projects below, please see the PT KB web pages on the PABC website.

1. SAFEMOB – Safe mobilization of the acutely ill patient
2. AECOPD – Safe & effective exercise prescription of hospitalized acute exacerbation of COPD
3. Wheelchair provision for progressive neuromuscular disorders

Alison is the Physical Therapy Knowledge Broker for the joint partners PABC, UBC, VCHRI, PHCRI. She is also the Physiotherapy Research, Education and Practice Coordinator (Providence Health Care) and is a Clinical Associate Professor at UBC.

Movie Review: The Kids are All Right

by Susan Harris

Fifth Avenue Cinema

One of the most heartwarming, poignant, and uproarious movies I’ve seen since becoming the PABC Film Critic. Annette Bening and Julianne Moore are middle-aged lesbian parents of two teen-agers who decide to find their sperm donor father, wonderfully played by Mark Ruffalo (very nice eye candy for this aging physiotherapist). Some of the sex scenes might be a bit graphic for some of our younger members but this reviewer thoroughly enjoyed them – as well as the other (less graphic) family dinner scenes. Well worth seeing!

Kudos from Members

For our librarian

Thanks Deb for your summary of the CPA Cochrane Review teleconference - this is very useful and I even know how to do this stuff! Before going back to school, though, this was absolutely foreign to me, so I know others find this daunting - you do make it sound as easy as it is.

Thanks for doing the patient education survey! A big part of our job is education and I could use some new ideas on how to do this better. I’m glad PABC is taking this on.

Love the sites you recommended for patient education: physioSHARE and Multilingual Resources.

The Webinar was fun!

For our Knowledge Broker

Awesome timing for the outcome measures on joint replacements!!! Thanks Alison.

I was just talking about where to get some of these with my current student I’m supervising. CA

Thank you for the great tidbits email; I am impressed with the Knowledge Broker information. This is a great service to all of us out here in the busy therapy world where we sometimes are so busy doing without evaluating. RM

For PABC Student initiatives

It’s amazing how much your support fosters creativity and commitment to the profession among students at UBC. We’re scheduling an NSA teleconference to discuss some more issues about student engagement and highlight Colin Beattie’s project. James Shaw, CPA National Student Assembly President

See the two MPT1 video blogs on the PABC YouTube Channel: www.youtube.com/user/BCPhysio

Ambassadors Quarterly Question...continued from page 11

• red tape in the hospital setting (eg. acupuncture trained therapists have problems getting doctors to allow them to do acupuncture or getting protocols in place, etc.)

Abbotsford Regional Hospital Sub Acute and ECU Dept’s (these depts are at a different location than the new ARH)

• Lack of physician input

• Paucity of equipment storage areas

• Difficulty accessing an available computer to chart on clients and input online stats

• Abbotsford Regional Hospital has LOTS of equipment, computers for charting and enough staff!
Physiotherapy Forum 2010: A Successful Inauguration

The first ever all-day education event, the 2010 PABC/CPTBC Physiotherapy Forum (the new iteration of the AGM day) was a tremendous success with 340 members and college registrants attending the back-to-back sessions that started at 8 am with Neil Pearson sharing his new research on pain, and ended at 7 pm with the poster presentation and wine/cheese reception.

PABC and CPTBC each held their AGM business meetings. PABC was honoured by the attendance and addresses of Dean Gavin Stuart of the Faculty of Medicine, Susan Illmayer the Program Manager responsible for physiotherapy with the Ministry of Health, and CPA’s President Alice Aiken and CEO Michael Brennan.

Presented in the meeting were the annual PABC Awards of Excellence that recognize members who have been nominated by their colleagues for outstanding contributions to our profession. There are 5 categories: Excellence in Clinical, Educational, Research, Leadership & Administrative, and Professional Contribution. This year we have four recipients in three categories:

- **Education Excellence**: Hyman Gee, for his work with the Student-led clinic at RCH;
- **Clinical Contribution**: Neil Pearson, for evolving physiotherapy practice in pain management;
- **Professional Contribution**: Kathy Davidson, for leading PABC’s Primary Therapist Transdisciplinary Model Task Force;
- **Professional Contribution**: Scotty McVicar, for his work at PABC’s Liaison to WorkSafeBC.

The afternoon education session, Tips for Managing Your Challenging Patients, was organized by the CPTBC/PABC Joint Initiatives Committee (JIC). Speaking on the safe beginning and ending of the patient relationship, Dr. Martha Donnelly, physician, spoke on the theoretical and practice issues of gaining patient consent, while lawyer (formerly a physiotherapist) Derek Mah spoke on terminating a patient who does not wish to be discharged.

Derek wrote to PABC and said: “I realized how much I miss being a physio. Physios truly are wonderful people and I really enjoyed the opportunity to speak.”

He included these five follow-up points:

1. Ensure that there has been a failure to establish a therapeutic relationship or the relationship has deteriorated. Ask yourself objectively if you can act in the patient’s best interests and if there is a lack of trust.
2. Talk to your practice advisor or a colleague about the circumstances and document the conversations and advice in your clinical records. If possible, with the patient’s consent, speak to another professional who is treating the patient e.g. the family doctor, and document the conversation and advice in your clinical records.
3. Ensure that the patient is informed early and clearly about why the therapy is being discontinued. This communication should include telling the patient why it is in his best interests to end the relationship, advising the patient to find another therapist, and the date when you will end the therapy. Chart this communication in your clinical records.
4. Ensure that you arrange alternative services in a timely manner or the patient is given a reasonable opportunity to arrange alternative services. Reasonable time will depend on the patient’s specific location and circumstances. Where possible, you should provide reasonable help to find another therapist and provide your chart to the new therapist if necessary. Chart these arrangements in your clinical records.

The Ruth Byman Bursary in honour of PABC’s pioneer in physiotherapy professional development, was awarded to Carol Kennedy who is pursuing her Masters of Clinical Science of Physical Therapy in Manipulative Therapy from the University of Western Ontario.

Past and present Ruth Byman Award Winners: Shown on right: Carol Kennedy (L) and Andrea Reid (R)
5. Send the patient a letter, by registered mail if necessary, to confirm the termination. Put a copy of the letter in the patient’s chart along with a terminating entry which, if possible, has objective evidence of why you are discharging the patient.

You may direct questions to Derek at his Murphy Battista practice mah@murphybattista.com.

After the JIC session, CPTBC presented on their developing Quality Assurance Programme, and PABC presented on activities of their public and private practice committees.

Alison Hoens rounded out the afternoon education with a session on her recent co-authored publication, a guide to decision-making in the application of electrophysical agents.

Lois Lochhead single-handedly organized PABC’s first ever poster presentation at which eight presenters vied for the top three prizes that went to:

1. Sue Murphy, UBC: The Student-led clinic – A new concept in clinical education for PT students

Lois commented that she was thrilled that 100 members who had arrived with the throng at 8 am stayed through to this wine and cheese educational event that ended at 7 pm.

The Physiotherapy Practice Forum was a tremendous success, as measured by the highest ever attendance to the previous AGM day (double the highest previous record) and the six riveting education sessions, the action-packed AGM meetings (who can forget PABC’s Finance Report), and the happy chatter of physiotherapy colleagues catching up. Our External Board Director Dr. Bill Mackie noted that the gathering was excited and passionate, quite different from the usual BCMA meetings he has attended over his long career.

PABC and CPTBC had planned to skip a forum in 2011 because CPA is holding its Congress 2011 in Whistler, but the overwhelming response to the Forum convinced the two co-hosts that this Forum is something you want repeated annually.

MARK YOUR CALENDARS:
Physio Forum 2011 is on Saturday, April 2nd at the Marriott Hotel in downtown Vancouver.

Here’s a sampling of what members said:

The presentations were very interesting and helpful. And Wow! What an amazing group of people! Just think of all the stories of healing and creativity etc that could be told. JP

PABC looked great this weekend. I have had numerous comments about how professional, informative and fun the day was. They appreciated the balance of information and unscheduled time in order to be able to network with vendors and colleagues from across the province. IG

Congratulations to everyone involved in putting together the wildly successful event. Everyone I spoke to was enthusiastic, and the number of attendees spoke volumes. On Monday, while teaching a class at UBC I heard much talk as to the success of the event from the MPT student’s perspective. PG

Awesome day. I think this is the best line-up for an AGM day we have ever had. TF

I enjoyed the Forum very much! So well organized and full of surprises! PABC did a fantastic that was much appreciated. CM

PABC did a great job with the challenging proposition of organizing something this large. GY

I attended for the first time in over 10 years. I enjoyed the educational sessions as they were current topics, relevant topics to daily practice, and that is super helpful as a clinician. I would certainly attend again. PU

Thanks for organizing such an event. I had a great time. And I’m so happy to hear that RBT will be with the PABC for another 5 yrs! Yippee!! PM

It was wonderful being part of your celebration, thank you so much for letting me invite us!! What a dynamic and engaged group of physiotherapists, it was truly an honour to be there and meet them. They all provided such great feedback to us too! Alice Aiken, CPA President
UBC Physiotherapy Department News
by Jayne Garland, Head of the Physiotherapy Department

The Department is proud to announce that Janice Eng received a 2010 YWCA Women of Distinction award in the category for Health and Active Living. The Women of Distinction Awards began in 1984 to honour, encourage and recognize women whose outstanding activities and achievements contribute to the health and future of the community. They are recognized nationally as one of the most prestigious awards for women. Janice was also awarded one of three Faculty of Medicine 2010 Awards for Excellence in Mentoring Early Career Faculty. She was recognized for her dedication to helping early career faculty members fulfill their personal and professional goals.

In April, Dr. Kristin Campbell contributed in a very well-attended Café Scientific titled “Can Cancer be Prevented in Women by How We Live? Taking the First Steps – Exercise, Diet & Complementary Therapies”. The Department looks forward to participating in more of these informational sessions in the future.

The work of trainees within our department has also been recognized: the work of Dr. Sean Meehan, Post-doctoral fellow, and Jodi Edwards, PhD candidate, on stroke was reported on in UBC reports in June. Marie Westby was also featured in the May issue.

The Department would like to thank all those who attended and assisted with the alumni event. We were lucky to have interesting talks from clinicians and researchers alike. We look forward to hosting another alumni event and are exploring doing this in tandem with the PABC and CPTBC Practice Forum.

Our first research placement was completed by Ryan Hill in January. Ryan worked with Dr. Lara Boyd in the Brain Behavior Laboratory and both he and Dr. Boyd were delighted with the experience. Ryan assisted with taking a research subject through all behavioural tasks and tests of the study “Promotion of Brain Reorganization after Stroke”. Kathryn Luttin is currently on a research placement with Dr. Linda Li and will be comparing two methods to present information (a descriptive booklet versus patient stories) in a methotrexate patient decision aid. Her research placement is funded by the Canadian Arthritis Network Summer Student Award.

Dr. Pat Camp and Dr. Alex Scott both joined the Department on July 1, 2010. Dr. Camp joins us as an Assistant Professor and is the Department's first Clinician Scientist. Indeed, this is the first joint appointment to be made between Providence Health Care and UBC in any non-MD profession. Her research focuses on epidemiological studies of COPD. Dr. Scott will also begin as an Assistant Professor. The goal of Dr. Scott’s research is to understand the influence of movement on tendon biology, and to incorporate this knowledge into new clinical strategies for tendinopathy.

For more information about the Department visit our website at www.physicaltherapy.med.ubc.ca.

Students: Value added for patient and clients?
by Sue Murphy, Academic Coordinator of Clinical Education

When I talk to clinicians who are considering offering student placements for the first time, the question often arises (particularly in the private sector) as to how the patients/clients will feel about receiving treatment from a student, especially if the client is personally responsible for payment. While it has been our experience that many patients and clients enjoy the opportunity to “give back” to health care by assisting with the education of the next generation of physical therapists, and often appreciate the extra time a student can spend with them, it sometimes remains a concern that students may in some way de-value the services offered in a particular setting.

Several clinical settings are now addressing this problem in innovative and creative ways by offering value-added services when students are out on placement. As well as using times when students are in the clinical setting to work through the waiting list more quickly, some clinics are alerting their referral sources that they have students and can accommodate an increased number of patients for the next few weeks (which is often useful if there is a concern about lack of adequate caseload for a student). It is also a great opportunity for patients and clients to receive some extra education, monitoring and support while they work through the more individual parts of their treatment program, such as gym exercises or work hardening. Some innovative clinical settings are also considering offering additional programs or services when students are available; for example, a student-led pulmonary rehab or back education class, which can be offered once or twice per year while students are out on placement.

There are many possibilities for using students to offer value-added services to clients while providing wonderful student learning opportunities. We realize that if you are planning a student-led program you need to have assurance that you will be assigned one or more students, so please make sure we know three to six months ahead of time if you will be relying on students to provide an additional service and are signing up patients and clients in advance. That way we can make sure we assign you the number of students you need to offer value added services to your clients.

If you have any questions about using students to “value-add” in your clinical setting please do not hesitate to contact me (sue.murphy@ubc.ca) — I would love to discuss your ideas!
Placement from a student’s perspective
by Tony Gui, MPT1

It’s an end to a new beginning. As our first year into the physiotherapy program at UBC is coming to a close, the MPT1 students have just stepped into the first set of placements. I’m at Vancouver General Hospital (VGH), and the learning experience has been phenomenal! It’s been very satisfying to apply our newly developed knowledge and clinical skills into practice with the goal of improving the health status of our patients. The most rewarding part of being a physiotherapy student is appreciating the role you have in a patient’s progress and watching them get discharged from the hospital when they are ready. Although it’s only my first placement, I can honestly say I’ve matured professionally, academically and personally from just working with the patients. The pieces are starting to come together. There is still a whole lot to learn, but with the help of my amazing preceptors and teachers, I am learning the ropes one day at a time.

Suffering and Acceptance
by Kirsty Exner, MPT2

When experiencing a placement in geriatric home care you are regularly challenged with a very sobering view of the health challenges that many people must face in their later years. This work placement has provided me with insight into the lives of many different people from many different backgrounds, but all too many share one thing in common: behind too many closed doors, there is much suffering and despair.

As we grow older, health complications can, and do, grow with us. The decisions we’ve made throughout our lives have consequences, and it is with these consequences that we must learn to live. One central observation I have taken from the geriatric clients I have seen is the different ways in which people cope and deal with their present situations, and my mother’s advice continually reverberates through my head: “It’s not what happens to you in life, dear, it’s how you deal with it.”

I see this over and over again. Some people fight and are full of anxiety, some are calm and collected. Some fear death, some are at peace with the inevitable. Some are angry and upset and feel like the world is against them and that everyone they know has done them wrong. But then there are those few and fortunate souls who somehow find a place of acceptance with their present situation. They live moment to moment, they listen, they reflect, they smile. They have found peace.

In self reflection, I find myself wondering how, in a world where there is suffering all around us and we know that we ourselves will face pain and suffering continuously throughout our lives, do we get to that place that I have seen those few get to — that place of full acceptance and peace? It is powerful to witness first hand, and I have found this attitude of acceptance very inspiring.

The Buddha says, “Life is suffering”. While these words are most likely to be of small comfort to many whom we attempt to help attain some small amount of living comfort, there is wisdom in those words, and it is these words that help me to process much of what I have encountered so far. We all must suffer, and suffering is all around us, and everyone deals with it differently. However, if suffering is inevitable, how do we avoid the sadness and despair that comes with it?

I visited one client with metastasizing terminal cancer and a large festering wound. We were the only visitors she had all day. My instinct was to feel sorry for her and I kept wanting to help her in any small way that I could. In retrospect, that wasn’t how she wanted to be received. She was proud and did not want to be a burden. She did not want the pity and the fuss; she had accepted her situation and was comfortable with the inevitable outcome that all of us fear. I was merely projecting my own fears of death and loneliness, but she had much greater perspective than I, having suffered long enough to attain that insight and wisdom.

The new-age, clichéd catch-phrases like “the power of acceptance” or “the art of letting go” or “the path of least resistance” now carry more meaning for me. I have recently witnessed people put these phrases into practice and in doing so, they are more able to cope and avoid the depth of sadness and despair that often accompanies terminal illness. I am humbled by the inner strength and wisdom some people possess and I am honored to be able to witness it first hand. Through my observations, I have come to the conclusion that although life involves suffering, it is this suffering that makes it possible for us to find acceptance and, eventually, peace. It is through adversity that we gain wisdom.

Identifying your Optimum Workout Window: Tools Developed by Dr. Darlene Reid

Story courtesy of the Michael Smith Foundation for Health Research

Dr. Darlene Reid

Whether you’re a Paralympic athlete, a weekday warrior or a Sunday jogger, identifying your optimal workout window could certainly improve your quality of life. But if you’re recovering from a period of inactivity due to injury or have a chronic respiratory illness, identifying optimal exercise protocols and avoiding muscle injury could be life changing — not just life enhancing.

Through cutting edge science and funding from MSFHR, Dr. Darlene Reid, Professor, Department of Physical Therapy, UBC and Director, Muscle Biophysics Laboratory at the Vancouver Coastal Health Research Institute, is working on the development of two tools that could revolutionize the way we think about and perform exercise.

“The most of us have a therapeutic training window, and as we get older that window becomes smaller,” Dr. Reid says. “In people with chronic respiratory disease, who I work with, that window is very small to continue on next page
begin with. You want them to exercise hard enough to improve their fitness level but not cause damage. So we’re looking at how to perform exercise safely.”

A key factor in the safety equation is adequate oxygenation. “We believe there’s a critical level of loss of oxygenation in the muscle that affects fitness, and when oxygenation goes below that level the risk for muscle injury exists,” says Dr. Reid.

To identify those levels, Dr. Reid and her research team are using near infrared spectroscopy to measure tissue oxygenation in a variety of different settings, including the operating room. “We have used it to monitor tissue oxygenation of limb muscles during orthopaedic surgery,” she says. “We’re also using the device to monitor oxygenation of the muscles we use to breathe, and we will take the device into the intensive care unit to look at people when they’re breathing under load and being weaned from a mechanical ventilator.”

Importantly, near infrared spectroscopy can be used to identify when the muscle is deoxygenating under load during particular types of exercise. “So if a particular muscle is deoxygenating during a particular maneuver, we might coach the person to do that exercise in a different way,” Dr. Reid says.

Additionally, Dr. Reid, in collaboration with researchers at the University of Guelph, is working on a blood test capable of detecting muscle injury.

“When muscle becomes injured it can become more porous or permeable, and some of the proteins normally found in muscle can be released into the blood stream,” she explains. “We are looking at one particular type of protein called troponin I. The troponin I test may be very helpful once it’s perfected because it could tell us when different muscles are being injured.”

By figuring out the ideal therapeutic windows for people who may have been immobilized for a period of time due to injury, or who suffer from chronic illness, it will be possible not only to progress their physical fitness, but to optimize it, and in so doing enable a greater level of fitness for competitive and casual athletes as well.

Primary Health Care Task Force – What you need to know

by Tara Pollock, BScPT, PHC Chair

In the previous issue of Directions, we introduced you to the PABC Primary Health Care Task Force, provided a brief overview of what primary health care is and how it is affecting healthcare delivery, and touched on ways in which physiotherapists could be involved. The Task Force seeks to inform PABC members of the transformation of primary health care, the opportunities that exist for physiotherapists and some of the means by which they may access them. The Task Force is also looking to advocate to the government, physicians and other stakeholders for increased inclusion of physiotherapy in primary health care initiatives.

In this article, we’d like to update you on where we have come from, where we are now, and where we are heading with this project. We hope that by describing our process in this manner it will help you as members to provide feedback to the Task Force about what you think should be included or excluded.

It has been a journey of learning to get to the point we are at presently. Early on in our work we realized that this was a vast topic and that there was no tried and true approach. We began with a review of the literature (which is posted on the PABC Members Only site under “Practice Resources”) in an attempt to better understand the current state of primary health care in the province, the country and worldwide. We also did not want to replicate what had already been done by other physiotherapy associations and reviewing the literature helped us to see the gaps. We are currently gathering and analyzing existing examples of primary health care from across the province in an attempt to showcase the various models of primary health care delivery. We have consulted with UBC faculty and primary health care leaders from British Columbia and Alberta, and we continue to work closely with the manager of therapy professions from the Ministry of Health.

As a task force, we feel that it is important to provide members with something practical that will help them become a part of this transformation in health care. We have thus decided to develop an online Members Toolkit. This toolkit will provide members with information about primary health care and who the major players are. It will consist of resources such as a template PowerPoint presentation, examples of physiotherapists who are working in primary health care settings, and background information on primary health care. The purpose of the toolkit is to help members to advocate for the inclusion of PTs in the delivery of primary health care. The Members PHC Toolkit will be located on the PABC website. We hope to have this work completed and uploaded by the late fall, and will continue to update our resource list to keep you informed.

In addition to developing the toolkit, we are planning to provide communiqués to the key players in the medical community (i.e. the British Columbia Medical Association, the General Practice Services Committee, the provincial government). These communiqués will serve to alert these groups that we are ready, willing and able to take part in the current changes to healthcare.

Please feel free to send your input to Tara Pollock at Tara.Pollock@viha.ca. We would love to hear your feedback!

Tara Pollock is a member of PABC’s Public Practice Advisory Committee (PPAC); she chairs the PHC task force that is developing a PHC strategy for physiotherapy on PPAC’s behalf. Tara is the Clinical Coordinator, Rehabilitation, Cowichan District Hospital.

A recent workshop hosted by the Ministry of Health provides an excellent overview of the Ministry’s progress with BCMA on the Divisions of Family Practice. The report is posted at www.bcphysio.org members only site under Practice Resources/PHC “Summary Report Primary Health Care Ministry of Health Workshop”.
Professional Development Update

How do I get a recorded copy of a PABC Lecture?

by Andrea Reid, MSc, Dip. Sport PT, FCAMT, GunnIMS, PABC Education Manager

Your Professional Development Advisory Committee (PDAC) is very pleased with the recent success of the evening lecture and podcast series. It appears, though, that some people are still confused about what a video podcast is or how and where to access it.

PABC video records the in-person lecture and post-lecture discussion, and offers it to you to download as a video podcast about a week following the event. Once the lecture is available for download, registered remote participants receive an email with instructions and access information. Don’t worry if you’re technologically illiterate. It’s very simple and we’re here to help if you get stuck. While you can’t ask questions of the lecturer as you would in an email with instructions and access information. Don’t worry if you’re technologically illiterate. It’s very simple and we’re here to help if you get stuck.

Fall 2010 lecture series focuses on Managing Special Clients

Get ready for the Fall 2010 lecture series that will focus on “Managing Special Clients”. For those interested in attending the evening lectures in person, we’ve recently moved the series from GF Strong Auditorium to the Vancouver General Hospital theatre; the Fall 2010 lecture series will be held at the Eye Care Centre on Willow Street in Vancouver.

First up on September 16th is physiotherapist and counselor Barbara Picton who will give us valuable insight into “Handling the difficult patient”.

On October 13th, Jas Cheema, an expert in inter-cultural communication, will make the trip in from her normal stomping grounds at Surrey Memorial Hospital to join us. Her lecture will focus on barriers to communicating effectively in a diverse society, and will include overviews of Chinese, South Asian and Aboriginal cultures, to help us when “Working with diverse populations”.

Can we treat the 25-year-old tennis player the same as the 55-year-old one? Come and find out on November 18th when local physiotherapists Jane Calland and Dawn Siegel present “Great Expectations: The joys and challenges of treating the active and inactive boomer generation”.

Fall 2010 course on joint replacement

PABC’s Fall 2010 course is a one-day joint replacement symposium. We are seeing progressively more shoulder arthroplasties and hip/knee replacements in a younger and more active population; you might be interested in “Getting answers to your joint replacement questions”. On October 16th, join orthopaedic surgeons Dr. Bas Masri and Dr. Bob Hawkins, along with physiotherapists Bruce Clark and Cam Bennett, at UBC Hospital’s Koerner lecture theatre.

Register for all PABC’s courses and lectures through the PABC website (www.bcphysio.org) under ‘Courses/Events’. We hope you will find these events interesting and useful to your practice.

The PDAC is meeting next month to plan courses and lectures for 2011/2012.

Let us know what you’d like; email me at education@bcphysio.org

PDAC: Andrea Reid, Andrea Chan, Anne Linton, Bev O’Sullivan, Cam Bennett, Cindy Ashton, Erin Meggait, Jen Keefer, Jordan Monks, Judith Mathieu, Patrick Jadan, Waymen Wong, and Louise Didyk.

Attendee Feedback on PABC’s Evening Lecture Series*

Dr. Alex Scott, Tendinopathy
• Excellent presentation; very informative on histology and pathology that helps to define physio treatment protocols is most appreciated
• I LOVE these short lectures… keep them up.
• Great clinical and research perspectives.
• Good information on the biology and “guidelines” for exercise treatment regimes
• It’s nice to go back to the physiology every now and then

Alison Hoens, Hot and Swollen
• Great presentation. I now feel more confident with modalities.
• I found this lecture to be a great review! Good summary of current evidence that was practical.
• Great review of different treatments for inflammation/edema/swelling backed by great evidence.
• Interactive demos were effective at demonstrating points. Really like having summary slides at the end to put everything together.

*Remember, the live lectures are video-recorded for later podcast.

PABC/CPTBC Physiotherapy Practice Forum 2011

Join your profession’s colleagues and leaders in an all-day free education forum on Saturday, April 2nd on the waterfront in downtown Vancouver at the Marriott Hotel. 340 attendees in 2010 can’t be wrong (see page 15), and they promised to return. We are expecting at least 400 physiotherapists to take advantage of the rare opportunity for networking with peers from throughout the province.

The ever popular free lunch and trade show are returning features, along with this year’s new Poster Presentation. Book the day, bring your colleagues, enter your poster abstract and be prepared to feel the passion that pervaded the Forum in 2010.
What Members are Doing

Marcia Kirby’s winning proposal gets help from PABC

In January, Marcia Kirby was about to embark on writing a proposal in response to a Request for Proposals for health professionals to lease space in a recreation center near Victoria. “I’ve never written a proposal or business plan before,” she told PABC’s CEO, “but I found a basic outline for a business plan on the PABC website and thought you might recommend further resources.”

PABC’s clinical librarian Deb Monkman was up for the task and researched information for the content of the plan, such as the link between activity and injury prevention and treatment, the demographics of the area and how physiotherapy could benefit the population, and synergies that could be created between a community centre and clinic. “What I find interesting,” says Deb, “are government statistical reports on our health and behaviours, such as the cost of physical inactivity in BC” (See list below).

Marcia said the information “was very helpful and I have made use of everything you sent. It has been greatly appreciated.” In April, Marcia was pleased to report that her business proposal was successful and that her clinic, MKC Physiotherapy, is now located in the fitness area of Saanich Commonwealth Place (built for the Commonwealth Games in 1994).

Canadian Reports on our Health & Physical Activity

BC socioeconomic profiles & indices http://www.bcstats.gov.bc.ca/data/sep/index.asp

Physical activity levels of Canadians http://www.cilri.ca/eng/levels/index.php


Lifestylebehaviours of British Columbians http://www.actnowbc.ca/media/ActNowBC_Baseline.pdf


Physio clinic launches new service

Andrew Hosking has embarked on a new business venture, Seniors Helpers Home Care, which he is integrating into his City Square Physiotherapy clinic. “Our services include companionship and personal care for seniors and others requiring help to remain independent at home. Our focus is on provision of a combination of physiotherapy and nursing/companion service to elderly folks who have been recently discharged from hospital.” www.seniorhelpers.com/vancouver.

RESEARCH AWARDS

PFC-PABC research grant supports research on arm dysfunction and pain after breast cancer surgery

Chiara Singh, chair of PABC’s Public Practice Advisory Committee, and co-investigator Dr. Kristin Campbell have received a Physiotherapy Foundation of Canada-PABC 2010 research grant for her proposal on whether physiotherapy and education before and after breast cancer surgery can help to prevent arm dysfunction and pain.

After breast cancer surgery, many patients experience arm problems, both with motion and pain which can affect their movement and quality of life. Some of these arm problems, like a chronic swelling known as lymphedema, have no cure and can become debilitating lifetime conditions.

Chiara and Kristin aim to examine whether physiotherapy given before and after surgery (in addition to education) can start to prevent these problems from happening. Once the exact nature of factors that might predispose breast cancer patients for these problems is understood, then pre-screening can place those at risk in preventative physiotherapy programs. They hope that: “if we are able to see that physiotherapy and education can prevent arm dysfunction and pain from occurring, then a larger study to examine all of the differences can be designed and carried out.”

Lois Lochhead receives research awards

PABC Board Director and PhD student in Rehab Science Lois Lochhead received two awards recently: a CIHR Banting and Best Canada Graduate Scholarship Doctoral Award and a WorkSafeBC Research Training Award.
**Michael Smith Foundation funds two PABC members**

Lynne Feehan and Pat Camp have been granted Michael Smith Foundation post doctoral fellowships.

**Cycling Physios**

During “bike to work week,” On Track Physiotherapy in Powell River launched its continuous bike to work program. On Track Physio offered their staff and associates a buck a day extra payment if they cycled to work. Participants submitted their record for payment at the end of the month. “It may not seem a lot of extra cash, but it will pay for their bike maintenance over the whole year.” On Track extends the challenge: “Maybe a program like this could be started by other physio clinics!”

Following her members’ example, PABC CEO Rebecca Tunnacliffe commuted the 30km to work from her Bowen Island home to the PABC office, and PABC’s Executive Assistant Stephanie Dutto also caught the cycling spirit in Bike to Work Week.

Sue and Rebecca also did the Ride to Conquer Cancer (see photo pg 3) and wish to thank Erl Pettman for his early challenge to clinics to match his support for Sue of $500. Joy Kirkwood upped the ante to support Rebecca at $750, so Erl matched his challenger. All the PABC members in the ride had support from their peers to help conquer cancer and to cheer them on their 250km ride. We all thank you generous donors!

**Ambassadors for PABC**

Thanks to the new Ambassadors who have joined the dozens of PABC members in public practice who are liaising between their colleagues and the Association. New to our team (See Spring Directions for the existing Ambassadors) are: David Dalley, Anne Voute, Cheryl Thompson, Kathryn Snider, Shannon Stofar, Tara Pollock, Agatha Ng, Sandra Squire, Rebecca Shook, Carol Hori, Cameron Prentice, Colleen Van Hoot.

**An MPT student’s impression of PABC’s Ambassadors**

I’m currently doing my second round of placements out at the Royal Columbian Hospital, and I must say PABC has made their presence known there. Not only is there a PABC news board, there are posters/ads for PABC and physiotherapists in the elevators and hallways. It makes me smile every time I see one. TG

**Free PABC Seminar in October: “The Business of Physiotherapy”**

Join Bradley Roulston (CFP, Healthcare Financial) and Sherry D Wiebe (BN, LLB, Robertson Neil Law) in this seminar for private practice members. Topics covered will include: Legal organization and ongoing legal support of your business, licenses and operations, legal trends in professional services, risk management, cash-flow management, personal insurance & benefits, pension & retirement planning.

Date and location to be announced on the PABC website.
Parkinson’s Society British Columbia presents

A SPECIAL Seminar for Healthcare Professionals

Friday, October 29, 2010  9:00am – 4:30pm
Delta Vancouver Airport Hotel
3500 Cessna Drive  Richmond, British Columbia

Register now - Space is limited!

Parkinson’s is a complex, chronic, neurological disorder that affects 11,000 individuals in British Columbia. This seminar is a unique opportunity for healthcare professionals to learn about the latest in Parkinson’s research, medication and treatment from renowned experts in the field.

RESEARCH UPDATE
A. Jon Stoessl, CM, MD, FRCP, FAAN
Director, Pacific Parkinson’s Research Centre
University of British Columbia
Vancouver, BC

CARE IN LATE-STAGE PARKINSON’S
Sierra Farris, PA-C, MPAS
Clinical Specialist
Booth Gardner Parkinson’s Care Center
Kirkland, WA

SPEECH AND PHYSICAL THERAPIES
Becky Farley, PhD, MS, PT
Assistant Professor
Department of Physiology, College of Medicine
University of Arizona, Tucson, AZ

MEDICATION MANAGEMENT
Monique Giroux, MD
Medical Director
Booth Gardner Parkinson’s Care Center, Kirkland, WA

COGNITIVE CHANGES AND PARKINSON’S
Frank S. Loomer, MD
Consultant in Geriatric Psychiatry
Older Adult Mental Health and Addiction Program
Vancouver Island Health Authority

PAIN AND PARKINSON’S
Lisette Bunting-Perry, PhD, RN
Assistant Clinical Director
Parkinson’s Disease Research Education and Clinical Center
Veterans Affairs Medical Center, Philadelphia, PA

REGISTRATION $150 (Includes lunch and parking)

For information and registration www.parkinson.bc.ca

Supported in part by Medtronic TEVA
### Privately Sponsored Courses

Details at [www.bcphysio.org – Courses/Events – Select the Private Courses/Events tab](http://www.bcphysio.org)

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<td>Vestibular Rehabilitation Course, New Westminster</td>
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<td>Pilates and the Shoulder, North Vancouver</td>
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<td>Key Concepts of Bike Fit &amp; Treatment of Cycling-Related Overuse Injuries, Surrey</td>
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<td>Vestibular Rehabilitation: A Practical Approach, Kelowna</td>
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<td>Whiplash: Assessment and Treatment of the Complex Whiplash Patient, Victoria</td>
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<td>Physiotherapy for Bone Health: Our Role in the Prevention of Osteoporosis, Vancouver</td>
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<td>Parkinson’s: Moving Forward, A Special Seminar for Healthcare Professionals, Richmond</td>
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<td>New Advances in Hip Rehabilitation, Vancouver</td>
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### Pilates and the Shoulder

The shoulder is a very complex joint. Faulty scapular-humeral rhythm, poor alignment and weak structures are just some of the problems we might encounter in our clients.

The focus of this two day workshop is to improve your ability to assess and work with the structures of the shoulder, the shoulder girdle, the spine, the humerus and their dynamic interactions.

This course will provide the diagnostic tools and practical skills to identify faulty biomechanics and the application of Pilates exercises, from both the classical and modified repertoire, to your client’s specific shoulder issues.

**Presenters:**
Susie Higgins and Margaret Bowden

**September 18/19, 2010 10am-4pm**
**Cost: $350 +HST**

North Vancouver

Registration: evolvedpilates@shaw.ca or phone 604 970 1057

### New Advances in Hip Rehabilitation

**Instructor:** David Lindsay PT

**Date:** Oct 23 2010 Vancouver BC

**Cost:** $200 (plus applicable taxes).

**Contact:**
Registration inquiries contact Wendy at wendy.watson@vch.ca or T: 604-875-4111, L67663

Academic inquiries or for other dates & locations, Contact David at dlindsay@ucalgary.ca

**Course Description:**
Recent advances in MRI arthrography and hip arthroscopic surgery have given the medical community an improved understanding of hip pathologies. However these interventions are often expensive and difficult to access. This very “hands-on” seminar examines many of the causes of hip pain, including: OA, Labral tears, F.A.I., iliopsoas syndrome and highlights scientifically supported differential diagnosis & rehabilitation strategies developed over a 15 year period at the University of Calgary Sport Medicine Centre.
PABC Professional Development 2010

Fall Evening Lecture/Videocast Series

Managing Special Patients

September 16: Handling the Difficult Patient - Barbara Picton, BSR M.Ed, RCC
While physios are able to build great relationships with the majority of our patients, occasionally there comes along the ‘difficult patient’. What to do? Barbara invites you to bring your ‘challenges’ to the meeting and use these difficult encounters to learn new effective and professional methods to cope better in the future. Three important topics to be covered: grounding/centering/boundaries, understanding how conflict triggers you personally, and learning effective communication skills for times of stress.

October 13: Working with Diverse Populations - Jas Cheema, MA
Jas’ lecture will help us begin to understand barriers to communicating effectively in a diverse society. She will review key concepts including culture, ethnicity, stereotypes and generalizations, values, expectations and assumptions. This workshop blends your experience with key intercultural concepts, theories and methods to increase your ability to work effectively across-cultures. Overviews of Chinese, South Asian and Aboriginal cultures will be included.

November 18: Great Expectations. The joys and challenges of treating the active and inactive boomer generation - Jane Calland DipPT, FCAMT and Dawn Siegel BScPT, RCAMT
Boomers and Zoomers...Are your physio treatments zoomer friendly? Those born between 1946-1964 have expectations that would not be thought realistic 30 years ago. Those between the ages of 35 and 75 you can expect to lose 50 percent of your strength and 75 percent of your power. How do you adapt your rehab protocols to the changing demographics of your clientele? We’ll look at the latest evidence-based research that every physio should consider when treating the aging active boomer.

Lecture Details – The location has changed
Location/time: Eye Care Centre – 2550 Willow, Vancouver BC 7:00 – 8:30 pm
Videocasts: distributed to registrants one week following the live lecture is recorded
Fees: PABC members: $40 (students $5); future members: $60
Videocast “group” rate per site: PABC members $60; future members $120

Weekend Course
Getting Answers to your Joint Replacement Questions

October 16, 2010 (8:00 am – 4:30 pm)
Join orthopaedic surgeons Dr. Bas Masri and Dr. Bob Hawkins, along with physiotherapists Bruce Clark and Cam Bennett, for a one-day update on joint replacement techniques and rehabilitation. Come and see what the experts have to say about your patients who have had hip, knee or shoulder arthroplasty.

Spring 2011

The Pacific Dental Conference in coordination with PABC is currently arranging for world-renowned TMJ expert Mariano Rocabado to offer a course in March 2011. Course details TBA.

To register for the Courses or Lecture/Videocast Series, follow these three easy steps:
1. www.bcphysio.org and click more info under Courses/Events (bottom right)
2. read the descriptions; scroll down and click “Course” or Videocast registration
3. click your “ticket type” and “Order Now”

For more information, call PABC at 604-736-5130, ext. 1 or email Andrea Reid at education@bcphysio.org.