Sudden Cardiac Arrest, Adventure Racing in Penticton...and the Meaning of Life

by Grant Gichard, BScPT, BScBChem

After throwing the first pitch of the opening fast pitch game of the season on May 4, 2011, Penticton Physiotherapist Grant Gichard suffered a sudden cardiac arrest (SCA). PABC asked him, for B.C. February Heart Month, to talk about his recovery and explain how clinics across B.C. can adventure race and fundraise their way toward equipping themselves with a life-saving Automated External Defibrillator (AED).

Just one month prior to walking onto the ball diamond at the beginning of the 2011 season, I’d discussed with my colleagues Darrel Hagel and Scott Downey, physiotherapists in our local Cardiopulmonary Rehabilitation program, about the possibility of providing them with part-time coverage. As fate would have it, by July of the same year I was enrolled as a patient in that same rehab program, with an Internal Cardiac Defibrillator (ICD) wired into my right ventricle.

I seemed an unlikely candidate to suffer what was later referred to on my medical reports as ‘Sudden Cardiac Death’. I’d always been very fit and active in a number of competitive and recreational sports with no family history of SCA. Yet, I had suffered a potentially lethal electrical disturbance of the heart’s normal sinus rhythm rather than a blockage of blood flow to the cardiac muscle associated with a heart attack. Instead of the beautifully coordinated rhythmic contraction of the heart muscle from its apex down through the atria to the ventricles, my sinus rhythm had degenerated into uncoordinated ventricular fibrillation.

It surprised me to learn how relatively common these events are. In North America, more people die each year from SCA than from breast cancer, prostate cancer, colorectal cancer, diabetes, HIV, Alzheimer’s, handgun incidents, and traffic accidents combined [1]. In Canada, this amounts to 35,000 to 45,000 lives lost each year. The only effective treatment for this condition is the early delivery of an electric shock by an Automated External Defibrillator (AED).

Response time is critical; for every minute of delay in delivering the shock, survival rates for SCA victims decrease by seven to ten percent [3]. After more than 12 minutes of ventricular fibrillation, the survival rate of adults is less than five percent [6]. Cardiopulmonary Resuscitation (CPR) can help maintain oxygenation and blood circulation, but unless defibrillation is performed quickly, survival is considered unlikely.

When I spoke to cardiologist Dr. David Kincade, he put it no uncertain terms: “For people whose heart stops outside the hospital, the likelihood that they will survive and have any decent quality of life is less than five per cent. It’s almost nothing. If you have that happen and there is someone around that knows CPR and there is an AED nearby, your chances are five times that.”

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Happy 2013 PABC members! I hope you all had a wonderful holiday season with family and friends and are now looking forward to a prosperous and active new year.

At our November teleconference meeting, the Board discussed regional issues and business arising from standing committees. The Board reviewed our CEO’s performance plan for the past year and I am pleased to let you all know that Rebecca (as steward for our great Association) continues to push toward great goals on behalf of our members. She is such a valuable part of our organization and we are so lucky to have her leading the way (although I’m sure you all know this already).

The Board just concluded a joint Board meeting with the College of Physical Therapists of BC (this is becoming a new annual tradition), and this year we also invited Jayne Garland, the Head of UBC’s Department of Physical Therapy, Faculty of Medicine, to join us. This is the only venue outside of the BC Physiotherapy Leadership Consortium where leaders from all three aspects of our profession come together to compare notes on what is important for the profession. We learned more about the CPTBC Quality Assurance Program and about research and clinical education developments at UBC, and in our turn shared PABC plans for the year and accomplishments of 2012. It is our joint goal to better lead the profession in BC with a tri-joint understanding of the three pillars of physiotherapy: profession advocacy, regulation, and academia.

Our own Board will also continue with the governance reform that we started as part of strategic planning this past fall. To complement our strategic directions, we will be reviewing and approving governance policies. This is a significant effort to ensure the integrity of the Association and to ensure its long-lasting success.

I also want to remind members that we have several terms coming to a close on the Board of Directors. If you have an interest in guiding the Association in its strategic directions, please consider nomination for a Director position for the Okanagan, Central Interior/NE, Vancouver Island, and Greater Vancouver/Sunshine Coast. For further information, please contact rbt@bcphysio.org.

The final stretch of my term as President will include one more Board meeting, one last CPA Branch Presidents’ Forum (in February), and one last Physio Forum in April, at which meeting Jason Coolen will take on the mantle of Presidency.

As recently as the late 1990s, when Kincade was training, few people survived an out-of-hospital SCA. “Now, not only do people survive, I have a collection of people like Grant, who have not just survived these events, they’re back to full life. Grant has two little kids and he works full time,” said Kincade. “I have lots of patients like that and those were kind of unknown entities 10 or 15 years ago. And the difference is AEDs.”

The Heart and Stroke Foundation of Canada emphasizes a systems approach to the management of SCA: The Chain of Survival, illustrated below.

Being in good cardiovascular health and promoting healthy choices happens to be our specialty as physiotherapists. Keeping your CPR and first aid training current will ensure you recognize the early signs of cardiac arrest, will call 911, and can administer effective CPR.

However, it is early defibrillation that is now widely recognized as being the key factor in improving survival rates [2]. Lay rescuer AED programs with very rapid response times in airports [4], on airplanes [5] or in casinos [4] have reported survival rates up to 70%.

In my case, the first baseman on my team was a fireman who began immediate CPR. The first of five defibrillator shocks was administered within five minutes of the arrest by Fire Department first responders using a portable AED. I am a bit of a soloist when it comes to getting out into the mountains around Penticton, so the fact that this happened where and when it did and with such solid support was nothing short of miraculous.
The advanced care of SCA survivors could be an article in itself for this newsletter, but it may be of interest to know that Penticton Regional Hospital initiated a hypothermic protocol with me, which is common in larger hospitals but is less common in outlying centers. In this procedure my body temperature was gradually lowered five to six degrees Celsius using cooled IV saline and temperature-controlled blankets as a means of minimizing cellular damage post-arrest.

I was airlifted to St. Paul’s Hospital in Vancouver 24 hours later, still sedated and intubated. My recovery was reasonably rapid, as my cardiac ejection fractions had normalized quite quickly. As far as Early Rehabilitation is concerned, I’m told I was requesting to walk virtually continuously on the ICU ward at St Paul’s, having apparently forgotten that I’d just walked two minutes previously. When asked by the bemused nurse about all the walking and bedside calf raises, I replied that it was to prevent blood clots and atelectasis…basal atelectasis. My wife, 36 weeks pregnant and a respiratory therapist herself just rolled her eyes knowingly. I suppose sometimes you can know just a little bit too much.

The type of rehabilitation SCA survivors will receive depends on the pathology that led to the SCA (e.g. connective tissue cardiomyopathies, chest trauma, underlying cardiovascular disease including heart attacks, electrolyte disturbances, drowning, drug abuse etc.) and the degree of impairment of heart function post-arrest. These patients are often treated in specialist cardiac rehabilitative programs, the details of which I won’t cover for now. If you happen to encounter any of these cardiac patients in your practice early on, any post-surgical lifting restrictions will need to be strictly adhered to during movements and exercise. If there is access to a cardiac rehabilitation program and patients haven’t been referred, do your best to steer them in the right direction. There are always a few people who slip through the net, intentional or otherwise, and having monitoring and support in the early stages of rehabilitation is of the utmost importance.

How can you the Physiotherapists make a difference?

1. Keep your first aid CPR training up to date and encourage as many people around you to do the same. We should lead by example as a profession.

2. If you are outside a 60 to 90 second brisk walk to the nearest AED (3-4 minute round trip), you should strongly consider purchasing your own AED for the clinic. If the unthinkable happens and you, your staff, or one of your patients has an SCA at your clinic, you need access to defibrillation, the sooner the better.

After discussions with our local cardiologists, we quickly determined that Penticton needs quite a few more AEDs than we already have. It turns out this is typical for the rest of Canada. In fact, the race is on for The Heart and Stroke Foundation of Canada to install AEDs in as many high traffic areas as they can. Locally, we have interest from fitness clubs, soccer grounds, shopping malls and businesses. But this is also the perfect opportunity for any Physiotherapy clinic to put their own active stamp on promoting cardiovascular health on behalf of their patients. Come out to the Okanagan for a team-building ski weekend and leave with an AED for your clinic. Dale Charles Physiotherapy will have a team once again, and I had hoped to be participating with my cardiologist but I had a second cardiac arrest in December 2012 so now I’m not certain. But we are committed to installing an AED at the softball diamond where I had my arrest. The only catch is that this is a small, locally-run race in just its second year. Entries are limited to 400 participants, first come first served. To register or to donate, go to www.elevateforaeds.com and click on The Elevator tab.

If there is enough interest, we may hold CPR recertification courses on Friday afternoon before the race. Please contact me at elevateforaeds@gmail.com for more information.

Grant Gichard works as a physiotherapist at Sports Clinic Physiotherapy in Penticton, BC.

References


Grant participating in the mountain bike leg of the 2012 Elevator Race

We’ve decided to put our own active stamp on this process in Penticton, by creating a charity structure that enables companies or groups of individuals to fundraise for their own AED to be installed at their own location. The platform for fundraising we’ve chosen is a Penticton-based lake-to-mountain race called The Elevator that runs March 23rd 2013. Check out the link below but in short, teams of one to seven people paddle, road bike, snowshoe, mountain-bike, cross-country ski and alpine/downhill ski their way from Lake Okanagan, 6000 vertical feet up, to our local Apex ski mountain.

Once registered, teams will have the option of generating their own pledge page which can be emailed to friends, families and colleagues for fundraising. The initiative is structured through the South Okanagan Community Foundation registered charity so pledges are tax deductible. In addition, Elevate for AEDs is able to purchase a state-of-the-art AED (including cabinet, signage, spare pads and first year medico-legal support from Global Medical Services of Vancouver) at a bulk purchasing rate. A fundraising target for an AED installed with support in a location in BC will be yours for just $1800.

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POP the Cork, We have a New Campaign!

Whereas in 2012 we focused on the physical activities your patients need to get back to doing, with the insights of our Promotions Task Force*, we forged a promotion for 2013 that focuses on the conditions you treat.

One of the observations of our Promotions team was that the 2012 activities-based campaign was ideal for promoting the profession and to build on that, the 2013 campaign is meant to promote your practice. We are moving from the general public perception of physiotherapy and physiotherapists, to your own practice treating the 12 common conditions we’ve identified.

The chart below lists the conditions and the models who so kindly gave up a Sunday in November to play patient and physio; thanks to all 21 members, and to Paige Larson for the use of her new North Shore Sports Medicine clinic. You’ll see we were mindful of representing the practice areas reflecting the demographic of membership practice areas. Each month, four images of the

<table>
<thead>
<tr>
<th>Condition</th>
<th>PABC Member Models</th>
<th>Month</th>
<th>Predominant Practice Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle Strains</td>
<td>Kate Young and Chelsea Sheppard, Gastown Physio &amp; Pilates</td>
<td>January</td>
<td>Private</td>
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<tr>
<td>Knee Injury</td>
<td>Chris Napier, Restore Physiotherapy and Tanja Yardley, CBI Health Group</td>
<td>February</td>
<td>Private</td>
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<tr>
<td>Osteoporosis</td>
<td>Agustin Navarro, Navarro Physiotherapy Clinic and Karly Sutherland, Physiotherapy Student at UBC</td>
<td>March</td>
<td>Public</td>
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<td>Back &amp; Neck Pain</td>
<td>Helen Ries and Lis McLatchie, Sitka Physio &amp; Wellness</td>
<td>April</td>
<td>Private</td>
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<tr>
<td>Tendinopathy</td>
<td>Alex Scott, UBC Department of Physical Therapy and Linda Maedel, Empower Physiotherapy</td>
<td>May</td>
<td>Private</td>
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<tr>
<td>Neurological</td>
<td>Cassandra Basi, Newton Physiotherapy and Christina Basi, patient</td>
<td>June</td>
<td>Public</td>
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<td>Sprains</td>
<td>Derrick Young, Precision Care Physiotherapy and Natalie Grant, Vancouver Coastal Health Community/Natalie Grant Physiotherapy Home Visits</td>
<td>July</td>
<td>Private</td>
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<tr>
<td>Shoulder</td>
<td>Lindsay McLeod, Synergy Physio and Cameron Bennett, ActiveShoulder.com</td>
<td>August</td>
<td>Private</td>
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<tr>
<td>Osteoarthritis</td>
<td>Sid Raddalagoda, Westside Physiotherapy and Darlene Reid, UBC Department of Physical Therapy</td>
<td>September</td>
<td>Public/Private</td>
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<tr>
<td>Joint Replacement</td>
<td>Dorothy Berwick, North Shore Sports Medicine and Murray Aasen, patient</td>
<td>October</td>
<td>Public</td>
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<tr>
<td>Concussion</td>
<td>Kate Norrish, Kids Physio and Annika Scott, patient</td>
<td>November</td>
<td>Private</td>
</tr>
<tr>
<td>Respiratory &amp; Cardiovascular Disease</td>
<td>Hayley Carter, VGH Spine &amp; Neurology, Sandra Lamb, Physiotherapist Assistant, VGH Acute Spine &amp; Acute Medicine, and Natalie Grant, Vancouver Coastal Health Community/Natalie Grant Physiotherapy Home Visits</td>
<td>December</td>
<td>Public</td>
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</tbody>
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models, one for each of the four physio tips, will appear on www.movingforlife.ca as well as www.bcphysio.org, plus www.facebook.com/bcphysio and www.twitter.com/bcphysio

Promote your Own Practice (POP) has three main components each month for you to personalize:
- Tips Sheet
- Poster
- Media Release

These are to post in your workplace, to send to your colleagues and referrers, to use in your clinic/facility/practice newsletters, to use for your blogs/website and for your social media posts, and the final element is for sending to local newspapers. We have designed each element to be easily customized with your own quote or patient story, and your contact information.

While you are doing your promotion, we are doing ours. We populate our Moving For Life website with material for the public to access (www.movingforlife.ca), we post daily on Facebook and Twitter about your expertise with treating the condition, we send the monthly media release to all media, and we are tying our library resources to the monthly condition. Our television ad also continues to run on Global TV.

Whether in public or private practice, these tools help you tell the public you serve and the colleagues you partner with that you are uniquely skilled and highly trained to treat the 12 main conditions British Columbians need you for.

I am excited about this campaign not only because it makes your self-promotion easy and manageable, but also because it addresses your request for promoting the breadth of your expertise. And what excites me most is the daily promotion of BC physios being Canada’s most physically active health profession. What a bold claim! And we own it and demonstrate it daily through your pix on our Facebook and Twitter sites. Can 1800 fans be wrong? We are the world’s largest physiotherapy association Facebook page (apart from India, Australia and the USA), and all because the public enjoys seeing you role modelling an active lifestyle that ideally positions you for treating mobility issues. You are the cool profession, and your reputation makes it easy to promote your excellence.

Please watch for my monthly email with the POP Guide and Printout Package with all you need to Promote your Own Practice in the condition of the month (also at bcphysio.org/member/Pop Guide).

*Promotions Task Force Members: Cassandra Basi, Corine Van Doorn, Helen Ries, Isabelle Chagnon, John Beesley, Riley Louie, Scott Okrainetz

Thanks to all 21 PABC member models and North Shore Sport Medicine Clinic. Here’s a peek at the year to come.

**Respiratory & Cardiovascular Conditions:**
Sandra Lamb (PTA) and Hayley Carter (PT) from Vancouver Coastal treat Natalie Grant (PT)

**Neurological Conditions:**
Cassandra Basi, Newton Physio, treats Christina Basi

**Back and Neck Conditions:**
Lis McLatchie and Helen Ries, Sitka Physio, models for back and neck

**Physio Forum**
Saturday, April 27th
8 am - 5 pm

PABC, CPTBC and UBC are hosting a day of education, and connecting with your colleagues. In addition to presentations by PABC’s pre-eminent clinicians Rick Celebrini, Libby Swain and Clyde Smith, UBC new grad Tori Feige will tell her story of being Canada’s first physio practising from a wheelchair and how she has adapted to the clinical setting.

The day will also offer “From Lab to Clinic: The Practical Part of the UBC/PABC Knowledge Broker partnership.”

Registration opens on March 4th and closes April 5th.

Space is limited; Physio Forum 2012 sold out. Don’t be left out of the loop. March Forth on March 4th to http://goo.gl/QWKEb

Free until March 27th, then the price is $25.
I was encouraged to see a recent focus in *Physiotherapy Canada* on cancer rehabilitation. Margaret McNeely wrote a great guest editorial in *Physiotherapy Canada* entitled “Cancer Rehabilitation: Opportunities and Challenges” and the journal is running a special series on oncology, including at least one article in each of the next few issues. However, I am also a bit discouraged to see where we are at with oncology rehabilitation as a whole in Canada, and more specifically in public practice in BC. I really believe that this is something we need to take notice of here in BC.

An estimated 23,300 new cases of cancer occurred in BC in 2012. Based on current incidence rates, in Canada 40% of women and 45% of men will develop cancer in their lifetime. The number of new cases of cancer in Canada continues to rise steadily as the population grows and ages.

This rise in incidence, coupled with the fact that the majority of cancer survivors can expect to pass the five year mark, means that we need to provide more services for this population both in the acute and later stages (including post treatment). These services need to be provided over the lifespan; from the young child who suffers with long-term balance issues due to peripheral neuropathy from chemotherapy, to the elderly gentleman who becomes completely undernourished and cachexic with profound deconditioning during treatment for cancer. There is an excellent quote by Lynn Gerver, MD, that really illustrates the shift in cancer care. She says that cancer has been transformed from “an acute lethal illness” to “a complex, chronic and common disorder”.

While there is important research being carried out in BC on the role of physiotherapy treatment in the cancer population, including exciting new research on the possibility of exercise helping to reduce the forgetfulness caused by anti-cancer drugs (http://www.publicaffairs.ubc.ca/2012/06/06/blame-it-on-chemo-brain/), we still have very few physiotherapy resources in the public sector dedicated to treating this population. Even in the area of breast cancer and arm morbidity, probably the most well-known and resourced area of oncology physiotherapy, follow-up after surgery varies greatly depending on where you live in BC. Some hospitals have no follow-up physiotherapy services at all while others have physiotherapy services starting pre-operatively and continuing with post-operative surveillance and monitoring.

In the most recent *Physiotherapy Canada* article on oncology rehabilitation, an online survey was sent to Canadian facilities offering cancer treatment and/or listed as offering rehabilitation services during or after cancer treatment. The conclusion of this study was, “formal...
Oncology rehabilitation programmes appear to be scarce, despite growing evidence that rehabilitation offers benefits across the cancer survivorship continuum. There is also convincing evidence in favor of physical exercise to improve outcomes and physical functioning during and after cancer treatment. In light of these results, we need to ask ourselves, as a physiotherapy community, how we plan to fill this gap and make sure that we can offer the “evidence-based interventions to assist cancer survivors in their transition from illness to wellness”.

References

Board of Director Position Nominations
Each year, half of the 8 elected Board of Directors positions are open for nomination, in accordance with PABC’s by-laws. For the 2013-15 term, the following regions may nominate a member:
- Central Interior/NE
- Vancouver Island
- Greater Vancouver/Sunshine Coast
- Okanagan

All members from these Regions are welcome to stand as candidates for the position; elections will be run for regions with more than one candidate. Deadline for nomination is March 1, 2013. Email rbt@bcphysio.org for more information or for the nomination form.

Announcing: PABC Peer Clinical Practice Experts
PABC identified a need for a member resource that connects clinical advice seekers with their peer experts. We have created the Peer Clinical Expert Resource, and ask you to add your name and practice expertise to the list.

Here is what it does for others: helps your fellow PABC member find solutions to their clinical challenges; helps advance physiotherapy practice in BC.

Here is what it does for you: pays forward your hard-earned expertise; networks you with your peers; adds to your practice promotional messaging that you are a practice advisor; looks great on your CV.

We just got started, and here are the first respondents.

To connect with one of our clinical advisors or to be added to our resource list, email rbt@bcphysio.org. The list is on the Members Only website http://www.bcphysio.org/content/peer-clinical-expert-advisors.

Anne Rankin: Paediatric oncology
Diana Hughes: IMS
Joy Kirkwood: Hands
Trevor Fraser: Hands

Sonja Redden: Lymphedema
Heidi Schiele: Geriatrics
Margaret Cormie: Clinic ownership/small business
Heather Branscombe: Paediatric or adult neuro, functional electrical stimulation
Chiara Singh: Acute peads and oncology
Jan Summersides: Manual therapy, IMS
Val Ward: Paediatric gait analysis
John Hamilton: Orthotic management, and post-surgical foot rehabilitation
Scotty McVicar: Industrial Medicine, Work Conditioning and Occupational Rehab Programs
Sylvia Herchen: TMJ, chronic pain, visceral release
Penny Wilson: Female bladder/bowel dysfunction (incontinence, prolapse, constipation) and sexual health issues
Michael Yates: Extracorporeal shock wave therapy, iontophoresis, medical interventions for the Achilles and lateral elbow tendinosis
Dolores Langford: Pain management, hand therapy (especially Complex Regional Pain syndrome), rheumatology, acupuncture
Catherine Eustace: Adult Neurology
Pat Lieblitch: Bowel and bladder dysfunction, and pelvic organ prolapse

The Story of a Member, an Opportunity, and a Promo
Dean Clark of Rehab in Motion in Campbell River was listening to the radio one morning in December, and heard the host talking about a new chair the station had given him. The host said it was great but it seemed to give him a sore neck. Dean didn’t hear this as a casual listener of DJ banter. He heard it as a physiotherapist wanting to solve an ergonomic problem.

Dean called in to the radio show, announced that he was a physio and where he practiced, and then provided the host with some advice. He went a step further and offered to come down to the station and set him up correctly on live radio.

Dean went to the station, got on the air and went through a “mini ergo assessment” of the DJ booth set-up. He then reiterated that he was a physiotherapist from Rehab in Motion in Campbell River, and promoted the profession and the clinic by extolling how physiotherapists can help optimize ergonomics, thereby helping to alleviate various aches and pains.

PABC doffs its hat to Dean for recognizing an opportunity and grabbing the chance to promote his clinic and the profession as a whole while enhancing public awareness.
The Dark Horse: How I Won Ironman Canada

by Gillian Clayton, MPT

On my first race day I walked to race start at 5 am with a borrowed wetsuit and saw the most serious people I had ever seen in my life. People are spraying themselves with Pam! Why? I felt like vomiting. After swimming 50 metres I had a full blown panic attack, swim way off course and had a kayaker ask if I wanted to finish — which I did, crying into my goggles! I then cycled past hundreds of competitors, and ran past hundreds more to the finish, where I fell down in a heap — and decided to sign up for Ironman Canada.

If you are considering doing your first triathlon, I don’t think I’ve done a great job to inspire you yet. Just wait, I can do better.

First, a plug for physiotherapy. If you are new to a sport, and the sport is actually three sports, and you train three days a week for months on end, you’ll likely need a physiotherapist. Lucky for me, I was able to train and also address my aches & pains, and also maintain a physically active job.

In 2010, I tackled Ironman Canada (IMC) (finishing in 10:58). And in fact, before the race I had already signed up for the 2011 IMC, so I guess I had already decided that I was going to get good at this sport.

As 2010 came to an end, I felt that I didn’t have enough time to train, to recover, and to work, so I took a sabbatical from my full-time hospital job to train full time in amateur athletics. My employers were accommodating and supportive. I will always appreciate that, because without a job to come back to, I wouldn’t have had the confidence to put work out of my mind.

In 2011, I worked daily with my running coach and my bike/run/triathlon coach. For the first two months I had trouble adjusting from full-time work to full-time training. I didn’t have a routine anymore, I sat around a lot, and I was socially on my own a lot, as friends had work schedules and ‘real lives’. But I was given the gift of being able to take a year off to train, I was physically healthy, and I was beginning to sense I had a talent in triathlon.

I trained harder than I ever thought was possible. I recovered harder than I ever thought I needed. I trained alone on weird hours. I woke up, trained, ate lunch, slept, trained and ate again. I loved nothing more than going out on my bike for hours on end, running for hours, swimming...well, I was improving but it took me a long time to love swimming.

Races came and went, my times improved and I started to place in the top five of all women. Then came my home race: Ironman Canada 2011. The 3000-person mass start swim was exactly as I expected, the biking was beautiful, and the run – well, running a marathon in 36 degrees Celcius after swimming for over an hour and biking for 5.5 hours? I loved it! I ran all the way to the end in first, finishing in 10:01, one minute off my goal and ‘real lives’. But I was given the gift of being able to take a year off to train, I was physically healthy, and I was beginning to sense I had a talent in triathlon.

I went to the World Championships in Kona, Hawaii, where I had my eyes opened to the depth of athletics in this sport, which made me love it all the more. I also ran a PB in the marathon at 2:54 that year to break the three-hour mark. And I then had to face the reality of going back to work.
Despite my fears, I actually liked returning to work. I started a new job (three different jobs actually), as my employer allowed me to come back part-time so that I could still race (now professionally with larger commitments and a different racing ‘system’). The first couple of months were a bit stressful, but I had a new sense of confidence, not necessarily in the physical work itself, but more in who I was as a person. My co-workers respected me for my athletic career as well as the career we shared in physiotherapy. I had become more of my own person in that last year than I had in many years before it. It was one of the most important things I have done in my life to date, and will be as long-lasting as I am standing. These are things in life you can’t buy, you can’t wait to have happen to you, these are the things that you must actively pursue and push like crazy to get. They don’t always seem logical or safe, and it often seems like you’re going backwards, but I learned the best way forward was to follow my heart.

In 2012, I was busy learning the ropes as a new pro, feeling terrified again, but in love with what I was doing and able to balance work. I didn’t need as much recovery time, I was stronger and I was intensely focused. I finished top five or higher in all my professional races (except the ITU Long Course World Championships). On August 29th, 2012, I won Ironman Canada.

It is one of my greatest accomplishments. I had been named the “Dark Horse”, the underdog to win, by race announcer Steve King. I had come up with a motto for “win or ditch”, which meant I was only interested in winning or ending up in the ditch (as in, medically unable to continue). Winning at home meant the world to me, as my family and friends were there. It was a dream come true. It still sinks in, to this day, and, the benefits go far beyond winning a trophy, money, or recognition. It has opened doors for me, opportunities to do new and interesting things, a platform on which to make new directions in my life, and a glowing satisfaction that I did everything I could to fulfill a dream.

A few days later, I went back to work like everyone else, and a neat thing happened. As my patients began to understand what I had done, they seemed happier to be treated, we had something positive to talk about, some piece of what dreams are made of, and I often got to share that in conversation with them. It had a nice ripple effect.

What I hope is that you read this and sense the ripple effect. I was just a girl who didn’t know how to swim but who liked to work incredibly hard and who took a leap of faith that life will work out if you work hard at it. We BC physiotherapists are a profession of incredibly active people, full of inspiration and new directions. We have an interesting job that attracts some of the healthiest, most intelligent, compassionate, engaged and positive people I know. It’s a neat community of folks. I’m happy to consider myself one of them, and I’m lucky to be making new steps in private practice (along with hospital practice) in a community that I want to live in and become a part of. Another big leap of faith. But I’m not worried.

Best wishes to you and yours in 2013. Enjoy your practice, and my advice to you — take up something new in this new year. You never know what might happen.

Gillian Clayton works in public practice at Providence Health Care in Vancouver and in private practice at Active Living Physiotherapy in Black Creek.

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**PABC Awards and Bursaries: Deadline**

Annual awards and bursaries are presented at PABC’s Physio Forum, April 27th. Application deadline is March 1st.

**Awards of Excellence: nominate your peer**

Peer-nominated Awards of excellence enable you to recognize your colleagues for outstanding performance in Leadership, Education, Clinical Contribution, Professional Contribution, and Research/Knowledge Translation.

**Memorial Bursaries**

Presented annually are the Ruth Byman and the Peter Huijbregts Memorial Bursaries for advancing your education. These are self-nominated applications awarding $1000 each. Bursaries in honour of Ruth and Peter have been established by the family and CBI respectively to honour these members’ contribution to advancing the profession through education.

**CPA Congress Funding**

PABC offers funds for members to attend CPA Congress. Apply if you’d like some support to attend in Montreal from May 23-26.

The nomination process is easy for the Awards, Bursaries and Congress Funding; see details at bcphysio.org/members under PABC & You/Awards and Bursaries. **Deadline is March 1, 2013.**

**Extend your Forum Weekend**

Come for the Physio Forum on April 27th, and stay for the one-day TMJ course on April 28th. See bcphysio.org/courses-and-events for details.
What’s Your Problem?

by Perry Strauss, BHScPT, MHA

If you are a physiotherapist in a private clinic, you are faced with non-clinical challenges every day. Whether you are an owner or an associate, you have problems — but fear not. You are not alone.

Your Business Affairs Committee (BAC) is made up of members who are facing the same problems. How does this help you? Well, the BAC is embarking on a project to document the most prevalent problems and share their findings with you. These documents will define the nature of the problem, the different points of view that the topic deserves, helpful tips and advice, as well as references to support any further investigation you may want to pursue.

Why are these documents valuable? They will save you time trying to research information on your own. Also, as busy clinicians and owners, we do not usually have time to collect multiple points of view from our colleagues. Consider these documents ‘peer reviewed’ such that you get the benefit from multiple colleagues all in one place!

What are some of the topics we are working on? Here is a list.

- HR Management – hiring, firing, etc.
- Caseload Management – patient drop off, pt goals, key messages
- Leadership – contractor and admin engagement
- Self Employed Status – am I or aren’t I
- Efficiency – lean/six sigma at the clinic
- Physiotherapy Directory – skill sets, language, location
- Resources for Patients – braces, homecare support, handydart
- Why Should I be a Member – what value am I getting?
- Malpractice Insurance – what do I need, what is the difference with CPA vs competitors
- Marketing and Promotion of Profession, Self, Clinic
- Access to Journals – ease of use, self-directed?
- Translators – how to chart, utilize, etc.
- Product Reviews
- Education, CPG’s, Outcome Measures, etc.
- Practice Standards – eg. C-spine rules, electrotherapy
- Worksafe/ICBC – user’s guide, Q&A

We will be publishing summaries of select topics in the newsletter and updating the Member’s Only PABC website with full transcripts of the documents as they get completed. If you have an idea for a topic or are interested in supporting one of the above topics, email me at perry.strauss@gwl.ca.

Perry Strauss is the Chair of PABC’s Business Affairs Committee, is a member of the Fee Negotiations Committee, and is the Regional Manager with Great West Life Assurance Co.  

ICBC Update

by Marj Belot BScPT, MSc, FCAMPT, CAFCI, PABC’s ICBC Liaison

Have you had difficulty getting IMS or acupuncture treatments approved for your ICBC clients? If you are calling adjusters seeking approval for these specific modalities, you should realize that acupuncture and IMS are within our scope of practice as physiotherapists, and ICBC recognizes this. Therefore, you do not need to seek approval specific to these modalities. You should be requesting approval for physiotherapy. The content of the physiotherapy provided is not dictated by ICBC.

Furthermore, if you request approval specific to these modalities, ICBC has policies specific to IMS and acupuncture to which the adjuster may refer, and on which basis approval may be denied. For example, IMS outside of regular physiotherapy may only be approved in conjunction with a supervised exercise program or multidisciplinary program.

PABC’s Business Affairs Committee encourages you to use functional outcome measures to determine whether your treatments are having the desired effects, and whether continuing with IMS or acupuncture is indicated.

If you have questions about eligible treatments or recovery issues that your clients’ adjuster cannot answer, please contact Linda Calbick at 604-647-6140 or linda.calbick@icbc.com.

Please contact me at belotphysiotherapy@gmail.com if you have further questions regarding this issue.

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

Plug in, Connect, Keep Current

Come for the day to the Physio Forum on April 27th. Register before March 27th and it’s free. Registration opens March 4th.

http://goo.gl/QWKEb
As PABC’s WSBC liaison, I have received numerous emails over the past months from members regarding their loss of patients from physiotherapy due to transfers into occupational rehabilitation programs. The emails vary from concern regarding the injured worker’s best interest, to outright anger with WSBC for disregarding the therapist’s clinical evaluation/opinion, to frustration with the ongoing difficulties encountered when treating injured workers at below market rates.

Over the past ten months, physiotherapists have experienced a notable shift in the manner in which our role in treating injured workers is controlled by WSBC. While in theory we still operate under the contract which we negotiated with WSBC, changes in the manner in which case managers and nurse advisors make referrals to ‘Board Sponsored Rehabilitation Programs’ have markedly limited injured workers’ access to acute care physiotherapy. While our contract allows for up to eight weeks of physiotherapy in Stream 1 treatment, we are all aware that Worker and Employer Services, who in turn are in discussions with our partners in WSBC Health Care Services, who in turn are in discussions with their claims (WES) colleagues. It seems however that the new claims process with their claims (WES) colleagues. It seems however that the new claims process with their claims management section of WSBC) has decided to limit injured worker access to acute care physiotherapy by referring Stream 1 patients to OR1 at or before 28 days post-injury. This despite the fact that claims decisions typically take weeks, and the injured worker has often only had access to physiotherapy for a couple of sessions by the 28-day mark.

Our Liaison Committee and Fee Negotiations team are each engaged in meaningful and solution-based discussions with our partners in WSBC Health Care Services, who in turn are in discussions with their claims (WES) colleagues. It seems however that the new claims process with early referral to OR1 won’t change soon, but we know that BCMA are also voicing the same concerns and frustrations, so we are not alone in our push-back. Do keep in mind that we are partnering to correct the problems. We do see light on the horizon with the pilot now underway which will influence our new agreement for 2013; we and WSBC are excited that the pilot is starting to show some favorable results, although the data is still in its infancy.

But at the front line where you are experiencing frustrations now, I have some thoughts and advice. In theory, the board officer in charge of the claim (either the case manager or ‘return to work specialist’/nurse advisor) should be consulting the treating PT to discuss the appropriateness of the referral, whether or not return to work in the near future is already being discussed, etc. In practice, while this may occasionally happen, we are aware that these calls frequently either do not happen, or are often made simply to inform the PT that the referral is happening, with no interest in the therapist’s opinion on the part of the board officer. I frequently receive emails from PABC members detailing interaction with board officers who have no regard for the PT’s clinical opinion in these matters. Some of you have in fact been told ‘there is nothing that you can tell me to prevent this referral to ORP- the ORP program will decide if the referral is appropriate.’ As most of you are aware, ORP programs are under pressure to limit the number of referrals that they reject, putting those PTs that operate ORP in a difficult position at times if the frequency of inappropriate referrals is high.

The question is, why does WES seem to want to limit the access of injured workers to physiotherapy? Are our outcomes poor? Are we unable to effectively return injured workers to the workplace? The data that we receive from WSBC regarding our RTW outcomes would not seem to support this — although we are aware that the accuracy of CMS generated data regarding physiotherapy is limited. Without clear feedback from WES, and as we were left out of discussion of the directive to refer away from PT and into ORP, we can only speculate based on issues that we know are important in claims management.

Overall claim duration and the number of days that an injured worker is on wage loss benefits are important statistical numbers for board officers, and impact the overall claims costs. In addition, board officers managing claims see issues with a lack of focus on functional evaluation and reporting, clarity of reporting, discharge finality, and early return to work focus. There may be a perception that physiotherapy does not provide the information and outcomes in these key areas that ORP can provide.

Unfortunately, our current model of care and contract with WSBC doesn’t allow for many of these issues to be addressed. We don’t have an effective communication system with board officers. We lack efficient and meaningful reporting systems, and have not yet been included in the new ‘provider portal’. We don’t have a manner in which to clearly discharge and define discharge abilities for clients. We lack a funded avenue of communication with employers, and are not funded to be involved in return to work planning. In fact, as we are all acutely aware, we are significantly underpaid to treat injured workers when compared to our private rates and other insurance funders.

All of that noted, how do we continue to provide the quality of care that injured workers deserve? How do you retain your clients, and retain the ability to treat injured workers? The answers may be less than palatable to many of you given...
Contemplating Retirement in a Small Town

by Elizabeth Scarlett, BPT

After 44 years in physiotherapy, retirement from my practice in a small town is proving to be a challenge. I don’t want to close the clinic, but I do want to end my days in practice. We older physiotherapists in remote BC towns are faced with this dilemma when we can’t find a younger physiotherapist to take over.

Although Kaslo, the small town in which I live, has a clean environment, is a good place to raise a family with a new school, has all necessary services, has an active arts community and a low cost of living, physios seem unaware that this is an ideal place to operate a clinic. In an age when lifestyle is so important, it seems strange that I have not been able to find a replacement despite trying a number of avenues for two years.

Over the 17 years that I have run my clinic here, it has proved to be needed and appreciated, with a loyal clientele. The nearest alternative physiotherapy service is an hour away, so residents of Kaslo and the surrounding area depend on my clinic. Some patients are drawn by its location in a Primary Health Centre with physicians and other medical services under the same roof.

I have delayed my retirement because I am trying to ensure that the community does not lose this essential service. I wonder how many of you, my peers, are experiencing the same thing? I wonder how many of you are hoping to retire in the coming years and have not yet considered being faced with this dilemma — close the clinic and be unable to leave a lasting legacy, or delay retirement?

We know that in the next few years many older physios will want to retire, and we need to think about how to encourage younger physios to consider running their own clinic in a small community. Can we hear from some of you who have successfully retired? Can we hear from some younger physios who have bought a clinic; what could we hopeful retirees consider to help edge us to successful clinic hand-off?

For my community, I am hoping that the lifestyle and opportunities for hiking, biking, skiing, kayaking, fishing and mountaineering will draw a physio to Kaslo. And if I may offer a closing sales pitch: I am keeping the cost to a new owner to a minimum by only asking to recover the value of the equipment.

As always, please contact me via email or the PABC office if you have concerns or questions regarding WSBC. If you are not being consulted when injured workers are removed from your care for ORP, we still need this information. jm_macgregor@hotmail.com

Many therapists have balked at these suggestions from me for the simple fact that we are already paid well below market rate to treat injured workers, and I am now suggesting adding more communication demands, providing RTW support without being funded, and changing the way some of us look at function and RTW. These are valid concerns, and every therapist will weigh the demand versus remuneration on their own scale. However, there is a definite change coming to the model in which we treat injured workers that will require these key elements of EARLY RTW focus, functional evaluation and reporting, psychosocial screening and reporting, and enhanced communication. With this, we anticipate a change in our funding model to reflect the increased service expectations. Not all physiotherapists will want to work in such a model; however, if you intend to treat injured workers in the future, and want to retain your injured worker clients now, consider incorporating some of the suggestions made above.
The beginning of a new year provides us with an opportunity to reflect on the accomplishments of the previous year and set new goals for the current year. With this in mind, I would like to share with you the amazing journey of one of the projects with which I am involved as the Physical Therapy Knowledge Broker: Safe and Effective Exercise Prescription for Acute Exacerbation of Chronic Obstructive Pulmonary Disease.

What is the project and why is it being undertaken?
The tremendous interest in the SAFEMOB clinical decision-making tool (designed to provide clinicians with information to guide safe mobilization of the acutely ill patient, and located on the PABC website at http://www.bcphysio.org/content/safemob) highlighted the need for evidence-informed practice with this population. However, this tool does not address the unique needs for both safe and effective exercise prescription in the patient with an acute exacerbation of COPD. Consequently, a team was put together to create a tool for this special patient population. The team is led by Dr. Pat Camp and includes researchers from other disciplines across Canada, expert PT clinicians and MPT students from UBC. Funding was secured through a grant from the Canadian Institute of Health Research.

What has been completed?
The figure below provides a graphic representation of the process undertaken for this project. The first step was to determine best evidence from the literature. This involved a systematic review of systematic reviews on exercise prescription in COPD and other comorbidities. The resulting manuscript was published in the International Journal of Chronic Obstructive Pulmonary Disease (a link to the article is available on the PABC website http://www.bcphysio.org/content/aecopd. The article has received over 4100 online views and almost 1100 downloads of the PDF. Clearly, there was a need for this information.

Given that the literature review exposed a lack of clear direction for clinicians in determining the parameters for safe and effective exercise prescription in this population, the next step was to pursue best evidence from experts. This was undertaken through a Delphi process (consensus building research technique) with physicians, nurses, respiratory therapists, physiotherapists, and patients/families. The objective was to obtain consensus on best practice recommendations for safe and effective exercise prescription in this population.

What is next?
The research team is currently synthesizing the results from the systematic review and the Delphi process into a clinical decision-making tool similar to that of SAFEMOB. As with the process for SAFEMOB, drafts of this tool will be shared with PTs across BC for their input to ensure that the tool is relevant, meaningful and helpful for our colleagues. We look forward to you participating in the process of refining the tool. Finally, PABC will host a webinar (which will be recorded for those who are unable to join us on that specific evening) during which the research team will share with PABC members how to use this tool effectively in their clinical practice.

If you have any questions about this project please feel free to contact me at Alison.Hoens@UBC.ca.

PABC thanks the following members for their significant contributions to the project: Dr. Pat Camp, Dr. Darlene Reid, Beth Hornblower, and Alison Hoens.
Did Journal Club Change Your Practice? Members Say a Resounding “Yes”

by Deb Monkman

“The strength of this webinar series is to highlight to members how the combo of Deb’s lit search webinars and Alison’s Journal Clubs impacts the practice of members — Timberly George’s and Chris Napier’s contributions in this regard are so incredibly valuable.” AH

1. Wondering why our most popular free webinar series to date is “How Journal Club Changed My Practice”?

I think the above quote sums it up well, as we bring together the best of all our worlds, and members’ comments reflect positively on the addition of clinical experience to our two ongoing series on finding and appraising the literature. Around 100 members attended these two webinars on patellofemoral pain syndrome and orthoses (with Chris Napier) and on tennis elbow (with Timberly George). If you didn’t have the opportunity to attend the two webinars, consider reserving some self-study time to watch the recordings so you can be current on these topics. You’ll find them on the members’ site in the Library, under Training.

2. What was Covered?

Beginning with the existing resources on our site, members were encouraged to review past webinars on finding and appraising the literature. The first half hour of the webinar was a literature search case study (with me) illustrating shortcuts for finding the literature on this topic, including the best keywords and subject headings to use in the EBSCO Medline and CINAHL databases, as well as a basic Google Scholar search for those with less experience. The second half hour was a clinical update, branching off from a previous Journal Club where a particular article was appraised. How did the information gleaned from critically appraising this article impact practice? What else does the literature say? What works clinically? What amazing resources has PABC provided on this topic on the members site? Timberly George writes about her experience participating as a clinical expert on page 20.

3. What Changed?

During the webinars, we asked attendees what they might do differently in practice after participating in this webinar. We hope their answers will inspire you to watch the webinar and review the supporting materials, and then consider whether your practice might change.

Patellofemoral Pain Syndrome & Orthoses:
Before: What do you currently do to treat PFPS?
After: As a result of participating in this webinar, which treatments would you try now?

Tennis Elbow:
As a result of participating in this webinar, what might you do differently in your practice?
4. What Three Things Did You Learn?

After the webinars, we asked what three things attendees learned. Notice the varied responses as each member took away different messages based on their experience; we are heartened that there is somewhat for everyone.

- 1) ease of searching in EBSCO Medline & CINAHL
- 1) correct search key words for tennis elbow
- 1) discovered Google Scholar
- 1) ease of attending a webinar
- 1) Glute neuromuscular control is more important than just strength
- 1) use of gait re-training in the Rx of PFPS
- 1) VMO may not be as big a part of PFPS as originally thought
- 1) the "search in title" trick
- 1) review of PICO in lit searching
- 1) hip strength, proprioception and visual feedback for patients
- 1) correct search key words for tennis elbow
- 1) benefits of different search engines
- 1) more comfortable appraising studies
- 1) which search engines are best for getting articles
- 1) which search engines are best for getting articles
- 1) PABC Task Force is studying best practice for Rx of tennis elbow

PABC’s Tennis Elbow Toolkit is coming soon

Those attending the tennis elbow webinar were excited to learn that the Tennis Elbow Toolkit, developed under the leadership of a task force led by PABC Knowledge Broker Alison Hoens, will be available in 2013. Find all of PABC’s Toolkits and Best Practice Resources on the members’ site, in the Library, under Toolkits.

Librarians Save Lives!

by Deb Monkman, PABC Librarian

You’ve heard it here before: libraries save lives. In the Autumn 2011 Directions issue, I reported on a ground-breaking study showing that library resources impacted patient care, including reducing patient mortality. Of most interest was that overall, 90% of clinicians said the information from the library contributed to a higher quality of patient care and 88% said it resulted in a better informed clinical decision during a critical patient incident. Overall, clinicians felt the information saved 2.6 hours of their time (Marshall 2013).

Now, the Australian Library and Information Association has published a report entitled “Questions of Life and Death: Describing the Value of Health Library and Information Services in Australia.” The theme is the same: access to library resources and the expertise required to use them makes a difference to patient care. Respondents in the Australian survey said the library services helped them in these ways:

- 95% - helped them discover new information
- 86% - helped keep them current with the latest clinical developments
- 83% - helped them improve health outcomes for patients
- 82% - helped them progress their research
- 76% - improved their diagnosis or treatment plan for a patient
- 76% - helped them achieve higher marks in exams
- 65% - helped confirm their diagnosis or treatment plan

PABC members are privileged to have access to library resources and services, including a literature searching service and training on how to access the literature. As described (on page 16), two PABC members share how library services have made a difference to their patient care.

WEBINAR KUDOS – How Journal Club Changed My Practice

Members’ anonymous comments from the evaluation survey:

“Well done everyone on the tennis elbow webinar How Journal Club Changed My Practice: Rebecca’s vision and support, Fiona’s skills in making the magic happen, Deb’s succinct step-by-step guidance for the efficient search, the Tendinopathy Task Force’s incredible commitment to pulling it all together and the clinician expert’s (Timberly) perspective on using all of these resources in the realities of the clinical setting.”

“Thank you. It was very well organized and presented. I appreciated the webinar reminders and tools to prepare for the webinar.”

“The information given and powerpoints were very straightforward and pared down in a way that made everything make sense and seem doable. I would now be more confident in my ability to search for articles.”

“I liked the combo of the search and the clinical interpretation.”

“I loved the fact that it’s free and only one hour long, as well as the excellent, knowledgeable presenters.”

“Thank you for an informative webinar and for helping us learn to use the valuable resources that you provide.”

“For me, this demonstrated how physiotherapists can use clinically relevant articles to complement their treatment choices.”

“This is a wonderful way to learn and stay in touch from home.”

“Great practical tips and take-home information.”

References


Scenarios on How Members Use the PABC Literature Search Service Make a Difference to Patient Care

PABC’s Clinical Librarian researches around 700 member requests in a year, and provides almost 1,500 articles. While many members do their own lit searches, fortified with the help of the webinar training sessions, sometimes they need to focus on their clinical practice and leave the searching to the search experts. Recently, two members took the time to explain how they used the lit search service.

“I received a referral for a baby with a more complex brachial plexus injury and needed to update my knowledge on best practice quickly as I was scheduled to see the child in two days. I contacted PABC librarian Deb Monkman for help with researching the topic. Deb got back to me within an hour to clarify my request and within another hour sent 22 research citations. I picked articles I felt were the most relevant to my interest and received full texts from Deb almost instantly. One of the articles related to brachial plexus injury referred to constraint-induced movement therapy principles and I remembered that in the September eBlast from the PABC Librarian under the heading “Imagine yourself in this picture – how I helped Judith...” there was information on constraint therapy which was also very relevant and helpful to me. By the time I was ready to see my little client I felt I had more knowledge and practical strategies to provide current options for care. Thank you Deb and the PABC team for the great support!” Yvette Jollet, Langley

“I finally got through all the articles and abstracts Deb found for me for a patient with a chronically unstable shoulder that subluxes inferiorly. The good news is that my patient’s malady had been improving, until a recent episode which it seems was unavoidable based on the stats in many of the studies. Although there weren’t any articles that gave me a true picture of the best course of action, I think I have all the information available and will forge ahead in concert with patient and physician.” Bryce Kelly, Fort St. John

Will You Be Inspired? A New Free Webinar Series on The “E”ase of Practice: Evidence, Expertise & Experience

by Alison Hoens, PABC Knowledge Broker, and Deb Monkman, PABC Librarian

“Taking the ‘How Journal Club Changed My Practice’ webinar has re-kindled my passion for physiotherapy. I felt like I was in a rut and not really making any steps to make myself a better clinician but now I am!” Anon

This comment from one of our members who attended a ‘How Journal Club Changed My Practice’ webinar touched and inspired us. The result is a new webinar series on the “E”ase of Practice: Evidence, Expertise & Experience, with PABC’s Knowledge Broker, Alison Hoens, and guest members.

Building on the best features of the literature searching webinars, Journal Club webinars, and How Journal Club Changed My Practice webinars, the next series will focus on three topics on which members frequently request information:

- Frozen Shoulder, with Dawn Saunders, B.Sc. PT Queens University, RCAMPT Therapist.
- Taping (Kinesio taping and rigid taping), with Pauline Martin, BScPT MSc
- Open Versus Closed Kinetic Chain Exercise, with Nadine Plotnikoff, MSc (PT), FCAMT, Diploma Sport Physiotherapist

To register, go to the members’ site, under “Courses & Events.” See page 24 for a full listing of upcoming courses. These webinars bring together a team representing the three E’s of Evidence-Informed Practice: Evidence, Expertise and Experience.” Why not bring even greater “Ease” to your practice and register?

Here’s how the process will look:
Dear Members, let me take a moment to introduce myself. I’m the new Jesse, otherwise known as Fiona, manager of Member & Information Services. As the staffing pattern may have hinted, I too, am a librarian graduate from the MLIS program at UBC (after Eugene Barsky, Suzanne Geba, Deb Monkman, and Jesse Royer, some of whom are PABC’s librarians and some who have been Member Services Managers). This is my fifth month working here at PABC, and it continues to be an absolute pleasure and excellent learning experience interacting with all our valued members and staff.

Public Profile Profits & Scavenger Hunt Treasure

Now, on to some statistical tidbits! First, your profile. We have been incredibly keen in promoting and encouraging you to fill out your public and clinic profiles, but what is it all for anyway? The bar graph below displays the different types of questions that we received by telephone for the month of November 2012. I’ve been keeping track in order to get a new perspective on Member Services.

Taking first place are the 25 non-members who called to find contact information for a physiotherapist. This means that more than one referral to a physio/clinic has been made in our office per day by telephone alone! Can you imagine how many more people find physios using our online Find a Physio search box? Callers have generally asked to find a physiotherapist with particular criteria such as: home visits, specific areas of expertise, unique clinic services such as IMS, languages other than English, works weekends, etc. So the more information you make available through your clinic and public profile, the more convenient and effective it is for clients to find you.

Do you have additions/changes you would like to make to your public or clinic profile? Contact me at info@bcphysio.org

The second fun tidbit to share with you is the success of the Scavenger Hunt Contest for online resources, using the newly implemented Search Bar tool on our website. The contest asked members to find the links to three specified resources: the Mobile Apps Treasure Trove, the Guide to Fees, and the Training, Tutorials & Webinars page. Thank you to all participating members for their enthusiasm and positive feedback on our enticement to visit the site. Congratulations to the winners: June Hu, Michael Lam, and Mieke Truijen. They won Starbucks gift cards valued at $25, $15 and $10 respectively. And members who played along had fun doing it; here are some comments from some contestants:

“Love the new search bar and found wound care right away!”
“Thanks for encouraging me to look — the new search bar is great!”
“Great treasures, thank you all for excellent work!”
“Great contest!”
“I found this link from the app link very useful!”

Stay tuned for more fun contests coming this year. And if you happened to miss the email and want to find some of these treasured resources, you can take a look by visiting www.bcphysio.org and typing in “Mobile Apps Treasure Trove” or other keywords into the Search Bar located at the top right hand corner of the website.

Happy Searching!

In the New World of Libraries, PABC is at the Leading Edge

The University of British Columbia library reported some interesting statistics illustrating the “new world” of libraries. As you might expect, at UBC, library print circulation and in-person reference service is down (59% and 48% respectively), while online reference is up by 90%. How does PABC stack up? All of our resources and services are online, as they have been since 2006, reaching all members across the province: from databases and full-text journals, to training by webinar, to reference by email and chat, we’re bringing the new world to you.

Reference
Working to Build Ties in Our Community

by S. Jayne Garland, PhD PT, Professor and Head, Department of Physical Therapy

One of the key goals of the Department of Physical Therapy’s Strategic Plan is to engage in a meaningful way with the greater physical therapy community; most importantly, our alumni and clinicians working in the province of British Columbia. This year we introduce two activities aimed at serving these groups.

The Community Engagement Committee has launched a short survey to solicit feedback on how we can best engage the physiotherapy community to which we proudly belong. This information will be critical to planning our future outreach activities and communications, as well as alumni events. Please take a few minutes to share your feedback with us by completing this survey http://fluidsurveys.com/s/UBC-PT-Community-Engagement-Survey-2012/ We look forward to hearing your thoughts!

As in past years, we will be hosting an alumni event at the PABC/CPTBC Practice Forum in April. As part of this occasion, professor Darlene Reid is collecting alumni news and photos to feature in a slideshow. We hope this will be a fun way for alumni to reconnect with friendly faces and catch up on news they may have missed. Please tell us what you are up to by sending your information to darlene.reid@ubc.ca. We would love to hear from you!

University Corner

Clinical Education

by Sue Murphy, BHSc(PT), MEd, Associate Head, Clinical Education

A happy new year to all our clinical supervisors out there, both past and future! As January is the time for new year’s resolutions, we have a couple of goals for the upcoming year related to clinical education. Firstly, we would like to increase engagement of private practice clinicians with the clinical education program. This does not only mean recruiting more clinical supervisors and sites from the private sector, but, more importantly, increasing two-way communication with this sector. It has been suggested that holding short, catered, after-work meetings in some larger clinics in the lower mainland would be a good way to kick this off with the goal of dispelling myths and also of problem solving some of the issues related to the provision of clinical placements in this sector. If you would be willing to host an evening in your clinic I would love to hear from you, and if you would like to attend or have any suggestions for these evenings, please let me know that too! Secondly, we would like to get a better idea of what your continuing education needs (related to students supervision) are that we might be able to assist with. Last year, we presented the “placements with pizzazz” in-service that was very well received at a number of sites. Are there other topics that you would like to see offered in 2013? (for example: strategies for success in 2.1 placement models, how to set up student-run programs or clinics, providing feedback, or perhaps something on evaluation or the new APP evaluation form?) Let us know and we will do our best to accommodate your needs.

Looking Back and Forging Ahead

by Marcia Denhoed, MPT Student Columnist

For the MPT students, looking back at 2012 brings many good memories. Sure there are moments that would rather be forgotten, like sweating fear through the armpits of your fancy shirt before entering a practical exam or flipping a patient over and forgetting their affected leg is now on the other side, but overall the year was marked by gaining mastery and confidence, surviving academic challenges and sharing entertaining times with classmates.

Last year saw the MPT2s metamorphose from rookies into functional therapists who are now using their skills on their fourth placements in BC and in locations as far as India and Sri Lanka. Although the MPT1s have only been studying for four months, based on the amount we have digested many will report it feels like a year. We have already come a long way as we no longer have to fake it when we are palpating structures, and have settled into the workload as demonstrated by fewer nightmares of anatomy and a great reduction in tearing our hair out.

Despite a good portion of 2012 spent in a head forward, kyphotic posture studying, we still managed to get out in the world. Taking the lead from physically active practicing physios, the MPT students were fervent participants in UBC intramural sports, taking championship titles in women’s and men’s dodgeball, women’s elite volleyball, co-ed futsal, men’s ball hockey, a co-ed softball tournament and Day of the Longboat. Charity events included blood drives, the 24-Hour Relay, the Sun Run and a solid effort from our Movember men, which not only resulted in funds raised but demonstrated they can flaunt some beauty with their brains.

2013 promises to be an exciting year. Recently announced was the opening of a new plinth lab at UNBC to improve access to clinical education in northern BC and in conjunction with this, the first ever Northern Rural Cohort will be heading to placements in northern communities. Closer to home, the rest of the MPT1s are eager to get their feet wet on their first placements in April whereas the MPT2s are continuing to develop more advanced clinical skills and challenge themselves in novel areas of practice. For certain 2013 will see the MPTs networking with other therapists, participating in PABC-sponsored learning opportunities and exploring new developments in the profession with the goal of collecting new tools for our physio tool boxes.
Directions

MPT2 students Jenna Forde and Jeff Brown fell in love during their UBC undergraduate degree, and then were accepted into the MPT program. When they decided to marry, they invited a big group of their MPT classmates to the Christmas wedding in Cancun.

Kristyn Harrington, Carly Lochbaum, Susan Moriarty, Brooke MacGillivary, Andrea Neufeld, Linzi Farr, Lynn Dawson, Keri Fuchko, Jenny Biegler, Peter Francis, Derek Monkman, Eric Marriott, Fraser Perry and Gil Park, as well as 2012 MPT Grad Lesley Cuddington, were among 72 guest to witness the marriage of Jeff and Jenna Brown.

Congratulations Jenna and Jeff; you now join the ranks of the many physio couples in BC.

Little Physios

Cam Bennett, BC Shoulder Clinics, became a dad on December 4th. Sienna Jade weighed 7 lbs 8 oz.

Jill Longhurst, Vancouver Coastal Health, brought into the world Alice Ann on November 27th at, 8 lbs 6 oz.

Colleen and Steve Schmidt, Coastal Physiotherapy in Comox, welcomed their daughter Avery Elizabeth Marie into the world on November 7th; she weighed 8 lbs 3 oz.

Alex Fell, Gastown Physio, had his first child on November 2nd. Scarlett weighed 8 lbs 9 oz.

PABC’s President Elect is a second-time dad. Jason Coolen, Oakridge Physiotherapy and Vancouver Physiotherapy, welcomed his son Thanasi Norval into the world on October 23rd. Jason’s toddler Gabby is adjusting.

Marelize and Petrus Jansen Van Rensburg, Fort St. John Physiotherapy, had their third son on September 24th. Eli, their fourth child, arrived at 8 lbs 3 oz.

David Kwan, Salus Physio, became a first time dad in June when 9 lb Aria Raine was born.

Salveen Jagpal, Origin Health, had her firstborn, Myla, on May 11th, 6 lbs 12 oz.

You asked, we acted!

In 2012, you offered valuable suggestions for member services, and we want to let you know that we have been listening intently.

Keep an eye out for changes to the members only site which will include: A Virtual Forum where you can connect with your peers — post questions and offer comments on physio-related topics; a Sitemap to simplify browsing all the resources each section of our website offers; and a printable monthly calendar of courses and events offered each month.

PABC staff is always looking for ways to improve services, after all, where would we be without our members? Suggestions are always welcome at info@bcphysio.org.
Reflections on a Webinar

by Timberly George, BScPT, Sport Physiotherapist

For the past few years, our PABC librarian, Deb Monkman, and knowledge broker, Alison Hoens, have been hosting some fantastic on-line webinar education sessions. I have done my best to attend as many of the sessions as I can. There are many reasons I love them – I can do them from my couch with a glass of wine in my hand; I can listen to them as many times as I like once they are posted on the website; and, every time I participate in one I learn something new. While I am not typically learning “what is the best treatment for XYZ?”, I am becoming a better evidence-based clinician by learning to be a more critical thinker.

In Deb’s “Anatomy of a Lit Search” sessions, I have learned how to be more effective and efficient when searching for evidence-based journal articles on the Internet. And with Alison’s Journal Clubs, I’ve learned how to more critically appraise the articles I’ve found to determine whether they are of any actual use to me. Sound like that research course you took in university? Of course it does! But if it’s not something you do on a regular basis, you fall out of practice. You may have learned how to do a low dye tape job once before, but if you never use it, it takes some time and repetition to master it.

When I was asked to be a guest speaker for “How Journal Club changed my Practice” on the topic of tennis elbow, all I could think was, “what on earth can I teach anyone about tennis elbow?” I am certainly no expert in the area, no more than any of you. But my purpose in doing the talk was more to reflect on how Journal Clubs have overall made me a better clinician, not just better at treatment for XYZ? Is there an inflammatory component? Is it chronic? acute?) and so many treatment options (manual therapy, exercise, EPA’s, injections, acupuncture etc.) it makes doing research on what works best for treatment quite difficult.

So why do I bother with Journal Club and lit searches? I like to search for what the newest research says about a topic. If the research question asked, the inclusion and exclusion criteria, and results of that particular research study match a particular case I may be treating, then I feel more confident that I could potentially try that treatment approach in conjunction with or as an alternative to what I already do. If it works and the results are positive, that’s great. I add that to my list of techniques to pull from for the next case. I don’t treat every patient with tennis elbow the same. Each person receives treatment based on their clinical exam and what I believe to be the best for them based on my assessment and their needs. Most people will agree that being an evidence-based practitioner comes from a combination of clinical experience, best current evidence, as well as client values and beliefs.

Should you consider participating in the next Journal Club or lit search webinar? Absolutely! Continuing to improve your evidence-based practice will only add to our reputation as the best primary care musculoskeletal health care providers. If you haven’t taken the time to research a topic or condition lately, I encourage you to do so. Go through the steps of creating your own PICO question and proceed from there (if you don’t know what PICO stands for, you should!) I learned that I don’t know everything about tennis elbow and still have lots to learn! Which is why I’m even more excited about the upcoming release of the Tennis Elbow Toolkit — stay tuned!

Timberly George is a UBC graduate who practices at City Sports Physiotherapy, and is the past chair of the CPA Sport Physio Canada BC Division.

PABC’s Physiotherapy Management of Trauma to the Cervical Spine Survey Participants

Reminder: If you received an invitation to complete our survey, please complete it as soon as possible. The survey is only accessible for two months. You will need the link and invitation code that were included in your invitation email.

If you started the survey, saved and exited, then please reenter the survey using the link provided to you when you saved and exited. This link will allow you to start the survey from where you exited.

Thanks for your assistance. PABC will use the collated information to determine if specialized educational resources would be of value to our members and what resources would be most useful.

Cervical Spine Rules Advisory Group Members:
Linda Li PT, PhD, Associate Professor, UBC Dept of Physical Therapy, Senior Scientist, Arthritis Research Centre of Canada
Alison Hoens, Physical Therapy Knowledge Broker, Clinical Professor, UBC Department of Physical Therapy, MSc, BScPT, PG Sports PT

New Clinic

Rhonda and Roger Scudds have recently founded R & R Seniors’ Physiotherapy Services, offering physiotherapy services to older adults on Vancouver Island from Nanaimo to Qualicum Beach. Rhonda provides home visits (private home, assisted living, LTC, complex care) to individuals who want to remain as independent as possible. www.seniorsphysio.ca
The events that bring each of us to the place we are today are both multifaceted and deeply intertwined. And for some, there is that unique, exceptional incident that stands out above all others, the “game changer,” so to speak. Our story involves such a game-changing incident.

Although we are two years apart, in our youth we shadowed one another. We were largely inseparable. When one of us received a red bike, the other invariably got a blue bike. We shared hobbies, and often had the same friends. As we got older, however, our paths diverged. Through school, Mark gravitated to the sciences. This continued into university, where he delved into geography, biology, and, ultimately, kinesiology. I, however, pursued the arts; English, history, linguistics, and finally elementary education capped off my undergraduate experience.

Unlike many in our new field of physiotherapy, we did not grow up playing competitive sports. In fact, we spent little or no time thinking about health or wellness. So when on one perfectly ordinary day, Mark decided to jump on the scale, it was with feelings of disgust that he observed the read-out, cold and impersonal: two-hundred and forty-three pounds. Something drastic happened that day. Mark made a personal commitment to change his life for the better. Naturally falling back on his science background, he researched and researched, slowly applying changes one step at a time. I, without too much thought, supported him as best I could. We began daily exercise, and soon discovered squash, a sport we immediately fell in love with.

Almost without noticing, we began to spend much of our time not only pursuing our own healthy lifestyles, but discussing health and wellness in general. We recognized the tragedy that readily afflicts our culture: that many people slip through the cracks and miss the opportunity to take control of their health and live life to the fullest. Given this, we wanted to put ourselves in a position where we could help others change their own lives for the better. And so we chose physiotherapy. Physiotherapy puts us in a strong position to bring about positive change.

Currently, we are in our second year of UBC physiotherapy program, looking forward to the opportunity to bring positive change to the profession and the world at large.

Kudos
I advocate for CPA/PABC. I think you do a great job at promoting our profession and the benefits that I gain. KR

I found the last Directions really informative, especially the articles on Lay vs. Expert Witness explanation. Very well done. I am using the COB and PABC fee guidelines to propose a contract with a 3rd party. MY

The hospitals may want to avail themselves of your very good education. I have already found that in my preparation for tonight’s journal club I am learning way more about your web site and the tools that I hadn’t been using. RM

I think the PABC is the best association that I have been a part of BY FAR, and I am very impressed with everything it does for our profession. KH

I thought I would be retired by now a year ago, but find myself back in the saddle, so I read all the Directions from the last 2 years and explored PABC website over the holidays. It feels good to be reconnected. MM
Microcurrent: A viable treatment option?

by Valerie Moilliet, BSR, CGIMS, CAFCI

About five years ago, one of my associates returned from Ontario having received an “incredible” physiotherapy treatment for her leg following a nasty fractured ankle. This modality, using a Myopulse Microcurrent machine, is apparently quite common back east and in the USA, but she had not seen it in BC, and it caught my attention.

Myopulse Microcurrent is used to treat a wide variety of muscle and connective tissue injuries. The Myopulse was developed by BioMedical Design back in the 1970s. It is described as an “intelligent” microcurrent muscle stimulator, with a microprocessor that simultaneously is able to measure and balance the abnormal electrical resistance in injured tissues. There is little or no sensation felt by the patient.

It is purported that when pathology is present, there is increased resistance in the tissue so added energy will tend to circumvent the area, taking the path of least resistance. It is thought that the microcurrent helps to re-establish the cell membrane potential. It is an FDA-approved device and is used by some clinicians to assist with:

- Increasing local blood circulation
- Pain control
- Lengthening/relaxation of tight muscle
- Maintaining and increasing ROM

We have found some fairly immediate responses with some patients noticing a relaxation of the tight muscles and an increase of ROM. We have found it is extremely well tolerated in patients who are sensitive to needling or whose injury is in an area contraindicated for needling.

The machine comes with a variety of probes and metal electrodes. A conductive gel is used and setup is as diverse as the therapist wants. We use acupuncture points or work from origin to insertion, or vice versa, on muscle.

In this age of evidence-based practice, I must admit it was difficult to find current research. I asked PABC’s Knowledge Team for help. Knowledge broker Alison Hoens told me the greatest challenge was that there is no identifiable mechanism to elicit biophysiological effects as the pulse duration and amplitude are insufficient to depolarize either sensory or motor nerve fiber. Librarian Deb Monkman sent me a lit search she had done; however papers dated from the 1980s and 1990s.

Despite this lack of evidence, our clinic definitely finds the Myopulse a valuable modality for some of our patients.

Valerie Moilliet owns Tsawwassen Sports and Orthopaedic Physiotherapy where she and six PT associates serve the community. She is certified in acupuncture and IMS, and is a clinical faculty member in UBC’s Department of Physical Therapy.

Note: It is not the role of PABC to recommend any specific intervention, but rather to share information with members to inform their practice.

Free PABC Knowledge Team Webinars

- February 27, 7:30 – 8:30 pm  
  The Ease of Practice #1: Frozen Shoulder with Alison Hoens and Dawn Saunders
- March 13 and 20, 7:30 – 8:30 pm  
  Anatomy of a Lit Search, Parts 1 & 2 with Deb Monkman
- April 17, 7:30 – 8:30 pm  
  The Ease of Practice #2: Taping with Alison Hoens and Pauline Martin
- May 8, 7:30 – 8:30 pm  
  Finding Full-Text Articles with Deb Monkman
- June 19, 7:30 – 8:30 pm  
  The Ease of Practice #3: Open and Closed Kinetic Chain Exercises with Alison Hoens and Nadine Plotnikoff

Privately Sponsored Courses/Events

Details at www.bcphysio.org – Courses and Events

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<td>NDT/Bobath Certificate Course in the Treatment of Individuals with Hemiplegia, Surrey</td>
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<td>Dynamic Neuromuscular Stabilization - 3 Day, A Course, Vancouver</td>
<td>Vestibular Rehabilitation: Introduction to Assessment &amp; Management, Vancouver</td>
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PABC Professional Development 2013

Evening Lecture/Vodcast Series

Spring 2013 – “Hitting above the belt - Hot topics in the upper quadrant”

“Concussion? What about the neck? Cervicogenic contributions to concussion symptoms”
March 7: with Carol Kennedy PT MSc

“Stuck in the middle: Examination, differential diagnosis and management of common elbow disorders’
April 16 (TBC): with Dr. Tom Goetz, MD FRCS(C) BScEng

“The Missing Link? The Thoracic Ring Approach & Restoring Whole Body Function & Performance”
May 15: with LJ Lee PT PhD

Location/time: Paetzold Lecture Theatre, Vancouver General Hospital, 899 West 12th Avenue, Vancouver BC, 7:00 – 8:30 pm
Vodcasts: distributed to registrants one week following the live lecture
Fees: PABC members: $40 (students $10 – in person only), vodcast $30; future members: $60; vodcast “group” rate per site: PABC members $60; future members $120

Weekend Courses

Pain Science and Innovative Physiotherapy Treatments for People in Pain
March 16 – 17, 2013 with Neil Pearson, MSc, BScPT, BA-BPHE, CYT, RYT500
Vancouver General Hospital, Vancouver

Taming of the Jaw
April 28, 2013 with Cathy Russell, DIP in Physiotherapy (U.K.)
Location TBD, Lower Mainland

Continence & pelvic floor re-education in the female patient
May 3 – 6, 2013 with Pat Lieblich, Penny Wilson and Suzanne Thompson
BC Women’s Hospital, Vancouver

To register for courses or lecture/vodcast series, follow these three easy steps:
1. www.bcphysio.org and click Courses/Events on the top right
2. read the descriptions; scroll down to “To Register …. Click Here”
3. click “sign up” on the course or lecture you’re interested in

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

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