Message from the AAOMPT President
Kenneth A. Olson, PT, D HSc, O C S, FAAOMPT

Say “Yes” to the Academy

As I reflect on a successful 10th annual conference in Louisville, Kentucky in October 2004, I am elated that the Academy is able to demonstrate success in fulfilling our mission. The mission statement of the AAOMPT is: “The American Academy of Orthopaedic Manual Physical Therapists serves its members by promoting excellence in orthopaedic manual physical therapy practice, education and research, and collaborates with national and international associations.” The reason the Academy currently has a great deal of momentum in meeting our mission is because of the work of the many dedicated members who have had the courage to say “Yes” to the Academy.

Numerous events during the Academy annual conference help to support the impression that the mission is being fulfilled. Details of the work of Academy committees can be read in the committee reports in this issue of Articulations. I would like to highlight the work of a few of the committees in this report to illustrate the impact volunteers can have in working within a framework of a professional organization.

In demonstration of promotion of excellence in OMPT practice, the practice committee under the leadership of Bill Boissonnault has been actively engaged in working with the APTA manipulation task force and APTA department of governmental affairs to support state chapters and the APTA in response to threats to limit physical therapists’ scope of OMPT practice. The AAOMPT executive has also voted to donate $3000 to the South Carolina State Board defense fund, and $5000 to the Arkansas PT chapter defense fund. These donations are made possible by our members saying “yes” to the AAOMPT by making financial donations to our practice affairs fund.

The AAOMPT has demonstrated support for promotion of excellence in OMPT education by offering the only annual conference dedicated to OMPT education and research in North America and has been doing so for 10 years. The keynote speakers, Brian Mulligan and Karim Khan, provided entertaining and thought-provoking education programs under the theme of “Functional Manual Physical Therapy: The essential combination of manual therapy and exercise”. The Manipulation education committee, under the leadership of Trish King, provided further programming and updates on the committee’s activities of development and (continued on page 3)
Space efficient and cost effective -
This system allows multiple patients to work on individual exercise programs simultaneously

Light starting weights allow for objective dosing of graded exercises in a safe environment

All of our products are designed for wheelchair access

Meet the needs of all your patients for a fraction of the cost of traditional weight stack equipment

Steens Physical modules allow for easy patient monitoring, low maintenance, reliability & stability

“When I think of a word to describe Steens Physical equipment, I think of the word ‘reliable’. The pulleys still track as smoothly as the day I put them in my clinic. The equipment is also well designed and versatile. I can use the same piece of equipment to treat any extremity or region of the spine. I have been 100% satisfied with Steens Physical MET Equipment.”

~ Mike Rogers, PT, OCS, FAAOMPT
Gulf Coast Therapy Centers, PA
Message from the President
(continued from page 1)

The Academy will be offering courses in 2005 and 2006 at Universities throughout the USA to provide further resources and instruction for academic and clinical faculty to facilitate the enhancement of OMPT instruction in professional physical therapy programs. These education initiatives have been successful due to the dedication and willingness to say “Yes” to the Academy by the education co-chairs, Dave McCune and Marci Swift; Trish King, manipulation education committee chair; and the members of their committees.

Practice and Education are also addressed by the standards committee. Co-chairs Bob Rowe and Catherine Patla have said “Yes” to the Academy by taking on the daunting tasks of Fellow re-certification and revision of the taking on the daunting tasks of Fellow re-certification and revision of the Academy’s efforts at collaboration with vendors for a total of $14,000 of available research funding per year. Unfortunately, only one of these will be used this year, but we are hoping to get the word out to assure all grants are used next year. These research activities are possible due to the vendors and the researchers saying “Yes” to the Academy. John Gray and Todd Watson have been instrumental in development of the grant process.

The final portion of our mission statement is that the Academy will collaborate with national and international associations. The Academy’s efforts at collaboration were illustrated at the annual conference by the speeches given at the Fellow recognition ceremony by Ben Massey, APTA president, and Michael Ritchie, International Federation of Orthopaedic Manipulative Therapists (IFOMT) president. Massey highlighted collaboration between the AOMPT and APTA in the fellowship credentialing process, governmental affairs, and the manipulation education committee. Michael Ritchie discussed establishment of an Education Committee (EC) as a subgroup of IFOMT to create a forum for IFOMT members.
AAOMPT Business Meeting Minutes
October 23, 04 - Louisville, KY

I. Welcome – Ken Olson, AAOMPT President
A. Ken Olson called the meeting to order at 5:04 PM and reminded the membership that the business meeting will follow Roberts Rules.
B. The business meeting agenda was approved by the membership.
C. The minutes for the 2003 business meeting were reviewed and approved.
1. An editorial change was accepted on SJ to change from 4600 to 600 dollars.
D. Ken Olson encouraged all members to become involved in the AAOMPT and consider joining a committee or running for office. He noted that the AAOMPT will be electing a new Treasurer, Member At Large this year and will be electing a new President next year.

II. Executive Committee Reports
A. Vice-President – Steve McDavitt
Steve thanked the executive and committee chairs for their work and gave a special thank you to Dave McCune for the annual meeting programming. He then stood for John Gray in his absence and gave the Treasurers report.
B. Treasurer – Steve McDavitt
C. Secretary – Jake Magel
Report will come in the form of minutes in Articulations.

III. Old Business
A. The Vision Statement was presented and discussion occurred on wording. Strikethrough represents changes made by the executive at CSM 2003. Below is the Vision Statement presented to the membership.

**Revised Vision Statement:**
Orthopaedic manual physical therapy will be the accepted, evidence-based musculoskeletal clinical practice in the United States, whereby Fellows of the American Academy of Orthopaedic Manual Physical Therapists are recognized by the public as specialists in Orthopaedic Manual Physical Therapy and are the preferred providers for musculoskeletal impairment, function, limitation, and disability.

Fellowship education will be the primary means for achieving advanced skills in orthopaedic manual physical therapy, based on a foundation of orthopaedic education provided in the professional physical therapy curriculum and which may be gained through orthopaedic residencies.

**Motion:** Steve McDavitt motion to accept vision statement.
**Seconded:** Anne Campbell

Vote: 45 for, 19 opposed.

**Comments:** More discussion on amended vision statement.

**Motion:** Phil Tygel moved to add “Fellows of the academy will set the standard of excellence for the practice of orthopedic manual physical therapy” to the end of the 1st paragraph of the vision statement.
**Seconded:** Dave Miers

Vote: 43 for, 21 opposed.

**Comments:** More discussion on wording and concerns of vision statement being too narrow.

(continued on page 5)
Executive Board Reports continued

Motion: Stanley Paris called the question  
Seconded Todd Watson seconded.

C. JMMT – John Medieros
Thanked the membership for making the Journal of Manual and Manipulative Therapy a fine Journal

D. APTA Credentialed Committee-Patti McCord
See Report

E. Member at Large – Krista Clark
See report

VI. New Business

A. Bylaws
Krista Clark reviewed current changes in the bylaws suggested by Parliamentarian John Stackpole and reminded the membership that voting will be by mail ballot.

B. Motions for Bylaw changes:

1. Motion: Proposed by Standards Committee represented by Catherine Patla

Standards Committee charges the executive to develop a bylaw addition of “life Fellow” under Article IV, Section 2. Recommendation may read: “Fellowship renewal is waved based on fellow age of 62 years or older and active A A O M PT membership as Fellow for a minimum of 10 years. These individuals will be considered ‘Life Fellows’ and have all the membership right of fellow status.

Rationale: A A O M PT recognizes that the age of an A A O M PT Fellow may not permit that Fellow to be able to meet the criteria for Fellow renewal. A A O M PT respects the contribution that a longstanding Fellow can continue to offer to the organization. By adding a new category of Fellow status by age and good standing membership, A A O M PT can maintain the Fellow numbers and encourage participation.

Seconded Bob Rowe
Motion passed

(continued on page 6)
Executive Board Reports continued

language to charge and bring to Fellows via mail ballot by December 31, 2004, to change the AAOMPT bylaws, Article 4, Section 2b, to require an oral/practical examination for physical therapists who have completed a manual therapy education program approved by a member organization of IFOMT after December 31, 1997 to become Fellows in the Academy.

Rationale: For graduates of IFOMT member organization approved residencies after 12/31/97, there is no mechanism to admit them as Fellows. The examination process can continue to be an avenue for these people to become Fellows in AAOMPT

Seconded: Catherine Patla

VII. Open Forum
No comments.

VIII. Announcements
Ken Olson welcomed Ron Schenk to the position of Vice President and bid farewell to outgoing vice president, Steve McDavitt.

IX. Adjourned
7:45 PM

2004 140 Club Members

Glen D Ecker
John C. Gray
Anne Porter Hoke
Dave Mccune
Peter Morris

Stanley Paris
Catherine Patla
Christopher Pogson
Roadrunner Rehabilitation
Christopher Showalter
Larry Yack

Message from the President
(continued from page 3)

organizations in North America to meet on an annual basis to share information and resources. The Academy plans to work with IFOMT and the Canadian Academy of Manipulative Therapists to develop the EC Americas.

The Academy members who have been actively engaged in meeting the mission of the Academy demonstrate a strong commitment to the physical therapy profession and the specialty area of OMT. These members are actively engaged in all aspects of their lives and are busy, motivated individuals. The greatest rewards to being actively involved in professional association work are to see the impact your work has on the profession and the development of strong personal relationships with colleagues you respect and admire. By being involved, we invest of our time, but the return on that investment with personal and professional enrichment far out way the time commitment.

I am proud to be among those who have said "Yes" to the Academy, and I invite all members to become actively engaged in this great organization. The best way to start active involvement is to attend the annual conference. Mark your calendars for the 11th Annual AAOMPT conference in Salt Lake City for October 14-17, 2005.
Learn Rocabado Manual Techniques

Female Pelvic Floor Function, Dysfunction and Treatment – Level I
Katie Wallace, P.T., and Hollis Herman, M.S., PT, O.C.S.
January 21, 22 & 23 • Miami, Florida
March 11, 12 & 13 • Portland, Oregon
October 21, 22 & 23 • Las Vegas, Nevada
December 1, 2 & 3 • Newark, New Jersey

Female Pelvic Floor Function, Dysfunction and Treatment – Level II
Katie Wallace, P.T., and Hollis Herman, M.S., PT, O.C.S.
April 21, 22 & 23 • Honolulu, HI

Advanced Pelvic Floor Dysfunctions – Level III
Hollis Herman, M.S., PT, O.C.S.
January 7, 8 & 9 • Akron, Ohio
May 6, 7 & 8 • Boston, Massachusetts

Pregnancy & Postpartum: Clinical Highlights
Hollis Herman, M.S., PT, O.C.S.
June 4 & 5 • Baltimore, MD
July 30 & 31 • Portland, Maine
September 17 & 18 • Akron, Ohio

Pediatric Incontinence and Pelvic Floor Dysfunction
Dawn Sandalecidi, P.T., R.C.M.T.
May 14 & 15 • Chicago, Illinois

SI Evaluation & Manual Therapy Treatment: A Rocabado Approach with Transversus Stabilization
Dawn Sandalecidi, P.T., R.C.M.T.
March 19 & 20 • Boston, Massachusetts
April 16 & 17 • Philadelphia, Pennsylvania
August 27 & 28 • Minneapolis, Minnesota
October 8 & 9 • Portland, Oregon

Evaluation and Treatment of the Upper Cervical Spine: The Rocabado Approach
Marion Brame, MA, PT, RCMT
March 5 & 6 • Nashville, Tennessee
April 9 & 10 • Minneapolis, Minnesota
April 30 & May 1 • Chicago, Illinois
September 24 & 25 • Iowa City, Iowa
October 8 & 9 • Baltimore, Maryland
October 22 & 23 • Jacksonville, Florida

Evaluation and Treatment of Cranialmandibular Disorders: The Rocabado Approach
Marion Brame, MA, PT, R.C.M.T.
March 19 & 20 • Seattle, Washington
June 15 & 16 • Chicago, Illinois

Urinary and Gynecological Pain Syndromes:
The Musculoskeletal Connection
Erica Fletcher, P.T., M.P.T.
February 11, 12 & 13 • Atlantic City, New Jersey
May 6, 7 & 8 • Akron, Ohio
July 22, 23 & 24 • Richmond, Virginia
October 14, 15 & 16 • Philadelphia, Pennsylvania

Alzheimer’s Disease: Rehabilitation Considerations in the Examination, Evaluation & Interventions
Jennifer M. Bottomley, P.T., M.S., Ph.D.
March 11 & 12 • Minneapolis, Minnesota
November 4 & 5 • Columbus, Ohio

Geriatric Neurology: Rehabilitation Treatment Considerations
Jennifer M. Bottomley, P.T., M.S., Ph.D.
April 29 & 30 • Boston, Massachusetts

Geriatric Rehabilitation: Principles & Practices in the Care of the Elderly in an Evolving Health Care Arena
Jennifer M. Bottomley, P.T., M.S., Ph.D.
January 28 & 29 • Chicago, Illinois
September 9 & 10 • Newark, New Jersey

FPO

Use EPS on disk for two color ad
Committee Reports

Standards Committee Report
Submitted by Catherine E. Patla, PT, DHSc, OCS, MTC, FAAOMPT
Bob Rowe, PT, DMT, MHSc, MMT, FAAOMPT

During the October AAOMPT Conference, the co-chairs met in a business meeting with the AAOMPT Executive Board. During this meeting four documents were approved by the executive. These documents include:

1. Fellow renewal application forms and Fellow extension for renewal application forms. These forms are posted on the AAOMPT website.
2. Letters to be sent to Fellows whose fellow status will expire in 2004, 2005 and 2006. Also a letter for those fellows whose expiration is in 2007 and thereafter. All Fellows will receive a copy of the appropriate letter in the mail.
3. Revised annual Institutional Program Renewal application. All AAOMPT recognized manual therapy fellowship programs will receive this form in the mail along with the annual fee due in December. This form is also available on the AAOMPT website.
4. Revised new Fellow application form. This form is available on the AAOMPT website.

During the Executive Board’s business meeting, Ron Schenk was appointed to serve as the board liaison to the Standards Committee as Steve McAvitt, our previous board liaison, is leaving the AAOMPT Executive to fulfill his responsibilities as member of the APTA’s Board of Directors. Thank you for all your work with our committee, Steve and welcome Ron.

Also at the executive business meeting, the executive approved the three year plan proposed by our committee regarding the evaluation of the DACP document (now referred to as DSP Description of Specialty Practice).

At the Saturday business meeting of the AAOMPT Conference, the standards committee introduced a motion as a By Law change to extend the category of membership to “Life Fellow”. The intent of this bylaw change is to create a new category for individuals 62 years of age or older who have been Fellows in good standing for at least the last ten consecutive years. These members will maintain their Fellow status for life without the requirement to apply for renewal. This motion was accepted and will be brought forth to membership for a vote.

The Standards Committee sponsored a breakout session at the recent AAOMPT Conference regarding the logistics of establishing a manual therapy fellowship within your clinical setting. This was very well received and the committee plans to build on this in the future.

The last several months have been very busy for the Standards Committee with revising documents and establishing the criteria and application for fellow renewal. We wish to acknowledge our committee members and thank all for the dedication to this committee. The members are: Patty McCord, Anne Porter-Hoke, Tamara Little, James Beazell.

(continued on page 9)
Committee Reports (continued from page 8)

Board of Examiners Report
Submitted by Michael S. Puniello, DPT, MS, OCS, FAAOMPT

The Board of Examiners will offer one last examination process for Fellowship before the 2006 window closes. The portfolio will be due in July 2005, and the exam will take place in October 2006. Please visit the AAOMPT web site for information regarding criteria to submit a portfolio, timetable and to request an application packet. Potential candidates could also call the Academy office to request a portfolio packet. The criteria and fee are the same as for the 2005 exam. Some of the requirements include 5 year equivalent of Orthopaedic Manipulation Therapy clinical experience, 100 hours of spinal, and 60 hours of extremity continuing education within the last 10 years with evidence of thrust manipulation. Candidates must receive the OCS credential to become a Fellow, however it is not required to begin the portfolio process and sit for the exam.

The board began reviewing 30 portfolios (that were submitted in July 2004) before the conference in October, and will complete the portfolio review in February, 2005. Candidates who successfully completed the portfolio process will be eligible to sit for the oral/practical exam which will take place before the AAOMPT conference in 2005.

At the Academy 2004 business meeting, the members voted to charge the executive board to draft language and bring to a Fellows vote by mail ballot, to offer the examination process to graduates of foreign residency programs from IFOMT member countries. At the present time there is no mechanism to grant Fellowship to foreign residency graduates, and the examination process would provide that mechanism.

Members who are interested in the examination process to become Fellows are strongly urged to consult the Academy web site early.

Research Committee Report
Submitted by Todd Watson, PT, DPT, OCS, FAAOMPT

This report details the activities of the research committee.

- Call for Abstracts for 2004 was made in the JMMT, JO SPT & Orthopaedic Physical Therapy Practice. We accepted 11 platform presentations and nine poster presentations. Abstracts were published in the JMMT (Volume 12, Number 3, 2004) prior to the conference.

- Based on evaluation from the research committee members present during the platform presentations on Research Sunday, it became apparent that 2004 set a watermark for outstanding research quality across the board.

- Congratulations to our 2004 AAOMPT Research Award winner Dr. Josh Cleland! Immediate effects of thoracic spine manipulation in patients with neck pain: A randomized clinical trial.

- Dr. Julie Fritz was the Research Sunday Featured Speaker. She delivered a powerful presentation on the nature and need for professional autonomy by the physical therapist.

- We received two grant applications, one for the Cardon Rehabilitation grant and one for the Steens grant. The Steens Physical USA Grant has been awarded to William Boissonnault, Reenie Euhardy & Jean Bryan: “Understanding the belief of physical therapy academic faculty and clinical instructors that thrust joint manipulation is not an entry-level physical therapist.

(continued on page 10)

Membership Committee Report
Submitted by Anne Campbell, P.T., M.S., O.C.S., FAAOMPT

Membership Committee member

Are you in a state that is trying to remove manipulation from our practice? AAOMPT membership is one great contribution toward preserving our scope of practice. You’re reading this, so you likely belong. But what about your colleagues? Are they members? It’s a pretty direct contribution to our efforts. Our practice affairs committee is incredibly savvy and active. Maybe you should share the secret.

Maybe you have been a Physical Therapist long enough that most courses are less challenging than you might wish. In my experience, the courses offered at the AAOMPT meetings are the most exciting available for those of us working in manual therapy. Do you like conferences that are small enough to actually run into people you know? Maybe interesting or fun places, a little less “downtown” than other conferences. This is another great draw. Perhaps you should share this secret with your colleagues who are not members.

Think about our profession without AAOMPT. Would you feel well-represented in the Physical Therapy world? Would you be comfortable that your professional needs were being met with the priority appropriate to your special interests? I sincerely doubt it. Why don’t you share the secret with a co-worker.

So share your ARTICULATION with a non-member. Pass everyone around. Sponsor a student. The bigger AAOMPT is, the more it can do, and the better it can do it. You can even get involved and make a difference. I hope to see you in Salt Lake City in October. I’ll even say hello the second time we meet - it’s small enough to be remembered. Bring a new member. And... thanks for being one more voice in the life of Manual Physical Therapy. Please don’t keep us a secret.
Committee Reports (continued from page 9)

student skill.” Congratulations! The award was made during the awards ceremony luncheon.

If you have questions or input regarding the above issues contact the chairman via email: twatson@wcu.edu

Practice Affairs Committee Report
Submitted by Bill Boissonnault, PT, DHSc, FAAOMPT
It has been relatively quiet legislatively from August through December, 2004. Early 2005 we should have word on the pending opinions regarding the Michael Teston, PT case in Arkansas and the South Carolina POTS activity. Robert Rowe

NEW FELLOWS

Carol Courtney - University of South Australia
Justin Daughtry - Kaiser Permanente - Hayward
Tobi Fox - University of St. Augustine for Health Science
Jessie Mathers - The Manual Therapy Institute
Tyler Pomeroy - The Manual Therapy Institute
Shane Sims - The Manual Therapy Institute

Many thanks to Ann Campbell for her tenure as membership committee chair. She will be pursuing other activities and continue to work with the committee. Krista Clark will become the interim co-chair. The committee will work on implementing two new membership programs. The first is Adopt-a-School, where members will contact a first professional education school in their area and present information on the AAOMPT, its mission and vision, membership benefits and the opportunities for specialty education for the students. The other program will be to interface more with the APTA state chapters and make information on the AAOMPT available. Our goal is to have improved contact with all the schools and chapters in the country. We will continue to have our information booth at the upcoming CSM. We appreciate any time members can volunteer at the booth. Please contact Krista if you are interested in participating in any of these programs.

Orthopaedic Section Practice Committee Chair, Justin Elliott, APTA Staff and myself have been working on getting the Orthopaedic Section Manual Therapy Legislative Compendium on the APTA Governmental Affairs web page. The goal is to have this initiative completed by CSM, 2005. I would like to welcome new members to this committee; Tobi Fox, Eric Furto, Lisa Furto, Sherri Hewitt, Jim Holte, and Matt Garber!

Lastly, I would like to thank Academy members (and Practice Committee members) Ken and Gwen Simons for their overview of the APTA House of Delegates. The purpose of the column is to update membership of recent House activities and hopefully encourage Academy members to consider running for election as a Chapter delegate to the House.

Keep us informed as issues come up. The Academy contributes to a tremendous collaborative structure (APTA Manuial Therapy Task Force) designed to respond to legislative challenges, but we rely on information from the grassroots membership to guide our activities.

Membership profile for 2004

<table>
<thead>
<tr>
<th>Founding Members: 8</th>
<th>Student Members: 71</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellows: 359</td>
<td>Institutional Members: 7</td>
</tr>
<tr>
<td>Members: 1039</td>
<td>Foreign Members: 4</td>
</tr>
<tr>
<td>2004 TOTAL: 1488</td>
<td></td>
</tr>
</tbody>
</table>

Post-Professional Credentialing Committee
Submitted by Patty McCord, PT, FAAOMPT
Chair, Post-Professional Credentialing Committee

1. Name Change: Present official title of the committee is Committee on Clinical Residency and Fellowship Program Credentialing or CCRFPC. A name change is in the works to make it easier to use and remember, yet, still communicate the scope and role of the committee.

2. Patty McCord, PT, FAAOMPT took on the role of AAOMPT liaison as of 7/1/04. Stephania Bell, MPT, OCS, completed her 3 year term as of June, but will remain available as a consultant and site-visitor. She did an excellent job and both the Academy and the APTA thank her.

3. Based on the volume of work the committee is taking on (significant increase in numbers of applications, re-applications, and other tasks), members of the committee are proposing a 4 year term up from a 3 year commitment. This will be presented to the APTA BoD by Janet Peterson (BoD liaison) and will be decided in the near future. As of 11/2004, the BoD did extend the term to 4 years.

4. O MPT Fellowship programs now credential number EIGHT (8). All are listed on the APTA and AAOMPT websites. Healthsouth Birmingham, Director Andy Gustafson, was credentialled in the past year. Congratulations!

(continued on page 11)
Committee Reports (continued from page 10)

5. All relevant communications that impact the A A O M P T and its membership will be communicated, within the limits of confidentiality.

6. A Consultant Pool has been developed to assist new programs with advise and input regarding applications, curriculum, etc. Previous committee members will be placed on the list based on consent, and future consultants will likely include Program Directors. This will help the committee avoid conflict of interest issues related to advising programs then potentially evaluating their applications.

Manipulation Education Committee Report
Submitted by Trish King, MA, PT, MTC Chair, Manipulation Education Committee, APTA Manipulation Task Force

I. Recognition of Committee Members:
Bob Rowe, Bill Boissonnault, Marci Swift, Ken O’Ison, Tim Flynn, Rob Winner, Phil Sizer, Dick Erhard, Barbara Sanders, Melissa Wolff-Burke, Stanley Paris, Catherine Patla

II. MEM Update
A. Publication & Distribution
The Manipulation Education (MEM) project plan was developed in June 2003 and the manuscript completed by committee members in October 2003. Summary of publication activities:

• December 2004 final draft submitted to the presidents of A A O M P T, APTA and Orthopaedic Section of APTA for review

• MEM was reviewed in detail by APTA Department of Education staff as well as staff in practice and government affairs. Detailed feedback was provided to the committee by APTA in January 2004.

• APTA staff edited some aspects of the document and forwarded it back to the committee in March 2004 for final review.

• Final edits were completed by Trish King, Bill Boissonnault and Marci Swift and a final version submitted to APTA for printing in April 2004.

• July 2004 the MEM was mailed to academic administrators of all CAPTE accredited PT schools, to APTA Board of Directors and presidents of the Orthopaedic and Education Sections.

• The MEM is now available on the Orthopaedic Section and APTA websites and will also be available on the A A O M P T website (all under members only). The primary source for acquiring the MEM is through APTA department of government affairs (Justin Elliot) and the websites.

• The committee is recommending the MEM also be distributed to recognized residency and fellowship programs.

B. Assessment of MEM
The committee met yesterday and set up objectives and timeliness for assessing both the MEM and the courses that support it. Phil Sizer, Bill Boissonnault, Catherine Patla and Marci Swift will draft the assessment instruments during the next 2 weeks. The first component the assessment which is directed at academic administrators, APTA and A A O M P T leaders who received it in the mail in July is expected to be completed by early 2005.

III. Faculty Development Courses
A A O M P T developed courses for academic and clinical faculty that introduces the MEM in detail and also provides laboratory instruction for faculty interested in manipulation instruction. One course was conducted as a pre-conference at this conference. 4-8 additional courses are planned for 2005. Co-sponsorship of the courses by PT schools is encouraged. Ken O’Ison, Elaine Loneman, Marci Swift and Tim Flynn were primarily responsible for developing the content of these courses. M arci Swift is the contact person for co-sponsorship.

IV. Communication & Promotion
Members of the committee have been on the program at a variety of Education Section meetings during the last year providing information about the MEM and discussing the evidence for and legislative background relevant to manipulation instruction in physical therapist degree programs.

Committee members Barb Sanders and Missy Wolff-Burke recently made reports to the Academy Administrators Special Interest Group and Clinical Education Consortium meetings (St. Louis, MO). We look forward to working with the Mr. Ritchie, the IFOMT Executive and other Academy members to continue to promote manual therapy worldwide, to report any relevant trends overseas to the Academy, and to assist the Executive in representing the Academy on the International stage.

International Affairs Committee Report
Submitted by Chris Showalter, MPT, OCS, FAAOMPT

We were very pleased to have IFOMT President, Michael Ritchie accept the Executive’s invitation to attend the 10th Annual Conference as our guest. Many Academy members had an opportunity to speak with Mr. Ritchie regarding IFOMT and issues facing Manual Therapy in the USA, Canada and overseas.

Mr. Ritchie spoke to the Academy outlining his plan for the development of an EC Americas within IFOMT. The International Affairs Committee and the Canadian Academy of Manual Therapists (CAMT) have begun discussions to this end and we are planning a breakout session at our 11th Conference in Salt Lake City. We would like to thank Mr. Ritchie for attending and making himself readily available for questions from our membership.

We look forward to working with the Mr. Ritchie, the IFOMT Executive and other Academy organizations to continue to promote manual therapy worldwide, to report any relevant trends overseas to the Academy, and to assist the Executive in representing the Academy on the International stage.

If you are interested in joining the Committee please email me at Sablelion@aol.com.
Committee Reports
(continued from page 11)

Louis, Sept 2004) Bill Boissonnault and Trish King conducted a break-out session providing an overview of the MEM at this conference. A 3 hour program on the MEM, sponsored by the Education Section will be held at CSM 2005 (8-11 Friday a.m.)

V. Acknowledgements
A. AAOMPT and Orthopaedic Section for financial support of activities in 2003. Majority of financial support of committee activities in 2003 and all in 2004 were from the AAOMPT
B. APTA Board of Directors for their support of the project and APTA staff for their role in editing and distribution.
C. AAOMPT for continuing role in faculty development courses.
D. Elaine Lonneman, Ken Olson, Marci Swift and Tim Flynn for their personal contributions to the development of the courses for academic and clinical faculty.
E. Committee members for their vision, dedication and ability to get the project completed on the timeline.
F. AAOMPT members for their support and interest in the project.

VI. Continued Support from Membership for the projects of the Manipulation Committee is needed to fulfill our goals. All members of the orthopaedic manual physical therapy community are encouraged to:
• Contact physical therapy schools to offer support in the enhancement of manipulation instruction.
• Utilize the continuing education forum and other professional interactions as opportunities to inform colleagues about the MEM and the changes in CAPTE evaluative criteria and Normative Model language that support manipulation instruction in physical therapy professional degree programs.

Practice Affairs Corner

BEING A DELEGATE TO APTA’S HOUSE OF DELEGATES

“Those who choose to not participate in democracy are doomed to be controlled by those who do” — Abraham Lincoln

Have you ever wondered what APTA’s House of Delegates (HOD) does and who really cares? Does anyone ever read those policies anyway? I’ve developed a new appreciation for the policies and position statements of our professional organization after attending law school as well as the importance of not only the legal ramifications but the public policy implications of HOD decisions.

The position statements and policies of APTA are the first place to look for clues about the standards of practice in physical therapy. Attorneys, legislators and policymakers look to the voice of the professionals, APTA, for answers to questions regarding professional ethics, the definition of quality care, professional qualifications and education, and even malpractice recognition. If APTA is the policy-making organization for physical therapists and physical therapists assistants, what role does the academy play? Officially, we have no role because there is no organizational link directly to APTA. However, all Academy members are PTs and can run for delegate in their state chapter if they are APTA members. If the role of the APTA House of Delegates is to write policies and position statements about issues in practice that affect manual therapists, it makes sense to have manual therapists be a voice in those decisions.

There are more orthopaedic certified specialists and more members of the orthopaedic section than any other area of practice. Manual therapy is a specialty sub-set of orthopaedics and our expertise is most valuable to policies and position statements related to standards of care, efficacy and evidence based practice relating to manual therapy. Yet our expertise may be under-utilized unless we step up to the plate and offer our skills. If you think the “politics” of the HOD is not for you, just think of it as lending your clinical expertise instead. The House of Delegates can be a stimulating “think tank,” especially when you see the effect of HOD policies on practice.

In this issue of the Practice Affairs Corner, we will describe the American Physical Therapy Association’s (APTA’s) house of delegates, the roles of a delegate and the importance of Academy members becoming delegates. It is our desire and the desire of the Practice Affairs Committee that more Academy members will successfully run for the position of delegate. This is important because Academy members represent the experts in manual therapy and our voice should be not only represented but also heard in the house. Participation will ensure that our views will be considered in the development of association and professional policy and practice.

The mission of the APTA “the principle membership organization representing and promoting the profession of physical therapy, is to further the professions’ role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.” (HOD 06-93-05-05) Because the APTA is the principle membership organization for all physical therapists, it is the APTA’s policies that are considered the “industry standard” when practice issues such as acceptable examination or intervention strategies are challenged by insurers or when legal issues such as malpractice are investigated. Members and nonmembers alike are held to the same standard. This is one reason why active membership is crucial.

The APTA’s house of delegates is “the policy making body of the association and as such has the right to charge any association group to do almost anything,” however, the house spends the majority of its time debating and determining the

(continued on page 13)
The Association’s awareness of cultural diversity, its commitment to expanding minority representation and participation in physical therapy, and its commitment to equal opportunity for all members permeate these goals. These goals are not ranked and do not represent any priority order.

Additionally, the House votes for the Association’s elected officials in traditional delegate format. Each state is given a number of delegates based on the total number of Physical Therapists in that state. Each delegate is then given a single vote. This year, as you all now know, the HOD has elected one of our Acadamy members, Steve MCDavitt to APTA’s board of Directors. This will be a great advantage not only to the Acadamy, but to the Othopaedic Section and the APTA as a whole. Good luck Steve.

There is a relatively small time commitment necessary to be a delegate. This time will vary depending on the size of your state and ultimately your state’s entire delegation. There are electronic message boards that enable delegates to discuss and debate motions in advance of the House. Maim is a small state and has only 3 delegates, however we participate in the Northeast Caucus which meets twice a year to discuss and debate motions in advance of the House. Maine is a small state and our specific topics are reserved for exclusive discussion. There are electronic message boards that enable delegates to discuss and debate motions in advance of the House. There is a relatively small time commitment necessary to be a delegate. This time will vary depending on the size of your state and ultimately your state’s entire delegation. There are electronic message boards that enable delegates to discuss and debate motions in advance of the House. Maim is a small state and has only 3 delegates, however we participate in the Northeast Caucus which meets twice a year to discuss and debate motions in advance of the House. Maine is a small state and our specific topics are reserved for exclusive discussion. There are electronic message boards that enable delegates to discuss and debate motions in advance of the House. The motion was ultimately withdrawn, however the result was to force the FSBPT to reconsider dropping manipulation from the interventions identified as entry level practice. It also forced the FSBPT and APTA to pursue meaningful dialogue and action as necessary to achieve the goal of having FSBPT’s actions remain in concert with all APTA Core Documents and positions including but not limited to, the Guide to Physical Therapist Practice and the Normative Model of Physical Therapy Education. There have been other recent

In the interest of public safety, physical therapists and physical therapist assistants should not conduct clinical continuing education courses that teach elements of physical therapist patient/client management to individuals who are not licensed...
motions that directly impact the way we as manual therapists treat patients every day including procedural interventions exclusively performed by physical therapists (HOD 06-00-30-36).

"The physical therapist's scope of practice as defined by the American Physical Therapy Association Guide to Physical Therapist Practice includes interventions performed by physical therapists. These interventions include procedures performed exclusively by physical therapists and selected interventions that can be performed by the physical therapist assistant under the direction and supervision of the physical therapist. Interventions that require immediate and continuous examination and evaluation throughout the intervention are performed exclusively by the physical therapist. Such procedural interventions within the scope of physical therapist practice that are performed exclusively by the physical therapist include, but are not limited to, spinal and peripheral joint mobilization/manipulation, which are components of manual therapy, and selective sharp debridement, which is a component of wound management."

As final examples, the House recently passed motions describing what is appropriate to teach Physical Therapist Assistants and any one other than Physical Therapists or Physical Therapists in continuing education courses. This specifically includes the instruction of interventions such as spinal and joint manipulation.

Clinical continuing education for individuals other than physical therapists and physical therapist assistants (HOD 06-02-26-49)

"It is the position of the American Physical Therapy Association that: Physical therapists and physical therapist assistants conducting clinical continuing education courses are obligated to identify target audiences and indicate in the printed, lecture, and advertising materials, that course content is not intended for use by participants outside the scope of their license or regulation. Furthermore, they should make it clear when teaching elements of physical therapist patient/client management that subsequent use of those elements is physical therapy only when performed by a physical therapist or by a physical therapist assistant under the direction and supervision of a physical therapist, in accordance with Association policies, positions, guidelines, standards, and Code of Ethics. In the interest of public safety, physical therapists and physical therapist assistants should not conduct clinical continuing education courses that teach elements of physical therapist patient/client management to individuals who are not licensed or otherwise regulated, except as they are involved in a specific plan of care, and in accordance with Association policies, positions, guidelines, standards, and Code of Ethics."

Continuing education for the physical therapist assistant (HOD 06-01-22-23)

"It is the position of the American Physical Therapy Association that: Physical therapist assistants may participate in continuing education that includes and teaches subject matter and interventions that differ from the description of entry-level skills as described in the Normative Model of Physical Therapist Assistant Education. Physical therapist assistants may use the interventions taught in continuing education only as consistent with American Physical Therapy Association policies, positions, standards, and Code of Ethics and under the direction and supervision of the physical therapist."

For several other examples, please refer to the last Practice Affairs Corner article written by Steve MCDavitt. (Articulations Vol 10 No 2 May/June 2004) Elections for APTA House of Delegates typically occur in each state in the fall. Now is the time to call your state Board of Directors and find out how you can get on the ballot. The Academy and the APTA need you!

Kenneth Neil Simons, PT, MS, OCS and Gwen Simons, PT, OCS, FAAOMPT

Mark your calendars! Next October 14-16 for AAOMPT 2005

Salt Lake City, Utah
“As clinicians we are always looking for tools that can assist us in bringing our patients through the rehabilitation process systematically and safely. We want to improve functional qualities of soft tissue; starting with the basics of circulation, coordination and endurance. As these qualities improve, strength and power can then be considered.”

- Safe & smooth
- Gravity loading from 10-50 degrees
- Additional loading with Lojer low inertia/speed pulleys
- Large foot plate for a variety of landing possibilities
- 4’ Sled excursion
- High speed plyometrics
- Post-op to elite athletes

The new Lojer Plyo-Jumper is designed to assist the rehab process from start to finish and beyond into fitness. By loading soft tissues functionally with gravity or low inertia weight stacks, tissues are restored to tolerate the stresses they are exposed to during activities of daily living.

Scandinavian Consulting Inc.
Designers, Importers & Distributors of “Dosed Exercise Therapy Equipment”

Pulley Systems, Tables & Plyometric Training

www.scipulleys.com

602-442-2088
Soft Tissue Mobilization Technique for Skin and Superficial Fascia Using a Patella Mobilizer™

By Justine DeLuccio MSPT OCS FAAOMPT

**Indications:**
1. Limited A/PROM horizontal ADD of the gleno-humeral joint due to connective tissue restriction.
2. ITB tightness or connective tissue restriction.
3. Restricted excursion of skin and superficial fascia in the lumbar and thoracic region during layer palpation.

**Positioning and Pre-Test Measures:**

(Figure 1)
**Limited A/PROM horizontal ADD of the gleno-humeral joint**

Note +/- or document pre-treatment measurement of horizontal ADD ROM. The patient is positioned supine. The clinician will stand above the shoulder to be treated facing caudally holding the elbow of the shoulder to be stretched with the hand nearest the patient. The clinician will passively horizontally ADD (in relative GH internal rotation with elbow flexion) the involved upper extremity through the elbow until a firm end point is appreciated. Affix the Patella Mobilizer™ to the posterior capsule region. Maintain suction seal and grasp the Mobilizer via the suction cup, (not the ball pump) and engage dysfunctional tissue barrier(s) via the movement of the “Mobilizer”. This can be performed with tissues tensioned or on slack. Additionally the scapula could be stabilized. Note +/- or document post treatment measurement of horizontal ADD ROM.

(Figure 2)
**ITB tightness or connective tissue restriction.**

Note +/- or document pre-treatment measurement of ITB tightness through flexibility testing or layer palpation. Patient in Thomas test position. The clinician stands medial to knee being stretched facing laterally. The clinicians’ outside knee/leg can be used to maintain +/- or control the amount of knee flexion +/- or prevent hip ABD that occurs in this position when the ITB is tight. Affix the Patella Mobilizer™ over the ITB. Maintain suction seal and grasp the Mobilizer via the suction cup, (not the ball pump) and engage dysfunctional tissue barrier(s) via the oscillation movement of the “Mobilizer”. This can be performed with tissues tensioned or on slack in a stretch or neutral position. Note +/- or document post treatment measurement of ITB tightness.

(Figure 3)
**Restricted excursion of skin and superficial fascia in the lumbar and thoracic region during layer palpation.**

Note +/- or document pre-treatment assessment of tissue drag and the direction of tissue barriers of the lumbar thoracic region. The patient is positioned prone. The clinician stands to one side of the patient as pictured in Fig 3. Affix the Patella Mobilizer™ over the associated region. Maintain suction seal and grasp the Mobilizer via the suction cup, (not the ball pump) and engage dysfunctional tissue barrier(s) via oscillation movement of the “Mobilizer”. This can be performed using oscillations or sustaining tension through the Mobilizer into or away from the restrictive barrier. Note +/- or document post treatment changes.

The author has also implemented this technique with the patient sitting.

**Precautions:** Although a seemingly benign technique the author has observed that some patients experience discomfort over the ITB and L-S region during this intervention. Assess post treatment response before performing for durations greater than 30 seconds in patients that are suspect.

**Hints:** the smallest Patellar Mobilizer™ is most effective. Determine dosage of oscillations as you would determine dosage for STM performed with the hands for the desired outcome.
How to Construct a Well-built Clinical Question on Physical Therapy Intervention

By Matt Garber, PT, DSc, OCS, FAAOMPT

Remember “PICO”

P = Patient or problem
I = Intervention you are interested in
C = Comparison intervention
O = Outcome measure you plan to use

Example:

P = 54 year old patient with shoulder impingement syndrome
I = manual physical therapy and exercise
C = exercise alone
O = patient perceived improvement as measured by the Shoulder Pain and Disability Index (SPADI)

Clinical Question: In a 54 year old patient with shoulder impingement syndrome, is manual physical therapy and exercise better than exercise alone in improving pain and function as measured by the SPADI?

After composing your question, conduct a literature search on Ovid, PubMed, PEDro, or other medical search engine database using the keywords from your PICO question. In this example, combining shoulder impingement syndrome AND manual physical therapy AND exercise yielded a relevant manuscript worth reviewing:


The next time you are trying to determine what intervention to choose, remember “PICO”. Learning how to formulate an answerable clinical question is one of the first steps to becoming an evidence-based clinician.

Suggested Reading:


Visit the Center for Evidence-Based Medicine website to learn more about the PICO method to formulate answerable clinical questions: http://www.cebm.utoronto.ca/

WANTED:

Literature and Book Reviewers

Clinical Pearl Submissions for Articulations

Improve your AAOMPT by contributing to the newsletter!

Book Reviewers receive FREE books for contributions. Literature Reviewers and Clinical Pearl Submissions receive personal satisfaction for contributing to the OMPT profession. Interested?

Contact Matt Garber at:
Matt.Garber@aaompt.org
Determining the Delimitations of Your Study

Eddy Miller, PhD - Personal Research Consultant
www.thesishelp.com

Once you have selected your topic, set forth the reason(s) why your study is important to clinical practice, and defined your key terms, you are ready to establish the delimitations of your study.

Delimitations are the parameters within which your study will be designed and conducted (delimitations are not limitations or shortcomings, but are the factors you think you need to take into account when establishing the scope of your study). Although the term 'delimitations' may not be familiar to you, an example will help clarify its meaning and make it clear why delimitations are important.

If your study will use human subjects as sources of data, then there are at least two factors you will want to set forth in your delimitations. These factors are the inclusion and exclusion criteria you will use in recruiting your sample. In setting forth your inclusion criteria you will want to make sure that you take into account all the patient characteristics which are compatible with the purpose of your study in general and with the definitions of your key terms in particular.

In like manner, you will want to set forth exclusion criteria that will make sure potential subjects do not get included in your sample who possess characteristics that go beyond the purpose of your study and definitions of terms.

While inclusion and exclusion criteria are fairly obvious delimitations, there are others than may be more subtle. You can get ideas for your own delimitations by reviewing those that are explicit (and implicit) in the studies you have found that pertain to your topic. Ultimately, you will be comparing and contrasting your findings with the findings reported in these studies, so you want to make sure you will be "comparing apples with apples". Your interest should be shaped by the delimitations in the articles.

For example, you may want to establish parameters on the kinds of data you will collect, in addition to the sources of these data. In this example, if you are more interested in objective measures of progress, then you will want to include parameters that favor performance factors over patient opinions. If you are more interested in patient opinions, then you will want to favor subjective measure of progress.

Another more subtle delimitation has to do with the research design alternatives that are available to you. For example, if you are interested in average outcome differences between two (or more) groups of patients then you may want to favor a traditional randomized clinical trial (RCT). If you are interested in obtaining measures of patient progress during treatment (as well before and after), then you may want to favor a research design that varies from the traditional RCT.
ONLY IMMEDIATE RESULTS COUNT!

With the ATM2™ you will expect immediate, consistent and long-lasting results and establish your practice as a successfully differentiated leader in your health care community. Listen to what the experts have to say about the ATM2™:

How does it work?

By having the patient in a full weight-bearing position and using the stabilization belts, the ATM2™ can reposition and stabilize many different body areas so that specific movements that are painful will immediately become pain-free.

According to the ATM™ (Active Therapeutic Movements) theory, when painful movements become pain-free by using the ATM™ stabilization belts, the CNS immediately transitions back to a normal muscle activation strategy.

Now that the impaired movement is pain-free, the patient does 10 movements towards what was previously painful, but now pain-free, during which time the CNS memorizes the correct muscle activation pattern.

After releasing the patient, expect immediate, and long-lasting results. You now have an established method, the ATM™ Concept, for taking your practice to the next level, immediately!

The bottom line:
Only immediate, consistent, and long-lasting results count!

FREE STS (Scapula-Thoracic Stabilization) Harness, retailed at $199.95, just for trying the ATM2 at CSM/New Orleans (booth 1401). Call to reserve your Harness. (limited to first 50 licensed clinicians)

The purpose of this randomized clinical trial was to determine the effectiveness of manual therapy compared to exercise therapy in a cohort of patients with osteoarthritis (OA) of the hip. Patients diagnosed with OA of the hip were randomized to receive either manual therapy directed at the hip or therapeutic exercise. The manual therapy group received stretching of the hip musculature followed by traction manipulation in each limited motion (a maximum of 5 manipulations). The treating therapist determined the direction and number of manipulations. The exercise therapy group performed exercises to improve muscle length, joint mobility and function. The exercises prescribed were specific to each patient and also determined by each treating therapist. Patients in both groups attended therapy twice a week for five weeks.

One hundred and nine patients (mean age 72 years, SD 6 years) with OA of the hip referred to an outpatient physical therapy department participated in the study. The diagnosis of OA of the hip was made by a physician and based on the American College of Rheumatology clinical criteria which includes: hip pain and <15° of internal rotation and <115° of hip flexion, or hip pain and >15° internal rotation eliciting pain and greater than 60 minutes of morning stiffness. Fifty-six patients were randomized into the manual therapy group and 53 into the exercise therapy group.

The primary outcome measure was patient perceived improvement (rated using a 6-point Likert scale), immediately following the 5 weeks of treatment. Secondary outcome measures included walking speed, pain measured with the visual analog scale, function measured with the Hip Harris Score and health-related quality of life measured with the Short Form 36. The primary outcome measure of patient perceived improvement was collected at the final physical therapy session only. However, all secondary outcome measures were collected at a 3 and 6-month follow-up. One examiner, who was blind to group allocation, collected all data.

The majority of the participants (80%) presented with moderate to severe OA of the hip as determined by radiologist using the Kellgren/Lawrence scale. Patients were considered to have experienced a successful outcome if they rated their perceived level of change as “improved”, “much improved” or “completely recovered”. The success rate was greater in the manual therapy group (81%) than in the exercise group (50%) (OR 1.92, 95% CI 1.30, 2.60). The manual therapy group also demonstrated superior outcomes at the 3 and 6-month follow-up for hip function and pain.

In summary, manual therapy had a superior therapeutic effect on osteoarthritis of the hip compared to exercise therapy. In addition, the beneficial effects of manual therapy remained evident at a 6-month follow up. Evidence supporting the use of manual physical therapy continues to grow. In addition, the methodological quality of studies supporting the use of manual physical therapy interventions has escalated as demonstrated by the increasing number of publications (such as those listed below) in high quality medical journals.

Other articles of interest:


Interested in submitting a literature or book review relevant to the practice of manual physical therapy to be published in Articulations? Here are some guidelines to assist you in preparing a literature review or book review. You may also refer to past issues of Articulations for examples that may be of assistance.

**Literature Reviews:**
1. Provide the full reference citation for the manuscript, including the authors, manuscript title, journal, volume number, page numbers, and year of publication. We prefer recent manuscripts that have been published within the past 3-4 months that readers may not be able to locate on MEDLINE, PubMed, etc.
2. Provide a brief description of the purpose and methods used by the author. Include pertinent information such as the number of subjects, types of interventions used, number of patient visits, duration of follow-up, and outcome measures.
3. Provide a description of the statistical analysis used and results of the study.
4. State the authors’ conclusions.
5. You may want to include a final paragraph briefly discussing why you found this manuscript relevant to manual physical therapy practice and the implications it may have on the profession.

**Book Reviews:**
The Journal of Orthopaedic and Sports Physical Therapy provides an excellent handbook on how to review books, videos, DVDs, and other software on its website: www.jospt.org Articulations uses this format as well. Once on the JOSPT website, click on “book reviewer handbook,” under the Reviewers tab, on the left side of the page. You will then see a link to download the handbook. The handbook also includes other references on how to complete a book review. Each issue of JOSPT includes several book reviews that may assist you in preparing your own book, video, or DVD review.
The 2004 AAOMPT Research Grant Award Winners

Congratulations to William Boissonnault, Reenie Euhardy & Jean Bryan (from University of Wisconsin) for winning the STEENS PHYSICAL USA research grant award for their proposal “Understanding the belief of physical therapy academic faculty and clinical instructors that thrust joint manipulation is not an entry-level physical therapy student skill.”

The AAOMPT owes a great deal of gratitude to the following vendors for their generous support of the 2004 AAOMPT Research Grant Awards:

CARDON REHABILITATION PRODUCTS
STEENS PHYSICAL USA

ORTHOPAEDIC PHYSICAL THERAPY PRODUCTS
SCANDINAVIAN CONSULTING

The Steens Research Award recipient is Bill Boissonnault.

Dr. Watson presents Dr. Childs with his award.

McMenell Award winner Bill O’Grady receives award from Ken Olson (left) Steven McDavid (right).

Kaltenborn Award winner Jim Biti presented by Krista Clark (left) and Ken Olson (right).
2005 Eugene Mich"el's Researchers Forum

Research Strategies for Examining Clinical Expertise and Improving Clinical Care

Speaker #1  “Qualitative Strategies for Exploring Expertise.”

Gail M. Jensen, PT, PhD, FAPTA, is Professor of Physical Therapy, Associate Dean for Faculty Development and Assessment, and Faculty Associate, Center for Health Policy and Ethics, School of Pharmacy and Allied Health, Creighton University, Omaha, Nebraska.

Premise of the Talk:

- Knowing more about how experts think and perform in practice is essential for the continued development of the profession.

- The stories of expert clinicians provide a rich stimulus for contemplating professional development and generating hypotheses to develop a “best practice model” and achieve better outcomes.

Speaker #2  “Measurement for Improvement”

Brent James, MD, Mstat, is Executive Director for the Intermountain Health Care Institute for Health Care Delivery Research, Intermountain Health Care, Salt Lake City, Utah.

Premise of the Talk:

- The development of the profession will be enhanced by a reduced emphasis on “experts” and increased focus on standardizing the process of care.

- Improvement in outcomes is achieved by measuring quantifiable, valid, reliable performance measures with the goal of defining episodes of variance from accepted ranges and making effort to reduce variation.

Day: Saturday
Date: 2/26/04
Time: 3:00 pm - 5:15 pm

DESCRIPTION AND OBJECTIVES
(to be completed by Program Chair)
(Submit Descriptions and Objectives only for main titles, not subtitles)

Description: Americans face a health care system whose quality of care needs to improve. The system, including physical therapy, has traditionally looked to its experts to help define quality care and best practice models. This year’s Michel’s Forum addresses different conceptual approaches for the development of patient care processes that are designed to raise the quality of care in physical therapy in the 21st Century.

Upon completion of this course, you’ll be able to:

#1. Understand how experts think and perform in practice as an essential for the continued development of the profession.

#2. Understand how the stories of expert clinicians provide a rich stimulus for contemplating professional development and generating hypotheses to develop a “best practice model” and achieve better outcomes.

#3. Understand the roles of clinical expertise, standardization of care processes, and outcome measurement, in the delivery of high quality health care.
The AAOMPT is pleased to announce the availability of four research grants to support research that directly relates to the practice of orthopaedic manual physical therapy.

**ELIGIBILITY:**
The principal investigator must be a member in good standing with the AAOMPT.

**TOPIC AREA:**
A study that relates to orthopaedic manual physical therapy (OMPT).

**SUBMISSION CRITERIA:**
Please go to our website at aaompt.org and click on “research”.

On behalf of all of the members of the AAOMPT, the following vendors are recognized for their generosity and commitment in support of research in orthopaedic manual physical therapy:

- **THE CARDON REHABILITATION PRODUCTS GRANT**
  up to $5,000

- **THE ORTHOPAEDIC PHYSICAL THERAPY PRODUCTS GRANT**
  up to $4,000

- **THE STEENS PHYSICAL USA GRANT**
  up to $3,000

- **THE SCANDINAVIAN CONSULTING GRANT**
  up to $2,000
2004 marked the TENTH ANNUAL AAOMPT conference, in Louisville KY. Physical Therapists treating patients with musculoskeletal system dysfunction and functional loss came from all across America and from other parts of the world for continuing education. There were opportunities for far more. Clinical pearls were taught. There were new studies presented by colleges doing exciting research. There was discussion about our strides toward a new level of professionalism, while acknowledging the demands for accountability. Most importantly there was an opportunity for inspiration while meeting manual physical therapy colleges from the worldwide community.

The renowned master manual therapy clinician and instructor Brian Mulligan and profession and medical practitioner Dr. Karim Kahn were keynote speakers. The distinguished researcher Julie Fritz was the featured research speaker.

Had you been there this year you would have...

...heard Brian Mulligan quote Louis Pasteur who wrote, “In the field of observation, chance favors only the prepared mind”, as he told the stories of some of clinical discoveries that have changed our manual therapy clinical practice. Brian demonstrated his approach and was able to produce a significantly lasting change to right side neck pain that of a class participant with a 20 year history.

...Dr. Kahn presented his research work on the pathology of tendon. Did you know that the thickening of tendon that increased the signal on MRI is not an indication of an inflammatory reaction? He has been working for 10 years to change the terminology used for common tendon pathology from tendonitis to tendinosis. He described the physiology of bone and presented a convincing argument that physical therapists are the best clinicians to guide patients and impact the health in the bones of patients of all ages. In the elderly, drug therapy is effective in improving bone mass density (BMD) but not needed until T-score drop below -2.5 (i.e. drugs have not reduced fractures in those with osteopenia). High Intensity resistance training (70 to 80% 1 rep max) or agility training, twice a week were effective in improving the fall risk score in women 75 to 85 with low bone mass. Exercise can improve bone strength due to structural changes more than is seen by measuring bone density alone.

Did you know that Jenny McConnell courses are not just about taping? Mary Kroth-Brunet taught one of the McConnell program lectures. It focused on a common biomechanical fault pattern hip dysfunction that contributes to chronic low back pain and leg pain. She did demonstrate how taping can be used to facilitate gluteus maximus to restore hip function and resolve leg and low back pain.

Real Time Ultrasound was demonstrated by Todd Watson and Dave McCune for specific training of transversus abdominis (TA) and lumbar multifidus muscles. Allowing the stomach was not effective as command to train TA. This approach begins the muscle retraining

As your chair, I cannot outdo the enthusiasm exuded by our new member, Mike Caruso. It is just this kind of enthusiasm that pervades every AAOMPT conference. The dynamic treatment approaches seem to bring alive this profession in a way I do not seen elsewhere, except at IFOMT conferences. I challenge you to fulfill your professional appetite as Mike has obviously done. I further challenge you to maximize the effectiveness and power of this organization by bringing in a new member. The organization is all about you and your professional enthusiasm. I look forward to seeing you next year.
process at the cognitive level. Greg and Vicki Johnson demonstrated some of their functional mobilization techniques for retraining, bringing motor changes quickly to the automatic level.

Spinal manipulation is a safe and effective technique for entry level physical therapist to use. Bill Boissonault showed that clinical instructors are not comfortable with allowing students to use this treatment on patients. Dr. Fritz spoke about the challenges we all face to narrow the time gap between the discoveries of science and implementation in clinical practice.

We don’t study the patients that do not improve. Chad Cook noted that outside the world of manual physical therapy, science tells us that the patient’s perception of their functional health and psychosocial factors are more powerful than physical finding in effecting patient outcomes. There are other aspects of the relationship we have with our patients. At the awards luncheon Krista Clark spoke about the nature of our therapeutic relationship with our patients. She quoted Kitchen Wisdom author Dr. Rachel Naomi Remen, M.D., to expand our awareness of the relationship we have with patients. We can be the helper or fixer, but when we serve, we honor the patient’s struggle to heal them.

Thank you Tamara Little for your service to AAOMPT.

Outgoing President Steve McDavid accepts “thank you” from Ken Olson.

Stanley Paris and the guys from Northern Illinois University.
Teaching Manipulation: An Evidence Based Approach; A Clinical Instructor and Faculty Workshop

Daemen College: 
January 28-29, 2005

University of Texas Health Science Center-San Antonio: 
March 18-19, 2005

Seton Hall University: 
June 4-5, 2005

REGISTRATION FEE:
$450.00
$300.00 for clinical instructors or members of the AAOMPT

Please make check payable to AAOMPT. See registration form on next page.

Remit to:
Craig Crosby, Executive Director
AAOMPT
1705 South Gadsden Street
Tallahassee, Florida 32301

COURSE DESCRIPTION:
This 2-day clinical instructor and faculty forum and laboratory workshop is designed to assist with the enhancement of thrust and non-thrust manipulation in professional physical therapist programs. This program is cosponsored by the AAOMPT and the University provides the current best evidence on mobilization/manipulation in the management of musculoskeletal disorders and discusses the methods and resources available to more fully integrate these procedures into the current professional curriculum and clinical internships. The main part of the program will be hands-on learning sessions in select spinal and extremity manipulation with an emphasis on skill acquisition and laboratory instructional methods. The classroom sessions will focus on strategies/recommendations for incorporating these techniques into clinical and curriculum instruction, faculty/clinical instructor-student ratio recommendations and models, sample instructional material and testing materials, and professional practice and regulatory issues. The areas emphasized will be based on evidence from recent clinical trials using manipulation to treat the spine and extremities.

COURSE OBJECTIVES:
At the conclusion of this course the participant will have gained:

1) A n understanding of current best evidence on mobilization/manipulation in the management of musculoskeletal disorders.
2) The ability to integrate mobilization/manipulation into current professional curriculum and clinical internship.
3) Acquire skills in select spinal and extremity manipulation techniques to integrate into current professional curriculum and clinical internships.

Program Outline

**Friday**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Background of Manipulation Education Manual (Legislative and Regulatory</td>
</tr>
<tr>
<td></td>
<td>Considerations/ Educational and Practice Standards)</td>
</tr>
<tr>
<td>9:30</td>
<td>Evidence for Lumbar Spine Manipulation</td>
</tr>
<tr>
<td>10:15</td>
<td>Break</td>
</tr>
<tr>
<td>10:30</td>
<td>Indications/Contraindications/Perceived Harm—Lumbar Spine Lumbo-Pelvic Techniques</td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00</td>
<td>Manipulation Integration: Teaching Strategies/Upper and Lower Extremity Techniques</td>
</tr>
<tr>
<td>3:00</td>
<td>Break</td>
</tr>
<tr>
<td>3:15</td>
<td>History of Manipulation</td>
</tr>
<tr>
<td>3:50</td>
<td>Lab Session: Thoracic Spine Techniques</td>
</tr>
</tbody>
</table>

**Saturday**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Review/Q&amp;A</td>
</tr>
<tr>
<td>9:00</td>
<td>Faculty and Clinical Instructor: Recommended Qualifications</td>
</tr>
<tr>
<td>10:00</td>
<td>Break</td>
</tr>
<tr>
<td>10:30</td>
<td>Evidence for Cervical spine manipulation</td>
</tr>
<tr>
<td>11:00</td>
<td>Harm/Perceived harm/indications/contraindications for cervical spine manipulation</td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00</td>
<td>Cervical Spine Techniques</td>
</tr>
<tr>
<td>2:00</td>
<td>Course Syllabi Development/ Clinical Internships—small group discussion</td>
</tr>
<tr>
<td>2:30</td>
<td>Practical Examination</td>
</tr>
<tr>
<td>3:00</td>
<td>Break</td>
</tr>
<tr>
<td>3:15</td>
<td>Fostering skills in academic and clinical faculty/ Wrap-up</td>
</tr>
</tbody>
</table>
Teaching Manipulation (continued from page 27)

January 28-29
Daemen College, NY

COURSE INSTRUCTORS:
- Ron Schenk PT, PhD, OCS, FAAOMPT, Cert. MDT is an Associate Professor of Physical Therapy at Daemen College in Amherst, NY where he teaches musculoskeletal physical therapy in their Doctor of Physical Therapy program.

Dr. Schenk earned his BS degree in Physical Therapy and MS degree in Sports medicine from Ithaca College. He completed a residency program in orthopaedic manual physical therapy through the Gulf Coast Graduate Physical Therapy Institute and earned his PhD in Education from the University at Buffalo. He is credentialed in Mchanical Diagnosis and Therapy through the McKenzie Institute (Cert. MDT), and has completed the course sequence in Diagnosis and Treatment of Musculoskeletal imbalances through Dr. Shirley Sahrmann.

Dr. Schenk is an Orthopaedic Clinical Specialist with the Catholic Health System and also holds an appointment with the Department of Rehabilitation Medicine at the University at Buffalo. He has published his clinical research in numerous peer-reviewed journals and has presented at national and international conferences.

Dr. Schenk is Vice-President of the American Academy of Orthopaedic Physical Therapists (AAOMPT) and is active in the Western District of the New York State American Physical Therapy Association. He resides in Orchard Park, NY with his wife Robin, and children Caitlin and Zachary.

Kenneth A. Olson PT, DHSc, OCS, FAAOMPT

Ken Olson is a partner in private practice with Northern Rehabilitation and Sports Medicine Associates in DeKalb, Illinois. Ken currently serves as president of the American Academy of Orthopaedic Physical Therapists and serves as a member on the legislative committee of the Illinois Physical Therapy Association, the APTA Manipulation task force, and the practice committee of the Orthopaedic Section.

Ken was a full-time faculty member at Northern Illinois University teaching the musculoskeletal portion of the physical therapy curriculum from 1996 to 2003. Additionally, he was a part-time faculty member for the University of St. Augustine teaching a continuing education course in the area of spinal manipulation (S-1) from 1994-2002. Currently, Ken is a guest lecturer for Marquette University and Northern Illinois University.

March 18-19
University of Texas Health Science Center-San Antonio

COURSE INSTRUCTORS:
- John D. Childs, PT, PhD, MBA, OCS, FAAOMPT

Dr. Childs is a Senior Physical Therapist and Director of Research in the Department of Physical Therapy at Wilford Hall Medical Center in San Antonio, TX and a Postdoctoral Research Fellow in the Department of Physical Therapy at the University of Pittsburgh. He completed his PhD in Rehabilitation Science from the University of Pittsburgh in 2003, a Master of Physical Therapy from U.S. Army-Baylor University in 1996, and a Master of Business Administration from the University of Arizona in 2000.

Dr. Childs is widely recognized for his expertise in the evaluation and treatment of patients with spinal conditions and has lectured extensively on advanced clinical examination techniques and manual therapy. Dr. Childs is actively involved in clinical research attempting to identify subgroups of patients with low back and neck pain. He has received numerous grants from federal and professional funding agencies and has earned numerous research awards related to his work. Dr. Childs is widely published in the peer-reviewed literature and serves as a manuscript reviewer for several rehabilitation and medical journals. He is currently an Associate Editor for the Journal of Orthopaedic and Sports Physical Therapy.

Rob Wainer, PT, PhD, OCS, EC, FAAOMPT graduated with a B.S. and Certificate in Physical Therapy from the University of Texas Medical Branch in 1985, an MS from the University of Kentucky in 1992, and a PhD in Health and Rehabilitation Sciences from the University of Pittsburgh in 2000. Dr. Wainer is an Air Force physical therapist serving as Research Director at the US Army-Baylor Graduate Programs in Physical Therapy. Rob has published original research related to the development of diagnostic tests, health outcome measures, and management of patients with spinal disorders and carpal tunnel syndrome. He is involved with several research projects related to manipulation for mechanical spinal pain. His primary interest is diagnostic test and predictive model development related to clinical examination and manual therapy intervention.

June 4-5
Seton Hall University

COURSE INSTRUCTORS:
- Ron Schenk PT, PhD, OCS, FAAOMPT, Cert. MDT is an Associate Professor of Physical Therapy at Daemen College in Amherst, NY where he teaches musculoskeletal physical therapy in their Doctor of Physical Therapy program.

Dr. Schenk earned his BS degree in Physical Therapy and MS degree in Sports medicine from Ithaca College. He completed a residency program in...
orthopaedic manual physical therapy through the Gulf Coast Graduate Physical Therapy Institute and earned his PhD in Education from the University at Buffalo. He is credentialed in Mechanical Diagnosis and Therapy through the McKenzie Institute (Cert. MDT), and has completed the course sequence in Diagnosis and Treatment of MuscLe Imabalances through Dr. Shirley Sahrmann.

Dr. Schenk is an Orthopaedic Clinical Specialist with the Catholic Health System and also holds an appointment with the Department of Rehabilitation Medicine at the University at Buffalo. He has published his clinical research in numerous peer-reviewed journals and has presented at national and international conferences.

Dr. Schenk is Vice-President of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) and is active in the Western District of the New York State American Physical Therapy Association. He resides in Orchard Park, NY with his wife Robin, and children Caitlin and Zachary.

VISION STATEMENT
Orthopaedic manual physical therapy will be the accepted, evidence-based musculoskeletal clinical practice in the United States, whereby Fellows of the American Academy of Orthopaedic Manual Physical Therapists are recognized by the public as specialists in Orthopaedic Manual Physical Therapy. Fellows of the academy will set the standard of excellence for the practice of orthopedic manual physical therapy.

Fellowship education will be the primary means for achieving advanced skills in orthopaedic manual physical therapy, based on a foundation of orthopaedic physical therapy education provided in the professional physical therapy curriculum and which may be gained through Orthopaedic Residences.

Teaching M anipulation (continued from page 28)

Registration

Teaching Manipulation: An Evidence Based Approach
January 28 - 29, 2005
March 18 - 19, 2005
June 4 - 5, 2005

Deadline: postmarked by 4 weeks prior to the date of the course

Location and Date of Course: (please check the box next to the date you wish to attend)
☐ January 28 - 29, Daemen College, Amherst, NY
☐ March 18 - 19, UT Health Science Center - San Antonio
☐ June 4 - 5, Seton Hall University

Name/Title of participant: ____________________________

Address: _______________________________________

Phone: (h): __________________ (w): _________________

E-mail: _________________________________________

AAOMPT Member #: ______________________________

Confirmation will be sent via mail only.

REGISTRATION FEE:
☐ $450.00
☐ $300.00 for clinical instructors or members of the AAOMPT

Please make check payable to AAOMPT

Remit to:
Craig Crosby, Executive Director
AAOMPT
1705 South Gadsden Street
Tallahassee, Florida 32301
**AAOMPT MEMBERSHIP BENEFITS**

<table>
<thead>
<tr>
<th>MEMBER TYPE</th>
<th>BENEFITS</th>
<th>DUES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AAOMPT MEMBER:</strong></td>
<td>- Receives the Academy newsletter - Articulations</td>
<td>$95.00 per year</td>
</tr>
<tr>
<td></td>
<td>- A subscription to Journal of Manual and Manipulative Therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Discount for “Standards” document &amp; DACP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Eligible to apply for fellowship if qualified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Eligible to chair and serve on committees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Eligible to serve on Executive as Member-At-Large</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Discounts on Academy sponsored seminars and annual conference</td>
<td></td>
</tr>
</tbody>
</table>
| **AAOMPT FELLOW:**    | - Receives the Academy newsletter - Articulations                       | $125.00 per year plus a one time application fee ($100.00) |}
|                        | - A subscription to Journal of Manual and Manipulative Therapy           |                                |
|                        | - Discount for “Standards” document & DACP                              |                                |
|                        | - Discounts on Academy sponsored seminars and annual conference         |                                |
|                        | - Eligible to serve on Executive Committee                              |                                |
|                        | - May use the designation FAAOMPT after their name                      |                                |
| **STUDENT MEMBER:**   | - Receives the Academy newsletter - Articulations                       | $15.00 per year                |
|                        | - Discounts for Academy sponsored conference                            |                                |
| **FOREIGN MEMBER:**   | - Receives the Academy newsletter - Articulations                       | North America $105.00 per year |
|                        | - A subscription to Journal of Manual and Manipulative Therapy           | Overseas $115.00 per year     |
| **INSTITUTIONAL MEMBERS:** | - Receives the Academy newsletter - Articulations                       | $160.00 per year               |
|                        | - A subscription to Journal of Manual and Manipulative Therapy           |                                |
|                        | - Free copy of “Standards” document                                     |                                |
|                        | - Discounts for “Standards” document & DACP                            |                                |

*NOTE: Memberships will be on an annual basis and will run from January 1st through December 31st for the year in which the application and full payment of dues are received. Individual memberships and subscriptions will become effective the date on which payment is received and will be retroactive. Applications received after September 30th will include membership for the remainder of the calendar year and the following year. However, in order to ensure that new members receive complete volumes, subscriptions will not begin until the following calendar year.*
Pick up Cardon ad from Sept/Oct issue
2005 AAOMPT NEW MEMBER APPLICATION
for licensed U.S. physical therapists

Name: ____________________________________________

Address: ____________________________________________

Home Phone: ____________________________ Work Phone: ____________________________

Fax: ____________________________ [ ] Yes, I want to help AAOMPT save
money & trees. Please send my newsletter via email.

E-mail: ____________________________

Are you an APTA Member?  [ ] Yes  [ ] No
Are you an Orthopaedic Section Member?  [ ] Yes  [ ] No
Are you an OCS?  [ ] Yes  [ ] No

MEMBERSHIP CATEGORY:

[ ] AAOMPT Member $95
[ ] Institutional Member $160
[ ] Student Member  [ ] (basic) $15  [ ] (w/journal) $60
[ ] Foreign Members  [ ] North America $105  [ ] Overseas $115
[ ] Practice Affairs Fund  [ ] donation $______ (voluntary contribution)
[ ] 140 Club $______ ($140 suggested donation)

METHOD OF PAYMENT: (Make checks payable to AAOMPT)

[ ] Check or money order enclosed  [ ] Charge my credit card: [ ] Visa  [ ] Mastercard  Amount to charge $______

Credit Card number ____________________________________________ Exp. Date ______

Signature ______________________________________________________

If you DO NOT wish to have your contact information available for mailing labels or the AAOMPT
Directory, please check here ______.

Please return this form with payment to: AAOMPT Headquarters
1705 S. Gadsden St. • Tallahassee, FL 32301 • (850) 222-0397 • Fax (850) 222-0342 • ccrosby@fpta.org
If you are not receiving your Journals, please contact John Medeiros at the Journal of Manual & Manipulative
Therapy at (503) 359-2322

JUST A REMINDER
Please notify us when you have a change of address. Journals and newsletters are sent third class and will not be forwarded by the post office.