we are all well aware that the health-care system in the United States is in serious trouble. Costs continue to rise at alarming rates and markers of quality are well below other industrialized nations. Musculoskeletal costs are a large and rising portion of these costs and yet we provide no better care and at times much worse then other countries. Enter low back pain one the highest cost problems in musculoskeletal care. High priced technology and invasive surgeries have only exacerbated the problem. In fact, when it comes to LBP we disable more people because of this very technology. Imaging and surgery were once designed to assist in the management of individuals with serious life threatening conditions such as tumors and significant trauma. Despite irrefutable evidence that imaging is not helpful in the vast majority of LPB cases, we continue to order these tests. Like many members of the Academy, I am seeing with greater frequency individuals with back pain seeking my care. A common presentation is one of “fear” that they are going to “have to have surgery” because of what they have been told by their family physician or surgeon. Enter the newest technology spin “the artificial disk” which has poor to marginal outcomes at best. Often there are financial ties between the surgeons and the device manufacturers. Because of this behavior there has been a call by surgical spine professionals to eliminate this activity (www.ethicalspinesurgeons.org) and infuse transparency back (no pun intended) into the system. The key is transparency! Patients should be duly advised regarding any financial relationship between their healthcare providers and imaging they are requesting (i.e. MRI), the services they are referring to (i.e. physical therapy), and the devices (artificial disks, fusion cages, etc.) they are suggesting be placed inside of them. I would encourage each of us to make sure that we assess where our local surgical colleagues stand on this issue and challenge them to do the right thing. As national leaders in spine care we need to be supportive of healthcare professionals that take an ethical stand that serves the patient’s best interest rather than the healthcare professional’s. In addition, let your patients and state & national governing representatives know about this type of activity and how it threatens the health of individuals and our nation. Each member of this organization is a leader in their community. Do not shy away from doing the right thing.

I also want to say a huge thank you to the unbelievably dedicated members and staff that made the 2006 AAOMPT conference such a tremendous success. This is a huge undertaking with planning that starts 2 years out. Dave McCune, Marcie Swift, Eric Furto, Jim Phillips, and the entire education and research committees were instrumental in this success. In addition, Craig Crosby, Michelle Higdon, and the AAOMPT administrative staff have provide unwavering support in a time of intense growth and transition. There is no doubt that the Academy is growing. We now have an energized professional student group that will create change agents across the country. Of course with growth come challenges, such as a sold out Annual Conference! We have expanded our conference size for 2007 and are finalizing some outstanding speakers and venues for the 2008 conference!
OMPT Pricing*

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AAOMPT Convention Highlights

Paul Mintken (right) receives the Cardon Award research grant from Research Committee Chair Jim Phillips.

Chad Cook (right) receives the Lojer Award research grant from Jim Phillips, Research Committee Chair.

Bill Boissonnault accepts the OPTP Award research grant on behalf of Bryan Heiderscheit.

Doug Crieghton (left) receives the Outstanding Research Poster Award of 2005 from AAOMPT President Tim Flynn.

Anyone interested in forming study groups
contact
Perry Tallman at whiterosept@netrax.net.
Stud groups are open to all members (Fellows and non-Fellows), although groups should be lead by a Fellow member.
Treasurer’s Report
Submitted by John Childs with assistance from Craig Crosby and Jamie Bellamy

Budget for 2006
Income $311,500
Expenses $308,350
Difference $ 3150

Income & Expenses for 2006 (January – December)
Income $385,176.21
Expenses $310,105.13
Difference $ 75,071.08

(PAF) Practice Affairs Fund (January – December 2006)
Income $29,475.00
Expenses $ 0.00
Difference $ 0.00

Assets as of December 31, 2006
Operating Account $253,006.57
Practice Affairs Fund (PAF) $ 82,422.75
Reserve Fund $119,766.37
Total Assets $445,195.69

Member-at-Large Report
Respectfully submitted by Stephanie Bell, PT, MS, OCS

This year’s Annual Conference in Charlotte, North Carolina was an amazing experience with an unprecedented attendance record! It was my privilege, once again, to participate as a member of the AAOMPT Executive. I was particularly pleased to see the large number of students in attendance as they represent a significant percentage of our new members this year. The conference is also a time to recognize the many contributions of our talented membership and I would like to thank each and every member for your involvement, as this is what keeps our organization strong. Additionally, as liaison to both Nominating Committee and Standards Committee, I would like to thank the individuals who serve on these committees for their work in 2006.

The Nominating Committee gathered nominations for this year’s teaching and service awards. Congratulations to Julie Whitman, PT, DSc, OCS, FAAOMPT, recipient of the 2006 Kaltenborn Teach I Must award and to Ann Porter Hoke, PT, OCS, FCAMT, FAAOMPT, recipient of the 2006 John Mc. Mennell award. Once again, on behalf of both the Executive and the Nominating Committee, we thank everyone who thoughtfully submitted nominations. The Nominating Committee also solicited nominations for 2006 elections for the positions of Secretary and Nominating Committee member. As of 2007, Haideh Plock will rotate off the Nominating Committee and Alycia Markowski will be the new chairperson. Thank you to Haideh for her dedicated efforts, particularly in helping to organize the committee’s activities and calendar to make it easier for Chairs to transition in successive years.

Standards Committee Co-Chair Catherine Patla and Michelle Higdon from the AAOMPT office once again put together a wonderful Thursday evening program for our opening reception in Charlotte. The focus of the program continues to be the recognition of new Fellows as well as those who have successfully completed the Fellow renewal process. Additionally, all credentialed orthopedic manual therapy fellowships were acknowledged. This year we added a written program for the Friday luncheon both to formalize the program and to record the names of our award winners, sponsors, grant donors and recipients. Thank you Michelle for creating the program and for organizing such a nice luncheon for all of our members.

I would also like to acknowledge the efforts of the Executive office in getting our balloting online this year! This is a great accomplishment and should not only make it easier to vote, encouraging participation, but is also help to save money in the form of mailing costs. This year’s ballot also contained some potential by-law amendments initiated as a result of our strong student membership. I would like to thank Marcie Swift in particular for all she has done to help this enthusiastic group of students organize their voice within the AAOMPT.

Again, thank you to all current and prospective members who attended the conference in Charlotte for your participation and your contributions. I look forward to an exciting and productive 2007 for the AAOMPT!

WANTED:

Literature and Book Reviewers & Clinical Pearl Submissions

*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: Matthew.Garber@amedd.army.mil
Secretary’s Report
Submitted by Jake Magel, PT, DSc, OCS, FAAOMPT

AAOMPT Business Meeting Minutes
Charlotte NC, • October 20th, 2006

I. 5:00 pm Welcome and Rules of Order– Tim Flynn, AAOMPT President
II. Approval of Agenda
   a. Motion: Steve McDavitt motioned to accept business meeting agenda
   b. Seconded: John Childs
   c. All in favor
III. Approval of business meeting minutes 05
   a. Motion: John Childs motioned to accept 05 business meeting minutes
   b. Seconded: Jake Magel
   c. All in favor
IV. Executive committee reports
   a. President – Tim Flynn
      i. Gave an overview of his vision for the future of the AAOMPT
      ii. Association Update
         1. Informed membership of changing website and noted that future conference registration and membership renewal will be available online.
   b. Vice-President – Robert Rowe.
      i. MT language Task force
         1. Described to membership that there will be a call to participate in the MT language taskforce
   c. Secretary – Jake Magel
      i. Report will come in form of the business meeting minutes printed in Articulations
   d. Member at Large – Stephanie Bell
      i. Bylaws may be updated and hire expert to help with this process.
      ii. Reminded membership to actively seek members to nominate for office. Look to articulation for directions for nominating.
      iii. Reminded membership that she is liaison to standards committee and that the DSP will be going through revision.
   e. Treasurer – John Childs
      i. See report attached
      ii. Related to membership that JMMT cost may increase. May have to raise dues or go to online journal.
      iii. John Medieros
         1. Stated that JMMT is trying to get indexed. Thanked the academy for past support. Dutch MT society in dialogue with JMMT to be society’s journal
         2. One more year for hard copy at 45 dollars. Mailing costs have come out of that.
V. Special Reports
   a. Strategic Planning Meeting update – Tim Flynn
   b. AAOMPT Top 10
      i. Thanks to participants of strategic planning meeting
      ii. Related that we are moving forward on objectives of top 10
      iii. Stressed that the AAOMPT will develop integrated strategy for public relations with a consistent and concise message to public.
   c. JMMT - John Medieros
      i. Hopes to continue to serve members. Related that costs are continuing to rise and will keep journal at $45.00 for 1 year.
      ii. JMMT available online back to 2000. Abstracts from meeting are published. Academy members publish many papers in JMMT

continued on page 6
Board Minutes (continued from page 5)

vi. Committee Recognition
   a. Practice affairs – Bill Boissonnault
      i. PAF doing will. PAF grant used to help remove restricted activity. Encouraged membership to apply for PAF grant for any sort of restriction to practice not just manipulation. Grants are $5,000
      ii. Legislative activity in 6-8 states
   b. Conference/Education – Eric Furto and Marcie Swift
      i. Eric Furto introduced himself as the new conference committee chair and reminded the membership to fill out conference evaluations
      ii. Marcie Swift. See report online
   c. International Affairs – Chris Sholwalter
      i. See report online
      ii. Reminded membership to get to know our Canadian guests and mentioned the breakout session on EC Americas
   d. Nominating Committee – Heideh Plock
      i. Reminded membership that positions are open for nominating committee and executive secretary and opened the floor for nominations. No nominations
      ii. Tim Flynn mentioned that the AAOMPT is looking into secure online service for holding elections.
   e. Public Relations - Britt Smith
      i. See report online
      ii. Noted Bill Haggerty came to meeting.
   f. Standards Committee – Catherine Patla/Anne Hoke Porter
      i. See report online
   g. Examination Committee – Mike Punello
      i. See report online
      ii. 35 individuals participated in examination
      iii. Thanked PT students for their participating in the examination process
   h. Membership Committee – Cheri Hodges
      i. See report online
   i. Research Committee – Jim Phillips
      i. Invited all to research day
      ii. Keynote speaker moved to mid morning
   j. Articulations – Dave Meiers/Matt Garber
      i. Send monthly “Pearls”
      ii. Need more literature reviews
      iii. Explained how to find resources on CATs
   k. John Grey
   l. Discussed wanting to get more fellowship represented at exhibit hall. Tim Flynn agreed

VII. Old Business
   a. AAOMPT history project
      i. Ken Olson related to membership that he and several other members are putting together a document that outlines the history of the AAOMPT. All are invited to provide input and pictures related to the history of the AAOMPT. Time will be spend insuring accuracy of detail

VIII. New Business
   a. Motions
      i. Motion: It is AAOMPT policy that the Academy will not endorse a member running for office in the APTA and its Components and Sections.
A. Definition
A Special Interest Group of the Academy consists of a group of members of the Academy in the United States or its possessions that is chartered by the Academy as having territorial jurisdiction over a geographic or demographic area.

B. Formation
The Executive may establish a Special Interest Group, based on perceived need to further serve the interest of the AAOMPT mission.

C. Structure
Every Special Interest Group shall enact rules that govern their structure and function, that, in their original form and as amended, shall be consistent with the Academy by-laws and shall be approved in writing by the Executive. If a Special Interest Group is to be incorporated it shall submit a proposal of incorporation to the Executive for prior written approval.

D. Obligations
Each Special Interest Group shall do the following:
1. Further the object and the functions of the Academy as set forth in the Academy bylaws.
2. Perform the duties and assume the responsibilities that Academy by-laws place on Special Interest Groups. One member of the Executive will serve as liaison to an established Special Interest Group. Special Interest Groups are directly accountable to the Executive via the established liaison. All formal Special Interest Group activities are subject to Executive approval.
3. Conduct its affairs in accordance with its rules.
4. Maintain complete and accurate financial records (such as expense, revenue) that shall be reported formally to the Executive Treasurer.
5. Submit to the Executive annual reports of its activities and such other reports as may be requested by the Executive.
6. Hold one general membership meeting a year to coincide with the annual conference.
7. Each Special Interest Group will determine the need for elected offices and will plan elections accordingly. Each Special interest group will hold elections for all positions upon inception. Thereafter, elections will coincide with the elections of the Executive.

E. Limitations
Special Interest Groups are subject to the following limitations:
1. Bylaws of the Academy.
2. No Special Interest Group shall profess or imply that it speaks for or represents the Academy members other than those currently holding membership in the special interest group unless authorized by the Executive Committee.

F. Dissolution
A Special Interest Group of the Academy may be established and/or dissolved in accordance with the rules and conditions specified by the Academy Executive. If a Special Interest Group of the Academy is revoked, if a Special Interest Group is dissolved or if its existence is otherwise terminated, all property and records of whatever nature in the possession of that Special Interest Group shall, after payment of its bona fide debts, be conveyed to the Academy. The Academy shall not be obligated for any debts incurred by a Special Interest Group unless the Special Interest Group has been specifically authorized in writing by the Executive to act on behalf of the Academy.

Background/ Rationale for Motion #1:
1. Approximately 50 students from 9 different PT programs have come together with the common purpose to serve students nationwide by fostering active student membership and involvement in the AAOMPT. The PT programs represented include: Regis University, University of Kansas Medical Center, Texas Tech, US Army-Baylor University, Boston University, Medical University of South Carolina, Duke University, Elon and University of North Carolina. There are faculty advisors from each program to this group with Marcie Swift serving as the (temporary) primary liaison to the students, faculty advisors and the AAOMPT Executive Committee, hereafter referred to as the Executive. The group of students elected a “student planning committee” of 5 individuals from 2 different PT programs (Regis University and University of Kansas Medical Center). This student planning committee has submitted a draft of rules for the development of the “AAOMPT student special interest group.”
Standards Report
Submitted as co-chairs: Catherine Patla and Ann Porter- Hoke

The standards committee is pleased to report that this year has been the largest number of new fellows recognized. The standards committee presented to the AAOMPT Executive Committee the statistics for new fellows, new fellowship programs, and fellow renewals for 2005-2006 as:

1. Number of new fellows is 80 with the break down of achievement per category as: Fellowship Program with 61, Examinations with 18 and Foreign Trained of 1.
2. The number of fellow renewals is 10. The number of new programs is 3 which are: Daemon College, Regis University and University of Illinois at Chicago. This has been a record year of new fellows as compared to 2004-2005 which recognized 39 new fellows. Recognition and congratulation to all the recipients occurred formally at the Opening Ceremony Reception at AAOMPT conference in Charlotte on Thursday. This was the second annual opening recognition ceremony and it was well attended and enjoyed with drinks, food and great collegial company.
3. The Executive approved two procedural matters for recognition of new fellows and renewal of fellows as:
   1. For new fellow applicants who have been post ten years of completion of fellowship program or challenge exam, the applicant will need to submit renewal criteria along with the original application.
   2. Fellow renewal is dated from the last year of the fellowship program or date of successful challenge exam.

The renewal process continues each year with the committee meeting formally in June to review the applications. Please contact Tamara Little for questions regarding the renewal process.

The standards committee will be working with the AAOMPT office staff to expand the electronic data base for standards statistics and to work to place applications on the electronic service.

Education Report
Submitted by Marcie Swift, MSPT, FAOMPT Education Committee, Co-chair

2006 activities

1) AAOMPT-Student Sub-Group (AAOMPT-SSG)

Approximately 60 students from 11 different PT programs have come together with the common purpose to serve students nationwide by fostering active student membership and involvement in the AAOMPT. The PT programs represented include: Regis University, University of Kansas Medical Center, Texas Tech, US Army-Baylor University, Boston University, Medical University of South Carolina, Duke University, Elon, University of North Carolina, University of Illinois Chicago, and Rockhurst University. There are faculty advisors from six of the programs to this group with Marcie Swift serving as the (temporary) primary liaison to the students, faculty advisors and the AAOMPT Executive Committee. The group of students elected a “student planning committee” of 5 individuals from 2 different PT programs (Regis University and University of Kansas Medical Center). This student planning committee will submit a final draft of rules for the development of the “AAOMPT student special interest group” to the executive for review by October 1, 2006.

In light of the proposed student special interest group, the education committee has worked closely with the AAOMPT executive in the writing of suggested by-law changes to the AAOMPT by-laws with regard to student membership categories and the formation of special interest groups. As a result, there are two motions that will be brought to the AAOMPT members at the AAOMPT business meeting. These motions have been outlined for members to view prior to the meeting (included in the conference packet).

National Student Conclave:
The students within the student sub-group have been working marketing and introducing this group at the National Student Conclave Meeting that occurs on Oct 26-29th in Dallas, TX. They will be handing out flyers that provide information on the student group and will also have a pub crawl to raise money for their group. Next year, the students plan to host an exhibitor booth at this conference.

The AAOMPT will need to determine if they would like to present at the 2007 National Student Conclave (NSC) at the AAOMPT meeting in October 2006. Decisions on programming are made in December 2006. The NSC contact person is Agatha Johnson and she will be working with Marcie on the details of AAOMPT involvement.

AAOMPT Annual Conference (2007)

• The AAOMPT (Jake Magel and Marcie Swift) will provide a breakout session at the 2006 AAOMPT meeting for students. The title of the breakout is Successful Integration of Evidence-Based Manipulation Techniques for the Professional Physical Therapy Student: A Hands-on Workshop. This presentation could potentially be given at the National Conclave Meeting in 2007.
• The AAOMPT has also made “student member” ribbons for the students registered at the conference.
• The students will be recognized at the opening ceremonies and throughout the conference.
• The education committee will present two motions at the business meeting that are included in this report. Marcie will continue to work with this group of students until the group is formally recognized (membership vote) and when the executive approves this group’s by-laws.

Web-site updates
1) The committee has discussed creating a link between the AAOMPT and the PT programs for specialty manual therapy internships. Once the student group is formed we can use their input on details related to this project. We need to first identify interested fellows/members who would be willing to be on a list. The list of members/fellows who are interested in taking a student for a specialized internship would be provided to the academic programs along with a link to the AAOMPT web-site.

2) Continuing Education: There are several initiatives this portion of the committee has been working on and would like to initiate including: offering the AAOMPT evidence based approach manipulation course, providing a home study course and initiating regional AAOMPT study groups. I have outlined details below on the progress of each item.

Manipulation: An Evidence Based Approach: A Faculty and Clinical Instructor Workshop
There were 5 courses hosted during 2006. The core committee of this course will meet on Saturday, October 21st at 8am to discuss plans for 2007. I have outlined the details of each course below. I have also provided a list of tentative courses on the schedule for 2007.
• Nebraska Physical Therapy Association, March 10-11, 2006
  Course Instructor: Ken Olson
  Status: completed/success
• University of Cincinnati, March 10-11, 2006
  Course Instructors: Ron Schenk and Elaine Lonnemann
  Status: completed/success
• Shenandoah University, April 21-22, 2006
  Course Instructor: Ron Schenk
  Status: completed/success
• University of Minnesota, April 22-23, 2006
  Course Instructor: Ken Olson
  Status: completed/success
• Southern California and Northern California Schools co-sponsored an extended version of the course
  Status: completed/success
• Marquette University, September 15-16, 2006
  Course Instructor: Ken Olson
  Status: completed/success

Spring 2007: 3 tentative courses
• Department of Physical Therapy/ School of Public Health/ New York Medical College
  Valhalla, New York
  Course Instructor: Ron Schenk
  Status: March 16-17, 2007
• Program of Physical Therapy at the University of Wisconsin-La-Crosse
  Course Instructor: Ken Olson
  Status: contract sent/setting date
• Results Physiotherapy Centers
  Course Instructor: Ken Olson
  Status: contract sent/setting date

Home study Course/ Regional Study Groups
A sub-committee has put together two proposals for a home study course and a regional study group initiative for the executive to provide input on. The home study course was submitted to the executive during the spring 2006 and the regional study group proposal is something new this committee is interested in pursuing. Both of these proposals are included within this report.

3) MEM revisions: This project is on hold until further notice from the Manipulation Education Committee.

Research Report
Submitted by H. James Phillips, PT, PhD, OCS, ATC, FAAOMPT

This year we again had an outstanding group of platform and poster presentations for Research Day at this year’s annual conference in Charlotte, NC. Overall, fifteen platform and twenty poster presentations were offered, covering diverse areas of manual physical therapy intervention. Abstracts for each of these presentations were published in JMMT (Volume 14, Number 3) and on-line at www.jmtonline.com, prior to the conference.

Earning this year’s Richard Erhard continued on page 10

Membership profile for 2007

| Founding Members: | 8 | Student Members: | 134 |
| Full Fellow: | 451 | Institutional Members: | 12 |
| Members: | 1198 | Foreign Members: | 11 |
| 2007 TOTAL: | 1814 |

NEW FELLOWS

| Truong M. Vo | Halima Ahmadu |
| Gina Jaber-Nasrah | Lisa L. Furto, PT, MTC |
| Wes Wickwar | Laura Cannaday |
| Roy J. Film, PT, MPT | Tina Avelar |
| Josh Cleland, PT, PhD, OCS, FAAOMPT | Mary Louise Lugo |
| Emily Rae Pomeroy | Paul Eugene Glynn, DPT, OCS |
| Karen J. Walz | Kathryn Kumagai |
| Breanna Tintori | Mark Peterson |
| Eric M Magrum, PT | Nirtal Shah |
| Steve Gilman | Richard E. Nyberg, PT |
| Jennifer Holbourn | LeAnn Jensen |
| Carl Heldman | John Litten |
| Matthew Cecalek | Richard S. Kring |
| Jason Beneiuk, II, MTC |

January/February 2007 - Articulations - 9
Committee Reports (continued from page 9)

Research Award for outstanding platform presentation was Josh Cleland, DPT, PhD, OCS for his study entitled “A clinical prediction rule for classifying patients with neck pain who demonstrate short-term improvement with thoracic spine thrust manipulation.” Winning this year’s award for outstanding poster presentation was Jason Beneciuk, DPT, MTC, for his work on “The use of passive slump stretching as an intervention in the treatment of a patient with signs and symptoms consistent with adverse neural tension: A case report.”

In a slight change in format from prior years, the Research Keynote Address was delivered mid-morning by Christopher Powers, PT, PHD, FACSM. His talk entitled “Beyond clinical prediction rules: The role of mechanistic research in guiding rehabilitation and injury prevention programs” produced a thought-provoking challenge for today’s researchers to consider the need for biomechanical research, in addition to clinically-based interventional studies, in producing the evidence-base needed for continued growth in the profession.

During the Friday luncheon three research grants were awarded. Selected for the Cardon Award was Paul Mintken, PT, DPT, OCS, for his proposal entitled “Development of a Clinical Prediction Rule to Identify Patients with Shoulder Pain Likely to Benefit from Cervicothoracic Manipulation.” Selected for the OPTP award was Bryan Heiderscheit, PT, PhD, for his proposal entitled “Identifying Thoracic Spine and Rib Origins of Exercise-Induced Transient Abdominal Pain.” Awarded the Lojer Award was Chad Cook for his proposal entitled “Real-time Updates of Meta-analyses of Manual Therapy Treatment of Low Back Pain Supported by a Biomedical Ontology.”

Looking forward to next year, there will be a small change in the research presentations format. Platform presentations will be limited to the top ten abstract submissions, assuring a 12:00 noon Sunday wrap-up. Also, research posters will continue to be displayed all day Friday and Saturday, near the vendor displays, with unopposed viewing of the posters Friday evening, from 5:00 to 7:00 pm. Posters will not be shown on Research Sunday.

As always, please direct any new business regarding research to Jim Phillips at: philliho@shu.edu.

Public Relations Report
Submitted by Britt Smith MSPT, OCS, FAAOMPT

Summary of Activities
The Public Relations (PR) committee has continued work towards promotion of manual physical therapy in the profession and raising public awareness of the mission of the AAOMPT.

1. William ‘Bill’ Haggerty was contacted in the Spring of 2006 about developing a course for physical therapists (PTs) on opportunities and PR.

   a. CV. Current campaign manager for Bernie Buescher’s re-election campaign for state house of representative, professor of journalism at Mesa State College, Grand Junction, CO, chief editor of

   (continued on page 12)
2. For now, the Executive can appoint a student committee and a chairperson of that committee, just as it appoints other committees and chairpersons, to serve the interests of the Academy. (Article VII. Section 2. B.4.) There is no statement in the by-laws that allows the Executive to appoint a “Special Interest Group.” The appointment of special interest groups will allow sub-groups of people with a common interest to foster active membership and involvement in the AAOMPT.

3. In order for this student group to become a Special Interest Group, there will need to be by-law changes within the AAOMPT by-laws with subsequent parallel rules proposed by the group of people (students in this case) wanting to develop a Special Interest Group under the AAOMPT organization. The students’ rules would then be consistent with Academy by-laws.

4. The recommended changes within the AAOMPT by-laws (outlined above) are based on three documents: 1) The APTA by-laws for chapter formation, (www.apta.org/AM/Template.cfm?Section=Policy_and_Bylaws&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=25906), 2) The Orthopaedic Section by-laws pertaining to the formation of special interest groups (www.orthopt.org/downloads/restated_bylaws.pdf), 3) and the IFOMT constitution (www.ifomt.org/ifomt/about/constitution).

**Motion #2:** AAOMPT Fellows accept the following by-law changes related to student membership categories of the AAOMPT.

Suggested by-law change for Motion #2: **Note: the area highlighted in gray is information that is NOT currently stated in the AAOMPT by-laws.**

1. Professional Student member

   Article IV. Membership/ Section 2

   4) Professional Student Member - any full time student enrolled in a professional physical therapy program who is a current member or who is eligible for membership in the American Physical Therapy Association. Student members will have a reduced membership fee to be set by the AAOMPT Executive.

2. Post Professional Graduate Student Member – any part-time or full-time student enrolled in a post-professional graduate physical therapy program who is a current member or who is eligible for membership in the American Physical Therapy Association. Post Professional Graduate Students are any part-time or full-time students enrolled in a post-professional graduate physical therapy program leading to an advanced degree or any students who are currently enrolled in a Post-Professional Clinical Residency or Fellowship program. Post Professional Graduate Student members will have a reduced membership fee to be set by the AAOMPT executive.

**Background/ Rationale for Motion #2:**

Currently, the AAOMPT has to process registration fees manually for any sub-group identified on the registration form that is not a current membership category. In general, the above student groups have been poorly represented within the AAOMPT organization in the past. The cost for attending the AAOMPT conference is cost prohibitive for students. The hope would be that the change in membership categories would allow the AAOMPT to easily publish approved reductions in conference fees for these student categories thus making up for the travel expenses of getting to the conference. The conference registration form would then reflect rates specific to these student membership categories. This will then allow the AAOMPT to process registration fees on-line vs. manually.

The addition of the post professional student category will clarify that a discount in dues will be afforded to members who qualify for this membership classification. By further defining this membership classification, it may also allow for reduced conference registration fees for post-professional students. This will allow the Academy to support members and fellowship programs in their efforts to educate future Fellows.

Marcie Swift elaborated on the background of the motions and related that students want to for a student interest group

Discussion occurred on intent and wording of motions. Updated bylaw changes will be voted on in November.

**V. Announcements**

1. **JMMT/Manual Therapy Discussion**

   1. Manual Therapy has approached AAOMPT to provide online journal access to members. Discussion is ongoing. Want to provide best member benefit to our membership. Access is $45.00

2. **Member Candidates for professional association or political office**

   2. Steve McDavid is running for board of directors of APTA.
   3. Bill O’Grady and Jay Irrgang are running for Orthopedic Section president

**VI. Open Forum**

1. Rob Weirstine Canadian Ortho Section president spoke about WCPT

2. Perry Tallman

   1. Wants to get started regional study group. He will facilitate people getting together to study MT.

3. **Motion:** Dave Meiers motion to close meeting.

4. Seconded: John Childs

5. All in favor

6. Meeting Adjourned 6:30pm
the Criterion (The school newspaper), publicist and columnist with the Daily Sentinel newspaper, past public relations office for the Colorado Department of Wildlife (DOW) for 20 years, contributor to local television news services with a weekly DOW presentation ‘Bill’s Backyard’ which ran in Mesa County for 10 years,

b. Subsequently, Mr. Haggerty has distilled down to the essence of this presentation for the AAMPT in Charlotte, NC for October 2006. He is scheduled for a break-out session on Saturday of the conference and a meeting with the executive committee.

c. Bill has distilled down to the essence of this presentation for the AAMPT in Charlotte, NC for October 2006. He is scheduled for a break-out session on Saturday of the conference and a meeting with the executive committee.

2. Tim Flynn, AAMPT President, has contacted the PR committee about a press release for an article by Whitman et al on treatment of spinal stenosis patients scheduled to appear in the upcoming issue of Spine (October 15). Mr. Haggerty has written a press release and we are working to develop TV coverage and a national press release at this time.

3. The membership committee has developed a flyer for recruitment of new members and attendance at the recent national convention. Jeff Giulietti, MPT, ATC, OCS, CSCS, COMT, FAAOMPT & Cheri Hodges DPT, PT, FAAOMPT have spearheaded the effort. The PR committee was peripheral to activity, but appreciate the shared involvement.

4. The PR committee has worked on redesign of the brochure for the AAMPT. This project is still in the development stage.

   A vision of AAMPT Public Relations

   The committee envisions an infrastructure at AAMPT headquarters with rapid response of news releases a high priority. The infra-structure might include:

   1. e-mail releases directly to Associated Press (AP) and United Press International (UPI) offices.

   2. Templates for press releases that give structure and introduction (canned) followed by the specific information of events such as article publications, conferences & education opportunities and commentaries on relevant events.

   3. Rapid communications to all members of the AAMPT on issues related to public relations and political action of the AAMPT.

   4. Consulting with PR experts on development of the public image of the AAMPT. Raising awareness of the organization within the profession and in the general public.

   5. Offer services & liaison to APTA on development of the AAMPT/manuel therapy within the profession.

   6. Develop ‘skill building’ resources for members of the AAMPT. Presentations, powerpoints and even seminars in public speaking and message delivery.

   7. Identify ‘gifted’ members (i.e. speakers, presenters) of the AAMPT to provide press opportunity at the national levels.

   8. Continue to develop press coverage of the annual conference of the AAMPT.

   9. Have press releases of ‘hot’ topics at the AAMPT meeting.

   10. Encourage AAMPT members to use and develop press releases with each opportunity by contacting the local TV, newspaper and radio resources.

   Thank you for the opportunity to serve the Academy and the membership.

Examinations Report
Submitted by Michael S. Puniello, DPT, MS, OCS, FAAOMPT

The board of examiners conducted oral-practical examinations on Thursday, October 19, 2006. There were 35 candidates examined: 19 passed and 16 failed. This was the last challenge examination allowed under the bylaws. The examination process remains open for residency program graduates of IFOMT member countries who are US licensed, to become Fellows in the AAMPT. The policy is to offer one re-take of the examination. Candidates who failed the oral-practical examination in 2006 have the option to re-take the exam at the next scheduled exam for foreign trained residents. Candidates who failed a re-take do not have the option for another re-take.

I would like to thank the examiners who participated in the process. We met on Wednesday afternoon for training and conducted the exam on Thursday before the Annual Conference. The Examiners were: Mike Timko, Ron Schen, Alexa Dobbs, Chris Showalter, Conrad Penner, Sherry Hodges, Ann Porter-Hoke, Catherine Patla, Paul Eddy, Dave Zeigler, Bill O’Grady, Joanna Pedlewsk-Ely, Doug Mallers, Jim Phillips, Phil Sizer, Elaine Lonneman.

I would also like to thank Dave Morrisette and Todd Watson for recruiting students to serve as models for the exam. The students were: Tonya Olson, Aaron Endress, Matthew Thomasson, Benjamin Thomas, David Poole, Aaron Aiken, Brian Arrington, Erin Carlton, Amy Donald, Ashley Fowler, Gina Ohman, Chris Stargiotti, David Simpson.

The entire process went smoothly because of the efforts of Craig Crosby and Michelle Higdon and the staff at the Academy office. Also, I would like to thank Charlie Cardon for donating the treatment tables for the exam.

International Affairs Report
Submitted by: Chris Showalter, Chair

EC AMERICAS

During the 12th Annual Academy Conference in Charlotte, IFOMT President Michael Ritchie and International Affairs Committee Chair Chris Showalter
co-hosted a breakout session entitled “EC Americas: A Reality in the Making.”

The session was well attended by numerous potential stakeholders of note including: Members of the IFOMT Standards Committee, Members of CAMT and OPD from Canada, AAOMPT President Tim Flynn and Past President Ken Olson, and IFOMT and AAOMPT Founding Member Stanley Paris.

The subject of the session was the further development of an EC Americas within IFOMT. An EC or Educational Committee is a group of Manual Therapy organizations within a geographical region. EC Americas will encompass North and South America and the Caribbean nations. An EC presents an opportunity for collaboration and development of education programs, fostering OMT awareness within the region, and assisting in the development and incubation of new OMT programs within the EC.

The highlights of the discussion are as follows:

1. It was proposed and agreed upon by CAMT/OPD and AAOMPT that there would be reciprocity regards annual conference fees to encourage cross-border education.
2. It was proposed and agreed upon that reciprocal website advertising would occur, so that all members of CAMT/OPD and AAOMPT would be aware of bilateral conference schedules.
3. It was proposed and agreed upon that CAMT/OPD and AAOMPT would encourage participation in each other’s conference through invitation of speakers from the other’s organization.
4. The barriers to participation of countries (other than USA and Canada) to an EC Americas were discussed. These included potential lack of funding in other countries, where the GNP may be below that of Canada and the USA, lack of knowledge of the state of affairs of OMT in other nations, and language barriers. It was felt that development of an EC Americas should be solidified by participation of the US and Canadian stakeholders initially, and with time, encouragement of other nations to gradually become involved. It is also clear that cultural sensitivities need to be taken into account when dealing with other future EC Americas member Nations.

The next meeting of the stakeholders of EC Americas is scheduled to occur in Vancouver in June 2007 at the WCPT conference. If you have any suggestions or wish to become more involved in this process please email me.

**IFOMT STANDARDS COMMITTEE**

Members of the IFOMT Standards Committee from the UK, Netherlands, Canada, Australia and the USA traveled to Charlotte to hold their first ever face-to-face meeting and to attend the Academy Conference. A number of those individuals expressed how impressed they were with both the quality of the conference and the large number of attendees.

In addition to discussing IFOMT issues privately, the members had an opportunity to meet with the Academy Executive and discuss matters that affect US Manual Therapists. Meetings such as this are an invaluable opportunity for the US to continue to remain actively involved in International matters.

**CAMT AND OPD**

In an effort to further relations between US and Canadian Manual Therapists a number of prominent Canadian Physiotherapists attended the Academy Conference in Charlotte. We had the opportunity to welcome: Rob Werstine, Scott Whitmore and Jackie Sadie from CPA (Canadian Physiotherapy Association) and Lisa Carlesso from CAMT (Canadian Association of Manipulative Therapists). Each of them had valued input in the EC Americas Breakout session (see above) and each has expressed an interest in fostering more cross-border educational opportunities between the AAOMPT and CAMT/CPA. The International Affairs committee has an important liaison role to play in these future discussions.

**USA IFOMT CONGRESS BID**

The International Affairs Committee was charged by the Academy Executive to investigate the feasibility of an Academy bid to host a future IFOMT Congress. The IFOMT Congress is an enormous undertaking, held every 4 years, and usually attracts approximately 1000 attendees. I would like to take this opportunity to recognize the hard work and tireless commitment of the following members of the International Affairs Committee: Alycia Markowski, Michael O’Hearn and Arjen Holdinga. These members were instrumental in preparing raw and tabulated data to allow insightful evaluation of the efficacy of such a bid.

The Academy Executive thanked the committee for their work and felt it appropriate to table the concept at this time in order to concentrate upon more pressing Academy matters. Our Committee fully supports this position.

If you are interested in becoming more involved with the Committee please email me at sablelion@aol.com.

*Articulations*

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Standardized, Evidence Based Practice Starts at Home

by David A. McCune PT, MPHty St, OCS, ATC, FAAOMT

One of the greatest challenges within healthcare is the dissemination of information regarding research-based evidence that drives new and more effective treatment methods. There is a clear mandate regarding our profession that we can no longer avoid. The mandate that we must face is that we need to prove our effectiveness and relevance in this ever-changing healthcare environment or we will perish as a profession. In the last 10 years, our profession has taken huge strides in leading the way in pursuing relevant research that speaks to the efficacy of Orthopedic Manual Physical Therapy and our role as leaders in conservative management of orthopedic conditions of all sorts. One significant problem still remains. The evidence may be published in the literature, but it still needs to be assimilated into the every-day practice of Orthopedic Manual Physical Therapists across the country and world.

In our practice, we decided that if we are to move toward a standard of care within the whole profession of Orthopedic Manual Physical Therapy that is uniform and based on evidence-based best practice, that we needed to set that standard initially right here at home within our own practice. Historically, in-service education within physical therapy clinics has consisted of a myriad of approaches to staff development. For many years our in-service education consisted of case presentations, staff presentations of new information gained through reading, continuing education or conference attendance, and treatment technique practice and refinement among peers. Recently, we felt that this historical method needed to change. We decided to adopt a new format of staff development.

The format that we have adopted is a format that is collaborative and challenges both the presenter and staff. At the beginning of each year, we meet as a staff and decide on 10 topic areas that we want to explore throughout the coming year. We meet on a monthly basis with the exception of July and August to share this information. The format is as follows: Each topic is assigned to a different therapist and the schedule for the whole year is determined. The presenting physical therapist is charged with reviewing the literature fully for that specific topic area and specifically choosing three...
Direct Access: Legitimate Beef or Acts of Desperation?
The Challenge from Orthopaedic Surgeons
William Boissonnault, Academy Practice Committee Chair

The “Beef”

The May/June issue of Articulations, featured the Practice Affairs Corner Direct Access: Where’s the Beef? The Challenge from Chiropractors. A rebuttal to their claims of inadequate physical therapist (PT) training and patient safety issues was presented—including the rhetorical question, “Where’s the beef?” A few other groups have also strongly opposed our direct access initiatives including some orthopaedic surgeon organizations. Most recently the New York State Society of Orthopaedic Surgeons (NYSSOS) ran an aggressive campaign opposing the New York APTA Chapter direct access bill. As part of their strategy the NYSSOS ran an ad in the New York Legislature’s, The Legislative Gazette, May 22, 2006 issue. There was a picture of someone’s bare back with a headline above screaming “Are you trained to recognize the bone tumor in this lower back?” Below the picture, in equally large print was the headline “Neither is a physical therapist.”

In the ad’s text one also finds phrases like; 1) “One argument dominates our (NYSSOS) thinking, defines our position and trumps the opposing (NYAPTA) view-Patient Safety.” 2) “Physical therapists aren’t trained to make a medical diagnosis or recognize many potentially life-threatening conditions beyond their limited expertise. MDs are.” and 3) “When a patient goes to a physical therapist, the goal is to receive treatment not a diagnosis. When a patient sees a medical doctor the goal is to get a diagnosis, followed by a decision about the best treatment….. This treatment could include physical therapy.”

At first glance at this ad my thoughts were: 1) hmm, can one really recognize a bone tumor by simply looking at a patient’s back (a presumption non-clinicians may have), 2) this ad was an act of legislative desperation, and 3) I hope this ploy doesn’t work! When I look at this ad objectively, the issues expressed in the ad are patient safety and physical therapist training. Having addressed in generalities physical therapist training and patient safety in the May/June Articulations Practice Affairs Corner I’d like to focus on the example provided by the NYSSOS-bone tumors and back pain.

Recognition of the Bone Tumor in this Lower Back

It goes without saying that no one, PT, MD, DO nor a DC can simply look at a patient’s back and recognize the presence of a bone tumor. The diagnosis of such a lesion typically requires diagnostic imaging, lab tests and most likely a biopsy as well. Warning signs/red flags from the history and physical examination would identify those select patients who are in need of tests and procedures like these. The warning signs are such that both physical therapists and orthopods would use the same screening tools to identify patients at increased risk for tumor-related back pain. Investigating low back pain and diagnoses like cancer, an extensive literature review by Jarvik and Deyo (Annals of Internal Medicine, 2002;137:586-597) revealed 4 key examination findings: 1) age > 50years, 2) personal history of cancer, 3) weight loss, and 4) inadequate relief with rest that if present are associated with; levels of sensitivity of 1.00, specificity of 0.60 and a positive likelihood ratio of 2.5, and a negative likelihood ration of 0.0. The above findings would warrant an erythrocyte sedimentation rate (ESR) and plain films. Then, if the ESR and/or plain films are abnormal, advanced imaging such as MRI would be considered, possibly

(continued on page 16)
leading to a diagnosis of a tumor. So, in a patient with LBP under the age of 50 years, without unexplained weight loss, does not have a history of cancer and is responding to conservative care; spinal tumors can essentially be ruled out! As with physicians, PTs routinely collect the above 4 crucial examination findings and long have. Bottom line is that using this evidence based model, PTs will recognize which patients warrant lab tests and plain films based on suspicion of serious pathology associated with their LBP.

Patient Safety and Physical Therapist Clinical Competence

Patient safety is NOT compromised based on the fact an MD or DO and not a PT will be making the diagnosis of spinal tumor (Boissonnault, Goodman. JOSPT; 2006; 36:351-53). Physical therapists contribute to the diagnostic process by recognizing the warning signs and making a timely referral. Publications support the notion that PTs can in fact recognize when a patient should be referred to a physician. In the most recent Articulations Practice Affairs Corner I described over 30 published patient case reports/case series where patients came to physical therapy with a variety of complaints (e.g. back, neck shoulder pain); the PTs examined the patient, recognized unusual examination findings and referred the patient. This patient referral to a physician led to a more timely diagnosis of a multitude of conditions including tumors. I also mentioned an article published in JOSPT (Moore et al, October, 2005, pages 674-78) describing over 50,000 patients seen by PTs via direct access, and not one incidence was reported of patient injury or adverse event, or of a PT having their license revoked or suspended. In addition, 2 publications compared clinical abilities of PTs and other practitioners working with orthopaedic populations. Moore et al (JOSPT 2005; 35:67-71) compared clinical diagnostic accuracy of PTs, orthopaedic surgeons and nonorthopaedic providers on patients with musculoskeletal injuries referred for MRI. The PTs and orthopaedic surgeons were shown to be equally competent in their abilities. Springer et al (Am J Sports Med 2000; 28:864-868) described patients post-ankle/foot injury examined independently by a PT and an orthopaedic surgeon for the appropriateness of radiographs. The interobserver agreement between the PTs and orthopods was high per kappa coefficient values, again suggesting for this particular clinical decision making issue PTs and orthopods were equally competent.

Summary

I understand why the NYSSOS’s selected LBP and cancer in an attempt to “grab” the legislatures attention; the threat of cancer produces a visceral/emotional response- a scare tactic. Interestingly, spinal tumors causing back pain happens very infrequently. In the Jarvik and Deyo paper mentioned above, the estimated occurrence of cancer causing LBP in the general population is 0.7%! In another study of patients being seen in a general musculoskeletal practice, the incidence of tumors was 0.12% (Slipman et al. Arch Phys Med Rehabil. 2003;84:492-495). While I don’t want to downplay the possibility of one’s LBP being associated with cancer, physical therapist screening will detect patients with other potential conditions that show up much more frequently than cancer will. Physical therapists receive extensive training for recognition of a host of potential patient health issues that require the expertise of other practitioners. The result will be more PT and physician patient communication, not less.

The physical therapy profession understands the responsibility associated with the privilege of seeing patients/clients without a physician referral. Steps have long been taken to make sure we have appropriate patient safety practice standards, the regulatory mechanisms set up to oversee PT practice and the education model established to prepare competent PT practitioners. Encouragingly, the New York legislature saw beyond the sensationalism found in the NYSSOS’s ad, and ultimately passed the NY Chapter’s direct access legislation. Its unfortunate that circumstances (e.g. direct access, POPTS) place ourselves and portions of the orthopaedic community at odds. My hope is as more and more legislation like this is finally passed, increased time and energy can be spent on developing a new and different practice relationship with the orthopods, one that has the patient’s best interests in mind.

The AAOMPT is committed to supporting legislative activities designed to promote unrestricted physical therapy practice. Please go to our website and read about the grant program and application process. If your Chapter is planning legislative activity please let the Chapter Executive Committee know that these funds are available.
Active Assistive Gleno-humeral Mobilization

By William J. Hanney, DPT, MTC, ATC, CSCS

The patient lies prone on a plinth while the involved upper extremity hangs over the side supported on a rolling stool. The therapist stands adjacent to the patient on their involved side. A mobilization belt is placed around the proximal humerus just distal to the acromion process. The therapist places one hand to facilitate movement of the scapulae and the other hand on the stool to facilitate flexion of the upper extremity in the scapular plane. Familiarize the patient with the motion by asking them to roll the stool forward and backward into shoulder flexion and extension. Once the patient is comfortable with this movement the therapists can facilitate the motion by assisting. Gentle force can be placed through the mobilization belt to facilitate inferior glide of the proximal humerus during the motion.

Alternative adaptations.

- The therapist can stabilize the scapulae preventing upward rotation to more aggressively mobilize the inferior gleno-humeral joint capsule.

- The therapist can use a contract-relax therapeutic maneuver. The patient attempts to roll the stool back while the therapist resists. The therapist then rolls the stool forward on the relaxation phase while depressing the humeral head with the mobilization belt.

- From this position, using the mobilization belt, attempt to mobilize the humeral head inferiorly while the patient’s shoulder is placed in internal rotation.

- Instruct the patient to perform the stool rolling as an exercise rolling towards 12, 1, 2 and 3 o’clock position.
1. Manual therapy and exercise therapy have a better short term outcome than a ‘wait and see’ group but long term outcomes indicate that there is no difference.

2. A corticosteroid injection provides a quicker result than manual therapy and exercise or no treatment but has a high recurrence rate and a delay in the long term recovery.

Citations(s):

Three/four part clinical question:
In patients with lateral epicondylitis does manual therapy with exercise provide a better outcome than treatment with steroid shots or receiving no treatment?

The study:
The purpose of this recently published pragmatic randomized single blinded controlled trial was to investigate the effectiveness of physical therapy with a wait and see approach or corticosteroid injections over a 52 week period in individuals who were diagnosed with tennis elbow.

The study patients:
The study had 198 participants, aged 18 to 65 years, who were diagnosed clinically with tennis elbow with a duration of 6 weeks or longer.

Control Group(s):
1. One group received 1-2 (as needed) corticosteroid injection(s). All 65 participants in this group completed the study.
2. One group received only some practical advice on self-management and ergonomics (as did the other groups). 67 participants were allocated to this group of which 62 completed the study.

Experimental Group:
One group received 8 physical therapy treatments over a 6 week period consisting of elbow manipulation and therapeutic exercise. From the 66 participants in this group 63 completed the study.

The evidence:
The results revealed that at 6 weeks the corticosteroid group did significantly better than the other 2 groups. The physical therapy group also did significantly better than the wait and see group. The group that received a corticosteroid injection showed a significant worsening at 12 weeks compared to the status at 6 weeks. At 12 and 52 weeks this group was significantly worse compared to the other groups. At 52 weeks there was no significant difference between the groups that received physical therapy and the wait and see group.

Primary outcome measures
Pain-free grip ratio (affected side/unaffected side×100)( Mean (SD) for each intervention):

<table>
<thead>
<tr>
<th></th>
<th>Wait and see</th>
<th>Injection</th>
<th>Physical Therapy</th>
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<tbody>
<tr>
<td>3 weeks</td>
<td>46.2 (22.1)</td>
<td>83.2 (21.3)</td>
<td>54.5 (24.4)</td>
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<tr>
<td>6 weeks</td>
<td>51.8 (23.0)</td>
<td>83.6 (22.9)</td>
<td>70.2 (25.4)</td>
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<tr>
<td>12 weeks</td>
<td>72.1 (23.0)</td>
<td>63.7 (28.1)</td>
<td>80.8 (22.6)</td>
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<td>26 weeks</td>
<td>86.5 (20.2)</td>
<td>64.1 (30.8)</td>
<td>96.3 (29.9)</td>
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<tr>
<td>52 weeks</td>
<td>96.5 (18.5)</td>
<td>84.6 (21.9)</td>
<td>100.9 (30.9)</td>
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Assessor severity rating (/100) ( Mean (SD) for each intervention):

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<th>Wait and see</th>
<th>Injection</th>
<th>Physical Therapy</th>
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<tbody>
<tr>
<td>3 weeks</td>
<td>52.9 (17.9)</td>
<td>18.9 (17.8)</td>
<td>42.2 (19.2)</td>
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<tr>
<td>6 weeks</td>
<td>44.1 (16.7)</td>
<td>16.0 (17.3)</td>
<td>28.1 (19.9)</td>
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<tr>
<td>12 weeks</td>
<td>27.4 (16.5)</td>
<td>32.9 (24.9)</td>
<td>17.8 (16.8)</td>
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<tr>
<td>26 weeks</td>
<td>17.0 (14.3)</td>
<td>35.2 (24.6)</td>
<td>8.3 (11.7)</td>
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<tr>
<td>52 weeks</td>
<td>10.3 (13.2)</td>
<td>19.0 (19.7)</td>
<td>5.1 (9.6)</td>
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Global improvement( Mean (SD) for each intervention):
The success rate, defined on a 6 point Likert scale of global being much improved or completely recovered, for the physical therapy group was 23% at 3 weeks, 65% at 6 weeks, 76% at 12 weeks 94% at 52 weeks. The success rate in the injection group was at 3 weeks 75%, at 6 weeks 78%, at 12 weeks 45% and at 52 weeks 68%. The success rate in the wait and see groups was at 3 weeks 16%, at 6 weeks 27%, 12 weeks 59%, at 52 weeks 90%.
The following conclusion can be made from the outcomes: a corticosteroid injection provides quick results but has a high recurrence rate and results in a delay in the long term recovery. The physical therapy group performed much better at 6 weeks than the wait and see group but had similar results at 52 weeks.

Comments:
1. The physical therapy intervention was not described but a referral was made to the following article:
Vicenzio B. Lateral epicondylalgia: a musculoskeletal physiotherapy perspective, Man Ther 2003;8:66-79
2. The physical therapy group sought significantly less additional treatment when compared to the other groups.
Articulations is the official newsletter of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT). The newsletter is only printed three times a year and is distributed to the members of the AAOMPT, as well as various groups with an interest in orthopaedic manual therapy such as physical therapy schools, orthopaedic study groups, and members of orthopaedic manual therapy groups in Canada.

The content of Articulations will include variations of the following: a message from the President of the AAOMPT, updates from committee chairpersons, a notice of upcoming events or conferences, a literature review, a clinical pearl, a research pearl, oscillations on a “hot” topic, listing of new fellows, list of approved residency sites and a spotlight on one or two residency programs.

Advertising Rates (distribution of approximately 1,700)

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<th>Size</th>
<th>Price</th>
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<td>½ Page: $200</td>
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<td>¼ Page: $125</td>
<td>4½&quot;h x 3½&quot;w</td>
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*Add 20% to your order for 2 color ads (burgundy & black)*

Classified ads

$50 per issue ($2.00 per 36 character line after 20 lines)

Issue dates are approximately February, June and October. Advertising deadlines are November 30, April 30, and August 30 respectively.

Volume Discounts

- 5% discount on each advertisement, when ads are placed in three consecutive issues. The discount is given at the time of billing for the third ad.
- 10% discount on each advertisement, when ads are placed in six consecutive issues. The discount is given at the time of billing for the sixth ad.

For more information, please contact Matt Garber at 210.221.8627 or matt.garber@aaompt.org.
The 2007 annual AAOMPT conference will be held at the Millennium Hotel in downtown St. Louis, Missouri. The theme for this year’s conference is “The Craniovertebral Spine: From Impairment to Empowerment,” where we will proudly present keynote speakers Mariano Rocabado and Michele Sterling. The conference dates are Friday, October 19th to Sunday October 21st, 2007, with the pre-conference programming being on the 16th and 17th. The Millennium Hotel is located at 200 South 4th Street in downtown St. Louis. Further information regarding the conference can be located at our website: www.aaompt.org.


Richard Erhard Research Award winner Julie Fritz present by Dr. Erhard.

2006 Conference Scrapbook

2006 AAOMPT Research Grant Award Winners*

Paul Mintken, PT, DPT, OCS received the Cardon Rehabilitation Products grant ($5,000) for his proposal “Development of a Clinical Prediction Rule to Identify Patients with Shoulder Pain Likely to Benefit from Cervicothoracic Manipulation.”

Bryan Heiderscheit, PT, PhD received the OPTP grant ($4,000) for his proposal “Identifying Thoracic Spine and Rib Origins of Exercise-Induced Transient Abdominal Pain.”

Chad E. Cook, PhD, PT, MBA, OCS received the LojerUSA grant ($3,000) for his proposal “Real-time Updates of Meta-analyses of Manual Therapy Treatment of Low Back Pain Supported by a Biomedical Ontology.”

*The American Academy of Orthopaedic Manual Physical Therapists (www.aaompt.org) awards up to three grants each year for research directly related to orthopaedic manual physical therapy.

The AAOMPT wishes to acknowledge & thank our generous 2006 research grant sponsors

Cardon Rehabilitation Products

OPTP

LojerUSA

20 - Articulations - January/February 2007
Keynote speakers Shirley Sahrmann and Jenny McConnell with outgoing Conference Chair Dave McCune.

2006 New Fellows

A. Dobbs, T. Flynn present Anne Porter Hoke with the prestigious Mennell Service Award.

Friends and colleagues gather at the reception.

Enjoying a meal with friends at the conference.

Students rocked the annual conference! Their enthusiasm was infectious.
<table>
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<tr>
<th>MEMBER TYPE</th>
<th>BENEFITS</th>
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<tr>
<td><strong>AAOMPT MEMBER:</strong></td>
<td>• Receives the Academy newsletter - Articulations</td>
<td><strong>$95.00 per year</strong></td>
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<td>Any physical therapist who is a current member or eligible for membership in the American Physical Therapy Association.</td>
<td>• A subscription to <em>Journal of Manual and Manipulative Therapy</em></td>
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<td>• Eligible to apply for fellowship if qualified</td>
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<td>• Eligible to serve on Executive as Member-At-Large</td>
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<td>• Discounts on Academy sponsored seminars and annual conference</td>
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<td><strong>NOTE:</strong> 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.</td>
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<tr>
<td><strong>AAOMPT FELLOW:</strong></td>
<td>• Receives the Academy newsletter - Articulations</td>
<td><strong>$125.00 per year plus a one time application fee ($100.00)</strong></td>
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<td>A fellow is a physical therapist who has been recognized by their peers as having reached the standards of the Academy. There are several ways this can be achieved (ref: AAOMPT Bylaws and Constitution Updated August 2, 1996). A fellow is a full voting member of the Academy.</td>
<td>• A subscription to <em>Journal of Manual and Manipulative Therapy</em></td>
<td>(Associate dues paid in same year are credited towards fellow dues)</td>
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<td>• Eligible to serve on Executive Committee</td>
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<td>• May use the designation FAAOMPT after their name</td>
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<td><strong>STUDENT MEMBER:</strong></td>
<td>• Receives the Academy newsletter - Articulations</td>
<td><strong>$15.00 per year for a basic student membership without journal</strong></td>
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<td>Any full time student enrolled in a graduate or undergraduate physical therapy program who is a current member or eligible for membership in the American Physical Therapy Association. Student members will have a reduced membership fee to be set by the AAOMPT executive.</td>
<td>• Discounts for Academy sponsored conference</td>
<td><strong>$60.00 per year with a subscription to the <em>Journal of Manual &amp; Manipulative Therapy</em> included</strong></td>
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<td><strong>FOREIGN MEMBER:</strong></td>
<td>• Receives the Academy newsletter - Articulations</td>
<td>North America <strong>$105.00 per year</strong></td>
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<td>A physical therapist living and working outside the United States who is interested in supporting the objectives of the Academy.</td>
<td>• A subscription to <em>Journal of Manual and Manipulative Therapy</em></td>
<td>Overseas <strong>$115.00 per year</strong></td>
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<td>• Receives the Academy newsletter - Articulations</td>
<td><strong>$160.00 per year</strong></td>
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<td>Any educational, research or clinical institution with an interest in orthopaedic manual physical therapy.</td>
<td>• A subscription to <em>Journal of Manual and Manipulative Therapy</em></td>
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<td>• Free copy of “Standards” document</td>
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<td>• Discounts for “Standards” document &amp; DACP</td>
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