Therapists Learn Assessment and Treatment Method of Scoliosis

By Deb Nerud Vernon, BS, MA, EMT-P

Hagit Berdishevsky PT, MPT, MDT, Schroth scoliosis therapist, provided an overview of both the theory and the practice in the Schroth Method of scoliosis treatment, during a 2-day lecture and laboratory seminar. The preconference “Introduction to the Principles of the Schroth Method to Treat Scoliosis,” according to one attendee, was “the best session I’ve ever been at and I’ve been coming for 20 years.”

“The Schroth Classification,” said Berdishevsky, a therapist at the Hospital for Special Surgery Rehabilitation Department (NY), “is a tool to reduce complexity. It provides [us] assistance for planning therapy. If there is no reason to work on the thoracic area, then work on the lumbar, where adults have a tendency to progress.”

According to Berdishevsky, the Scroth Method has been in existence for nearly 100 years. It was developed by Katherina Schroth in Germany, where it is the most recognized conservative exercise-based approach for scoliosis treatment.

“Scoliosis patients need to have information about the disease in order to help them develop proactive coping strategies,” said Berdishevsky.

She added that treatment might be administered individually or in groups by teaching scoliosis-specific exercises and breathing techniques to achieve postural changes.

Scoliosis has numerous definitions in the medical literature. 

Saladin Appointed to APTA Board of Directors

Lisa K. Saladin, PT, PhD, has been appointed by the APTA Board of Directors to fill the unexpired term of director David Pariser, PT, PhD, who died unexpectedly January 14.

Saladin’s term will begin immediately and run through June 2014.

Her “previous experience as a member of APTA’s Board of Directors and her in-depth knowledge of the issues currently facing the association will help the Board retain continuity while moving the association forward, as Dave would certainly have wanted,” said APTA President Paul A. Rockar Jr, PT, DPT, MS, in making the announcement yesterday.

Read the full announcement at APTA.org.

Don’t Miss!

- Hear Sandy Cassidy, PT, PhD, address the need to prepare a collaborative-ready workforce to meet global health needs during the presentation of the Linda Crane Lecture at 3:00 pm, CC Room 30DE.
- PTNow moves out of beta at CSM! PTNow, the clinician web portal developed by APTA in collaboration with sections, is designed to help you apply the latest evidence directly to patient care. It’s both a portal to resources and a synthesizer of evidence. Visit PTNow’s booth #1848/1850.
- CSM’s TechnoPalooza: An Interactive Experience returns to CSM in the Exhibit Hall. Share ideas, discuss your findings, and offer your creative perspective on all kinds of interactive technology used in physical therapy within over 3,000 square feet of technological inspiration and exploration. Opens with the Exhibit Hall at 9:00 am. Connect with your peers at 6:00 pm, Hilton Bayfront Sapphire Foyer, for the members-only “Build Your Career” event for New Professionals, an informal networking event designed for the profession’s newest members. Experienced physical therapists from various backgrounds will discuss career paths in each of APTA’s 18 special-interest sections.
- Don’t forget to visit the Minority Affairs Reception at 6:00 pm, Hilton Bayfront Elevation Room. All attendees are invited to meet and interact with APTA members, leaders, and staff in a relaxed and friendly atmosphere.
Changes and Corrections

Please note the following changes to the printed onsite program:

January 22
- The Women’s Health Section’s “Postpartum Physical Therapist Evaluation and Intervention by Birth Mode,” scheduled for 8:00 am, has been canceled.
- Geriatrics Balance and Falls SIG’s “Preventing Injuries and Rehospitalization,” scheduled for 8:00 am, has moved to Convention Center Room 7AB.
- Northwestern University’s alumni and friends reception, scheduled for 6:30 pm, has moved to Hilton Indigo EF.
- The Third Annual Acute Care Lecture “Leveraging Technology to Advance Acute Care Practice,” scheduled for 6:30 pm, has moved to Hilton Indigo GH.
- The ABPTS recertification recognition reception, scheduled for 8:00 pm, has moved to Hilton Indigo C.

January 23
- “Strategies to Address Interprofessional Communication and Behaviors That Hinder Acute Care Practice,” scheduled for 11:00 am, has moved to Convention Center Room 7AB.
- The Neurology Section’s “Using Vestibular Function Testing to Assess and Treat Vestibular System Dysfunction,” scheduled for 11:00 am, has moved to Convention Center 14AB.
- Northeastern University’s alumni reception, scheduled for 6:30 pm, has been canceled.

January 24
- The Section on Pediatrics’ “Needles, Tubes, and Intensive Care: What Happens to the Baby?” scheduled for 8:00 am, has been canceled.
- The Health Policy and Administration Section’s “Emerging Issues in Medicare and Federal Affairs: What Every PT Needs to Know” has been added to the program at 8:00 am in Convention Center 1AB.
- The Neurology Section’s “Using Vestibular Function Testing to Assess and Treat Vestibular System Dysfunction,” scheduled for 11:00 am, has moved to Convention Center 14AB.
- The Women’s Health Section’s “Strategies to Address Interprofessional Communication and Behaviors That Hinder Acute Care Practice,” scheduled for 11:00 am, has moved to Convention Center 7AB.
- “The ‘D’ in ‘Dementia’ Is Not For Discharge,” scheduled for 3:00 pm, has moved to Hilton Sapphire ABEF.
- The Third Annual Acute Care Lecture “Leveraging Technology to Advance Acute Care Practice,” scheduled for 6:30 pm, has moved to Hilton Indigo GH.

Swim, Bike, and Run for Physical Therapy Research

On January 1, the Foundation for Physical Therapy launched the Log ‘N Blog for PT Research, a new effort that enables students, faculty, and members of the community to collectively raise funds for physical therapy research, while promoting healthy lifestyles! Built around the concept of training for a triathlon, physical therapy programs will form teams, and team members will record on the Log ‘N Blog website the number of miles they each swim, bike, and run.

The hope is that this innovative program will introduce larger numbers of PT/PTA programs, students, faculty, patients, friends, and families to the foundation and create greater awareness of the important role physical therapy research plays in health care. The quality of physical therapy services depends on the quality of research—research that provides the scientific basis for current treatment and allows physical therapists to develop innovative approaches to prevent and treat common injuries and diseases. “The fruits of research also enhance the quality of education for all PT students, which strengthens their career paths and provides credibility to the profession,” said Foundation President William G. Boissonnault, PT, DPT, DHSc, FAPTA, FAOMPT.

Anyone can join a team’s effort to help promote health and wellness by participating in the Log ‘N Blog! The competition kicks off with a Log ‘N Blog Start Party tonight at 9:00 pm, with a DJ and dancing. For more information, visit LogNBlog4PT.org.

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Program Objectives
1. Meet, discuss, and learn with the experts in lumbosacral and lower-quarter musculoskeletal function and rehabilitation.
2. Experience advanced hands-on clinical skill acquisition in small learning lab groups.

At the Conclusion of this Conference, Attendees Will Be Able To:
- Recognize and implement strategies and interventions for effective, standardized evidence-based treatment of the lumbosacral and lower extremity conditions using the treatment-based classification system and the ICF model.
- Understand, recognize, and implement a more standardized, quality-improvement-based approach for the treatment of low back pain.
- Incorporate interviewing, counseling, and patient education strategies to address the cognitive behavioral disorders commonly seen with LBP.
- Identify and incorporate appropriate thrust manipulation techniques and use of motor control training exercises for patients with LBP.
- Understand and perform treatment for the lumbosacral spine using the movement systems impairment approach;
- Recognize, assess, and understand the psychosocial factors, compensation strategies and published guidelines that can influence rehab outcomes in LE conditions;
- Perform and interpret special tests, exam findings and guidelines for the hip and OA of the LE in order to implement an optimal treatment plan to include manual therapy and motor performance; and
- Clinically differentiate plantar and posterior heel pain and perform evidence-based interventions.

Educational Credit:
The Orthopaedic Section is applying for approval of this course for 13 continuing education hours with State Licensure Boards.

Program Information
Thursday, May 2, 2013
Opening Reception & Keynote Presentation: 6:00 PM – 9:00 PM
The Paradox of Autonomy: Demonstrating Value in a Post Health Care Reform World
Presenter: Justin Moore, PT, DPT, Vice President, APTA Public Policy, Practice, and Professional Affairs Dept.

Friday, May 3, 2013
Concurrent Breakout Sessions:
** On Friday, four concurrent breakout sessions will be offered. The registrant will attend three out of four breakout sessions following the morning general session, based on order of preference indicated on the registration form. Note: space is limited, and therefore the attendee’s breakout session assignments will be given on a first-come, first-serve basis.

Session 1: Education and Counseling Strategies for Patients with Low Back Pain and Related Anxiety, Depression, or Generalized Pain
Presenter: Joseph Godges, DPT, PT, MS, OCS
Session 2: Thrust Manipulation Skills for the Lumbar and Lumbosacral Spine
Presenter: William O’Grady, PT, DPT, OCS, FAAOMPT

Visit the Orthopaedic Section booth in the exhibit hall, #2014, for additional details & a meeting brochure!

Registration Fees:
- Early-bird (prior to 3/8/13): $495
- Advance (prior to 4/1/13): $545
- On-site (begins 4/2/13): $665

For Physical Therapists
- PT Orthopaedic Section Member: $545
- PT APTA Member: $595
- PT Non-APTA Member: $745
- PT Orthopaedic Section Member: $665
- PT APTA Member: $700
- PT Non-APTA Member: $800

Visit our website for full meeting details and to register:
https://www.orthopt.org/content/orthopaedic_section_1st_annual_meeting
Faculty Position at Washington University

The Program in Physical Therapy at Washington University School of Medicine invites nominations and applications for full-time tenure track faculty at the Assistant, Associate or Full Professor level. We seek innovative researchers who can contribute to the discovery and implementation of evidence in the broad field of movement science. Qualifications include:

- PhD or equivalent degree
- Postdoctoral training or relevant research experience of at least two years
- Research excellence as demonstrated by publications, external funding, and the desire and potential to conduct nationally/internationally recognized research

Competitive start-up funding, laboratory development resources and ancillary support commensurate with the candidate’s qualifications and needs are available with this position. Teaching and service expectations will be appropriate to permit pursuit of a rigorous research program. Potential for collaboration and dual appointment with other departments and schools is high. For more information about the Program in Physical Therapy and Washington University, visit our website at https://pt.wustl.edu.

Applications are requested by February 15, 2013. Additional applications will be accepted until the position is filled. Applications should include a letter of intent, statement of research vision, curriculum vitae, and the names and contact information of three references. These materials must be submitted electronically as a single pdf to muellerm@wustl.edu.

If you would like more information or have any questions, visit Booth #2121 or contact the chair of the search committee,

Michael J. Mueller PT, PhD, FAPTA  
Professor, Physical Therapy and Radiology  
Director, Division of Research  
Washington University Program in Physical Therapy  
(314) 286-1428  
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Outgoing Component Presidents Recognized

On January 21 during the luncheon for component presidents, executives, APTA Board of Directors, and selected APTA staff members, 7 outgoing APTA chapter and section presidents were recognized for their leadership, dedication, and service to their component and our profession.

First row, left to right: Leslie G. Portney, PT, DPT, PhD, FAPTA (Academic Council); Stacia Troshynski Brown, PT, DPT, OCS (Kansas Chapter); Ethel Maureen Frese, PT, DPT, MHS, CCS (Cardiovascular & Pulmonary Section)

Second row, left to right: James J. Irgang, PT, PhD, ATC, FAPTA (Orthopaedic Section); Paul A. Rockar Jr, PT, DPT, MS (APTA president); Rick Anthony Gawenda, PT (Section on Health Policy & Administration); Mark Alan Blankespoor, PT (Iowa Chapter); Robert Sellin, PT, DSc, ECS (Section on Clinical Electrophysiology and Wound Management)
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Treating the Triathlete

By Deb Nerud Vernon, BS, MA, EMT-P

he triathlon, an athletic event consisting of swimming, biking, and running, started right here in San Diego in 1974. And with the growth of this sport, physical therapists face the daunting task of treating the multisport athlete. Experts tried to make attendees more comfortable in this assignment during yesterday’s preconference “Comprehensive Management of the Triathlete: Injury, Rehab, and Performance.”

Shefali M. Christopher PT, DPT, SCS, LAT, ATC, Duke University, began the session with some basic lingo used by triathletes. “T1 and T2 are the transitions, from swimming to biking and from biking to running. The amount of movement your feet has to make the riders over use the neck and back. Running results in fatigue, accumulation of stress, lactic acid buildup, dehydration, and hyponatremia (low sodium).”

Christopher went on to say that symptomatic hyponatremia is caused by considerable fluid overload independent of appreciable NaCl losses. “One athlete gained 3.6 kg during a race and came into the medical tent confused, feeling unwell, and with low blood pressure. He was treated with natural diuretics to correct this imbalance,” she said. “Self-induced water intoxication is reported in the literature 27 percent of the time in the Hawaii and 18 percent of the time in the New Zealand ironman competitions.”

Christopher suggested asking patients about their warm-up and cool-down periods, their training plan, competitiveness, and orthotics. “We see more overuse injuries than traumatic ones,” said Christopher. “Coaching and technique are key for injury prevention, and athletes must have good resources.”

Christopher spoke to nutrition as well and stated that athletes should eat 30 to 60 minutes post-workout with a 3:1 carbohydrate-to-protein ratio. “Eat fast-acting carbohydrates and eat a solid meal two hours post workout.” She said symptoms of a low carbohydrate diet include heavy legs, muscle soreness longer than usual, upper respiratory illness susceptibility, and dizziness. “Optimal performance is only possible with adequate carbohydrate availability,” concluded Christopher.

John Cavanaugh, PT, MEd, ATC, SCS, Hospital for Special Surgery (NY), concentrated on swimming injuries. “The body must rotate as a unit to maintain lateral alignment. The limb direction is dependent on stroke pattern, angle of attack, and velocity.” He said that common mistakes include over reaching, under reaching (hand enters water too soon), wide recovery (hips are brought out of alignment with trunk, which increases drag), dropped elbow, and breathing incorrectly.

“Overuse injuries from swimming are less common than injuries from cycling and running,” he said, accounting for 5% to 10% percent of injuries.

Schroth scoliosis therapist Hagit Berdishevsky (right) demonstrates how to assess for scoliosis.

Scoliosis

Scoliosis

Schroth defines it as a more or less fixed spinal axial deviation followed by typical trunk deformities, lateral deviation in the coronal plane, and rotation in the transverse plane based on the location of the curvatures.

Berdishevsky said that idiopathic scoliosis is divided into subgroups including infantile (age 0-3), juvenile (age 4-9), adolescent (age >9), and a newly recognized type, adult scoliosis that develops after skeletal maturity. “This degenerative scoliosis starts in the postmenopausal period and may include low back pain, lateral listhesis, segmental instability, osteopenia, or osteoporosis,” said Berdishevsky.

“Right or left always refers to the thoracic convex side,” Berdishevsky stated, even if the thoracic curve is not the main curve or when it is very small and does not seem to exist.

“The most common curve seen in adolescents and adults is the thoracic thoracolumbar,” said Berdishevsky. “The single thoracic, or double thoracic and lumbar, is determined if the patient has a single thoracic [curve] and no compensation above or below that point. Sometimes we cannot even tell that they have scoliosis because they appear to be straight.”

She said another population that therapists treat has sagittal deviations. No scoliosis is present and there is little or no rotation. “The scoliosis is secondary, and the primary problem is sagittal deviation. The therapeutic focus should be on the deviation of the sagittal profile.”

Berdishevsky stated that therapists should use postural assessment by “looking from the bottom up and screening the surface topography. Look at the pelvic, lumbar, thoracic, and shoulder blocks and the head and neck.”

The course provided numerous hands-on lab times for the attendees to practice assessment and interventions.
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By the Numbers

10,647 registrants, exhibitors, and guests as of 1/17/13
745 exhibit booths
490 exhibiting companies
23 countries represented
16 hotels
5 event venues

CSM welcomes our international guests from:
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Brazil
Canada
China
Costa Rica
Denmark
Dominican Republic
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Product News

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NuStep Inc. Introduces NuStep T4r

NuStep, Inc., is offering APTA-CSM attendees an exclusive first-look at its all-new, life-transforming exercise machine, the NuStep T4r.

The T4r is equipped with a user-controlled step, enabling a total body, natural movement and providing for an exceptional workout experience. Committed to users’ feedback, the NuStep team of exercise physiologists and ergonomic professionals developed the T4r with one goal in mind: to create a highly effective and dependable machine that will help transform lives.

A breakthrough in the exercise and physical therapy space, this quiet and smooth all-in-one machine allows for a total body workout — without compromising comfort or safety. Virtually anyone can use the T4r — it’s an inclusive workout for those pursuing health and wellness, people with disabilities and in rehabilitation, fitness enthusiasts and everyone in between!

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Tuesday 1:00pm-2:00pm
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Visit Booths #1942 & #1944 in the exhibit hall or go to www.abpts.org for more information
Vector Gait and Safety System™ by Bioness Debuts

Safely and efficiently managing people with various movement disorders and pathologies such as Stroke, Spinal Cord Injury, Traumatic Brain Injury, Parkinson’s Disease, joint replacement, orthopedic trauma, and amputations among many others creates a large burden and risk on healthcare providers. Patient rehabilitation and functional outcomes can often be restricted due to fear of falling and/or injury. Over the years, hospital-based gait rehabilitation has progressed from belts to parallel bars to mobile harness systems and recently robotic and ceiling mounted body weight support systems. Limitations of current body weight support systems include set-up time, size (clinic footprint), installation restrictions, track versatility and single patient use.

Utilizing this valuable feedback and learning from the success of the L300 Foot Drop System and L300 Plus System, Bioness is bringing gait rehabilitation full circle with the debut of the Vector Gait and Safety System at APTA-CSM. The Vector Gait and Safety System will offer healthcare providers unparalleled convenience and versatility to mitigate risk, enhance outcomes and improve profitability.

Make it a point to stop by the Bioness booth #2003 this week during exhibit hall hours and receive a personal tour of the Vector Gait and Safety System. At Bioness we are committed to helping people regain mobility and independence through clinically proven products. In addition to the Vector Gait and Safety System, Bioness manufactures solution-driven technologies including the award-winning L300 Foot Drop System, the H200 Wireless Hand Rehabilitation System, and the L300 Plus System. These advanced-technology functional electrical stimulation (FES) systems are designed to provide functional and therapeutic benefits for individuals affected by central nervous system injuries and disorders such as stroke, multiple sclerosis, traumatic brain injury, spinal cord injury and others.

Who is ProtoKinetics?

Are you looking to transform your gait analysis routine? So were the founders of ProtoKinetics. In April 2012, Michael Rowling and Youan Chang, former management employees of CIR Systems Inc., acquired the GAITRite M_Sqr technology from CIR Systems and formed ProtoKinetics. The new company offers a new alternative as they seek to develop, distribute, and support the most advanced gait measurement equipment on the market.

The members of ProtoKinetics are thrilled to meet industry’s expectations by offering sought-after new measurements, durable hardware, and new synchronization techniques. Alongside ProtoKinetics technical advantages, the group’s passion, vision, and expertise will clearly differentiate the novel product line. Rowling has dedicated more than 20 years of his career to helping researchers and clinicians define and develop measurement tools that fulfill their task requirements. Chang, a leading innovator in the world of advanced mathematics, statistics and signal processing, is well-known for his creation of the celebrated Datapac Software package for signal analysis. Kristen Larsen, with extensive experience in physiological data acquisition and product training, recently joined ProtoKinetics as Director of Education and Service.

The company’s current customer base is comprised of industry professionals who require movement analysis tools for their research or clinical practices. The traditional package for ProtoKinetics customers includes a Zeno Walkway, a computer with ProtoKinetics Movement Analysis Software (PKMAS), a video camera to synchronize video and footfalls, and an interface for marking events. The Zeno Walkway (available in 2- and 4-foot widths and 8- to 26-foot lengths) is manufactured by Zometrics, which also makes the GAITRite. ProtoKinetics has been eager to debut their company to the APTA and show how they have pushed current technology to the next level. Visit booth #1209 to see how ProtoKinetics can benefit your practice today!

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