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### 2007 DISTRICT EVENT CALENDAR

Be sure to mark these dates on  
your calendar!

#### **April 24th: District Meeting**

**Speaker:** Panel of Local Orthopedic Clinical Specialists

**Topic:** Ask the OCS—bring your clinical problems/questions and get suggestions from local experts

**Location:** Agile Physical Therapy, Palo Alto

#### **May 25-26: Continuing Education Course**

**Topic:** Wheelchair Seating and Positioning for Pressure Relief

**Location:** Santa Cruz, Ca

#### **August 7th: District Meeting**

**Topic:** Ask the NCS—bring your clinical problems/questions and get suggestions from local experts

**Location:** Dominican Hospital, Santa Cruz

#### **September 11th: District Meeting and Job Faire**

**Topic:** TBA

**Location:** Good Samaritan Hospital, San Jose

#### **November 13th: District Meeting**

**Topic:** TBA

**Location:** Salinas Valley Memorial Hospital, Salinas

The San Jose District Newsletter is edited by Cheryl Tibbetts, MPT, OCS. For comments or questions, email Cheryl@valleypt.net or



Issue 11  
April 2007



## A FEW WORDS FROM OUR CHAIR... Barbara Merrill, PT

On a daily basis I talk to therapists who are passionate about our profession and their endeavors to help their patients. Sometimes the conversation concerns women's health, sometimes manual lymph drainage, hand therapy, vestibular problems, TBIs, strokes, and other areas too numerous to mention.

It makes me also wonder if, as a profession, we refer out often enough. Do we know how to find outstanding therapists in areas where we may not have expertise? Do we call a therapist in another practice when we have a patient with a persistent problem not resolving? Is there an ongoing effort to read, listen, and learn on a continuous basis from these extraordinary therapists with such special interests? I hope so.

We hope that the District's newsletters this year are bringing a variety of clinical perspectives. In the last issue Sara Meeks was very generous with her efforts to share with us some of her clinical expertise concerning Osteoporosis. In this issue Alison Heller-Ono is sharing some of her expertise in ergonomics. In the next issue we hope to have another therapist contributing some of his or her expertise in another area.

Our District meeting on April 24<sup>th</sup> will bring five expert orthopedic clinical specialists together to share with us their perspectives concerning different aspects of patient care. I sincerely hope many of you will join us in Palo Alto.

Cheryl is doing a terrific job organizing and presenting wonderful newsletters. Please give us feedback and suggestions for articles and District meetings. It is vital to our profession that we continue to share the vast knowledge in our profession.

#### EDITOR'S NOTE:

*In reading Barbara's column I am driven to challenge the reader to sign up as a Mentor on APTA's website if you feel you have expertise in an area of physical therapy practice. If you do not want to enlist as a mentor perhaps you could spend part of a day at one of your local physician's offices learning how they evaluate patients and explaining how you would evaluate the same problem. Or, perhaps you could spend part of a day at a colleague's office doing the same thing. If you feel you are a novice therapist, I challenge you to seek out a mentor to help hone your skills.*

*Physicians consult with one another all the time. I believe it is time we as therapists do the same. We should be sharing our knowledge with each other not only to improve our own practices but to advance the profession as a whole.*



## THE SPEAKER'S CORNER FOR OUR April 24th MEETING

THIS AREA HIGHLIGHTS INVITED SPEAKERS FOR OUR DISTRICT MEETINGS

### Our Orthopedic Clinical Specialist Panel

**Paul Christensen, DPT, OCS, ATC, FAAOMPT** Paul received a Master of Science degree in 1979 and a post-professional Doctorate in 2000, both from the University of Southern California. He is certified as an Orthopedic Specialist (1995, 2005), an Athletic Trainer (1977), Strength and Conditioning Specialist (1988) and an Orthopedic Manual Therapist (Norway, 1993). He became one of the first Fellows in the American Academy of Orthopedic Manual Therapists in 1995. Currently, he provides physical therapy care at OPTM Sports and Physical Therapy, Inc. in Los Gatos and Saratoga, CA.

“Contrary to popular belief, OPTM is not an acronym for “oh please touch me,” but rather for optimum performance through movement. This is my approach to rehabilitation. First, I assess the person as a human being and then their injury. We must assess their psychological relationship to their body and current disorder and then synchronize our care with their total being. We so often want to know what to do to a person before we find out what the real issues are which contribute to the current presentation. It is probably safe to say that we all use exercise, movement re-education, manual therapy and education in our treatments, as do I. My emphasis is on the assessment to ensure that the treatment focuses on the subtleties with which the person presents.”

**Eric Folkins, DPT, OCS** Eric received a Master of Physical Therapy and Biokinesiology from the University of Southern California in 1994. He received his Doctor of Physical Therapy degree from Western University of Health Sciences in 2005. He is a certified Orthopedic Clinical Specialist (2006), certified Vestibular Therapist from Susan Herdman (2002), and certified Ergonomist from the Atlanta Back School (2002). Eric currently works at Community Hospital of the Monterey Peninsula as a staff therapist and is the facility's Clinical Coordinator of Clinical Education.

“My evaluations and treatments are based on anatomy, biomechanics and evidence based research. By using specific testing, that has been researched with high specificity or sensitivity, achieving a "medical diagnosis" is usually the easy part. One must evaluate the entire person and assess the biomechanics of areas outside the painful area to appropriately treat the "cause" of the pain and determine a physical therapy diagnosis. I want the patient to feel like they have control of their current condition with proper mechanics. Treatment approaches are eclectic and not limited to one philosophy. Research helps guide my treatments as well as my personal experience. Impairments that are found are stretched - if short, strengthened - if weak, mobilized - if hypomobile, stabilized - if hypermobile.”

**Marc Guillet, PT, OCS, ATC** Marc has his Master's degree from Columbia University in Physical Therapy (1991). He completed his Athletic Training Certification during his work at the UCLA Athletic department while working for two years on rotations of general orthopedics, neurology, pediatrics, and cardiac rehabilitation. The six years following his work at the UCLA and Stanford Athletic departments, he concentrated his focus on injuries related to high level athletes in over 35 different sports. More recently, he has managed a staff of thirty clinicians for over two years at Stanford University Hospital and Clinics. He is Board Certified as an Orthopedic Specialist (1997) and has lectured and been published in peer reviewed journals in spine and extremity related problems. Marc founded Agile Physical Therapy in July of 2002.

“Nearly my entire experience in the treatment of orthopedic injury has been focused on work with an athletic population. What makes athletes different is their ability to move efficiently. They are also the masters of compensation. My background is in Maitland's philosophy for constant re-assessment, but analyzing movement has become a very effective way for me to functionally analyze each patient. I have to say that although I continue to use manual therapy, my focus has moved more to exercise and evidence based treatment.”

The San Jose District newsletter welcomes any and all submissions including articles, letters to the editor and advertisements. For a list of advertising rates please contact the newsletter editor, Cheryl Tibbetts, PT at [cheryl@valleypt.net](mailto:cheryl@valleypt.net) or 831-338-4458.

**Ross Nakaji, PT, OCS, SCS, ATC, CSCS** Ross received a degree in Sports Medicine-Athletic Training in 1993 then Master of Science of Physical Therapy in 1997 from University of the Pacific. He received his Orthopedic Clinical Specialist certification in 2002 and his Sports Clinical Specialist certification in 2006. He currently co-owns and is the “Clinical Director” of Los Gatos Orthopedic Sports Therapy in Los Gatos, Ca, with his wife, Kris (who is a pediatric PT) and his father, Robert (formerly of Good Samaritan Hospital Rehabilitation Services/ARPTA, Inc.).

“I approach PT as a career, not merely a job. This profession is all about people and evolving as we learn. We learn not only from formal education, but the people around us, including supervisors, mentors, coworkers, physicians and most of all, our patients. Upon graduation, my father, owner of Athletic Rehabilitation and Physical Therapy Associates said to me, “So, now what do you plan to do, because you won’t know anything for at least another 5 years.” I realized then that I would never know everything and the challenge of this profession is to recognize that we must evolve and grow by continually learning and improving our knowledge base and skills. Therefore, my approach toward treatment is primarily biomechanical, but very eclectic through a lifelong learning process. I do my best to remember that everyone is different and unique. Therefore, treatment cannot always be the same or a “cookbook.” My treatment style is ever evolving to address changes in health care and our patients’ goals.”

**Cheryl Tibbetts, MPT, OCS** Cheryl received her Master of Physical Therapy and Biokinesiology degree from the University of Southern California in 1993 and received the Departmental Award for academic excellence and clinical promise. She became co-owner of Valley Physical Therapy in Boulder Creek, Ca in 1994 and opened a second office in Scotts Valley, Ca in 1998. She received her Orthopedic Clinical Specialist certification in 2002 and became sole owner of Valley PT in 2005.

“I look at it as my job to help patients understand how their bodies are supposed to work, how theirs is actually working and what we can do to make those two things more the same. I look at the whole patient, not just where the symptoms are, and treat whatever biomechanical dysfunctions I find through exercise, neuromuscular re-ed, manual techniques, etc. This way I encourage overall fitness and improved body mechanics while treating the original problem. All of our patients’ time is spent one-on-one with a PT with a focus on patient education and exercise.”

## Patient Questionnaire for the Orthopedic Clinical Specialist Panel

Please provide us with some information about your patient. The following is a general list of pertinent information with some specifics to help the panel better understand your patient. Please send the information via email to Cheryl@valleypt.net or via fax to (831) 438-5059. Questionnaires will also be available at the April 24th meeting. Please remember your responsibility to your patient’s privacy when submitting information.

### Patient Demographics

Age:

Gender:            Male                    Female

### SUBJECTIVE INFORMATION

#### Symptoms

Location:

Description: Constant or Intermittent

Burning/stabbing/aching/throbbing/numb/etc.

Severity:            /10

Aggravating factors:

Easing factors:

#### Functional Limitations

#### History

Current History/mechanism of injury:

Previous Treatment (not by you):

Past History:

General Health:

### OBJECTIVE INFORMATION

Posture:

AROM/PROM:

Strength:

Special Tests:

### YOUR CURRENT TREATMENT

Therapeutic Exercise:

Manual Techniques:

Neuromuscular Reeducation:

Modalities:

Gait Training:

Assistive Devices/Bracing/Taping:

### RESPONSE TO CURRENT TREATMENT

### OTHER PERTINENT INFORMATION

### YOUR QUESTION???

# Perspectives of a New Grad

Cindy Walton, DPT

A year and a half ago I signed my first note as a licensed physical therapist. Recently I was reminiscing with a coworker about the feelings of success and accomplishment I felt in that moment. After years of studying and hard work I had finally met my goal. I began to think about my journey from student to physical therapist, and the events and situations that influenced me along the way. As I reflected I remembered several learning experiences that made a big difference on my path to becoming a physical therapist. If student physical therapists and new graduates are interested in suggestions for their journey, then these are my humble words of advice.

## Students

- o Always leave a good name behind you at each clinical affiliation. Genuine gratitude and thank you notes go a long way.
- o It is always a good idea to meet new people and network at classes and physical therapy events you attend. The physical therapy community is quite friendly and welcoming.
- o Become an APTA member, attend district meetings and read updates from the APTA and your local state and district. This is the amazing organization that is working for the best interest of our profession.

## New Graduates

- o Having a mentor to discuss and problem solve clinical questions with is a valuable asset.
- o Stay current on the recently published literature. It never gets old when other therapists approach me and ask about current practice issues and any recent articles I read as a student or new graduate.
- o Create an outline for goals and professional growth.
- o Attend CPTA district meetings and become involved in your local district. From my experience the therapists who volunteer their time with the local CPTA districts are extremely welcoming and it is rewarding to advocate for our profession.
- o Acute care therapy may not be one of the most popular specialties for new graduates, but don't hesitate to give it a try. Acute care provides an opportunity to fully understand how patients progress through the continuum of care and allows you to truly participate in a multidisciplinary approach to patient care.

## Experienced Physical Therapists

- o If possible become a clinical instructor or mentor. You have a wealth of knowledge to share with the next wave of physical therapists.

## District Continuing Education Course

### **Wheelchair Seating and Positioning for Pressure Sore Prevention and Improved Quality of Life; What Every Therapist Should Know**

This entry level course is designed for therapists in all settings wishing to improve the quality of life of their patients/clients who use wheelchairs for mobility. Focus is on seating and positioning evaluation skills for pressure sore prevention and improved function.

Instructors:

Karen Gosling, MPT, ATP  
 Andrea Martin MPT, NCS, ATP  
 Luisa Kelly, RN, MS, CWOCN  
 Allen Siekman Adaptive Technology Specialist

**Location: Dominican Hospital Santa Cruz CA**

**Friday May 25<sup>th</sup> and Saturday May 26<sup>th</sup>**

**Cost: \$295 APTA Member**

**\$480 Non-APTA Member**



### **“DO IT YOURSELF” ERGONOMICS FOR EMPLOYERS**

**APRIL 26-27, 2007**

**MONTEREY, CA**

Small Group Training in  
 Preventive Office Ergonomic Analysis.  
 Appropriate for rehab and safety professionals.

To register, visit

**[www.worksiteinternational.com](http://www.worksiteinternational.com)**

Or call 888-288-4463

**\$895.00**

Includes continental breakfast, lunch, course workbook, reference manual, CD-ROM of forms, vendor literature and access to the latest office ergonomic chairs and accessories.

## **What Have You Done for ME Lately?**

### **Introduction of AB 1444**

CPTA-Sponsored bill, AB 1444, Consumer Direct Access to Physical Therapist Services, was introduced on February 23, 2007. As its name implies this bill will hopefully allow consumers **true** direct access to physical therapy services in California. AB 1444 will be carried by Assembly member Bill Emmerson, a republican from the 63rd Assembly District representing the greater Loma Linda and Redlands area. Emmerson is a dentist who graduated from Loma Linda University and is Vice-Chair of the Assembly Business & Professions Committee. (In case you didn't know the Physical Therapy Practice Act is part of the Business & Professions code.) Currently, the bill is in "spot" form, which means that the exact language has yet to be included. This was done in order to give CPTA more time to meet with all the various groups who have an interest in our bill prior to determining the exact language.

### **Physical Therapy Legislative Day**

By the time you read this PT Leg Day will have happened on March 27th in Sacramento. Nearly 150 of your PT colleagues will have gone to the State Capital, learned about the legislative process and participated in it. Leg Day participants will have met with legislators or their staff and educated them on what physical therapy is, what physical therapists do and why true Direct Access to PT services will be a benefit to all Californians. This important public affairs campaign to advance our profession would not be possible without months of planning by your CPTA staff, CPTA Board, Government Affairs Committee, and the people who gave up a day of work to travel to Sacramento to participate.

### **CPTA Sponsored Continuing Education Course**

Strengthening to Promote Functional Recovery in Post-stroke Hemiparesis

One-day Course Program

(.8 CEUs, 8 contact hours / \$309 members, \$495 non-members)

May 19, San Jose, Calif., Good Samaritan Hospital

Registration deadline: May 4

## A CLINICIAN'S COMMENTS

THIS AREA HIGHLIGHTS INVITED OR SUBMITTED CLINICAL COMMENTARY

### Mousing Around the Keyboard

**Alison Heller-Ono, MSPT, CIE, CMC**

Alison Heller-Ono, MSPT, CIE, CMC is a PT with more than 15 years experience in ergonomics and owner of Worksite International. Alison has participated in professional training and speaking for over 15 years regarding the topics of workers' compensation, work injury prevention and management, ergonomics and the ADA.

This article explores the hazards of pointing device use while keyboarding and identifies a number of habits, postures and positional causes that contribute to the onset of right upper extremity Repetitive Motion Injuries (RMI). Remedies to resolve "mouse-related" cumulative traumas are provided.

OSHA statistics indicate most work injuries are related to high risk activities such as those that require forceful or heavy exertions. These over exertions are the leading cause of back injury today, especially in manufacturing and heavy industry. However, running closely behind is the trauma associated with manual tasks that require repetitive motion. OSHA statistics indicate a significant level of RMIs associated with sedentary to light tasks such as keyboarding and mouse use. One might ask how can such a simple task lead to injury and cost so much.

First, it is important to understand physically what occurs with an overuse injury, especially one related to mouse use. The most common injuries are:

Trigger Finger

Wrist Extensor Tendonitis

Elbow Extensor Tendonitis

Rotator Cuff Tendonitis

Tension Neck Syndrome

There are others that may result, including various nerve compressions such as Carpal Tunnel Syndrome or Pronator Syndrome. All of these are significant injuries that can result from repeated biomechanical stress over an extended period of time resulting from pointing device use.

Quantifying the amount of exposure such as how long and how often the tool is used is important. Users exceeding 2-4 hours cumulative daily use are likely more vulnerable to these injuries. The software format is also important. Inquiring about the type of software used and if it requires significant mouse clicking, dragging or cut/paste will contribute to overuse. Many softwares rely highly on pointing device use such as database programs, customer service software, graphic design programs and internet searching.

Using the pointing device has significant biomechanical forces requiring sustained grip along with repeated finger motion when using the traditional mouse. Trackball mechanics vary based on the position of the roller ball, either top mounted or thumb driven. None-the-less, both tools drive repeated finger and thumb motions as well as prolonged gripping or sustained wrist postures. The primary difference is the traditional mouse requires a firm grip to stabilize the mouse or to move and drag it effectively.

Perhaps the most significant stressors come from the postures assumed while mousing around the keyboard. Below is a series of metaphors for typical mousing postures and associated postures:

**The Mouse Chaser:** Typically the mouse is used on the work surface along with the keyboard. The user drives the mouse forward on the desk until it is at a maximum full arm reach, often resulting in forward trunk inclination and poor back support.

**The Rotating Mouse:** Typically the mouse is placed on a keyboard tray that is >26" long and often set too low. The mouse is placed to the far right beyond the 10 key of the keyboard. The resulting posture is an open elbow angle with significant right shoulder external rotation and loading on the wrist to push the mouse towards ulnar deviation, creating fatigue to the entire upper extremity including the neck.

**The High Mouse:** This posture results when the mouse is placed on the desk about 4-6" higher than the keyboard on the keyboard tray resulting in an extended arm reach every time the mouse is used.

**The Anchored Mouse:** This often occurs simultaneously with the other mousing postures identified. This occurs when the arm is fully extended or the elbow is at an open angle and the user loads on the wrist, anchoring it on the mouse pad, palm rest or work surface. This posture results in contact stress to the wrist and creates a fulcrum of motion from the wrist forward allowing only the hand to move. The wrist is essentially locked in extension, limiting any upper extremity motion at the elbow or shoulder. This results in static muscle fatigue which ultimately can invoke the numerous injuries described earlier, including carpal tunnel syndrome.

To remedy the problem, an ergonomic analysis is recommended to observe the employee's workstation set-up, work practices and work routines with mousing. It is essential to identify the set-up of the mouse, i.e. mouse placement relative to the work surface height or keyboard tray height and the resulting body mechanics with mouse use from the neck to the hand. Observation of use patterns to recognize abnormal motion is necessary. Most people tend to hold the mouse even when they are not actively engaged in using it creating additional static time. Awkward deviations are common combined with sustained wrist extension, which needs to be discontinued. Changing to an alternative device may also be practical such as a track ball, Rollermouse (by Contour Design) or other solutions. Placement of the mouse also likely needs to be addressed along with managing symptoms, stretching regularly and changing work behaviors.

Keep in mind that the upper extremities are an open kinetic chain, designed to move freely. Keyboarding and mouse use tend to result in leaning and loading on the wrist, closing the chain and essentially weight bearing on structures not usually designed for weight bearing. As a result, employees need to recognize their habits and change. Proper keyboard and mouse use require the user to "float" over the keys or use a light touch on the mouse and move from the shoulder and upper arm, not isolate movement at the wrist. As the PT evaluating your work injured patient, it is up to you to bring these matters to their attention. By doing so, you are more likely to be successful in helping the employee minimize the onset of "mouse -related" upper extremity cumulative trauma.

If you have a patient that is in need of an ergonomic analysis, please call Worksite International for further assistance at 888-288-4463 or visit [www.worksiteinternational.com](http://www.worksiteinternational.com).

## MEMBER GET A MEMBER CAMPAIGN

Current members bring a non-member to a San Jose District meeting and each of you (the member *and* the non-member) receive a **\$5 Starbucks gift card just for attending the meeting.**

When you arrive at the meeting simply present your current membership card to the Membership Services person at the sign-in table and introduce your non-member colleague. (Offer is limited to one Starbucks card per member and non-member, per meeting)

If your non-member colleague joins the APTA let the California Chapter office know and you will also receive \$25 from the CPTA!

## PT and Rehab Job Fair @ UCSF (Parnassus Campus)

Thursday, April 19th, 2007

4pm-7pm

Millberry Union Conference Center

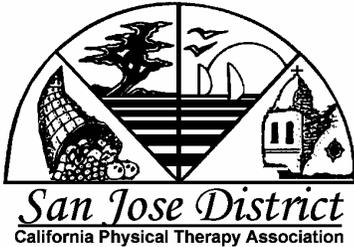
500 Parnassus Avenue

San Francisco, CA 94143-0234

## Welcome New Members

Cara Renee Sommer, PT

Supriya Ameesh Maniar-oza, PT



1220 30th Avenue  
Santa Cruz, Ca 95062

**SAN JOSE DISTRICT**  
**MEETING**

**April 24, 2007**

**Agile Physical Therapy**  
**2450 El Camino Real**  
**Suite 101**  
**Palo Alto, CA**

PRESORT STD  
U.S. POSTAGE  
PAID  
PERMIT #164  
SALINAS CA

**NEXT DISTRICT MEETING:**

**APRIL 24, 2007**

**AGILE PHYSICAL THERAPY**  
**2450 EL CAMINO REAL, SUITE 101**  
**PALO ALTO, CA**

**6:30—9:00PM**

LIGHT REFRESHMENTS PROVIDED

**PRESENTATION:**

**“ASK THE CLINICAL SPECIALIST”**

**BRING YOUR QUESTIONS OR PRESENT A PROBLEM PATIENT TO A  
PANEL OF ORTHOPEDIC CLINICAL SPECIALISTS AND RECEIVE  
TREATMENT AND EVALUATION ADVICE**