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### 2007 DISTRICT EVENT CALENDAR

Be sure to mark these dates on  
your calendar!

#### 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:** Kinesiotaping

**Speaker:** Karen Woodbeck, PT, ATC

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

#### November 9-10th: Continuing Education Course

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

**Location:** Santa Cruz, Ca

#### November 13th: District Meeting

**Topic:** Ask the OCS—this was such a popular topic in Palo Alto we're doing it again in the south end of the District

**Location:** Salinas Valley Memorial



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August 2007

## A FEW WORDS FROM OUR CHAIR...

### Barbara Merrill, PT



I know, I know, I said I would devote this article to documentation for durable medical equipment but I am not quite ready to do that. One reason is the variety of DME that physical therapists deal with on a regular basis; everything from wheelchairs to walkers, standing frames, and in some areas bathing equipment, transfer boards of various shapes and sizes, and various other pieces of equipment.

One of the many things I love about our profession is the wide variety of interests. We have so many specialties even within one special interest group. Just look at the variety of interests in the orthopedic section; there are the traditional orthopedic and sports physical therapists working with backs, knees, shoulders, etc. then there are the dancers, the ergonomists, therapists like Sara Meeks who have made huge contributions in the area of osteoporosis, Peter Edgelow who has made enormous contributions in many areas lately in the care of thoracic outlet syndrome utilizing breathing control and full spinal and pelvic mobility to influence the entire upper quadrant. Nancy Byl who has made enormous contributions in such diverse areas as wound care, vestibular system dysfunction, and the exploration of repetitive motion injuries with her research with owl monkeys. This is only a sample of the vast variety of skilled people and their diverse interests.

Cornelia Lieb-Lundell PT, PCS has devoted the last thirty years of her career as Director of Rehabilitation at the San Diego Regional Center and made huge contributions in the area of physical therapy for children and adults with development disabilities. She is an expert in an area most of us know very little about. She is not only an outstanding therapist, but knows more about federal and state laws covering this population than anyone I know. She has graciously agreed to contribute to this issue of the District Newsletter.

## 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!



## THE SPEAKER'S CORNER FOR OUR August 7th MEETING

THIS AREA HIGHLIGHTS INVITED SPEAKERS FOR OUR DISTRICT MEETINGS

### Our Neurologic Clinical Specialist Panel

**Jennifer Kaubisch, PT, NCS** Jennifer graduated in 1985 from California State Long Beach with a Bachelor of Science degree in Physical Therapy. She has been practicing 21 years with specialization in a broad range of neurological impairments: traumatic brain tumor/injury, spinal cord tumor/injury, cerebral vascular accident, cerebral palsy, multiple sclerosis, Guianne Barre, post polio, muscular dystrophies, and many others. Jennifer has had the opportunity to develop and participate as team member in: Muscle Disease Clinic, Spasticity Clinic and Orthopedic/ Neurological Clinic and Neurological Outpatient (NOP) Service at *Santa Clara Valley Medical Center* where she is currently Senior of the NOP service. In addition, she opened her own practice in 1995 ***Kaubish Physical Therapy***. Jennifer has been the invited guest lecturer to many conferences and organizations at the local and state level and had the privilege to develop and present APTA course: ***Common Orthopedic Impairments for the Neurological Patient***. She has instructed at Samuel Merritt College on Gait, Pathomechanics and Orthotics and is requested to speak to Stanford, Physical Medicine & Rehabilitation, psychiatrists on similar topics.

Jennifer's treatment philosophy involves: reducing pathomechanics of primarily the lower extremity, musculoskeletal and orthopedic focus, spasticity management, orthotic design and implementation, closed chain functional mobility training/exercise with respect for overuse vulnerability, modification of exercise specific for impairment, gait and balance training, as primary areas of focus. Treatment is diverse and tailored for acute to years post injury (i.e 20 yrs), cultural/ethnic difference, age and support.

**Arlene McCarthy, PT, MS, DPT, NCS** Arlene is a physical therapist with 30 years experience and has treated in acute, outpatient, SNF and Home Care, settings. She received post professional Master of Science in Neurologic Physical Therapy from Samuel Merritt, and Doctor of Physical Therapy from UCSF. She is a Neurologic Clinical Specialist and has been a member and chair of the Neurologic Specialty Council, helped to revalidate the current Description of Specialty Practice, and this year started the Kaiser Permanente Neurologic Residency Program. It is hoped that the program will become the third APTA credentialed neurologic residency in the US. The program's vision is to be a premier program training therapists to be leaders, educators, and mentors in Neurologic Physical Therapy.

As far as philosophy of care, Arlene utilizes an eclectic treatment approach drawing from NDT, PNF, Task Oriented Approach, Motor Learning and III Step. Arlene works at incorporating evidence into her practice as much as possible and try to stay current with the stroke literature. Her area of expertise is in Stroke Care across the continuum. She is passionate about Neurologic Physical Therapy and is excited everyday about the work that she does.

**Ann Vivian, MPT, NCS** Ann Vivian has worked in the area of neurological rehab for 18 years. She graduated from USC with her MPT in 1989 and has been a Certified Clinical Specialist in Neurology since 1997. Ann works at Mills Health Center in San Mateo in outpatient neurologic and inpatient rehab. She has seen private physical therapy clients for 12 years. Ann has been a member of the San Jose District CPTA for the past 2 years in the role of education chair.

Ann uses an eclectic mix of neurological techniques and tries to keep abreast of current research and evidenced based practice in neurological physical therapy.

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.

## San Jose District Members support CAL-PT-PAC

Earlier this year the California Physical Therapy Association (CPTA) sponsored legislation to allow consumer direct access to physical therapy services. At the same time your association has been following other legislation dealing with workers' compensation, massage therapist licensure, ATC title protection, and acupuncture scope issues – all having an impact on our profession. There are a number of ways that the CPTA is working within the political and legislative arena to represent and support our profession. These include the activities of our state Government Affairs Committee, our lobbyist, the Chapter Board, our very successful P.T. Legislative Day in Sacramento, meeting with individual legislators both in Sacramento and in their home districts, and contributions made by the CAL-PT-PAC to legislators. In order to have a successful advocacy program that supports our profession, it is imperative that all of these activities move forward in a successful manner.

You, our members, play an incredibly important role in the potential success of our legislative activities to support legislation that will move us closer to our strategic goal – achieving consumer direct access to physical therapy services. Your help is needed to have a strong and successful PAC, which supports those legislators who are supportive of physical therapy. As of May 31, the following San Jose District members have made the commitment to support the PAC with their contributions.

GRIZZLY Contributors (\$1000 or more): Judy Sebring.

2600 CLUB Contributors (\$500-\$999): Bruce Beekley, Bob Williams.

SUSTAINING Investor Contributors (\$100-\$499): Axis Physical Therapy, Barbara Dangerfield, Barbara Merrill, Chris Ota, Deanne Smith, and Ann Vivian.

GENERAL Contributors (up to \$99): Gina Basuino, Anne Cunningham, Burnett Hartsock, Alison Heller-Ono, Shelley Krooph, Peggy Miller, Bettye Pina, and James Vegher. (Please note: This list was provided by the CAL-PT-PAC. If you made a contribution and are not included in this listing, please contact Bob Williams at willhartb@mindspring.com)

Our goal is to raise \$11,000 from our District; and to date we have contributed \$2,200. Please join your colleagues in support of our profession by making a contribution to the CAL-PT-PAC.

Included in this newsletter is a CAL-PT-PAC contributions form, please complete this PAC Contribution form and send it along with your contribution to the CAL-PT-PAC. If you would like to contribute at the Grizzly or 2600 Club level, you can make your contribution by credit card and spread the payments over several months, though the total needs to be contributed by the end of 2007. If you would like to contribute at either of these levels, please let me know and I will arrange for a coupon booklet to be sent to you.

We thank you for your support, and your profession thanks you.

Bob Williams, PT, MA

District PAC Chair

## A CLINICIAN'S COMMENTS

THIS AREA HIGHLIGHTS INVITED OR SUBMITTED CLINICAL COMMENTARY

### Treating Persons with Developmental Disabilities: Opportunity or Challenge

Cornelia Lieb-Lundell, PT, MA, PCS

Cornelia Lieb-Lundell, PT, MA, PCS is a PT with more than XX years experience in pediatrics and is a therapy supervisor for the San Diego and Imperial Counties Developmental Services, Inc

The citizens of California long ago recognized the need to advocate and care for persons with developmental disabilities; the Lanterman Act established a state-wide program of ultimately 21 Regional Centers beginning in 1969. At that time, a move to bring persons primarily living in state hospitals back into their home communities helped initiate the development of specialized services to accommodate the unique needs of these special people. In 1975, federal legislation established the educational programs that would allow children to participate and learn in community settings with peers. Initially, the Education for all Handicapped Children Act included children ages 3-21 and the 0-3 year population was added when this evolved to IDEA.

In California, the definition of a developmental disability is autism, cerebral palsy, epilepsy, mental retardation and conditions requiring treatment similar to mental retardation. The disability must be substantial and present before age 18 years. More recently, for the age 0-3 group, a category of at risk for a developmental disability including children born at 32 weeks or earlier was added.

So, within what might be seen as a comprehensive social net work, how does physical therapy participate in providing services for this population? Public programs such as CCS (California Children's Services) and the school system, employ physical therapists and physical therapists assistants. Private programs that are community or hospital based also include physical therapy. Nevertheless, access to physical therapy is often limited as therapists may not be available or sadly not affordable. This is true in spite of the fact that this group of people are at greater risk for secondary disabilities and functional limitations than the typical population.

A great many persons with developmental disabilities have unique problems related to life long movement disorders, sensory dysfunction or functional disabilities that could benefit from episodic physical therapy throughout life. Further, this group of people experiences the same health risks that are prevalent in the population as a whole.

What, then, can you as a therapist do to address the needs of this population? Here are some opportunities and challenges:

- Develop expertise in the assessment of movement disorders in babies and young children, offer your skills to pediatric clinics or pediatrician groups
- Provide input to programs that are modifying home and community environments to provide access for persons of all ages with disabilities
- Provide services to young athletes participating in community Special Olympics programs
- Develop your expertise in assessing for and recommending of mobility devices, environmental control systems or assistive technology
- Become proactive in assessing the risk for falls. This population has a higher than average potential secondary to poor balance and fragile bones
- Support development of community based recreation or develop specialized fitness programs that can accommodate the unique needs of this population
- Become a specialist in ergonomic assessments for persons with special needs

Provide input to local and state legislators regarding unique needs and problems of persons with disabilities

Finally, take time to educate yourself about developmental disabilities. Provide treatment and patient/care provider education programs that support development of safe environments. Embrace the concept that interventions should foster realistic levels of independence. Become an advocate to promote the lifelong management of movement disorders.

## What Have You Done for ME Lately?

I have a little scenario to present before I tell you what CPTA has done for YOU lately:

*You're chatting with your neighbor when he says, "Hey, you're a PT, I rolled my ankle the other day in the yard. What should I do about it?" You perform a brief yet thorough evaluation and discover that he has some swelling distal to the lateral malleolus, decreased AROM, strength and coordination as well as limited single leg balance on the involved side; there are no indications of a fracture or more significant injury. You suggest that he follow the RICE principle and instruct him in some gentle ROM and strengthening exercises and ask him to follow up with you or his physician if he does not improve or worsens.*

My question to you is: Did you just violate the Physical Therapy Practice Act of California?

If you answered "no" and think that the PT in the scenario was practicing within our current scope of practice in California, you are WRONG! I posed this same question to the CPTA Government Affairs Committee and our CEO, Stacy DeFoe and both said the PT in the scenario violated the Practice Act. Do you still think PTs do not need true Direct Access to patients in California?

CPTA has been working tirelessly to educate the public, the medical establishment, legislators and PTs on the benefits of Direct Access. Even if you haven't personally experienced something like the above scenario, how is it different than when a patient comes to you *with a referral* and a diagnosis that is incorrect or something significant has been overlooked? We all are screening our patients and referring them on when they are inappropriate candidates for PT. I believe we already practice in a manner that is commensurate with Direct Access just without the "Direct Access".

Here is what we can all do for each other: SUPPORT DIRECT ACCESS by educating yourself, your colleagues and your patients on our level of education, expertise in movement dysfunction, ability to perform medical screening, and professional responsibility to refer patients on when their problem falls outside our scope of practice.

Opportunity for experienced orthopedic physical therapist in Los Altos.

Expanding clinic needs a skilled PT to provide rehab, fitness, and sports training to an active population.

Please fax or email resume to  
Bodies In Motion Physical Therapy  
650-947-9915 or  
[colleen@inmotionPT2.com](mailto:colleen@inmotionPT2.com)

*Would you like to expand your potential and be a more confident PT?*

*Would you like to share your skills with those in need? If so, please contact*

[www.optmtherapy.com](http://www.optmtherapy.com)

### 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-Saturday November 9<sup>th</sup> and 10<sup>th</sup>**

**Cost: \$160 APTA Member \$260 Non-APTA Member**

**12.5 Contact Hours**



*San Jose District*  
California Physical Therapy Association

1220 30th Avenue  
Santa Cruz, Ca 95062

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

**August 7, 2007**

**Dominican Santa Cruz  
Hospital**

**Rehab Campus**

**610 Frederick Street  
Santa Cruz, CA**

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**NEXT DISTRICT MEETING:**

**AUGUST 7, 2007**

**DOMINICAN SANTA CRUZ HOSPITAL**

**REHABILITATION CAMPUS**

**610 FREDERICK STREET**

**SANTA CRUZ, CA**

**6:30—9:00PM**

LIGHT REFRESHMENTS PROVIDED

**PRESENTATION:**

**“ASK THE NEURO CLINICAL SPECIALIST”**

BRING YOUR QUESTIONS OR PRESENT A PROBLEM PATIENT TO A