



Trigger Points

The Official Magazine of the Kansas Physical Therapy Association

FALL 2011

New Perspectives, Wide Eyes!

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Since I last wrote to you, I have had many new perspectives! First of all, I attended the 2011 Rally on the Hill during APTA's Annual Meeting in National Harbor, MD. It was a great experience, rallying with other PTs and PTAs across the country and then meeting personally with some of our very own Kansas legislators! I had the feeling that I did the first time that I visited Washington, D.C., in high school. I remember the teacher who was sponsoring the trip recalled that she loved to go to D.C. with students who had never been before, simply because of the awe and wonder in their eyes as they witnessed our nation's monuments and history first-hand.

I felt much the same way as I also attended my first House of Delegates during that same trip to National Harbor. It is a difficult experience to simply describe, but it is an amazing feeling to be in a (large) room of 400

In July, I was able to gain the perspective of a meeting facilitator. We held both KPTA Executive Committee and Board of Director meetings, along with KPTA Strategic Planning. I am very excited about the great discussion and involvement of many of you in formulating a plan for our organization for the next two years.

PRESIDENT'S Perspective

By Stacia Troshynski Brown, PT, DPT, OCS

physical therapists from across the country who are making decisions regarding our profession. Their dedication and passion for our profession is truly palpable in discussions and debates. What a wonderful way to become "wired in" to our profession! I was able to witness our *profession's* history and decision-makers first hand.

With wide eyes, I am continually amazed at the dedication and engagement of many of you in our profession. Please take this opportunity to become more engaged in your profession and professional organization (the KPTA) so that you, too, can experience your own "first-time-in-DC" moment!



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Stacia Troshynski Brown, PT, DPT, OCS
Stacia.brownski@gmail.com

Vice-President

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dannyboylorenz@yahoo.com

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Susan.scholl@va.gov

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suzharms07@cox.net

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mwilley@cox.net

Ethics

Neena Sharma, PT
nsharma@kumc.edu

Finance

Susan Scholl, PT
Susan.scholl@va.gov

Legislative

Pam Palmer, PT
pam@palmerpt.com

Membership

Brian Boerner, PT
btboerner@yahoo.com

Nominating

Julie Newman, PTA
jnewmanpta@yahoo.com

Professional Competency

Julie Newman, PTA
jnewmanpta@yahoo.com

Programming

Candy Bahner, PT, DPT
Candy.bahner@wichita.edu

PTA Caucus Representative

Angie Hoerner, PTA
anghoerner@sbcglobal.net

Public Relations

Dorothy Riviere, PT, OCS, CSCS, FAFS
driviere@arcpt.com

Reimbursement

Daryl Menke, DPT, MCMT
menkedaryl@cox.net

Research

Katie Siengukon, PT, PhD
csiengukon@kumc.edu

Standards & Practice

Kendra Gagnon, PT, PhD
kgagnon@kumc.edu

Promotion of Physical Therapy is Year Around

According to the CDC, high school athletes account for an estimated 2 million injuries, 500,000 doctor visits, and 30,000 hospitalizations annually and that is only one subsection of the athletic environment. Did you know that one marketing statistic states that only 2% of the population is in physical therapy at any one time and most people are still not aware of what those practicing in physical therapy can do?

Physical therapy professionals should highlight our profession and promote what we can do to improve overall health and wellness in our communities. We all know that maintaining our strength, mobility and stability are keys to remaining active and involved in our lives and communities as we grow older.

We are experts in evaluating movement and teaching people how to train to remain competitive or active in their chosen sport especially after an injury. Yet many people would likely not think of us first to consult with if such an injury occurred to them or their children.

According to the American Journal of Sports Medicine, August 2008, physical therapist-developed exercise programs were shown to reduce athletes' risk of injury by 41%. We just need to get the message out there. We all have a different focus toward the athlete but one mission, to help all athletes regardless of age or sport to be successful in what they choose to do. I encourage you as companies, clinics or as individuals to take some

**By Dorothy Riviere,
PT, CSCS, OCS, FAFS
Chair, Public Relations
Committee**

time to highlight why you should be the provider of choice for our athletes and what you can do help keep our children and adults active through their lifespan.

There are many resources available on the APTA website www.moveforwardpt.com.

We are professionals in an occupation which requires immense creativity every day as we treat our patients. What can you come up with to celebrate who you are and what you do throughout the year?

PUBLICATION INFORMATION

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Send all articles and ads for publication to:

**Kansas Physical Therapy Association
2900 SW Plass Ct., Ste. 202
Topeka, KS 66611**

Phone: (785) 233-5400 • Fax: (785) 290-0476 • E-Mail: kpta@kpta.com

Nancy Koftan, PTA, *Editor*

For advertising information call contact the KPTA office

DISCLAIMER

The opinions expressed in the articles appearing in *Trigger Points* are those of the authors and do not necessarily represent the position of the Kansas Physical Therapy Association. Publication of an advertisement does not imply approval or endorsement of the advertiser, the product, or the service being advertised.

NEED TO REACH THE KPTA OFFICE?

2900 SW Plass Ct., Ste. 202
Topeka, KS 66611
(785) 233-5400
Fax: (785) 290-0476
kpta@kpta.com
<http://www.kpta.com>

Mary McBride, *Executive Director*
Melissa Maitoza, *Office Assistant*

APTA

American Physical Therapy
Association
1111 N. Fairfax Street
Alexandria, VA 22314-1488
800-999-2782
<http://www.apta.org>

Bone Tumor in a High School Female Athlete: A Case Study

The following case is a recent one I dealt with in the clinic that is important to share because of the eventual diagnosis of a bone tumor. As we move forward to direct access, this case lends support to physical therapists being able to recognize abnormal response to treatment as well as the importance of understanding constitutional symptoms.

SC is a 17 year old female track athlete who runs the 200 and 400 yard dash. Her script from the orthopedic surgeon said "Patellofemoral Pain Syndrome, Eval and Treat." X-rays were unremarkable, but she did not have an MRI to date. She complained of insidious right knee pain of about one month's duration that really started to worsen around recent conference championships. She reported pain that was a fairly constant 5/10, but worsened by running track, but nothing in particular bothered it otherwise. Her pain was described as sharp. No previous history of knee issues was reported. She stated that ice and ibuprofen "seemed to make it better." She also commented that her times weren't good enough to qualify for state, which was roughly the time pain worsened.

Examination revealed a slightly antalgic gait as well as observed right quad atrophy. She was vaguely tender to palpation over the distal lateral femur/superior-lateral patella. Passive knee extension in sitting was normal, active knee extension revealed slight lateral deviation at full extension. She was unable to sustain a quad set or perform a straight leg raise. A mild effusion was present in the knee. Right knee flexion ROM was 138° and her left knee was 145°. The screening examination for meniscal or ligament pathology was negative. Strength of the gluteus medius bilaterally was 4 to 4-/5. She had poor proximal hip and knee control with single leg squat. Pain did not change during the single leg squat. It was also observed that she unweighted her right lower extremity during the body-weight squat. Neurological examination was unremarkable.

It was determined that she did indeed present with patellofemoral pain, most likely from biomechanical dysfunction due to quadriceps atrophy and proximal hip weakness. A progressive exercise program for the quadriceps was initiated, as well as emphasis on gluteal strengthening. Russian stimulation was used after treatment along with ice massage until subjective numbness. Work: rest ratio of the stimulation was 10 seconds on, 50 seconds off due to patient inability to sustain a quad contraction.

After about 4 visits, her proximal hip strength was improving as well as performance in the single leg squat, but she showed minimal improvement in her volitional quad control. Also of note, she was doing lots of "internet shopping," subsequently asking questions about what the diagnosis could be because her quad wasn't much better and her pain was also not much better. After 6 visits, her pain was now a fairly constant 2/10 and flexion ROM was still 138°. The therapist hypothesizes that some of the pain relief she was experiencing was secondary to her poor proximal control and that there was some improvement with that. However, the therapist was concerned about persistent, fairly constant pain as well as the seemingly

inexplicable lack of quad improvement. The therapist referred her back to her orthopedist and attended the re-examination with her. The physician was unable to explain her condition any further and ordered an MRI of her knee. The MRI revealed an osteosarcoma of the distal lateral femur. Physical therapy was stopped at this time and she was referred to an oncologist. She is currently receiving chemotherapy.

**By Dan Lorenz, DPT, PT,
LAT, CSCS
Vice-President**

Multiple things can be learned from this case. First of all, recall that the X-rays were normal and the patient was first seen by an orthopedist. Therefore, it behooves the physical therapist to not limit their differential diagnosis because of physician diagnosis. Secondly, the inexplicable change in her pain and that it was fairly constant should have alerted the physical therapist sooner. Patellofemoral pain typically has a distinct pattern of pain exacerbation and relief. In this case, her pain was a little worse with running at times, but largely, it didn't change. Pain from medical pathologies is typically constant and not changed by position, exercise, or modalities. The physical therapist or patient should be able to reproduce and get relief from their symptoms. If not, it is potentially not a physical therapy problem. Third, based on her otherwise unremarkable examination and no neurological deficits, the quadriceps atrophy and knee effusion were also not explained. Because nothing in the physical examination helped delineate a more specific diagnosis, a medical issue should have been considered. Finally, it is clear that although the diagnosis was patellofemoral pain and the patient indeed had biomechanical issues to address, a reasonable amount of time regarding physical therapy visits were done to at least try conservative measures before she was sent back to her orthopedist.

One of the main reasons detractors use to not support direct access for physical therapists is that we will miss things like cancer if not first seen by a physician. The case clearly highlights that even physicians are not infallible and even when reasonable plans of care are established and diagnostic studies are ordered, pathology can be overlooked. It also illustrates that no medical professional is immune to potentially overlooking diagnoses. For that reason alone, there needs to be a collaborative effort with physicians, the patient, and the physical therapist when establishing a plan of care as well as evaluation of the response to it. It also indicates that physical therapists are equipped with knowledge to recognize a potential medical problem exists. It is important for the physical therapist to realize that we don't have diagnose the medical problem that may be present, but at minimum, recognize when the patient is not describing pain of mechanical origin. The physical therapist would benefit from regular review of constitutional symptoms to ensure familiarity with these signs and symptoms.

By Justin Henton,
SPTA
Kansas Core
Ambassador for
APTA

Not All Governance Is Bad

With all the negativity surrounding Washington these past few months many people not only lose faith in our federal governance but follow it all the way into our cities and towns. Unfortunately people often lose focus and tend to blame how the system works instead of the people working in it. This can make many people lump political bodies in with one another and give a negative reaction to all. People often become skeptical and doubtful that anything good will arise from those that represent us. I shared in part of these feelings when I was invited to the KPTA Board of Directors meeting on July 22nd. I have been to meetings of this nature in the past and most often they comprised of either endless praise of one another's actions or endless complaining about others. This meeting however was different. Following standard procedures that have been followed by all levels of our government the meeting had a very concise and fluid flow. You could tell through conversation that every member was well educated as to the history of KPTA events but also were aware about upcoming scheduled or even possible events that could impact our profession. Being a student there were times that I didn't know several of the details of what was being discussed but during breaks everyone I talked to was more than happy to help me understand the issues and see both sides of the story. When I was allowed to speak about possibilities regarding PT and PTA students everyone was attentive, eager to ask questions and give suggestions. In my experience when students are given an opportunity to speak many senior officials often don't show concern and find it an excellent time to take a restroom break or get caught up on messages. That did not happen at all with this group. When the meeting concluded several members came to speak to me about possibilities I might be able to consider and in turn asked my opinion on issues they are dealing with themselves. Because of the detailed goal oriented discussions where everyone's voice was allowed to be heard and debated I gained a great deal of confidence in our KPTA Board of Directors. They truly seem to have a deep care for the physical therapy profession and want the State of Kansas to be as successful as possible. Since many of the members are educators or former educators they realize that the future of the profession is today's students. Knowing that there are many battles for our profession I am very confident that we will have high quality representation from our board members and I look forward to attending more meetings in the future.

Are youPulled or Pushed by life?

If your life is being pulled or pushed because you or a colleague have a dependence on drugs or alcohol, or an emotional difficulty, give yourself a break, contact the:

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Peer Assistance: It's Why We're Here!

National Student Conclave Reflections

KPTA selects two students annually to receive scholarship assistance to attend NSC. NCS 2011 was held in Minneapolis, MN.

As a second year student going through the physical therapy doctorate program, it is sometimes easy to lose the passion of helping people that first led me to this vocation. This inevitable mentality can be caused by long days and longer nights of studying, tests that make you want to cry, and lab rooms that become ideal for naptime. Thankfully, this past fall, I was able to take a step back from the craziness of school and attend the National Student Conclave in Minneapolis, MN thanks to a scholarship awarded by the KPTA. It was very refreshing to meet students from across the nation, learn about different career options, and become involved in something greater than just studying and passing classes.

While at the conclave, I had the opportunity to hear from and meet

many physical therapy leaders and experts. The reoccurring theme from this knowledgeable group was that PT students are the future of physical therapy. When you hear this statement, you might want to think, “Well, duh.” However, it goes far beyond the fact that someday, in the *future*, we will be physical therapists. It means that in order for the profession to advance, students also need to be on the advancement bandwagon. By attending the conclave, I developed the belief that physical therapy school is not only about passing classes and getting the degree. It is about establishing leadership, constant learning, advocacy, and so much more for the profession.

The National Student Conclave also helped me realize that “Choosing My

**By Hannah Kueny, SPT
Wichita State University
DPT 2013**

Path” was about much more than deciding where to work after graduation. Although knowing what setting you are comfortable in is helpful, choosing a path is much more complex. For me, it means choosing whether or not to participate in a residency or fellowship, become a researcher, CI, or professor, and so much more! After having a great experience at the National Student Conclave, I would strongly encourage all students to attend a national event at some point during physical therapy school!

As a third-year DPT student, my thoughts often drift to what is going to happen after I graduate this May. I don't know what setting in which I'll choose to practice, but I do know I want to be the best clinician I can be. Throughout my various internships and interactions with current physical therapy professionals, I've learned a lot about various career paths. At APTA's National Student Conclave (NSC) in Minneapolis, MN, I learned a lot about ways that I can push my professional growth. I attended three different presentations about future career paths, which included clinical specialties, teaching, and research. Other career path sessions were able too, but I couldn't be in multiple places at once unfortunately.

I took away a lot of great practical information from NSC, and made a lot of valuable connections with potential employers and colleagues. The thing that I value most about my experience at NSC, however, is the inspiration that was installed in me. I still don't know where I'll practice, but I can't wait to get some experience and further my education. Maybe I'll be a CI, or maybe I'll go for a residency and then a specialty. Maybe I'll join a section and become a section leader, or maybe I'll pursue another degree and get involved in research. I learned about all of these and more at NSC. We have so many ways to learn and to give back in our field, and we should all consider and pursue these opportunities. By doing this, we will be able to provide better patient care,

**By Natasha Parman, SPT
Kansas University Med School
DPT 2012**

better train future PTs and PTAs, and be happier in our careers. Our field is evolving and we have to be ready to evolve too. I want to thank the KPTA for the opportunity to attend NSC. I'm even more excited to graduate and give back to the field now after my weekend in Minneapolis.

Fall 2011 Delegate Election Results

The election of Delegate was held at the Fall Business Meeting, September 24, 2011. Elected as Delegate was Kendra Gagnon and as Alternate Delegate Camille Snyder. Congratulations and thank you for your willingness to serve the KPTA.

KANSAS PHYSICAL THERAPY ASSOCIATION

Call for Awards

Please consider nominating a colleague for one of the following Chapter Awards. The recipients will be presented with their awards during the Spring 2012 business meeting. Specific criteria and a nomination form for each award can be obtained from the chapter office or [website](#).

- Susan Tork Distinguished Service Award: to honor a member who has given honorable, dedicated, and meritorious service to the Chapter and community at large.
- Distinguished Clinical Service Award: to honor a peer who has given long, loyal, and professional clinical service to the profession through serving the needs of their patients, coworkers, and community at large.
- Carolyn Bloom Lifetime Achievement Award: to honor long-standing members of the KPTA.
- Outstanding Physical Therapist Student Award and the Candy Bahner Outstanding Physical Therapist Assistant Student Award: to honor outstanding students
- Award for Academic Excellence: to recognize a faculty member within Kansas who has made significant contributions to physical therapy education.
- Friend of Physical Therapy: to honor those who have contributed to the profession of physical therapy and the Chapter as a whole.

The deadline for submitting your nomination is January 4, 2012.

Please contact the members of the nominating committee if you have any questions.
Candy Bahner, PT, DPT candy.bahner@wichita.edu
Julie Newman, PTA jnewmanpta@yahoo.com
Terry Butler, PT ntbutler@cox.net

KPTA Office Phone: (785) 233-5400 Fax: (785) 290-0476 www.kpta.com

Call for Nominations

Elections for **Chief Delegate, Treasurer, Secretary, and Nominating Committee Member** will be held during the Spring 2012 KPTA Business Meeting. Nominations for these positions are being accepted by the Nominating Committee.

The deadline for submitting your nomination is January 4, 2012.

Please contact the members of the nominating committee if you have any questions and with your nominations.

Julie Newman, PTA jnewmanpta@yahoo.com
Candy Bahner, PT, DPT candy.bahner@wichita.edu
Terry Butler, PT ntbutler@cox.net

KPTA Office Phone: (785) 233-5400 Fax: (785) 290-0476 www.kpta.com

Spinal Manipulative Therapy for Chronic Low Back Pain

Research Summary

Dan Lorenz, DPT,
PT, LAT, CSCS

KPTA
Vice-President

Rubinstein SM, et al. Spinal manipulative therapy for chronic low-back pain: an update of a Cochrane Review. *Spine*. 2011; 36(11): E825-846.

Spinal manipulative therapy (SMT) is a common procedure done by chiropractors, osteopathic physicians, and physical therapists. The current Cochrane Database Review sought to determine the effects of spinal manipulation. Twenty-six randomized, controlled trials met the criteria and were included in the review. Only patient-reported outcomes were used, including pain scales (VAS or numeric scale), functional status via back specific scale (i.e. Oswestry, Roland-Morris Disability Questionnaire), and global improvement/perceived recovery. Secondary outcomes were health-related quality of life and return-to-work. Comparisons were between SMT versus inert interventions (detuned ultrasound, detuned diathermy), SMT versus sham SMT, SMT versus all other interventions (i.e. stabilization or exercise programs, acupuncture, back school, massage, pain clinic, short-wave diathermy, ultrasound), and SMT plus intervention versus intervention alone

There is high-quality evidence that SMT has a small, but statistically significant short-term effect on pain relief and functional status in comparison to other

interventions. Further, there is varying quality of evidence that SMT has a statistically significant short-term effect on pain relief and functional status when SMT is added to other interventions. However, the size of the effects was small and not clinically relevant. In addition, there is very low-quality evidence that SMT is no more effective than inert interventions or sham SMT for short-term pain relief or functional status. The decision to refer/use SMT should be based on costs, preferences of the patient and providers, and safety of the treatment options.

Therefore, the findings of this review indicate that evidence exists to support the use of SMT for short-term relief of pain and functional status, but the effects are small and are no more effective than other interventions used in the treatment of chronic low-back pain, like stabilization programs. The physical therapist then should determine through a patient-centered approach what the best treatment plan is for each individual patient as no particular treatment is unequivocally proven to be effective for chronic low back pain. A combination of interventions may be the most appropriate based on costs to the patient, insurance benefit, patient requests/preferences, safety of the interventions, and comfort level of the clinician in utilizing the various interventions.

2011-2012 Continuing Education Cycle

The current CE cycle is at the half-way point. All continuing education is required to be completed no later than December 31, 2012. Physical therapists are required to complete 40 hours of CE and physical therapist assistants are required to complete 20 hours of CE. If you subscribe to the KPTA tracking service please check your [CE tracking report](#) and report any inaccuracies to the KPTA office, kpta@kpta.com or 785-233-5400.

Not tracking? There is still time to enroll. Contact the KPTA office for information.



KANSAS PHYSICAL THERAPY ASSOCIATION
 2900 SW Plass Court, Ste 202 Topeka, Kansas 66611 Phone: (785) 233-5400
 Fax: (785) 290-0476 E-Mail: kpta@kpta.com Website: www.kpta.com

**PHYSICAL THERAPY RALLY & CAPITOL VISITS
 REGISTRATION FORM**

Wednesday, January 25, 2012

All physical therapists and physical therapist assistants in Kansas are invited and encouraged to take part in the Rally and Capitol visits. Our goal is to have every legislator visited by a physical therapist or physical therapist assistant!

LOCATION	PROGRAM
<p>Dillon House 404 SW 9th Street Just west of Capitol building between Harrison Street and Topeka Blvd, due north of Docking State Office Building. (Harrison is one block east of Topeka Blvd. and is a one way street running south). Topeka, KS 66603</p> <p>Parking is available: Metered parking is available along Harrison St. Public Parking is available in the underground garage on north side of the Capitol on 8th Street.</p>	<p>8:15—8:45 am Continental Breakfast Guest Legislative Speaker TBA, Briefing and presentation of the KPTA legislative agenda by: KPTA Lobbyist; Pam Palmer, PT, Legislative Chair; and Stacia Troshynski Brown, PT, DPT, OCS, KPTA President *Special Student briefing by Stacia Troshynski Brown, PT, DPT, OCS</p> <p>9:00—2:00 pm Legislator visits at the Capitol and Docking State Office Building Legislator debriefing at Dillon House.</p> <p>1.5 CE hours will be awarded for attending the Legislative Program</p>

- Yes, I plan to attend the Physical Therapy Legislative Rally on January 25, 2012.
- Yes, I want to join my colleagues and visit my legislators (Representative and Senator) on January 25, 2012*
- Yes, I have previously spoken with my legislator(s) Representative Senator
 (Please check as appropriate)

*Legislative visits will be arranged through the KPTA office. If you have questions, please contact Mary McBride, KPTA Executive Director (785-233-5400), Pam Palmer, PT, KPTA Legislative Chair (pam@palmerpt.com) or Stacia Troshynski Brown, PT, DPT, OCS, KPTA President (stacia.brownski@gmail.com). To ensure that you meet with your legislators, please be sure and fill out the registration form below, making sure to include your **home address, county, and 9-digit zip code** so that we can accurately identify your legislators. Notice of your scheduled appointment will be emailed to you when determined.

Your Physical Therapy Legislative Rally & Capitol Visits Registration Form
 must be received by the KPTA Office no later than **January 9, 2012**.

Print or Type

 APTA Member Number County you reside in _____ PT _____ PTA _____ Student PT PTA
 (Please circle)

 First Name Middle Name or Initial Last Name

(____) _____
 Daytime Phone Number Fax Number Email Address

 Home Address City State Zip + four

Please complete if known: Senate District _____ House District _____

Return your completed Physical Therapy Legislative Rally & Capitol Visits Registration Form
 by **January 9, 2012 to:**

KPTA, 2900 SW Plass Ct, Suite 202, Topeka, KS 66611 or kpta@kpta.com, or Fax to (785) 290-0476.