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# UBC PHYSICAL THERAPY

MOVEMENT AND FUNCTION FOR LIFE

VOL 7 | SPRING 2010 THE NEWSLETTER FOR THE DEPARTMENT OF PHYSICAL THERAPY



**PABC Education Session** “Hot and Swollen” lecture given by Alison Hoens MPT2s with Rebecca Tunnacliffe and Alison Hoens



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## UBC PHYSICAL THERAPY

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### UBC PHYSICAL THERAPY VOL. 7 | SPRING 2010

A publication of the University of British Columbia's Department of Physical Therapy in the Faculty of Medicine, providing news and information for and about faculty members, students, staff, alumni and friends.

Letters and suggestions are

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<http://www.physicaltherapy.med.ubc.ca>

# MESSAGE FROM THE HEAD

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## Greetings

from the Department  
Head

A strategic planning retreat was held in December to develop a five year plan for the Department that is in keeping with the new Place and Promise: The UBC Plan. A vision statement for the Department was decided upon 'The Department of Physical Therapy provides an outstanding learning environment and leads in innovative research to advance physical therapy practice globally'. After welcomed input from the community we also have adopted a new tag line 'Movement and Function for Life'. We have several committees working on strategic priorities for the department that are also aligned with UBC's Place and Promise-community engagement, excellence in research, and excellence in education.

Thanks to Brenda Hudson at the CPTBC for alerting us of an opportunity for funding for our IEP program. We are awaiting notification of our proposal to further expand on self study modules used in the program.

We are also awaiting word on our latest proposal to government for funding to bring the MPT program to the North. We will keep you updated on both these initiatives as we receive more information.

Congratulations and thanks are in order to Karen VanderHoop for her quarter century of service to the Department. She was honored at a ceremony in March <http://ip.med.ubc.ca/Page8753.aspx?PageMode=Hybrid>

We hope you all will join us for our **Alumni event May 29th 10:30 to Noon** at the Friedman Building. Friends and family are welcome to come along and enjoy short talks and fun activities. I will be giving a short presentation of my research and Marc Rizzardo will be there to share more with us about his Olympic experience. There will be several fun filled activities for those of all ages such as test your strength or balance, body collage, pin the skull on the skeleton, and an informative body part scavenger hunt that will allow you to visit the teaching and research spaces as well as learn more about teaching and research in the UBC Physical Therapy Department. We look forward to seeing you all there. This event will be only a part of what is available during UBC Alumni weekend. For information about other Alumni weekend opportunities go to:

<http://www.events.ubc.ca/>



Dr. S. Jayne Garland, PhD  
Head, UBC Department of Physical Therapy

# THE CLINICAL EDUCATION CHALLENGE

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Sue Murphy  
Academic Coordinator of Clinical education

[Sue.murphy@ubc.ca](mailto:Sue.murphy@ubc.ca)

## 350 placements a year and growing!

With the enlarged class size, 2010 promises to be an exciting and challenging year for Clinical Placements for the MPT students. This year we will need 356 placements around the province and that number will increase over the next couple of years to an annual need for 480 placements by 2012. This increased demand for placements is challenging us to think “outside the box” and to explore and place students in many previously ‘untapped’ areas both clinically and geographically. We are delighted with the number of clinics, child development centres and other facilities across the province who have volunteered their time and location as a clinical site. We also appreciate the number of part –time clinicians who have teamed up with a colleague or another site, or who have otherwise provided creative options for hosting a full time placement for a student for 5 weeks. If you have an idea or suggestion for student placement locations or experiences, please don’t hesitate to contact us – We need your ideas!



**Clinical Education**



# News from the MPT I class

Focus on:  
Students

Andrea Mendoza  
MPT1 Class Representative

For the MPT1's, life in Friedman has been exactly that: life in Friedman. All the Olympic hype has died down (it was amazing while it lasted – Go Canada!), and with final exams looming, our schedule is overflowing with neuroanatomy, pathology, and new clinical skills. We have begun our two-year research projects and systematic reviews, and with only a few weeks to go many of us are excited to leave for our first placements. We are being placed in cities ranging from Whitehorse to Kitimat to Powell River and we're sure to receive plenty of mentorship and learn many new things! Thanks again to our instructors so far who have taught us some skills to help us begin our first clinical experience.



# News from the MPT II class

Helen Ko  
MPT 2 Class Representative



*Storm the Wall Champions- MPT2 women's  
Left to right: Stephanie T., Kathryn M., Sheree P., Teryn B.,  
Jessica E.*

After a well-deserved and exciting Olympic break, MPT2s continue to hone their clinical skills with a comprehensive orthopedics series organized by Trevor Morton and Stephanie Thibert throughout the term. Already, students have heard from Carl Petersen on athletic training, Steve Young on treatment for low back pain and Maria Zerjav on TMJ disorders. Students find these lectures very useful and a way to cover some topics in more depth. In addition, MPT2s Helen Ko and Heather Johnston presented at rehab rounds and shared their knowledge with both classes on Theraband exercises and plasma-rich injections respectively. Planning is also well under way for MPT graduation with several fundraisers coming our way: bake sales, car washes and the highly anticipated boat cruise at the end of April. Finally, congratulations to Helen Ko and Sheree Palmer who were both recipients of the CPA student bursary and will be attending Congress 2010 in St. John, NL in July and to Kathryn Luttin who was awarded a Canadian Arthritis Network summer studentship for her research placement at ARC in June.

## **New for the year 2010:**

The PT Department has generously funded for the PT mentorship program with the Community Health Initiative by University Students (CHIUS) at the Downtown Community Health Clinic (DCHC) for one year to address the needs of patients from Downtown Eastside.

# News from the Research Trainee Program

Focus on:  
Students

Meghan Linsdell  
Rehab Grads and Post-Doctoral Trainee  
Representative

The past term has been a busy one for the research graduate students. Many students have successfully defended their thesis and are moving on to “real” life. Students who have finished their Master of Rehabilitation Science are **Joy Teo, Alison McLean, and Jeanne Yiu.**

Finishing their PhD are **Marie Westby, Mike Bodner, Al Kozlowski, and Jill Zwicker.** Jill has also started her Post-Doctoral Fellowship at BC Children’s Hospital. We have also had 2 students, **Shalini Lal and Hana Al-Bannay** pass their PhD comprehensive examinations. Several students have successfully proposed their thesis, **Stephanie Glegg and Alison McLean** have proposed their Master’s and **Bubblepreet Randhawa, Regina Casey and Bahareh Ghanbari** have proposed their PhD’s.

For the second year running, **Meghan Linsdell** won the Brain Research Centre’s annual neuroscience trainee poster competition in the category of Systems & Behaviour for her poster “Effects of primary somatosensory continuous theta burst and repetitive transcranial magnetic stimulation on contralateral somatosensory cortex”.

Post-doctoral fellows **Sean Meehan** and **Lynne Feehan** both received Michael Smith Foundation post-doctoral awards in a very competitive round.

Congratulations to all of our students for their many accomplishments!

## New Staff Profile

Melissa Haller  
Interim Placement  
Assistant

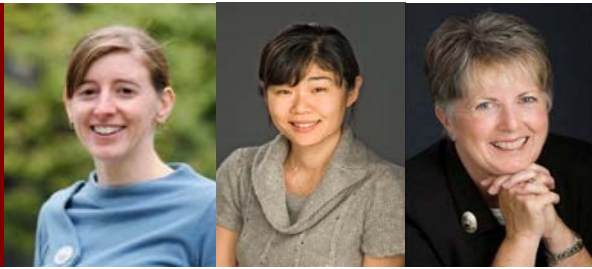


Melissa Haller is the newest member of the Clinical Education team. As our Interim Placement Assistant, Melissa will be filling Helen’s role and is the first point of contact for questions about placement logistics. Melissa moved to Vancouver from Toronto in June and is happy to be out west again (she grew up in Calgary). Prior to working at UBC, Melissa was a “Junior Instructional Designer” with a financial services company. Before that, she was a professional actor and theatre director. She holds a Master’s in Theatre Directing, a Diploma in Theatre Arts and is almost finished a Certificate in Adult Training and Development. Outside of work, Melissa loves reading, writing and getting to know beautiful Vancouver.





Focus on:  
Faculty



Several faculty members have been highlighted in the news over the last few months. A January publication in Archives of Internal Medicine by **Teresa Liu-Ambrose** was picked up by several news outlets including the [New York Times](#). Teresa showed that weight training slowed cognitive decline and improved strength and mobility in seniors. Teresa will also be hosting a seminar on May 27th from 8-10:00am at the Diamond Health Care Centre 1020 Lecture Theatre. This seminar is open to all and will feature prominent experts discussing the effect of targeted exercise, and other lifestyle interventions, on cognitive and brain function. Registration is required and the deadline is May 20, 2010. If you are interested in attending or have questions about the seminar contact Katie Jeans 604-875-4111 ext. 68562 or [Katie.jeans@hiphealth.ca](mailto:Katie.jeans@hiphealth.ca).



**Kristin Campbell** was featured in an article in Fitness Magazine in a story entitled “The Big Issue with Breast Cancer” about the role of physical activity in lowering the risk of developing breast cancer. She will also be featured along with other cancer experts Thursday April 15, 2010 from 7:00–9:00 PM at Waves Coffee House on the corner of 10th and Main St. for a [Cafe Scientific on cancer prevention](#).



**Darlene Reid’s** research on people with chronic obstructive respiratory disease was featured on the [Michael Smith for Health Research website](#) in March. She also organized a very popular workshop on Near Infrared Spectroscopy held Nov 9 at the Peter Wall Institute for Advanced Studies.



**Janice Eng** was an invited Special Editor for a 12-paper series “Stepping Forward with Gait Rehabilitation” in the February 2010 issue of Physical Therapy. One of the papers in the issue was co-authored by Tara Klassen, Clinical Instructor. Janice also Coordinated and chaired a workshop “Stepping Forward with Gait Rehabilitation” at the February 2010 American Physical Therapy Combined Sections Meeting (San Diego).

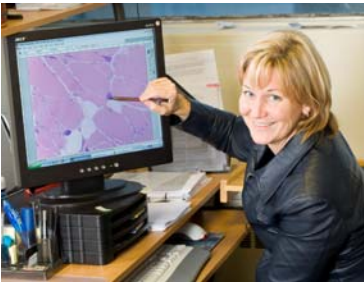


**Michael Hunt** with his former colleagues from Australia, was awarded a grant of nearly \$700,000 as a co-investigator for a study entitled “Neuromuscular exercise: a novel treatment to reduce symptoms and joint load in medial knee osteoarthritis”.

**Sue Murphy** along with Scott Brolin, Clinical Assistant Professor received a second year of funding for the Student Run Clinic at Royal Columbia Hospital from the Teaching and Learning Enhancement Fund (TLEF) which will allow expansion of operations to include Occupational Therapy as well.

**Lesley Bainbridge** was also successful on two TLEF applications; ‘A Parisian Salon: creating a culture of intellect around the social determinants of health.’ and another which will allow for the creation of the second module which will focus on interprofessional assessment and management of pain in pain management course. Lesley was also invited to speak at the second World Health Professions Conference on Regulation in February in Geneva, Switzerland. The title of the presentation was Safe Quality Care and Interprofessional Collaboration: Are they compatible in the regulated health professions?

**Susan Harris** (Professor Emeritus) will receive the Barbara C. White Lecture Award and present an address to the graduating DPT class at the University of Florida in May 2010.



## Darlene Reid, Professor

### What is the main focus of your research?

My research has primarily focused on pulmonary rehabilitation, the respiratory muscles, and why muscles become injured in chronic disease.

### Why did you decide to move from clinical treatment to teaching and research?

I became interested in research at a very early point, I performed my first research project as an undergraduate student under the supervision of Dr. Brenda Loveridge. Even while doing this first project, I realized that I was fascinated with determining how our bodies worked. I loved to read physiology texts and even now relish the opportunity of spending a whole day reviewing research articles, which I realize is a bizarre and nerdy thing to do. When I was in my early twenties, I was naive enough to think that if I understood the reason why a particular phenomenon worked, I might better understand my reason for being. I no longer have such high aspirations but very much enjoy delving into and collaborating on various clinical questions related to physical therapy.

I would have preferred to maintain clinical practice alongside research and teaching, however, such blended positions are not readily available in physiotherapy.

### How has your past research influenced patient treatment?

I think the work that has had the broadest impact is my research related to diaphragm injury in animal models and people. Although still an area of strong contention, the postulate that the diaphragm can experience dramatic overuse injury in response to aggressive weaning has changed the way many clinicians approach this challenge. Researchers in this area have raised important questions about the disuse atrophy that occurs in response to mechanical ventilation and hence the potential of overuse injury during aggressive weaning. Unfortunately the puzzle of the best weaning approach is not yet resolved, not only because of the complexity of how to assess diaphragm adaptability but also because of the many complicating factors that present with each patient.

One of the most interesting areas of my research is related to inspiratory muscle training. This was the first research project that I performed way back in 1979 when we used film canisters with holes drilled in them to provide the inspiratory resistive load. Since then, hundreds of studies have been performed and the technique of training has vastly improved. In spite of these improvements, Canadian physiotherapists rarely use the technique. More recently, we found that a customized implementation strategy directed towards increasing inspiratory muscle training for people with COPD was much more successful than the usual in-service “stand-up and talk” approach. The entire process of this study had a profound influence on my impressions of what limits the translation of research evidence into daily clinical practice and what I would like to research in the future.

### What are your current research projects and how might they influence physiotherapy treatment?

My past research has primarily been mechanistic but I plan to shift toward clinical implementation. I would very much like to understand why it is so difficult to implement evidence-based practice into daily clinical routines. Half of my current research investigations involve front line clinicians, who play major roles in formulating the research questions, shaping the research methodology, critiquing the data, and interpretation of the outcomes into something that is clinically meaningful. These studies still focus on optimizing muscle performance, respiratory muscles, and pulmonary rehabilitation, however, the contextual framework has moved from the research laboratory to the practitioners’ and consumers’ settings. From my preliminary work in this area, it would appear that often times practitioners may know what to do but are challenged by determining its relevance and how to apply the therapy in their unique clinical setting.

I am often invited to participate on national and international forums that develop practice guidelines and recommendations. During these meetings, I hope to bring to the table not only the knowledge of what needs to be done to improve health of a group of people with a cardiopulmonary condition but also to address some of the challenges that practitioners face while trying to implement these changes in practice. These barriers and obstacles need to be addressed in order to streamline movement towards best practice.

### What are some of the most enjoyable aspects about your career?

One of the great things about my career is that every day is different. I am also able to work with a dynamic group of Masters of Physical Therapy and research graduate students who are incredibly enthusiastic and idealistic. I’ve also had the pleasure to work with some excellent clinicians, throughout my career. In addition, my research has brought me incredible travels, nationally and internationally, as well as providing me the peace of mind in knowing that “Change is inevitable” and “Wondering why” will always be a part of my being.



This year we celebrate the 5<sup>th</sup> Anniversary of the Master of Rehabilitation Science and what a year it has been already. Here are some highlights; please visit our blog at <http://blogs.ubc.ca/mrsc/> for ongoing news.

Online instructor and Department clinical faculty member, Andrea Reid, was honored to be selected as a member of the 2010 Host Medical Team for the Olympics. She was part of a team responsible for athlete care at UBC Thunderbird Arena. The team was composed of paramedics, sports medicine physicians and therapists who each excelled in their individual areas

We imagine that she will share some of her experiences when she teaches RHSC 583: Applying Research Practice for us next year from February 21 - April 8. The topic: Sports Injury Management where learners will review and discuss current research specific to their interests in sport injury rehabilitation.



*Andrea Reid (centre) with Sports Medicine Physician Cathy Campbell (Ontario) and Physiotherapist Shannon Morrison (Ontario) on the field of play at UBC Thunderbird Arena*

### **Sue Stanton Awarded UBC Faculty of Medicine's Continuing Medical Education/Continuing Professional Education Award (CME/CPD Award)**

Very few Faculty of Medicine (FOM) awards are presented publicly each year and Sue will receive her award at the UBC FoM Annual Awards Ceremony on May 31st, at 5pm at the UBC Golf Course.

If you ask the right questions and listen carefully, you might get it right. But it takes much more to develop and deliver online graduate studies. It requires leadership, innovation, determination and perseverance — qualities that Sue has in abundance and encourages in others.

The Rehabilitation Science Online Programs began in 2002 with less than 15 learners enrolled in the Graduate Certificate in Rehabilitation and now includes the Master of Rehabilitation Science (MRSc) with over 100 learners representing 8 different health professions.

Without Sue's vision, accessing these quality programs would only be possible to those health professionals who live within commuting distance of UBC, and who have both the time and resources to study full-time. Sue has brought the programs, the research and the knowledge process to their workplaces, and her vision, now a reality, is having a positive impact on rehabilitation practice and patient outcomes.

### **2009 November MRScGraduates**



*from left to right: Kathy Davidson, Karen Hurlbise, Elly Wray, Kathy Hatchard, Sue Stanton and Twila Mills. Missing: Darlene Russell*

You can read more about their research on our newly revised website at [www.mrsc.ubc.ca](http://www.mrsc.ubc.ca).

## A Dream Come True

for

Marc Rizzardo

Clinical Instructor (On faculty since 1998)

Alumni Class of 1987



After over 30 years of looking after athletes both as a physiotherapist and as a coach, I was asked by the Canadian Olympic Committee (COC) if I was interested in leading the therapists on the Canadian Medical team at the 2010 Olympics in Vancouver. I think it took me less than a second to answer that question. Obviously that was after an interview process that started indirectly in the spring of 2006.

In 2006 I was selected to be the Chief Therapist (CT) for the Canadian Medical Team at the 2007 Pan American Games in Rio de Janeiro; unbeknownst to me that appointment automatically shortlisted me for the CT appointment for the 2010 Olympic team.

Being a successful CT of an interdisciplinary group of therapists requires one not to have any preconceived biases! Sports medicine practitioners- orthopedic surgeons, physiotherapists, athletic therapists, chiropractors, and massage therapists all worked independently and as a team to give the athletes whatever they needed to get them to the top of the podium. Our tag line “Check your egos at the Door” was used from the first time the team was brought together in May of 2009.

Clinical Faculty  
and Alumni  
Profile

Marc  
Rizzardo

Team member selection is the most fundamental key to having a successful team. Like in coaching, if everyone doesn't buy into the 'team concept' disaster will occur. We were extremely diligent in selecting our team and as a result had great camaraderie within the group. Many of the therapists worked exclusively with one team, but also helped in the clinic when needed. We had two totally functional clinics, one in Whistler and one in Vancouver. My core team in Vancouver consisted of a physiotherapist, athletic therapist/massage therapist/osteopath, chiropractor and a physician. We had the same set up in Whistler. In total our medical team was 45 strong. If you throw in the Mental Performance Consultants, our team counted over 60. Some were there for only a few days and others were there for a month like me.

The skill set within the medical team has to be such that any type of treatment that an athlete is used to or requires can be delivered, ideally by one of our health practitioners. Thus, when I picked my team I had to make sure we had practitioners that did acupuncture, Active Release therapy (ART), Intramuscular stimulation (IMS), manipulation, sport venue coverage, knowledge on recovery and regeneration, taping skills, etc. Many of the therapists that travel with various national teams have many of these skills so they were not hard to find. A hint to those that wish to get selected in the future:

**Expand your skill set!**



Josh Devins  
 Marc Rizzardo (pictured above) assisted former Whitecaps women's team head coach Bob Birarda during the 2008 USL W-League season.  
 From <http://www.whitecapsfc.com>

The next step in piecing the team together was the cohesion within the group. With many of us being together for at least one month, team unity was essential. Again, knowledge of therapists' personality is important. This knowledge can be gleaned from past working relationships or by asking colleagues. Bottom line, make sure you get along with those you work with, because you never know when it will come back to help/destroy you.

Our team is officially called the Health and Science Team. This means that are physicians, physiotherapists, athletic therapists, massage therapists, chiropractors, mental performance consultants, exercise physiologists, and nutritionist under our umbrella. As the Chief Therapist I attended most of the sixteen test events that VANOC hosted during the previous calendar year. The purpose was to meet face to face with each sports team

leader (usually the head of their Integrated Sport Team (IST)) and their individual health care lead. This was to better understand the needs and requirements for those sports so that they would have everything they wished for leading up to and during the Games. This had never been done before and was very effective in opening the communication lines between all the factions that needed to be united at the Games.

I was fortunate enough to march in both the Opening and Closing Ceremonies, what a phenomenal reception the Canadian contingent received, something none of us will ever forget. We were received with open arms and that sense of pride will not go away anytime soon.

I was the dedicated therapist for both Men and Women's curling teams. Wow! Both teams made it to the final with the men winning Gold and the women coming within a whisker of doing the same thing. Spending up to fourteen hours some days at the curling venue, I got to know both teams quite well during the month of the Olympics and all of the curlers were appreciative of the skills we bring to the table.

I also was lucky enough to attend several events, including the Gold medal Men's hockey game. Have you ever seen the entire country just come to a standstill and be united like during that game?! I was sitting with three past Olympians that were our Chef de Mission and our assistant Chef de Mission (Natalie Lambert, Steve Podborski, and Joe Juneau respectively). All of us quickly found out how much we wear the Maple Leaf on the sleeve of our shirts!

Another aspect that was great to see were the polyclinics VANOC established in each village. No Games has ever before provided the types of services available in those clinics. The best part for me was to see physiotherapists again in leading roles. Rick Celebrini was the Chief Therapist for VANOC. My old classmate Greg Bay (Whistler) and my PABC negotiating partner Randy Goodman (Vancouver) were in charge of the clinics in those specific cities. Their cooperation on all levels was fantastic and much appreciated. It definitely went a long way in making things run efficiently for our athletes and Canadian medical team.

In all, the 2010 Games were a phenomenal experience for me. I feel the CT appointment is the pinnacle of my professional career as a physiotherapist thus far. Leading the awesome group of therapists was an easy exercise since all were dedicated in the same fashion. I am one of the lucky ones in that I know I am heading to my third straight Olympics in 2012. I have been selected to once again lead the therapists on the Canadian Medical team in London. Onward and upward! I am hoping for another successful Olympics by our athletes!





## Helping Translate Research to Practice

Alison Hoens, Clinical Associate Professor  
Knowledge Broker

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The following is an update of 4 major knowledge translation projects being facilitated by, and a brief summary of other projects being undertaken by the PT Knowledge Broker.

Knowledge Broker  
update

### **Prevention, assessment and treatment of skin & wound care issues.**

The results of an on-line survey exploring current practice in this clinical area has been posted on the Knowledge Broker webpage. The BC PT Skin & Wound Care Knowledge Translation Committee are working on strategies to: (1) increase awareness of the PT role in skin & wound care (2) increase the number of PTs who undertake a basic risk assessment i.e. Braden (3) increase the number of PTs who utilize electrical stimulation to treat wounds and (4) provide links and tools to guide and inform advanced assessment and treatment techniques.

### **Appraisal, update and adaptation of best practice guidelines for wheelchair provision for children and adults with neuromuscular conditions.**

The PT and OT Knowledge Brokers have been facilitating a project to appraise, update and adapt the *UK Best Practice Guidelines for Wheelchair Provision for Children and Adults with Neuromuscular Conditions* for use by neurologic OTs and PTs in BC. The UK guideline has been reviewed using the AGREE instrument and is currently being updated with new literature and adapted for the BC context. The completed guideline will be made available on appropriate websites.

**The Total Joint Arthroplasty: Enhancing utilization of outcome measurement (TJAOM).**

This initiative is a compilation of unique and complementary projects designed to address the utilization of outcome measurement in PT TJA care. The first project is an evaluation of how outcome measures are being used in TKA PT practice. One team is currently undertaking a chart audit. The second project, being undertaken by Maureen Duggan using a focus group strategy, is evaluating why outcome measurement is/ is not being undertaken (barriers and solutions). The final project is being undertaken by The Provincial Rehabilitation Advisory Group (PRAG) Subcommittee on Outcome Measurement. This group is examining which outcome measures are being used for TJA. Working together with Dr. Darlene Reid and a group of UBC MPT students the PRAG group is developing a survey which will be sent to a random sample of BC PTs treating this population. The results from all these projects will inform the development of tools and resources to assist clinical practice.



**Decision-making guide for the safe mobilization of patients in acute care settings (SAFEMOB).**

In response to the PABC Practice Guideline Advisory Task Force identification of the need for guidance for clinicians with respect to safe mobilization of patients in acute settings, two projects have been initiated. The first is the creation of a decision-facilitating tool, drafted by content experts, and informed by stakeholders (BC PTs working in acute settings). When completed, the final version will be made available on UBC and PABC websites and be supported by knowledge translation activities such as the development of a DVD or podcast to train PTs in using the tool.

**Other KB activities**

The Research Collaboration Registry is almost ready for distribution. Ninety-four PT clinicians, administrators and researchers have registered as potential collaborators in various areas of practice (e.g. orthopaedics, neurology, oncology etc). The intent of the document is to facilitate research partnerships. It will be housed on the UBC and PABC websites and distributed throughout the public and private practice networks.

Other initiatives include:

- Inclusion of PT Knowledge Broker role in grant applications
- Facilitation of clinical community participation at presentations by international speakers
- Presentations re PT Knowledge Broker activities at CPA Congress 2010

It has been stimulating and rewarding to work with such outstanding partners in clinical, academic and professional practice settings. The extension of the PT Knowledge Broker position to the end of December 2010 will enable the progress of these exciting projects and activities.



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