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Newsletter of the
CEWMS of the
American Physical
Therapy Association

President's Message

Summer eases into fall and the Section on Clinical Electrophysiology and Wound Management continues to grow and improve. Over the past few months the Section has seen marked progress towards achieving goals outlined in the 2008 Strategic Plan. Those achievements include:

1. A position statement on the Minimum Standards of Performance and Interpretation of Electromyography and Nerve Conduction Studies has been approved through APTA and is available through our web site <http://www.aptasce-wm.org>.
2. Critical reviews of important articles for all three arms of the Section. This is a project directed by Dr. David Boyce, PT, EdD, OCS, ECS. David is hoping to build a cadre of article reviewers over the next few years. Please see the reviews in this newsletter and feel free to contact David if you would like to be a reviewer at dboyce@bellarmine.edu
3. Implementation of the Valuable Partners Program (VPP) with our first Valuable Partner – the Celleration Corporation. Information on the VPP and a link to Celleration is available at our website. This is a terrific program for all involved and I encourage you to review the benefits of the program both for the Section and the Partners.
4. CSM 2011 provided a significant non-dues revenue source for the Section. We had a great pre-conference course and tremendous programming. A special thanks to all involved especially our program chair, Stephanie Woelfel. Please start planning now for CSM 2012 in Chicago which will feature both a Wound Care course and a Clinical Educators Electrophysiologic Testing pre-conference course.
5. The delivery of our first audio conference. The conference was presented by Laurie Rapp through the Wound Management SIG and had 20 participants. Congratulations

to Laurie and the Wound SIG for leading the way and doing such a great job. We are looking forward to expanding this program in 2012.

6. The Wound Management SIG continues to move forward on the process for establishing a Wound Management Clinical Specialty in Physical Therapy.

It is a great pleasure to inform our Section that the American Board of Physical Therapy Residency and Fellowship Education, in August 2011, officially recognized the first credentialed clinical residency program in clinical electrophysiology. The program is titled, Expert Clinical Benchmarks Residency in Clinical Electrophysiology Program in Staten Island, New York. Please see letter from the American Board of Physical Therapy Residency and Fellowship Education published in this newsletter. The program was developed under the direction of Dr. Roger Nelson, PT, PhD, FAPTA. Roger can be contacted at Roger@medrisknet.com. Please see more on this exciting program in this newsletter.

On a personal note I had the unique opportunity to spend most of June in Africa with the Make A World of Difference Foundation (www.makeaworldofdifference.org). This was not a medical or religious mission. It was an opportunity to spend time with many members of my family, and an eclectic group of terrific people, working to build schools and orphanages in the slums of Nairobi, Kenya. The most striking memory was witnessing the willingness of people who had very little, to share what they had with those who had nothing- nothing, but a very slight glimmer of hope for a better life. I try to remember how fortunate we all are, even when rulings go against us and stock markets drop, because we all have hope and the ability improve ourselves in a free and open society.

Robert A. Sellin, PT, DSc, ECS
President

Robert Sellin, PT, DSC, ECS
397 Hays Blvd
Lexington, KY 40509-4495

August 4, 2011

Dear Dr. Sellin,

On behalf of the American Board of Physical Therapy Residency and Fellowship Education, I am pleased to inform you that Expert Clinical Benchmarks Residency in Clinical Electrophysiology Program in Staten Island, NY has successfully achieved credentialing as APTA's first clinical electrophysiology residency program. This program's initial credential is effective as of August 31, 2011. Their ongoing credential is effective through August 31, 2016.

A credentialed residency or fellowship program promotes standards of quality and consistency in the teaching and practice of physical therapy. Through their voluntarily participation and adherence to the requirements of the credentialing process, these programs confirm to potential residents or fellows their commitment to providing quality learning experiences by meeting established criteria. Additionally, completion of the credentialing process is an affirmation to the public at large of the Program's commitment to the protection of the consumer of physical therapy.

We will be recognizing Expert Clinical Benchmarks Residency in Clinical Electrophysiology Program during Opening Ceremonies at the 2012 Combined Sections Meeting in Chicago. I hope you and members of your section will be able to join us in congratulating this program for their achievement of excellence in physical therapy education.

Sincerely,

Cuong Pho, DPT, OCS, SCS, CHT, FAAOMPT

Chair, American Board of Physical Therapy Residency and Fellowship Education

cc: Roger M. Nelson, PT, PhD, FAPTA

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International Society for Electrophysical Agents in Physical Therapy (ISEAPT) Achieves Official Status

By Meryl Gersh

Electrotherapy Task Force Co-Chair

On June 18, 2011, the General Meeting of the World Confederation for Physical Therapy, approved the establishment of the International Society for Electrophysical Agents in Physical Therapy (ISEAPT) as an official subgroup of WCPT. The ISEAPT grew out of a casual discussion among several physical therapists with an interest in electrophysiological examination and interventions at the WCPT Congress in Vancouver, BC in June 2007, was officially formed in February 2009 at its inaugural congress in Las Vegas, NV, and after substantial efforts by a core of highly committed individuals, was admitted as a subgroup of WCPT at the 17th General Meeting of WCPT in Amsterdam, June 2011.

According to its constitution, the objectives of the ISEAPT are:

- To encourage high standards of physical therapy education and practice in particular those of relevance to the Society by promoting (but not limited to) the potential benefits, contributions and limitations of EPAs in the evaluation, treatment and prevention of impairments and functional limitations.
- To advocate the adoption of a common terminology and encourage communication and exchange of information including electronic, print and personal exchanges and organization of international EPA conferences/congresses for physical therapists and other users of EPA.
- Encourage scientific research (clinical, non-clinical) and advocate clinical practice guidelines, educational curriculum guidelines and safety standards consistent with the promotion of evidence based physical therapy practice in areas relevant to EPA.

- Encourage the development of national organizations of physical therapists that share the objectives of the Society, and to coordinate, liaise and cooperate with other clinical interest groups within WCPT and other external organizations.
- Support WCPT in representing physical therapy internationally in all matters related to the practice, education and research of EPA.

The SCEWM has been instrumental in the development of the ISEAPT, especially through its coordination and hosting of the first ISEAPT Congress and educational meeting at CSM in Las Vegas in 2009. The APTA gave approval for our organization to be one of the founding members of the ISEAPT this past Spring. The other ten founding members are the physical therapy associations of Argentina, Cambodia, Lithuania, United Kingdom, Norway, Korea, Singapore, Hong Kong, Taiwan, and Malaysia.

The Executive Committee, President: Jan Bjordal (Norway); Vice-President: Oscar Ronzio (Argentina); Treasurer: Meryl Gersh (USA); Secretary: Lee Hae-Jung (S.Korea); Board Members: Tim Watson (UK), Liisa Laakso (Australia / Singapore), Gladys Cheing (HK), Hsiao Shih-Fen (Taiwan), Celia Tan (Singapore) is currently finalizing the definitions and dues structures for membership categories.

The international physical therapy community owes a huge debt of gratitude to Dr. Ah-Cheng GOH for his clarity of purpose, compassionate mentoring, and tireless leadership during the past four years as the first president of the ISEAPT. The subgroup's website may be accessed through <http://www.wcpt.org/iseapt> and will be updated on a regular basis. If you have further questions about the ISEAPT, please contact Meryl Gersh, PT, PhD at merylgersh@gmail.com



4 Membership Matters

Membership Matters

By Karen Gibbs
Membership Chair

Hello Everyone! The Membership Committee has been busy over the last few months. We were happy to represent the CEWM Section at APTA's Annual Conference in National Harbor, Maryland in June. Two new Section members, Alexandra Sterling and Audra Mathis, helped staff the booth. We had a great time visiting with each other and networking with others at the conference. We also collected another 24 signatures for the wound management specialization petition!

In an effort to reach new student members, the Section will be represented again this year at the National Student Conclave (NSC) in Minnesota. In addition to the having the booth, Section members are also presenting an educational session on integumentary care.

Call for Volunteers! We would love to have clinician and student Section members help with staffing the booth at NSC this October. Exhibit hall hours are Friday, October 21st from 3:45-5:45 and Saturday, October 22nd from 11:00-1:30. Please let me know if you would be interested in helping for an hour or so, email me at kgibbs@txstte.edu. New members are certainly welcome! Over the last two years we've had a lot of students interested in our Section and the

booth has typically stayed pretty busy!

Our student committees are up and running. The Section's facebook page is looking better thanks to Brandi Tommee and Alicia Duerst. If you have any ideas for the facebook page, please contact Brandi at batty411@aol.com or Alicia at alicia.duerst@gmail.com. Thanks ladies for taking on this responsibility! It is my hope they will continue to manage our facebook page after graduation and mentor student members in this area in the future.

The Section's first *Student Spotlight* column is included in this edition of the newsletter. This new student committee is being developed and managed by student Section member Shannon Dougherty. Please contact Shannon at sdougherty@atsu.edu if you would like to make suggestions for future newsletters. Our student members are doing great things and I'm glad Shannon is developing this venue to recognize their efforts and share their experiences. Student members, if you would like to join Shannon on this committee, please contact her!

As always, the Membership Committee is here to serve the needs of the members. If there is something we can do for you, please let us know. Enjoy the Fall!



CEWM Section members Alexandra Sterling and Audra Mathis staff the booth at APTA's 2011 Annual Conference.

WMSIG Update

Rose Hamm, PT, DPT, CWS, FACCWS
President, Wound Management SIG

The level of activity, energy, commitment, and networking occurring in the Wound Management SIG over the last year has been unprecedented. Members have imagined, planned, and implemented to advance the role of physical therapists in the care of patients with wounds and to educate ourselves and other clinicians about best practice. I would like to acknowledge some of those dedicated members and those activities, knowing that in doing so I am sure to omit many of you who are doing great work in quiet ways that I do not know about. Forgive me!

Harriett Loehne and her committee of many is developing the petition for Board Certification for wound care specialists, to be submitted to the APTA Clinical Specialization Committee. Please read more about this exciting possibility in Harriett's report.

Karen Gibbs has set up a List serve through Yahoo Groups to allow members to communicate and network, with Karen, Sharon Lucich, and Kristen Thurman serving as moderators. The Board has developed a Listserv Policy that allows SIG members to post presentations that they are giving, while directing commercial, academic, or industry announcements to the SIG website where there is a space for commercial postings. Please contact Karen or Sharon if you would like to participate.

Melissa Johnson, Chair of the Education Committee, has developed continuing-education audio conferences related to wound man-

agement. The first one was presented in June by Laurie Rappl on the prevention and treatment of pressure ulcers. The topic of the second audio conference will be the Assessment and Management of Atypical Wounds and will be presented by Jennifer Gardner and Marcy Turkos on Wednesday, November 9, 2011 at Noon Eastern Time. This is an excellent way to learn without traveling, and we are so grateful for those who are willing to share their expertise.

Cordell Atkins is chairing the Nominating Committee for candidates for the open positions to be voted upon at CSM in February. Please contact Corky if you are interested in serving on the SIG Board.

Stephanie Woelfel is working overtime to plan out-standing presentations on wound management at CSM in February. While we wish it were in a warmer place than Chicago, the ambience among our Section and SIG will be enough to keep us all warm and invigorated!

Karen Gibbs and Carrie Sussman are serving as reviewers of research articles for the newsletter, a project that is a precursor to our development of a CEWM Section Journal.

Let's give all of these dedicated therapists a round of applause!!!

It is my understanding that there are still some out-patient physical therapy clinics that are not being reimbursed for non-thermal, non-contact ultrasound for wound management because of Local Coverage Decisions. The facility where I work has just recently begun to be reimbursed. I personally feel this is unfair given the number of years that PT's have been using ultrasound for tissue healing and the amount of research that has been contributed by physical therapists. Celleration is taking the issue of reimbursement to the CPT Editorial Panel in October, 2001, and a letter has been sent to the APTA requesting that they support this issue. If you are currently not being reimbursed, or even if you are, and feel that the APTA could be helpful in promoting a fair resolution, please send a letter of support to the Section liaison, Anne Daugherty at annedaugherty@apta.org. She will forward your letters on to the appropriate APTA department.

Finally, thank you again for the privilege of serving as your President. I get at least a letter a week from someone wanting information on management of patients, education opportunities, certification, etc., and it is always with humility that I respond on your behalf.

Clinical Electrophysiology and Wound Management Section

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PT Wound Management Specialization Task Force-Update

By Harriett B. Loehne, PT, DPT, CWS
Chair

The eleven divisions of the Task Force on the Petition for Physical Therapy Wound Management Specialization from the ABPTE are hard at work, hoping for a goal of November of this year for readiness to submit. We were dealt a little (large?) blow in late spring when it was determined that we would need to do a Practice Analysis for Specialized Knowledge. Glen Irion, the Division Leader, however, immediately geared his group and they are working on the PA, still hoping to meet our self-determined deadline.

The Task Force has communicated via email and conference calls, and has made great progress through the invaluable assistance of our ABPTE liaison, John Halle. To bring you up to date, below is a summary of the status of each division of the Petition Task Force:

Demand: Melissa Johnson

This group is working on a survey, to be combined if possible with the Practice Analysis survey, to prepare their report. Melissa is working with Glen.

Need: Karen Gibbs

They have seven questions to answer with references, with several already completed. Karen is in touch with John to be sure that they are on the right track.

Practitioners, Time Spent: Stephanie Woelfel

Stephanie and her team are using the Practice Analysis graciously supplied by Joe McCulloch's group, and will send another survey to fill in the gaps.

Specialized Knowledge: Glen Irion

As stated above, this group will have to do a Practice Analysis, and it is in progress. The very good news is that Glen will be able to use Survey Monkey at his University, and also is able to "crunch" the data himself. Both these things will save a large amount of money, and we are very grateful to Glen for his expertise and time.

Specialized Functions: Rose Hamm

Rose submitted an outstanding document from her team. She is refining it with advice

from John, but it essentially is completed. Thank you to Rose and her team!

Education and Training: Pamela Scarborough

Group is working.

Transmission of Knowledge: Jaimee Haan

The team is gathering references that reflect the scope and depth of practice. Jaimee is working with Rose on continuing education.

Petition Signatures: Sharon Lucich

As of June 22, 2011, Sharon had 227 signatures from a variety of practice settings. This is well over the 100 minimum required, but the more we have, the better. **If you have not signed, please go to the website and do so – no obligation!**

Definitions: Harriett Loehne

Two titles have been proposed: Integumentary Clinical Specialist (ICS) and Wound Management Specialist (WMS). Women's Health recently was granted a specialty, and has chosen WCS: Women's Care Specialist, so Wound Care Specialist is not an option. **If you have any suggestions, comments, or preference, please email me: hloehne@archbold.org.**

8 Year Pro Forma Financial Statement: Val Sullivan

At this point no expenses have been incurred. The Petition submission fee is \$7500, which is less than the \$12,500 originally allotted. Exam production will be split with APTA, since there will be revenue from test takers. Up to \$50,000 will be split evenly with ABPTE. Expenses and fees to be determined by future Task Forces if our Petition is granted.

Minimum Eligibility Requirements: Pam Unger

Team is working.

Over forty physical therapist members of the WMSIG are working very hard in the divisions to make this dream a reality. We welcome all comments and suggestions. We plan to continue to make good progress and report to all as we keep in touch. Thanks to everyone!

Student Spotlight

What is Student Spotlight?

By **Shannon M. Dougherty**
Student Physical Therapist



Shannon Dougherty

Student Spotlight is designed to highlight the achievements, experiences, and activities of CEWM student members. Each quarter a different student or student group will be highlighted. Do you have a cool story to share? Would you like to recognize a fellow CEWM student member or group activity? If so, please contact me at (shannon.m.dougherty@gmail.com).

I am currently a 3rd year DPT student at A.T. Still University in Mesa, AZ and just completed two terms as Core Ambassador from Arizona to the APTA. Recently I was invited to develop the Student Spotlight section for the CEWM newsletter. If you are interested in joining the Student Spotlight Committee, please send me an email (shannon.m.dougherty@gmail.com).

Kayla Earhart - 3rd year DPT student (graduating August 2011) at A.T. Still University, Mesa, AZ and CEWM Section Member

Kayla knew she was interested in integumentary care before she started her clinical rotations,

but after an amazing wound management experience at an LTAC in Boston, MA, her love of wound care was solidified. On her clinical rotation she was able to gain experience in positioning for pressure relief, dressings, debridement, and wound examination and evaluation. Kayla notes her coolest experience was with a patient who had just had a colonostomy. She noticed an accumulation of bile under the patient's skin. Turns out a mucocutaneous separation had occurred and the stoma was under the edges of the skin. Another interesting experience involved a patient with stage IV sacral and ischial pressure ulcers. Her exposure to pressure ulcer care taught her the importance of choosing the proper bed and position for patients, an aspect of wound care she had not thought of prior to her experience in the LTAC. As students, we learn about basic integumentary care in class, but as Kayla indicated, having the opportunity to see patients with these types of wounds in a clinical setting was definitely an eye-opening experience.

Kayla indicated adjusting to wound odor could be a little challenging at first, but overall she felt working in wound care was the best job ever because you never know exactly what you are going to find under that bandage!



Kayla Earhart

7 Student Spotlight



RMUoHP offers specialized programs in
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January 13 – 15, 2012

- This course is designed to prepare physical therapists to successfully complete the ECS examination as offered by

Rocky Mountain University of Health Professions is accredited by the Northwest Commission on Colleges and Universities (8060 165th Avenue NE Ste 100, Redmond, WA 98052-3981), an institutional accrediting body recognized by the Secretary of the US Department of Education.

ABPTS.

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To register or for more information, visit www.rmuohp.edu, email info@rmuohp.edu, or call 1-866-780-4107.

8

Welcome New Members

April 1, 2011 to August 26, 2011

Janaya Pfeifer	Anastacia Vega
Jennifer Pate	Ashley Deitz
Taylor Elwell	Linsey Heidelberg
Aung Min	Jeana Erickson
Meghan Infusino	Chloe Wright
Alexis Hazard	Brian Holik
Oritsema Eyeoyibo	Jonathan Cawley
Casey Vogel	Natalie Scroi
Samantha Calhoun	Debora Lasure
Robert Operman	Joseph Chua
Zachary Polk	Jenifer Reid
Corrina Munoz	Carlos Torres
Mindy Costa	Judith Doane
Thy Hoang	Christopher LeBlanc
Robert Davies	LaToshia Hardison
Darin Chilcote	Monica Cortez
Emilia Martin	

Wound Management Special Interest Group: How to Become a Member or Join the ListServe

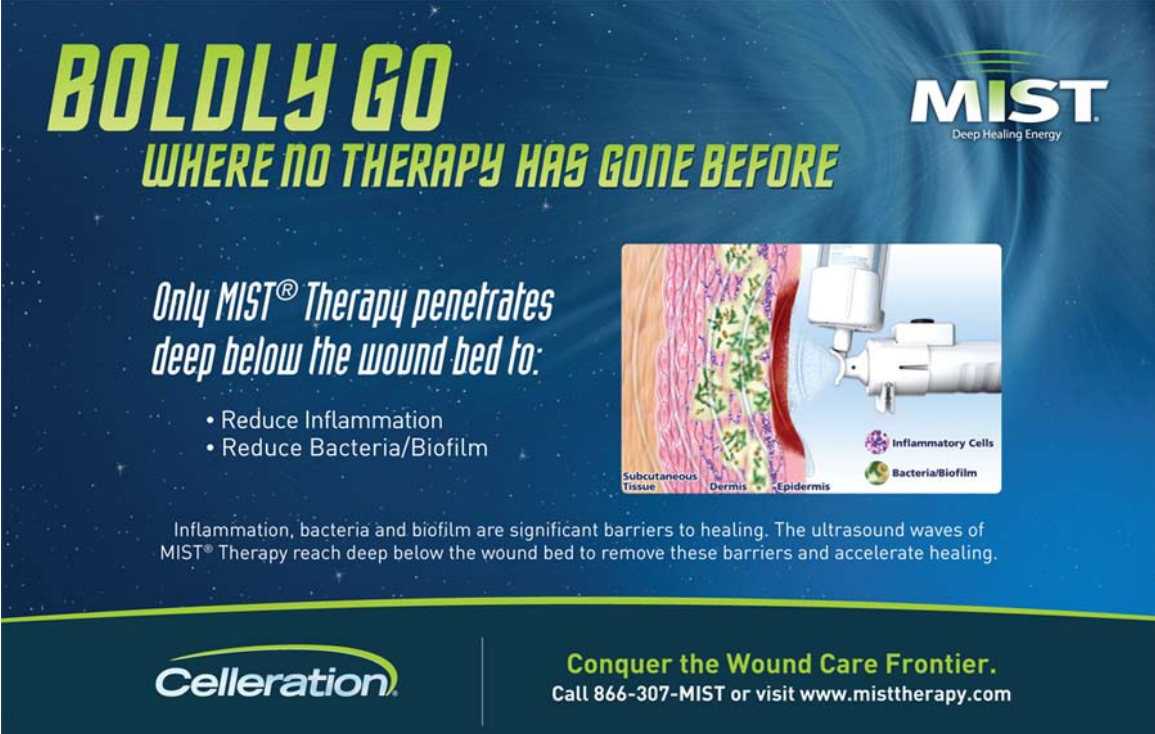
By Sharon Lucich, WMSIG
Membership

Membership continues to grow and activity on the Wound Management Special Interest Group (WMSIG) ListServe is increasing! If you are interested in becoming a member, or if you are a member and would like to join the ListServe, please send me an email at slucich@iupui.edu.

Signatures Wanted! Please Help Pursue a Wound Management Specialization from the ABPTS.

By Sharon Lucich, WMSIG Membership Chair

The Section on Clinical Electrophysiology and Wound Management has created a task force to pursue wound management specialization from the ABPTS. Harriett Loehne is the Chair of this task force. Demonstrating interest among physical therapists for this type of specialization is part of the application process. Therefore we ask that interested therapists with any wound management experience log on to our web page at www.aptasce-wm.org and follow the instructions for signing and mailing in the petition. Signing the petition does not obligate you to pursue specialization; it only demonstrates your support.



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Information from the Executive Director

By Anne Daugherty

Executive Director of the Clinical Electrophysiology & Wound Management Section, APTA

Begin Planning Now for National Physical Therapy Month

It's time to start planning for October's National Physical Therapy Month. This year's focus is on sports injury prevention across the lifespan. APTA's online Public Relations kit provides the tools and resources needed to help plan an event for your component including an event planning guide, consumer handouts on various topics, and more.

Medicare Enrollment Revalidation Required for PTs Enrolled Prior to March 25, 2011

All physical therapists (PTs) who enrolled in the Medicare program before Friday, March 25, 2011, must revalidate their enrollment under the new risk screening criteria required by the Affordable Care Act (ACA).

Continued on page 11

Call For Nominations

By Corky Atkins

Nominating Committee Chair

The Wound Management SIG invites its members to answer the call for nominations for an elected position in the section. In order for our profession and SIG to meet the challenges of this ever-changing health care environment, members must be willing to give their time and talents to SIG activities. Our organization needs strong, proactive leaders to guide us through the changes.

Here are the available positions:

Vice President

Nominating Committee

Practice Committee Chair

Research Committee Chair

Education Committee Chair

Membership Committee Chair

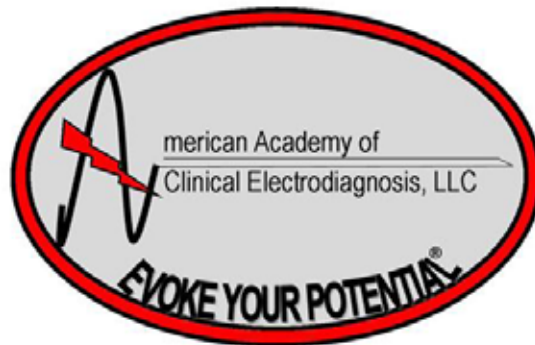
For more information about each of these open positions, please contact the Nominating Committee Chair, Corky Atkins, cordell.atkins@imail.org

Nominations are due by December 1, 2011.

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Email: Nelson@lvc.edu
www.emgncv.net
(Site coming soon!)



Literature Reviews

The following is a “NEW” installment that will appear in the quarterly newsletter. The CEWM section is in the process of establishing a peer-reviewed journal. The first step in the process is to establish and sustain evidence based literature reviews for our section membership. The following are brief literature reviews that explore the areas of wound management, electrophysiologic agents, and electroneuromyography. Full in-depth reviews of the articles that fit the APTA Hooked on Evidence intervention format can be found on the APTA Hooked on Evidence database (www.hooke-donevidence.org) under the Clinical Electrophysiology and Wound Management Section Group.

Become a Reviewer: Becoming a reviewer is simple. Just identify a piece of literature, join Hooked on Evidence, review the article according to the Hooked on Evidence guidelines and submit. It's that easy! Contact David Boyce PT, EdD, ECS, OCS at dboyce@bellarmine.edu

David Boyce PT, EdD, ECS, OCS is an Associate Professor of Physical Therapy at Bellarmine University and is owner of Physical Therapy Plus, Louisville, KY.

Electroneuromyography Review

Title: Usefulness of electrodiagnostic techniques in the evaluation of suspected tarsal tunnel syndrome: an evidence-based review. Patel AT, Gaines K, Malamut R, Park TA, Del Toro DR, Holland N *Muscle Nerve* 2005; 32: 236-240

Target Condition: 355.5 – Tarsal Tunnel Syndrome

Practice Pattern: Neuromuscular - Pattern F: Impaired Peripheral Nerve Integrity and Muscle Performance Associated With Peripheral Nerve Injury

Design Type: Evidence Based Review

Purpose: The purpose was to develop a practice parameter to provide recommendations for the appropriate use of electrodiagnostic studies in tarsal tunnel syndrome and provide recommendations for future research.

Study Population: Adults (18-64 years)

Inclusion Criteria: Reviewed articles had to meet 5 of the 6 criteria. Articles must be prospective, have a clinical diagnosis of TTS, description of EDX, limb temperature monitoring, reported reference values, clearly stated criteria for an abnormal EDX.

Exclusion Criteria: Articles not meeting 5 out of the 6 inclusion criteria and not published between 1965 and 2002.

Conclusions: Sensitivity and specificity could not be established since there are varying clinical criteria for establishing the tarsal tunnel syndrome diagnosis. Once other peripheral nerve pathologies are excluded the authors make four recommendations to confirm tibial nerve mononeuropathy at the ankle. They sug-

gest that a prolonged tibial motor (abductor hallucis and/or abductor digiti minimi) latency indicates pathology. They also suggest that a prolonged peak medial or lateral plantar mixed sensory latency or slow nerve conduction velocity across the tunnel indicates abnormality. Absent or abnormal medial and lateral plantar antidromic velocities across the tarsal tunnel would also indicate TTS. They further note that needle EMG utility is not clear. The authors recommend that future blinded studies be conducted in order to produce a consensus for a standard case definition of tarsal tunnel syndrome. They further suggest that future studies include needle EMG and its relevance in assessment for TTS.

Reviewer: Kathleen Galloway PT, DSc, ECS is an associate professor at Belmont University. Dr. Galloway received her MPT degree from the US Army Baylor program in 1991. Dr. Galloway completed her DSc degree in clinical electrophysiology from Rocky Mountain University in 2002. Dr. Galloway has been board certified in clinical electrophysiology since 1998. Her primary interests lie in the areas clinical electromyography and nerve conduction studies. Contact: kathy.galloway@belmont.edu

Wound Management Review

Title: A prospective, randomized, controlled trial of autologous platelet-rich plasma gel for the treatment of diabetic foot ulcers. Driver VR, Hanft J, Fylling CP, Beriou JM *Ostomy Wound Manage* 2006; 52(6): 68-74

Target Condition: 707 - Chronic ulcer of skin

Practice Pattern: Integumentary - Pattern D: Impaired Integumentary Integrity Associated With Full-Thickness Skin Involvement and Scar Formation

Design Type: Clinical Trial, Random

Study Population: Adults (18-64 years)

Subjects: 72

Purpose: To determine the safety and effectiveness of treating diabetic foot ulcers with PRP gel versus a control treatment (normal saline gel). Primary objective: complete wound closure. Secondary objectives: rate of wound healing, incidence of recidivism.

Inclusion Criteria: Type 1 or type 2 diabetes; 18-95 years old; and diabetic foot ulcer of at least 4 weeks duration; Hemoglobin A1C < 12; Index foot ulcer located on plantar, medial, or lateral aspect of the foot including all toe surfaces, wound area (length x width) measures between 0.5 and 20 cm²; wounds under Charcot deformity free of acute changes with appropriate structural consolidation; index ulcer clinically non-infected; index ulcer full-thickness without exposure of bone, muscle, ligaments, or tendons, post debridement the ulcer free of necrotic debris, foreign bodies, sinus tracts, tunneling, under-

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mining; is comprised of healthy vascularized tissue; and is at least 4 cm away from any additional wound. Adequate perfusion in limb as show by examination, women of childbearing age could not be pregnant or lactating.

Exclusion Criteria: See full review.

Conclusions: In the 40 wounds treated per protocol, 13 out of 19 (68.4%) of the PRP Gel group and 9 out of 21 (42.9%) of the normal saline gel group healed. After adjusting for wound size outliers (n=5) and including only those wounds of a size found in the majority of diabetic foot wounds (< or = 7 cm² in area and < 2.0 cm³ in volume), 13 out of 16 (81.3%) of the PRP Gel group and 8 out of 19 (42.1%) of the normal saline gel group healed (p=0.036, Fisher's exact test). Kaplan Meier time-to-healing was significantly different between groups – 45 days for PRP Gel vs. 85 days for normal saline gel (log-rank test, p=0.126). Almost twice as many wounds treated with PRP Gel healed in 6 weeks compared to normal saline gel treated wounds. Safety of PRP Gel was also demonstrated, as no treatment-related serious adverse events were reported and bovine thrombin used in the preparation of PRP did not cause Factor V inhibition.

Reviewer: Laurie Rappl PT, DPT, CWS, is a graduate of the College of St. Scholastica - twice! Bachelors in Physical Therapy in 1979, and Doctorate in Physical Therapy in 2011. She has been involved in wound care with an emphasis on pressure ulcers for 20 years, and has published in national and international peer-reviewed journals. Laurie speaks at conferences on the topics of pressure ulcers, advanced modalities, support surfaces, seating and positioning. As well as being a physical therapist and a certified wound specialist. Contact: lrappl@cytomedix.com

Electrophysiologic Agents Review

Title: The effect of duty cycle and frequency on muscle torque production using kilohertz frequency range alternating current Ward AR, Roberston VJ, Ioannou H Med Eng Physics 2004; 26(7): 569-579

Target Condition: Muscle Weakness – 728.87

Practice Pattern(s): Musculoskeletal - Pattern C: Impaired Muscle Performance

Design Type: Clinical Trial, Non-Random

Study Population: Adults (18-64 years)

Subjects: 8 men and 8 women recruited from the staff and students of the School of Physiotherapy, La Trobe University. Mean age 26 years, range from 19 to 52 years.

Purpose: To examine the effect of duty cycle on maximum electrically induced torque (MEIT) in normal, healthy subjects. A secondary aim was to examine the effect of AC frequency and whether the variation in

MEIT with duty cycle was frequency dependent

Inclusion Criteria: All subjects had previously used and experienced electrical stimulation.

Exclusion Criteria: Subjects with pathology affecting the left forearm, pacemaker and damage to the skin overlying the wrist extensors were excluded.

Treatment: Subjects were required to attend 2 sessions of electrical stimulation and were asked to experience 41 conditions or combinations of six frequencies and eight duty cycles applied in a different, randomized order at each session. Frequencies ranged from 0.5 to 20kHz with duty cycles ranging from a minimum (one cycle) to maximum (continuous AC). Maximal electrically induced torque (MEIT) was recorded for each of the 41 combinations of frequency and duty cycle.

Conclusions: Maximum torque production of the wrist extensors was yielded at a carrier frequency of 1 kHz and a duty cycle of 20%. When comfort was considered, a frequency of 2.5 kHz provides an acceptable trade-off between maximal electrically induced torque and comfort.

Reviewer: James W. Bellew PT, EdD, is an associate professor a University of Indianapolis. Krannert School of Physical Therapy. Dr. Bellew received his entry-level Bachelor of Science degree in Physical Therapy from Marquette University, his Master of Science Degree in Orthopedic Physical Therapy and Doctor of Education in Exercise Physiology from the University of Kentucky. His primary interests lie in the areas electrotherapeutic modalities, muscle physiology, and control of balance in older adults. Contact: bellewj@uindy.edu

Information from the Executive Director

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CMS implemented new screening criteria to the Medicare provider and supplier enrollment process beginning in March 2011. Under the new ACA requirements, newly enrolling and revalidating providers and suppliers are placed in 1 of 3 screening categories: limited, moderate, or high. The screening category of the provider or supplier determines the degree of screening to be performed by the Medicare Administrative Contractor (MAC) processing the enrollment application. As a PT, your level of screening will depend on the setting in which you practice. For example, PTs enrolling as individuals or as group practices are in the “moderate” risk category and will be subject to onsite visits by MACs. A detailed APTA summary of the final enrollment requirements for physical therapists can be found here.

Between now and March 2013, MACs will

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be sending notices to individual providers and suppliers. CMS recommends that providers and suppliers begin the revalidation process as soon as they hear from their MACs. Upon receipt of the revalidation request, providers and suppliers have 60 days from the date of the letter to submit complete enrollment forms. Failure to submit the enrollment forms as requested may result in the deactivation of your Medicare billing privileges.

For more information about provider revalidation, review the Medicare Learning Network's Special Edition Article #SE1126, titled "Further Details on the Revalidation of Provider Enrollment Information."

Tools for Keeping Up With ACA Implementation

The Commonwealth Fund offers 2 resources that break down the various parts of the Affordable Care Act (ACA) and when they go into effect. An interactive timeline provides an overview of ACA's major provisions. The "Find Health Reform Provisions" tool allows users to search for specific provisions by year, category, and/or stakeholder group. A PDF version of this timeline is available at www.commonwealthfund.org

New Online Database Helps Consumers Pinpoint Potential Out of Network Cost for Consumers

FAIR Health (FH), an independent non-profit organization, recently launched an online medical cost search tool that enables consumers to look up the cost of medical services in their area. This tool and other consumer education resources are available at www.fairhealthconsumer.org.

A brief (8 minute) introductory video on the site demonstrates the search function using the CPT code for physical therapy evaluation, 97001. Resources include FH Reimbursement 101, a video and several guides to help consumers decipher insurance terminology. Due to licensing agreements, users are limited to 20 searches per week. FH recommends that users print search results in order to avoid duplicate searches. Searches can contain up to 5 codes at a time. Additional features include the ability to adjust the copayment level and adjust the percentile used by the insurer to determine out-of-network reimbursements to plan participants.

FH was established following a 2009 New York state investigation that uncovered conflicts of interest in a system used by third-party payers to calculate out-of-network reimbursement for their subscribers. For more information, go to <http://www.fairhealthconsumer.org/faq.aspx>.

APTA's first clinical electrophysiology residency program

The American Board of Physical Therapy Residency & Fellowship Education (ABPTRFE) has announced the credentialing of APTA's first clinical electrophysiology residency program. This is an historical moment for APTA as clinical electrophysiology was the only Board-certified specialty area of the American Board of Physical Therapy Specialties (ABPTS) not represented with a residency program. This program joins a total 92 credentialed residency programs and 24 credentialed fellowship programs for a total of 116 credentialed programs since APTA began the credentialing process in 1997! For more information, please to <http://www.apta.org/ResidencyFellowship/>



Combined Sections Meeting (CSM) 2012 – Join Us in the Windy City!

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By Stephanie Woelfel
Program Chair

The Section on Clinical Electrophysiology and Wound Management would like to give you a preview of the great programming we will be providing in Chicago, Illinois at CSM 2012! The Section's three pre-conference offerings are listed as well as an overview of main programming and Section meetings.

Handouts and complete session details will be available via the APTA website @ www.apta.org.

We look forward to seeing you in February!

Two Day Pre-Conference – Tuesday, February 7 & Wednesday, February 8:

Teaching and Demonstrating Nerve Conduction Studies and Electromyography for Entry-level PT Students: This course is designed for therapists that are responsible for teaching nerve conduction and EMG content within physical therapy programs. A hands-on lab component is included. We encourage those of you in academia to share this information with your colleagues. Attendance for this course will be limited to maximize the effectiveness of the lab portion.

One Day Pre-Conference – Wednesday, February 8:

Low Level Laser Therapy: From Bench to Bedside. Incorporating Scientific and Clinical Evidence to Achieve Clinical Effectiveness: Join us as international faculty share the latest information related to laser therapy and its effective use. A hands-on, practical workshop is included in this course and will provide the principles and practice of low level laser therapy.

Physical Therapist Entry Level Integumentary Content: What Should I Include and How Do I Do It? The faculty for this course are educators with years of experience teaching integumentary content. This course will include an interactive lab component as well and is designed to be very collaborative. Participants are encouraged to bring their questions as well as any course materials they would like to share with the group. We again encourage the educators in the Section to share information regarding this course with their colleagues.

Main Session – Thursday, February 9

All three arms of the Section will find interesting and exciting programming today. EMG/NCS testing, electrotherapy decision-making and various approaches to wound healing will all be covered.

Section platform presentations will occur today – come support your fellow Section members as they present their research!

The EMG Forum will occur from 8:00 a.m. - 9:00 a.m.

Main Session – Friday, February 10

Wound pain management, infection prevention and residency programs are all on the schedule today.

The Electro Forum will occur from 11:15 a.m.-12:15 p.m.

WMSIG Round Table Luncheon from 12:45 p.m. - 2:15 p.m.

Section Business Meeting from 6:30 p.m. - 8:00 p.m.

Main Session – Saturday, February 11

The programming we are providing on Saturday is definitely worth staying for! Atypical wounds and ambulation on the wounded foot will both be presented.

The mobile app that was introduced last year will be back again and significant improvements have been made so it will be easier than ever to plan your schedule and make sure you don't miss any of the great programming we have to offer. Please make sure to attend the Section Business meeting, Forums and WMSIG meeting as well – we need YOUR participation in these events to help move the Section forward.

Also – it's never too early to think about topics and/or speakers for CSM 2013. If you have ANY suggestions, please e-mail: stephpt@hotmail.com

Here's to a great CSM 2012!!