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Professional Development of Physiotherapists

The various paths that a physiotherapist or physiotherapist assistant’s career might take are virtually limitless. In fact, I would argue that physiotherapy offers more diverse and rewarding career options than most other professions. Those options range from working with athletes to reduce the risk of injury (primary prevention), to reducing the progression of disease (secondary prevention), and then treatment peri- and post-operatively in tertiary care settings. The populations and settings in which a physiotherapist or physiotherapist assistant might work are equally diverse – from neonatal and paediatric settings, to acute and long-term care. Beyond clinical settings, many therapists work in academia (e.g. university or research settings), industry (e.g. medical equipment suppliers), or in government (e.g. health policy). According to the Canadian Institute for Health Information (CIHI), the majority of physiotherapists (~92%) work in urban centres, while about 4% are employed in each of rural and remote areas (CIHI Report, 2010).

Entry into physiotherapy practice in Canada now requires a Master’s degree offered by 15 universities across Canada. In 2009, CPA collaborated with the regulators (Canadian Alliance of Physiotherapy Regulators: The Alliance), the universities (Canadian Council of Physiotherapy University Programs: CCUPUP), and the organization that accredits the programs (Accreditation Council for Canadian Physiotherapy Academic Programs, now called the Physiotherapy Education Accreditation Canada: PEAC) to develop an Essential Competency Profile for Physiotherapists in Canada, published by the National Physiotherapy Advisory Group (NPAG) in October 2009. That document is primarily focused on the competencies required for a physiotherapist at “entry into practice” (NPAG, 2009). A similar document was developed by the same consortium to outline the Essential Competency Profile for Physiotherapist Assistants in Canada (NPAG, 2012).

A few decades ago, physiotherapy services were largely hospital-based, funded by the public health care system. Today, physiotherapy services are evenly split between publicly funded hospital-based facilities and privately funded outpatient ambulatory care (especially for musculoskeletal practice). Due to a confluence of factors, that trend is expected to continue, whereby community-based primary care delivery of services will be larger than hospital-based services. One of the consequences of this transition has been an increased demand by physiotherapists for recognition of the additional credentialing they acquire through post-graduate training. The CPA developed its Clinical Specialty Program, a self-directed certification program to recognize physiotherapists who have demonstrated advanced clinical competence, leadership, continuing professional development and involvement in research. This credentialing has been driven by the profession and is gradually gaining recognition by the regulators.

Conversely, the role of “advanced practice physiotherapy” grew largely out of the government’s demand that institutions improve access to care. For example, the development of advanced practice physiotherapy roles where individuals with advanced training (including outside the traditional scope of practice of a physiotherapist) are now working to triage patients with inflammatory arthritis who need timely access and care of a rheumatologist, or those with osteoarthritis who may require surgical review for total joint arthroplasty. The competencies of an advanced practice physiotherapist are more general and systems-oriented, while those of a clinical specialist are more specific and in-depth with respect to physiotherapy treatment.

As the credentialing and roles of the physiotherapy profession grow and transition into the community, it is imperative that we are able to clearly define the competencies that distinguish between entry to practice, clinical specialist, and advanced practice physiotherapist. This distinction is important not only for regulation and evaluation but, more importantly, so that these credentials are clear to the public and stakeholders (e.g. government, employers).

It is fortuitous that the NPAG is currently undertaking a revision of the Essential Competency Profile for Physiotherapists in Canada. This provides us with an opportunity to clearly define the profile and competencies of those entering into clinical practice, Clinical Specialties, and those who are advanced practice physiotherapists. You will be contacted via email to give input into the essential competencies for the entire career path of a physiotherapist and about the “milestones” that relate to entry to practice competencies. Please take time to give your valuable feedback in this process.

A special thank you to Dr. Trisha Parsons, guest editor of this issue of Physiotherapy Practice focused on career pathways in physiotherapy. Enjoy your summer!

Linda Woodhouse
President
Canadian Physiotherapy Association
president@physiotherapy.ca
I clearly recall the moment when I became aware of my choice to join the physiotherapy profession. I was 14 years old. My father, a public servant working in probation and after-care services modeled for me the values of integrity, service, and lifelong learning. Most kids turn to Google these days to work on school projects; my kids call their Papa Eric. On the wall of his office in our family home was Max Ehrmann’s *Desiderata* poem. As a teenager, working on school projects or assignments at his desk, I can remember studying those eloquent lines when I would take a break or drift into thought. Even now, when I encounter a challenge I find myself reflexively reciting in my mind, “Go placidly amid the noise and haste…”

My mother, a registered nurse and Chief of Healthcare for Kingston Penitentiary, was my proof in the world that it was possible to be compassionate, technically competent, and a strong leader. Always one to encourage me, when I suggested, at the age of 14, that I thought I wanted to become an orthopedic surgeon, she asked only once, “are you sure that’s what you want to do?”

“Yes,” I said, “isn’t it amazing how they can help people move again?”

In response, she had arranged for me to job-shadow with a surgeon she knew. So I showed up bright and early at our local hospital one spring day in my 14th year. I remembered the surgeon; he had actually been my doctor when I had broken my arm seven years earlier. It was his clinic day and his roster was full. He would see close to 60 patients before his day ended. But still, he made time for me.

By the third patient, I began to realize that my presence was increasing the degree of difficulty on his time management. He was responsible for some big decisions, and he had to make them based on rapid assimilation of the information in files the nurses handed him, the grainy x-rays that were thrown onto lightboxes, and the brief snippets of medical history that he elicited from the patients. And all of this needed to be accomplished within 5-8 minutes. Occasionally, he would perform one or two physical maneuvers, things that he labelled with names of other men: Apley, Lachman, and McMurray. His judgement was only revealed by the way in which he presented options to the patient. If he thought surgical chances were good, he’d say, “You could have the surgery: there’s a chance it will get better, a chance it could stay the same, and a chance it could get worse. Two out of three of those options are pretty good. If it were me, I’d go for it.” If he thought the chances were poor, he would instead say, “Two out of three of those options aren’t so great. If it were me, I wouldn’t get the surgery.”

“What else is there?” the patient would
I realize that an elegant and influential idea was planted in me: physiotherapy might offer something even more powerful than surgery to help people move again."

Go placidly amid the noise and the haste, and remember what peace there may be in silence. As far as possible, without surrender, be on good terms with all persons.

Speak your truth quietly and clearly; and listen to others, even to the dull and the ignorant; they too have their story.

Avoid loud and aggressive persons; they are vexatious to the spirit. If you compare yourself with others, you may become vain or bitter; for always there will be greater and lesser persons than yourself.

Enjoy your achievements as well as your plans. Keep interested in your own career, however humble; it is a real possession in the changing fortunes of time.

Exercise caution in your business affairs, for the world is full of trickery. But let this not blind you to what virtue there is; many persons strive for high ideals, and everywhere life is full of heroism.

Be yourself. Especially, do not feign affection. Neither be cynical about love; for in the face of all aridity and disenchantment it is as perennial as the grass.

Two years ago, this professional calling led me to assume the role of Chair of the Cardiorespiratory Division of the Canadian Physiotherapy Association. Of the many excellent professional opportunities to arise out of that choice has been the ability to participate in the Division Chairs Committee (DCC). This body (comprising the Chairs of each of the CPA Divisions, representatives for the Division Knowledge Management Committee, the National Student Assembly Representative, and the CPA Board Liaison) has been one of the highlights of my decision to take on a leadership role within CPA.

The DCC meets three times a year to share information and to work on collective projects. At the Fall 2015 DCC meeting, a proposal was initiated by the Sports Physiotherapy Division to respond to the need identified by their members to generate a visual “career pathway.” The intent behind this pathway was to help demonstrate to potential members and/or new members what the road to becoming a specialist in their area of practice could look like. Joined by the Chairs from the Paediatric, Seniors’ Health, and Cardiorespiratory Divisions, a working group was established and created a proposal to hold a half-day workshop at a subsequent DCC meeting, in order to accomplish the following objectives:

1. To explore what professional development pathways exist within the respective Divisions of the Canadian Physiotherapy Association.
2. To creatively explore potential ways that these pathways could be visualized for members.
3. To determine if there is shared value, amongst the Divisions, to proceed collaboratively in next steps.

In followup, the PD Pathway Working Group, in consultation with the DCC Chair and key CPA staff members developed a Pre-Meeting Reflection Guide, distributed to all Division Chairs. This Guide sought to collect information about existing PD pathways within the respective CPA Divisions. Further, the PD Working Group organized and ran a workshop at the Winter 2016 DCC Meeting. This workshop engaged all members of the DCC, including the Board Liaison representative and CPA President, Linda Woodhouse; the DKMC representative, Geoff Bostick; and CPA Practice & Policy Director, Kate O’Connor.

There were several compelling stories shared about how various leaders in our profession saw their personal careers develop - the challenges, the catalysts, and the insights gleaned. I learned a great deal from my colleagues that day.

This issue of Physiotherapy Practice is a response to that experience. Our intent is to share insights from these respective professional development pathways to highlight not only the common nodes through which many of us travel, but also to begin to capture the diversity of experience of physiotherapists practicing in Canada.

Follow Trisha on Twitter @TLParsons
When I graduated from physiotherapy 32 years ago, I was focused on specializing in orthopaedics. To that end, I worked at a worker’s compensation rehabilitation centre for a few years, and then in a private physiotherapy clinic. Although I enjoyed orthopaedics, I felt I needed to become competent in the other areas of physiotherapy, so I moved to an acute care hospital where I was able to explore all aspects of my profession.

I enjoyed working on interdisciplinary teams and with varying patient issues within the hospital; however, after five years, the pull to return to orthopaedics led me to open a physiotherapy practice with another therapist. We grew the business, expanding from one staff to more than 12, and opened a fitness centre attached to the physiotherapy clinic. Over the course of 15 years, I came to realize that I had more aptitude for practicing physiotherapy and less so for business. Although we had gone through some amazing growth and program development, we lacked the knowledge and ability to steer through the rough patches; I was no longer enjoying my work day. I transitioned to work for another private clinic for a short period of time; however, I wanted a more stable work environment – a consistent pay cheque, benefits, a pension plan, and (what I envisioned to be) a predictable work routine. I decided to return to the hospital setting.

Initially it was scary, as so much had changed in acute care. Bariatric and geriatric medicine had arrived. I was a student again – and what a learning curve! The patients were complex; they had multiple co-morbidities, physical frailty and ongoing mobility issues even before they were admitted to the hospital. Many had major psychosocial issues. Staff numbers and equipment resources were low.

Treatment practices had changed; x-rays were now easily obtained on computer screens, and there was inline suctioning for ventilated patients. My focus area of practice became cardiorespiratory.

I have been back in the hospital setting now for almost eight years. I have become more proficient with helping patients regain basic mobility functions required to maximize independence and quality of life. I would not have been successful if I had not had a background in all aspects of physiotherapy patient care. My years in private practice taught me how to be a patient advocate, understand the business of health care, and negotiate for what is needed.

Currently I work within an interdisciplinary staff and a patient population which I truly enjoy! My job is dynamic and challenges me daily. I must be creative, inventive and resourceful with every patient; constantly thinking outside the box.

Andrea Schaerer graduated from Dalhousie University with a BScPT in 1984. She has spent her working career in New Brunswick, and is currently employed by Horizon Health at the Saint John Regional Hospital as a staff physiotherapist.
Physiotherapists in the oncology field function as generalists in a specialized world. The breadth of diagnoses and treatments throughout the disease trajectory (ranging from curative through to palliative) may affect any of the body’s systems. Two essential competencies are clinical reasoning and problem solving when designing a rehabilitation program. Within paediatrics, complications are more challenging because of growth, maturation, and treatment effects on developing bodies.

When I started working at the BC Children’s Hospital Oncology/Hematology/Bone Marrow Transplant department, there were no formal courses available for cancer rehabilitation. I relied upon literature reviews to facilitate my understanding of pathology, treatment, complications, and rehabilitation. Over time, and using clinical reasoning, I developed knowledge in areas that are not well-researched from a physiotherapy perspective, e.g. rehabilitation of patients with rotationplasty. Rotationplasty is a procedure where the portion of a lower limb with a tumor is removed and the portion of the limb below it is rotated 180 degrees and reattached to the section above. By reconstructing the lower limb in this fashion, the rotated ankle joint functions as a new knee joint, thereby facilitating fitting with a custom-made below knee prosthesis.

A turning point occurred during a cancer rehabilitation conference in Montreal, when I realized that other physiotherapists were also passionately involved in this field. Oren Cheifetz approached a group of physiotherapists at the World Confederation for Physical Therapy congress in Vancouver (2007), regarding the initiation of an Oncology Division (OD). The OD of the Canadian Physiotherapy Association was formed in 2009.

Treatment of the person with cancer is touched upon within most entry level university programs in Canada. It is important to recognize that basic oncology content varies between Physiotherapy Programs across Canada, with many programs streaming oncology content throughout their curricula rather than having a dedicated oncology course. A basic introduction to cancer rehabilitation is extremely helpful for physiotherapists entering into cancer care. The OD generally runs two courses per year across the country and tries to balance both introductory (general) and advanced (topic specific) courses in cancer care for physiotherapists. There are also other groups and independent instructors who offer professional development courses in oncology relevant to physiotherapy practice. Interested physiotherapists can access educational webinars or teleconferences from hospitals or organizations such as the CPA, the American Physical Therapy Association and the World Confederation of Physical Therapists – Oncology group.

Presently, the OD does not have defined competencies for physiotherapists in oncology. The complexity of this population requires a net-like PD approach with nodes of specialized care. The nodes should encompass specific areas of practice (e.g. breast cancer, blood cancers, etc.). This would allow a physiotherapist to apply their resources to courses best suited to their clinical needs and provide a more organised pathway to clinical specialization certification.

With the rising incidence of cancer and increased survival rates, there are higher numbers of cancer survivors living with chronic cancer and non-cancer related physical issues living in our communities. Physiotherapists in different areas of practice – e.g., private practice, home care services, etc. – will encounter cancer survivors on a more frequent basis. The CPA Oncology Division should be considered a resource for professional development opportunities. It is always interested in hearing from clinicians on how best to support their professional development and develop courses around current topics of interest.
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My journey in physiotherapy took a very sharp turn shortly after beginning practice. Upon graduation, my goal, like many graduates, was to focus my career in the area of orthopedics. Shortly after starting my first job, I was assigned to a 20-bed critical care and trauma centre (CCTC) on my own. After getting over the initial panic, I realized that I had to come up with a plan.

Reflecting on my professional development (PD), I relate to the image of a tree. The tree’s deep roots represent our beginnings; the structure and foundation of our core information with which we begin our careers. The tree trunk embodies our journey on our career path and the branches symbolize how we ‘enhance our expertise through lifelong acquisition and refinement of knowledge, skills, abilities and professional behaviors’.

So, finding myself in that critical care unit, my first step on the ‘trunk’ was to pull out all of the cardiorespiratory resources that I thought I would never need again after graduation from physiotherapy school. Moving from the trunk to the branches involved taking ownership of my own PD by seeking additional learning opportunities offered by the team in CCTC as well as at the hospital itself. After working in CCTC for a while I found it to be both fast-paced and challenging. It even gave me the opportunity to use my orthopedic skills for patients presenting with trauma.

My next step was to seek out any courses relevant to cardiorespiratory physiotherapy (CRPT) in critical care that were available external to the hospital education program. At the time, there were very limited options for cardiorespiratory physiotherapy courses, so I had to expand my search by investigating other opportunities at local hospitals, colleges/universities, other health care professional meetings, and conferences that were relevant to my practice area. As I became more specialized in cardiorespiratory practice and found passion in my niche, I continued my search and branched out further to provincial, national and international conferences, notably, the American Thoracic Society, Critical Care, and the American College of Chest Physicians meetings.

Attempting to keep up to date with the latest research ultimately lead me to completing my Master’s degree. As a result of this, and ongoing networking with other physiotherapists and health care professionals with similar interests, I became involved in research with a focus on examining the evidence for CRPT. I also became a member and served on the executive board of the CRD, the CPA Cardiorespiratory Division, and the Ontario Respiratory Care Society. These memberships eventually branched off to grow into many other PD opportunities.

While there may not be many courses specific for PD in CRPT, it is helpful to think ‘outside of the box’ – or trunk, in this case! Be intentional in your growth by exposing yourself to new perspectives that will challenge your skill set and take you out of your comfort zone. Always be open to change and diversify as you progress through your career path. Taking ownership of your own PD and seeking out creative opportunities that fit your needs will foster impactful growth.
On navigating a career pathway with travelling companions
(and good footwear)

Vince Cunanan, PT, BScPT, BScAnat, Dip. Manip., Fellow of CAMPT, CGIMS, Chair, CPA Orthopaedic Division, CPA Member since 1998

I have much gratitude to those who asked me to reflect on my 15 years as a physiotherapist, and how I “came to be” today in my professional development and pathway to leadership.

Those who know me know that I always make decisions that reflect my family. They also know I like shoes. Those in my orthopaedic “family” would agree that pursuing the five-level Advanced Orthopaedic Manual and Manipulative Physical Therapy Curriculum is an arduous and expensive road, yet very satisfying when you’re done and get that nervous “pass”. Pursuing this pathway meant either going it alone, or with a “study team”. I chose team. During the year of preparation, I could not have balanced the demands of my study, career, family, travel, and kept my sanity without my study team and my wife (Team Captain).

Currently, there is no formal pathway to leadership within the Orthopaedic Division. If you decide to journey there, my suggestion is to take a “team” with you. My “team” is my PT community. I, in part, found my community through service. To date, I have served four years on the Saskatchewan Section of the Orthopaedic Division; including two terms as Treasurer. I have served four years on the CPA Orthopedic Division, as Treasurer, and currently as Chair. I have always desired to serve my community, and if you serve them, somehow the service becomes reciprocal. If you grow with people, they become your fuel, foundation, and motivation for leadership. My pathway is essentially a reflection of influence – it’s been shaped by my classmates, course mates, instructors, examiners, mentors, those I instruct with, those I mentor, and the Orthopedic Division Executive with whom I serve. I strongly suggest you navigate and ambulate along your pathway with people; your team. With new shoes of course.

Follow Vince on Twitter @funsocksphysio
When I gave up my clinics in 2006 and moved to the south coast of England to be a caravan site warden, I never thought that I wouldn’t go back to clinical practice – I just needed a break. I was worn out with the burden of running three clinics; the long hours and the energy demands from my patients left me exhausted.

In the eight years that I had been working as a physiotherapist, I had taken my professional development seriously and I had worked hard to develop my knowledge. I loved the problem-solving challenges that each patient brought and I enjoyed seeing them progress. It’s so satisfying to help someone go from a place of no hope back to their normal activities and happiness. I loved being a physiotherapist.

Being a caravan site warden was fun too! I spent time outside every day, I was active, I did manual work and I lived on the beach. My 95-year-old grandfather, who was wheelchair-bound following a stroke, loved to visit us from his nursing home for his favourite fish pie. He called our rustic accommodation “the shack”!

Now, while living in a shack, being a gardener, a cleaner and a host was certainly fun, it didn’t challenge my brain. This is when I started to play on the computer. I was completely useless, but I was lucky to have in-house techie help from my husband Tony, who was busy building his e-learning business.

The first website I built was Physiospot. I wanted a way to keep up to date with new research for my own professional development and so made a commitment to blog about the things that I found interesting and useful. These days, this isn’t a novel concept, but at the time, blogging was very new and it was the perfect way for me to keep up to date with my clinical knowledge. It’s also a great way to share my learning openly, to help others.

In 2007, Tony dragged me, not quite kicking and screaming, to an e-learning conference. It was completely eye-opening, stepping into another profession; I was surrounded by nerds on laptops. I didn’t have a clue what was going on; a lot of it went straight over my head, but the presentations on wikis fascinated me. I wanted a physiotherapy wiki. Imagine if we could build a Wikipedia for physiotherapy; how amazing would that be?! If we could capture the sum of all physiotherapy knowledge in one place online, one big, online, constantly updating textbook...

So, here we are, eight years later. I am a self-taught techie, I can build websites, I run social media strategies, I advise on e-learning, I build online educational resources, I run a business and I manage a team. I didn’t go on any courses to learn any of this; I took responsibility for my own learning and thrived on the challenge. The outcome of all of this is Physiopedia, our professional Wikipedia. It has more than one million page visits monthly, from over...
One day, I had a big idea. I didn’t know if it would work; I had no idea if or how we were going to get there or how many amazing people would join me along the way.
Choosing a career path in rural and global health
Hilary Crowley, RPT, CPA Member since 1975

It is best to plan your career path early. This way, you can tailor your professional development and work environments to meet your needs. I did not do that and stumbled on a rewarding career without planning! After completing a year of general physiotherapy in a large London hospital, I went to South Africa and worked in a variety of positions including the paediatric clinic of Baragwanath, the large African Hospital outside Johannesburg. This year of working overseas in different cultural situations gave me a solid base to shape the rest of my career path. On return to England, I worked in a school for disabled children, developing more paediatric skills.

With better planning, I would have continued in paediatrics and started overseas development work much earlier in my career. Instead, I emigrated to Canada in 1970 and worked in Montreal for a year, before moving to Vancouver, where I worked for CARS, the Canadian Arthritis and Rheumatism Society. After a few months, I was moved to Prince George to be a travelling physiotherapist.

The Prince George position involved working two days a week in Prince George, two days in Vanderhoof, 100 km away, and one day in Burns Lake, another 80 km to the west. I had only been there two weeks when I decided to stay, and have been there ever since. The main attractions for me were the independent working environment, the lack of hierarchy in the hospital, great opportunities for outdoor recreation, and the friendliness of the people.

After working for CARS, I became Vanderhoof’s first physiotherapist. I married, moved to an even more rural community, and worked at the Prince George Hospital for several years. During that time I took a year’s leave of absence and lived in India for a year, where I helped develop a rural disability program and taught physiotherapy. This work was with an entirely paediatric population, mostly with polio. My earlier overseas and paediatric experience certainly helped in this situation. I continue to return to India every year to offer more training and clinical placements for Canadian physiotherapy and occupational students, fostering their interest in global health.

Next was work as an itinerant paediatric therapist in all the same communities I worked in with CARS, as well as in more remote Indigenous communities. My paediatric and rural experience in South Africa and in India helped prepare me for working in rural and remote communities in North Central BC.

The work in India also opened up opportunities to work in Kashmir, Tibet, Bhutan and Mexico. Sometimes one has to step outside ones comfort zone to gain the most rewarding experiences.

Membership in CPA offers great networking opportunities, invaluable throughout your career. Membership on the Aboriginal Health sub-committee of GHD as well as on the Rural and Remote committee of PABC both offer excellent opportunities for advocating for physiotherapy with government and other organisations to promote rural and remote access to physiotherapy.

Hilary Crowley is President of Samuha Overseas Development Association (S.O.D.A.), and a member of CPA’s Aboriginal Health Committee. Email hcrowley@mag-net.com.
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I am a physiotherapist who writes for a living. I am also a neurorehabilitation scientist, and my job is to conduct studies that generate new knowledge and then write about it to share that knowledge. This reflection piece about my career is very different from the scientific writing I usually do. When I write, I am usually thinking forward. What is the next paper I should write? What is the next grant competition I should apply to? What is the next study I should conduct? But to reflect, you need to look backward.

Reflection provides the opportunity to see how far you have come and evaluate what you have learned. It also allows you to see themes that you may not have appreciated at the time. This is exactly what I experienced writing this piece. My career has now spanned 15 years; starting from my graduation from the Queen’s physiotherapy program. I have practiced clinically in Canada and in the US, and I have conducted neurorehabilitation research with clinical populations. As I reflected on my career pathway, two themes emerged: my identity as a physiotherapist and the importance of mentorship.

Being a physiotherapist is an integral part of my identity. No matter where I worked or what role I took on, I have always described myself as a physiotherapist. Even though I no longer practice clinically, my physiotherapy training and experiences still shape the way I view the world and how I approach my science. My views on accessibility, disability, recovery and mobility influence the research questions I ask, the methods I use and my interpretation of results.

I have been fortunate to have many inspiring mentors throughout my career. The right mentor always seemed to come into my life at the right time. I had two wonderful mentors at Queen’s who supervised my research placement and encouraged me to pursue graduate studies. While practicing clinically, there was a talented clinician whom I met with once a week to discuss my caseload and work out solutions to difficult issues. During graduate studies, my supervisor and thesis advisors were an interdisciplinary group that helped me navigate up to my PhD defense and beyond as I made my way through academic job talks, grant proposals, and university teaching.

Mentorship and my physiotherapy training have brought me to the position I am grateful to hold today: a scientist and faculty member in a Canadian physiotherapy program where I can contribute to the future of our profession and perhaps “pay it forward” by mentoring the next generation of physiotherapists.

Kara Patterson PT, PhD, CPA Member since 2001

On the central importance of professional identity and mentorship

Kara is a member of the CPA Neurosciences Division. She can be reached at kara.patterson@utoronto.ca
On Being a Pain Science Clinical Specialist

Dominique Gilbert, PT, M.Sc. CPA Member since 1985

As a sports and exercise enthusiast, I focused primarily on orthopedics and sports medicine in the course of my undergraduate studies in Physical Therapy at McGill University. In parallel to my studies, I was assistant director of the sports medicine clinic and trainer for McGill’s football, soccer and basketball teams.

After graduation, I continued to advance my knowledge of orthopedics and manual therapy by attending workshops in Canada and the UK. However, I came to the realization that the typical treatment options all suffered from the same limitation; namely, that the patient remained dependent on the therapist for relief.

Progressively, I began to change my therapeutic approach to emphasize patient education and movement in order to help my patients achieve a greater degree of autonomy in their own treatment.

With this new focus, I treated wounded soldiers while collaborating with the Canadian Armed Forces medical teams, as well as with the National Defense Hospital in Ottawa. There, I also trained physical educators who helped patients by utilizing strategies based on patient movement.

While acting as Chief Physiotherapist of the orthopedic surgery department of the National Defense Hospital, I decided to join the Canadian Back Institute clinic in Ottawa. Working with this new team, I was able to broaden my knowledge pertaining to the treatment of complex low back pain conditions. In order to treat this clientele, I needed to utilize a multidisciplinary approach which relied on the biopsychosocial model.

Because of my past successes in therapy and my dynamic treatment style, I eventually became the director of the Canadian Back Institute’s new clinic in Montreal. With the help of my new team, I created a variety of innovative physical rehabilitation programs based on the principles of being active, improving function, and practical education providing useful knowledge. In addition to my regular responsibilities in this role, I offered professional training workshops on the management of complex cases for the CSST (Quebec’s Worker’s comp), the SAAQ (Quebec’s provincial automobile insurance) and private insurance.

At this point of my career, I realized that I wanted to be able to focus more on clinical treatment, so I decided to start my own private practice. It was at this time that I partnered with Dre Manon Houle and joined the NOCI Clinique. I have refined my therapeutic approach in the midst of a team of like-minded professionals who understand the undeniable influence of psychosocial factors on pain treatment.

My approach emphasizes patient education, active treatment for pain management, and return to function. I believe that encouraging my patients to adopt active lifestyles during treatment encourages a more realistic self-evaluation of their own physical capabilities.

Over the course of my career, I have found opportunities to develop and share knowledge about my practice and to influence training in pain sciences. I have been invited to speak at conferences for members of the Canadian Armed Forces, several rehabilitation centers all over Quebec, the Canadian Institute, the Canadian Physiotherapy Association, several insurance companies, the French Collaborating Centre of the World Health Organization, and the physical rehabilitation program of McGill University, in collaboration with psychologist Dr. Maria Dritsa.

In 2002, the physical rehabilitation department of the University of Montreal asked me to create the first version of their course on Pain Physiotherapy. In 2011, I was recognized as a Specialist in Pain Science by the Canadian Physiotherapy Association, and I currently serve on the committee for evaluating candidates for the title of specialist. Finally, in recognizing that there was a lack of knowledge and coherence in the techniques which were taught for diagnosing musculoskeletal pain, I conducted a survey of the literature in this field, to highlight the best methods for evaluating lower back pain. This work led to my dissertation and allowed me to obtain a Master’s degree in Biomedical Science from the University of Montreal in 2015.

Another key element in my career development has been interdisciplinary practice and education. Because of my interest in the biopsychosocial model and its implications for the clinical treatment of patients living with chronic pain, I collaborate with psychologists to produce integrated reports that combine both the physical and psychological evaluations of a patient to determine his or her capacities. The nature of my work often involves contentious cases, which requires me to increase my knowledge in the field. For these reasons, I pursued a post-graduate diploma in Insurance Medicine and Forensics from the University of Montreal, which I received in 2009. Following my graduation, I became a member of the Quebec Society of Forensic Experts (SEEMLQ) in 2013, as well as a member of the Canadian Society of Medical Evaluators in 2014.

During my career, I have learned that an exclusive focus on musculoskeletal pathology only gives a partial understanding of the problem. This limits the treatment conceptualization and interferes with therapeutic success. Currently, I am further developing skills to better understand the context in which the disability has occurred as well as the patient’s values. Consequently, my intervention not only better explains the patient’s symptoms to third-party payers, but also focuses on quality of life. This approach represents a therapeutic paradigm shift in that the patient and I do not expect symptoms to be abolished or avoided, as much as managed to permit value-driven living choices.

As such, the direction of my professional development is actually following the emerging direction of the scientific literature on the treatment for chronic pain patients, i.e., an integrated approach to patient care.
My career path to sport physiotherapy began as a Kinesiology student. I was interested in sport physiotherapy before I was even accepted into a physiotherapy program. While I had once dreamt of moving to study and work in Australia, I’m glad I didn’t. I went to the University of British Columbia (UBC), and in my first year I joined the Sport Physiotherapy Canada (SPC) Division as a student member and started to learn as much as I could about the profession and the process of becoming a Sport Physiotherapy Diploma holder.

The British Columbia section of SPC held regular evening lectures which provided me the chance to learn from the gurus: Ron Mattison, Clyde Smith, Wendy Epp, Tyler Dumont, Marc Rizardo, Zenya Kasabuchi, and more. It was contagious. I was surrounded by giants in our field and I couldn’t be more excited. I became the Student Representative of the BC section of SPC, which kept me in the loop with what was happening nationally and further fueled my passion for sport physiotherapy. I volunteered with a local rugby team, where I met my first SPC mentor, Trish Hopkins, who eventually helped me to complete my Sport Physiotherapy Certificate exams.

After graduating from UBC, I stayed on with the BC section of SPC in a few different roles, eventually becoming SPC Chair. Through my continued involvement with the local rugby club, I developed connections in the elite level of the sport through the provincial, and eventually, the national programs. I needed to broaden my sport horizons, so I connected with the Women's National Field Hockey team.

I challenged my Sport Physiotherapy Certificate exam three years after graduation from physiotherapy school, and the Sport Physiotherapy Diploma exam two years beyond that. I couldn’t have done it without the help of my mentors, study partners, and the support of my clinic colleagues. My knowledge base in sport physiotherapy was grounded in the countless hours I spent working on the field, travelling with teams, and undertaking the examination process itself. To this day, those hours on the field continue to be the experiences I draw upon with every athlete I treat.

Now, 12 years after my graduation from UBC, I am extremely thankful for every opportunity I’ve had, despite the thousands of hours of additional work these opportunities required outside of the clinic. I now sit on the Board of Directors for SPC, and hope that I can continue to grow our profession for the benefit of all the others entering the field. The skills that I gained on-field over all those years have made me a better clinician, and have also been a fantastic marketing tool for my career.

Timberly George Ambler, PT, CPA Member since 2004
Journey of a PTA advocate

Amy Stacey, PTA, CPA Member since 2009

My journey as a Physiotherapist Assistant (PTA) began in 2000, when I graduated from the College of the North Atlantic’s Physiotherapist Assistant program. I began my career at Eastern Health, in St John’s Newfoundland and Labrador. As I look back at my 16 years at Eastern Health, I see the many areas I have had the opportunity to gain and enhance my knowledge and skills. I have worked in medicine, general surgery, inpatient and outpatient orthopedic, neurology, and neurosurgery. I have also worked in a private clinic and community settings. Currently, at Eastern Health, I work in the Adult Rehabilitation Centre.

When I began my career as a PTA, I was unsure where and how far it could take me. I took every opportunity available to further my education as a PTA so that I could contribute to success in representing health, physical activity, and health promotion. I found education opportunities outside Newfoundland, when I attended various PTA seminars in Nova Scotia and Ontario. In addition, I have been involved in committees within my health region for education of physiotherapist assistant students and my PTA peers:

- PTA Peer Review Committee
- Regional Physiotherapy Advisory Committee (PAC)
- PTA Education Committee
- New Hire PTA Tracking Committee
- PTA Working Group

I have developed a special interest in neurology. I took the Introduction to Neuro-Developmental Treatment/Bobath course (NDT), including the Canadian Hemispheres: Online Stroke Competency Series. As a PTA, I play a major role in interdisciplinary practice, in ensuring excellent patient care, and assisting patients in meeting their individual rehab goals. My favorite part of the job is direct patient care, and seeing patients regain their independence and quality of life.

My love of my role as a PTA has urged me to reach out to PTAs across Canada. Through the Canadian Physiotherapy Association, I learned of the National Physiotherapist Assistant Assembly (NPAA), and contacted former president Sandra Lamb, who introduced me to this awesome group of new colleagues. Beginning in 2009, I served as the Atlantic Representative for the NPAA. During this time, I had the opportunity to join a working group in Toronto which contributed content expertise to the development of the Essential Competency Profile for Physiotherapist Assistants in Canada that was released in 2012.

Currently, I serve as the President of the NPAA, volunteering with regional and student representatives, to continue advocating for our profession and delivering news about physiotherapist assistants and student physiotherapist assistants in Canada. There are many more opportunities to be found as PTAs. CPA’s Divisions allow us to expand our learning, and apply new skills. Provincial branches offer PTAs opportunities to become involved as well. In my home province, I am a member of the Newfoundland and Labrador Physiotherapy Association public relations committee, and National Physiotherapy Month committee.

About the National Physiotherapist Assistant Assembly (NPAA)

- We represent PTAs with a unified national voice.
- We elect our own volunteer leaders to showcase our position in the CPA and to the physiotherapy community.
- We enhance communication amongst physiotherapist assistants and physiotherapist assistant students.
- Members benefit from the networking, professional development and ability to have a direct voice in shaping the future of physiotherapist assistants in Canada.
- We encourage student involvement and leadership opportunities within the CPA and our profession.
- We communicate with schools throughout the year and enhance our skills by sourcing continuing education for our colleagues from coast-to-coast-to-coast.
- We foster PTA involvement within the CPA and the profession.
- We promote the NPAA and PTA profession, and support CPA in the achievement of its mission.
- We regularly send updates to our members, and communicate through social media to keep them abreast of developments and highlights.
- We endeavor to be the “go-to” place for news about our career!
On merging paths: from practice to advocacy

Dorianne Sauvé, BSc PT, MPA, CEO, Ontario Physiotherapy Association, CPA Member since 1990

“Advocate: Physiotherapists responsibly use their knowledge and expertise to promote the health and well-being of individual clients, communities, populations and the profession.” Essential Competency Profile for Physiotherapists in Canada, October 2009

I’m not surprised that one of the seven roles used to describe the essential competencies of physiotherapists is ‘advocate’. It is impossible to separate the parts of my career that are related to being a physiotherapist from the parts that relate to advocacy and health policy, and I think the same is true for many in this profession.

Thirty years ago, I became a physiotherapist because of the positive impact physiotherapy has on people’s lives. My experiences in practice showed me every day the difference that physiotherapists can make for our patients and our communities. I became involved in advocacy and health policy when I realized that decisions made far from the bedside or clinic often determined not just who received services but also when, where, and how much. These decisions affected our patients and our profession, but our voice was rarely part of the discussion.

My career in advocacy and health policy started in the early 1990s, when increasing financial pressures in health care meant services, including physiotherapy, were being cut or downsized. Health care providers were losing jobs while fewer and fewer people were able to access the physiotherapy they needed. Through mentorship from the director of physiotherapy at my hospital, I started to see my role as both a physiotherapist and an advocate rolled together. She helped me to move beyond the ‘it isn’t fair’ reaction and begin looking from many different perspectives at the problem decision-makers were trying to solve. This helped me to see advocacy not as a way to protect the status quo, but as a way to find solutions; ideally, solutions that highlighted what physiotherapists could offer.

In 1992, I read the Enid Graham Lecture given by Signe Holstein, former President of CPA and then-Executive Director of OPA. She spoke of the power of one voice; of the individual speaking up and of the collective influence by speaking in one voice. She inspired me not to just be a member of the Association, but to become a volunteer leader in my local area and, with her mentorship, President of the OPA. Through my involvement with OPA, my interest in health policy – how decisions were made and how we could influence these decisions – grew. Working with Signe, my colleagues on the Board, and members around the province and across the country, I learned how to debate big ideas, to propose innovative solutions, and to have the critical conversations that drive change.

I applied many of these lessons in my workplace and began to take on more leadership roles in my clinical practice. My volunteer work gave me the confidence to speak up and the ability to speak knowledgeably at all levels of the organization where I worked. I had opportunities to work with senior leaders on different projects, and my interest only continued to grow. Eventually, I applied for my Master’s degree at the Queen’s University School of Policy with the support of my manager and the organization. At Queen’s, my fellow students came from many different sectors, from municipalities to health care to federal public service, exposing me to many different perspectives. I learned about health policy in Canada and internationally, about policy instruments and outcomes of policy decisions in health and other sectors. I expanded my skills and understanding of how to analyze issues and problems and to propose and evaluate solutions. I remember a professor who said that “physiotherapists are naturals at policy work and analysis because it is what we do every day; we assess, diagnose, establish criteria for evaluation, propose solutions and measure outcomes.”

I have been very fortunate in my career to combine my two passions for physiotherapy and advocacy. This led first to a position as Director of Practice and Policy for CPA and then to my current position as CEO of OPA. Being able to give back to the profession through my policy work is very rewarding and having the opportunity to support and mentor others in finding their voice continues to teach me and exposes me to new ideas.

I believe physiotherapists have the knowledge, skills, and judgment to address complex problems and find innovative solutions, not just for our patients, but for our health care system. I know we are not just valuable but value-added. Ensuring that people can access our services when and where they need them regardless of geography or ability to pay is an essential component of health and the healthcare system. It is a cause well worth advocating for.

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*The Gelshot: An Improvement in Ultrasound Coupling Media. Draper DO, Wells A, Rigby JH. Brigham Young University, Provo, UT 84604 (Dec 2013)
On service and responding to humanitarian needs at home and abroad

A highly admired Global Health Division (GHD) colleague is Julie Hard. As a student, her passion for global health took her to Kenya for a clinical practicum where she laid down the roots to create an ongoing partnership for a community-based rehabilitation program that continues to allow Canadian students to develop and apply their clinical skills in resource-poor settings. Her experience in programs throughout east and southern Africa as well as Haiti has allowed her the opportunity to gain field insight into the sustainability and long-term impacts of health intervention programs. She has gone on to be a leader in the GHD, participating in research and exploring areas of physiotherapy in the context of HIV, as well as in places where health infrastructure has been damaged.

Since 2010, Julie has led the development and implementation of several health projects in Haiti to assist in the disaster response and recovery from the devastating earthquake and subsequent cholera outbreak. She has participated in multiple global health initiatives and provided organizational leadership with the goal of providing access to quality health care for vulnerable people.

Long-time GHD member Shaun Cleaver began engaging with global health as a physiotherapy student. Since then, he has focused his career on tackling inequities related to health and disability. This work has included clinical practice, teaching, program development, and research. All of these experiences are founded in the intention to work in collaboration with, and to understand the worldviews of people in places as diverse as northern Ontario, Haiti, and southern Africa. The experiences have also stimulated his interest in power relations; leading him to critically analyze the ways that Canadian physiotherapists practice outside our national and cultural borders.

Shaun is now completing a PhD at the University of Toronto. For his thesis research, he has been working with groups of persons with disabilities in western Zambia to better understand ways of improving their situation through their own perspectives. The long-term goal of this research is to build upon this process such that physiotherapy service intended for these people, and others like them, is able to evolve in ways that are responsive to their realities and preferences.

Julie Hard and Shaun Cleaver
Members, CPA’s Global Health Division
I think that the common theme throughout my physiotherapy journey has been volunteering. Somehow, I developed the attitude that the best way to learn something new is to put my hand up and volunteer to give it a try. So, I spent much of my physiotherapy school years at the front of the class. It became a run-on joke: “Let’s see if Chantal has this particular orthopedic issue.” (I often did...)

In addition to volunteering, my career path has been molded by a few key mentors. My first mentor was my best friend’s mother who was a physiotherapist. She sat me down for an hour to talk about the profession. I had applied for nursing, occupational therapy and physiotherapy. After that hour, I was sold and ready to get started in physiotherapy.

Once I started working, I enjoyed pushing my limits and learning new things. Being a young mom, I strove for work-life balance and changed positions moving from full-time to part-time and back again, depending on my husband’s employment. This allowed me to fully experience the breadth of physiotherapy services offered in a large acute care hospital. Eventually, I began facing my fears and applying for things that I did not feel ready for. I would deal with the consequences later if I did get the position. This is how I ended up working for two and a half years on a thoracic surgery unit. This was my favourite patient population to work with and the best inter-professional team experience.

Eventually, my Chief of Physiotherapy tapped me on the shoulder. He encouraged me to think of myself as a leader. He asked me to consider applying for his job while he completed a four month placement as part of his Master’s degree. As I really didn’t feel ready for that leap, he helped me get a leave of absence from the hospital to take a six month locum at CPA. I learned to broaden my horizons by being exposed to physiotherapy practice across Canada. I realize now that I wasn’t ready for the role of Acting Chief, and barely slept for the entire four months, but it certainly awakened an interest in leadership. Over the following 10 years, I put my hand up and volunteered to:

• Attend a focus group held by the OPA;
• Be a voting delegate for the Eastern Ontario District (EOD);
• Participate in a systematic review and receive a PFC grant;
• be part of the OPA/CPA mentorship pilot;
• Volunteer as communication chair/sec- tary/president of the EOD;
• Be Master of Ceremony for my public speaking class’ graduation ceremony;
• Attend the Leadership Academy offered at the hospital.

I also focused all of my professional development and personal reading on non-clinical skills: communication, public speaking, conflict management, change management, team building, coaching, Lean quality improvement.

All of this volunteering to challenge myself led me to work as a facilitator for the Inter-Professional Model of Patient Care and then as a Professional Practice Coordinator at The Ottawa Hospital for six and a half years. That was the longest time that I was in the same position and it was time to find a new challenge.

All of my volunteering and giving back to the profession naturally led me back to CPA. In May 2015, I was hired as the Senior Practice Manager. I continue to put my hand up and volunteer to do things so that I continue to learn and grow. I certainly have a lot to learn in my new role and hope to hear from members to learn about their reality in whatever setting they are working in.

Follow Chantal on Twitter @1995cjl

“Somehow, I developed the attitude that the best way to learn something new is to put my hand up and volunteer to give it a try.”
When thinking about my career pathway, the song, “Life Is A Highway” by Tom Cochrane comes to mind; life is a highway, with twists and turns. I think your career path begins by observing what you love – for me, like many physiotherapists, this was trying to make a difference in people’s lives.

My career began while pursuing my Kinesiology degree at Queen’s University. I was also fortunate to work with an internal medicine specialist; I created exercise programs for cardiac patients. I enjoyed my fourth-year thesis on the perception towards individuals with spinal cord injury¹, which I published with my co-authors. However, I was unsure of what career to pursue. I didn’t want to apply to medical school, as I did not want my career to involve medication prescription. I then applied for a research-based Master’s and a Master’s of Science in Physical Therapy, and got accepted to both! Now came the question: Do I go into research, or do I pursue physiotherapy?

I whole heartedly pursued the latter and went directly into physiotherapy at Queen’s. I was surrounded by passionate professors and students. Four of my placements were in hospital settings, and one in private practice. I did have an experience, however, when an instructor said, on my first day, “I didn’t want a student!” - I tried my best to “kill them with kindness”.

Two years flew by, and I went home to Ottawa. My dream job at the time would have been to work with cardiac patients. Unfortunately, there were limited opportunities available for new physiotherapists in Cardiac Rehabilitation at that time. So, I applied for a physiotherapy position in private practice.

I didn’t know what type of employment in private practice was best when first starting fresh out of school: being self-employed or working as an employee for someone else? My first position was self-employed. It was a steep learning curve, as I only had a single private practice placement experience under my belt! I discovered that there were many physiotherapists working in the clinic; assessments were divvied up and at times I had long breaks in my schedule.

Tip: Inquire how many physiotherapists work at the facility before signing a self-employed contract.

I also worked as an employee at a clinic that treated mostly people who had had a motor vehicle accident (MVA). I had to be strong with my clinical judgment. For example, I refused to submit additional treatment plans, despite encouragement otherwise, if patients had reached their goals. Many people following a MVA also have psychosocial concerns. Although the stigma related to mental health may be decreasing, it’s important to improve our ability to have mental health-related conversations with patients and to refer to the appropriate professional.

As a new grad, I also spoke up when I noticed questionable billing practices – an intimidating task that makes you feel like you may lose your job for being ethical. I also spoke up on occasion when I needed to have a designated lunch break, as our jobs are physical, and without it I knew I may eventually burn out.

Tip: Be sure to have a strong ethical backbone to protect our profession and take care of your own health – it’s what we do for patients!

I applied to public practice – rumour had it though, that if I received an offer, I might have to work casually for up to seven years before securing full-time employment. While applying to public practice, I enjoyed working with patients with musculoskeletal (MSK) injuries. What I liked most were the connections that I made with patients; I learned from their life experiences while I encouraged them to take charge of their health.

I realized, though, that I had not found my passion in MSK practice. I wanted a new challenge, and investigated pursuing a PhD. At the same time, I wondered “What positions does CPA offer physiotherapists and what projects would they contribute to?” After applying and interviewing with CPA, I was offered the Practice and Policy Coordinator position. I will never forget when I got the offer – pure excitement!

I am proud to be a physiotherapist and I have great energy to advance our profession. I love talking with and encouraging students, and I am also currently working on CPA’s main strategic priority: to encourage physiotherapists across Canada to adopt electronic outcome measures. In any career path, it’s important to acknowledge what you don’t know, and go after resources; whether it be continuing education courses or mentorship.

Never be afraid to take the path less traveled!

Follow Kerry on Twitter @kkitsonpt
My career path: a lesson in lifelong learning

“Every new rotation brought the drive to learn more.”

Melissa Anderson, PT, CPA Senior Policy Advisor, CPA Member since 2004

I remember the months leading up to graduation from physio school. I remember being anxious to finish final exams and placements, and to start using all of my newfound knowledge. I felt like I knew it all.

That feeling did not last long!

My very first job (and one that I would ultimately keep for more than 24 years) was in public practice in New Brunswick. My first caseload assignment was palliative care and oncology. It didn’t take me long to realize that I had a lot more learning to do. Fortunately, there was a palliative care conference in NB that year, which opened my eyes to the value of learning from and with other health professionals.

The next few years of my career involved mandatory rotations through all areas of physiotherapy: rehab, cardio-respiratory, family medicine, out-patient ortho, and acute neurology/neurosurgery. Every new rotation brought those uncomfortable feelings of not knowing enough and the drive to learn more. Every course I took, every article I read, and every mentor I gathered taught me more skills and more techniques, and helped me grow as a physiotherapist.

After a few years of changing rotation every six months, I chose the area of physiotherapy that I liked best: neurosciences. The more time I spent with stroke patients, the more I learned to love working with them. However, it was always sad to discharge them, when I felt I could have helped more. This led me to seek out many learning opportunities, often helping to organize the courses so they would be
Life is a book and there are a thousand pages I have not read yet.

~ Cassandra Clare

closer to home. Motor relearning, NDT, and Bobath were the focus of my professional development for the next number of years; each course made me want to learn more, while challenging my assumptions and thought processes.

The first time I attended CPA Congress was as a volunteer in Saint John, in 2006. Like most first-timers, I was overwhelmed at the volume and variety of presentations. I had just moved into the Clinical Practice Leader role in my department, and was eager to learn about the policies and practices of other departments across the country. This was an area I had never explored before, so was thrilled to see all of the new learning opportunities available to me through CPA, and elsewhere.

Around this time, my department was going through CPA’s accreditation process. This was invaluable to our department, and ignited my passion for policy, government and organization. Our department received the highest award possible and I was left knowing there was more learning I needed to do.

For a while, I ignored this need for further education; I had a busy young family, a small business, and had just taken on a management role. I continued to take courses, seminars, and other programs being offered locally, but higher education was not yet on my radar. I did, however, take two Franklin-Covey courses, The Seven Habits of Highly Effective People, and The Seven Habits for Business. While these courses did not change everything I did, they changed the way I thought about everything I did. From a lasting impact perspective, they have proven to be the most valuable.

When my daughters were teenagers, it seemed like a good a time to return to school. I enrolled at Dalhousie University to pursue a Masters of Public Administration, through distance education. I spent much of the next three years fuelling my love of policy, intergovernmental relations, program evaluation, and ‘wicked’ problems— doing much of my school work while watching my kids play hockey.

During this same period, I also volunteered to be the branch president of the New Brunswick Physiotherapy Association. This experience provided me with the best learning of my life. It opened my eyes to the work of the CPA, and the power of a professional association. My teachers and mentors were the other branch presidents, the branch staff, and the staff of CPA. When my time on the branch executive was over, while happy to have some free time, I was sad because I felt there was much more to learn.

The end of my degree program in October 2015 coincided with a new beginning for me. I was offered the position of Senior Policy Advisor at CPA, which I happily accepted. This position combines my love of physiotherapy and my passion for policy. The ability to advocate on behalf of my fellow physiotherapists is indeed an honour. I love being able to meet with members, stakeholders, and policy makers to work on the ‘wicked’ problems impacting physiotherapy. I now have a whole new group of mentors, and a lot of learning ahead.

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BOOK REVIEW

Feminine Capital: Unlocking the Power of Women Entrepreneurs
By Barbara Orser and Catherine Elliott (Stanford University Press)

As a female leader and voracious reader of management books, I was curious to see if Feminine Capital would align with my experience of entrepreneurship in the health care field. While health care has a higher proportion of female leaders and business owners than many other industries, some would argue that many of the highly influential positions are held by men. I delved into the book with an open mind.

The book opened with a summary of statistics and stereotypes about female entrepreneurs as well as a sobering look at commonly held misperceptions about the necessary behavioural characteristics that define and lead to successful commercial performance. It was interesting to note that the stereotypes are held as often by women as by our male counterparts, partly based on the exposure to heavily entrenched social norms reinforced by media and partly due to a lack of awareness about the origin and impact of these distorted beliefs.

The subsequent chapters provided examples of the challenges that many women face when starting, capitalizing and operating businesses that are unique to their gender and based on assumptions made about their talents and fitness to lead. The book identifies and critically assesses the perpetuation of stereotypes, encourages self-awareness and open-ness to alternate points of view, provides real stories of women successfully overcoming the obstacles faced and delivers tools and resources for those either contemplating or navigating the journey into the business world. The book culminates in a powerful call to action, urging women to bring their voices to policymaking and political spheres. The authors posit that there is tremendous value in “feminine capital” - the traits and relationships that women bring to the table. They encourage celebration of these unique qualities as well as channeling of those energies to attain success in any endeavour or environment.

I found the book thought-provoking and was gratified to realize that I currently work in an environment where these kinds of stereotypes have been largely eradicated. Despite this, there were numerous echoes of my own past experiences and the current experiences of many friends and family struggling to make their mark in numerous other workplaces and ventures around the world. It was an excellent opportunity to challenge my own assumptions and reaffirm commitment to progress and open dialogue as a parent, co-worker, leader and member of society.

Regardless of your gender, this is a good read.

Tanja Yardley, proud CPA member and Vice President of Outpatient Services – CBI Health Group British Columbia
CONGRESS MEMORIES
VICTORIA, BRITISH COLUMBIA MAY 2016
Division Knowledge Management Committee: RUN TO DKMC!!

Geoff Bostick PT, CPA Member since 2011

The CPA Division Knowledge Management Committee (DKMC) is a group of physiotherapists who represent each CPA Division with the goal of promoting knowledge translation (KT).

**What is KT?** KT essentially involves implementing new knowledge into practice. Sounds simple, right? However, in the words of the famous rap group RUN DMC: “It’s tricky!” To help overcome the complexity of KT, Graham et al (2006)¹ created a framework describing how new knowledge can be implemented in practice. There are two broad components: knowledge creation and the action cycle.

Knowledge creation involves taking a large and unmanageable amount of research and distilling it down to information that is clear, concise and usable. Here is the first place where the DKMC representatives enter the picture. They are tasked with engaging researchers who have an understanding of a broad literature base and can point Divisions toward resources such as clinical practice guidelines, decision aids, and toolkits that meet the informational needs of membership.

Raising awareness about knowledge is one thing, but putting it into action is another. The action cycle requires:

- Understanding gaps in the knowledge;
- Adapting knowledge to local contexts;
- Identifying barriers and facilitators to implementing knowledge;
- Selecting the correct strategy to implement new knowledge; and finally,
- Monitoring and evaluating knowledge use.

Clearly this is a big job and requires direction from knowledge translation and implementation scientists. However, the DKMC plays a key role in this process: for knowledge to be usable, clinicians have to be involved in the planning, implementation and dissemination of research. Researchers want to know the knowledge needs of clinicians, their practice contexts, how to best implement new knowledge. DKMC endeavours to facilitate communication and collaboration between clinicians and researchers to increase the quantity and quality of professional development resources.

To give you an idea of what effective KT looks like, visit this site: [http://physicaltherapy.med.ubc.ca/physical-therapy-knowledge-broker/](http://physicaltherapy.med.ubc.ca/physical-therapy-knowledge-broker/). Here you can find examples of projects facilitated by a knowledge broker who has collaborated with researchers, clinicians and other stakeholders to develop resources such as the Achilles Tendinopathy Tool Kit and the Physical Activity Support Kit Initiative. I personally believe the collaboration among stakeholders for a common goal is what makes these tools so useful.

KT is complex, but physiotherapists with training and experience in KT are becoming more common and have the skills needed to lead our profession through the complexities. To close the circle, these leaders need physiotherapists who want to participate in the action cycle. Thus, the next time an opportunity presents to become involved in research, I urge you to come to the table and participate in creating solutions to get meaningful and practice-altering information into your work. Better yet, consider becoming a part of the DKMC and play a role in building partnerships between researchers, thought leaders, and your Division in the hopes of providing avenues for effective KT.

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