

EMORY | extension

FALL 2013



Building Bridges

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PHONE-A- THON 2013



Our annual phone-a-thon will be **Monday, Nov. 4** between **6 p.m. to 8:30 p.m. EST.**

Proceeds go to **support the Emory Physical Therapy Scholarship Fund.**

Please help us continue to attract the brightest students. Our goal is 100% participation.

We'd like to count on your support!

from the director



On behalf of the faculty, staff and students, I welcome you to *Extension*.

We are excited to start this new academic year with an expanded, renovated teaching laboratory with state-of-the-art audio-visual and other physical therapy equipment. This expansion of teaching space will help us accommodate our newly matriculated class of 2016, represented by 70 students from 22 states and Japan.

In early May, we graduated the Doctor of Physical Therapy Class of 2013. Dr. Stuart Binder-McLeod, Edward L. Ratledge Professor and Chair of

Department of Physical Therapy at University of Delaware and Emory alum, gave the commencement address. Among the graduates were two DPT/MBA and one DPT/MPH students, a testament to our strong dual-degree programs. We are poised to launch our third dual-degree program, DPT/PhD, with the School of Applied Physiology at Georgia Institute of Technology. This program is indicative of the strong collaborations we enjoy not only within Emory but also with other prestigious institutions in metro-Atlanta.

The spirit of volunteerism and service learning is very important within our program, and thus, this year the faculty and students have started a pro-bono physical therapy clinic at the Good Samaritan Center in Atlanta. Moreover, our students have consistently raised significant monies for the Foundation for Physical Therapy and this year was no exception. Emory received the "Award of Merit" and "Biggest Stretch" award for raising over \$8,000.

We are pleased to announce that the Emory Orthopedic Physical Therapy Residency program is now fully accredited, and we have now launched a Neurologic Physical Therapy Residency program. We are committed to adding other residency programs in keeping with the need for more specialized training.

Finally, it is with mixed feelings I am announcing the retirement of Susan J. Herdman, PT, PhD, FAPTA. She will now hold the title of Professor Emeritus. Susan is well known for advancing the care of people with vestibular disorders through research that supports evidence-based practice. We wish Susan a very happy retirement!

I hope you enjoy this issue of *Extension*, and my thanks to all who support the Division of Physical Therapy in so many ways.

Best Wishes,

Zoher Kapasi, PT, PhD, MBA
Associate Professor and Director

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Emory's Woodruff Health Sciences Center (WHSC) is an academic center focused on teaching, research, health care, and public service. The Division of Physical Therapy is part of Emory University School of Medicine, a component within the WHSC.

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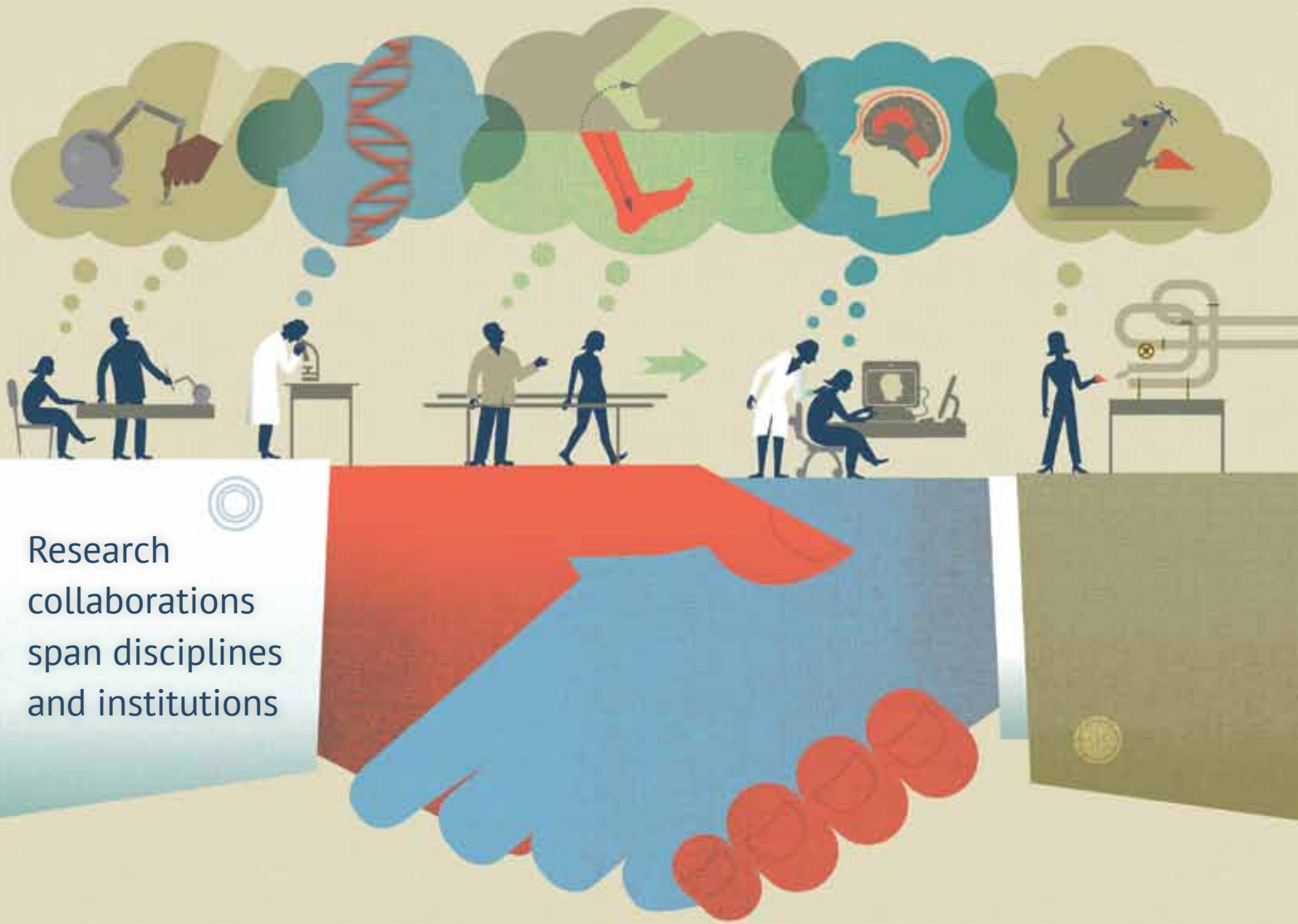
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Research
collaborations
span disciplines
and institutions

Building Bridges

Civil engineers have nothing on Emory Doctor of Physical Therapy researchers. Investigators have been building bridges that span disciplines, institutions and countries in an effort to improve treatments and outcomes.

DPT researchers have established footings in a myriad of local institutions, including Georgia Institute of Technology, Shepherd Center, Children's Healthcare and the Atlanta VA Medical Center. Emory research bridges stretch as far as Canada and New Zealand.

The research being conducted by this host of collaborators spans the spectrum from basic science at the molecular level to animal models in the lab and from clinical applications at the bedside to outreach in the community.

By MARTHA NOLAN MCKENZIE • Illustrations by ANDREW BAKER

“We are trying to break down the silos that tend to exist in research,” says Randy Trumbower, PT, PhD, assistant professor. “We feel different perspectives and fresh insights can be very helpful, even critical. So we are working hard to build collaborations to connect our research to other disciplines outside physical therapy, to other institutions outside Emory and to other cities, states and countries. Our goal is to expand physical therapy research with the hope of improving the lives of people with a neurological injury.”

Here’s a look at the many collaborations taking place:

SPINAL CORD REHABILITATION RESEARCH

Trumbower has built ties with many institutions. At Georgia Institute of Technology alone, he is working with investigators in four different areas – neuroscience, physiology, rehabilitation and engineering. And Georgia Tech’s Parker H. Petit Institute for Bioengineering & Bioscience provides funding for research Trumbower is doing in his Emory lab on a therapy involving repetitive acute intermittent hypoxia (AIH).

At the Center for Robotics and Intelligent Machines, Trumbower is collaborating with other engineers to develop haptic interfaces (devices that provide tactile feedback and virtual reality) for spinal cord injury rehabilitation research. “Haptic robots allow you to simulate things you would experience in the real world but in the controlled environment of a lab,” says Trumbower, who has program faculty appointments in the Department of Biomedical Engineering, Robotics PhD program and the School of Applied Physiology at Georgia Tech. “For example, a haptic robot can create an isolated resistance in one direction or it can produce vibration as if holding a power tool. This novel technology allows researchers an opportunity to get a sense of how the intact or injured nervous system is able to adapt to changes in our environment.”

With collaborators in the School of Applied Physiology, Trumbower is looking at mechanisms of motor control in the spinal cord. In the Department of Biomedical Engineering, he is quantifying underlying neuromotor deficits that affect muscle coordination during walking after spinal cord injury.

Other collaborations include the University of Wisconsin, where he is working with the Department of Comparative Bioscience, Neuroscience, and Veterinary Sciences to look at the molecular, cellular and behavioral changes associated with AIH-induced neural plasticity in rats with spinal cord injury.

“My approach in research is to build bridges of collaboration that incorporate a broad range of expertise with a common mission to improve neurologic rehabilitation,” says Trumbower.

COMBINING GENOMICS AND NEUROREHABILITATION

Steven L. Wolf, PT, PhD, FAPTA, FAHA, professor, has joined forces with researchers at the University of California Irvine in a first-of-its-kind study that melds genomics and neurorehabilitation. The collaboration grew out of Wolf’s participation in the multi-site Interdisciplinary Comprehensive Arm Rehabilitation Evaluation (ICARE) study, which tests an experimental arm therapy called Accelerated Skill Acquisition Program (ASAP).

The therapy combines challenging, intensive and meaningful practice of tasks of the participant’s choice compared to standard occupational therapy.

While Wolf is finishing up data collection in the ICARE study, he has begun collaboration on the genetic study. “There is evidence in animals models of stroke of a variation in genetic makeup, or a polymorphism, that involves brain-derived neurotrophic factor BDNF,” says Wolf. “About 25 percent of humans have this polymorphism, and if they sustain a stroke, they have a harder time recovering. We swabbed the inside cheeks of about 75 percent of the participants in the ICARE study to check for the presence of the polymorphism and we’ll compare that to their outcome in the study. This is particularly exciting because it represents one of the first genomic studies of neurorehabilitation.”

CARING FOR THE CAREGIVERS

Sarah Blanton, PT, DPT, NCS, assistant professor, is teaming up with researchers at Emory’s Nell Hodgson Woodruff School of Nursing, the Byrdine F. Lewis School of Nursing and Health Professions at Georgia State University and the Georgia Tech Interactive Media and Technology Center. Her goal – to discover ways to more fully integrate the caregiver in stroke rehabilitation.

“Over the last 13 years I have coordinated multiple stroke research studies at Emory, including two of the largest, multi-site NIH funded, randomized control trials in stroke rehabilitation to date,” says Blanton. “Through interactions with stroke survivors struggling to regain their functional independence, I realized the integral role of the family caregiver, underscoring the impact of stroke on the family, not just the patient. However, few resources were available to support effective integration of the caregiver in physical therapy.”



L to r: Steven Wolf, Sarah Blanton and Randy Trumbower

Her research has centered on a novel caregiver-focused intervention (CARE-CITE) designed to foster problem solving and skill building while facilitating caregiver involvement in the application of constraint-induced movement therapy (CIMT) for the stroke survivor's upper extremity.

"As a next step, I would like to expand upon this work to translate the intervention into a more accessible tele-health platform in the home environment," says Blanton.

MS REHABILITATION RESEARCH

Manning J. Sabatier, PhD, CSCS, assistant professor, is working with scientists at the Shepherd Center in Atlanta to evaluate a four-week functional electrical stimulation (FES) cycling program on multiple sclerosis (MS) patients. "We are studying MS patients with higher disability," says Sabatier.

"They are unable to activate their own muscles at a level that represents a potent exercise stimulus, so we use electrical stimulation to activate the muscles," says Sabatier. He hopes that the result is better muscle metabolic function, better neural function and improved quality of life. Such improvements would also decrease the likelihood that patients would succumb to chronic diseases associated with low physical activity, such as cardiovascular disease and diabetes.

The current research group has found that people with MS can safely participate in FES cycling exercise. One of the outcomes Sabatier hopes for is reduced spasticity. Toward that end, he is measuring spinal reflexes to see if they correspond with improvements in spasticity. Eighty-five percent of people with MS have spasticity, which results in involuntary contractions of muscles. This critically impairs coordinated control of movement and quality of

life. To evaluate spinal reflexes, Sabatier will measure muscle EMG responses (or electrical activity coming from the muscle) to carefully controlled electrical stimulation of the tibial nerve. Sabatier is hypothesizing that FES cycle training will reduce spasticity.

STUDYING GAIT AND CEREBRAL PALSY

Ben M. Rogozinski, DPT, assistant professor, is in the beginning stages of collaborating with Children's Healthcare of Atlanta (CHOA) to benefit people with cerebral palsy. Rogozinski, who has an extensive background in clinical work within motion analysis labs, has been negotiating with CHOA to use the Emory motion analysis lab. Evaluation of patients in the lab would aid in clinical and surgical decision-making with regards to neuro- and surgical-based interventions.

"So if a CHOA orthopedic surgeon, for example, was contemplating doing any kind of surgical intervention with one of the patients in the clinic, he or she would refer the patient to me to perform a gait study," says Rogozinski. "In a gait study, we learn all about the way the child walks, and once we can identify all of the patient's deviations, we can then postulate the causes of those deviations. That helps us have a better understanding of what surgical intervention would be the best fit for the child."

Along the way, Rogozinski will collect clinical data. "We have some specific research we want to do on the horizon," he says. "But by collecting lots of clinical data, you can also go back and mine that data for retrospective studies as well."

COLLABORATING WITH CHOA ON HEMOPHILIA RESEARCH

Trisha M. Kesar, PT, PhD, assistant professor, is gearing up to work with Rogozinski in another collaboration with CHOA, along with the Emory department of pediatrics. This project focuses on patients with hemophilia. "CHOA has a long-standing center that focuses on research on adults and children with hemophilia, but there has been insufficient focus in the hemophilia research literature on the biomechanics of walking," says Kesar. "The project we are working on will use gait analysis as a tool for evaluating changes in joint function in individuals with hemophilia and for developing new treatments."

People with hemophilia suffer bleeding into the joints, which causes pain and can lead to progressive degeneration of the joints. "One of the gaps in the literature is how this bleeding in the joints causes changes in gait patterns, and also how these changes in gait patterns can predispose someone to more joint bleeding," says Kesar. "We would like to take patients with mild and severe hemophilia into the motion analysis lab to see if the severity of the disease corresponds to the severity of disruption in gait patterns."

The bridges that Emory is building with institutions beyond the Emory walls, and even outside the physical therapy profession, will expand and strengthen physical therapy research. "If you want science to move forward, you need to build a lot of bridges," says Trumbower. "There is so much information out there, it's just not efficient to stay in your silo and try to work it all out by yourself. We are hoping this will be the common theme in our division."



L to r: Ben Rogozinski, Trisha Kesar and Manning Sabatier



PT in the ER

On May 7, DPT faculty taught emergency medicine residents about acute orthopedic evaluation and management for common injuries seen in the ER.

The unique collaboration actually began over a year ago. “Douglas Ander (MD, professor of emergency medicine) and I were talking about resident training, and we realized it’s wasteful not to take advantage of some of the great resources we have within Emory,” says Melissa White, MD, MPH, assistant professor of emergency medicine. “Douglas already had a relationship with Beth Davis (PT, DPT, MBA, assistant professor) from projects they had worked on together, so that seemed like a good fit.”

White asked Davis if the DPT faculty would be willing to conduct a training session for emergency medicine residents and was answered with an enthusiastic yes. “We saw this as a wonderful opportunity to work with other faculty and students within the School of Medicine and to share the expertise of the physical therapy profession,” says Davis.

Since training would be limited to a

day, White realized she needed to narrow the focus of the training. “We decided to focus on the ankle, knee and shoulder,” says White. “Many musculoskeletal conditions seen in the ER result from injuries in these areas. From the volume of patients and the acuity of the injuries, we thought training in those joints would give us the highest yield.”

Davis gathered orthopedic specialists from the DPT faculty, including Marie Johanson, PT, PhD, OCS, Kathleen Geist, PT, DPT, OCS, COMT and Ainsley Rossi, PT, DPT, OCS, to help coordinate the training day. She and White also decided to include a research component by testing the emergency medicine residents’ knowledge and clinical skills before and after the PT session. “We would like to see how much impact the training has in these areas,” says Davis.

The first training session was held in January, 2012, for second-year emergency medicine residents. The program was so well received that White expanded enrollment to include both first-year and second-year residents for the May, 2013, session. The DPT faculty also expanded its involvement by enlisting the aid of

third-year DPT students to assist with the training events.

“The DPT students posed as patients so the residents could practice the clinical tests on them,” says Davis. “The DPT students, who would graduate the following week, were able to give feedback to the residents. Both the EM residents and the DPT students really enjoyed talking to each other and finding out more about each other’s field. It was a good interprofessional learning moment.”

Deepa Patel, MD, third-year emergency medicine resident, found the training very useful. “I thought it was great,” says Patel. “I feel like half the time we order an X-ray, and if it doesn’t show a fracture we’re at a loss of where to go from there. I felt that I learned how to do a better diagnostic exam for ortho conditions.”

Since she is now including both first and second year residents, White hopes to expand the scope of the course, perhaps covering ankle, knee and shoulder one year and other joints or the lower back the next. “My hope is to keep refining and expanding this training session,” says White. “It has already proven so valuable for our residents.”

DPT/PhD aims to train tomorrow's academic leaders

The Emory Division of Physical Therapy is ready to roll out another dual-degree program. The division already boasts two such degrees – a DPT/MBA and a DPT/MPH. In the near future it will add a DPT/PhD to the list.

This dual-degree program, however, will be quite unique in that it will combine an Emory degree with one from another institution – Georgia Institute of Technology. Students who enroll will get their DPT from Emory School of Medicine and their PhD in Applied Physiology from Georgia Tech College of Sciences.

The goal of the program is to train the next generation of leaders in academic physical therapy and in movement research. “People who have a disability tend to need technology to achieve the highest quality of life,” says Zohar Kapasi, PT, PhD, MBA and director of the

Emory DPT program. “The engineers who develop this technology typically don’t have a clinical background. A DPT graduate, however, has the clinical expertise. Adding interdisciplinary training in applied physiology and engineering will allow for more informed, more translational research.”

The goal of translational research

Adding interdisciplinary training in applied physiology and engineering to the clinical expertise of a DPT graduate will allow for more informed, more translational research.

is what prompted Kapasi to approach Georgia Tech rather than another department within Emory about the dual degree. “Emory is not an engineering

school,” he says. “The research that goes on here is at the cellular, molecular and genetic level. Our students are more interested in applied research that can help the disabled population. That type of research is being done at Georgia Tech.”

Emory students won’t be the only ones to benefit from the collaboration. “The addition of DPT students into our Applied Physiology PhD program will really enhance the education of our students,” says T. Richard Nichols, PhD, chair of the Georgia Tech School of Applied Physiology. “At Tech, we have students

from a variety of different backgrounds, and they all lend their talents and expertise to the team to work together on common problems. The addition of DPT students with clinical backgrounds will enhance that kind of knowledge sharing tremendously and will add a new dimension to the kind of learning experienced by students in

the PhD program.”

Kapasi is still waiting for final approvals for the program, so some of the specifics are not yet cast in stone. He envisions that a student enrolling in the program would complete the DPT at Emory within the traditional three years, although he or she could start taking courses that would count toward the PhD during the third year. That would hopefully cut the time it takes to earn a PhD by a year or two. “In reality, a PhD program can take four or five years, or more,” says Kapasi. “We’re hoping that by taking some of the PhD courses as electives during the last year of DPT training, students might be able to earn the PhD in as little as three years.”

When the program is launched, Emory will join an elite group. “I think there are only three or four other programs in physical therapy that offer a dual PhD degree,” says Kapasi. “And I don’t know of any that collaborate with another institution to do it. I think the clinical foundation of Emory combined with the engineering prowess of Georgia Tech will produce a uniquely robust program.”



And neuro makes two

DPT adds second residency program

The Emory DPT division has launched its second residency program. The neurology residency joins the orthopedic residency, which was established in 2011. Recent DPT graduate Remi Onifade, DPT '13, began the neuro residency program in August. This month, the ortho residency will be graduating its third student, Rachele Levy, DPT '12. Two more students enrolled in August – Zachary Dunkle, DPT '13, and Sam Kridl, DPT '13.

The Emory residency programs join a nationwide race toward specialization. “Residency programs are rising at an amazing rate across the country,” says Laura Zajac-Cox, PT, NCS, instructor and head of the neuro residency program. “The American Physical Therapy Association has put a tremendous amount of resources behind the development of residencies. That’s because we are moving toward a physician model, receiving a general education and then moving into a specialty practice.”

Both residencies combine lecture courses, clinical rotations and research. For the didactic portion of its program, the neuro residency is partnering with the Neurologic Physical Therapy Professional Education Consortium. Developed in 2010 by the University of Southern California Department of Biokinesiology and Physical Therapy and other institutions, the consortium supports more than 12 PT neuro residency programs across the country.

The clinical portion of the residency program will be broken up into four three-month rotations. Partnerships include Emory Healthcare, Grady Health Systems, the Balance and Dizziness Clinic at Emory and Emory Physical Therapy and Wellness. Upon completing the program, residents will sit for their neurologic clinical specialist certification (NCS).

Onifade is excited to help launch the program. She seeks to further her knowledge in a difficult area. “I found the neuro complexes to be the hardest we encountered in school,” she says. “I want to gain more in-depth knowledge about how to deal with these conditions.”

The orthopedic residency program was recently credentialed on June 30, 2013 “Being credentialed gives our program more national recognition and the opportunity to foster advanced clinical reasoning and orthopedic specialization within our profession,” says Kathleen Geist, PT, DPT, OCS, COMT, assistant professor and head of the orthopedic residency program.

The year-long orthopedic residency program consists of 40 hours per week of clinical practice, a monthly lecture course and monthly grand rounds during which the students and faculty discuss research and the implications for patient care. The clinical rotations involve a six month rotation between two outpatient clinics in addition to the Emory Physical Therapy and Wellness faculty



Remi Onifade, DPT '13, is the first participant in the new neuro residency program.



Sam Kridl, DPT '13, Rachele Levy, DPT '12 and Zachary Dunkle, DPT '13, joined the orthopedic residency program.

practice. Upon completing the residency, graduates sit for their orthopedic clinical specialist certification (OCS).

Two students have already graduated from the program. Levy will graduate on Oct. 31. “I think the knowledge that I have gained from the orthopedic residency will be invaluable to my growth as an independent practitioner,” says Levy.

Kridl sees the orthopedic physical therapy residency program as a jump start to his career. “Advanced training will help me get into the right practice and work with the patient population in which I have the most interest,” he says. “Eventually I’d like to work either as a clinical instructor or as an instructor in a DPT program.”

Dunkle decided to pursue the orthopedic residency while he was doing his long-term clinical rotations as a DPT student. “I felt completely prepared in those rotations, and I had complete faith in Dr. Geist,” he says. “I want to continue to build on that. Down the road I definitely see myself specializing in orthopedics. Just as medical practitioners need to specialize these days, so do physical therapists.”

Being good samaritans

DPT students, faculty and alumni volunteer at pro bono clinic



Second-year DPT students Rachel Malina, Katherine Krueger and Stephanie Brand watch as Emory alum Taylor Mildenhall examines a patient at the pro bono clinic.

For some, physical therapy services are a luxury that cannot be afforded. “There is a great disparity in access to care for physical therapy,” says Laura Layne, director of Health Services at Good Samaritan Health Center in downtown Atlanta. “Even patients with insurance oftentimes don’t have coverage for the necessary physical therapy services or rehabilitation. And without access to rehab, patients are really at a loss for how to fully recover from an injury or a surgery.”

In response to this need, Emory DPT faculty, students and alumni have begun running a volunteer physical therapy clinic one Saturday a month at Good Samaritan, which serves the medical and public health needs of an indigent, underserved population in the metro area. For several years,

Emory School of Medicine physicians, medical students, physician assistants (PA) and PA students have been manning a volunteer clinic on the first Saturday of every month, and in March the DPT program joined in.

The pro bono clinic dovetails neatly with one of the Emory DPT program’s goals. “Service learning and volunteerism are very important components of our curriculum,” says Sara Pullen, PT, DPT, MPH, CHES and assistant professor. “To be well-rounded clinicians, students must learn not only the scientific/medical side of the profession but also how to aid the underserved with those skills. Atlanta is a city with many opportunities to provide such aid, and our program emphasizes the importance of giving back to the community.”

Giving back is more than just rhetoric.

It resonates with DPT faculty, students and alumni who give up precious free time to volunteer their time and talents at the clinic. “One of the hardest things to do in clinical PT practice is to turn people away whom you could help but who cannot pay,” says Laura Zajac-Cox, PT, NCS. “The Emory

Clinic is not set up to accommodate pro bono services, and we cannot see them through the faculty practice. Yet I have seen the need for pro bono services grow over the years. Even though it is difficult to take time away from my family on the weekends, I really want to support the clinic so it can be successful over the long term. My real motivation is seeing the faces of the patients who have been struggling without help finally get some support and relief from PT.”

Others agree. “These people have had pain for quite some time, but no one has been able to tell them what to do to make it go away,” says alum Lisa M. Resutec PT, DPT, ATC. “We were able to give them something that they can afford to help them correct the problem and make them feel better.”

Fellow alum Jill Cannoy, PT, DPT, works as a therapist at Children’s Healthcare of Atlanta at Scottish Rite, and she welcomes the chance to work with a different patient clientele.

“I work with kids all day, which I

love, but it is nice to work with adults for a change,” she says. “I also primarily do pediatric neuro, so it is a good chance to brush up on my ortho skills.”

Emory DPT faculty, alumni and students will staff the clinic on the first Saturday of every month from 8 a.m. to noon. To learn more or to volunteer, contact Sara Pullen at sara.pullen@emory.edu.

“The more the merrier,” says Pullen. “The more licensed PTs who come, the more students we can take. I try to keep the ratio of one to one if possible, but I won’t go above one to two due to the nature of the experience. The students have a more hands-on role here so the supervision needs to be more direct. The more therapists who volunteer, the more students we can take and the more patients we can see.”

Female athlete seminar stretches marquette contribution

This year, Emory DPT students really stretched themselves to raise money for physical therapy research. Fundraising co-chairs Katie Moise and Elizabeth Griffith raised the bulk of the funds by putting on a continuing education seminar, “The Multidisciplinary Approach to the Treatment of the Female Athlete.” Presenters covered both traditional and alternative approaches to treating orthopedic conditions common in female athletes.

The seminar and other smaller fundraisers generated more than \$8,700, which was contributed to the Foundation for Physical Therapy in the Marquette Challenge. The donation earned Emory the “Biggest Stretch” Award for increasing its donation by almost \$3,000 over the previous year, as well as the “Award of Merit” given to schools for raising more than \$6,000. Instituted in 1989 by physical therapy students at Marquette University, the annual challenge urges schools to compete for the largest donations to benefit physical therapy research.

In planning and organizing the seminar, Moise and Griffith, now second-year DPT students, had a little help from Emory alum

Julie Granger, PT, DPT ‘09, SCS. Granger, who now works as a physical therapist at Back 2 Motion Physical Therapy, met with the students and helped brainstorm the topic for the seminar. Then she helped them to identify potential presenters and coached

them on how to ask the presenters to donate their time and talent.

“I was a fundraising chair and helped plan a continuing education course to raise money for the Marquette Challenge when I was a student,” says Granger.

Moise and Griffith were able to secure seven presenters, including Granger. Topics covered included: “Yoga Therapy Techniques to Increase Body Awareness for Injury Prevention and Recovery;” “East Meets West: Combining PT and Acupuncture in Treating the Female Athlete;” “Special Topics in Treating the Female Dancer;” “Sport Nutrition Assessment & Counseling for the Female Athlete Triad Issues;” “Canisters, Cords and Control: Transforming Movement from the Inside Out;” and “The Female Athlete and the ACL: Prehab, Rehab and Return to Sport.”

“Each presenter was an expert in his or her respective field,” says Granger. “I think it brought some really good ideas to the PTs who attended – out-of-the-box ideas that would build on what was learned in PT school.”

Admission fees – \$145 in advance, \$175 at the door – were put into the Marquette pot. The seminar itself raised just under \$6,000.



Elizabeth Griffith (left), Katie Moise (center), and Julie Granger (right)



Tackling childhood obesity

Symposium looks at roles PTs can play in the battle

In October, the Emory Division of Physical Therapy will partner with the American Physical Therapy Association (APTA) to host a two-day seminar on the epidemic of childhood obesity. Admittedly, the need for action is great. Over 43 million children under the age of five are overweight, and overweight and obesity ranks as the fifth leading global risk for mortality. But what role could physical therapists possibly play in this battle?

“Historically, childhood obesity is not an issue in which we have played a predominant role, but physical therapists are often the leaders in the healthcare system in exercise prescription,” says Jenifer Markley, PT, DPT, assistant director for continuing education. “And while people tend to think of physical therapists working in hospitals with patients recovering from surgeries or injuries, there is a real push for PTs to get more into the wellness and prevention side of healthcare. So in many ways, we are in a perfect position to address this issue.”

The symposium, “Exploring the Role of Physical Therapy in the Treatment and Prevention of Childhood Obesity: Clinical Practice, Educational Curriculum & Research Agendas” will be held at Emory on Oct. 12 and 13. The primary goals are to increase awareness of the roles of physical therapists in childhood obesity and to generate recommendations to guide physical therapy curriculum, research agendas, clinical practice and health care policy.

Organizers recognized that confronting such a complex, multi-faceted problem as obesity requires multidisciplinary collaboration.

“We are trying to approach childhood obesity from larger societal and inter-professional levels,” says Sarah Blanton, DPT, NCS, assistant professor.

APTA President Paul Rockar will introduce the symposium, and Yvonne Maddox, deputy director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, will give the keynote address, “Childhood Obesity and Future Research Agendas: Perspectives from NICHD.”

Other speakers include:

■ **Jennifer Seymour**, senior scientist for Policy Initiatives, Division of Nutrition, Physical Activity and Obesity

at the Centers for Disease Control, will discuss the CDC’s current role and ongoing programs, as well as options for APTA and CDC collaboration on the issue.

■ **Mandy Frohlich**, senior director of government affairs at APTA, will explore how physical therapists are currently reimbursed for wellness and prevention work under the Affordable Care Act and what needs to change to increase support.

■ **Katie Brown**, national education director of kidseatright.org, will discuss how physical therapists can collaborate with dietitians and nutritionists.

The symposium will also include breakout sessions in which attendees are encouraged to contribute. “Our goal for these sessions is to create strategic action plans addressing how our profession should move forward to address this issue,” says Blanton.

Breakout leaders include top clinicians and researchers in the field, inclusive of Margaret O’Neil of Drexel University, Brian Wrotniak of D’Youville College, Thubi Kolobe of the University of Oklahoma, Cheryl Resnik of the University of Southern California, Benjamin Rogozinski of Emory University and Joan Bohmert, physical therapist for Minnesota’s Anoka-Hennepin ISD 11.

The symposium is being funded by a grant from the Emory Subvention Fund that supports faculty initiatives/conference planning. “This is the first time the Division of Physical Therapy has ever gotten such funds,” says Blanton.

A fundraising component will also be on the agenda. A “Farm to Family” dinner and fundraiser on Saturday, Oct. 12 will raise money for the Foundation for Physical Therapy’s research initiatives. “We are having the director from Georgia Organics (GO), Alice Rolls, talk about the work GO is doing trying to promote healthy eating in the school systems,” says Blanton.

Dance partners

Alum and student choreograph rewarding directed study

When Meghan Keen, DPT '13, had an opportunity to complete a directed study during the third year of her DPT study, she leapt at it – quite gracefully, with her toes pointed. An undergraduate dance major, Keen arranged a directed study under the advisement of Emory alum Amanda Blackmon, DPT, OCS. Blackmon, a former dancer herself, is a therapist at One on One Physical Therapy where she treats dancers as well as other patients. She also contracts with professional performing artists on tour.

Keen actually contacted Blackmon during her first year at Emory. “When she got to Atlanta, Meghan Googled ‘dance

ally understand the physical demands placed on them,” says Blackmon. “They get very specific injuries. Most dancers present with hypermobility, and can be difficult to assess because they work outside a normal range of motion.”

Keen, who now practices in an outpatient orthopedic clinic in Roaring Spring, PA, brought quite a bit of experience to the table herself. She studied dance at the University of North Carolina at Charlotte and planned to pursue dance professionally after graduation. When several injuries derailed her dream of dancing professionally, Keen decided to pursue dance medicine.

“I had been interested in physical therapy for some time,” says Keen. “My first semester as a dance major I was enrolled in a dance kinesiology course, and it just clicked for me. Although I never worked with a physical therapist to rehabilitate any of my own injuries, I realized there was a gap between the needs of injured dancers and the healthcare available to help them return to high functioning dance-specific daily regimens.”

During her two semesters with Blackmon, Keen taught patients dance-specific and Pilates-based exercises, as well as observed the hands-on treatment they received from Blackmon while treated at One on One Physical Therapy, on site at local dance studios, and backstage during the 2012 “So You Think You Can Dance” Tour. She also revamped Blackmon’s injury prevention workshops and presented them to local dance studios, a local performing arts high school, to dance majors at the University of Georgia and the Emory University

Dance Company.

The highlight of their time together grew out of a patient they saw from the Decatur School of Ballet, who suffered an acute ankle sprain. “She was scheduled to perform two weeks after her injury,” says Blackmon. “We stayed away from the treatments traditionally used to treat such injuries. Instead, we used Pilates-based exercises to strengthen her core and gluteus muscles. We also used taping, muscle energy techniques, soft tissue mobilization, and specific joint mobilizations. We treated her six times over two weeks, and just two weeks after her accident she was able to perform en pointe (in shoes that support the entire body on the tips of the toes).”

Encouraged by the success of their treatment, Blackmon and Keen submitted it as a case study to the International Association for Dance Medicine and Science (IADMS). The paper was accepted, and Blackmon and Keen will be presenting it at the IADMS annual meeting in Seattle in October.



Amanda Blackmon



Meghan Keen

medicine’ and found me,” says Blackmon. “Initially, she came with me when I was providing backstage coverage for “Hair: The Musical” when it toured Atlanta. It was great having her along – she had a very strong interest in dance medicine and she was so smart and so motivated.”

So when she had a chance to fashion a directed study to pursue her specific interest, Keen naturally turned to Blackmon. In Blackmon, Keen found a valuable mentor to guide her in treating the very specific types of injuries suffered by dancers. “To effectively treat a dancer, you have to re-

CLASS NEWS



Stacey Pagorek 03DPT

Dawn T. (Morris) Gulick 83MPT, PhD PT ATC (Certified Athletic Trainer) CSCS (Certified Strength and Conditioning Specialist) is a professor of Physical Therapy at Widener University, Chester, PA. She has developed a mobile app called iOrtho+, a reference for orthopedic



Mitchell Yoel 98MPT

special tests and joint mobilization techniques.

Janet Kindschuh 06DPT works at Physiotherapy Associates in Cumming, GA. She serves on the peer mentor committee that assists in the clinical and professional develop-

ment of new graduates and recruits to the company.

Timothy C. Lonergan 11DPT is clinic director at Benchmark Physical Therapy in Woodstock. He recently received his OCS (Orthopedic Certified Specialist).

Danielle Lorenz 11DPT OCS is clinic director at BenchMark Physical Therapy.

Eileen C Davies 92MPT HPCS (Hippotherapy Clinical Specialist) Halliwick Certified (aquatics) practices pediatric physical therapy at PhysioPower, LLC, her own company, and at Brooks Rehabilitation, an outpatient facility.

Julie Granger 09DPT SCS (Sports Certified Specialist) will be co-

presenting a two-part series at the 2014 Combined Sections Meeting in Las Vegas. The series will detail specialized evaluation and treatment techniques for both female athlete and postpartum patient populations. Granger practices at Back 2 Motion Physical Therapy in Atlanta.

Catherine Maloney 95PT MHA (Master of Health Administration) FACHE (Fellow of the American College of Healthcare Executives) is associate administrator of Emory University Hospital.

Evelyn Edmister-Deeley 93MPT recently opened her own clinic to provide care for geriatric patients in her rural community.

Rebecca (Halperin) Grant 09DPT passed her Pediatric Certified

Division of Physical Therapy Donors

We'd like to thank the alumni who have already generously made donations!

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Trumbower, Randy D.
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Class of 2013 | Emory DPT

Where are they now?

Specialist (PCS) exam. She also recently returned from the Emory DPT program's trip to the Dominican Republic where she served as a clinical instructor for seven DPT students working in the hospital, university and community clinics to provide physical therapy services.

Carla Hill 01MPT earned her OCS and a certificate in Mechanical Diagnosis and Therapy (Cert MDT). She completed the DPT program at the University of North Carolina at Chapel Hill in 2012. She is an assistant professor in the Division of Physical Therapy at UNC at Chapel Hill and practices at the faculty clinic, University Physical Therapy.

Jennifer Cazeaux 09DPT recently passed her OCS exam. She is clinic director at BenchMark Physical Therapy in Smyrna, GA.

Kate Hamilton 09DPT recently passed her OCS exam. She also took a new job with Children's Healthcare of Atlanta Sports Medicine in North Druid Hills.

Barbara J. Baker 84MPT PhD NCS (Neurologic Clinical Specialist) has had two articles accepted for publication in the Journal of Laryngology and Otology. The articles discuss vestibular functioning and migraines. Baker is a professor at Grand Valley State University in Allendale MI.

Susan K. Effgen 76MMSc PT PhD FAPTA, recently published a second edition of "Meeting the Physical Therapy Needs of Children." She is a professor in the Department of Rehabilitation Services at the University of Kentucky.

Megan Bowman Herzwurm 09DPT recently passed her OCS exam. She is clinic director at BenchMark Physical Therapy in Buckhead, GA.

Stacey Pagorek 03DPT SCS ATC CSCS was recently elected to the Executive Committee of the Sports Physical Therapy Section of the APTA and will serve the Sports Sec-

tion as Member at Large. She gave a presentation at Team Concept Conference and also had a publication in the Journal of Women's Health Physical Therapy.

Jordan Cohen Felsberg 13DPT will begin working at Piedmont Fayette Hospital as an acute care physical therapist.

Mitchell Yoel 98MPT is executive vice president of Business Development and Government Affairs at Drive Medical Design & Manufacturing in Port Washington, NY.

Tyler B. Young 11DPT MS ATC, CSCS PES (Performance Enhancement Specialist) has enlisted in the army to become a warrant officer and fly helicopters. He is working toward this position at Ft. Rucker, AL.

Corey M. Snyder 04DPT OCS MTC (Manual Therapy Certification) CSCS is a staff physical therapist with Spectrum Health in Grand Rapids, MI.

Caitlin Manuel 13DPT is working as a physical therapist on the Inpatient Spinal Cord Injury Unit at Shepherd Center in Atlanta.

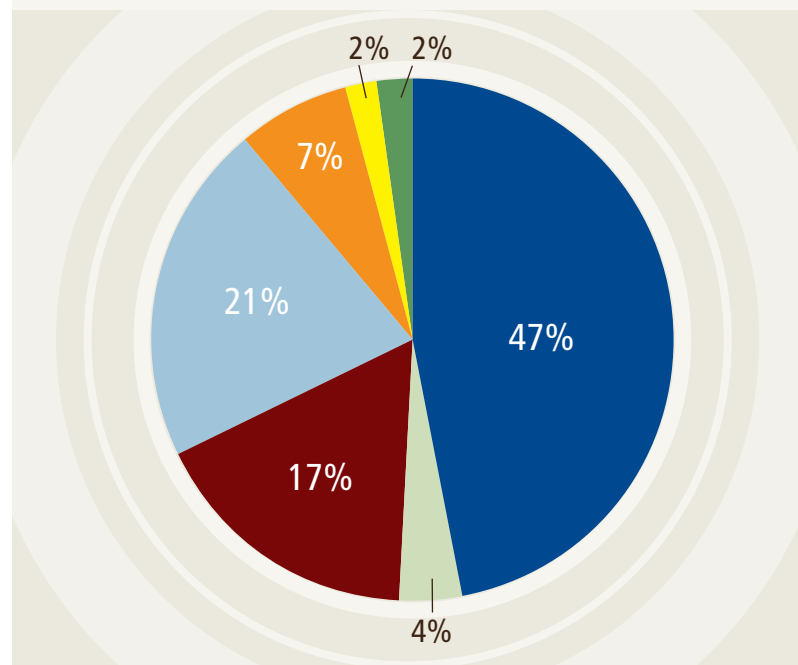
Rachel (Meditz) Miller 95PT owns ProAction Physical Therapy in Rockville, MD. She has received her OCS certification and become a RRCA (Road Runners Club of America) Certified Running Coach.

Chris Hopkins 13DPT has accepted a position as a physical therapist at Excel Rehabilitation & Sports Enhancement in Clemson, S.C. He will also be teaching as adjunct faculty at Anderson University in Anderson, S.C.

Jamie Wagoner 01MPT was selected to be the inaugural Program Coordinator of the Carondelet Joint Replacement Center at St. Joseph's Hospital in Tucson, AZ. She has been a part of a team that is implementing evidence-based protocols for elective total joint replacement patients.

State	Graduates
Alabama	1
Arizona	1
California	3
Colorado	2
Washington DC	1
Florida	1
Georgia	28
Louisiana	1
Maryland	4
North Carolina	2
Ohio	1
Pennsylvania	3
Tennessee	2
Virginia	1

PT career practice setting

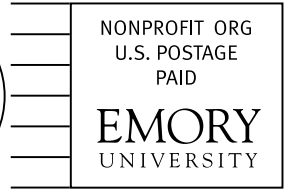
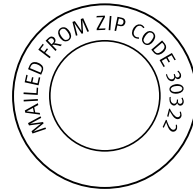


- Outpatient Clinic
- Acute Care
- Rehab/Sub Acute Rehab
- Traveling PT Position
- School/Pre-school
- Other
- Extended Care Facility/ Nursing Home/ Skilled Nursing Facility



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