EVIDENCE BASED PRACTICE


This meta-analysis included 13 articles for review. The authors concluded that dance therapy may be beneficial for patients with Parkinson disease. Two sessions per week of one hour in duration over 10 to 13 weeks is all that may be needed to improve endurance, motor impairment and balance in these patients. You can read the entire article here.

Out with the old.....in with the new!


The APTA’s definitive document stating who physical therapists (PTs) are, what they do, and how they do it has gone through several revisions since its creation in the late 1990’s. The newest edition, Guide 3.0 became available in fall 2014 (http://www.apta.org/Guide/) and includes several notable changes. Originally developed as a resource for external stakeholders including payers, administrators, health care policy makers, and other healthcare providers, in addition to PTs and PTAs, Version 3.0 was developed primarily for PT professionals. A summary of the major changes includes:

- The document is no longer available in print version due to the online links which require continuous updates. The Guide is free to members and does not require additional software, updates, or CDs.

  - The language in Guide 3.0 has been revised to be consistent with the International Classification of Functioning, Disability, and Health (ICF) language which the APTA adopted in 2008

  - Language changes were made to more accurately reflect current terminology

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**Inside This Issue**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Evidence Based Practice</td>
</tr>
<tr>
<td>1</td>
<td>Out with the old…..in with the new!</td>
</tr>
<tr>
<td>2</td>
<td>Evidence Based Practice – continued.</td>
</tr>
<tr>
<td>3</td>
<td>Resolve to grow professionally in 2015</td>
</tr>
<tr>
<td>3</td>
<td>More on Guide to PT Practice 3.0</td>
</tr>
</tbody>
</table>

Continued on page 2

Continued on page 3

Thinking about starting a running program in the New Year? It looks like slow and steady will win the race! This new evidence suggests that running slowly for 5-10 minutes per day can significantly reduce the risk of death from cardiovascular events and all causes. The page found [here](#) shows a very interesting power point slide available for download graphing the hazard ratios for non-runners and quintiles of runners with different characteristics. By the looks of this graph, don’t over-do it with that New Year’s resolution!


There continues to be debate as to how much is gained by undergoing rotator cuff repair, especially for non-traumatic degenerative tears. This trial of 103 cases showed a benefit for repair of small and medium size tears, although small and of questionable clinical importance. You can read the abstract [here](#).


In this study of 54 patients with moderate knee OA, the modality of microwave diathermy produced lasting effects for up to 12 months when compared to heat with hot packs. You can read the entire article [here](#). (Enter the code and click “download PDF”)


This study conducted an analysis of 244 patients with lumbar spinal stenosis across 13 spine clinics in 11 states in the U.S. This study demonstrated that in those patients who received physical therapy the likelihood of receiving surgery at 1 year follow up was reduced. However, further research is needed to elucidate optimal non-surgical treatment strategies for this condition. You can read the entire abstract [here](#).


In *Issue 10* we looked at another RCT that demonstrated no benefit compared to conventional therapy after total knee replacement. Here we revisit the subject find a second RCT study that has come to the same conclusion. CPMs don’t add anything to the outcome following TKR. Read the abstract [here](#).


In a study of 40 patients with knee OA, half received active low level laser therapy and the other half received placebo laser treatment. The active laser group was superior to placebo for outcomes of pain at rest and with movement, knee function and ambulation duration. Read they abstract [here](#).
Continued from page 1

• The Preferred Practice Patterns have been removed and are only included for educational purposes.

• The Catalog of Tests and Measures, previously available on the CD version of Guide 2.0, has been discontinued. This section now includes links to resources such as PTNow and Evaluation Database to Guide Effectiveness (EDGE) task forces.

• Due to the pending transition to ICD-10, ICD codes are no longer included.

Resolve to GROW professionally in 2015!

Residency or Fellowship Program? Which is right for me?

**Residency vs. Fellowship**

**Residency:** designed to substantially advance a physical therapist’s expertise in examination, evaluation, diagnosis, prognosis, intervention, and management of patients in specialty area.

• Prepares an individual to become a board-certified clinical specialist

• Typically new graduates

**Fellowship:** designed to provide greater depth within a subspecialty area.

• New graduates are not eligible for admission.

• Must possess one or more of the following qualifications: 1) specialist certification, 2) completion of a residency in a specialty area, or 3) demonstrable clinical skills within a particular specialty area.

• An individual may contact and apply to a program at any time.

• Programs vary significantly in time requirements, clinical responsibilities, didactic education, and research involvement.

• In addition to clinical hours and didactic coursework, some programs may offer the opportunity to participate in research, classroom teaching, observation with physicians, or in hands-on work with athletic teams.

• Application deadline dates and interview schedules are dictated by each fellowship program individually.

• The time frame to begin and the length of the program may vary from program to program.

• Centralized application service: RF-PTCAS

• Fellowships are available in critical care, educational leadership, hand therapy, movement science, neonatology, orthopaedic manual therapy, spine, division I sports, and upper extremity athlete.

**Benefits of pursuing Residency programs:**

1. Increase marketability.
2. Opportunity to become involved with residency programs (development, faculty, and mentoring).
3. Higher scores on specialist certification exam.

**Application Process for Residency Program:**

• A student may contact and apply to a program at any time.

• PT licensure is required to be a resident.

• Programs vary significantly in time requirements, clinical responsibilities, continuing education, and research involvement.

• In addition to clinical hours and didactic coursework, some programs may offer the opportunity to participate in research, classroom teaching, observation with physicians, or in hands-on work with athletic teams.

• Application deadline dates and interview schedules are dictated by each residency program individually.

• The time frame to begin and the length of the program may vary from program to program.

• Refer to the Residency/Fellowship Centralized Application Service (RF-PTCAS) information page to apply to participating programs. Residencies are available in the following areas: Cardio & Pulmonary, Clinical Electrophysiology, Geriatrics, Neurology, Orthopedics, Pediatrics, Sports, Women's Health, & Wound Care Management.

Send feedback to QA committee at coryashpt@gmail.com