In this Issue:
Adding Value to the Profession Through Good Practice

Good Practice: The Value of Patient Satisfaction

Volunteering in Haiti: Member Spotlight

Marketing Physiotherapy: Why You are the Key

Research in Focus: Headache Clinical Practice Guidelines

Special Report: Your Clinic and Fraud: A Cautionary Tale
PT Alberta is published three times a year by Physiotherapy Alberta* to communicate policies, standards and other important matters to members. All members are expected to read and understand the regulatory items and material within that apply to them. If you have any questions, please contact us.

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Member-at-large: Gwen Harris
Member-at-large: Nancy Littke
Member-at-large: Candis Whittall
Public Member: Ron Crossley, Joshua Bezanson
Student Representative: Travis Jones, Lisa Hall

President + Registrars’ Message

Over the past several years we have focused our efforts on providing physiotherapists with tools to promote good practice. Physiotherapists have much to contribute to the ever changing delivery of health services. So remember that there are resources available to assist you, initiatives for you to share with us and there are always opportunities for advocacy and taking on new roles. Here are a few examples:

- Take advantage of the many evidence-based resources that are on our website to search for the most up-to-date good practice information. Our website analytics tell us that this is one of the less accessed areas of the website yet perhaps the most important member service function we provide. See page 15 for more information.

- We plan to launch a feature shortly, where we will ask for you to tell us about how you have used evidence in practice to make practice changes so that it can be shared back to your colleagues. We can always learn from these kinds of discussions, so please contribute.

- Contribute your ideas about innovations in practice. We recently asked for your submissions and received only a few responses. We know that there is lots of innovation happening so please continue to share your innovative ideas about how physiotherapists are and can contribute to service delivery.

- Contribute to collaborative education and practice. Talk with your colleagues, even the ones who are less receptive, about the role of physiotherapists and physiotherapy to promote physical function and mobility. Build relationships with others in whatever system you work in. Learn about their profession and practices. Or volunteer some time at the University of Alberta to participate in the inter-disciplinary events that happen each year.

- Promote the concept that function should be a measured health outcome for all Albertans. Use outcome measures to demonstrate change in physical function and mobility that result from physiotherapy.

- Be brave; take on new roles that come with innovation and change. Family Care Clinics will provide an opportunity for physiotherapists to move into new roles such as broader program management, developing community partnerships, patient triage, as well as more traditional service delivery.

- Participate in the ongoing webinar series and eLearning opportunities. The topics are diverse, there is something for everyone and we continue to welcome your input as we plan for the next series.

- Review the Valuing Physiotherapy documents prepared by the Canadian Physiotherapy Association and reflect on the approach used, how you might best tell the physiotherapy story from the perspective of what you do to improve the patient experience, population health and impact cost. Visit the link below to view the documents. www.physiotherapy.ca/Advocacy/Legislation/The-Value-of-Physiotherapy

The theme of this edition of PT Alberta is about good practice so read on to learn more about competence, patient satisfaction, marketing the profession, ways to find evidence for practice and read an inspirational story about a physiotherapist who recently volunteered in Haiti.

And as always, we welcome your comments and questions.
Leadership + Regulation

Regulatory News
Continuing Competence Program

All members on the general register must participate in Physiotherapy Alberta’s Continuing Competence Program. Successful completion of the program requirements is a condition for ongoing registration.

Steps to complete before September 2013

The Reflective Practice Review is an annual activity that registered physiotherapists must undertake to promote individual assessment, review of practice and ongoing learning to maintain and enhance competence.

Members on the general register as of April 16, 2012 are now in Year 2 of the Reflective Practice Review cycle. Members registered after April 16, 2012 are in Year 1 of the Reflective Practice Review cycle.

What you need to do

1. **Complete the Reflective Practice Review you started in Year 1.** You have already completed steps 1-3 of your Year 1 Reflective Practice Review as this was a condition of renewing your 2012/2013 practice permit. You must now complete step 4:
   - **Step 4: Implement learning activities set out in step 3 and evaluate outcomes**
     • Complete the activities you identified in step 3.
     • Record the completion date in the Learning Planner + Tracker form.
     • Think about the impact of learning in relation to yourself, your patients/clients and the larger health system.
     • Record the outcomes of your learning in the Learning Planner + Tracker.
     • Store the Learning Planner + Tracker in a retrievable format.

2. **Start your next Reflective Practice Review.**
   - **Step 1: Conduct a self-assessment**
     • You may complete a new self-assessment or review and/or update your previous self-assessment.
   - **Step 2: Engage in patient care reflection (if in clinical practice)**
     • Review and reflect on the chart of a recently or soon to be discharged patient/client using the questions in the Patient Care Reflection Tool as a guide.
     • Complete the Patient Care Reflection Tool.
     • Store the Patient Care Reflection Tool in a retrievable format.
   - **Step 3: Develop a learning plan**
     • Select one learning goal based on your self-assessment in step 1 or chart review in step 2.
     • Establish learning activities.
     • For each learning activity set a target completion date between October 1, 2013 and September 30, 2014 (the 2013/2014 membership year).
     • Record your goal, activities and target completion dates in the Learning Planner + Tracker.
     • Store the Learning Planner + Tracker in a retrievable format.

Reporting

You must report Reflective Practice Review activities each year when you apply to renew your practice permit. Reporting for 2013/2014 and subsequent years will be expanded to include the outcomes of learning (step 4) and the assessments and learning plan from steps 1-3 of your next Reflective Practice Review. The cycle continues.

Changing role or job

Work circumstances change. You may change your original learning goal to a new goal that is relevant to your current work situation. However, you must complete all learning activities (steps 1-4) before renewing. When you apply to renew your practice permit you will have the opportunity to change the key competency your learning goal is based on.
Council News
Key highlights, discussions and decisions from Council's January and April meetings

Annual report
Council approved the 2012 Annual Report. The Health Professions Act requires that the College submit an annual report on its activities to demonstrate that regulatory obligations are met. The annual report is posted on Physiotherapy Alberta’s website.

Audited financial statements
Council received the auditor’s report and approved the 2011-2012 audited financial statements. The auditor’s report and statements are included in Physiotherapy Alberta’s annual report published on our website.

Clinical specialists
Council reconfirmed that all regulated members on the general register must participate in Physiotherapy Alberta’s Continuing Competence Program with no exceptions. The issue was whether a physiotherapist who is enrolled in or completes an approved clinical specialty certification program should be exempt in whole or in part from the program requirements. Council made their decision after undertaking a review of the relationship between clinical specialist program requirements and Physiotherapy Alberta’s Continuing Competence Program.

Committee appointments
Council made appointments to the following committees.

- Competence Committee: Jennifer Horne re-appointed for another three-year term, Carol Robertsen appointed as Chair.
- Registration: Nicole Lavoie re-appointed for another three-year term.

Council election
Council made four decisions related to the 2013 Council Election in accordance with the bylaws.
1. The election to take place by electronic vote between March 25 and April 15, 2013. (The deadline was subsequently extended to April 18 as it took longer than expected to set up the voting site.)
2. The nomination form was approved.
3. The nomination deadline was March 15, 2013.
4. Carol Puri was appointed as the scrutineer.

Legislative amendments
A request to amend legislation will be submitted to Alberta Health regarding the following:
1. Physiotherapy corporations
In follow-up to a 2010 Council motion to eliminate the current rules that attempt to control where a physiotherapist may provide services as an ‘employee’ which includes physiotherapy corporations and
approved employers in the private sector, Council approved a motion to remove all requirements related to physiotherapy corporations.

The rationale is that under the Health Professions Act, physiotherapists are expected to meet their professional obligations regardless of place of employment or the business arrangements that apply to service delivery. The business arrangement rules and physiotherapy corporation requirements are linked. By eliminating the former, the latter is made redundant. These rules do little to protect the public interest and have become increasingly restrictive, particularly for smaller business owners. Effective June 1, 2013 Physiotherapy Alberta will no longer accept applications for registration on the physiotherapy corporation register or approved employer status.

2. Jurisprudence module
Council approved a motion to add successful completion of the jurisprudence examination to the registration requirements in the Physical Therapists Profession Regulation.

3. Restricted activities
Council approved a motion to amend the supervision requirements in the Physical Therapists Profession Regulation (PTPR) to allow members on the provisional register to perform an advanced restricted activity with the consent of and under the supervision of a regulated member on the general or courtesy register.

Council approved a motion to amend the supervision requirements in section 16(5)(b) of the PTPR by removing the words “on-site” and retaining “be present while the regulated member or the student is performing the restricted activity.”

Presentations from the Canadian Physiotherapy Association
Michael Brennan, CEO and Brian Gomes, COO attended a pre-meeting of Council and provided an overview of the new CPA strategic plan. They also discussed the status of the CPA insurance program and recent efforts to develop risk management tools that would better protect the public and support physiotherapists.

Presentation from the Alberta Veterinary Medical Association
Dr. Duane Landals, senior advisor to the Alberta Veterinary Medical Association, discussed potential legislative amendments to create new categories of registration that could include individuals with a background in physiotherapy who are involved in animal rehabilitation. The AVMA will continue to work with government to develop regulations.

Election Results
The votes for the two vacant Council positions have been tallied. Congratulations to Sean FitzGerald and Simone Hunter, our two new Council Members-at-Large! Sean and Simone will begin their terms this June.

Farewell from Nancy Littke
I would like to congratulate Simone and Sean on their election to Council for the next three-year term. I am so excited to see some new, young and passionate faces on the team that represents Physiotherapy Alberta and its members to the world.

It is hard to believe that nearly 12 years have gone by since my children left home, I decided it was time to see what the APA did for me from the inside and became a member of the board and then President of the APA, Council President and Council Member.

I have had the pleasure and honor to be involved during the years when we moved from two individual organizations to one strong and independent organization that will be a role model for years to come. I have had the opportunity to attend two World Congresses, host a CPA congress in Calgary and attend meetings and congresses across the country meeting friends and colleagues along the way.

Being on Council is an opportunity to become involved in the direction or your profession and I am sure that Simone and Sean will add their commitment and enthusiasm to that purpose so that Physiotherapy in Alberta will be recognized by all as the invaluable member of the healthcare team that we are. Good luck to you both and thank you to all the members of both the APA and Physiotherapy Alberta who have supported us throughout the years.
**Fees for 2013/2014**

Council reviewed a draft budget proposal for the 2013-2014 fiscal year for the purpose of setting the 2013-2014 Fee Schedule. Council had previously communicated to members there would be a $75 increase to practice permit fees in 2013; however, this has been reduced to $30 or ~4%. Council is able to achieve a balanced budget and still deliver core business activities with a reduced fee increase. All other fees are adjusted by ~4%.

**Disciplinary Decisions**

The Hearing Tribunal of the College of Physical Therapists of Alberta made a finding of unprofessional conduct against a member who failed to exercise skill or judgment in the practice of physiotherapy in that the member failed to acknowledge that the needles used to perform acupuncture could have caused a pneumothorax, and failed to provide appropriate follow-up. The hearing proceeded by way of agreed statement of facts.

The Tribunal found that the member failed to:
- Consider whether the patient suffered a pneumothorax.
- Consider that any of the needles placed in the thoracic region could cause a pneumothorax.
- Provide appropriate follow-up instructions to the patient in the event of increasing pain, shortness of breath, or discomfort.

The Tribunal also found that in the days following the incident the patient made repeated attempts to make contact with the member regarding her condition. The clinic’s front office staff did not make any attempt to contact the member, and the clinic did not have adequate protocols in place in the case of urgent or emergent circumstances.

The Tribunal issued a reprimand, required the member to participate in a peer review process and ordered costs in the amount of $5,000. A condition was placed on the member’s practice permit until the peer review process is concluded to the satisfaction of the College.

**Regulated Member**

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<tr>
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<td>Practice permit fee pro-rated</td>
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**Physiotherapy corporations**

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<tr>
<td>Permit fee (annual)</td>
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**Approved employers**

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Meet Joshua Bezanson
Council’s Newest Public Member

Joshua Bezanson begins his new role with Physiotherapy Alberta this month. He is proud to be involved with the college to support physiotherapists across the province as well as representing the public interest in council decisions.

Joshua has a diverse background in council and committee work and living in a mountain town with many extreme sport enthusiasts has made him no stranger to the work of physiotherapists either. He has over a decade of experience in the emergency services field as a firefighter and EMT and holds a Masters of Science in Disaster Medicine and Management along with a Bachelor of Journalism. His interests in health and health policy have led to his work in broadcasting as a health reporter. Currently Joshua is a second year medical student at the University of Calgary. He has strong clinical interests in trauma care and rehab medicine and research interests in public health.

He believes the process of self-regulation within the regulatory college framework plays a key role in ensuring Albertans have access to high quality care and that the profession of physiotherapy can grow and advance to meet the changing needs of the public. He is a strong supporter of evidence based practice and interdisciplinary collaboration.

When not in school, Joshua is an active ski patroller in the winter and avid kayaker in the summer.

He looks forward to learning more about the important role physiotherapists play and contributing to the strategic direction of the college over his three year term.

1. Tell us a bit about yourself (background, interests, awards etc.)
   - I have strong interests in health, community service and public policy.
   - Master of Science in Disaster Medicine and Management
   - Bachelor of Journalism
   - Completed Alberta Heritage Foundation for Medical Research Media fellowship
   - Award winning Health reporter with CBC news in Calgary
   - Instructor of various emergency services courses
   - Over 10 years in emergency services working as a firefighter and EMT
   - Has lived around in the world including Europe and the Caribbean

2. What made you want to become a public member for a regulatory college?
   Regulatory colleges play an important role in ensuring a high quality health care system and I’m proud to play a small role toward that end. I believe allied health providers are key to patient centered care. I hope to combine my enthusiasm for public policy with my passion for health in this new position.

3. How has your time on the council been so far?
   Having only attended one meeting I know I still have much to learn about the organization but it was a pleasure meeting my fellow council members and I was very impressed by the professionalism, organization and expertise of the colleges administration. I look forward to the upcoming strategic planning sessions.
## General Register

- Lauren Horst
- Leonie Hum
- Rachel Humphrey
- Jessica Hung
- Devan Husar
- Lindsey Janot
- Melissa Johnson
- Hardeep Kandola
- Manas Kathuria
- Kathleen Kenyon
- Janelle Khan
- Olga Korsenshy
- Murray Kowalcyzk
- Allison Kraby
- Jolene LaBerge
- Monique LeBlanc
- Carrie Lewis
- Laura Loturco
- Tracy Mandeville
- Andrea McAffrey
- Erin McDermid
- Chris McKanna
- Melissa McMahon
- Sarah McReddy
- Jackie Millington
- Sarah Mitchell
- Alisha Mohamed
- Leah Moroz
- Nicole Neigel
- Sunday Nelly
- Vi Ngo
- Vivi Nguyen
- Kajal Patel
- Jordan Perchard
- Justin Picherell
- Shelly Prosko
- Shari Quinn
- Julie Rabnett
- Kristen Redhead
- Alaina Risi
- Lisa Romanuk
- John Scaplen
- Ashlin Schoep
- Matt Scott
- Samantha Scott
- Simone Semotiuk
- Krista Shore
- Breanne Smith
- Michael Stewart
- Jeanine Stott
- Patricia Thille
- Maureen Tosh
- Kaitlin Troop
- Jenna Truelove
- Angela Tuton
- Connor Van Bavel
- Tashina Van Vlack
- Jason Waddell
- Rhea Wade
- Lynne Wong
- Jeremy Woodfin

## Provisional Register

- Krista Andermatt
- Rachel Humphrey
- John Scaplen
- Matt Scott
- Samantha Scott
- Simone Semotiuk
- Krista Shore
- Breanne Smith
- Michael Stewart
- Jeanine Stott
- Patricia Thille
- Maureen Tosh
- Kaitlin Troop
- Jenna Truelove
- Angela Tuton
- Connor Van Bavel
- Tashina Van Vlack
- Jason Waddell
- Rhea Wade
- Lynne Wong
- Jeremy Woodfin

## Cancelled Members

- Crystal MacLellan
- Trisha Novak
- Lizzane Pereira
- Smitha Prahash
- Mark Robertson
- Jen Strohschein
- Gopalaramanujam Sudhakar
- Kalie Townsend
- Jessica Van Soest
- Subha Velusamy
- Shazia Virani

- Mohammad Hodaly
- Katie Jackson
- Mike Paredes
- Harpreet Singh
Physiotherapy Alberta will be hosting the Exercise + Rehabilitation Conference from October 26-27, 2013. This year’s conference will be at the Matrix Hotel in downtown Edmonton and will feature plenary sessions and 18 workshops where you can learn about the latest in exercise-focused rehabilitation. Registration opens this summer, so keep your eyes open for your chance to be a part of this great learning opportunity.
The Value of Patient Satisfaction

Patient satisfaction is a key indicator in quality patient-centred care. Patients are the reason physiotherapists go to work in the morning and if patients are satisfied, they are “more likely to adhere to treatment, benefit from health care and have a higher quality of life” (Hush pp-26).

Both policy makers and payers of patient health services (insurance companies, AHS, etc.) track patient satisfaction to inform their business. We want patients and payers to value physiotherapists and the services they provide, so it is important that we understand factors contributing to high patient satisfaction.

A systematic review of fifteen studies showed that patient satisfaction with physiotherapy treatment was consistently high. On a five-point scale, when it came to patient satisfaction with musculoskeletal care, physiotherapy received a 4.44 from seven studies. Also, between 68% and 91% of patients were satisfied or completely satisfied with overall care. High satisfaction was reported across various clinical settings in geographically diverse regions such as North America, Northern Europe, the United Kingdom and Ireland.

Anatomy of a Satisfied Patient

According to the studies, patients with higher satisfaction:

- Had acute musculoskeletal conditions (compared to those with chronic conditions) - Patients with acute conditions may be more optimistic and have unformed expectations of what physiotherapy treatment could provide, whereas patients with chronic pain may have less room for change and may have expectations that are hard to meet.
- Were older - Older persons may have greater need and appreciation for physiotherapy keeping them mobile.
- Were female - Females tend to provide higher satisfaction ratings than males. When rating patient satisfaction, females placed greater emphasis on organization and communication, whereas patient satisfaction in male patients was related to treatment outcome and the individual physiotherapist.

What can you do to raise patient satisfaction rates?

The studies showed that the main components of patient satisfaction were:

1. Interpersonal characteristics
2. Process of care
3. Well-organized treatment
1. **The characteristics of physiotherapists associated with higher satisfaction include being:**
   - Skilful, knowledgeable and professional - Patients want to have confidence in their physiotherapist’s intelligence and abilities.
   - Friendly and empathetic - Being professional and empathetic is considered to contribute not only to patient satisfaction, but also to an overall good evaluation of the service's quality of care.
   - An effective communicator - Patients valued physiotherapists who provided helpful explanations about the musculoskeletal condition, its prognosis and his or her role in the treatment process.

2. **The factors contributing to patient satisfaction regarding the treatment process include:**
   - Adequate duration and frequency of treatment - Patients wanted to feel their time with the physiotherapist was not rushed.
   - Appropriate follow-up - Changes to the allotment of time with physiotherapists have the potential to result in inadequate follow-up or a feeling that the physiotherapist is not interested or caring.
   - Continuity of care (single vs. multiple providers) - Patients were more satisfied when a single, rather than multiple, physiotherapist provided care over the course of treatment.
   - Patient involvement in the decision making process - Patients wanted to be involved in their treatment process and, compared to other medical professionals, they acknowledged and valued the time physiotherapists spend negotiating care plans. The type of treatment may impact satisfaction as patients with low back pain were as or more satisfied with exercise-based rather than passive therapy.

3. **When it comes to well-organized physiotherapy, important factors include:**
   - Access (location, parking, clinic hours)
   - Helpful administrative staff
   - Low wait times

However, organizational factors were weaker predictors of patient satisfaction compared to physiotherapists and process of care.

Surprisingly, this review demonstrated that treatment outcomes infrequently and inconsistently contributed to patient satisfaction. This finding challenges a prevailing model of patient satisfaction developed by Donabedian which positions treatment outcome as a key factor contributing to patient satisfaction.

**Questions to ask yourself regarding patient satisfaction**
- What relevance does this review have to your practice?
- What are your practices that raise patient satisfaction?
- How effective are the explanations you provide to patients?
- Is there enough time allotted with patients to inform and involve them in decision making and provide treatment?
- Does your organization track patient satisfaction? If so, how many of the identified factors in this survey are tracked and addressed by your organization? Are the results regularly provided to you?
- Does your employer support its physiotherapists to become knowledgeable and skilful?
- What organization supports are in place to support effective physiotherapist-patient relations?

A proven method to enhance the patient experience and ensure good organizational practices is through the use of checklists, as described by Roberts (2013). In addition, Physiotherapy Alberta has developed a number of supports for physiotherapists to help improve their knowledge and skills and to support patient education. See page 20 for helpful point-of-care and information sheets for patients and visit www.physiotherapyalberta.ca for more information.

**Resources**
What do drilling a hole and the number 47 have in common? Headaches! The World Health Organization (WHO) reports that 47% of the adult population experienced at least one headache in the last year. Not only are headaches common, they have plagued mankind since the dawn of time. Drilling a hole in the skull was implemented as a crude headache remedy during Paleolithic times. Luckily for us and our patients, the way we treat headaches has evolved to become much more sophisticated.

Chronic headaches are defined as being frequent, moderate to severe in intensity, and lasting more than three months. Chronic headaches have many implications including a reduced quality of life, decreased energy reserves, impairment of cognitive function and changes in mood. Sufferers often miss time from work and resist engaging in social and recreational activities. According to the WHO only a minority of headache sufferers are diagnosed appropriately by a health-care provider. They also believe that the primary solution to address this worldwide problem is with education. That’s where the Headache Clinical Practice Guidelines (HA CPG) come in.

**Headache Clinical Practice Guidelines (HA CPG)**

The HA CPG was developed by a multidisciplinary team of health professionals with the support of the Alberta Ambassador Program of The Institute of Health Economics, an institution with the mission to help integrate the best evidence research into clinical practice. The process involved review of the current domestic and international clinical practice guidelines and research. The HA CPG is available on the Towards Optimized Practice (TOP) website (www.topalbertadoctors.org).

The HA CPG is targeted towards providing primary care clinicians with the best available evidence on the prevention, diagnosis, treatment and management of primary headache disorders in adults. Primary headache disorders are defined as headaches that are not due to another medical condition. They include migraine, tension-type, cluster and cervicogenic headaches.

The HA CPG is organized into six sections:

1. Headache diagnosis and investigation
2. Management of migraine headache
3. Management of tension-type headache
4. Management of medication overuse headache
5. Management of cluster headache
6. Other headache disorders (including cervicogenic headaches)
There are three parts to the HA CPG including:
1. Quick Reference: Algorithm and Medication Table
2. Guideline Primary Care Management of Headaches in Adults Summary
3. Guideline for Management of Primary Headache in Adults

Relevance of the HA CPG to Physiotherapy Practice
The HA CPG provides a number of clinical practice points relevant to physiotherapy practice including primary versus secondary headaches, differential diagnosis, managing migraines/medication overuse, headache/tension-type headaches and a link to the headache diary.

Management for primary headaches is split into pharmacological and non-pharmacological therapies. Non-pharmacological recommended therapies include exercise, spinal manipulation, acupuncture, and behavioural management which includes using headache diaries, adjustment of lifestyle factors and stress management.

Medication Overuse Headache
Section Four outlines managing a medication overuse headache. Often patients presenting with headache share medication-related concerns. A medication overuse headache can result from taking:
- Ergots, triptans, combination analgesics/other opioids for 10 days or more per month
- Acetaminophen and/or NSAIDs for 15 days or more days per month

If you suspect medication overuse headache always refer the patient back to the primary care physician for further management. Inappropriate use of medications can interfere with physical activities and be an indication of poor coping strategies.

Future Materials
Some other headache-related patient education handouts will soon be available on the TOP website including:
- What you should know about: Headaches
- Migraine Headache
- Headache Self-Management
- Migraine Preventative Medications
- Tension-Type Headache
- Medication Overuse Headache
- Caffeine & Your Migraine Attacks
- How Physiotherapists can help in the Management of Primary Headaches

As a profession we are skilled educators, especially regarding healthy lifestyle choices for our patients. By viewing the person as a whole, we allow the patient to identify meaningful functional goals to guide the assessment and treatment process. Patient education regarding healthy lifestyle choices, empowering self-awareness, and utilizing effective stress management techniques are all part of the services that we provide. The HA CPG is an effective new reference tool to help guide our clinical decisions.

Kate Gerry is a physiotherapist at the Alberta Health Service Chronic Pain Centre in Calgary with the Interdisciplinary Headache Program. As a treatment paradigm, she combines her manual therapy background and dry needling skills into the Integrated Systems Model for Pain & Disability (Lee & Lee) and is a certified yoga teacher.

Bibliography

Resources:
- Towards Optimal Practice/CPG/Pain/Headache: http://www.topalbertadoctors.org/cpgs

Living Well:
- http://www.albertahealthservices.ca/services.asp?id=service&rid=1054851
- Headache Network Canada: www.headachenetwork.ca

How to Refer to Headache Program:
- Chronic Headaches <15 d/mo. CHAMP: http://www.albertahealthservices.ca/services.asp?id=service&rid=1008788
- Complex Patients with Chronic Headaches >15 d/mo & complex AHS CPC: http://www.albertahealthservices.ca/3675.asp
Using RSS Feeds to Find Evidence for Practice

In today’s world, health-care professionals are expected to keep up with the latest evidence and research. This is easier said than done. The sheer volume of published research coupled with a modern lifestyle can make this task seem overwhelming. One easy way to quickly stay updated on the latest research is to use RSS feeds.

RSS stands for “really simple syndication” and is a great way to deliver updated content automatically to your computer, tablet or mobile phone. Many academic journals, research sites and research databases include an RSS feed that alerts you to new content. By setting up an RSS feed to your favorite sites you get content sent to your device, saving you from browsing multiple sites and pages on the internet.

Here’s how it works

Generally, RSS feeds are easy to set up and within a few minutes you’ll be receiving content. Here’s how to get started.

1. First decide what devices you want to set up to receive your RSS feeds. This could be your computer, tablet or mobile phone. Many RSS feeds can be set up to sync across all devices.

2. Next, determine which RSS reader you’d like to use. There are many great readers for computers, tablets, iPhones, Android devices, and computers. Feedly and Pulse News are just two examples. Some email providers, such as Outlook, have RSS feed capabilities as well. Search iTunes and the internet for reviews and recommendations.

3. Now you need to set up the RSS feed. While this varies between the RSS readers, in general, subscriptions can be set up in one of two ways: either by using your RSS reader’s search feature or cutting and pasting the RSS feed URL into your RSS Reader.

4. Once you’ve set up a feed, take some time to get familiar with your RSS reader features as these do vary. Most readers will also allow you to sort your RSS feeds by date or topic.

Once your subscription is set up you will automatically receive updates every time the site publishes new information. Usually academic journals or research sites send listings of new research articles. You can simply scan through the titles for any article relevant to your practice.

Example:

Let’s say you want to set up and RSS feed to download the table of contents in the Physical Therapy Journal.

1. The first method is simply to open the search feature of your RSS reader and enter the Physical Therapy Journal in the reader’s search box. The reader will then search for the feed, and if one is available, give you the option of subscribing.

2. The second common method is to cut and paste the RSS feed URL into your reader. This time visit Physical Therapy Journal at ptjournal.apta.org. Once on the site, look for the RSS feed symbol or text indicating an RSS feed and click on it to access the URL. You can also right-click the RSS feed symbol then click “copy link” and paste the URL into the subscription box of your RSS reader.

Need to find an outcome measure quickly? Then check out the outcomes measures section of the Physiotherapy Alberta website. Here you’ll find links to online databases of physiotherapy-related outcomes measures. Better still, many of the sites provide information on reliability, validity and responsiveness. So check these out today. www.physiotherapyalberta.ca/physiotherapists/knowledge_center/outcome_measures
**Webinar Statistics 2012**

- **Total Webinars**: 9
- **Participants**: 598
- **Average participants per webinar**: 66.4
- **# of completed surveys**: 106
- **Survey Response Rate**: 24.3%

Participants currently registered with Physiotherapy Alberta?

- **YES**: 77.4% (82 people)
- **NO**: 22.6% (24 people)

**Age of Participants**

- 25% 0-35 years
- 37% 36-50 years
- 38% 50+ years

**Years in Practice**

- 27% 5 years or less
- 33% 6-15 years
- 20% 16-25 years
- 20% 25+ years

**Practice Location of Participants**

- **General Practice**: 35.1% (34 people)
- **Orthopaedics**: 32% (31 people)
- **Other**: 32.9% (32 people)

**Feedback**

- **Webinar ratings on a scale of 1-10**
  - Webinar format: 9
  - Ease of participation: 9.1
  - Webinar quality: 9.0
  - Relevancy to clinical practice: 8.8

  *Survey only available for 7 of the 9 webinars (436 participants).
The massive 7.0 magnitude earthquake that devastated Haiti in 2010 may have happened three years ago, but residents are still feeling the after effects. That’s where Calgary-based physiotherapist Jeanine McColl and group of 22 other health-care providers comes in. In January of 2013, Jeanine and the group travelled to Haiti to provide medical care to those still suffering from the earthquake that took hundreds of thousands of lives.

Describe the group you traveled with and how you got involved.

Our team consisted of 22 people including doctors, nurses, a physiotherapist and a logistics coordinator. Specialties included emergency, anesthesia, hospitalist, orthopedic trauma surgeons, general surgeons, and plastic surgeons. The trip was organized by Dr. Paul Duffy, an orthopedic surgeon at the Foothills Hospital. It was funded by the Broken Earth charitable foundation which was founded by a Newfoundland orthopedic surgeon, Dr. Andrew Furey. They have sent eight teams from across Canada to Haiti since the earthquake. We were the first team from Calgary. In the future, they hope Calgary will send two teams per year. I do research with Dr. Duffy in the outpatient orthopedic clinic at Foothills and he knew I had been to Africa and invited me to join his team in Haiti.

Where in Haiti did you travel to?

We were based at the Bernard Mevs Hospital, located in downtown Port au Prince, which is run by Project Medishare, and is the country’s only trauma centre. The hospital consists of a two-bed emergency room, two operating rooms, a nine-bed medical unit, a four-bed ICU, a six-bed pediatric unit, a prosthetics lab, and an eight-bed spinal cord unit which is on the verge of closing unless funding is found.

What made you want to go?

I wanted the challenge of volunteering with different patient populations in a resource deprived environment. I also wanted to learn about and see the challenges that Haitian health care faces on a daily basis, how this affects people on a variety of levels, and help in whatever way I could.
Though the earthquake happened three years ago and is forgotten by many, the suffering and need for rehabilitation continues. The opportunity to provide education to the local rehabilitation staff to help implement sustainable change and improve the quality of care delivered was also a motivating factor. As well, this was a great opportunity to learn from colleagues with a variety of backgrounds and disciplines.

**What types of patients did you see and type of work did you do?**

Rehabilitation services in the hospital are provided by one local physiotherapist and several assistants. Needless to say, there is never a shortage of work. As a volunteer, I moved across all units, teaching staff and families. The local staff and I treated patients with a variety of conditions ranging from postoperative amputations, spinal cord and motor vehicle injuries, gunshot wounds, hydrocephalus, traumatic brain injuries, etc. Due to the small size of the hospital, most treatments were performed outside in the sun.

Shifts were 12 hours in length. Generally I would spend the morning discharging patients from the general medicine ward and mobilizing patients in ICU. I might then spend a few hours on the pediatric ward including doing stretches and positioning with patients with hydrocephalus and myelomeningocele. I did balance exercises and gait education with a 7-year-old that had suffered a traumatic brain injury after overhead debris fell on him from a building.

Afternoons were spent teaching families to do range of motion and practicing transfers with the patients on the spinal cord unit. Then I would see any postoperative orthopedic patients for exercises and discharge teaching. Throughout the day I would be called to the orthopedic clinic to assess patients and provide them with gait aids or home programs.

There never really was a typical day. But after work every night, the team would gather for dinner at the nearby United Nations base and exchange stories, laughter, perceptions, heartaches, and ideas, all while providing valuable support to one other.

**How would you describe the situation in Haiti?**

Haiti is in the rebuilding stages post-earthquake and people are generally optimistic about the future. However, they continue to struggle with unemployment, inflation, poor infrastructure, unsafe drinking water, crime and corruption, plus the after effects of the quake including a cholera epidemic. Thousands of people still live in tent cities. Infant mortality rates are very high.

The average family income is $250 per year. It costs $2 to be assessed at the hospital. Any treatment costs more. There are only about a dozen qualified physiotherapists in the country, all trained abroad as there is no local program. An entire graduating class of nursing students was killed in the quake. There are seven ventilators in the entire country and if individuals with c-spine injuries require respiratory support they are not intubated.
Many questions arise about the ethics concerning providing care and the consequences of saving a life without the resources to support it. Unless funding can be found, the spinal cord unit in the trauma center will be closing, leaving its eight patients with nowhere to go. There are few psychological resources for people that have lived for years under the stress of dictatorship and suffered the traumatizing effects of the natural disaster. Amidst all this, the Haitian people take tremendous pride in their country, families, and personal appearance.

How did the experience impact you as a physiotherapist?

Working in a resource scarce environment is challenging, frustrating and rewarding. It provides an opportunity for creative solutions and promotes a new appreciation for the infrastructure and the plentiful basic supplies available at home, everything from gloves to outpatient follow up. Factors that I never would have imagined influence your practice. Discharging patients home early in the day was a priority since it wasn’t safe for them to leave the gates of the hospital past dusk. We had a patient wait two days in the courtyard for IV vancomycin because it was safer to wait there than go home and return when the medication arrived.

After discharging patients, there is little or no follow up. Patients rely heavily on their families to provide support.

Patients in Haiti are very stoic, have a high pain tolerance, and are very motivated to get better. People are keenly aware that if you don’t move you become a liability to your family or die. It has impacted my practice at home as I demand more effort from my patients and promote more gratitude in them and myself, realizing how very fortunate we are to live in Canada.

How did the experience impact you as a person?

It furthered my desire to be involved in global health initiatives and increased my awareness regarding poverty in the Western hemisphere. With Haiti receiving negative media coverage as of late regarding effectiveness of aid money, I was inspired to see just some of the great work that is being done there such as with Project Stitch.

Project Stitch is a grassroots initiative that teaches individuals with spinal cord injuries to sew. They help the community by constructing school uniforms so that children can obtain an education while the individuals simultaneously become the primary breadwinners in their families. The project also provides group support for the participants and positively affects social perceptions reducing stigma toward individuals with disabilities. For more information or to make a donation go to www.projectstitch.org and follow them on twitter at @ProjStitchHaiti.

What advice would you give to other physiotherapists thinking of doing similar work?

I strongly encourage you to apply your skills and talents to help patient populations in nations such as Haiti. Be part of the solution. It will allow you grow, develop new perspectives, and challenge your practice and creativity in ways that are not possible within familiar environments. Providing care in a culturally sensitive manner is essential. Remember you are a guest in your patients’ country and should act accordingly. Approaching your practice with this in mind and knowing some of the language will help you earn people’s trust and help build rapport. What you do at home isn’t always going to work or be appropriate. Prepare to be open minded, flexible and adapt accordingly ensuring that your interventions and contributions are sustainable after you leave. Expect your experience to be rewarding, heart opening, and life changing.

Jeanine McColl graduated from the University of British Columbia in 2009. She currently works for Alberta Health Services with an interest in orthopedic trauma and pediatrics. She is a runner, shameless idealist, activist & adventurer. She can be contacted at jeanine.mccoll@gmail.com with any questions.

For more information or to donate to Broken Earth, please visit www.brokenearth.ca.

Photos supplied by Jeanine McColl.
Physiotherapy Alberta offers a number of promotional materials to help market both physiotherapists and physiotherapy. These items, branded with the Physiotherapy Alberta logo, show patients that you are a registered, highly qualified health-care professional and also promotes recognition of the physiotherapy brand with patients.

All of our promotional material is available for no extra cost to members and includes:

- A brochure about the benefits of physiotherapy.
- Two large posters that highlight the benefits of physiotherapy and a smaller customizable poster/information sheet encouraging the public to see a physiotherapist.
- A table stand that includes tear-off sheets about physiotherapy funding options.
- Downloadable and customizable condition sheets featuring various illnesses and injuries treated by physiotherapists.
- Fact sheets that provide an overview of the value that physical activity has on a number of conditions.
- Merchandise including pens, sticky notes, and hand sanitizer.
- DVD video of “You Move Me”.

You can order any of these items at any time, simply visit our website at: www.physiotherapyalberta.ca/physiotherapists/promoting_physiotherapy, complete the order form and send it in.

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**Media Sightings**

**January 4, 2013** - Dean Cross, a physiotherapist from Edmonton, and patient Judi Ganga appeared on Edmonton's CTV Morning News to discuss the importance of physical activity for those with chronic conditions.

[www.physiotherapyalberta.ca/public_and_patients/physical_health_and_movement_tips/staying_active_with_a_chronic_injury_or_illness](www.physiotherapyalberta.ca/public_and_patients/physical_health_and_movement_tips/staying_active_with_a_chronic_injury_or_illness)

**February 7, 2013** - The student clinic at the U of A was featured in the Edmonton Journal. The article discussed how the student clinic filled the need for physiotherapy treatments if the patients were willing to serve as learning aids.


**February 22, 2013** - Calgary physiotherapist Jodi Boucher made an appearance on CityTv's Breakfast Television to discuss positive post-baby body image.

[video.citytv.com/video/detail/2183006685001.000000/positive-postbaby-body-image--february-22nd/](video.citytv.com/video/detail/2183006685001.000000/positive-postbaby-body-image--february-22nd/)

**March 13, 2013** - Calgary-based physiotherapist Tanielle Hilderman was featured as CTV’s Inspiring Albertan for her work volunteering in Botswana.

[calgary.ctvnews.ca/volunteering-speaks-volumes-for-physiotherapist-1.1194831](calgary.ctvnews.ca/volunteering-speaks-volumes-for-physiotherapist-1.1194831)
Public and patients play an important role in creating value within the profession. Reputation and how physiotherapy is viewed by the general public has a huge effect on the success and integrity of the physiotherapy profession.

The value of a positive perception of physiotherapy and physiotherapists is priceless and if the public perceives physiotherapy as a trustworthy, knowledgeable and effective form of health care, then the profession as a whole will benefit and flourish.

A great reputation takes time and effort to create. Find out why you should help build up the reputation of physiotherapy and how to get started.

**Why you should take part in marketing your profession**

As the face of physiotherapy, physiotherapists are the best marketing tools as you provide credibility. Without the support of physiotherapists, any public outreach campaign will not be a success, as you are critical to the collective perception of the profession.

A common trend seen in surveys and other studies indicate that the public is largely uninformed when it comes to the details about physiotherapy services, including access to treatment, payment and conditions treated.

“As health care evolves, educating the public about who physical therapists are and what they do is essential to the growth of the profession,” according to the study Physical Therapy as Primary Health Care: Public Perceptions.

Whether you are a clinic owner or in public practice, it is important to market the profession to inform the public about physiotherapy services. If the public has little understanding of how a physiotherapist can help, then there is small chance that they will go to you or your practice for help. If someone with vertigo doesn’t know physiotherapy can help, that person will not know to get physiotherapy treatment and therefore he or she won’t call you or your clinic to book an appointment.

High public opinion leads to a great reputation for the profession which leads to more patients for you. Positive public opinion also creates respect for physiotherapists and the work you do.

**What kind of marketing can be done and to whom?**

Every time you interact with someone it is an opportunity to represent and promote physiotherapy and the work you and your colleagues do, whether you are talking to a patient, an insurer, a nurse or the person behind you in the line at the grocery store. Share your knowledge of physiotherapy with others whenever you are given the chance.

Since everyone is a potential physiotherapy patient, everyone is a candidate for marketing as well. By helping educate the public about the breadth of conditions and injuries treated by physiotherapists, you are helping the public make more informed choices regarding their health care while also increasing physiotherapy’s profile.

The main groups to market to include the general public, potential and existing patients, physicians and other health-care providers and the media.
How do I get started?

There are many ways to market both yourself and your profession. The following are a few ideas on how to get started.

Advertising: Advertising is a versatile and widely used marketing tactic. Ads can be placed online, in magazines, on television, on billboards etc. Make sure your advertising has a call to action (website, phone number, etc.) and is in a place where potential patients can access it. Also be sure to adhere to the practice standard: Advertising and Promotional Activities.

Online presence: Does your clinic have a website? People go online for health information these days. 80% of internet users look online for health information. In fact, searching for health information is the third most popular online activity. If users have questions about low back pain or are looking for a physiotherapist they go online to do so. Are you on Facebook, Twitter, YouTube or Linkedin? Social media is another great way to get your message out to potential patients. Even if you are in public practice, you can market online by starting a blog on physiotherapy related topics to inform others. If you are using social media, be sure to read Physiotherapy Alberta’s Use of Social Media Guidelines.

Physiotherapy Month events: National Physiotherapy Month is held in May of each year. Do you, your employer or your clinic plan anything for Physiotherapy Month that promotes the profession? Visit the Canadian Physiotherapy Association’s website for more information www.physiotherapy.ca/About-Physiotherapy/National-Physiotherapy-Month.

Media coverage: Do you or your clinic have an interesting story to tell? Do you use one-of-a-kind equipment or have you treated someone who had a great recovery story and who would be willing to share it? The media is always looking for stories that will be of interest to their readers/viewers, are local and timely. If you have something that has these three traits, consider creating a media release and sending it out to media in your area.

Word of mouth and social proof: A tried and true marketing tactic is positive reviews. If someone hears from a friend or family member that they had a great experience with physiotherapy, the chances are that the friend will try out physiotherapy as well. If they had that great experience with you or at your clinic, then chances are they will recommend you. By always providing exemplary service, you are increasing your chances for a referral, while simultaneously creating credibility of the profession.

Physiotherapy Alberta marketing materials: Our organization has created a number of different marketing materials to help market the profession. A few pieces are even able to be customized with your clinic’s logo and information. See page 20 for more details.

Resources


What’s in a name? – Give your title the respect it deserves.

Under the Health Professions Act, the titles Physiotherapist, Physical Therapist and PT are protected titles if you are on the general register and Physiotherapist Intern or Physical Therapist Intern if you are on the provisional register. Protected titles have meaning and convey to the public that you have met rigorous entry to practice standards and are a member of a regulated profession. Only individuals who are registered with the College can call themselves one of these titles. This is quite different than using your academic credential.

All too often we see signatures that include an academic qualification rather than a protected title. The fact that you have an academic qualification is important but you can have a BScPT or an MScPT and not be registered to practice. Please make sure that your protected title always precedes your academic credential and refer to the Standard of Practice on Title and Credentials to understand expectations about appropriate use.

Also, try not to use the informal “physio” to describe who you are or what you do. A physiotherapist/physical therapist is who you are and physiotherapy is what you do. Using informal language does a disservice to you and to the profession. It does not convey the value, respect, credibility or professionalism inherent in the profession. Think of it this way: does a doctor describe himself as a “doc”?

“But without the support of physiotherapists, any public outreach campaign will not be a success, as you are critical to the collective perception of the profession.”
Starting a new business has its risks, maybe even more so for physiotherapists, as they are typically not formally trained in business. But there are some risks that even the most seasoned business owner can’t completely avoid, such as fraud.

Corporate fraud is a reality for many business owners. Corporate fraud is done either by or against a company. It is often done by the misappropriation of company assets, creating fictional revenues, concealing expenses, or under/over stating revenues, and often involves the theft of revenue or data (personal information, etc.).

According to the Global Economic Crime Survey completed by PricewaterhouseCoopers (PwC) in 2011, 34% of the 3,877 companies surveyed worldwide reported that they were victim to economic crime. Of the Canadian companies surveyed, 32% reported being victim to economic crime during the previous 12 months.

We often hear about large businesses being defrauded, but often don’t consider that your physiotherapy businesses might be at risk as well.

Reg Speers, a physiotherapist who has owned six physiotherapy clinics in Central Alberta, learned this the hard way. Reg has agreed to share his story to prompt physiotherapists who currently have a business or to those thinking of starting a new business to think about safeguards to prevent fraud.

Reg’s Story

In 2000, three months after graduating from the University of Alberta, I purchased my first physiotherapy clinic. I have owned six physiotherapy clinics in Central Alberta, and all have been or continue to be successful businesses with the exception of one.

The first clinic I owned I merged with another in the same area of the city. Soon afterwards, an office manager was hired to help manage the day-to-day administration of the clinic. Unbeknownst to my partner and I, the office manager opened an account and redirected funds meant for the clinic. Cheques were deposited into this account with the office manager then deleting the transactions associated with the deposited funds on the clinic’s software. The misappropriation was not detected due to the office manager’s alteration of the accounting records.

During the period from November 2001 to September 2004, the office manager defrauded the business of close to $500,000, and used the funds deposited into the fraudulent account for personal expenses and to gamble at local casinos.

I was aware that something was not right with the clinic’s accounting, as revenues were being generated
but not profit. In addition to discussions with my accountant and bookkeeper, in late 2003, I brought in the expertise of an outside company to help my financially struggling clinic, but to no avail. And then, in early September 2004, a client reported that a $720 outstanding bill for physiotherapy services at the clinic had been paid by the client’s insurance company. I called the insurance adjuster associated with that client’s claim, and requested a copy of the front and back of the cheque that was to have paid the client’s bill. When I examined the back of this cheque, I noted that the cheque had been deposited at a financial institution that my clinic did not have a bank account with. Later, it was discovered that the bank’s policies and procedures had not been followed when the office manager opened the account.

Further investigation uncovered the entirety of all the misappropriated funds. After filing a police report, my associates and I attempted to confront the office manager at the clinic. Subsequently, the office manager filed false claims at the local Health Region offices claiming the physiotherapy clinic misappropriated funds and double-billed the Health Region, which resulted in an investigation and legal action by the Health Region.

In the end, the office manager was charged criminally and it took more than three years for this matter to go to criminal court. The office manager was eventually convicted in 2008 of two counts of fraud and one count of perjury and sentenced to four years in prison. The unfounded allegations made by the office manager to the Health Region were resolved.

After several years of legal battles, which had many sleepless nights and a lot of frustration, I have learned many valuable lessons both personally and professionally.

For more information about Speers Health Clinics, visit www.speershealthclinics.com

References

Tips to Prevent Fraud

No one wants to be a victim of fraud. Not only does fraud make businesses lose money, it can also affect other aspects of business. According to the PwC survey, of those companies that were victims of economic crime, employee morale, business relations and reputation/brand were significantly damaged by economic crime.

- **Fraud risk assessment** - These assessments should be performed on a regular basis to ensure your security measures are up-to-date.
- **Education** - Educate your staff and yourself on recognizing signs of fraud and/or scams. The more you know the better you can protect yourself and your business.
- **Reporting mechanisms** - Allow ways for staff, vendors or customers to discretely report any tips or suspected illegal behaviour. Follow through and investigate all claims.
- **Create a code of ethics and business conduct** - Ask employees and all future new hires to read and sign the code of ethics.
- **Screen staff** - According to the PwC survey, 56% of the organizations worldwide that were victims of economic crime reported that it was committed by an employee. For staff with positions of financial responsibility or for those that have access to secure information, perform background and/or credit checks prior to hiring.

- **Culture and environment** - Try to create an open and honest culture, and positive work environment.
- **Protect against cybercrime** - Reassess your online, computer, or server security features as technology evolves quickly. In the PwC survey, cybercrime is one of the four top economic crimes as it is low risk and high reward. Personal information is often a target of cybercrime; be sure that is protected as well.
- **Implement a response plan** - Create a plan on how you’re practice will deal with suspected fraud.
Faculty Teaching Awards and Rehabilitation Medicine Student Association Awards recognize Stars in Rehab Med

The Faculty of Rehabilitation Medicine and Rehabilitation Medicine Student Association (RMSA) honoured instructors and students at their annual winter gala on Feb. 9 at Lister Hall. More than 200 people were in attendance to celebrate the achievements of the recipients.

Faculty Teaching Awards

Geoff Bostick, PhD, from the Department of Physical Therapy and Stuart Cleary, PhD, from the Department of Speech Pathology and Audiology (SPA) both received Faculty Teaching Awards.

Bostick is known to be one of the ‘go-to’ teachers in the faculty. His education videos are said to be both entertaining and educational. Recently, he was quoted in the Edmonton Journal and on CTV as the lead for the Corbett Hall Student Physical Therapy Clinic.

Cleary is praised for making “intimidating” classes less frightening. He is known for being a skilled clinician and has also helped redevelop certain courses in the SPA curriculum.

The Sessional Teaching Award was awarded to Chris Zarski for his role in teaching and mentoring the first cohort of physical therapy students at Augustana Campus in Camrose. Students say he would help them understand theory by providing firsthand examples.

Alyson Kwok, from the Department of Physical Therapy, received the Graduate Student Teaching Assistant Award for her commitment to her many students at the Glenrose Rehabilitation

L to R: Chris Zarski, Alyson Kwok, Mary Roberts, Teresa Paslawski, Geoff Bostich, Judy Chepeha.
Hospital. Students have said that they can ask her anything and she can always provide an answer.

Erica Farrell from Functions First Pediatrics, Sarah Wharmby from Alberta Hospital and Cheryl McGee from the Vernan Fanning Centre all received the Clinical Awards.

Farrell’s commitment to pediatrics is what made her stand out. In particular, she is committed to preparing new graduates so that they are able to work more confidently with children in their professional careers.

Wharmby is described as being a personable and organized leader. She has shown a commitment to developing the strengths of her students, all the while strengthening their weaknesses.

McGee was praised for her strong communications skills which not only helped her students understand the learning process; it also enabled them to work towards student independence.

**RMSA Teaching Awards**

Teresa Paslawsri, PhD, Department of Speech Pathology and Audiology, received an RMSA Teaching Award from the students because of the way in which she fosters a positive and risk-free environment in her classes. She has shown an interest in her students both inside and outside the classroom.

Judy Chepeha, PhD, is from the Department of Physical Therapy. She is said to approach her classes, meetings and seminar with a unique sense of humour. Students praise her for the passion she shows for physical therapy and for

Mary Roberts, PhD, received the RMSA Teaching Award for her ongoing support of students as a mentor and as a valuable resource within the Department of Occupational Therapy. She has been praised for her open-door policy, and has even been known to respond to her students’ emails at midnight to ensure that they have the information they need.

**RMSA Student Awards**

The recipients of the RMSA Student Awards were Brianna Manger from the Department of Speech Pathology and Audiology, Sonja Shouldice from the Department of Physical Therapy, and Annemarie Vandergriendt from the Department of Occupational Therapy. Each student received $1000 and an individualized plaque.

Congratulations to all the recipients!

Submitted by: Bernadette Martin, Associate Chair
Physiotherapy Alberta
College + Association

The Movement Specialists.