

# *FMT TODAY*

**JANUARY/FEBRUARY 2014**

Vicky and Gregg have been in Southern California for the last several weeks. We have been blessed to have beautiful weather, unlike most of you. We attended the Combined Sections Meeting in Las Vegas and enjoyed several excellent presentations. Ryan and Gregg enjoyed a pre-conference manipulation course by Ken Olsen. We had a booth in which we unveiled our new branding. Ryan organized the coverage and we had some excellent assistance from Miranda, Dustin, Yoshi, Cory, Dean, Kent, Steve and others – Thank you! We had many come to the booth with significant interest in the program. It was a conference where we made many important contacts for research and courses.

Please do consider attending next years CSM in “Cold” Indianapolis. If you are interested in presenting the deadline for proposals is March 4<sup>th</sup> and for abstracts June 2<sup>nd</sup>. Also the deadline for this Octobers AAOMPT conference in San Antonio is March 1<sup>st</sup>.

Vicky and Cristiana continued their research in early February on the EFT and VCT to gather further data on reliability and validity of the tests.

Please consider providing write up for future FMT Today's.

## **INFORMATION FROM THE AMAZING IPA STAFF**

DID YOU KNOW that our CFMTs and Fellows are now listed on a map? This new feature is the beginnings of IPA World, a section of our website dedicated to facilitating communications with and between our community of PTs. Check it out at <http://www.instituteofphysicalart.com/ipa/world/view>, or from the IPA Home page click on the IPA World picture in the top right. Those of you that are CFMTs and Fellows drill down on the map and check out your listing! If your listing needs to be updated Log In using your email address. Once you are logged in go to My Account and select Profile Information from the left hand menu. The information under Public Profile Information is what goes on the website. Be sure to upload a picture, if you haven't already done that!

## **VARDAN UPDATE – FOSTER KING**

Greetings FMT family from the far side of the world! I would like to report on IPA's project here in India. Through the shared vision of the Johnson's and the Times Group of India, we have had the privilege of serving the many patients in need of skilled manual therapy in New Delhi and Mumbai for the past 3 years. Vardan's flagship office in New Delhi celebrated its 2-year grand opening anniversary on February 7<sup>th</sup>. We were unable to give the anniversary its due diligence as it fell on a weekday, however, an office party/team building weekend is scheduled for early March. I'm sure many pictures will follow.

Things are moving forward on many fronts with the project with several upcoming milestones in the next year, including: the hiring of Tier 3 IPT therapists with the associated course work in May, FMT Foundations arrival in the spring, as well as a tentative date set for CFMT testing in early 2015. In order to accommodate these upcoming events we will be shifting Peter Rumford out of the Mumbai office to Delhi to help satisfy the needs for additional IPT mentorship and assist in patient care. The office in Mumbai will temporarily close in order to move into a new location to better suite the growing demands in the South. We are looking forward to having you as part of the New Delhi team Pete!

The IPT team has made a lot of progress in their goals to become proficient in Function Manual Therapy application. They have had to overcome many cultural and educational obstacles while making sacrifices in their personal lives to work in the center. We are proud of their development and we will continue to push their limits to achieve excellence

in practice. I would like to offer my strongest sentiment of appreciation to members of IPA team, past and present, who have worked so hard on this project. You have done an amazing job developing this young group of talent!



On a personal note I would like to comment on my personal development, which I feel has been exponential in the last 7 months. As an educational director in the New Delhi office I have taken on a challenge unlike any other in my previous years a PT. No longer am I the person seeking the expert opinion of my superior, but rather I am now that “expert.” It is a call to arms of sorts that has forced me not only to find a way to effectively apply my skills, but also effectively teach them to others. It has pushed the limits of my understanding of the FMT material, clinical reasoning, knowledge of the evidence, while forcing me to manage my personal shortcomings. All while trying to learn how to manage human resources! Needless to say, everyday is a new adventure.

Prior to my arrival in India, I had mentored a handful of American PT students, so I brought some experience to the table. This table, however, is a whole new ball game and I’m facing a full line up of different 11 IPTs. There is too much to comment on here, but what I can say is that we are all learning together as a team. I have had many moments where I didn’t know the answers to the questions the IPTs were asking and not “knowing” was one of the biggest stressors working against my decision to move to India. I didn’t know if I could be a Gregg, or a Kent or a Vicky. This “stress” really exposed the confidence issues I’ve struggled with since entering the profession. Now that I’m here and I’m facing the tough times head on, I’m learning that I don’t have to be Gregg, Vicky, or Kent (insert any effective mentor you’ve had here) to be successful. I’m learning to be myself and am finding confidence in that development.

Working with the IPT and their complex patients, I am comfortable saying “I don’t know exactly, but let’s work together to find a solution,” a solution that is backed by sound clinical reasoning and supported by evidence. This frame of mind allows us to be fluid in managing our shared patient’s and the IPTs have responded well. They benefit from

hearing my thought process and rationale for treatment, which is the most valuable skill they need to develop.

I arrived in New Delhi with my bride of 2 months, Kristin, on a hot September night last year. The reality of our decision to move to India hit us in the face the moment we stepped out the air-conditioned doors of the international terminal at 11 PM. It was hot, loud, busy and yes, a bit over whelming. Fortunately, we had a guide to navigate the sea of taxis and people who promptly got us to our vehicle, and we were off on our adventure.

Seven months later, I would like to say that I have gotten used to it all. Some days I can honestly say it feels like the closest thing to home, while on others, I pray for the patience, peace and guidance to get through another long day. Fortunately, throughout our time here, Kristin and I have had ample support from the Times Group, the IPTs, and our close friends Jevane Summers, Karin Hilfiker and Peter Rumford. Sharing this experience with other passionate individuals has helped forge friendships that have the feel of those that have lasted a lifetime. We depend on each other during the hard times and we celebrate together the victories in the good times. We take each day as it comes and try to keep “rolling with punches.”

Cheers to all. Foster King

## **CFMT MUSING**

### **GAGE BANKS**

The New Year looks very hopeful following my many challenges of the last year. I have overcome serious symptoms that turned out to be Vitamin B 12 deficiency (I will share more about this on the IPA Google group) and passing CFMT.



I am looking forward to being able to fully use the skills that I developed in preparation for CFMT. Now, to share what “Testing for CFMT” meant to me. Taking the classes was eye opening and amazing to see what a skilled clinician can accomplish. I took as many techniques as I could and integrated them into my practice with fairly good success. What I

didn't understand in taking the courses was it's not just a group of techniques but an integrated system that includes the material for each individual class. My previous training was much more in the arthrokinematics scope. Much of what is taught in CFMT is not necessarily following these rules. Gregg spoke to me in upper quarter advising me to suspend my previous experience and try and learn a new paradigm. He said that he had the same struggles but only included what really works. (I do think having Gregg and Vicky as instructors, having access to them and the other instructors of the IPA is a huge advantage). You get to hear the history of the technique and the relation to the other treatments. Going through and studying for the test having to spend time with each treatment series, having to review and memorize all the progressions and see the interconnections. I started to understand how each series builds on the previous and prepares for the next. I began to treat using only IPA material during studying to reinforce my studying, I began to have success in ways that I would have missed previously, seeing there is always more to do and to keep striving for solutions. I was previously stuck in looking for the cure where now my emphasis is the management of systems. I thought I had ownership when testing week arrived.

The excitement for me was to be part of a group of unfamiliar people coming together under one umbrella all working toward a common goal (I am including the instructors in this group). Everyone seemed to have a stake in everyone else's success. Every testee would volunteer help and information. The instructors, especially Gregg, worked diligently to go over as much of the information as possible. I had studied for almost a year and a half dutifully. To the point of not taking a night off in the last 2 months; I mean I owned the material. Everyone else had done the same.

The first review was Vicky's PNF. Her goal was for us to become use to placing our hands on instructors beginning with the basic task of setting the shoulder. I was amazed at how nervous I was by just putting my hands on her. Then I panicked when she kept correcting all (yes all not just one thing but several) that I was doing wrong. I thought I had owned the material, but the reality was that all I had was a simple mechanical understanding. My take home lesson was that I had not yet developed the complete sensitivity necessary to master this material. That developing sensitivity takes years of practice (or if you are Gregg and then your just born with it).

However, the testing was completely different. The instructors all worked to facilitate each testee to do their best and provide a fair and equal chance for each to succeed. I just wish we could have had more time being coached with the talented group of testers.

I am now working on my sensitivity, and having more success with even difficult patients. I finally get the difference between motor control and neuromuscular control. I am very proud of my class and my self. I am glad the huge workload of studying is over but a crazy part of me kind of misses it. I have now seen the dedication it takes to be a successful therapist.

## **IPA OPPORTUNITIES**

We just want to encourage those of you who have completed your CFMT to consider several opportunities available to each of you.

- Apply for Fellowship training in Steamboat or NYC

- Apply to become a residency site
- Consider overseas opportunities such as Vardan in India
- Become involved in research
- Prepare presentations, posters, etc. for national conferences
- Host students for their clinicals

With any interest please email Gregg at [Gregg@ipaconed.com](mailto:Gregg@ipaconed.com)

## REM IMPACT

### STEVE KOFSKY

We are introduced, in the upper level courses to the concept of soft tissue manipulation and integrating that into our practice; which I had done. The localization of restrictions throughout the FMP paradigm was continued through the REM course. I'm pleased to report that I have not had a single patient with an adverse reaction to my utilizing the REM techniques and I believe that is a credit to the emphasis on localization.



The REM techniques can easily be integrated into the FM II, FMUQ and FMLQ progressions. One technique that I have found particularly successful is the "upper T-spine flexion REM in suspended prone." The gapping of the upper T-spine really seems to make a difference when working toward thoracic



extension. It also makes sense within our paradigm, where at the lumbar and cervical spines we treat flexion prior to extension.

Being at the class was a very humbling experience in terms of being in the same room as that group of therapists with extensive experience and skills. In the moments that I was able to observe other groups practicing I always picked up something to help with my understanding of the material. I can not wait to attend the course again to keep developing my skills.

## **MEDICAL OUTREACH TO HAITI**

BETH TEMPLETON

At the end of October, Zach Strandy and I had the opportunity to go to Haiti with Medical Teams International to serve at The Advantage Program, a rehabilitation center in Les Cayes Haiti. Open since 2001, the Advantage Program is the only comprehensive rehabilitation facility in southwest Haiti. An occupational and physical therapist from Chile, a rehab assistant and nurse assistant from Haiti, as well as a CPO in training from Haiti work in the clinic on a daily basis.

We spent twelve days in Haiti, working in the clinic, at a local Catholic mission, and doing two mobile clinics, one in town at a local church and one up in the mountains about 40 minutes from Les Cayes. Zach and I co-treated with the staff, as well as saw patients on our own. During co-treats,





we had the opportunity to do some one-on-one training and during down times between patients, and we were also able to do some group training. From some of the basics of core first strategies, to myofascial release, evaluation, treatment, exercise prescription, and critical thinking for the “why” behind interventions, we had the opportunity to simply come along side this staff and encourage them in the work they do on a daily basis. There were moments of feeling extremely overwhelmed by the lack of resources and referrals for significant injuries, as well as many times of realizing how powerful education and physical therapy can be.

The patient population is diverse. From young children with varying degrees of cerebral palsy, patients with strokes from teenage to elderly, to shoulder, knee and back injuries from motorcycle and car accidents 15-20 years ago, the staff in Haiti confronts a challenging patient population with limited resources. They truly function as primary care providers as they work to educate the community about rehabilitation and preventative healthcare. They are eager for training and are quick to apply what they are learning.

The lives of some of the people we saw are imprinted in my mind. One young boy is 6 or 7. His smile is huge. His contractures are so significant in his arms and legs it is unlikely he will ever walk. His father carries him in and out of the clinic. As I watched him leave the clinic, sitting in front of his dad on a red motorcycle, waving wildly with both hands as they drove off, I wondered about what life really looks like for him. I have no answer. There are so many like him.

At the Catholic mission we met a young man with a spinal cord injury who was shot two months ago. He had been in bed for two months and

developed significant decubitus ulcers on his hips and sacrum, knees and



heels from poor positioning and lack of movement. The room is hot and full of people. His face is sweaty, his affect flat and indifferent. There are flies on the wounds.

Over the course of a week and a half, he went from lying curled up on his side having never sat up in two months, to doing bed exercises

on his own three times a day and tolerating sitting up in a recliner chair for 2 hours. Education is powerful! His face held a little bit of hope.

The lady with severe knee pain who came in and showed me all the exercises we had gone over at her first appointment and was feeling better in just three visits. The gentleman with an above knee amputation Zach saw with knee pain on the opposite side. He had never been taught how to stand with his prosthesis. Some education about sit to stand and his knee pain was gone.

As physical therapists, we have a gift to give. We can empower and educate and equip. Pain is a universal experience across culture and we have an incredible opportunity to affect communities, the ones we live in as well as those we may get to visit. During our time in Haiti, Zach and I were convinced of the need to train the trainer—to train people in this country to be able to serve their own people. The model the IPA has in India is powerful. Training and equipping a national staff and investing in them so they in turn invest in others have an incredible domino affect.

Returning home, I have more questions than answers. As we were daily confronted with the reality of the rawness of life in Haiti, the poverty, hunger,

illness, pain and lack of resources—it was easy to feel hopeless. And yet, there is something very powerful about human touch, about listening, and daring to be a part of the answer to a very big problem. Everyday we have the opportunity to engage in the lives of the people we come in contact with—some on a professional level, and other personally. May we each dare to show up everyday—with our families, friends, co-workers, and patients—and dare to invest and not give-up.

The Advantage Program is in need of people to come to work in the clinic and do training. Medical Teams International helps organize travel and lodging to and from Haiti and while in country. It is an incredible opportunity and the people you work with are great! Below is contact information for Jamie Bash who is the contact at Medical Teams. Let me know if you have any questions. [bethsuzann@yahoo.com](mailto:bethsuzann@yahoo.com)

Jamie Bash

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