<LEAP> Linking Evidence And Practice

9  Physical Fitness Training for Patients With Stroke

Research Reports

14  Direct Access Versus Referred Physical Therapy Episodes of Care

31  Short-Term Outcome to Exercise and Manual Therapy in Hip Osteoarthritis

40  Physical Therapy for Older Patients With Trauma

52  Locomotor Requirements for Bipedal Locomotion

68  Respiratory and Peripheral Muscle Strength and Size in Patients With Sepsis Who Are Mechanically Ventilated

83  Clinical Trial Registration in Physical Therapy Journals

91  Pain Self-Efficacy Questionnaire

101  Adherence to Accelerometry Poststroke

111  Questionnaire to Identify Knee Symptoms

121  Reliability of Peak Oxygen Uptake in Cerebral Palsy

129  Reliability of a Numerical Pain Rating Scale With a Faces Pain Scale

Perspective

139  Metaplasticity in Stroke Rehabilitation

Eighteenth John H.P. Maley Lecture

151  Residency Education in Every Town
The ICD-10 transition is coming October 1, 2014. The ICD-10 transition will change every part of how you provide care, from software upgrades, to patient registration and referrals, to clinical documentation and billing. Work with your software vendor and billing service now to ensure you are ready when the time comes. ICD-10 is closer than it seems.

CMS can help. Visit the CMS website at www.cms.gov/ICD10 for resources to get your practice ready.
Can physical therapists determine fitness levels for asymptomatic adults ages 18-65?

They can now...

APTA’s groundbreaking assessment tool is packed with the ready-to-use instructions and resources PTs need to identify, quantify, and qualify key components of physical health and wellness:

- Preparticipation screening
- Balance
- Cardio fitness
- Body composition
- Musculoskeletal alignment and fitness
- Common physical tests and measures
- Equipment checklist
- Step-by-step instructions
- Full color photos
- Normative charts and data
- Clinician workbooks – for accurate record keeping
- Client take-home forms – motivate and track results

Comprehensive. Noninvasive. Evidence-based. All at a price that can’t be beat.

**BOOK**
MEMBERS: $35.95  
NONMEMBERS: $59.95  
PRODUCT NUMBER: AFE-001

**10-PACK OF WORKBOOKS AND TAKE-HOME FORMS**
MEMBERS: $49.99  
NONMEMBERS: $84.99  
PRODUCT NUMBER: AFE-002

**ORDER BOTH AND SAVE!**
MEMBERS: $82.95  
NONMEMBERS: $134.95  
PRODUCT NUMBER: KIT-AFE

ORDER YOURS NOW. WWW.APTA.ORG/STORE
It’s Your Brand –
We Help You Deliver!

As an APTA member, you have instant access to these and many more **FREE** resources on www.apta.org/BrandBeat:

- Online **Marketing to Health Care Professionals** and **Marketing to Consumers** toolkits to help you reach out and market yourself to these important audiences.

- **Free handouts and brochures** that can be downloaded for patients and consumers. We offer pieces that cover a variety of health conditions, such as back pain, incontinence, fibromyalgia, stroke, vertigo, and much more. Perfect for waiting rooms and community events, some are also customizable and available in Spanish.

- Customizable **print ads and brochures** showing people in motion as a result of physical therapy, **Web site templates** that reflect the brand, and **downloadable logos and Web ads** to help you direct consumers to www.moveforwardpt.com, to learn more and find a PT.

Encourage your patients to visit our consumer Web site at **www.moveforwardpt.com** and to:

- **Become a fan on Facebook:** facebook.com/moveforwardpt
- **Follow us on Twitter:** @moveforwardpt
at CSM 2014

**Reserve These Dates and Times for PTJ-Related Sessions at CSM 2014**

### Writing With the Editors

**Tuesday, February 4  11:00 am–1:00 pm  Venetian, San Polo-3403**

**Speakers:** Rachelle Buchbinder, PhD, FRACP; Terese Chmielewski, PT, PhD; Rebecca L. Craik, PT, PhD, FAPTA; Steve George, PT, PhD; Kathleen Gill-Body, PT, DPT, NCS; James Irrgang, PhD,PT,ATC,FAPTA; Chris Maher, PT, PhD, FACP; Chris Main, PhD, FBPsS; Darcy Reisman, PT, PhD; Daniel Riddle, PT, PhD, FAPTA

Back by popular demand. PTJ’s Editorial Board members know publication inside and out—both as editors and as authors who have had their own share of acceptances and rejections. Take advantage of their collective wisdom! During the first half of this session, Foundation for Physical Therapy PODS I/II recipients Terese Chmielewski and Darcy Reisman will serve as moderators to quiz the editors about everything you need to know, including trial registration, study participant flowcharts, data analysis, and informed consent. During the second half of the session, you’ll break into small groups, each including an editor, with interactions geared for authors who plan to submit a paper to a journal or who have questions broad or specific about writing, submitting, and revising.

### Qualitative Methods: Everything You Want to Know, But Were Afraid to Ask

**Tuesday, February 4  3:00–5:00 pm  Venetian, Sands Room 308**

**Speakers:** Kamila Alexander, PhD, RN; Sarah Kagan, PhD, RN

In this interactive session, a team of investigators provides a succinct, focused overview of the most commonly used qualitative research methods applicable to clinical research, including qualitative description and content analysis, ethnographic approaches, narrative analysis, and grounded theory and interactionist perspectives. Each method will be explored from several dimensions, such as philosophy and paradigmatic assumptions, methodological utility and aims, approach and design, data collection and management, analytic techniques, and presentation of findings. Qualitative descriptive approaches and content analyses will be presented to avoid common pitfalls, such as ‘no name’ reporting or content analysis being assumed but not stated. Ethnographic methods can be used to address clinically focused questions in organizational and other settings relevant to physical therapist practice. Narrative analysis can benefit research that seeks to understand patient stories and interactions with providers. Consideration of narrative analysis helps researchers discern the value of interpretive as opposed to descriptive methods. Speakers cover grounded theory and interactionist methods to explore advantages of interpretive approaches and rationale for theory-producing techniques and also cover COREQ guidelines and access to resources for the design, conduct, and dissemination of qualitative work. Attendees are encouraged to share their qualitative research experiences and pose questions.

### Everything You Wanted to Know About Cochrane Reviews, But Were Afraid to Ask

**Wednesday, February 5  3:00–5:00 pm  Venetian, Marco Polo-701**

**Speakers:** Rachelle Buchbinder, PhD, FRACP; Rana Hinman, BPhysio(Hons), PhD; Chris Maher, PT, PhD, FACP

Cochrane reviews are considered the ‘gold standard’ of systematic reviews. They aim to synthesize evidence about the effectiveness of interventions and utility of diagnostic tests to inform clinical and policy decisions. More physical therapists need to be writing Cochrane reviews on topics important to their practice. Find out the basics of reading and applying Cochrane reviews—and the basics of performing a Cochrane review—from experts who know systematic reviews from both sides, as editors/reviewers and as authors. Buchbinder is Joint Coordinating Editor of the Cochrane Musculoskeletal Group and author of several Cochrane and other systematic reviews; Hinman has authored several systematic reviews; both are PTJ Editorial Board members. An interactive presentation will show you “how to do it.”
Respiratory and Peripheral Muscle Strength and Size in Patients With Sepsis Who Are Mechanically Ventilated

Muscle weakness and wasting are common complications of critical care that may occur most severely in patients who are admitted with sepsis and require mechanical ventilation. Different muscle groups may not be affected to the same extent. This study suggests that there may be a relative preservation of respiratory muscle function compared with the quadriceps femoris muscle group. Message for patients or caregivers: While recovering from a critical illness, patients may have difficulty with tasks such as rising from the sitting to the standing position, and interventions such as early rehabilitation with a focus on functional lower limb strength training are likely to be most beneficial.

See page 68.

Reliability of Peak Oxygen Uptake in Cerebral Palsy

Cardiorespiratory fitness levels in children with cerebral palsy (CP) are significantly reduced; however, these fitness levels can be improved by adequate fitness training. In order to determine the effects of fitness training on peak oxygen consumption, which is considered the best indicator of cardiorespiratory fitness, it is important to use reliable assessment tools. In children with CP who are ambulatory, peak oxygen consumption can be assessed reliably with the use of a progressive cycle ergometer graded exercise test. Furthermore, when evaluating the effects of fitness training on peak oxygen consumption, individual treatment responses of greater than 15% can be detected. Message for patients or caregivers: Fitness training aimed at improving peak oxygen consumption in children with CP can be evaluated reliably by your physical therapist using cycle ergometer testing.

See page 121.