



PHYSIOTHERAPY TODAY

The Newsletter of the Ontario Physiotherapy Association



ISSUES UPDATE

By Jennifer Holstein

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Hospital Liaison Group

Over the summer, we had the opportunity to confirm members of the Hospital Liaison Group who would like to continue to provide and disseminate information to and from our members working in hospitals across Ontario. Our goal is to have a physiotherapist representative from each hospital in Ontario. If you are interested in becoming a member of this discussion and information-sharing group (which is not a committee and has no specific time requirements), please contact jenniferh@opa.on.ca.

WSIB

With input from the WSIB Advisory Committee, and in partnership with representative of the WSIB, we are working on developing WSIB practice scenarios as a regular section in the newsletter beginning in January. We will be meeting with the WSIB to share our current issues and discuss potential solutions. The WSIB Advisory Committee is developing a list of common practice issues, but we would love to hear from the membership. Please forward your questions to jenniferh@opa.on.ca, and they may just appear in a future issue of Physiotherapy Today!

Provincial Focus Group

Thank you to everyone who participated in the Provincial Focus Group in Toronto. The group of representatives from across Ontario came from varied areas of practice, and each brought a unique perspective to the discussion. The Board of Directors will be using the input from the Provincial

Focus Group as well as individual feedback from regional focus groups and the online survey to create a new Strategic Plan for the Association in November.

Career Centre

OPA is developing an online career centre with information about resume writing, interview tips and job searching info. Do you have other resources you would like to see as part of the Career Centre? Ideas can be emailed to physiomail@opa.on.ca.

Mentorship Proposal

The Ministry of Health and Long Term Care developed The Interprofessional, Mentorship, Preceptorship, Leadership and Coaching Fund (IMPLC Fund) as part of HealthForceOntario, Ontario's Health Human Resources Strategy.

The purpose of the Fund is to support collaborative team-based health service delivery and to prepare health professionals to work in the health care system, enhance their career satisfaction, increase their leadership capacity, and facilitate career transitions within the health sector.

OPA submitted a proposal in partnership with CPA for the development of an online matching system for mentorship on October 6th to the Ministry, and also partnered on a joint submission with the Ontario Society of Occupational Therapists through the leadership of groups at McMaster University and Western University. The review of all submitted proposals was com-

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PRESIDENT'S ADDRESS

By Kim Wolny

In September, I had the opportunity to attend the Power Within Conference in London. One of the speakers was Mitch Joel, whose topic was "Building Your Personal Brand". His talk sparked my interest since, over the last two years, the OPA Board has been working to create a physiotherapy brand in Ontario as part of our Reputation Management Project. I already understood the value of this concept in promoting our profession and, as I listened to him speak, I started to realise how the concept of branding could be equally useful to individual physiotherapists. Given today's health care environment, I see branding as a tool that can help the profession and individual physiotherapists continue to be successful in the health care system.

Branding is about creating an identity or defining the experience a person can expect from a product, service or – in our case – a profession. To be successful, branding should leave a lasting, positive impression with people such that the brand becomes synonymous with a specific product or service and is 'top of mind' whenever a person thinks about these types of products or

services. The other critical piece to successful branding is consistency – creating a brand promise that people can rely on. If there is a disconnect between the brand promise and what people actually experience, then the branding will not be successful and could even be detrimental if the brand becomes associated with a negative experience.

If you're like many people in health care, you may perceive branding as a negative word because it sounds too 'business-like' and may be wondering if there is a place for such a concept in health care. I would suggest "yes, there is" for two reasons: 1) Branding is about trying to define your service or product in order to help meet a need. In these times of fiscal constraint and high change in health care, all stakeholders, including the public and payors, are looking for ways to meet their own or their constituents' health care needs with a cost effective, efficient, high quality approach. I believe they are open to listening to anyone who has ideas about how best to achieve this. If we can succinctly describe what physiotherapy is all about, how our profession can contribute to improving the health of Ontarians in a cost effective way and, probably most importantly, what makes physiotherapists unique in helping to achieve people's health goals, our profession's position in the health care system, both public and private, will be solidified. 2) As the baby boomers retire and the worker shortage increases in all industries, I believe having a physiotherapy brand will also help encourage people to become, or continue to be, physiotherapists. We can have a great brand promise; but, if we can't deliver on the promise due to a lack of physiotherapists, then the success normally associated with a well-defined and established brand will not be realised.

We all know that we are members of a very diverse profession which affords us numerous opportunities in terms of career choices. The one drawback to our diversity is the challenge it creates when we try to describe the physiotherapy brand promise in 30 seconds or less, in a way that adequately describes what we do, how we're different from other professions and leaves people wanting to know more about us and what we can do to help them achieve their health goals. In 2004, the OPA board start-

ed to define and create the physiotherapy brand and brand promise. The results to date have been the new logo and tagline, new colour scheme and format on the OPA website and newsletter and a definition of physiotherapy. Our goal is to create an image of physiotherapy, such that when people hear a reference to physiotherapy or physiotherapists, an accurate impression of our profession comes to mind.

As I mentioned in my introduction, during Mitch Joel's presentation, a 'light bulb went off' for me. Not only is there value in defining physiotherapy's brand promise; but, each physiotherapist can and, I would suggest, needs to build their own personal brand. The profession's brand promise can serve as a starting point for physiotherapists to begin building their own, personal brand. After all, on a more micro-level, are we not each, in some way, having to promote ourselves and our skills to our current or prospective employers, patients or clients so they choose us over another provider to meet their needs? If you agree, then taking it one step further, you will be able to see the value in creating your own 30-second description or elevator pitch to use when people ask you questions like: 'what do you do for a living?', 'why do you want this job?', 'why should I seek treatment from you for my health care needs?', etc.

At our November Board meeting, your OPA directors and staff will be creating a strategic plan to guide the Association's activities for the next 3 years. How to continue building our profession's brand promise will be one of the topics we discuss. Seems like an appropriate time for every physiotherapist to take a moment to consider taking this concept to the next level and create their own personal brand. To get you started, let me leave you with a couple suggestions from Mitch Joel's presentation. 1) Find the real you by writing the story of your life, i.e., your successes, how you have overcome challenges, etc., in order to begin to identify and define your own unique abilities and strengths – your brand promise. 2) Create your 30 second elevator pitch to describe your unique abilities and strengths in a way that engages your audience and leaves them wanting to know

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Physiotherapy Today is published bi-monthly. The information and views in letters or advertisements published in this newsletter do not necessarily reflect the policies and opinions of OPA.

All items for the December/January edition should be submitted to the OPA office no later than December 15, 2006.



Developing and Advancing the Profession

By Dorianne Sauvé

I thought I would take some time to highlight two initiatives in which OPA is engaging. Both of these initiatives contribute to the development of the profession and where we are going in the province.

Professional Development and Best Practice Advisory Committee

OPA has struck an advisory committee to further our strategic initiatives in professional development and best practices. Members of the committee are Judy King, Grace Liu, Rhona McGlasson, Pat Miller, Maureen O'Connell, Susan Putney, Nancy Salbach, Karen Tausendfreund and Joanne Zee. Already, ideas have emerged from this group that have facilitated OPA to move forward in partnership with CPA to submit a proposal to the Ministry of Health as part of the Mentorship, Coaching, Leadership and Preceptorship Fund. The committee met for a day-long face to face meeting at the OPA office on October 21st to initiate the formulation of a coordinated strategy for professional development and best practice for the Association.

Advanced Practice Roles in Physiotherapy

Advanced practice has been in Ontario for rheumatology/orthopaedics for over a decade, with some programs and studies dating back to 1995. New roles are being developed in other areas such as neurology and emergency care.

What is advanced practice? An advanced practice physiotherapist has demonstrated experience and expertise in a particular clinical area and has engaged in additional training (most often interprofessional in nature), which allows for the physiotherapist to perform additional acts such as ordering diagnostics or prescribing certain medications. These roles have emerged within organizations in response to client and organizational needs, and the mechanisms used to allow for the additional acts are organization specific. For example, medical directives are used to delegate the performance of additional authorized acts. The skills and competencies that form the advanced practice role will depend on the context, the area of practice and the needs

the role fulfills within those organizations. Advanced practice physiotherapists work in many settings, such as triage, within orthopaedic clinics and rheumatology clinics and new roles continue to emerge.

completing a next draft to go out for broad membership consultation.

Various LHINs are either examining options for advanced practice roles or are in active development of these roles to meet

“Opportunities for advancing physiotherapy...
are present in today's environment.”

There has been much activity over the last six months concerning advanced practice roles for physiotherapists in Ontario. Some of these activities include:

The Health Professions Regulatory Advisory Council's report Regulation of Health Professions in Ontario: New Directions contained a recommendation to examine an orthopaedic specialist physiotherapist role (advanced practice) to respond to pressures within the health system such as wait times and human resource shortages.

The College of Physiotherapists of Ontario held a policy forum on evolving practice roles on May 26th, 2006. The summary from that day can be found on the College website www.collegept.org under Ontario Physiotherapy Policy Forum.

Coming from that Forum, OPA has formed a task force with representatives from OPA, CPA, the College, the Chairs from Ontario University Physiotherapy Programs and those with expertise in advanced practice roles to develop a discussion paper on a model for advanced practice for physiotherapists in Ontario. We have just completed an expert review of the paper, and the Task Force is reviewing the feedback prior to

the needs of their regions.

OPA is committed to informing the membership about advanced practice physiotherapy in Ontario and, in keeping with this, will be implementing a communication strategy to further the discussion within the profession and to our external stakeholders. One example of this is found in this newsletter as we introduce an advanced practice physiotherapist from Sudbury who shares some of her experience in her role in paediatric rheumatology. We also coordinated a session at the Ontario Hospital Association Conference on advanced practice roles for physiotherapists in Ontario.

Opportunities for advancing physiotherapy through professional development, attention to evidence-based practice and emerging practice roles are present in today's environment. Your Board recognizes this in moving forward strategies to capitalize on these opportunities. Watch for further information on the activities of the Professional Development and Best Practice Advisory Committee and in the development of the model for Advanced Practice Physiotherapists in future newsletters and on the website.

President's Address

Continued from page 2

more. To get you started, try filling in the blanks of the following sentence provided by Mitch during his talk: “You know when you..., I give you..., or I do... to help you...”

Knowing the challenges the Board has had trying to define and further develop our profession's brand, I suspect defining a personal brand will prove an equally challeng-

ing task. However, I believe the efforts will pay dividends in the long run – just consider the success of product brands like Coca-Cola, Pepsi and Kellogg's and personal brands like Oprah, Madonna and Dr. Phil. Perhaps one day physiotherapy and individual physiotherapists will be just as well known and successful!

Advanced Practice Q & A

With Nicole Graham, Physiotherapist

Q: How/why/when were you selected for the advanced practice position at your facility?

A: In January 1999, I applied to the program for advanced clinical practitioner in pediatric rheumatology offered by the Hospital for Sick Children. I was accepted and completed the program. There were three clinicians in the program - two PTs and one OT.

Q: Why did your facility choose to implement such a position?

A: I had been treating children with arthritis for the past 15 years, and the “practitioner” position did not exist when I completed the program. As there is no resident pediatric rheumatologist in Sudbury and the surrounding area, the need for local expertise was present. Last year, the Hospital recognized the position with increased responsibility and remuneration.

Q: What training did you undertake to become an advanced practitioner?

A: The training program offered at the Hospital for Sick Children and the University of Toronto included an academic component and a clinical internship. The academic component covered relevant dense connective tissue pathology, immunology, radiology, pharmacology, outcome measurement, psychosocial function and nutrition as it relates to pediatric rheumatology. The academic component included lectures, seminars, case write-ups and oral and written presentations. The clinical internship was under the supervision of the rheumatology division of the Hospital for Sick Children.



Nicole Graham

Q: How does your current role differ from your previous position as a physiotherapist in a general practice setting?

A: The knowledge gained through the training program has enabled me to provide better and more comprehensive care to children with arthritis. I see children diagnosed with juvenile idiopathic arthritis, juvenile dermatomyositis, fibromyalgia, regional pain syndromes, systemic sclerosis and SLE with arthritis. Within this enhanced role, the patients’ needs are addressed in a timely manner, especially when they flare or when their arthritis is uncontrolled. We are also working on developing medical directives within our institution to further enhance my role as a practitioner.

Q: What do you find rewarding about advanced practice?

A: The advanced role has had a major impact on career satisfaction. I am able to provide care to children with arthritis closer to their homes. I feel respected by both my peers and the medical community. Local pediatricians recognize this expertise and direct referrals to me.

Q: What are some of the challenges you face?

A: There have been some challenges along the way. This is a new initiative for the profession, and so the expanded role was not initially supported or recognized. There is a lack of awareness for this position/expanded role. The University of Toronto has developed a program – Advanced Clinical Practitioners in Arthritis Care (ACPAC) with its first graduates in 2005/2006. It is now a certificate program. The certification is issued by the Division of Continuing Medical Education at the University of Toronto. There were 5 graduates (three PTs and two OTs) last year (2005/2006). There are five more graduates this year, 2006/2007 (four PTs and one OT), and the first three trainees – myself and the two others – will do the certificate completion. The program is expanding, and graduating more practitioners is great news for the profession!

Nicole Graham, B.Sc. (P.T.), is a physiotherapist at Children’s Treatment Centre, Sudbury Regional Hospital.



OPA Billboard Photo Contest

Thank you to everyone who submitted photos for the OPA Billboard contest! We are delighted to announce that **Cara Bernier** is the winner of the \$50 Gift Certificate from Chapters/Indigo. Congrats, Cara!



Contest winner Cara Bernier stands in front of OPA the billboard at Algonquin Avenue & Airport Road in North Bay.

OPA Provincial Focus Group and Media Training Session

OPA held its 2006 Provincial Focus Group and Media Training workshop September 16th in Toronto. Participants from across Ontario gathered in the morning to present the views and opinions of their districts while engaging in visioning for the Association as part of our strategic planning process.

In the afternoon, the focus group participants took part in media spokesperson workshop by Nancy Coldham of the CG Group. During the session, Nancy offered pointers on effective public speaking and shared strategies for dealing with members of the media.

OPA thanks the following members for offering their time and providing excellent feedback during the Focus Group session:

Dawn O'Connor Rea (KW)
Karen Deacon (KW)
Jacqui Holloway (Westgate)
Diana Sinnige (CTD)
Chetan Vora (Georgian Bay)
Kelly Hunter (Georgian Bay)



Focus Group facilitator Ron Knowles encourages participants to share ideas during the morning session.

Celeste Bouffard (NON)
Emma Rousseau (NWO)
Gail North (NWO)
Nelum Wijesekera (Ottawa)
Audrey Mohr (Ottawa)
Sonya Vani (Windsor)
Chris McCormick (Windsor)
Frank Gielen (QSL)
Caroline Gill (Hamilton)
Sue Putney (Niagara)



Nancy Coldham's own captivating delivery demonstrates the power of effective public speaking.

Erdem Huner (YRS)
Sabrina Handa (YRS)
Grace Liu (YRS)

We also offer very special thanks to Ron Knowles for facilitating the focus group and Nancy Coldham for hosting an informative and entertaining media training workshop!

Trans-Canada Virtual Relay Update

The WCPT Congress 2007 Virtual Relay Map is now posted on the CPA web site, with a torch indicating our (approximate) position on the trail.

The map and other Virtual Relay information (including tracking forms) can be found at www.physiotherapy.ca – go to the Member Services section, then to the WCPT 2007 side menu. From the map page, there is a link to a page that has all the stats – the total trail distance in kilometres by province, the totals traveled so far by month, and the totals traveled so far by province.

What is the Trans Canada Virtual Relay?

The Canadian Physiotherapy Association and its provincial / territorial Branches have embarked on a "Trans Canada Virtual Relay" to raise awareness about physiotherapy and the World Confederation for Physical Therapy (WCPT) World Congress being held in Vancouver June 2-6, 2007. We are excited to partner with the Physiotherapy Foundation of Canada and the Trans Canada Trail



The Virtual Relay map on the CPA website tracks our progress from East to West, using the 18,078 KM Trans-Canada Trail as our route from St. John's to Vancouver!

Foundation for this event.

Physiotherapists across Canada are challenged to track their kilometres as they run, walk, bike, hike, wheel, rollerblade, ski, canoe and participate in other mobility-promoting activities from July 2006 through May 2007.

Our Virtual Relay will use the Trans-Canada Trail as our route and participants are encouraged to use the Trail for their activities when possible. The Trans-Canada Trail is a wonderful trail network that not only includes more of the populated area of Canada than does the Trans Canada

Highway, but also meshes well with our efforts to promote increased physical activity for health and well-being.

PART-TIME PHYSIOTHERAPIST

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Ottawa District Update

By Andrea Barrass

The Ottawa District is gearing up for another busy yet exciting year ahead. We kicked it off at our fall AGM on September 28th with an awards presentation to those local physios who have been OPA members for 20, 30, and even 40 years. Twenty members were recognized with pins or certificates for their dedication to the profession.

One of the key issues raised at the AGM was the fundraising initiative driven by the CPA International Health Division to help bring delegates from lesser-developed countries to attend the WCPT 2007 in Vancouver. We noted that the OPA provides each local district with an annual stipend of \$300 to cover basic operating expenses. As the Ottawa District does not need this allowance, we agreed to donate it to the IHD's fundraising initiative. We also challenge all other local OPA districts (that are able), to do the same with their funds.

The AGM was followed by a night of fascinating guest speakers. Pelle Stenbring, a physiotherapist at the Children's Hospital of Eastern Ontario, spoke about his journey cycling across Canada in support of Cystic Fibrosis. Julie Lessard related her experiences working in a small, rural village in Mexico through an international health and rehabilitation initiative. We also had Shaun Cleaver, Co-Chair of CPA's International Health Division, update us on the Division's activities and offered ideas on how we can affect "global health" from the homefront. Thank you again to our speakers for a very inspiring and informative evening.

As we have done in the past, the Ottawa District is hosting another year of the popular Nights of Education, where we have local physiotherapists come out to inform



The evening's festivities included fascinating talks by local therapists Shaun Cleaver, Pelle Stenbring and Julie Lessard.

us of their particular area of practice or expertise. This year's speakers will cover a range of topics from palliative care to hippotherapy (using horses in therapy). These evenings are always a great opportunity to learn and network with our peers.

With a very successful 2006 Ottawa Physiotherapy Run behind us, we are now looking ahead to the 2007 Run, co-chaired by Lyne Orser and Kristine Houde. This event has grown in numbers and reputation in recent years, and we're looking forward to another quality event next year on Sunday April 29th. Proceeds from the run will be divided between the PFC and The OutCare Foundation, a local palliative care charity network.

Over the years, the Ottawa District has kept local members abreast of local activities, events, education sessions and job opportunities via our quarterly newsletter. With e-mail fast becoming the most popular and efficient means of communication, we have distributed the newsletter in both



Left to right: Award winners Clifton Charie, Margaret Martin, Ashok Bartey, and OPA Ottawa District liaison Marianne Thornton at the Annual General Meeting and Awards Ceremony in Ottawa.



Several members of the Ottawa District Executive (left to right): Audrey Mohr, Lyne Orser, Andrea Barrass, Nel Wijeskerka, Judy King and Marianne Thornton.

paper and electronic format. Effective next year, we will be sending the newsletter in electronic format only. However, those who are without e-mail access or who prefer to continue receiving their newsletter in hard copy should contact Judy King at [jking@uottawa.ca](mailto:king@uottawa.ca).

York Region and Scarborough District Update

The York Region and Scarborough District (YRSD) executive are seeking voting delegates for the OPA 2007 Annual General Meeting. Discounts on the OPA Conference will be awarded to those participating. For more information, please contact Sandra Manherz prior to January 5th, 2007 at sandramanherz@yahoo.com.

Looking to get more involved with your district?

YRSD is seeking candidates for the positions of Secretary, Treasurer and President Elect. Interested parties should contact Sandra Manherz no later than January 19th, 2007 at sandramanherz@yahoo.com to put their name forward.

ALBI Evidence-Based Recommendation #5:

Work Related Factors / Low Job Satisfaction

By Bahram Jam, DSc (Candidate), MphTy, BScPT

“...low job satisfaction and low social support at work provide worse prognosis for returning to work than work involving heavy lifting (van del Heuvel 2004).

This 3-year follow-up study aimed at determining the prognostic factors related to the recurrence of LBP and future sickness absence due to LBP (van den Heuvel et al 2004).

According to this study, the following work-related factors predict a poor prognosis of low-back pain:

- Low job satisfaction
- Low decision authority at work
- Low social support at work
- Repeated or excessive flexion of the trunk
- Repeated or excessive rotation of the trunk

Interestingly enough, lifting weights did not influence the risk of recurrences or sick leave.

Clinicians may try their best to provide the most appropriate intervention for a patient's LBP, but if there is underlying low job satisfaction and discontentment about work, it is an uphill battle of getting the patient back to work. Most health care professionals are obviously limited in how much they can influence these non-physical work factors, consequently, the long-term solution to these issues are beyond outpatient physiotherapy.

These issues may be best dealt with cog-

nitive-behavioural therapists, case managers or employers and sometimes, job/career re-training may be essential... if permanent disability is to be avoided.

Answers to the following two simple questions may set off alarm bells:

1. Do you believe you will be back at work within 3 months?
2. On a scale of 0 to 10, what is your level of satisfaction at your current job / workplace?

If they answer “No” to the first question or below 5 to the second question, contact the case manager and discuss the situation as a more comprehensive return to work plan might be required other than treadmill walking, mobilizations, transverses abdominis training, etc.!

More on the latest evidence on the management of acute low back pain may be found in the textbook “When a Back Goes Out...Where Does It Really Go?” available on www.aptei.com.

References:

van den Heuvel SG, Ariens GA, Boshuizen HC, Hoogendoorn WE, Bongers PM. Prognostic factors related to recurrent low-back pain and sickness absence. Scand J Work Environ Health. 2004 Dec;30(6):459-67.

Bahram Jam will be providing an

informative, comprehensive 3-day Acute Low Back Pain clinical course Feb. 2-4, 2007. Please refer to www.aptei.com for registration information.

Compensation Survey 2006 Update

In August, OPA conducted Compensation Survey 2006 using the web-based SurveyMonkey.com software. We received 886 responses, with excellent representation across the province and all sectors of employment and practice. Survey results (to be published later this fall) will allow the employees and the employers of public and private physiotherapists to observe salary trends in Ontario.

As promised in the August 3rd i-blast, the names of two respondents were drawn at random to receive \$100 HBC gift certificates. Congratulations to our winners, Jill Hooper and Eric Robitaille!

OPA wishes to thank all those who participated!

CLINIC FOR SALE

Well established private physiotherapy clinic for sale in Scarborough. Serious buyers please contact (416) 716 4734

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- Part-time (10-20 hrs/wk) required at private practice physio owned clinic in Carlisle (at Medical Centre)
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Fax: (705) 725 1983

The Rising Costs of Education

By Bradley Roulston, CFP, Healthcare Financial Group

Giving our fall volunteer university talks on demystifying financial planning for Western and U of T soon-to-be physios, I was reminded how much more expensive attending post-secondary education is today, even from 10 years ago (when I went).

The cost of university and college education is increasing at a rate of 7% per year; that's 4% higher than the average inflation rate! The government is making it more difficult to access student loans, as funding is limited and the competition for scholarships is increasing. It might be important that you plan ahead to ensure that your child will have enough funding for his or her post secondary education. A great way to save is to take advantage of the Registered Education



Savings Plan (RESP), a tax deferred program that allows you to save for your child's post secondary education.

The government provides an incentive

for you to save using an RESP by offering the Canada Education Savings Grant (CESG), which amounts to 20% of your contribution to maximum of \$400 per year for each child. The sooner you start, the faster you get compound interest working on your side. We can help project how much money you might need as well as help choose the best investments to reach your goals.

If helping fund your child's education is an important Lifegoal for you - we are here to help.

Healthcare Financial Group specializes in financial planning for physiotherapists. To speak with one of their planning professionals email info@hcfinalgroupp.com or (416) 907-4595

OPA Board Nominations Deadline Extended!

The nomination deadline for the OPA Board of Directors has been extended until Friday, December 8, 2006. We are seeking candidates for the positions of Director (three positions) and President-Elect. The election will be held at the end of March 2007, at OPA's Annual General Meeting in Toronto. In accordance with OPA Bylaws, there will be no nominations from the floor at the Annual General Meeting.

Complete nomination packages are available on the member's side of the OPA website <http://www.opa.on.ca/> - In The News section.

Nominations must be received in the OPA office by fax, mail, e-mail or hand-delivery, by the December 8th deadline. All nominations will be acknowledged - send in yours today!

OPA Holiday Season Hours

The Ontario Physiotherapy Association offices will hold holiday hours on the following dates through the season:

- Fri., Dec 22ndOffice closes at noon
- Mon., Dec. 25thOffice closed
- Tues., Dec. 26thOffice closed
- Wed., Dec. 27thOffice open
.....w/skeleton staff
- Thurs., Dec. 28thOffice open
.....w/skeleton staff
- Fri., Dec. 29thOffice open until
.....noon w/skeleton staff
- Mon., Jan. 1stOffice closed
- Tues., Jan. 2ndOffice reopens

Phone and email messages will be checked regularly; however, only urgent issues will be addressed. Thank you for your patience.

Our best wishes to all for a safe and happy holiday season.

PHYSIOTHERAPIST POSITIONS

Francis & Associates has been a provider of healthcare opportunities for over a decade now. We work with hospitals, non-profit organizations, private companies and more.

Our positions vary from full time, part time, casual, permanent and temporary positions.

Homecare positions are popular choices with the therapists who register with Francis & Associates. They have a flexible schedule and there is a variety in the patient caseload (adults/pediatrics)

If you're looking to add a few more hours to your work day or need a change/challenge call us about our casual hours working in the community.

WE CURRENTLY HAVE POSITIONS

in rural and urban cities across **Ontario, Alberta and British Columbia** In community (homecare/long term care/insurance) hospital and private clinics.

British Columbia (Vancouver, Langley, Abbotsford, Coquitlam, Victoria, etc) **Alberta** (Red Deer, Calgary, Stettler, Grand Prairie, etc)

Ontario (Windsor, Welland, Hamilton, Burlington, Brampton, Maple Ridge, Ottawa, etc.) Other cities such as Montreal and Halifax...

If you're the active type or you're just plain looking to slow the pace down try our Northern positions, Huntsville, Brace Bridge, Sudbury, Thund Bay and more... The scenery is beautiful, the pay is good and the stress levels is low.

Give us a call or visit our website for more details on our opportunities
www.francis-associates.com Email your resume to generalinfo@francis-associates.com
Attention: Human Resource Department

Clinic Management Software Review

By Kevin Woo

Disclaimer: The following review is the opinion of the writer and does not necessarily reflect the view of the Ontario Physiotherapy Association. The Ontario Physiotherapy Association does not endorse any one clinic management software.

In the evolving e-business world, technology pushes the boundaries of productivity and efficiency. Like any other profession, physiotherapy must also change, adapt and implement new technologies to gain a competitive edge over competitors and now competing fields of health care. Clinic management software becomes a key piece of the efficiency puzzle in the overall management of clinic services. Traditional clinic management software has focused on simply scheduling and patient information management; however, a new breed of software is emerging.

This new breed of software packages moves beyond the traditional clinic management sense and goes into many key areas such as data-mining, electronic medical record keeping and customer surveying to list a few, effectively making them full fledged business solutions. Data mining, for those unaware of the term, is a function within software that enables the user to extract any form of data to export for business analysis. Some software have limited data mining abilities while others have more extensive utilities that allow for any customizable report to be produced.

These new full fledged business solutions however, do not come cheap and the new monthly or yearly fee structures might seem costly in comparison to the traditional one copy license program. So the important question that emerges is whether these new fancy packages are worth the investment. As always, the answer will vary depending on which software package you look at and the needs of your clinic. In this software review, seven packages are evaluated. Their executive summaries appear here in this article while the full review can be found on the OPA website.

Careware Clinic Manager (Traditional)

<http://www.careware-software.com>

One of the long-standing products of

the clinic management software industry is the Careware Clinic Manager. Its list of features isn't long, but it has been a stable management system that has been proven time and time again. Unfortunately, it does not make full use of the new wave of technologies. Its interface isn't as clean and simple as other newer pieces of software, the date navigation function is a bit awkward and the data-mining tool is limited but still better than most traditional pieces of software. With any piece of software, basic documentation generation is a must; although Careware does the basic information generation it does not allow for customized reports to be automatically produced from the data-mining tool. In the end, Careware has had a good run as one of the titans of clinic management software, but may be falling short of the newer pieces of software available that have a longer feature list and tools available for varying sizes of clinics.

InTouch Health Systems (Traditional)

<http://www.getintouch.ca/>

This product is an established name within the clinic management software genre but does not suffer as much stagnation as many other traditional pieces of software. The interface is very clean and simple and resembles Microsoft Outlook's interface. The same can be said of its billing and reminders tool; it is clean and simple and straight forward. Combining these features with an excellent PDF generator makes the software bundle a good starting software. However, this program does have its potential downsides: it has limited customization compared to its newer counter parts; it lacks the data mining tools that are as effective as its competitors for business analysis and lastly, has limited document generation. In the end, this traditional piece of clinic management software holds on to its relevancy with a few upgraded features but lacks the complexity of other high-end newer systems. This disadvantage is not necessarily a problem for smaller clinics that do not need full-fledged business solutions

Abel Soft Med Physio (Traditional)

<http://www.abelmed.com/>

Abel Soft Med Physio's interface is a bit unwieldy in comparison to today's sleek and stylish alternatives; this reviewer found its first splash screen inappropriate for front desk management. While the software's functions and abilities are quite decent, the controls and processes to get to these tools can be cumbersome. Another redeeming quality of this software is that there are very low system requirements to use the software, thus making it one of the only viable options for clinics that are running older computers. However, this software does have an extensive list of features surrounding the basic scheduling model. It also boasts a moderate degree of customization.

Private Practice Software

Most foreign-made software has numerous teething problems adapting to the intricacies of the Canadian health care system. Private Practice Software, a UK developed software makes a valiant attempt and has some redeeming qualities that make it an attractive product. Its interface is clean, simple and intuitive, combined with an easy pop up reminder system and date navigation system for scheduling. While the document generation system isn't as complex as others, it serves as a good base. Unfortunately, the program suffers the foreign software dilemma as many key sections are inapplicable in the Ontario healthcare field. Furthermore, there is a lack of customizability, so any further shortcomings cannot be avoided. In the end, while this software works well as a scheduling manager, other elements such as client information and billing/claims management fall short.

Antibex Universal Office

<http://www.antibex.com/>

In the changing e-business world, reducing paper redundancies is the holy grail of any management software. Antibex's Universal Office comes close to achieving this goal of reducing nearly all forms of paper duplication through its extensive form integration within

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Clinic Management Software Review

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the software package itself. It boasts not just a few WSIB forms within the software but nearly all the updated forms. Date navigation, client information management and scheduling all are done well in this software, and the main meat of this application, the database management, boasts many impressive features that include multi user customizability and an expandable database. Form, report and information field customization allows the software to be tailored to the varying needs of different clinics. However, this software does have its own defects, such as having inoperable buttons on the interface. Furthermore, setup of this software is quite complicated and requires the assistance of software specialists in the installation as well as requiring the latest version of Microsoft Office, thus adding more to the software costs. Lastly, a key problem with the multi user customizability feature is that it does not allow for access privileges to be set to disallow form or information editing. Overall, however, this software is an excellent deal and offers a lot of key features that many clinics will find appealing.

Addatech Clinic Master

<http://www.addatech.ca/cm/index.html>

Addatech's Clinic Master is a true gem; it boasts an almost infinite amount of cus-

tomizable fields, reports and options in their software. Furthermore, its initial scheduling interface is clean and easy to browse eliminating scrolling and allowing front desk operators to have a quick glance of any information at a moment's notice. While the software boasts many key features that make it a great clinic management software, it goes further in providing excellent business tools ranging from a bevy of document generation options allowing managers, at a quick glance, to read customized reports dealing with any aspect of the business process. The software also has a client tracking system that automatically sends out various notifications and a referral system that may help generate more revenue for the clinic. Yet again, the only downside to this software is the lengthy setup process involved and training required to make full use of all its abilities; fortunately, they have a good customer support system that takes you through the process. One small disadvantage this software has is the lack of WSIB form integration in comparison to other products listed in this review. In the end, however, this software is an excellent business tool.

York Med

<http://www.york-med.com>

While Addatech's Clinic Master takes the scheduling software and expands into a more complete business package, York Med's software goes in the opposite direction focusing more on the clinical side. With their strong Puckerje electronic medical systems software, combined with their billing and scheduling modules, it creates a harmonious system that completely removes all need for any paperwork. One of their key strengths is their innovative use of cutting edge technology, primarily tablet PCs. Using a tablet PC with their electronic medical systems software allows clinics to write assessment notes on the spot. The power of the electronic medical record system is its ability to link those on-site assessments with the billing and scheduling software at the front desk. This intricate interplay between the two main modules makes use of key technologies that will transform the way clinics are run in the future. Unfortunately, because the technology and the approach

that it uses are cutting edge, many people will be hesitant or downright unable to make the financial leap in investing in this system. While the total costs in the end may seem steep, this new approach to overall clinic management is the wave of the future. Yet again, like any complex software, setup becomes the primary factor against it. Quite a lot of training and time must be spent to bring employees up to speed but these new tools will pay dividends in the long run. Unlike Addatech's Clinic Master, it does not have as an in-depth data-mining tool as do its newer competitors, as the software's focus is geared towards a clinical setting; nonetheless, it fulfills the roles of billing, scheduling, and claim management well.

Closing Remarks

In closing, each and every software are unique and the needs of each clinic as well; however, key differences between these packages make them stand out as excellent or poor investments. Older software that have been the name brand in clinic management software may have fallen behind in the innovation department in comparison to their newer competitors. The newer software, however, do have faults of their own, including long setup times and large setup costs, and require a significant financial and human resource investment.

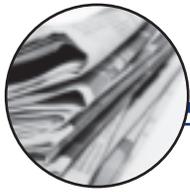
While some may be hesitant to make the financial leap with the newer software, in the end these new systems can yield dividends in productivity gains that far outweigh their costs. My only regret is that Addatech and York – Med have not gotten together to make a near complete business/clinic management software package. Both pieces of software excel at their respective areas, but if they combine together into one complete package, the debate on software superiority will be clear as no other competitor can muster up anything close to the power of their combined packages. Like always, however, software is a very personalized service. Some people may find some features more desirable than others and potential buyers should always look further into each developer's package to see if they can help fit your needs.

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NAMES IN THE NEWS

By Cathy Sewell, Media Relations Coordinator, CPA

The Province (Vancouver), *Calgary Herald*, *Edmonton Sun*, *Star Phoenix* (Saskatoon), *Toronto Sun*, *NB Telegraph Journal* (Saint John) – **Lorraine Hendry**, a physiotherapist at the University of Ottawa Sports Medicine and Physiotherapy Centre, was included in a national article on the health benefits of stretching and warming up before participating in sports. She recommends proper preparation for physical activity to help prevent osteoarthritis.

Chronicle-Journal Thunder Bay – **Elaine Foster-Seargeant** and the Northwestern Ontario District of the Ontario Physiotherapy Association raised money to aid physically-challenged Africans advance from crawling to being able to stand and, in some cases, walk. Earlier this year \$500 was spent to buy two wheelchairs for patients at a hospital in Tanzania.

The St. Marys Journal Argus – **Julia Armstrong**, owner of the first private physiotherapy practice to open in St. Marys, celebrates ten years in the community. Julia says she's come a long way since opening her doors in 1996, having expanded both her office space and her staff since then.

U of T Bulletin Toronto – **Maria Tassone**, a lecturer in physical therapy, is the recipient of the Canadian Physiotherapy Association Mentorship Award, given to recognize

physiotherapists in early to mid-career who provide inspiration and leadership to colleagues by acting as role models for professionalism and voluntarism. Maria received the award during the Association's 2006 congress.

The Daily Observer Pembroke – **Allison Felix** was recently welcomed as a new member to the team at the Deep River and District Physiotherapy Centre. Allison began her position as Director of

Rehabilitation in August.

Waterloo Chronicle – As the Waterloo Sports Medicine Centre celebrates 20 years and more than 50,000 patients, physiotherapist **Randall Helm** says the centre is focusing on supporting the active lifestyles of the baby boomers who want to continue the activities they've always enjoyed. Randall says patients don't need to be elite athletes to visit the clinic, "They can be a walker, runner, golfer, whatever."

Ontario Physiotherapy Association Notice of Annual Meeting of Members

In accordance with By-law No. C 4.7 (a), notice is hereby given of the Annual General Meeting of the Ontario Physiotherapy Association, to be held Sunday, March 25, 2007 commencing at 9:00 am at the Doubletree International Plaza Hotel, 655 Dixon Road, Toronto, Ontario.

1. Receive the financial statements of the Association.
2. Consider the appointment of auditors
3. Consider the election of Directors.
4. Consider such other business as shall properly come before the meeting.

DATED this 1st day of November, 2006

ONTARIO PHYSIOTHERAPY ASSOCIATION

Kim Wolny, President

Reminder: OPA Awards Nominations

Don't forget to nominate a deserving student or colleague for an OPA award before January 19th, 2007!

All of the nomination information (including forms) can be found on the OPA website <http://www.opa.on.ca/> or by calling the OPA office.

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Issues Update

Continued from page 1

pleted at the end of October and will go to the Minister for approval of which projects to fund, and to what degree. We hope to hear the results by the end of November.

Communicating a Diagnosis

OPA, along with representatives of the College of Physiotherapists and Ontario Universities, met with Dr. Josh Tepper, ADM Health Human Resources Strategy Division, with Barry Monaghan, LHIN CEO Toronto Central and lead in the development of advanced practice roles for the LHINs, with Dr. Jim McLean, lead for Family Health Teams, and with Hugh McLeod, ADM, Health System Accountability and Performance Division (responsible for the wait times strategy). The meetings focused on establishing our case for strengthening of our scope of practice and to facilitate the participation of physiotherapists in government initiatives related to health system reform. We received support and recognition as to the need to include communicating a diagnosis, as well as other acts such as titration of oxygen and acts related to the treatment of incontinence, in our Act.

Perceived barriers by those we met with include the fact that many professions require a review of their scope of practice and authorized acts related to their practice, the timing of making such a change, the need to ensure that due process occurs. Despite these barriers all indicated that they heard and understood our issues and that they viewed physiotherapists to be key in moving forward the initiatives of this government.

LHINs

The Ministry of Health requested comments on the newly proposed draft regulation for creation of Health Professionals Advisory Committees (HPACs) that each of the 14 Local Health Integration Networks is required to establish. HPACs are advisory bodies that LHINs would engage as part of its community engagement function. HPACs would provide LHINs with an opportunity to hear directly from health professionals with specialized knowledge about the local health system, the need of patients and clinical issues. The draft regulation as well as OPA's response has been posted on the OPA website. Of partic-

ular concern is the number of physicians (who for the most part do not even fall under LHIN jurisdiction) and nurses on the advisory committee who will have the majority representation. Of even greater concern is that the draft calls for representation on the committees of an occupational therapist or a physiotherapist. The OPA strongly opposes the concept that these two professions should be jointly represented, and that appointment of one profession to the committee would mean the exclusion of another.

Once the infrastructure for developing the HPACs has been finalized, OPA will be encouraging members to apply for representation. This position is a clear opportunity to provide physiotherapy-specific feedback and influence to each LHIN.

Each of the 14 LHINs is developing its own Integrated Health Service Plan (IHSP), and several LHINs have already published these documents in draft for review and comment. Visit your LHIN's website (accessible via main LHINs website, www.lhins.on.ca) for more information on this process and to see what your LHIN is planning for your area.



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