

Accelerated Express

Causation: The STATE of Workers' Compensation Law



WINTER 2011 - Volume 7, Issue 4

Accelerated
rehabilitation centers
Physical Therapy • Sports Medicine

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Spine on a Dime

One Size Does Not Fit All: The Role of Physical Therapy in Management of Low Back Pain



Letter from the Editor:

Beth Healy, VP Marketing/Occupational Health

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This is my wish for you: peace of mind, prosperity through the year, happiness that multiplies, health for you and yours, fun around every corner, energy to chase your dreams, joy to fill your holidays!

-- D.M. Dellinger

Welcome to the Winter Edition of the Accelerated Express, and Happy Holidays! This is a time of gratitude and reflection on the year's accomplishments.

Looking back, we have much for which to be grateful. As the premier provider of rehabilitation services, Accelerated expanded our network throughout the Midwest to Ohio and Wisconsin, now offering rehabilitation services at more than 200 locations in eight states. We consistently maintain one of the highest retention rates among Physical Therapy providers—98%.

In addition, Accelerated supports the next generation of clinicians through scholarships and loan repayment programs. In fact, this past May, Accelerated pledged a \$100,000 sponsorship to Rosalind Franklin University. The money will be used to improve and modernize the university's gross anatomy laboratory. With upgraded workspaces and technology for students in laboratory classes, the

university will be able to continue providing students with a first-rate education. Accelerated is proud to back Rosalind Franklin University's efforts to better educate the next generation of physical therapists.

Accelerated is also proud to announce that, effective August 31, 2011, the Accelerated Sports Physical Therapy Residency Program (ASPTRP) is now recognized as an American Physical Therapy Association (APTA) credentialed residency program.

But of all of our accomplishments, we are especially thankful for the hard work of our employees, like Maureen George, PT (see page nine), who "puts patients first" every day; and for our patients who entrust us with their rehabilitative care (see Success Stories on page ten).

As the year comes to a close, we'd like to thank each and every one of you for your continued support. We strive to provide the best rehabilitative care to every patient, every day. We recognize that our "family" extends beyond our employees, to all of our patients, and to all of you. From the entire Accelerated family, we wish you all a joyful Holiday Season and a happy, healthy New Year.

Beth M. Healy, VP Marketing/Occupational Health
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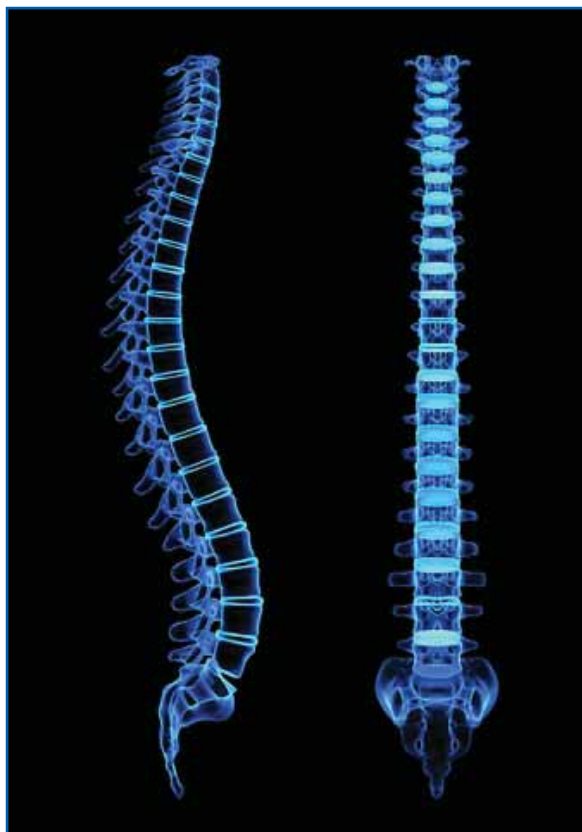
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Spine on a Dime

By Dr. Nitin Khanna

Spine Care Specialists



Cost of care has become a major driver in dealing with all health-related issues. This, in turn, provides the medical community with the impetus to deliver more effective care with fewer health care dollars. Most patients do not want to consider a prolonged course of treatment with little supporting clinical data. The internet has created a more level-playing field by providing these patients with clinical data and position statements from major medical academies that outline accepted treatment standards. At Spine Care Specialists, we have ushered in a new wave of cost effective thinking as we continue to deliver world-class spine care to our patients.

Most dedicated spine professionals agree that anti-inflammatory medication along with a directed and customized physical therapy protocol is adequate for treating the vast majority of spine patients. After the patients have completed this treatment and have demonstrated clinical improvement, they must be educated to maintain their exercise regimen. We strongly recommend considering a maintenance therapy program to keep our patients in overall excellent condition.

Interventional treatment options should be considered to treat patients that do not improve with therapy alone. Spine literature demonstrates the limitations and lack of long-term benefits from interventional injection-based pain management in cases of Isolated back pain. Such pain is much better treated with rehabilitation than injections. Only in patients with radiating symptoms secondary to neural compression do we find epidural injections accompanied with physical therapy resulting in dramatic improvement. Ac-

Accordingly, proper patient selection is important for interventional pain management to ensure consistently good clinical results.

In patients that require more advanced and definitive care, dime sized minimally invasive spine surgery has revolutionized such care, and significantly reduced the recovery period for such patients. These techniques allow surgery to be performed through much smaller incisions. This helps minimize the disruption to healthy tissues and preserves the muscles and ligaments supporting the spine, which translates to an earlier return to work and function for the patient.

Dime sized incisions are now routinely used to gain access to the spine and relieve pressure on the surrounding nerves leading to resolution of radiating symptoms in the arms and legs. Most of these newer procedures allow patients to go home on the same day post-surgery with minimal blood loss. The majority of patients are off all of their pain medications by the two-week mark.

In summary, the future for our spine patients looks very bright with specialized spine care, a focus on conservative treatment where possible, and use of minimally invasive surgery in cases where surgical intervention is required.



Dr. Nitin Khanna is a Board Certified, Fellowship Trained Spine Specialist. His undergraduate degree in Bioengineering was received with honors from the University of Pennsylvania.

He went on to medical school in New York City at Mount Sinai and completed his Orthopaedic Surgical Training at Barnes Hospital, Washington University in St. Louis. There he developed a keen interest in spine care and went on to complete a Spine Fellowship at Rush Presbyterian Hospital in Chicago. At Rush, he developed exceptional skills in both the surgical and non-surgical care of the spine.

He has had multiple papers published in various journals and textbooks including the Journal of Orthopaedic Trauma, Spine, Spine Journal, and the Journal of the American College of Surgeons.

His research has been presented at multiple national and international meetings including the North American Spine Society, American Academy of Orthopaedic Surgeons, Cervical Spine Research Society, Mid America Orthopaedic Society, Pediatric Orthopaedic Society of North America and Spine Arthroplasty Society.

His areas of expertise include Minimally Invasive Spine Surgery using the operating microscope, Cervical Spine Surgery, Lumbar Spine Surgery, Scoliosis, Advance Spine Fusion Techniques and Motion Preservation Spine Surgery.

One Size Does Not Fit All: The Role of Physical Therapy in Management of Low Back Pain

By Katie Metros, PT, DPT

Accelerated Rehabilitation Centers in Schererville, IN



Low back pain (LBP) is one of the most prevalent ailments afflicting the American population. Estimates indicate upwards of 80% of the population will have at least one occurrence of low back symptoms in their lifetime. Fortunately, most of these cases resolve within a month's time, without seeking medical attention. The remaining cases find themselves in doctor's offices and are frequently referred to physical therapy as a means of conservative management.

The role of the physical therapist is twofold. First, in order to promote a return to a normal lifestyle, we develop a customized plan to decrease pain and increase function. Equally important, the knowledge of the physical therapist and strong communication skills with the referring physician assure optimal outcomes if intervention beyond physical therapy is needed.

Historically, the treatment of LBP in physical therapy has been a difficult task. Trends in treatment have ranged from predominately passive modality-based treatments, to stabilization-based treatments, and finally to mobilization- and manipulation-based techniques. As evidence grows, it has become more apparent that each of these techniques serves a role and works best when in combination with one another. While clinical prediction rules have been identified to guide physical therapy intervention, we must be mindful of the individuality of each patient. Every patient must be evaluated and treated in the way that best suits his/her needs. We must recognize that not only is each patient unique, but also his/her needs may change on a daily or weekly basis.

What is wonderful is that patients will tell us what hurts and what feels good. With evaluation, we can begin to address appropriate postures, movement patterns, and positional biases as initially needed to customize a home exercise program. This initial program serves to promote an increase

in mobility. Movement nourishes the joints and is an absolute necessity for healing; however, continuing painful movements only feeds the pain cycle, thus slowing healing.

At this time, education is critical so that patients know what they can do to avoid an exacerbation of symptoms. Important to remember, is that a personalized program is an absolute necessity. Once we have identified movement biases, the next step is to determine the biomechanical deficits that elicit pain and dysfunction. Manual therapy is an essential component to addressing these problems. When applied correctly, manual therapy should result in immediate change in symptoms, motion, function, or all of the above. When a patient does not respond to the manual intervention, another should be chosen. If physical therapy cannot provoke changes, or changes are not lasting and progressive, communication with the referral source is necessary.

Manual therapy should always be complemented with neuromuscular re-education and functional strengthening. As biomechanical deficits are resolved manually, the area must be retrained to promote improved function and prevent recurrence. Again, education is especially critical at this point so that patients understand the healing process of soft tissues (normally six weeks), as well as the length of time to see increase in muscular strength (also normally six weeks). As with motion exercises, these should be customized for the patient, as there is no "one size fits all" program.

In the case that a patient does not respond to conservative physical therapy intervention, rest assured that not all is lost. Facilitating inhibited muscles, and quieting tonic muscles helps with recovery following a procedure. Additionally, the education in proper posture, positioning, and pain-free movement exercises is applicable in both pre- and post-procedure situations.

While LBP is highly common in occurrence, it is highly uncommon in treatment. Just as each individual is unique, so is his course of physical therapy intervention. When this is applied to treatment, outcomes will be optimal and patient satisfaction will be fulfilled.



Katie Metros is a physical therapist and the facility manager of Accelerated Rehabilitation Centers in Schererville, IN. Following completion of her Bachelor of Science in biology, she continued on to receive her Doctor of Physical Therapy degree from the University of Indianapolis in 2008.

Katie has a strong interest in manual therapy, with extensive background in treating spine and lumbo-pelvic disorders. She embodies the "Putting Patients First" philosophy of Accelerated, as indicated by her dedication to optimal patient outcomes. Additionally, she is skilled in the treatment of soft tissue dysfunction and chronic tendinopathies with a specialty in the Graston Technique.

Other professional accomplishments include presentation of her research on Health Literacy and Patient Education Materials in 2009 at the annual Combined Sections Meeting. Katie also has completed over 100 hours of continuing education in the last two years. She has been a member of the American Physical Therapy Association since 2005.

The Functional Progress Report: Assessing Return to Work Status

By Justin Basi, PT, MPT, OCS

Accelerated Rehabilitation Centers in Norridge, IL

Current workers' compensation reform will cause health care providers to face more strenuous regulations regarding treatment for the injured worker. It is becoming more important for both physical therapists and physicians to provide accurate documentation to support their recommendations of either returning patients to the workforce or continuing medical treatment. By assessing only traditional objective measures of range of motion (ROM), strength, reflexes, etc., an accurate picture of a patient's current functional abilities may be clouded.

For example, John Smith, a 42 year-old right dominant garbage collector, attends physical therapy following a rotator cuff repair. After completing 28 sessions of physical therapy, he has new objective information taken by his therapist. John demonstrates ROM that is within functional norms and displays strength of 4+/5 globally throughout the glenohumeral joint. He has no complaints of tenderness and displays no neurological symptoms. Upon following up with his physician, who also checks John's ROM and strength, John is released back to full duty work. When he returns to work, he has increased pain in the anterior shoulder. John calls his physician, who advises him to use ice and NSAIDs as needed. John's symptoms increase and he returns to see the physician one week later. Upon examination, John presents with bicipital tendonitis, is placed off work, and sent back to therapy.

This is a typical case in our profession today. While John's treatment may have been appropriate, his tolerances to work tasks were never assessed and an important aspect of his treatment was missed. Increased time and cost will now go into returning this patient back to his previous functioning level.

One of the main obstacles that physical therapists face on a daily basis is the establishment of functional goals and treatment programs that will accurately prepare an injured worker for return to work. As our patients transition from an acute phase of rehabilitation to more functionally based treatment, it becomes necessary for us to be able to evaluate their abilities to perform critical demands of their jobs. One tool, which has been developed to assist therapists in understanding

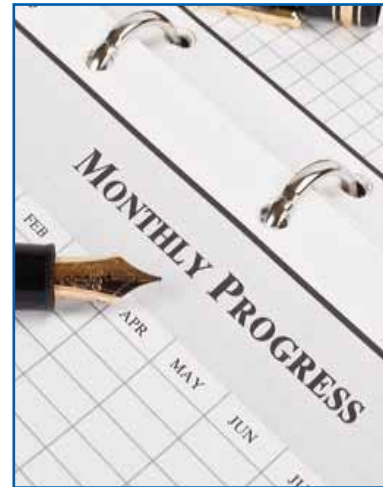
the appropriate progressions in returning a patient to work, is the Functional Progress Report (FPR).

The FPR is now an integral measurement in the workers' compensation field. The report helps bring together the treating therapist, case manager, adjuster, physician, and most importantly, patients, in establishing a rehabilitation focus on returning the patients to work.

The FPR provides a comparative analysis between the physical demands of the jobs and the patients' current functional levels. In addition to traditional objective information (ROM, strength, palpation, etc.), the FPR also contains information about job-specific data that can help the rehabilitation team focus on returning the patients to their previous functioning levels.

For the therapist, the FPR assists in directing the functional component of treatment toward the required job demands (sitting, standing, climbing, reaching, lifting, pushing/pulling, etc.). For the physician, case manager, and adjuster, the FPR brings an understanding to the focus of therapy, as it progresses from an acute phase to a functional approach. As patients are evaluated for a report, they are able to look beyond their limitations and gain an understanding of their current abilities, thus promoting their strengths and a positive attitude toward their recovery.

The FPR is an important tool in determining the necessary treatment for injured workers. Changing regulations in health care make it vital for rehabilitation professionals to demonstrate functional limitations that put their patients at risk for re-injury on the job. By completing an FPR, we are able to identify these functional limitations and make an informed decision regarding a return to the workforce, a continuation of therapy, a transition into a Work Conditioning program, or Job Coaching/Retraining.



Justin Basi is a staff physical therapist at Accelerated Rehabilitation Centers in Norridge, IL. He received his Masters in Physical Therapy from St. Louis University. In May 2011, Justin became Board Certified in Orthopedics by the American Physical Therapy Association. Specializing in adult and adolescent orthopedics as well as industrial therapy, he also has a special interest in running and throwing injuries. In his spare time, Justin enjoys running, biking, and hiking with his wife and 1-year-old daughter.



Determining Causation when Mechanism of Injury Isn't Obvious

by Cindy Rega, PT, MS HSA, CEAS II

Vice President of Industrial Rehabilitation, Accelerated Rehabilitation Centers

Depending on state law, workers' compensation benefits are paid out for aggravation of a pre-existing condition and for accidental injuries that are caused by the employee's work. Certainly, the causal connection is easier when there is a specific incident that correlates to the injured body part(s). However, causation can be convoluted when there is an insidious onset of pain or when the reported subjective complaints aren't consistent with the work process and/or worker methods. This latter scenario is when the science of ergonomics should be incorporated into the treatment plan to uncover the causal connection, because it is truly an objective determination.

The best place to start is for all parties to determine whether the job meets the "Standard Action Trigger." Does the employee's job routinely involve, on one or more days a week, exposure to one or more relevant risk factors at the levels described in standardized ergonomic assessment tools?

Some of the most reputable ergonomic assessment tools that are utilized by ergonomic specialists include:

- Revised National Institute for Occupational Safety and Health (NIOSH) lifting guidelines
- Washington Industrial Safety and Health Act (WISHA) checklist for work-related musculoskeletal disorders
- Occupational Safety and Health Administration (OSHA) Washington Administrative Code (WAC) 296-62-05174 Appendix B
- Auburns engineers moderate & high risk surveys
- Rapid Upper Limb Assessment (RULA)

The scope of any ergonomic assessment is to identify the extent of the exposure of the following musculoskeletal risk factors:

- Repetition
- Force
- Awkward Posture
- Contact Stress
- Vibration

The exposure must meet or exceed specific thresholds in terms of frequency, duration, joint angle, forces, surface area, and height in order to be considered a contributor to the musculoskeletal disorder.

In the investigative process, the ergonomic specialist needs crucial information from the employer to determine the

frequency and duration components of the relevant risk factors. Some of the key components to gather from the employer include: productivity standards, amount of time spent at the workstation per day and week, tenure of the employee performing this job, hourly schedule and breaks, frequency of overtime, etc. The comprehensive ergonomic analysis for causation should incorporate cycle times, rest recovery times, grip/pinch dimensions and forces, lifting loads, push/pull forces, goniometric measurements of body parts, and vibration force and exposure time.

Despite the rise in upper extremity work-related injuries in many states, the most misunderstood causal connection cases revolve around Carpal Tunnel Syndrome (CTS). CTS is not caused by a job that merely involves high frequency movements (i.e., typing), but must be related to one of the following combinations:

- Repetition with grip force: > 25#
- Repetition with pinch force: > 7.5#
- Repetition with vibration: meters per second squared and time in hours in hazard zone

The forces noted above, in combination with the repetitive motions noted below (taken from the Auburn Engineers Moderate and High Risk Survey) are suggestive of a causal connection between the job or work task(s) and the Carpal Tunnel Syndrome.

Moderate Risk - Auburn Engineers

Excessive Repetition:

- Fingers 4000
- Hands 2000
- Elbow/Forearm 1000
- Shoulder 300

Multiple causation cases have been resolved through Ergonomic Analysis when the mechanism of injury is not clear. Attorneys, employers, insurance carriers, and physicians have utilized the expertise of ergonomic specialists to determine whether an injury reported at work is caused by the performance of specific job tasks. Ergonomic Analysis utilizes an objective, scientific approach to causal connection, which is invaluable to all parties.

If you are interested in resolving a difficult causation case, contact Accelerated Rehabilitation Centers at 877-97-REHAB (877-977-3422) or visit www.acceleratedrehab.com.



Cindy Rega has been practicing physical therapy for over 25 years, with a concentration in workers' compensation for more than 20 years. She has been instrumental in the successful start-up operations of Industrial Rehabilitation and Prevention programs for two major occupational medicine programs in the Midwest region. Her clinical reputation and expertise in the area of industrial rehabilitation have established her as an expert in the area. She has been effective in on-site programs and return-to-work outcomes at Dominick's, Hyatt, Central Grocers, and the City of Chicago Fire Department. Cindy is also a Certified Ergonomics Assessment Specialist. You may reach Cindy at Accelerated Rehabilitation Centers, 205 W. Wacker, Suite 1020, Chicago, IL 60606; 708-860-0953; or at [crega@acceleratedrehab.com](mailto:creg@acceleratedrehab.com).

Causation: The STATE of Workers' Compensation Law

By Justin T. Nestor, Bryce Downey & Lenkov LLC
& Jami W. Jones



The term “Causation” in the context of a workers’ compensation case refers to the burden that an injured worker has to prove that their injury or medical condition was, in whole or in part, caused by a work related accident.

Causation then, is the first step for determining an employee’s entitlement to benefits under the workers’ compensation system. In this article we explore the concept of causation including the subtle differences in state law.

Illinois

In Illinois, an accidental injury must both arise out of and in the course of the employment to be compensable. According to the Appellate Court of Illinois, an injury arises out of one’s employment if its origin is in a risk connected with or incidental to the employment. In these cases, there is causal connection between the employment and the accidental injury. This looks to facts showing an increased risk to which the employee is subjected as compared to the general public. Also, the employee must be performing some task in furtherance of or incidental to the employer’s business. Simply being at the place of the injury because of the employment is not sufficient. Similar to other states, injuries such as repetitive trauma or mental ailments can be compensable provided the claimant meets the burden of proof.

Notably, there was a reform provision to the Illinois Workers’ Compensation Act enacted June 28, 2011. One push of the reform movement was to require the claimant to prove that the employment activities were “the” cause of the accidental injury as opposed to “a” cause. Before the reform, the “causative factor test” was used to determine whether or not the injury “might or could” be related to the work activities. Under the new definition of causation, the Act requires the claimant to show by “preponderance of the evidence” that the injury arose out of and in the course of the employment [820 ILCS 305/1(d)]. It was explained that this change in the Act was consistent with prior Illinois Supreme Court decisions on the topic, but many Illinois workers’ compensation practitioners question whether it requires something more than the previous “might or could be related” standard. No one is certain how this new standard will be applied, but there is room for debate on the changes to the Act. Only time will tell how it plays out before the courts.

Justin T. Nestor is a Partner with Bryce Downey & Lenkov LLC. Justin is licensed in both Illinois and Indiana, and his practice is focused on defending workers’ compensation claims in both states. Mr. Nestor can be reached at 219-756-8100.

Jami W. Jones is a practicing Michigan attorney who specializes in workers’ compensation, automobile, and disability claims. Ms. Jones can be reached at 586-268-8200.

Indiana

In order for an accidental injury to be compensable in Indiana, the injury must both arise out of and occur during the course and scope of employment. Generally, an injury arises out of employment if there is a causal connection between the injury and the performance of the employee’s job. The employee does not have to prove that the injury was “the” cause, but rather it is sufficient to show the work activities were “a” cause. In addition, a causal relationship is established if an injury results from a risk that a reasonable person would find incidental to the employment.

The law in Indiana has held in certain circumstances such as those involving injuries resulting from repetitive work activities as well as mental ailments/nervous conditions caused by employment. However, injuries that result from personal risks are not considered caused by employment and therefore do not arise out of it. Personal risks are typically those that result from pre-existing or idiopathic conditions. In Indiana, the employer takes the employee as he finds him. A pre-existing condition that makes the injured worker more susceptible to injury is not sufficient to deny causation. In order to successfully argue that a pre-existing condition was the cause of the Plaintiff’s injury rather than the Plaintiff’s employment, expert medical testimony will generally be required.

In recent years, the Indiana Court of Appeals has addressed several cases that deal with the requirement that an injury arise out of employment, sometimes with conflicting results. The current law on this issue is still in flux, especially as it relates to injuries personal to the Plaintiff, and it will be interesting to keep an eye on this issue in the next several months.

Michigan

An injury must arise out of and in the course of employment to be compensable in Michigan [MCL 418.301(1)]. Occupational injuries resulting from repetitive use, such as carpal tunnel and acute injuries from a specific incident, are compensable. For an injury to be compensable, it must be shown that there was a pathological change in the condition as a result of the work event. Aggravation or worsening of the symptoms of a pre-existing condition is inadequate to show that work caused an injury that is medically distinct from the pre-existing condition. [Rakestraw v. Gen. Dynamics Land Sys., Inc., 469 Mich 220 (2003)]

2012 Accelerated University

Accelerated Rehabilitation Centers Lunch and Learns provide the latest in educational, information-packed CEU courses. Accelerated University offers case managers, insurance adjusters, rehabilitation nurses, safety directors, as well as employers and other referral sources the opportunity to earn CEUs by attending complimentary medical lectures presented by our network of health care providers. Accelerated's experts offer the CEU presentations at your workplace (with a complimentary lunch) or at a convenient off-site location.

Accelerated is happy to accommodate your needs, so if there is a topic of interest not listed below, let us know. To schedule a CEU presentation, contact:

ILLINOIS

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What customers are saying...


"Unique topics. Well presented.
Good atmosphere."

"Very professional
and lots of new info."

"Thanks again!
Topics are always interesting!"

We now offer CEUs for:

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Advanced Practice Nurse (APN)

- 
- Carpal & Cubital Tunnel Syndromes: Cumulative Trauma Treatment & Prevention (1.5 hrs)
 - Cervical Spine Injury and Treatment (1.5 hrs)
 - Common Hand Disorders (1.0 hr)
 - Complex Regional Pain Syndrome (1.5 hrs)
 - Comprehensive Shoulder Treatment and Rehabilitation (1.5 hrs)
 - Critical Aspects of Hand Rehabilitation & Splinting (1.0 hr)
 - Cutting Edge: Cartilage Restoration (1.0 hr)
 - Dartfish: Video Motion Analysis (1.0 hr)
 - Demystifying Diagnostic Testing (1.5 hrs)
 - Differential Diagnosis of Cervical/Shoulder Injuries (1.0 hr)
 - The Elbow: Lateral & Medial Epicondylitis (1.0 hr)
 - Ergonomics & Work Station Analysis (1.0 hr)
 - Ethical Considerations in Medical, Vocational, and Claims Management (1.0 hr)
 - Fitness for You (1.0 hr)
 - Foot and Ankle Injuries in the Workplace (1.0 hr)
 - How to Get the Most Out of a FCE (1.5 hrs)
 - IME- Independent Medical Evaluation (1.0 hr)
 - Impairment Rating (1.0 hr)
 - IRE-Independent Rehabilitation Evaluation (1.0 hr)
 - Key Components of a Functional Job Analysis (1.0 hr)
 - Labral Tears of the Hip: Occupational Hip Injuries (1.0 hr)
 - Lymphedema (1.0 hr)
 - Medicare Set Asides for Workers' Compensation (1.0 hr)
 - Negative Cervical MRI with Neck/Arm Dysfunction (1.0 hr)
 - Negative Lumbar MRI with Low Back Dysfunction (1.0 hr)
 - Orthopedic Trauma (1.0 hr)
 - Physical Therapy 101 (1.5 hrs)
 - Platelet Rich Plasma Therapy (1.0 hr)
 - Prevention Programs that Work: Post-Offer Screens and On-Site Education (1.0 hr)
 - Prosthetic Disc Replacement (1.0 hr)
 - Psychosocial Aspects of Rehabilitation (1.0 hr)
 - The Role of Pain Management & Injections (1.0 hr)
 - Sacroiliac Dysfunction (1.5 hrs)
 - Soft Tissue Techniques for Rehabilitation of Tendonitis (1.0 hr)
 - Special Orthopedic Tests (1.5 hrs)
 - Spinal Issues in the Industrial Population (1.5 hrs)
 - Total Hip & Knee Replacement (1.0 hr)
 - Consistency of Effort Reliability Testing (1.5 hrs)
 - Vestibular Rehabilitation (1.0 hr)
 - Vocational Rehabilitation (1.0 hr)
 - What You "Kneed" to Know: Treating Knee Injuries in the Workplace (1.5 hrs)
 - The Wii: Using Visual Biofeedback in Rehabilitation (1.0 hr)
 - Women's Health (1.0 hr)
 - Work Conditioning vs. Work Hardening: Understanding the Difference (1.0 hr)
 - Workers' Compensation Fraud (1.0 hr)
 - Wrist Trauma and Tendonitis (1.0 hr)

Facility in Focus

Crown Point, Indiana

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Accelerated Rehabilitation Centers in Crown Point, IN offers excellent patient care in this growing community. The center is friendly, fun, and open.

The facility manager, Travis Sharp, is a graduate of the University of Evansville, and has been with Accelerated since 2000. He lives in the Crown Point community and prides himself on his experience and strong relationships with his patients. Travis recently received a certification in the ASTYM treatment technique.

Travis makes sure his patients receive individualized attention and care while in the center. In fact, when patients see the Accelerated staff in the community, they often comment on how great they are treated.

"I really think it is crucial that we as Physical Therapists remember our role as educators," said Travis. "Our patients do not come to us because of new techniques or magical machines we have to fix them. They come to therapy for our knowledge. The quality of what we teach them is how we define ourselves as health professionals."

Barb Black, Crown Point Patient Care Advocate (PCA), has been with Accelerated for four years. Barb is a caring and experienced member of the Crown Point staff who greets and assists patients.

Barb and Travis treat each other and their patients with honesty and respect, which leads to great customer service. They work with their patients' schedules and needs, and also have empathy for each patient's individual situation. For more information or to schedule an appointment call 877-97-REHAB (877-977-3422) or visit www.acceleratedrehab.com

Accelerated News and Notes



Anniversary Spotlight: Maureen George, PT

Maureen George has worked at Accelerated Rehabilitation Centers in Lincoln Park (Chicago, IL) for 20 years. She graduated from Northwestern University and has been with Accelerated since it was a one-center operation. She specializes in sacroiliac (SI) and pre/postpartum therapy. As our company continues to evolve, Maureen said, "It's still about taking care of patients." Maureen lives in Chicago with her husband and enjoys running marathons, biking, hiking, and taking care of her children, Brenna (16) and Conor (12).

Acquisition of Balistreri & Associates Physical Therapy

Accelerated Rehabilitation Centers is very proud to announce the acquisition of Balistreri & Associates Physical Therapy, based in Kenosha, WI, with two other locations in Racine and Lake Geneva.

Balistreri & Associates Physical Therapy was founded in May 1991 by Suzanne Balistreri, PT, MS. Suzanne has been able to grow a very successful business by focusing on clinical excellence and by developing a culture that promotes a "Patients First" attitude throughout the company. Suzanne has focused on achieving superior clinical outcomes through a functional approach to rehabilitation, as well as through consistent ongoing clinical training of her therapists. Balistreri & Associates is an extremely well-respected physical therapy practice in large part due to Suzanne's stewardship.

With the addition of Balistreri & Associates Physical Therapy, Accelerated will broaden our geographical footprint in Wisconsin. Accelerated is excited about the opportunity to work with Suzanne and her very accomplished clinical and administrative team. We welcome Suzanne and the entire staff of Balistreri & Associates to the Accelerated family.



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F: 262-697-1576



Accelerated Express *Employee Spotlight*



Name: Matt Buttjer

Credentials: PT, ATC, CEAS
Physical Therapist
Certified Athletic Trainer
Certified Ergonomic Assessment Specialist

How long have you been a physical therapist? 9 years

How long have you been with Accelerated? 3 years at our Cedar Falls, IA location

Why did you choose to become a physical therapist? I became interested in physical therapy after being a patient in high school. My experience was great, and I was able to return to my sports activities. I wanted to be able to provide that same opportunity to others.

Why did you choose to work at Accelerated? Accelerated does a great job of providing excellent education and mentorship opportunities for therapists. In addition, the patient case load includes workers' compensation, non-operative, and operative patients, which provides good variety. I also enjoy being able to work as a team (patient care advocate, therapists, facility manager, director of

operations, business development manager) to create new relationships with physicians, schools, industries, and the community.

Areas of specialization? I am an Industrial Therapist, certified in the ASTYM treatment technique and currently enrolled in a manual certification through the North American Institute of Orthopaedic Manual Therapy.

What do you like most about it? I enjoy the variety of patients, as we see a lot of industrial, sports, and orthopedic patients. I also enjoy the challenge of being a life-long learner – always trying to improve my skills for the betterment of my patients and for our profession.

Long-term goals as a physical therapist? I would like to gain my manual therapy certification, become more involved in the Iowa Physical Therapy Association, continue to be the best physical therapist I can be, and to provide optimal outcomes for the patients that I serve.

Center Updates: *Accelerated's newest moves and openings*

New Centers

Milwaukee, WI
Sports Physical Therapy
544 E. Ogden Ave., Ste. 9
Milwaukee, WI 53202
T: 414-224-7834 • F: 414-224-7835

Alton, IL *PRORehab*
1837 Homer Adams Pkwy., Ste. M
Alton, IL 62002
T: 618-208-3310 • F: 618-208-3315

Normal, IL
1715 Bradford St., Ste. 140
Normal, IL 61761
T: 309-888-4828 • F: 309-888-4930

Relocations

Mt. Prospect, IL
50 E. Northwest Highway
Mount Prospect, IL 60056
T: 847-718-9201 • F: 847-718-9205

Clear Lake, IA
7 S. 8th St., Ste. C
Clear Lake, IA 50428
T: 641-357-1003 • F: 641-357-1005

Forest City, IA
605 E. J St., Ste. 200
Forest City, IA 50436
T: 641-585-1550 • F: 641-585-1551

Coming Soon

St. Mary's, OH
476 Fortman Dr.
St. Mary's, OH 45885

Accelerated Success Stories

Cedar Rapids, IA

I would like to send a thank you to Heidi Kanealy, my physical therapist in the Cedar Rapids, IA, center. I was a patient with a foot issue, and Heidi helped me at the center and also with home training. Her professional and personal treatment was amazing. I will recommend Heidi and Accelerated to any person who needs physical therapy care. I do consider Heidi my 'therapist for life'.

Burr Ridge, IL

I have a new file and spoke to Bradley Myers at the Burr Ridge center for the first time a few weeks ago. When I called the center, Bradley answered the phone and he knew the patient I was talking about right away. In addition, he was confident in discussing the case impromptu. Bradley seems to know and understand the complexities of workers' compensation in addition to being a great physical therapist.

Royal Oak, MI

This facility was great! Heidi and Donna are very helpful and professional. It was a pleasure to be taken care of by this staff. Thank you.

Bourbonnais, IL

I am thankful for your knowledgeable staff that helped me get through my knee therapy. The care was very individualized, and I was also impressed that all of the staff had a nice demeanor to them.

Industrial Rehabilitation Program

Thank you very much for your support and sponsorship of the Illinois Chamber's 2011 Workers' Compensation Conference. It is because of companies like Accelerated that we are able to continue toward our goal to make Illinois the best place to live, work, and do business.

For a complete listing of our locations, contact 877-97-REHAB (877-977-3422) or visit www.acceleratedrehab.com

UPCOMING SEMINARS

CEU Seminars for Case Managers, Adjusters, Employers, and Attorneys

All States

January 11, 2012
Webinar Wednesday

Trends in Workers' Compensation Rehabilitation

*Cindy Rega, PT, MS HSA, CEAS II, and
Jim Mecham, MS, OTR/L, CPE
Accelerated Rehabilitation Centers and OccuPro
8:30 - 9:30 AM (CST)*

March 7, 2012
Webinar Wednesday

Industrial Injuries of the Knee:
Successful Management of ACL Tears and Knee Dislocations

*David Guelich, MD
Chicago Orthopaedics & Sports Medicine
8:30 - 9:30 AM (CST)*

What customers are saying...

"Excellent info presented in a way I could clearly understand."

"Thank you for always providing well managed, informative seminars in an excellent venue."

"Thank you as always for your well organized and well run seminars. Much appreciated."

Webinar Wednesdays 2012 Schedule

2012 Webinar Wednesdays Lineup

January 11th	Cindy Rega, PT, MS HSA, CEAS II, and Jim Mecham, MS, OTR/L, CPE Accelerated Rehabilitation Centers and OccuPro Trends in Workers' Compensation Rehabilitation
March 7th	David Guelich, MD, Chicago Orthopaedics & Sports Medicine Industrial Injuries of the Knee: Successful Management of ACL Tears and Knee Dislocations
May 2nd	Jonathan Citow, MD, Lake County Neurosurgery Modern Spine Care
July 11th	Amy Bilton, Shareholder, Nyhan, Bambrick, Kinzie, & Lowry, P.C. The Ins and Outs of Medicare Secondary Payer Compliance
September 5th	Jonathan Main, MD, Comprehensive Orthopaedics, SC Arthroscopic Rotator Cuff Repair
November 7th	Lowell S. Weil, Sr., DPM, FACFAS, Weil Foot & Ankle Institute Diagnosing, Treating, and Rehabilitating Foot & Ankle Injuries in the Workplace

Dinner with the Doc 2012 Schedule

2012 Dinner with the Doc Lineup

April 12th	John J. Fernandez, MD, Midwest Orthopaedics at Rush Independent Medical Examinations
June 14th	Brian J. Cole, MD, MBA, Midwest Orthopaedics at Rush Platelet-Rich Plasma (PRP) and Cartilage Restoration: Where Are We Now and Where Are We Going?
August 2nd	John Diveris, MD, Diveris Orthopedics and Sports Medicine The Knee Made Simple
October 4th	Barb Heller, DO, DuPage Medical Group Low Back and Leg Pain: Maximizing Treatment Options for Successful Return to Work
December 6th	Scott Price, MD, Parkview Musculoskeletal Institute Shoulder Instability

To register for an event or for more information, visit our Events page at www.acceleratedrehab.com.

Accelerated Express

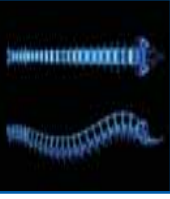
Causation: The STATE of Workers' Compensation Law



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Putting Patients First

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877-97-REHAB (877-977-3422) or www.acceleratedrehab.com

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Rehabilitation Centers
Physical Therapy • Sports Medicine



In this issue:

Spine on a Dime

One Size Does Not Fit All: The Role of Physical Therapy in Management of Low Back Pain