THE WALKING MIRACLE
Meet the man who defied expectations and beat flesh-eating bacteria, thanks in part to the care provided by the USC’s wound care physical therapy team.

VIRTUALLY HEALED
Researchers earn grant to develop virtual reality-based walking rehab program.

PHYSICAL THERAPISTS TO PROFESSIONAL ATHLETES
Which alumni have landed high-profile jobs in the sports world?

MOVING FORWARD
BREAST CANCER SURVIVORS GAIN BACK THEIR HEALTH THROUGH EXERCISE
They fought cancer and won. The key to staying well afterward is to maintain a healthy weight, eat nutritious foods and exercise at least 150 minutes every week, according to the American Cancer Society.

It is with this in mind that the division, in partnership with the USC Norris Comprehensive Cancer Center, holds weekly Adelante (Spanish for “moving forward”) exercise classes. The free classes take place Fridays from 1 to 2 p.m. at the Wellness Center’s dance studio.

Assistant professor of clinical physical therapy Kimiko Yamada DPT ’06 and second-year doctor of physical therapy students make sure participants maintain proper form during different weekly activities such as yoga, zumba, tai chi as well as balance and posture exercises. The program not only provides physical benefits but also the emotional and psychosocial benefits necessary for cancer survivors to lead the healthy, happy and long lives they fought so valiantly for.
“inMotion is in motion”

This issue of inMotion marks a major step forward for our division’s magazine as we move to an all-digital edition, available to read on your computer, tablet or phone. There are two main reasons for this shift in publishing strategy. First, we can distribute inMotion to a much larger audience with this platform. As our circulation numbers have grown, the costs to print and distribute inMotion have become prohibitive. In the past year or two, we have had to make hard decisions about how much we could continue to expand our mailing list. The beauty of the digital edition, of course, is that printing costs are eliminated and distribution costs are minimal. This leads to the second reason for the switch: We believe that we can put out a more interesting and dynamic magazine in a digital edition. Not only can we devote more resources to the quality of the publication, but the digital platform itself provides opportunities for creative use of multimedia. We can easily add video as well as links to previous issues and other articles on the web. We will also be able to link to inMotion from our website and social media sites. Indeed, readers will be able to share articles from inMotion with others through a variety of platforms, from email to Facebook and Twitter.

We will all miss the paper version of inMotion. In the past few years, its quality has been impressive, something to be very proud of. Let’s face it, it’s nice to hold a good quality magazine in your hands. Nevertheless, the handwriting is on the wall for paper publications — from newspapers and magazines to popular novels and scientific textbooks. There is no question that the move from paper to digital is inexorable, and it is gaining momentum. Most of us now read news and articles of interest to us on our computers, our tablets and, increasingly, our phones. If you read inMotion regularly, you probably know that our DPT program is fully digital. All students are required to have iPads, and all materials (handouts, etc.) are distributed electronically. Even exams are administered on an electronic platform. It has been our experience that having reading materials at your fingertips, so you probably know that our DPT program is fully digital. All students are required to have iPads, and all materials (handouts, etc.) are distributed electronically. Even exams are administered on an electronic platform. It has been our experience that having reading materials at your fingertips, so

We expect that it will take us a few issues to work out the kinks. So please bear with us. If you have suggestions, comments or criticisms, please let us know at ptcomm@usc.edu. The most important step you can take is to download the inMotion app to your laptop, iPad or phone (better yet, all 3). To do so, go to Amazon, Google Play or iTunes (depending on your device) and search for the application, using the search terms, “USC physical therapy magazine.” Hit download and begin enjoying the multimedia content immediately.

ASSOCIATE DEAN’S MESSAGE

by Michelle McCarthy

The same treatments that might save your life from breast cancer — chemotherapy and radiation therapy — can lead to secondary health complications, including high blood pressure, obesity and high blood sugar. USC physical therapy researcher Christina M. Dieli-Conwright PhD ’09 hopes to help survivors stay healthy with a study investigating the effects of a 16-week fitness program on the wellness of these brave breast cancer survivors.

COVER STORY

MOVING FORWARD

17-22

by Michelle McCarthy

The same treatments that might save your life from breast cancer — chemotherapy and radiation therapy — can lead to secondary health complications, including high blood pressure, obesity and high blood sugar. USC physical therapy researcher Christina M. Dieli-Conwright PhD ’09 hopes to help survivors stay healthy with a study investigating the effects of a 16-week fitness program on the wellness of these brave breast cancer survivors.

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inMotion is published twice yearly. For questions, comments, updates or story suggestions, contact us at ptcomm@usc.edu.
The division recently launched a summer clinical affiliation that gives students an opportunity to provide physical therapy treatment in Beijing, China. Find out how these unique cultural experiences can help students become better physical therapists.

**EVEN HEROES GET HURT 28-31**

BY YASMIN PEZESHKPOUR MCM ’16

Meet three USC physical therapy alumni who have entered the world of professional sports physical therapy, where the hours are long, the stakes high and the rewards great.

*FEATURES*

**PASSPORT TO CHINA 23-26**

BY JAMIE WETHERBE MA ’04

BY STEPHANIE CORRAL

A flesh-eating bacteria nearly took Alfred Lopez’s leg and life. Ten surgeries later, Alfred Lopez has defied doctor prognoses to get back to the life he left behind. Meet the niche physical therapy team whose expert care in wound management helped bring about a miracle.

**THE WALKING MIRACLE 13-16**

BY STEPHANIE CORRAL

*CONTRIBUTORS*

**STEPHANIE CORRAL**

Stephanie Corral is a new media journalist at College of the Canyons. Her writing has been published in Los Angeles magazine, Kinfolk, Freunde von Freunden and the Los Angeles Times. Born and raised in Los Angeles, she graduated from California State University, Northridge with a bachelor’s degree in journalism. In 2009, she moved to Madrid to teach English for a year, which turned into three years. She considers the Spanish capital her second home. In her free time, she enjoys reading, hiking, baking, archery and planning the next adventure to keep her restlessness at bay.

**CHRISTINA DIGGS**

Christina Diggs is a graduate of the USC DPT Class of 2016. The Atlanta native attended the University of Alabama at Birmingham where she received her bachelor’s degree in psychology with a minor in chemistry. When she is not working as a physical therapist at the California Hospital Medical Center, she enjoys volunteering with the Beauty Bus Foundation. Christina also enjoys reading, cycling, hiking and spending time with friends and family. In this issue, she shares a patient story that really inspired her as she begins her career as a physical therapist.

**MICHELLE MCCARTHY**

Michelle McCarthy has been writing and editing for the online and consumer publishing industry for more than 20 years and holds a bachelor’s degree in journalism from California State University, Northridge. She has been a contributing writer for the Los Angeles Times, the Hollywood Reporter, the Advocate, OC Weekly and CBS Radio, reporting on everything from nongraft work to the world’s most tattooed man. She has also worked in the public relations department at Showtime Networks and currently serves as a managing editor at the Enthusiast Network.

*NEWS*

Winston leads effort to develop first-ever stroke rehab guidelines

BY BREANNE GRADOY MCM ’10

Every year, 800,000 Americans suffer a stroke. Of that, more than 80 percent survive — many with some degree of disability. Traditional treatment methods have focused on acute short-term outcomes, with little guidance on the effectiveness of rehabilitation strategies on long-term outcomes for adult stroke survivors — until now.

The American Heart Association/American Stroke Association (AHA/ASA) has issued evidence-based guidelines to help improve outcomes for adult stroke survivors. This “how-to” manual recommends a comprehensive post-acute care strategy in the aftermath of a stroke.

“Previous guidelines have focused on the medical issues involved in the initial management of stroke, but many people survive a stroke with some level of disability,” said Carollee Winstein MS ’84, PhD, professor at the USC Division of Biokinesiology and Physical Therapy and lead author of the guidelines. “There is increasing evidence that rehabilitation can have a big impact on the survivors’ quality of life, so the time is right to review the evidence in this complex field and highlight effective and important aspects of rehabilitation.”

In the statement, the associations recommend that stroke survivors seek treatment when possible in an in-patient rehabilitation facility (IRF) as opposed to a skilled nursing facility. While in an IRF, a patient typically participates in three hours of rehabilitation each day with an integrated team of health professionals, including physical therapists, occupational therapists, speech therapists, health aides, psychologists, nurses, nutritionists and social workers.

“There is considerable evidence that patients benefit from the team approach in a facility that understands the importance of rehabilitation during the early period after a stroke,” Winstein said.

Caregivers should also advocate that stroke survivors not be discharged until they have participated in a formal falls-prevention program, which includes education on removing fall risks from the home, being aware of medication side effects and learning to safely operate assistive devices like wheelchairs and canes.

Both recommendations have been backed by several high-quality studies, and the AHA/ASA have ranked the level of scientific evidence supporting them as “Strong.”

Other new guidelines include:

● Rehab should include intense mobility-task training for stroke patients with walking limitations.
● Stroke survivors should be given individually tailored exercise programs to improve their cardiovascular fitness after rehabilitation.
● Patients should be provided intellectually stimulating environments, with access to computers, books, music, etc.
● Patients with impaired speech should be offered speech therapy.
● Eye exercises should be given to patients with impaired eye coordination and focus.
● Stroke survivors with balance issues should be provided a balance training program.

Winstein has been with the division since 1990. She has a dual appointment with the neurology department at the Keck School of Medicine of USC. She has written more than 100 research articles and book chapters, with a focus on neurological rehabilitation, and is the director of the Motor Behavior and Neurorehabilitation Lab.

Winstein served as the chair of an expert writing team that put together these guidelines, which were published May 4 in the journal Stroke, which has an impact factor of 5.7.
Finley, Fisher awarded $450K grant to develop VR-based system for walking rehabilitation

Award allows researchers to develop safe, effective game-based treatment for individuals with Parkinson's disease.

BY JOHN HOBBS MA '14

A trip to the physical therapist could soon feel a bit more like a trip to the arcade, thanks to a new multidisciplinary study being conducted at USC.

James Finley and Beth Fisher of the USC Division of Biokinesiology and Physical Therapy and Marientina Gotsis of the USC School of Cinematic Arts have received a two-year grant from the National Institutes of Health to develop and test a virtual reality (VR)-based program for walking rehabilitation in patients with Parkinson's disease.

Symptoms such as stiffness, shaking and balance problems can cause people with the degenerative brain disorder to have difficulty walking. Traditional physical therapies have centered around strength training, stretching and movement practice, but it was recently discovered that those strategies may not lead to long-term motor learning by themselves. From a motor-learning perspective, we now know that learning and long-term retention are optimized when the patients have a focus on a specific therapeutic goal and a physical environment such as 'step over the obstacle' rather than on performing the movement itself — 'flex your hip,'" explained Fisher, professor and director of the Locomotor Control Laboratory.

A typical treatment session would involve a patient wearing a VR headset and walking on a standard or semi-directional treadmill or over the ground to improve their walking ability in a way that feels more like playing a video game.

"With motor rehabilitation, one of the things patients need is lots of repetition," Fisher said. "One of the advantages of doing something like a game is it helps increase motivation to undergo the amount of practice necessary for skill learning."

During the study’s first phase, the researchers will be designing prototypes of a low-cost, portable gait-training system that can be set up and easily used in the physical therapy office.

"Clinicians have a very limited time with their patients so any hurdles or barriers that are introduced by technology can limit the actual use of that technology in the clinic," Fisher said. The researchers will then recruit clinicians and their patients to use the system, offering feedback to improve the experience for both the user and the supervising physical therapist.

IN THE VIRTUAL WORLD

Gotsis and her team of researchers at the USC Creative Media and Behavioral Health Center will design and assess the VR experience — paying close attention to the tiniest of nuances, including sound and haptic feedback — to ensure the most life-like simulations.

"We would like to create a pleasurable, safe and challenging walking virtual reality experience," Gotsis said. "We will know from participant input if the experience is enjoyable, and our collaborators will help us understand whether the experience is challenging enough to promote neuroplasticity."

Patients will have the choice of different environments, including a cityscape with high rises, a seaside pier with a Ferris wheel, a path in a park or a visit to Trader Joe’s. To be most effective, users should choose environments that reflect the challenges they most often face in the real world, Finley said.

The study’s second phase will involve assessing the treatment strategy's effectiveness on actual patients. Using the developed environments, patients with Parkinson’s will complete a set of progressive training sessions while researchers determine the program’s efficacy.

"When it comes to imagining the future of health care, we cannot afford to leave it all to the imagination of a single expert group," said Gotsis, referring to the power of multidisciplinary approaches to solve some of society’s most vexing problems. "Nobody knows best. We’ll all stake holders in creating new therapies whether they use virtual reality or paper clips and glue."

Research was supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (funding: National Institutes of Health; award number R21HD088342).

IN BRIEF

PARKINSON'S a virtual reality (VR)-based program for walking therapy in patients with Parkinson's disease. The study's first phase involves designing a low-cost, portable gait-training system that can be set up and easily used in physical therapy offices. The second phase will involve assessing the treatment strategy's effectiveness on actual patients.

IN BRIEF

PHYSICAL THERAPY STUDENTS BEGIN ROAD TO DEGREE

USC's doctor of physical therapy class of 2019 donated their white coats for the first time and took their solemn oaths to uphold the noble traditions of the profession at the division’s White Coat Ceremony on Aug. 25. The incoming class is comprised of 97 future physical therapy professionals — 56 women and 41 men. They hail from 10 different states as well as China and Canada. There were also seven entering master’s students. In addition to welcoming the new classes, the division bid farewell to 18 physical therapy students who took their residency programs in neurology, orthopedic, pediatric, and sports physical therapy.

IN BRIEF

DPT STUDENTS WIN APA STUDENT ADVOCACY CHALLENGE

For the second consecutive year, USC physical therapy students have won the APA Student Advocacy Challenge. This year, it was the DPT Class of 2018 who took home the award from the APA National Student Conclave earlier this fall. The challenge requires students to participate in advocacy activities and submit a report of those activities to APA’s Congressional Affairs department. The reports are then scored based on what activities the student took part in. For example, meeting with a federal legislator garners 30 points while simply emailing or writing a letter earns the student three points. The division curriculum requires all second-year DPT students to have meetings with local, state, and federal legislators so that students learn about their roles as advocates for the profession and their patients. The winning school gets to select a member of APA leadership to come speak on advocacy issues related to the profession.

IN BRIEF

DIVISION JOINS OCCUPATIONAL THERAPY, PHARMACY STUDENTS FOR INTERPROFESSIONAL STROKE EVENT

Earlier this fall, nearly a dozen physical therapy, pharmacy and occupational therapy students from the USC School of Pharmacy, the Keck School of Medicine of USC and the USC Chan Division of Occupational Science and Occupational Therapy for the first ever Interprofessional Stroke Workshop. The meeting was held to give the health professions students a better understanding of what their colleagues from other fields would assess in stroke patients. During the workshop, facilitators conducted mock patient interviews, allowing students to ask questions and discuss the case. Afterwards, the students collaborated on interview questions to conduct better assessments. “This will help them in referring patients in the future and in providing better care,” said event organizer Sarah Baik PharmD. ’18.
Crown Rice wasn’t feeling too good about himself. Like many men his age, he was slightly overweight and had to confront the everyday aches and pains of aging. And like many of his fellow veterans, the 68-year-old retired U.S. Army Specialist, who completed one tour of duty in Vietnam, was dealing with the long-lasting mental effects of combat.

“I was just down and out,” explains Rice, who came across a flyer looking for volunteers for a new study investigating the effects of playing golf on the physical, psychosocial and cognitive health of older war veterans.

“I thought, let me try golfing, maybe that will just help me out,” he says. The program, a 12-week intervention run by associate professor George Salem, pairs up veterans with a PGA professional for small-group golf lessons.

“I was really enthusiastic about learning something again, like a little boy trying to learn how to ride his bicycle,” Rice explains, with a laugh. Rice was one of the study’s first two participants, with another four currently being recruited. As part of their investigation, researchers are assessing differences in participants’ agility, cardiovascular endurance, balance, hip muscle performance, grip strength and more as a result of the intervention.

Salem and his team hope to use this collected information to examine the feasibility, compliance and safety of the golf program, with hopes that their data will eventually lead to the development of senior golf fitness programs.

Golf is an ideal comprehensive exercise activity for seniors. Salem explains. It fosters socialization, is likely to be adhered to and improves concentration and quality of life. Salem hopes his study leads to a greater understanding of these benefits.

After completing the program, Rice says he feels much more serene and mentally focused. He also says he gets around the course a little easier than he used to.

“The study gave me motivation,” he adds. “In fact, I’m going to start going to the gym and try to lose some weight.”

Learn more about the study or donate by visiting pt.usc.edu/GolfScience/
Should you keep track of workout calorie counts? Associate professor of clinical physical therapy and director of the Clinical Exercise Research Center Todd Schroeder PhD ’08, PhD ’12. The division researcher (with a dual appointment at the USC Chan Division of Occupational Science and Occupational Therapy) uses real-time functional magnetic resonance imaging (fMRI) to provide neuro-feedback while teaching stroke patients how to increase communication between the critical parts of their brains that control movement. The research would essentially teach stroke survivors to use their own thoughts to get their affected limbs moving again. “We would love for people to come for a few real-time fMRI sessions to learn the best strategies for how to control their brain activity and then be able to practice those strategies at home,” she says. Liew envisions a future where stroke patients, wearing a low-cost, 2-D printed electroencephalography (EEG) headset, would practice their brain activities at home in their downtime.

Read more of Schroeder’s fitness tracking advice at tinyurl.com/schroeder-on-buffington

Data Overload

WEB

MIND GAMES

Stroke recovery might look quite different in the near future, thanks to the research of assistant professor Sock-Lai Liew MA ’08, PhD ’12. The division researcher (with a dual appointment at the USC Chan Division of Occupational Science and Occupational Therapy) uses real-time functional magnetic resonance imaging (fMRI) to provide neuro-feedback while teaching stroke patients how to increase communication between the critical parts of their brains that control movement. The research would essentially teach stroke survivors to use their own thoughts to get their affected limbs moving again. “We would love for people to come for a few real-time fMRI sessions to learn the best strategies for how to control their brain activity and then be able to practice those strategies at home,” she says. Liew envisions a future where stroke patients, wearing a low-cost, 2-D printed electroencephalography (EEG) headset, would practice their brain activities at home in their downtime.

Listen to a recent podcast where Liew discusses her work at tinyurl.com/mindgames2016

WEB

SEAHAWK DOWN

All eyes were on Drew Morcos DPT ’07 — and the healing power of physical therapy — earlier this fall when Seattle Seahawks quarterback Russell Wilson took a nasty fall and sprained the medial collateral ligament (MCL) in his left knee. Morcos, a former division faculty member and Wilson’s personal physical therapist, sprung to action, heading north to put the temporarily grounded Seahawk through a round-the-clock regimen to get him back on his feet. Just one week later, a custom knee brace-wearing Wilson was not only on the field but also led the Seahawks to victory against the New York Jets.

Read all about the physical therapy intervention at tinyurl.com/seahawk-down

WEB

5 Things To Know About

Justin Lantz

Justin Lantz never envisioned himself as a Southern California resident. It wasn’t until the deeply rooted Midwest native received a call from a No. 1 physical therapy program in the nation that he decided to make the move to further his career. Lantz joined the division in 2015 as an instructor of clinical physical therapy and is just getting started helping shape the future of the profession. Here are five things to know about the new faculty member.

He is a Chicago native. Lantz attended Northern Illinois University for his bachelor’s degree and Northwestern University for his doctor of physical therapy degree so that he could be close to his family and friends. “I love my city, had great connections, family and friends all in one place, so for thousands I did not travel too far,” Lantz says. He ended up in Los Angeles after a mentor at a Northwestern event told him something that shifted his perception: “You will never reach your full potential as an athlete until you get out of your comfort zone.” He decided to apply to faculty positions around the country and was thrilled when he received an interview request from USC. The rest is history.

Lantz is a first-generation college graduate. Although he was an all-state wrestler in high school, his career aspiration was to open a local gym and coach wrestling. His parents, however, saw great potential in their son who consistently earned better grades than they did, then they say, “I can enjoy a Frappuccino because I did a hard workout. That’s a big issue,” he says.

Lantz is a physical therapist to associate dean James Gordon. Instead of buckling under the pressure of providing treatment to “the boss,” he says he really enjoys the time he gets to bond with Dr. Gordon over the profession and practice. “I wasn’t to the middle of nowhere, so guess it went well and got me some ‘street cred’ at the clinic,” he says, with a laugh. “I am glad that I was fortunate enough to be able to get to know him — not only as a boss, but also as a friend.”

Lantz is extremely passionate about the profession and eventually wants to get involved in academic and clinical education of students. “I have worked hard as a profession to move from just a certificate in physical therapy to the DPT, the DPT to residencies and fellowships, and from that to whatever comes next,” he says. “I hope that, with improved education and training, I will increasingly be recognized for our important role in interdisciplinary health care. It’s an exciting time to be a DPT!”

Photo by Christina Gandolfo

CLINICAL EDUCATION OF STUDENTS.

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WEB

On the same day that Drew Morcos helped the Seahawks take on the New York Jets, another former student was helping a fellow athlete. Former Division 3 wrestling national champion Brandon Lantz ’07.5 received a call from one of his former college teammates, now a professional hockey player. The call, however, was not for a match, but rather to bond with Dr. Gordon over the profession and practice. “I wasn’t to the middle of nowhere, so guess it went well and got me some ‘street cred’ at the clinic,” he says, with a laugh. “I am glad that I was fortunate enough to be able to get to know him — not only as a boss, but also as a friend.”

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Photo by Christina Gandolfo

CLINICAL EDUCATION OF STUDENTS.
Alfred Lopez nearly died from necrotizing fasciitis (flesh-eating bacteria) — a condition that destroys skin, muscle and fat. But thanks to the tireless work of an expert Keck medical team, including the division’s Wound Management Team, Lopez was able to fight through seemingly impossible circumstances to reclaim his leg and life.

BY STEPHANIE CORRAL
After being resuscitated in a USC Verdugo Hills Hospital operating room, Alfred Lopez was transferred to Keck Medical Center of USC on May 12, on a ventilator, in septic shock and experiencing multi-organ failure. Lopez, a 56-year-old Ralph’s market produce worker, had necrotizing fasciitis, a rare bacterial infection that usually enters the body through an open wound and rapidly spreads through soft tissue, eating away at muscle and flesh at an alarming rate of an inch an hour.

In Lopez’s case, there was no trace of an open wound. Without being able to locate the origin of the flesh-eating disease in his body, the Keck team raced against the clock to save his right leg — which had tripled in size — and his life.

“When they tell me what it was, I knew we had a long battle,” says his sister Aurora Jubile, who had encountered the disease during her 31 years of experience as a registered nurse. A CT scan finally pinpointed the disease’s source: A plum-sized abscess had ruptured in Lopez’s rectum and had spread into the soft tissues of his right leg.

“I was scared, but I had a lot of faith,” says Lopez, who has trouble remembering the early details of his ordeal because of the heavy sedation and pain he was in. Lopez finally started turning a corner, thanks to the aggressive and unified approach taken by Keck’s experienced surgeons, nurses and wound care physical therapists.

“Alfred survived with excellent functional results because of the state-of-the-art multi-disciplinary team effort” available at Keck, says Dr. Demetrios Demetriades, director of the trauma and surgical intensive care unit division at the hospital.

Demetriades performed seven of the 10 surgeries Lopez received during a three-and-a-half-month period.

To stay ahead of the bacteria, a team of six wound care physical therapists dressed his wounds every day, which sometimes took up to two hours to complete.

“The main challenge was the location and extent of his wounds, in particular his posterior hip and perineum,” says Angela Kwan, lead in-patient wound care physical therapist at Keck.

Lopez had never seen anything like it. “His whole leg was without flesh. It looked like something out of an anatomy book.”

The fact that Lopez healed and wakes up every morning to walk a mile uphill [with the help of a cane] is nothing short of a miracle.

Stephanie Woelfel, instructor of clinical physical therapy at Keck and a board certified wound specialist, credits Lopez’s unlikely recovery to Demetriades’ high skill and Keck’s team approach to complex cases.

“The collaboration in Al’s case is what made it so successful,” Woelfel says. “Dr. Demetriades would sometimes bring us [Kwan and Woelfel] into the operation room so that we could see what was going on during surgery so that we knew what we were going to have to deal with.”

Woelfel fell in love with wound care after graduating from Marquette University’s physical therapy master’s program.

“You can literally see the change happen in front of your eyes, week to week,” Woelfel says. “It’s awesome to see a wound heal like that.”

Wound care physical therapy can be traced back to World War II when physical therapists played an essential role in the rehabilitation and wound management of injured soldiers in acute care hospitals.

Since then, the specialized practice has evolved beyond wound dressing. Wound care physical therapists can provide patients electrostimulation, low frequency ultrasound and the application of negative pressure to promote wound healing.

“Wound care physical therapists provide a unique perspective because we look at the functional implications of a wound,” Woelfel says. This allows them to make recommendations to surgeons. “We think, ‘How is this going to affect the patient’s ability to move?’”

While Lopez was receiving antibiotics intravenously, the wound care team also inserted catheters into his dressings so that nurses could administer antimicrobial solution throughout the day, creating a two-pronged approach to treating the infection.

In addition to providing wound management to inpatients and outpatients at Keck, Woelfel is also one of the center coordinators for clinical education of physical therapy students at Keck and an instructor of clinical physical therapy at the USC Division of Biokinesiology and Physical Therapy.

The physical therapy faculty practice at Keck accepts more than 50 students a year for clinical training.

What makes USC’s physical therapy program different, Woelfel said, is that the students see the methods they are taught in the classroom directly reflected in the clinic.

The division’s integrated curriculum also affords students a well-rounded education by introducing them to various physical therapy specialties, such as wound care.

“It solidifies things,” Woelfel says. “Some students might ask, ‘Why do I have to learn about wound care?’ Regardless of the area of physical therapy you practice in, all of your patients will have skin.”

Lopez, whose ordeal had turned him into a legend in Keck’s hallways long before his Aug. 21 release, is especially grateful to Demetriades and the wound care physical therapists who still text him to see how he is doing.

“They are great people,” says Lopez, who is currently receiving physical and occupational therapy at Casa Colina. “They were all the time.”

“Story shared with Lopez’s permission.”

“Wound care physical therapists provide a unique perspective because we look at the functional implications of a wound. We think, ‘How is this going to affect the patient’s ability to move?’”

—Stephanie Woelfel
Instructor of Clinical Physical Therapy
USC’s Women’s Health and Exercise Laboratory’s 16-week study helps breast cancer survivors reclaim their bodies.

BY MICHELLE McCARTHY

MOVING Forward

NAPHA PHYKAL QUACH

In addition to her own personal gain, Phykal Quach wanted to take part in the WHEL study because of its research aspect. “I knew my participation was going to benefit others, so that was a big part of my attraction to it.”

Post-menopausal women who have had breast cancer and are obese have a 40-50% increased chance of mortality compared to their counterparts.

SOURCE: JOURNAL OF CLINICAL ONCOLOGY

WATCH IT: vimeo.com/194884284

PHOTO BY CHRISTINA GONZALEZ
hen Napha Phykal Quach* was approached to join a research study examining the effects of exercise on breast cancer survivors at the Women’s Health and Exercise Laboratory (WHEL) at the USC Division of Biokinesiology and Physical Therapy, she wasn’t exactly thrilled at the prospect of working out.

Prior to her diagnosis in 2014, she was a self-described “bump on a log” and says the closest she got to cardio machines was seeing them in TV commercials. While quick to crack a joke, Phykal Quach refers to the offer as heaven sent. She’d undergone six months of chemotherapy, a lumpectomy and then radiation. “I knew I needed to do it if I wanted to stay alive,” she says.

Breast cancer patients often gain weight during chemotherapy, and while there is no proven direct link between the treatment and weight gain, drug side effects, such as inactivity due to fatigue and a change in dietary habits, can cause increased body mass.

ONE-ON-ONE WITH A PERSONAL TRAINER

Funded by the National Cancer Institute, WHEL’s study is the largest of its kind and was established in 2012 with the goal of using exercise to reduce metabolic syndrome (a group of medical conditions such as high blood pressure, obesity and high blood sugar that can lead to heart disease, diabetes or stroke) in women who have undergone treatment for breast cancer.

“It’s a 16-week program for women who have finished treatment within the past six months, had Stage 1 through 3 breast cancer, have undergone chemotherapy and/or radiation and are overweight or obese,” says WHEL director Christina M. Dieli-Conwright PhD ’09, who is assisted in her research by doctoral students Jackie Kiwata and Kyawan Lee.

“We are trying to offset the side effects they would potentially experience from chemotherapy and radiation,” Dieli adds.

To be eligible, participants also had to be sedentary, which the study defines as partaking in less than 60 minutes of structured physical activity per week.

Before being diagnosed with breast cancer in 2015, Sylvia Kast took morning walks with friends but hadn’t set foot in a gym for years. With three kids in college, she was too busy. So when asked to sign up for the program, she didn’t hesitate. “I was excited because before I got diagnosed, I was trying to get into shape,” she says.

Similarly, Carla Sanchez bowled three times a week but had never lifted weights, a pattern Dieli-Conwright noticed with a lot of the women in the study. “It’s one-on-one with a personal trainer, which is absolutely fantastic because most of us women in particular have never done any weight training ever,” Sanchez says.

FROM SEDENTARY TO STRONG

Aerobic and resistance training is combined to expose survivors to the benefits of weightlifting—not only for muscle strength but also for bone density, balance and more. Workout sessions are an hour long, three times a week, with two days spent using a combination of aerobic and resistance exercises and one dedicated to aerobic activity alone.

The women begin with a five-minute cardio warm-up on a stationary bike, rowing machine or treadmill. On resistance days, there are eight exercises, four for the lower body and four for the upper, which are done in superset fashion. The workout is capped off with 30 to 35 minutes on a cardio machine. Aerobic days include the choice of treadmill walking/jogging, rowing or cycling at 65-80 percent heart rate max for 20 minutes (week 1) to 35 minutes (week 16).

“Story shared with permission of Kast, Phykal Quach and Sanchez.

CARLA SANCHEZ

Thirty-five years ago, Carla was working as a registered nurse at Los Angeles County USC Medical Center with patients who had recently undergone mastectomies.

At that time, the women were instructed not to lift more than five pounds after their surgery. “After my reconstruction, my plastic surgeon told me I could lift 15 pounds. It’s really changed—but it’s a good change.”

1 in 3 U.S. women will get cancer in their lifetime

SOURCE: AMERICAN INSTITUTE FOR CANCER RESEARCH

PHOTO BY CHRISTINA GANDOLFO

Continued on page 22 »
SYLVIA KAST
Following surgery, breast cancer survivors can face a limited range of motion in their affected arms. Sylvia was having issues with her left shoulder but found the WHEL physical therapists listened to her needs and customized her workouts accordingly. “I tell them what I can and cannot do, and they really support me.”

The program is progressive in that every three to four weeks things get harder,” Dieli-Conwright explains. “They lift more weight, do more repetitions and do aerobic exercise for a longer period and with higher intensity.”

Kast has completed 12 weeks of the trial and is already feeling its effects. “Physically, I feel stronger,” she says. “I feel both arms getting stronger, my legs a little stronger.” It’s a sentiment echoed by Sanchez: “All of the new exercise has made me stronger, and that is important for maintaining my range of motion and protecting myself from injury.

Phykal Quach says the transition wasn’t just physical, but mental. She was suffering from “chemo brain,” a side effect of the treatment that causes disruption in cognitive function such as memory loss and inability to concentrate.

“Exercising helped me clear up my mind and focus for that hour,” she says. “I didn’t have to think about it, because I had a trainer — a physical therapy student — who was spotting and encouraging me. I need to do these 12 reps and then I’m going over there to that machine. It’s very linear.”

Data on 40 of the 95 participants has been analyzed, and preliminary results from the study found HDLs (the “good cholesterol”) increased, while blood pressure, glucose, cholesterol and waist circumference decreased.

“There are some who come in here and leave saying, ‘You saved my life.’ And ‘I never thought I’d be able to exercise again,’” Dieli-Conwright says. “It has a very strong impact on their well-being. It’s very helpful and motivating to know that we can impact their lives.”

WHAT’S NEXT?
Funding for this program will finish next summer, however, WHEL is going to continue the study with donations from past participants. The goal is to expand this study by researching the effects of exercise to combat breast cancer recurrence.

It will take a longer and larger trial, one that Dieli-Conwright says they are now trying to get a grant for. “It’s a more invasive study and involves taking fat tissue samples from the abdomen to see how exercise affects fat biology,” she says. “We hope to be able to start something like that within the next year or so.”

In addition to making strides in the cancer segment, she says studies such as these bring more visibility to the field of movement science, exercise physiology and physical therapy by constantly promoting exercise and movement.

For Phykal Quach, the program changed how she thought about exercise. “In the beginning, I asked Christina about people who get a high from exercise. I said, ‘When is that going to happen to me?’”

It didn’t take long. She is proud to announce that she purchased a rowing machine and kettle bells and is now working out at home. “My sister can’t believe it,” she says, with a laugh. “More importantly, it’s made her feel whole again.

“For a year, I didn’t own my body. The cancer, the doctors, the chemo owned it. But through this program, I was able to take my body back.”

Learn more about the Women’s Health and Exercise Laboratory at pt.usc.edu/labs/whel/.

Research was supported by the National Cancer Institute of the National Institutes of Health (award number K07CA160718).
The division now offers students an exciting opportunity to complete their six-week summer affiliation in Beijing.

PASSPORT TO CHINA

The division now offers students an exciting opportunity to complete their six-week summer affiliation in Beijing.

By Jamie Wetherbe MA ’04

With the majestic Beijing National Stadium (“Birds Nest”) in the background, Drew Blanchard DPT ’18, Tyler Ho and Dr. Lilian Chen demonstrate proper exercises to prevent running injuries at a running symposium.
As an undergrad, Cristi Magracia DPT ’18 learned so much by studying internationally in Asia that she jumped at the chance for a similar experience while pursuing her physical therapy degree at USC.

“Studying in Japan gave me such a new perspective on the world,” she says. “I was excited to go abroad again — this time to gain a new perspective on physical therapy.”

In August, Magracia was among the first USC physical therapy students to complete the six-week summer affiliation between their first and second years of the DPT program in China instead of stateside.

“The department has volunteer trips to places like Mexico and Costa Rica, but this program was an official clinical rotation with a clinical instructor,” Magracia says. “I want to be a travel physical therapist and work abroad, so this clinical was exactly what I needed to help decide my future.”

CLINICAL EDUCATION

USC DPT students complete several practice, affiliations and clerkships throughout their program to learn to apply their academic knowledge practically. The goal is for a third-year USC DPT student to exceed the expected performance level of an entry-level physical therapist even before they graduate.

The Division of Biokinesiology and Physical Therapy is currently discussing additional clinical education collaborations with health care organizations in Saudi Arabia, India and Kenya, as well as in China,” he says.

While in China, Magracia split her clinical time between Huaxin Hospital and private practices near Beijing’s National Aquatics Center and the city’s financial district.

Although Magracia treated similar conditions to those she would see in U.S. patients — including athletic injuries as well as neck and back pain from deskwork — she learned her delivery needed to be different for Chinese patients.

“In America, it’s more accepted that every body has unique characteristics, but, in China, patients were very sensitive about the state of their bodies,” says Magracia, who often spoke to patients with the help of an interpreter. “It was very easy to alarm someone if I wasn’t careful with how I worded my findings.”

Presenting ample evidence about physical therapy to patients also helped.

“Patients often wondered if physical therapy was really effective compared to other forms of treatment,” she explains. “They would ask for statistics about how successful it was at treating their condition, so being able to cite U.S. research and patient experiences helped with the buy-in.”

PUTTING DOWN ROOTS

Like Magracia, Drew Blanchard DPT ’17, who is currently in Beijing on his clinical rotation, saw USC’s China rotation as a “rare and exceptional” opportunity to introduce physical therapy to one of the world’s largest countries.

“Every week, we go to various hospitals around Beijing to build relationships with doctors and surgeons in order to gain more referral sources and spread the word of physical therapy to other health care professionals,” he says. “We are trying to lay a foundation in China for future rehabilitation specialists and influence the rehabilitation culture, one person and patient at a time.”

Working in a country with less access to physical therapy led to unique learning moments for Magracia.

“Many times I didn’t have access to certain equipment or modalities, and I had to break down PT to its basics to treat patients who had no experience with this type of treatment,” she says. “I was also educating general practitioners about when to refer patients to physical therapists.”

Magracia’s most rewarding experiences involved providing patients with an understanding of their pain or limitations and giving them a game plan.

“Unlike other options they tried, PT can be so specific at providing patients with something they can actively do to improve their condition,” she says. “The experience gave me an appreciation for what PT is at its core and the many ways you can interpret and practice it.”

—Drew Blanchard DPT ’17

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And when they do, they rely on the expertise of these three USC physical therapy alumni who have landed highly coveted positions with big-name sports teams.

BY YASMINE PEZESHKPOUR MCM '16

When their patients are hurt, people tend to notice. These USC physical therapy alumni provide treatment to individuals whose very careers depend on their bodies functioning at the highest level possible. And when their professional athlete patients take a fall, these PTs must race against the clock to get them back up on their feet and healthfully functioning — sometimes within a matter of days. While each is talented in his own right, these high-profile practitioners attribute their successful careers to the networks they were introduced to while at USC and the clinical training that made them confident enough to treat these athletic superstars.

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2. Search for the inMotion app by typing in the search terms “USC Physical Therapy Magazine.”
3. Download the free app.
4. Begin enjoying the Fall 2016 issue right away.
Jesse Phillips was introduced to physical therapy at an early age. As a three-sport athlete throughout high school, Phillips admits he spent a fair share of time injured and in physical therapy clinics where he got to observe the profession firsthand.

“I originally wanted to be an orthopedic surgeon, and while I have a great deal of respect for them, I developed a deep appreciation for the relationships that physical therapists build with their patients,” he says. “When you see someone two or three times a week, you have the ability to get to know the person — not just the body part that you work with.”

When it came time to apply for physical therapy school, Phillips set his sights on USC because of its national reputation. When he first applied, he was accepted to the wait list.

“I called the front office every single day for around two months to see if I had moved up on the list at all,” he says, with a laugh. “I’m sure I got pretty annoying. Then one day, Dr. Jesus Dominguez called me and said, ‘This is it, Jesse. This is the call you’ve been waiting for.’”

After earning his doctor of physical therapy degree in 2012, Phillips completed a sports residency with the division. During his last year at USC, a clinical instructor from his internship asked him to work with a prominent Washington Wizards basketball player who would be in Los Angeles during the 2015 NBA off-season.

At the end of the following season, when there was an opening with the team, Phillips went for it. After nearly nine hours of interviews with the Washington Wizards, he was offered the position of director of player performance and rehabilitation.

A typical day begins really early. Phillips must be present before, during and after practices to ensure that the players receive the proper care. He also travels with the team for games. “I’m with them all the time,” he says. “Surprisingly, they aren’t sick of me yet.”

While seeing the players’ nearly superhuman feats is amazing, Phillips says the most satisfying aspect of his job is to see their progress and determination after an injury.

“The most rewarding thing that I’ve experienced so far, is to take a player who has had two knee surgeries this past off-season, and to see him dunk three times in one pre-season game….” he says. “It’s great to know that the work that I’m doing with players is helping to get them back on the court and compete at a high level.”

In addition to day-to-day management, prevention and response, Phillips also treats players recovering from more serious injuries and operations.

“The little successes you see with long-term rehab are pretty cool. That can help a player’s mentality tremendously,” he says. “Getting past those obstacles and working with them to overcome fear and doubt is also very rewarding.”

When he’s not on the road, Hernandez typically arrives to work much earlier than the players so he can treat injured reserve players. He also manages to fit in as many treatments as possible between meetings and practice for other players.

“By game day if the players are not feeling 100 percent, then they’re probably not going to play,” he says. “We try to get in three treatments a day and encourage players to do self-treatment at home so that they are doing as much as they can to prep.”

Hernandez has to be creative and incredibly efficient in his approach to treating athletes.

“At the end of the day, it’s about the players. The players are why we have jobs. Their hard work is what motivates me. I get pride going to bed at night knowing I gave them my best possible effort.”
Through the use of our knowledge and expertise in movement, the shared vision of APTA and CPTA calls upon the profession to “transform society by optimizing movement to improve the human experience.” We do this to promote health and wellness, mitigate the progression of impairments and prevent additional disability. Our vision challenges the profession to fulfill our commitment to society and focuses our identity on defining, promoting and integrating the “Movement System” as the core of who we are and what we do. In 2015, the APTA Board of Directors Task Force defined the Movement System as “the anatomical structures and physiological functions that interact to move the body or its component parts.” In short, the Movement System can be viewed as the integrated function of the bodily systems that govern movement.

Over the past year, I have responded to several challenges to the Movement System concept. Namely, why is this needed? Why now? In my opinion, there are two issues. First, physical therapists and physical therapist assistants are too often identified by what we do, and not by what we know as professionals. Although public recognition for PT practice methods and outcomes is essential, understanding that PTs and PTAs achieve these outcomes through clinical reasoning and practice that emanates from a distinct body of knowledge is crucial to our professional identity.

Second, the profession is not conveying a consistent and clear message to consumers, payers, legislators, etc., about what we do and what makes us distinctive in the world of health care. Hence, there is public confusion about what we do and how we are different from the chiropractors, athletic trainers, etc. In short, I believe our identity (both internally and externally) is not clearly defined and articulated.

If you ask a group of physical therapists the question “What is a physical therapist?” you likely will get varied responses. Would the same thing happen if you ask the same question to a group of orthopaedic surgeons or neurologists? The Movement System concept provides us the framework by which we can use our identity to the benefit of the patient. For example, the physical therapist and physical therapist assistant evaluates and treats the Movement System to reduce pain, increase function, etc.
MOTION

IN reports that recently 1.5

- 2016 1.5 -

the production I can, whether it
the TV production was in New
Allen volunteered to help when
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DPT were invited to Ireland to help
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Scholastica in Duluth, Minn., in
also completed her transitional
health care leadership. She
ment to proficient and ethical
journey that included successful
became a Fellow in the American
KAREN FREDERICK MPT '87
1987
1988
ALLEN LING MPT ’88 and his physical
therapy colleague Lee Yek
DPT were invited to Ireland to help
stuntmen and actors recover from any
injuries (caused by oversite or
unexpected impact) on the
set of AMC’s Into the Badlands.
Allen volunteered to help when
the TV production was in New
Daniel Wu, the show’s lead actor and executive
producer, trained at Ling’s private practice,
Physical Therapy innovations, Inc., to prepare for his role.
“I am looking to help every year of
the show. I can, which helped
him being helpful Daniel train here or on
the set,” Ling says.

1976
THOMAS PAYNE MPT ’76 and his wife Yvonne relocated to the Washington D.C. area to be
their near daughter Margo Payne-Robinson DDS, who attended Howard University.
Payne has a small office in Gainesville, Va.,
(mainly clinical. EMG/NCV and
women/men health work, he says). He misses Southern California and says he still
up with USC football, even from the
East Coast. Payne can be reached at tpayneemg@yahoo.com.

1987
KAREN FREDERICK MPT ’87 became a fellow in the American College of
Medication Executives in March 2016, after a three-year
journey that included successful
completion of a national board examination for
physical therapists, achievement of the professional
level of fellowship, and completion of a 200-hour credit program
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CLASS NOTES

1997
SHERYL EINFALT MPT ’89 is now in her 12th year as the
PTA program director at Ollone College. She recently completed her second CAPTE accreditation
exercise and self-study report for the program. She also did a site visit in 2006, and all of the graduates
from the program have scored a 100 percent pass rate on the national physical therapy assistant examination
every year since 2007.

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journey that included successful
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physical therapists, achievement of the professional
level of fellowship, and completion of a 200-hour credit program
in administration.

1999
CARMEN ROMANO DPT ’05 continues to work full-time at
Kaiser Permanente in Santa
Clara, Calif., and is a member of the American Physical Therapy Association.
She welcomed a new addition to the family, her third
dughter Duncan, who was born in May 2016

2000
JASON TERRY DPT ’02, after a three-year
the Year in

2001
KIM RONDINA DPT ’01 opened Transform Manual Physical Therapy
with two locations in Scottsdale and Phoenix. The cash-based
practice specializes in functional manual therapy, visceral and neural
manipulation, and functional dry
needling and active release tech-
niques. Rondina has also earned
assistant teaching credentials for Visceral Manipulation: Abdomen
from Barral Institute.

2002
JASON TERRY DPT ’02 received NCS re-certification in 2016. He
was Utah’s Physical Therapist of the Year in 2019 and is the proud
father of five kids.

2003
CASSANDRA SANDERS-
DPT ’04 of sports that
development is underway for a
clinic facility onsite at the
newly acquired 5.5-acre acres August
& Bounds ranch. Leaps & Bounds
currently serves more than 150
patients per week, with therapists
incorporating evidence-based
therapy strategies. The new
clinic will house the more than 400
weekly sessions of occupa-
tional therapy, physical therapy
and speech therapy, currently
provided at a leased retail clinic
space offshore. This new facility
clinic — designed by Sanders-
Holly (with input from all 30 of her
staff members) — will complete the Leaps & Bounds campus and
allow for substantial growth and
service to Inland Empire children.

2004
MARY K. BARRY DPT ’07 graduated from the
University of

2005
CARMEN ROMANO DPT ’05 continues to work full-time at
Kaiser Permanente in Santa
Clara, Calif., and is a member of the American Physical Therapy Association.
She welcomed a new addition to the family, her third
dughter Duncan, who was born in May 2016

2006
CHAD BEAUCHAMP DPT ’11, physical therapist for the USC Trojans
football team, even from the
Coliseum, opened Repair Sports Institute. He
is the owner and head physical
therapist of Repair Sports Institute.

2007
JARED VAGY DPT ’09 has been promoted to course coor-
dinator for PT151. Basics of Patient
Management in the doctor of
physical therapy curriculum at
USC Division of Biokinesiology
and Physical Therapy.

2008
LAYLA河南省 DPT ’08, a physical therapist at the

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2013
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dinator for PT151. Basics of Patient
Management in the doctor of
physical therapy curriculum at
USC Division of Biokinesiology
and Physical Therapy.

2014
JOSEPH DERIAN DPT ’16 recently completed the MedStar
National Rehabilitation Network / George Washington University neuro-
logic physical therapy residency program. Her research abstract was
accepted for a poster presentation at the John’s Hopkins Research Day
taking place in November 2016.

2015
JAY THOMAS PAYNE MPT ’76 and his wife Yvonne relocated to the Washington D.C. area to be
their near daughter Margo Payne-Robinson DDS, who attended Howard University.
Payne has a small office in Gainesville, Va.,
(mainly clinical. EMG/NCV and
women/men health work, he says). He misses Southern California and says he still
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East Coast. Payne can be reached at tpayneemg@yahoo.com.

2016
JASON TERRY DPT ’02, after a three-year
the Year in

2017
MARY K. BARRY DPT ’07 graduated from the
University of

2018
LLOYD B. PAYNE MPT ’76 and his wife Yvonne relocated to the Washington D.C. area to be
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East Coast. Payne can be reached at tpayneemg@yahoo.com.

2019
atem mobile physical therapy
with Operation Rainbow to La

2020
JASON TERRY DPT ’02, after a three-year
the Year in

2021
MARY K. BARRY DPT ’07 graduated from the
University of

2022
JASON TERRY DPT ’02, after a three-year
the Year in

2023
MARY K. BARRY DPT ’07 graduated from the
University of

2024
JASON TERRY DPT ’02, after a three-year
the Year in

2025
MARY K. BARRY DPT ’07 graduated from the
University of

2026
JASON TERRY DPT ’02, after a three-year
the Year in

2027
MARY K. BARRY DPT ’07 graduated from the
University of

2028
JASON TERRY DPT ’02, after a three-year
the Year in

2029
MARY K. BARRY DPT ’07 graduated from the
University of
It would be really hard to forget a spunky young woman named Jana* with a pixie cut and tattoos, cruising around in a bright-yellow power wheelchair.

This woman has been a source of great inspiration for me, helping me realize that I have found my purpose — not only as a physical therapist, but also as a human being.

Our relationship began one summer when I had the pleasure of working with her while I was a student completing a clinical rotation. We have stayed in touch ever since, which has led to more than a year of weekly workouts together.

Jana started using the power wheelchair as a source of mobility and independence 18 years ago after fracturing her neck while performing a stunt as a gymnast at Sea World. The accident resulted in a C5-C7 sensory incomplete spinal cord injury.

I remember our first consultation; we toured a state-of-the-art, two-story gym, walls lined with mirrors, spaces filled with inaccessible equipment. Together we approached different machines, problem-solving ways to make the equipment functional for her needs, determined to optimize our resources.

Together, we figured out many creative ways to complete each exercise. From free weights to adaptive clips to therabands and manual resistance, we were burning calories and increasing heart rates. The experience challenged each of us individually — one intellectually, the other physically.

As our workouts continued, the effects on her function manifested in the neatest ways — like her becoming able to hold those big red fingers at the L.A. Clipper’s game. Or she and her husband soaking up the sun and catching breezes while handcycling along the beach. The short-story videotelegram messages she sent me celebrating these adventures became movement analysis clips for me. And her fearless acts of human courage became my source of inspiration.

About eight months into our workouts, Jana began talking about a trip to Europe she and her husband were planning. Between cable rows and rest breaks, we discussed accessibility, practicality and the potential obstacles that could arise with a power wheelchair. Yet, traveling through Europe in a power chair was not at all what Jana had in mind.

Unbeknownst to me, she had been seriously considering and planning for the possibility of pushing her way through Europe. I vividly remember sitting in class one afternoon when I received two video messages from Jana. The first was a video recording, with Jana pushing a manual wheelchair while singing the Rocky movie theme song. After 18 years in a power chair, Jana was proving there are no limits to the power of healing. My own affirmation was building.

The second text was a video of her casually scrolling past the camera, dog in lap, with her background music playing blasting, “All I do is win, win, win no matter what.” And it was fitting: In that moment, Jana had won.

I was in tears. I watched the video on repeat, shedding tears of joy, empowerment and, more significantly, purpose. I showed the video to anyone with 15 seconds to spare, like a proud mom showing off pictures of her child.

As a recent graduate of USC’s doctor of physical therapy program, I feel as though I am stepping into my purpose as a facilitator of healing, a facilitator of empowerment, a facilitator of learning and a facilitator of change. My decision to become a physical therapist has been affirmed.

*Story shared with Jana’s permission.

Watch Jana and her furry friend Chewie give their new chair a spin at tinyurl.com/jana-chewie

PHOTO BY CHRISTINA GANDOLFO