THE DIVERSITY ISSUE
Associate Professor of Clinical Physical Therapy Dan Kirages ’94, DPT ’98 records a guest lecture for PT521: Principles of Patient Management in preparation for the incoming hybrid class. Kirages was just one of several faculty members reconceiving, revitalizing and recording coursework throughout the spring semester to provide a web-based experience emulating the division’s residential-based education.

"Translating courses from the residential to the hybrid pathway has allowed us to carefully refresh each course," Kirages says. "And since these videos will be available for both residential and hybrid students, everyone will benefit." The inaugural cohort of nearly 50 hybrid students began their coursework on June 18.
For the past two decades or so, USC has been working very hard to become more diverse — that is, to have faculty, staff, and students who are representative of the diverse Los Angeles communities in which we live. Let’s face it, this has not been an easy goal to accomplish. Progress has been slow and halting, with some successes but also many failures. The lack of progress has led many to label diversity as a buzzword, and to question the commitment of corporations and universities to real change. This is a valid criticism. For many organizations, it has often seemed that more attention is paid to creating a public image of diversity than to truly transforming the culture of the institution.

But diversity means much more than simply demographics. It means creating an environment that is welcoming to all people — a culture that is inclusive rather than exclusive. It also means a commitment to social and economic justice — reducing health disparities and inequities in the delivery of health care.

In physical therapy, we have a special need for a diverse workforce. The patients we treat come from all cultures and ethnic groups. Many are poor, some are homeless, and others live on the edges of society. All need our skill and expertise. Indeed, the people with the greatest need for our help are often those with the least access to services. Having a more diverse profession will help us all to better understand and communicate with our patients in order to deliver better care.

At the USC Division of Biokinesiology and Physical Therapy, we have been fortunate to have had leadership from our own students in promoting diversity. In 2004, several DPT students came to us and requested permission to form a new organization — the Physical Therapy Multicultural Leadership Alliance (PTMLA). This group of students has passed the baton from class to class over the past 14 years and continues to lead (see article on p. 16).

A commitment to diversity and inclusion is important for another reason. It will help us to fix what is broken at USC. We are living through one of the most difficult periods in USC’s long history as an institution. Fixing USC will require that we examine our culture and empower people at all levels of the institution’s hierarchy to identify inequities and demand change. Making USC more diverse and building an inclusive culture is the best way to ensure that the problems don’t recur.
HANNAH BENET
PHOTOGRAPHER
Camera-for-hire Hannah Benet continues her run, shooting for Ostrow publications — she’s already contributed to T Ros and USC Chan Magazine — by bringing her creative eye to inMotion. Where has your work appeared? Children’s Hospital Los Angeles’ Imagine, ResearchONLA, USC Chan Magazine, TroDent and Prehospital and Disaster Medicine as well as in galleries around the world, including Moscow, Toronto, Paris and, of course, Los Angeles.

When did you first know you wanted to be a photographer? After taking a photography course at my university.

What does it take to be a great photographer? It takes patience, a love for going with the flow and appreciating the unexpected.

What do you like to do “off the clock” to unwind? Binge-watch shows on TiVo and Netflix.

NATALIA JESCHIEN DPT ’12
GUEST COLUMNIST
After seeing a news clip on treatment that Jeschien provided to a little boy with a rare form of cancer, we knew she was the right person to tackle this issue’s “My Inspiration” column.

Workplace Phoenix Children’s Hospital
Favorite PT class Gait Class with Dr. Powers

What did you learn about yourself during the process of writing your column? I learned that our patients have just as much — if not more — to offer us than what we give to them.

What do you like to do “off the clock” to unwind? My husband and I love the outdoors — hiking, camping and traveling. Staying active is an important part of unwinding and, in Arizona, there are many opportunities to do so outside.

Life update My husband and I recently added to our family! We have a 3-month-old USC PT baby!

GARETT YOSHIDA
GRAPHIC DESIGNER
Garett Yoshida is the creative hand behind every issue of inMotion, having designed the publication since 2013.

Graphic designer since 1988
USC publications designed TroDent, inMotion and event collateral for the Herman Ostrow School of Dentistry of USC

Hometown Hawaii Kai, Hawaii (Island of O’ahu)

When did you first know you wanted to be a graphic designer? During high school, I painted banners and silk screened ribbons for football games, which combined images with fun, bold text. It was pretty much like designing advertising or magazine articles.

What do you like to do “off the clock” to unwind? Binge-watch shows on TiVo and Netflix.

FEATURES

A SHOULDER TO LEAN ON
BY JAMIE WETHERBE MA ’04
A mugging robbed Cecilia Wu of the use of her shoulder. A USC physical therapy research team gave it back to her, using an innovative new rotator cuff treatment option funded by a private grant.

WHAT A RELIEF!
BY KATHARINE GAMMON
Physical therapy is gaining recognition as a way to treat certain types of headaches. Meet two patients whose headaches spliting a lot less lately, thanks to USC Physical Therapy’s headache management program.

FINDING BALANCE
BY STEPHANIE CORRAL
Andrea Du Bois thought she was coming to USC to pursue her PhD in biokinesiology. Little did she know, she would become a patient — after a rare diagnosis.
A new American Cancer Society grant will fund year-long exercise study.

BY KATHARINE GAMMON

Breast cancer is the leading cause of cancer death among Latinas in the United States. Latinas are also twice as likely to experience other conditions that crop up, including insulin resistance and metabolic syndrome — a cluster of health conditions that includes high blood pressure, excessive body fat and high cholesterol.

To deal with some of these secondary conditions, Assistant Professor of Research Christina Dieli-Conwright PhD ’09 is launching a new year-long study of 160 Latina breast cancer survivors.

The subject matter is well-trodden territory for Dieli-Conwright, who has conducted previous studies on the effects of exercise on women from all backgrounds who had survived breast cancer.

An under-researched population

For this study, funded by a $792,000 grant from the American Cancer Society, Dieli-Conwright will focus on Latina breast cancer survivors.

She says that while finishing her prior study, she recognized the unique challenges faced by the Latina community in Los Angeles to study women from the Latino community, so she zeroed in on her efforts on that.

“This population is at a higher risk for sedentary behaviors, type-2 diabetes and heart disease,” Dieli-Conwright said. She added that preliminary work shows there could be genetic differences, but that’s not this study’s focus. This study will be looking exclusively at Latina women’s behavior and lifestyle, which often differs from non-minority women.

Dieli-Conwright recently did a search on studies examining the impact of exercise on breast cancer and was surprised to find how few looked at minority participants. “Out of the 475 exercise studies, fewer than a dozen focused on a minority population,” she said. The bulk of research focused primarily on Caucasian women.

She explains that Latinos, overall, have more unique barriers to participating in exercise and clinical trials, and are less represented in clinical research than other ethnic groups. USC’s geographic location and community connections offer unique access to get these women involved in cancer research. “There are very few institutions that have access to these populations and have national cancer centers,” Dieli-Conwright said.

Clinic-to-community approach

The new randomized, controlled study will test exercise’s effects on risk factors related to type-2 diabetes and heart disease after cancer survival. One group of breast cancer survivors will undergo a three-part exercise regimen over the course of a year, while the other, a control group, will continue their same lifestyle.

For the exercise group, the first four-month period will be spent in the exercise center at USC, using American Cancer Society guidelines for exercise while participating in one-on-one sessions three times a week with the research staff.

During the second phase, the group will move from a clinical environment to a community-based exercise program. They will be provided a free YMCA membership and will be given exercises to do independently.

Finally, during the final four-month period, the women are completely on their own. “We will give them a program of what exercises to do, but we will not pay for gym membership,” Dieli-Conwright explained.

“At the end of the 12-month period, we want them to understand the benefits of physical activity and feel more confident in exercising on their own,” she said.

Those benefits may include longer, healthier lives.

“There is a great deal of research that tests home-based and phone-based exercise interventions, Dieli-Conwright said. But she wanted to educate participants, get them in the clinic first and give them supervision before sending them out into the world — slowly building their confidence to exercise on their own.”

It’s an approach called clinic-to-community or do-to-clinica a lo comunitario, she said. “We think we can get them to buy in better if they get exposure to exercise in a clinical design setting.”

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FISHER TO DELIVER 2019 JOHN H.P. MALEY LECTURE

Professor of Clinical Physical Therapy Beth Fisher MS ’90, PhD ’00 has earned the 2019 John H. P. Maley Lecture Award, meant to recognize APTA physical therapists who have demonstrated clinical expertise and made significant contributions to the profession. Fisher is an internationally recognized expert in neurorehabilitation. Her research on exercise’s effects on individuals with Parkinson’s disease has led to a paradigm shift in the way it is treated, leading to earlier interventions that can change the disease’s trajectory. The award requires her to deliver next year’s Maley Lecture at the NEXT Exposition & Conference. Also earning awards this year were Professor of Clinical Physical Therapy Rob Landel MS ’84, DPT ’96, who was honored with a Lucy Blair Service Award for his work in developing national physical therapy residency programs, and Assistant Professor of Research Beth Smith, who received a Eugene Michel New Investigator Award for her investigations into the development of neural control of movement during infancy.

WINSTEIN RECOGNIZED WITH PRESTIGIOUS APA SECTION ON RESEARCH AWARD

Professor Caroline Winston MS ’94 has been honored with the 2019 John P. Maley Award, the highest distinction awarded by the APA’s Section on Research. The award is meant to recognize outstanding contributions to research leadership. Winston has become one of the most recognized physical therapy researchers in the world, said APA Section on Research President Gammon Earhart while presenting the award. “Winston has been responsible for the integration of motor-learning evidence into neuralistic physical therapy. Winston has dedicated her decades-long research career to improving the lives of patients with neurological disorders. She has authored more than 100 academic papers, including chapters, proceedings and commentaries. She is the director of the Motor Behavior and Neurorehabilitation Lab and has a dual appointment with the neurology department at the Keck School of Medicine of USC.”

VALERO-CUEVAS EARNS HONORARY SWARTHMORE DEGREE

Professor Francisco Valero-Cuevas has been awarded an honorary degree from his alma mater Swarthmore College in recognition of his sustained contributions to science and engineering. “I owe my academic career to Swarthmore,” said Valero-Cuevas, who earned his bachelor’s degree in engineering at the liberal arts college. “They believed in me and supported me with a very generous scholarship to pursue an engineering degree with a strong liberal arts emphasis, which defined my intellectual development and subsequent career.” By earning the recognition, Valero-Cuevas joins such notables as physicist Albert Einstein, author James Michener and President Lyndon B. Johnson. Valero-Cuevas joined the division faculty in 2007. He is the director of the Brain-Body Dynamics Lab and has a dual appointment at The USC Viterbi School of Engineering.

DIVISION WELCOMES INAUGURAL DPT@USC CLASS

The inaugural class of DPT@USC students have officially begun their studies. Forty-eight students from 12 states logged on for the first time in mid-June, beginning what will be a full-time, three-year hybrid online and on-campus program. The students range in age from 21 to 38. Mirroring the profession at large, there are more women (60) than men (22). DPT@USC students receive the same high-quality and academically rigorous training, with equal access to expert USC faculty members, as traditional Trojan students. They must also complete the same 50 weeks of mentored clinical experiences as their on-campus counterparts and will be required to travel to USC regularly for hands-on, clinical skills laboratories.

USC LAUNCHES ONE OF THE FIRST ACCREDITED DIVISION I SPORTS FELLOWSHIPS

This spring, USC became home to the nation’s third accredited Division I Sports Fellowship. The year-long program aims to graduate advanced sports physical therapists specialized in Division I Athletics. During the program, fellows will be provided supervised clinical mentorship and gain on-field experience with a Division I Sports team. A typical week consists of 20 hours of clinical practice, four hours of mentored clinical practice in Division I physical therapy, three hours of physician mentoring from the team’s athletic training room and three to six hours of on-field experience. The program is a collaboration between USC and UCLA, with fellows completing their program requirements at a UCLA athletic training facility.
BY MICHELLE MCCARTHY

In the past 15 years, Major League Baseball (MLB) players on the disabled list accounted for $7 billion in lost wages. And while multiple studies have researched possible causes of shoulder and elbow pain in the sport, injuries continue to occur.

Ideally, during preseason testing, players would find out about strength and motion deficits that might put them at risk for injuries so they could address them and avoid the injury altogether.

Turns out we might be nearing home plate with all positions taken into account.

Professor of Clinical Physical Therapy Lori Michener and her research team recently received an MLB grant for their study, “Risk Factors Associated with Upper Extremity Injuries.” Michener’s experience as a shoulder expert and Sum’s expertise with baseball, it seemed the perfect sport in which to conduct the trial.

The four of them traveled to spring training in Phoenix, Ariz., on March 4 and 9 to conduct measurements on members of three minor league teams. Approximately 200 players took part, with all positions taken into account.

Running the numbers

While past studies have focused primarily on the shoulder’s range of motion, this trial will approach the subject differently, looking at the correlation among muscle control, shoulder, trunk and leg strength, and subsequent injuries.

“We’re looking at strength and range of motion measurements of the shoulder, but we’ve also incorporating somebody’s functional strength,” Sum said. “No studies to date have looked at the combination of measurements we’re doing — the legs, the core, the arms.”

Testing included shoulder range of motion using an inclinometer, a device that measures angles; shoulder strength via a dynamometer, which gauges power output; trunk and hip stability assessment through a step-down test off of a box that is then digitized and analyzed for degree of abnormal motion versus normal motion; and trunk/hip strength, measured by having participants assume a side bridge position and holding it for as long as possible.

“We’re trying to figure out if somebody who tests positive for one, two, three or five of these factors is the one who ends up getting an arm injury during the season,” Sum explained.

On the lookout for injuries

As the players hit the field and the season progresses, the rehab coordinator for the minor league system will report back to the trial team with details such as who was injured, what the injury was and when they were injured.

“We will compare the people who got injured to the people who didn’t and then develop prediction models to understand the relationship between the data we’ve collected and the injuries that developed,” Michener said. "The theory is we will find valuable information for the teams, which they can use to identify a player who may be at risk for injury and then intervene with a prevention program.”

Trial results will be submitted to national sports medicine conferences and for publication in peer-reviewed journals. The next step will be to use the findings to establish a tailored prevention program for each individual player, an advancement that could vastly affect MLB, according to Sum.

“If we can further shed light on risk factors for baseball players who have a higher chance of injury, this could mean less injuries, less time and dollars lost to injuries, a more competitive product on the field and higher earning potential for players,” he said.

USC physical therapy researchers team up with Major League Baseball for study to predict injury before it occurs

Predicting and preventing arm injury could be grand slam for sports organization, saving billions of dollars in lost wages.

BY MICHELLE MCCARTHY

Michener is working with Assistant Professor of Clinical Physical Therapy Jonathan Sum ’01, DPT ’05 and Postdoctoral Research Associate Hillary Plummer on this study.

With Plummer’s interest in researching biomechanics and injury analysis in baseball, Michener’s experience as a shoulder expert and Sum’s expertise with baseball, it seemed the perfect sport in which to conduct the trial.

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JUMP ROPE PERFORMER

Google him, and you’re bound to come across more than a few videos of Eddie Yacynych seemingly defying gravity in jump rope performances that elevate the traditional schoolyard pastime to an art form combining gymnastics, dance and extreme sport.

A competitive jump rope performer since fourth grade, Yacynych amassed a number of national and international prizes and a handful of TV appearances before becoming a USC DPT student. Though he officially hung up the rope as a competitor several years ago, he’s never long out of earshot of the whirring of a skipping rope as he continues to pursue his passion, training and coaching other competitive jumpers.
You’ve also made several TV appearances, right? My group, Flight Crew Jump Rope, and I have appeared on America’s Got Talent, The TODAY Show and The Voice (as backup for a Machine Gun Kelly performance).

What does jumping rope fulfill in you that you might not get from other pursuits? Jump rope fulfills the performer side of me. I love dance, gymnastics and music, and I love the adrenaline rush of doing it in front of an audience.

How could you see incorporating jump rope into your eventual physical therapy practice? Jump rope has to be one of the best exercises out there today. If done correctly, it works all your major muscle groups — arms, legs, core — with lower impact than running, increases your cardiovascular endurance and improves your coordination. I definitely advertise it to my patients as a fun, easy way to work out.

When did you first get started jumping rope? I started when I was 6. There was a local team in my hometown of Ellicott City, Md., called the “Kangaroo Kids.” I caught one of their shows and immediately started practicing in my driveway. My mom saw me. I was nervous to do on my own.

Since then, you became a competitive jump rope jumper. What prizes do you have in your trophy case? I have two Grand National Trophies to my name — one in triple-unders (where in one jump, the rope turns three times under your feet) and one in double-dutch freestyle. I also have a bronze medal from the World Championships in 2010, which was my last year competing. I have since become a jump rope coach and train people for nationals, CrossFit, etc.

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“Exercise is truly medicine.” Assistant Professor of Research Christina Dieli-Conwright PhD ’09 tells ABC7 about how her study demonstrated that a weekly regimen of 2.5 hours of aerobic activity and two strength training sessions can help breast cancer survivors decrease symptoms of the metabolic syndrome that can often result from cancer treatment.

Natalia (Sarmiento) Jeschien DPT ’12 describes the progress she’s seen in patient Kendrick Taylor, a 25-year-old boy born with a rare form of cancer that caused him to be paralyzed from the knees down.

““Our main goal here is to enhance neural plasticity or neural recovery in individuals … to improve patients’ quality of life and engagement in meaningful activities.” Assistant Professor of Translational Neurorehabilitation Research Lea Dieli-Conwright MA ’08, PhD ’12 shows PC Magazine reader S. C. Stuart how the Rehabilitation Environment using the integration of Neuromuscular-based Virtual Enhancements for Neural Training (BEVENT) program uses virtual reality to help survivors of stroke regain control of their body movements.

You can also see how the Rehabilitation Environment helps patients like Kendrick Taylor with a condition called a posterior fossa. How can virtual reality be used to help patients improve their motor function? In this case, Kendrick Taylor has limited movement and needs to use a virtual reality program to enhance his neural plasticity.

SnapSPT is a Snapchat account that brings physical therapy education to the masses. It allows PT/PTA students and practitioners as well as undergraduates considering physical therapy school, to better increase awareness about the profession.

The TODAY Show My group, Flight Crew Jump Rope, and I started when I was 6. There was a local team in my hometown of Ellicott City, Md., called the “Kangaroo Kids.” I caught one of their shows and immediately started practicing in my driveway. My mom saw me. I was nervous to do on my own.

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You coordinate your jumping to music. What’s your favorite kind of music to jump to? A good pop/dance song always gets me hyped up. One of my favorites is Bruno Mars. His song, “Uptown Funk,” uses a couple inches to my jump. I swear, if I like the song, and it has a good beat, I can’t help but throw in some dance moves. I have a lot of fun with this, if you can’t tell.

What’s a jump rope move that’s a guaranteed crowd pleaser? I think what shocks people the most is when I do my round-off back flip with the jump rope. I was a college cheerleader, so I like to incorporate a lot of gymnastics into my routines. Another favorite move is the triple under, where I jump once and the rope spins under my feet three times.

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What does jumping rope fulfill in you that you might not get from other pursuits? Jump rope fulfills the performer side of me. I love dance, gymnastics and music, and I love the adrenaline rush of doing it in front of an audience.

How could you see incorporating jump rope into your eventual physical therapy practice? Jump rope has to be one of the best exercises out there today. If done correctly, it works all your major muscle groups — arms, legs, core — with lower impact than running, increases your cardiovascular endurance and improves your coordination. I definitely advertise it to my patients as a fun, easy way to work out.

You coordinate your jumping to music. What’s your favorite kind of music to jump to? A good pop/dance song always gets me hyped up. One of my favorites is Bruno Mars. His song, “Uptown Funk,” uses a couple inches to my jump. I swear, if I like the song, and it has a good beat, I can’t help but throw in some dance moves. I have a lot of fun with this, if you can’t tell.

What’s a jump rope move that’s a guaranteed crowd pleaser? I think what shocks people the most is when I do my round-off back flip with the jump rope. I was a college cheerleader, so I like to incorporate a lot of gymnastics into my routines. Another favorite move is the triple under, where I jump once and the rope spins under my feet three times.

The TODAY Show My group, Flight Crew Jump Rope, and I started when I was 6. There was a local team in my hometown of Ellicott City, Md., called the “Kangaroo Kids.” I caught one of their shows and immediately started practicing in my driveway. My mom saw me. I was nervous to do on my own.

Since then, you became a competitive jump rope jumper. What prizes do you have in your trophy case? I have two Grand National Trophies to my name — one in triple-unders (where in one jump, the rope turns three times under your feet) and one in double-dutch freestyle. I also have a bronze medal from the World Championships in 2010, which was my last year competing. I have since become a jump rope coach and train people for nationals, CrossFit, etc.
There is a diabetes-related amputation every 20 seconds somewhere in the world. Podiatric surgeon David G. Armstrong is one of the medical professionals tasked with performing such procedures. But if he has his way, it’s something he will be doing much less. To achieve that goal, Armstrong has developed the Southwestern Academic Limb Salvage Alliance (SALSA), a clinical and research collaboration dedicated to advancing diabetic foot care and preventing amputation. Here are five more things to know about the Keck Professor of Clinical Surgery who works regularly with the division’s wound management team:

1. **HE REGULARLY PARTNERS WITH USC’S WOUND MANAGEMENT PHYSICAL THERAPY TEAM TO TREAT PATIENTS.** He calls it “toe, flow and go.” The self-proclaimed “toe mechanic” (podiatric surgeon) partners with “flow doctors” (vascular surgeons) to determine how best to treat the wound — and whether it’s caused by a blood flow deficiency. Afterward, the “go doctors” (wound management physical therapists) help the patient get back to a healthy, active lifestyle.

2. **HE CONSIDERS HIMSELF THE LUCKIEST “TOE MECHANIC” IN THE WORLD.** Armstrong’s father was also a podiatric surgeon. Armstrong recalls growing up around his father’s Santa Maria, Calif., practice and seeing the hard work he and his colleague put into their specialty. “I saw all the good that came out of the work they did to help people move around and navigate their world a bit better,” he says. “I feel like I have no excuse but to pay it forward, and that’s what really drives the work we are doing now.”

3. **HE EARNED HIS MASTER’S AND TWO OF HIS DOCTORATES IN THE U.K.** Armstrong traveled to Europe, with hopes of working with experts he admired, such as Dean Emeritus of Clinical Innovation at Cardiff University Prof. Sir Keith Harding and President-elect of the International Diabetes Federation Prof. Andrew J.M. Boulton. “Going abroad to study was an excuse to go work with people who I wanted to be my mentors,” he says. “These are men and women who I still admire and collaborate with two decades later.”

4. **HE HAS BEEN PUBLISHED MORE THAN 500 TIMES BUT STILL MANAGES TO FIND TIME TO SLEEP.** Armstrong considers his vocation one of his many avocations, so he admits he is always writing or thinking about his work, even after hours. “I work with so many great and incredibly smart people, so it is really exciting to do the work. Plus, knowing that I can reach thousands of clinicians who can then use our research to improve care for thousands of patients is really how we make a change in the world. It’s like a pyramid scheme for good.”

5. **HE PUT NEARLY 2,000 MILES ON HIS SEGWAY THROUGH THE WINDY CITY.** In the early 2000s, when Armstrong was living in Chicago, he needed to travel between his clinic, the operating room and his office, which were all separated by a quarter-mile. To cut travel time, he invested in a Segway. “As someone who measures how people get around in the world, it’s a really nifty device. As geeky as it is, Tania (my wife) is still with me — and my colleagues all know my high level of geek — so I’m doing alright,” he says, with a laugh.

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**CELEBRATING NOBEL**

Sure, it’s nice to have a doctor or a lawyer in the family, but not everyone can boast a Nobel Prize winner. The USC physical therapy family can say just that now that Kip S. Thorne, theoretical physicist and husband to Professor Carolee Winstein MS ’84, won a Nobel Prize in Physics for his work observing gravitational waves. Late last year, Winstein and Thorne traveled to Stockholm, Sweden, where they dined, dined and danced among the Swedish royals at the Nobel Prize Banquet.

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**FIVE THINGS**

David G. Armstrong
Professor of Clinical Surgery

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**IN MOTION**

12 SUMMER 2018

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**PHOTO BY REX BY SHUTTERSTOCK**
A Shoulder to Lean On

A mugging robbed Cecilia Wu of the use of her shoulder. A USC physical therapy research team gave it back to her, using an innovative new rotator cuff treatment option funded by a private grant.

BY JAMIE WETHERBE MA ’04

On a Sunday morning in 2006, Cecilia Wu was mugged after leaving church.

“I was at a small shopping center, and a guy came up from behind and grabbed my purse,” says Wu, 70. “I instinctively held on, he pulled again and sent me flying.”

When she hit the ground, she broke her right clavicle. Although she’s not sure when the tear took place — she felt pain while performing everyday tasks — the injury eventually caused rotator-cuff damage.

“I was living with pain on and off for years, and I thought it was related to the clavicle,” she says. “A couple of years ago, the pain became unbearable.”

Discouraging treatment options

In 2016, Wu underwent rehab at Casa Colina Hospital in Pomona, Calif., but the treatment only agitated her injury. Eventually, a series of scans revealed a full-thickness rotator cuff tear.

Wu contacted orthopedic surgeons to research options to fix the tear: One recommended surgery, which would entail a painful recovery, while another prescribed a topical anti-inflammatory to possibly ease her pain.

“That [medication] was almost $3,000; it was outrageous,” she says, adding, despite the price tag, there was no guarantee of long-term improvement.

Discouraged with her treatment options, Wu opted to participate in a pilot study at the Clinical Biomechanics Orthopedic and Sports Outcomes Research Lab.

In the summer of 2016, Wu started the study’s first phase, undergoing 30-minute therapy sessions twice a week for 12 weeks.

“The concept behind USC’s research protocol involves closed-chain exercises often used by the patient’s body weight — including push-ups, pull-ups, dips and reverse rows — while the end of the limb is braced. It’s a new type of exercise, but it’s new as it applies to people with full-thickness rotator cuff tears,” says Lori Michener, lab director and professor of clinical physical therapy. “Our idea was that this approach would facilitate less pain for the patient and better muscle activation.”

This treatment is “unheard of” for this type of injury, says Jonathan Sum ’01, DPT ’05, assistant professor of clinical physical therapy. “To my knowledge, there have only been one or two studies looking at the efficacy of doing these traditionally more difficult exercises,” he adds.

Sleeping without pain

In phase one, patients go through the study’s exercise protocol as part of their comprehensive physical therapy treatment, which could entail other interventions based on the injury.

In the second phase, patients progress to a gym program with intermittent supervision.

In the summer of 2016, Wu started the study’s first phase, undergoing 30-minute therapy sessions twice a week for 12 weeks.

“When we started, she had difficulty raising her arm, lifting anything, and she wasn’t able to exercise,” says Sum, Wu’s primary physical therapist. “One of her big goals was to sleep through the night.”

Now in the second phase of rehab, Wu says her shoulder has completely recovered.

“Before therapy, I couldn’t even wash my back in the shower. Now, I forget I’ve ever had an injury,” she says. “I exercise, I do Zumba. The only reason I’m not playing tennis is because I can’t find a group to take me — I’m not that good.”

A potential game-changer

The study, which started with 15 participants in 2015, has shown improvement in patients’ function and pain “dramatically,” says Sum.

“I can’t think of a patient who didn’t show improvement,” he continues. “In my opinion, this is one of these game-changers that could alter the standard of care for people with full-thickness rotator cuff tears,” he adds.

Surgery is often the protocol for this injury, which becomes more common as people age.

“By the time you reach 70, there’s a 50 to 70 percent chance you have some degree of full-thickness rotator cuff tear,” Michener says. Through her work at USC, Michener hopes more patients can recover without going under the knife.

“Many people who have surgery end up tearing their cuff again for a whole host of reasons,” she explains. “Some statistics are as high as 50 percent; others are as low as 15 percent, depending on the injury and the procedure.”

This new approach could provide clinicians, including physical therapists and surgeons, with a non-surgical option.

Your own physical therapy team

“If we can prolong someone’s natural anatomy as long as possible, they’ll do better overall,” Sum says. “We want patients to have an alternative to surgery that returns them to better function and pain control.”

Michener and her team continue to examine the outcome of these exercises and are applying for a grant to investigate the short- and long-term impacts of the protocol.

In the meantime, Wu wants to spread the message to other patients.

“This is a very good alternative to surgery and the painful recovery,” she says. “The coaching atmosphere made it feel like you had your own team. I saw that I was improving, and that made me actually want to go to therapy.”

Related: From Pain to Gain: Gifts to Let USC Explore How Physical Therapy Helps Torn Rotator Cuffs

Funded by a $465,000 donation from Barbara Fried, who experienced a similar injury, the lab conducts revolutionary research for patients with full-thickness rotator cuff tears.

Before the study, Wu had trouble lifting anything or raising her arm, let alone exercising. Today, she’s back at the gym and says it’s easy to forget she ever had an injury.

PHOTO BY GLENN MARZANO
Student-led organization PTMLA aims to promote diversity in physical therapy.

BY MICHELLE MCCARTHY
Y
ou could say the physical therapy profession has a bit of a diversity problem. According to the U.S. Bureau of Labor Statistics, a mere 5 percent of all practicing physical therapists are African-American. And only 3 percent of all physical therapy students this year were African-American, while 6 percent were Hispanic, according to the Commission on Accreditation in Physical Therapy Education. USC’s physical therapy program scored a little higher, with 10 percent of its students being African-American and 9 percent Latino.

While USC fares better than national averages, in response to this inequity, a group of USC physical therapy students created the Physical Therapy Multicultural Leadership Alliance (PTMLA) in 2004. The student-led organization’s goal is to educate the local community about the physical therapy profession and promote diversity within the field, with an emphasis on minority and underserved communities.

“I was shocked by how minimal the minority representation was in our class and program as a whole,” says PTMLA Faculty Adviser and XULA alumus Terry Richardson II DPT ’14. “Then I started to find out it’s not just here at USC; this is a nationwide conundrum. I felt this burn to do what I could to increase minority representation and, in particular, African-American representation, because we make up only 3 percent of the entire profession nationally, which is not necessarily what our patient population is going to look like.

“YOU CAN TOO”

For Jessica Nguyen DPT ’19, PTMLA’s current president, joining the organization was a natural progression from the volunteer work she was already doing in her Orange County neighborhood. “The Vietnamese community doesn’t know much about physical therapy, and there’s not a lot of Vietnamese physical therapists out there,” she says. “Coming to USC and seeing there was an organization dedicated to serving minority communities and spreading the word about physical therapy to these communities, I knew I wanted to get involved.”

To get the message out, PTMLA members venture into the community at least once a month, speaking at local elementary, middle and high schools, and setting up booths at college fairs, career days and various other events. What they’ve found is many kids in these areas have never even heard of the profession.

“The thing about kids from minority backgrounds is that a lot of times they don’t think they can reach higher education,” Nguyen says. “So we go out there from different backgrounds like Asian, Hispanic and African-American, and we tell them, ’Look, we are from minority backgrounds, and we are pursuing higher education and careers in the health profession, and you can, too.’

RUNNING THE NUMBERS

**U.S. PHYSICAL THERAPISTS**

Despite large-scale demographic shifts in the U.S. population, the physical therapy profession remains largely Caucasian. Below we compare the profession’s racial demographics (in the hexagons) with percentages of the society they should mirror:

**U.S. PHYSICAL THERAPY STUDENTS**

There isn’t much relief to physical therapy’s lack of diversity in the professional pipeline. There were 34,000 students enrolled in physical therapy education programs last academic year, according to the Commission on Accreditation in Physical Therapy. This is how that group breaks down by race:

Continued on page 20 »
“We are from minority backgrounds, and we are pursuing higher education and careers in the health profession, and you can too.”

—Jessica Nguyen DPT ’19, PTMLA President

UNDERSTANDING EACH OTHER

PTMLA has set its target on local communities, but it also focuses on educating from within by hosting a speaker series that is open to anyone on campus. Physical therapists from minority backgrounds are brought in for talks and presentations to help students become more knowledgeable as clinicians. “As an Asian woman, I might not understand different African-American populations or Hispanic populations, but through the speakers and the experiences we have in PTMLA, I’m able to get a better understanding,” Nguyen says.

There were approximately 75 members in PTMLA this year, the largest number since the organization’s inception. Richardson says having a group like this at USC is incredibly important, because it provides an opportunity for people to find common ground, to learn about cultures or ethnicities they aren’t familiar with and to debunk stereotypes. “We all have a specific lens through which we see the world,” he says. “Sometimes it’s difficult to step outside of our frame of reference and have a better understanding of what someone else has experienced.”

While recently attending the college and career fair Adelante Mujer Latina Conference in Pasadena, Calif., PTMLA scholarship recipient and upcoming PTMLA President Jessica Goytizolo DPT ’20 was happy to field questions from the young women in attendance. “We got to talk to these girls and really saw a lot of them inspired,” she says. “They were asking, ‘Do I need to have perfect grades?’ ‘Do I have to have a perfect GRE score?’ We told them, ‘No, we as physical therapists need to see you are a people person. You want to help others. You want to be a good influence in the medical community.’ That was one of my favorite experiences so far.”

Continued on page 22 »
Within the physical therapy profession itself, diversity is key to pushing the field forward. Richardson says bouncing ideas off of colleagues who come from differing backgrounds can lead to breakthroughs that may not have surfaced with someone from a similar ethnicity. “That collaboration allows us to be a better version of ourselves for our next patient interaction.”

PTMLA Vice President David Tang ’13, DPT ’19, says the rapidly changing demographics in the United States call for a physical therapy workforce that mirrors its patient population. “We work directly with the people, and there are so many ethnicities and cultures, so it’s important that we can engage with them ...”

—David Tang ’13, DPT ’19, PTMLA Vice President

A PHYSICAL THERAPIST WHO LOOKS LIKE ME

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PTMLA Vice President David Tang ’13, DPT ’19, says the rapidly changing demographics in the United States call for a physical therapy workforce that mirrors its patient population. “We work directly with the people, and there are so many ethnicities and cultures, so it’s important that we can engage with them, even if it means overcoming a language or cultural barrier.”

Physical therapists who are able to interact with minorities create an environment in which patients feel comfortable seeking medical assistance, which could lead to better overall health for the community. “When you can deal with someone who looks like you and you believe they can understand where you’re coming from a little more than someone from another ethnicity, then sometimes I think that does contribute to better outcomes in a lot of ways,” Richardson says.

A GROUNDING EXPERIENCE

In addition to focusing on USC’s surrounding communities, PTMLA members take part in annual trips to Mexico and Costa Rica, where they provide services to people who don’t have access to physical therapy. The trips serve as an extension of the group’s mission statement to help underserved populations.

“It’s such a humbling experience,” Nguyen says. “Sometimes we get bogged down with studying and tests, but coming to these communities where they don’t have insurance, they don’t get to see a physical therapist and they have a lot of limitations — it grounds our members and reminds us this is what we do with our profession. We’re not here just to see 100 patients a day and get paid. These are real people who we can actually affect over time and better their lives.”

Even more than an opportunity for the students to practice their physical therapy skills, these trips teach them lessons that can’t be acquired in a classroom. “There isn’t a lot of wealth in those cities, so it gives the students perspective,” Richardson says. “There

PHOTO BY HANNAH BENET

PTMLA SCHOLARS

JESSICA GОYТИЗОЛО
DPT ’20

PTMLA member Jessica Goytizolo can’t stand the idea that lack of financial resources could crush an otherwise bright, talented minority student’s dream of a physical therapy career.

“Everyone deserves a chance to do something they love,” she says. “If physical therapy is that career choice for someone, they should be able to be a part of it.”

Like other first-year minority students before her, Goytizolo — who is of Peruvian descent — was given a chance to pursue her own dreams, thanks in part to the PTMLA scholarship that she received this past fall. Her passion for inclusion in the profession — coupled with a strong desire to spread awareness about physical therapy treatments to underserved communities — are qualities that Goytizolo plans to bring to PTMLA this fall as she assumes the presidency.

“I want this organization to positively impact communities,” she says. “And I want to continue to inspire others to get involved with different events that are built to make a difference.”

PHOTO BY HANNAH BENET

Continued from page 20

PHOTO BY HANNAH BENET

Continued on page 24 »
is a sense of gratitude they glean from those experiences, and they see their problems aren’t that bad compared to some of the things they’re witnessing.” In Mexico, PTMLA visits Ensenada’s Gabriel House, a rehabilitation center for children with disabilities who have been abandoned or orphaned. The unique experience is meant to make the students better physical therapists in a number of ways.

“A lot of times, there aren’t state-of-the-art gyms or exercise equipment at these places, and there are language barriers, so it teaches them valuable skills like body language, being able to think on your feet and being able to communicate with someone who speaks another language,” Richardson says. “Those are the kinds of things that are invaluable.”

Chris Floyd DPT ’20, PTMLA scholarship recipient and upcoming vice president, hasn’t traveled much. In fact, the native Californian has never even ventured outside his home state. When he joins his fellow PTMLA members on an upcoming trip to Gabriel House, he will collect his first passport stamp. “The first of many, hopefully,” he says.

THE FUTURE’S IN GOOD HANDS

Floyd, who is African-American, and Goytizolo, who is Peruvian, were recipients of the two annual $3,500 scholarships PTMLA awards to incoming first-year minority students who exemplify qualities of leadership, community involvement and academic excellence (See sidebars on page 21 and page 23).

“The biggest thing for me receiving the award was having more confidence going into the program, knowing my peers and the faculty appreciate the work I did prior to getting into the program,” Floyd says.

Time spent in PTMLA is meant to have a lasting effect on its members, one they will carry with them after graduation, according to Richardson. To that end, Tang has a dream to create a per-diem clinic in which he can provide services to communities in need. And Floyd hopes to find a high school where he can mentor young men and women. “When I was in high school, I had friends who thought it was a success if they made it to 18 because a lot of people were dying at a young age,” he says. “We need to challenge them to set the bar higher.”

Richardson’s vision for the future of PTMLA includes influencing other campuses to create similar organizations. He would like PTMLA to serve as the gold standard for what it means to be a student-run multicultural leadership alliance. “I would also love to get to a place where we raise enough money so we can give out two $10,000 scholarships on a yearly basis,” he says. “It’s a big goal, but I’m excited about the challenge to get it done.”
For years, Noya Wang has struggled with headaches. The pain would radiate from the back of her head and was often accompanied by neck and shoulder pain. “Some days are better than others, and sometimes it’s more in the head, and others it’s more in the neck,” she says. “In general, I feel really tense in the neck area, and the back of my neck, it’s always achy.”

The headaches were making her unhappy. Though they didn’t often interfere with daily activities, the headaches did add a patina of pain to everything she did. On bad days though, Wang wasn’t able to hold her head straight and pain to everything she did. On bad days though, Wang wasn’t able to hold her head straight and only felt better when she lay down. Deseasefor for relief, she tried a variety of treatments, including medication, massage and acupuncture — but all to no avail.

REMARKABLE RESULTS

In 2015, she found her way to Erica Sigman, DPT ’09, instructor of clinical physical therapy, who also treats patients with headache and jaw pain at the division’s faculty practice. USC Physical Therapy (formerly PT Associates) offers a headache management program on both the UPC and HSC campuses, in which board-certified neurologic and orthopedic physical therapists work alongside specialists from the USC Headache and Neuralgia Center to create individualized treatment programs for headache sufferers. While physical therapy is more likely to be associated with therapy for knees rather than heads, it’s gaining recognition as a treatment for headaches, Sigman says.

The process begins with a medical history evaluation as well as a thorough assessment, which serve as the basis for a comprehensive evidence-based treatment plan. During Wang’s first appointment, Sigman measured her range of motion, assessed the joints of her neck and checked the strength of her postural muscles.

Sigman says physical therapists have the uniqueness to identify postural and cervical contributing factors to a patient’s headache. Once patients understand their triggers and postural factors, they can better prevent headaches from occurring. During a therapy session, Sigman usually begins with manual therapy to the thoracic spine. “That’s a safe place to start,” she says. “Then might look and see if the patient presents with myofascial trigger points, because those can refer pain to the head.”

Sigman will use manual therapy, ice massage and/or cupping to work on those trigger points. She then might work her way down the cervical spine, at times with manual therapy, but always working to strengthen the deep neck muscles. As with any physical therapy, she gives the patient at-home exercises to do between sessions.

The results were remarkable, says Wang, whose treatment consisted of manual physical therapy, exercise and the use of heat and ice. “With every therapy, my baseline pain has gotten better,” she says. “It’s one of the most effective things I’ve tried for my headache.”

FEWER PILL BOTTLES

With most cervicogenic headaches — pain that is referred from the cervical spine and surrounding soft tissues — the headache goes away within three months of treatment. But it really depends on the patient — if they have chronic or episodic migraines, they may need ongoing treatment.

That’s the case with Brooke Woodfield, another of Sigman’s patients. Woodfield has chronic migraines and seizure disorder. She had been on many medications with not much relief and was missing social and family events due to pain. Woodfield, who works as an occupational therapist, says she was initially skeptical that physical therapy would help her headaches. But one day, she went to see Sigman with a really bad headache. By the time she left, the headache was gone, and she didn’t need medication.

“Dr. Sigman validated I do have trigger points for my headaches,” Woodfield says. “People told me I was making it up, or that it wasn’t that bad. But she really validated it, and as a result, I’m not taking as much medication. It’s been so helpful.”

In the session, Sigman does manual muscle massage. “I have trigger points, and she works on those,” she says. “Then I do exercises, and I get ice at the end of my session.”

BEYOND EXPECTATIONS

Wang says she notices a difference in how physical therapy feels, compared with other treatments she’s tried. “I feel like this is the least invasive,” she says. “I feel like this is the least invasive then massage: it’s very gentle. Physical therapy is even less invasive than massage: it’s very gentle, and if you feel pain, they modify.”

Even though Sigman says physical therapy has found it to be the most effective treatment. Sigman agrees: “Physical therapy for headaches isn’t a no-pain, no-gain situation,” she says. “You shouldn’t be uncomfortable, and if you do have head pain from the treatment, you should speak up.”

Looking back, Woodfield says she wished she had discovered physical therapy sooner. “I feel like this is the least invasive,” she says. “I feel like this is the least invasive then massage: it’s very gentle. Physical therapy is even less invasive then massage: it’s very gentle, and if you feel pain, they modify.”

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Looking back, Woodfield says she wished she had discovered physical therapy sooner. “I didn’t realize how much I was doing just the minimum to get by,” Woodfield says. “I had headaches every day, and I thought it was normal.”

Instead of surviving, she’s now doing more activities, and she doesn’t avoid family events due to fear of pain. Instead of daily headaches, she can go two or three days without symptoms.

Wang says physical therapy at USC is her personal happy place. “The care is beyond excellent. It’s way beyond my expectation. From the moment I walk in, people say hi to me. It’s full of love and energy. I can’t expect anything better than that.”
Andrea Du Bois manages dizzying condition with help from USC physical therapy faculty members

By Stephanie Corral

Featuring Andrea Du Bois

Finding Balance

As a kinesiology graduate student at California State University, Fullerton in 2010, Andrea Du Bois had a startling realization on the first day of her advanced sports psychology class during an in-class exercise involving the game of telephone.

“The person sitting next to me whispered in my ear, and I couldn’t make out the words,” says Du Bois, who is currently a PhD candidate in biokinesiology at USC. “I knew I blew the game.”

A hearing test and MRI performed at Keck Medicine of USC would later explain the one-sided hearing loss in her left ear: Du Bois had an acoustic neuroma, which is a rare and benign tumor that slowly develops on the eighth cranial nerve leading from the inner ear to the brain.

Every year, one out of every 100,000 Americans will develop an acoustic neuroma, according to the National Institutes of Health.

Aside from hearing loss, acoustic neuromas — and their surgical removal — can cause vestibular nerve damage, which can result in vertigo and balance impairments.

Receiving the diagnosis was an emotional experience for Du Bois, who regularly enjoyed hiking and other outdoor activities with her husband.

But she steadied herself by thinking of her best friend who died of a rare form of cancer before reaching the age of 30. “I knew there would be a healing process,” she says. “But after watching my friend fight cancer for two years, I knew I could get through this.”

Onto the Operating Table

In June 2016, six days before her 31st birthday, Du Bois underwent acoustic neuroma surgery. To access the tumor, Rick Friedman and Steven Giannotta — from the USC Acoustic Neuroma Center — removed a section of her skull from behind her ear. After inserting abdominal fat into the hole in her skull, the surgeons sealed it with a titanium plate.

“I came to USC as a student, never expecting to be a patient,” Du Bois says. “I had no idea at the time that I would be treated by the best facility in the world for my condition.”

However, nothing could have prepared her for the emotional impact it would have on her life.

Still, she finds that walking on uneven terrain, driving long distances or being in certain lighting conditions can give her “wonky head.”

“Simple things like standing with my feet together with my eyes closed were so hard,” she explains. “I would just tip over like a tree that had been cut down.”

Ginoza’s outpatient physical therapy plan for Du Bois included vestibular exercises to improve coordination of eye and head movements and balance retraining.

“Many patients become their own advocate, and she [Andrea] was really good about paying attention to her body and understanding it in a way that she could push herself, but not overdo it,” says Ginoza, an instructor of clinical physical therapy at the division.

While Du Bois knew the important role physical therapy would play in her ongoing recovery, she had not expected the emotional impact it would have on her life.

“Both Libby and Lori were incredibly supportive and encouraging during the sessions,” Du Bois says. “They gave me the confidence to push my body and let me know that even though some of the exercises could make me feel sick, that is how I would get stronger.”

Thankful to Be a Trojan

It’s been two years since Du Bois had her acoustic neuroma removed, and her balance continues to improve.

“I was able to get on skis this last season, and that was a great experience,” says Du Bois, who often wears a hearing aid to counteract the deafness caused by surgery in her left ear.

Still, she finds that walking on uneven terrain, driving long distances or being in certain lighting conditions can give her “wonky head.”

“It is a spacy feeling where you almost feel like your head is not part of your body,” Du Bois says. “Part of my life will just be learning my triggers and learning how to cope.”

For Du Bois, the gratitude she feels for USC is two-fold.

“I have not only received an outstanding education, but outstanding care as a patient,” she says. “I believe I ended up at USC for a reason beyond my professional development. I am so thankful that I am a Trojan.”

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1987

KAY CERNY MPT ’77, PhD ’87 and JANET M. ADAMS MPT ’97, DPT ’98 published Observational Gait Analysis. A Visual Guide in 1987. This guide is a pedagogical manual and video library with case studies for gait analysis useful for physical therapy, prosthetic and orthotic students and clinicians. Both authors say they are highly indebted to Dr. Jacquelin Perry for her mentorship in gait analysis.

1988

ALLEN LING MPT ’88 debuted his first graphic novel, Genesis II, in March 2018 at WonderCon. His novel gained popularity by featuring life-sized, museum-quality models of his characters. He was subsequently invited to attend San Diego Comic-Con in 2018, bypassing its five-year wait list. His goal to have his novel come to life on the big screen one day, and so far the critical success has been supporting Allen’s dream. Check out his “Making Of” Story.

1989

ANN VIVIAN MPT ’89 has been selected to serve as chairperson of the CPTA Annual Conference 2018 in September in Santa Clara, Calif.

1996

JOODY CORRIGAN MS ’96, DPT ’96, Med ’01 was recently promoted to vice provost for academic programs and dean of graduate studies at California State University, Long Beach.

1998

DANIEL KIRAGES ’94, DPT ’98 was awarded the 2018 Outstanding Teacher Award for Clinical Faculty voted upon by the 2018 USC DPT graduates. He is currently course director for PTE60 - Integrated Patient Management Clinical Skills, which is the practical skills course in the third year of the USC DPT Program.

1999

MATT BOOTH ’99, DPT ’98 was certified as an instructor of Fascial Distortion Model (FDM) manual therapy by the American FDM Association in March. He has served as assistant instructor of FDM courses at numerous universities, the Cleveland Clinic, the Mayo Clinic and in Africa over the past five years. As a lead instructor, he will now be teaching FDM for locations to physical therapists, physicians and other health care professionals. FDM is a style of assessment and treatment that focuses on pattern recognition of the subtle (and often subconscious) hand gestures patients use to describe their symptoms. It allows a practitioner to choose an effective technique faster to reduce pain and stiffness and makes it easier to “listen” to the patient.

2001

JILL BLITZ DPT ’01 has been working at Children’s Hospital Los Angeles for the past 14.5 years. Her research article, “Do pedometers with or without education on exercise increase functional walking capacity and physical activity level in adolescents with juvenile idiopathic arthritis?” was published in May in Physiotherapy Theory and Practice. She is currently working on another research project with an OT colleague about yoga’s effects on adolescents with arthritis.

2003

LAURA TAMANELLO THOENE DPT ’03 ran a very wet Boston Marathon in April 2018 and finished with a personal record of 3:33:31!

2010

SOFIA VALENCIENZA SAWITZ DPT ’10 and her team, composed of two professional ballet dancers/instructors, co-designed a dance class to help improve the functional mobility of children with neuromuscular involvement such as cerebral palsy. Currently she is teaching this class as an adjunct professor for Chapman University’s DPT program. With clinical instructors present, DPT students receive clinical experience for this course. While the children participate in the dance class, their parents participate in a support group lead by Chapman marriage and family therapy graduate students and their clinical supervisors. Three research studies are also being conducted to pre- and post-test the dancers and parents experience of the research. Sawitz’s vision was to set up a new medical model to do evidence-based therapeutic dances which encompass art and science and our next generation of clinicians.

2014

SIMON ORZOCHO MPT ’14 and his wife celebrated the birth of their second daughter, Rosa Gabriela Orozco, on December 4, 2017 at St. Agnes Hospital in Baltimore.

2011

AMY TRAN DPT ’11, CHAD BEAUCHAMP DPT ’11 and DER-HOW HUANG DPT ’11 are growing a unique, new practice in Huntington Beach, Calif. Originally founded by Beauchamp in 2015, the REPAIR Training Institute (RTI) is a wellness clinic focused on an interdisciplinary sports medicine team (PT, chiropractic, acupuncture and medicine) performance training experts and innovative recovery lounge to address a patient’s holistic needs. Since 2016, RTI has treated hundreds of professional athletes and the Greater Orange County community with hopes to continue their success in the future.

CONTINUING PROFESSIONAL EDUCATION

Our mission is to promote professional excellence, clinical specialization and lifelong learning by providing the highest quality clinical and evidence-based educational programs to our clinical instructors and the global community of physical therapists across the full spectrum of career development needs.

LIVE COURSES:

Orthopedic Boot Camp: Management of the Hip and Knee
July 7-8, 2018
Location: USC Health Sciences Campus
Instructor: Diedra Manns, PT, DPT, MSPT, COMT, PMA-CPT
3.0 CEUs

Orthopedic Physical Therapy: 5-Weekend Seminar Series in Palo Alto
July 28, 2018
Location: Agile Physical Therapy
Instructor: Rosemary Baker, PT, DPT, NCS
2.0 CEUs

Orthopedic Physical Therapy: Fascial Manipulation: Level 1
July 30-31 & Aug. 5-6, 2018
Location: USC Health Sciences Campus
Instructor: Joe Godges, PT, DPT, NCS, FAAOMPT
3.0 CEUs

Orthopedic Boot Camp: Management of the Foot and Ankle
Aug. 25-26, 2018
Location: USC Health Sciences Campus
Instructor: Daniel Kirages, PT, DPT, NCS, FAAOMPT
2.0 CEUs

Orthopedic Boot Camp: Management of the Elbow, Wrist and Hand
Nov. 3-4, 2018
Location: USC Health Sciences Campus
Instructor: Sean Johnson, PT, DPT, OCS
1.5 CEUs

Personalized Blood Flow Restriction
July 28, 2018
Location: USC Health Sciences Campus
Speakers: Johnny Owens, MPT, and Kyle Kimbell, PT, MPT, CSCS
0.67 CEUs

Orthopedic Physical Therapy: Personalized Blood Flow Restriction
Aug. 10-16, 2018
Location: Professional Physical Therapy
Speakers: Joe Godges, PT, DPT, and Frank Resniew, PT
11.2 CEUs

Orthopedic Physical Therapy: Fascial Manipulation: Level 1
July 29-30, 2018
Location: Agile Physical Therapy
Instructor: Joe Godges, PT, DPT, NCS, FAAOMPT
4.0 CEUs

Fascial Manipulation: Level 1
July 30-31 & Aug. 5-6, 2018
Location: USC Health Sciences Campus
Speakers: Dr. Antonio Stecco, Larry Steinbeck, PT, MS, and Todd Pollock, PT, DPT
3.0 CEUs

Orthopedic Physical Therapy: Fascial Manipulation: Level 1
Aug. 25-26, 2018
Location: Agile Physical Therapy
Instructor: Joe Godges, PT, DPT, NCS, FAAOMPT
2.0 CEUs

Orthopedic Physical Therapy: Fascial Manipulation: Level 1
Aug. 25-26, 2018
Location: Agile Physical Therapy
Instructor: Joe Godges, PT, DPT, NCS, FAAOMPT
2.0 CEUs

SHARE YOUR NEWS WITH YOUR CLASSMATES

Got some exciting news to share with your fellow alumni? Tell us about your awards and grants, publications, professional developments, births and marriages for possible inclusion in an upcoming issue of INMOTION. Visit pt.usc.edu/Stay_In_Touch

ONLINE COURSES:

The Movement System: The Upper Quarter Athlete
Instructor: Jared Vayg PT, DPT, OCS, CSCS
0.48 CEUs

Essentials for Appraising Evidence
Instructors: Linda Petters, PT, PhD, FAAPA and Julie Tolson, PT, DPT, NCS
2.0 CEUs for 4-part series

Introduction to Exercise and Cancer Survivorship
Instructor: Christina Dieli-Conwright, PhD, CSCS
0.2 CEUs

Introduction to Male Pelvic Health: Urinary Incontinence
Instructor: Daniel Kirages, PT, DPT, OCS, FAAOMPT
0.2 CEUs

STAY UPDATED ON OUR COURSE LISTINGS:

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Or email Barbara Roddy at rodddy@pt.usc.edu to be added to the USC Division of Biokinesiology and Physical Therapy Continuing Education mailing list.
I have known that I wanted to work with children since I, myself, was a little girl. When I was about 4, I told my mom I wanted to be a “kid doctor” because I wanted to change lives. After graduating from Occidental College with a pre-med degree, I took two years off to decide between medical and physical therapy school. I spent a summer in Spain, studying physical therapy, and soon after, I knew what I was meant to do. Little did I know that my dream of changing lives at age 4 would become a reality by age 29.

After graduating from USC, my fellow classmate (now husband Ryan Jeschien DPT ’12) and I moved to Arizona to start our PT careers. I immediately went into pediatrics to follow my professional dreams. It wasn’t until a few years after graduation that I landed my dream job. I knew that working at a hospital would offer opportunities for professional growth. However, I did not expect it to shape my life so significantly — not only as a therapist, but also as a person.

I had the tremendous pleasure of meeting my inspiration when he was about 4 months old. I evaluated him after he had undergone spine surgery to remove a tumor. The tumor caused partial paralysis of both lower extremities, affecting his gross motor skills. Now, after two years of treatment, he calls me “his best friend.”

Like all my patients, he has shown me every day that there is no time to feel sorry for yourself, no time to hold back because there is playing and fun to be had.

I love working with children because of the simplicity of their lives. They live day by day, not worrying about what will happen tomorrow and without being held back by what happened yesterday.

My job entails challenging them every time they come to see me. Sometimes tears are shed, but their struggle is simply forgotten with a new toy or some bubbles. Working with children is not always easy, and it is not for everyone. Not only are you treating the patient, but also the family and caregivers. This is why I love what I do. I have the privilege of helping children reach their full potential while empowering the support team in their lives.

When I graduated PT school, I had a vision of what kind of physical therapist I would be. I envisioned myself working with unique cases, using evidence-based techniques and working on a team with great clinicians. However, I did not imagine that my patients would teach me so much about myself. Although young, my patients have taught me to get up right after you fall regardless of the number of falls, to be passionate toward your goals and to take pride and joy when you succeed even when it seems minute to others.

It is an honor working with these strong and young heroes who push me every day. They inspire me to become a better therapist but more importantly to be a better person.

When I became a pediatric physical therapist, I knew I wanted to change their lives, but I never anticipated how much they would in turn change mine.