

DIRECT ACCESS

Direct Access Physical Therapy means that a person is able to refer themselves directly to a Physical Therapist for evaluation, diagnosis, and treatment of musculoskeletal and movement disorders.

In Pennsylvania, licensed Physical Therapists must meet advanced criteria in order to provide Direct Access services to clients and patients. This includes successful completion of courses in differential diagnosis and medical screening, as well as two years of post graduate clinical work. Physical Therapists must apply for Direct Access certification every two years, and must meet the criteria above, as well as complete a minimal number of hours in continuing education coursework. Direct Access has been available to the public in the Commonwealth of Pennsylvania since 2006.

All Physical Therapists in Drevna Physical Therapy Associates are Direct Access certified.

Several independent studies have identified that this model of care has resulted in an overall reduction of health care costs for certain musculoskeletal diagnoses. There is also evidence that the benefits from direct physical therapy evaluation and treatment can be a effective alternative to more invasive and costly procedures.

Noting the decreased costs and effective outcomes of care, many health insurance carriers have recognized the benefits of Direct Access PT, and provide reimbursement for these services. Presently, Medicare allows Direct Access for evaluation only, requiring a physician referral for treatment. You should check with your insurance carrier to see if this option is part of your coverage.

Our professional staff possesses the clinical expertise and knowledge to improve your function, relieve your discomfort, and allow you to return to the activities you enjoy.

Call us if you have any questions regarding a Direct Access appointment. We will be able to answer your questions about insurance, evaluation, and treatment duration and frequency.

Thank you to the PPTA Direct Access Task Force 2011 for the general content of this article.

JANKOWSKI SELECTED IN MAJOR LEAGUE DRAFT

- LANCASTER NATIVE CHOSEN BY SAN DIEGO -



Timing, it's been said, is everything.

After Stony Brook confounded the experts and captured its first NCAA tournament regional championship, Seawolves centerfielder and Lancaster Catholic graduate Travis Jankowski was celebrating with his teammates.

It was in the midst of the partying on the field that Jankowski's father, Paul, got the call their family had been waiting for.

"The timing," Paul said, "couldn't have been better."

The call came from the San Diego Padres, who told the Jankowskis that Travis had been selected by San Diego with the 44th pick in the supplemental first round of the MLB Draft.

"To win the regional and 10 minutes after that to be drafted by the Padres was incredible," said Jankowski.

"It's a huge weight off my shoulders," Travis said. "Finally, I can breathe. All the hard work has paid off."

In a very real sense, Jankowski's story personifies that of the Seawolves, a former Division III program that is scripting the classic underdog tale in this NCAA Tournament.

Stony Brook stunned Central Florida to advance to the super regional round, which was broadcast on ESPN.

Stony Brook, a mid-major, advanced to the College World Series defeating LSU in a best-of-three series in Baton Rouge, La.

Though the season ended with a loss to Florida State in the College World Series, this was a watershed year for Jankowski and Stony Brook. On the same night the Seawolves won their regional, they had two players — Jankowski and catcher Patrick Cantwell, who was selected 123rd by the Texas Rangers — taken in the MLB Draft. Since then, they've had five more players drafted in the three-day event. Congratulations to Travis from the staff of Drevna Physical Therapy Associates.



Pictures of Travis Jankowski during his time with the Bourne Braves of the Cape Cod Baseball League. This story was adapted from an article appearing in the Intelligencer Journal and Lancaster New Era on June 6, 2012 by Ed Gruver.

My Care. My Choice.

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PT INSIGHT

A Publication of Drevna Physical Therapy Associates

Ansh Naik

Power Lifting at Home!

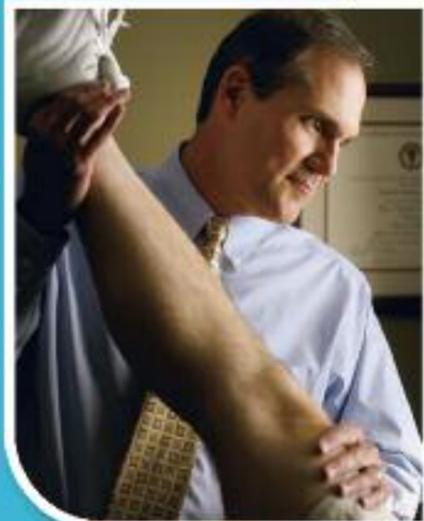
Hemal Naik
- Recent Mother

THE BRIDGE PROGRAM

The Bridge Program is designed for all of our patients, from high school or collegiate athletes to seasoned citizens. Our physical therapists provide expertise and knowledge to:

- guide you through appropriate exercises to perform at a health club or at home
- transition to re-joining your team in competition
- avoid injury from a past trauma or previous surgery

Call our office and ask for more information regarding The Bridge Program and get back to the activities and sports you love.



Professional Staff:

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MEET TIM DREVNA

Tim earned his Physical Therapy degree from the University of Pennsylvania in 1975, following graduation from Indiana University of Pennsylvania in 1973 with a B.S. in Biology. He began his professional career at Hamot Medical Center in Erie, Pennsylvania, and relocated to Lancaster in 1978. He entered private practice in 1980, and was co-founder of Drevna-Papson PT Associates in 1981. He re-entered private practice in 2004 after an eight year period of corporate employment, and opened the North Pointe office in March 2006, forming Drevna Physical Therapy Associates. He completed his doctoral degree in Physical Therapy from Chatham College in Pittsburgh in December 2006.

Tim is an APTA board certified clinical specialist in Orthopedic Physical Therapy, and an APTA certified clinical instructor. He is a member of the American Physical Therapy Association (APTA) and the National Strength and Conditioning Association.

Tim has been a certified Athletic Trainer since 1978, and is also certified as a strength and conditioning specialist. He has served in the Pennsylvania Physical Therapy Association on numerous committees. Most recently, he was elected as a delegate from the South Central District from 2006-2010, representing his colleagues at the annual House of Delegates. He has also served on the PPTA Executive Committee as Treasurer from 2009 to 2011, in conjunction with his role on the Professional Development Committee for the PPTA.

His professional focus is manual therapy of the shoulder, knee, and cervical spine. He has a special interest in athletic injury prevention and sports training program development, especially in concussion management, as well as preventative training for ACL injuries.

Tim resides in Lititz, with his wife Sharon.

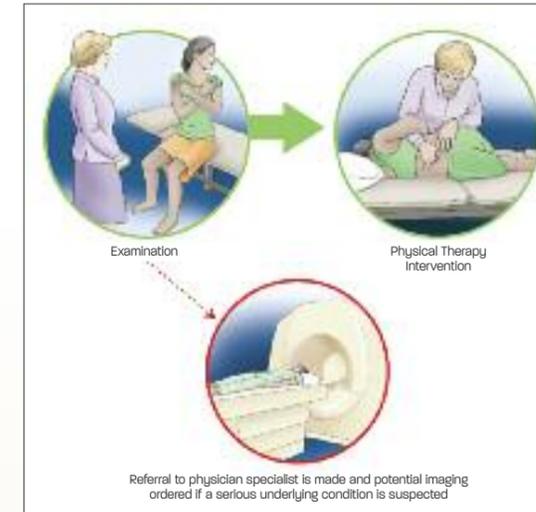
LOW BACK PAIN

MRIs SHOULD BE USED SPARINGLY IN PATIENTS WITH LOW BACK PAIN

Low back pain is very common, with 80% of people experiencing back pain at least once in their lifetimes. The good news is that a thorough physical examination can often determine the best course of management and whether you require imaging (X ray, MRI, CT scans, etc) to rule out a serious problem. Often low back pain can be severe enough to make a patient think that an MRI is necessary. While MRI provides excellent pictures of your anatomy, it may not be able to pinpoint the specific source of your pain. A clinical commentary published in the November 2011 issue of JOSPT summarizes research that describes how the increased use of unnecessary imaging may lead to less than favorable results. Specifically, the research shows that overuse of MRI for patients with low back pain is related to an increased rate of surgical procedures that have not consistently been shown to significantly reduce painful symptoms and improve daily function.

NEW INSIGHTS

The authors summarized current clinical guidelines and available research on low back pain and diagnostic imaging (X rays, CT Scans, and MRIs). MRI findings of herniated lumbar disks are commonly seen in individuals with and without low back pain. Some studies show that up to 90% of healthy individuals over the age of 60 have findings of bulging discs on MRI. Further, the rapid decision to perform imaging following an acute episode of low back pain may not be justified or warranted, considering the fact that many patients show signs of recovery shortly after the onset of low back pain. While a referral for imaging is indicated to rule out serious problems, it should not be used as a method to guide routine decision making about how best to treat low back pain. It is estimated that half of all performed CT scans and one third of MRIs of the low back are not necessary. In fact, some individuals should not undergo an MRI scan. These patients include individuals who have older pacemakers, metal implants, shrapnel, or are in the first 12 weeks of pregnancy.



DIAGNOSING AND TREATING LOW BACK PAIN. A person who experiences low back pain first visits his or her physical therapist who begins a conservative, evidence-based treatment program. If the case suggests an underlying condition or more complex source of the back pain, the patient may be sent to a physician specialist for further evaluation.

PRACTICAL ADVICE

- MRI for a new episode of low back pain should only be used when a serious underlying condition is suspected, if symptoms of numbness and weakness in the leg are progressing, and/or the results of the imaging scan are likely to change your immediate treatment options.
- Your medical provider, such as your physical therapist, can and will perform a thorough examination to determine if a referral for imaging is warranted. However, you should feel comfortable asking your healthcare provider why he or she is recommending an imaging study and how the results of this test will change your medical care.
- Physical therapy is safe and recommended for the treatment of low back pain. In most cases of low back pain, it is not necessary to have an MRI before starting treatment. Beginning physical therapy in a timely fashion can potentially speed up your healing as well as your return to full activity.

For this and more topics, visit JOSPT Perspectives for Patients online at www.jospt.org.



Mark Your Calendar

Patients, friends and family are invited to attend free seminars presented by the Drevna Physical Therapy Associates professional staff.

TOPICS:

Back to Backs: Physical Therapy Treatment of Lumbar Spine Pain

Michael Beiler, MPT, DPT, CSCS

Thursday, August 23, 2012
6:30 pm to 7:30 pm at the DPTA office

East Meets West: Using Tai Chi and Physical Therapy to Improve Balance

Anita Alonte Roma, PT, DPT, NCS

Thursday, September 13, 2012
7:00 pm to 8:00 pm at the DPTA office

Conservative Care of Knee Osteoarthritis: Delaying and Preventing Knee Replacement Surgery

Timothy Drevna, DPT, OCS, CSCS, ATC

Tuesday, September 25, 2012
7:00 pm to 8:00 pm at the DPTA office

Pre-registration is required and seating is limited. Please contact our office for more information and to register at 717.569.4184.

DPTism of the month
"If You Rest, You Rust"