SEPTEMBER **2025**

A Monthly Publication by EIM Faculty

THE INSIGHT HUB

MEET THE EXPERT

Karen Litzy PT, DPT

What is the best professional advice you have received?

The best life advice (which also turned out to be the best career advice) is to not fall into the Destination Anxiety trap. This advice was given to me by my father when I was in Italy for the first time. My friend and I got very lost while trying to find an outlet mall in Tuscany. We were so worried about getting back to Florence that we didn't take the time to appreciate our present moment. We were driving through the beautiful Italian countryside and went to some lovely little villages but we were so stressed out that we couldn't enjoy it. Ever since then, I have tried to keep in mind that I should appreciate and accept the moment and be as present as possible.

What is one article all therapists should read?

This is such a difficult question, can I say almost any article in Pain, The Journal of IASP?? If I had to choose one, I would opt for an oldie but a goodie, Pain Mechanisms: A New Theory: A gate control system modulates sensory input from the skin before it evokes pain perception and response by Ronald Melzack and Patrick D. Wall. I think all physical therapists should read this paper because it provides the theoretical foundation for much of what we do today.

What is one book all therapists should read and why?

When Breath Becomes Air by Paul Kalanithi offers physical therapists profound insights into the patient experience that can fundamentally transform their practice. This book solidified in me the understanding that our work isn't just about restoring function, it's about helping patients reclaim their sense of self and purpose, that a person is more than their diagnosis. It shows that having empathy and understanding can sometimes supersede any "physical" treatment we might give to our patients—an essential lesson for all PTs.

What are you working on right now?

I am working on expanding my mobile practice in NYC and plan to improve my podcast, Healthy Wealthy & Smart, by hiring a consultant. I have a few speaking opportunities at APTA Private Practice and at APTA CSM next year. I am also working through my Menopause Certification studies with Girls Gone Strong in order to develop a vital program to help women in this stage of life alleviate their musculoskeletal symptoms.

Do you have any advice for early-career therapists?

Create personal and professional Mission, Vision, and Values statements. These should be living documents that you can adjust and update to guide your decision-making. You should NOT say yes to everything. If an opportunity does not align with your statements, then it should be a "hell no". Saying no to something you are not in alignment with leaves the door open to say yes to your ideal opportunity.

BOOK CLUB

The Art of Holding Space by Heather Plett emphasizes not only the framework for holding space in a compassionate way for the humans we encounter/care for, but also the importance of personal self-care in this area. The book empowers the reader with constructive, actionable practices for transforming conflict, building boundaries, and increasing autonomy in your own life and the lives of those closest to us. The author's framework mirrors the PNE teaching of provider characteristics likely helpful for ideal therapeutic alliance and then takes it a step deeper. I started reading the book to grow in the area of holding space for others and finished with a bit more awareness of how to care for myself.

Jill Lawrence, PT, DPT, TPS

About the book:

The ability to "hold space" for yourself and for others has never been more urgent. Faced with global issues of climate change, political unrest, violence, and economic crises, more citizens of the world are experiencing disconnection, grief, and a deep sense of loneliness than at any other time. When we hold space for other people, we open our hearts, offer unconditional support, and let go of judgement and control. We show we are willing to walk alongside another person in whatever journey they're on without making them feel inadequate, needing to change them, or trying to impact the outcome. By holding space, you create a container for liberation to occur in your life and in society. *The Art of Holding Space* is an instrument for hope, transition, and positive change in our time of near-constant transition, as we yearn to emerge into a new story.

HEALTH CORNER: WELLNESS

Natalie Johnston, MPT
Therapeutic Pain Specialist, Pain Fellow, Yoga instructor, Lifestyle Medicine trained

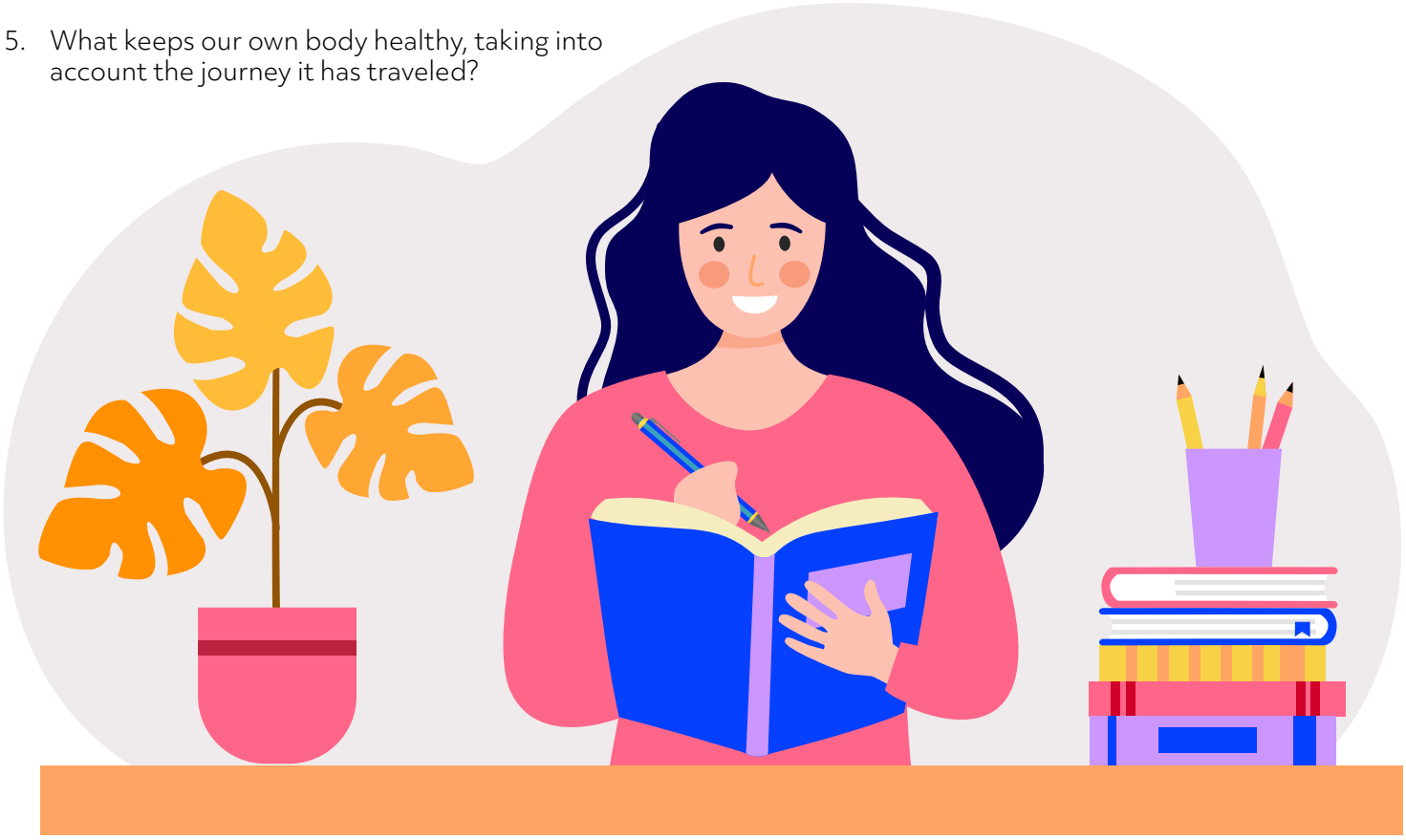
WELLNESS. What does this even mean?

Take a minute to define what wellness means for YOU. Not for a patient or someone else. As part of this thought process, we have to pause and think about what we consider to be important, what brings us joy, or what makes our nervous system happy and what keeps our body healthy?

The Wellness Workbook: How to Achieve Enduring Health and Vitality by John Travis and Regina Sara Ryan has a catchy title. Who wouldn't want to achieve enduring health and vitality? Sign me up!

And so as part of this health corner, i invite you into a short wellness activity. Much like a new business owner might do sifting through descriptive words to help define a value statement and culture, let us consider journaling a few short things that define our own value statement and culture around personal wellness.

1. Pause with intention.
2. What do we find important?
3. What brings us joy?
4. What makes our own nervous system happy?
5. What keeps our own body healthy, taking into account the journey it has traveled?



Travis JW. The Wellness Workbook 3rd Ed. Celestial Arts; 2004.

RESEARCH CORNER

Can Pre-Season Left/Right Judgement Tasks Predict Injury or Pain in Middle School Basketball Players? An Exploratory Study

Erik Dufner, Adriaan Louw, Jessie Podolak

Various factors have been studied to determine their ability to predict injury and pain in athletes, including increased mechanical loads, gender, familial history, age, intensity and duration of load and more.

Fifty-four middle school students underwent a pre-season battery of tests and a post-season injury and pain report.

Following the season, 29 students reported an injury, 42 reported in-season pain and 21 reported post-season pain. Injury during the season was correlated with pre-season presence of pain (r = 0.23), hand laterality speed left (r = 0.22), hand laterality speed right (r = 0.21) and hand laterality accuracy on the right (r = 0.27). In-season pain was correlated with right foot laterality accuracy (r = 0.27) and left foot laterality accuracy (r = 0.49). Post-season pain was correlated with pre-season pain (r = 0.36) and closed eyes right single leg stance test (r = 0.24). All correlations ranged from low to moderate.

Pre-season left/right judgement tasks demonstrated a low to moderate correlation to injury and in-season self-reported pain, but not post-season self-reported pain in children playing basketball. Future studies are needed to explore whether these findings can be repeated, elaborated on and if they apply to other sports and age groups.

Physical Therapist Use of Special Tests for Rotator Cuff–Related Shoulder Pain: A Retrospective Chart Review of 125 Medical Records

Griffin T. Lee, Peer Himler, James Flis

Medical records from adult patients with shoulder pain seen in outpatient physical therapy clinics were accessed. Demographics and any shoulder special tests that were documented as performed during the initial physical therapy evaluation were extracted and summarized descriptively. One hundred twenty-five charts were included. Ninety-eight (78%) charts documented at least 1 special test for RCRSP being performed at the initial evaluation. The number of tests performed varied from 0 to 10, with an average of 2.7 tests being performed at the initial evaluation. Hawkins-Kennedy test was the most frequently performed (81 evaluations), followed by the Drop Arm test (63 evaluations) and the Empty Can test (48 evaluations).

PTs in a nonprofit health system regularly used special tests for RCRSP as part of their initial patient examination. Test selection and frequency of use varied.

Patient expectations about a clinical diagnostic test may influence the clinician's test interpretation

M. W. Coppieters, B. Rehn and M. L. Plinsinga

Pain was induced by intramuscular hypertonic saline infusion in the thenar muscles. In line with sample size calculations, fifteen participants were included. All participants received identical background information regarding basic median nerve biomechanics and basic concepts of differential diagnosis via mechanical loading of painful structures. Based on different explanations about the origin of their induced pain, half of the participants believed (correctly) they had 'muscle pain' and half believed (incorrectly) they had 'nerve pain'. Pain intensity and size of the painful area were evaluated in five different positions of the median nerve neurodynamic test (ULNT1 MEDIAN). Data were analyzed with two-way analyses of variance.

Changes in pain in the ULNT1 MEDIAN positions were different between the 'muscle pain' and 'nerve pain' group ($p < 0.001$). In line with their expectations, the 'muscle pain' group demonstrated no changes in pain throughout the test ($p > 0.38$). In contrast, pain intensity ($p </= 0.003$) and size of the painful area ($p </= 0.03$) increased and decreased in the 'nerve pain' group consistent with their expectations and the level of mechanical nerve loading. Pain perception during a clinical diagnostic test may be substantially influenced by pain anticipation. Moreover, pain was more aligned with beliefs and expectations than with the actual pathobiological process.

CLINICAL PEARL Artificial Intelligence Style

This month we decided to ask AI if there are some good clinical pearls in rehabilitation:

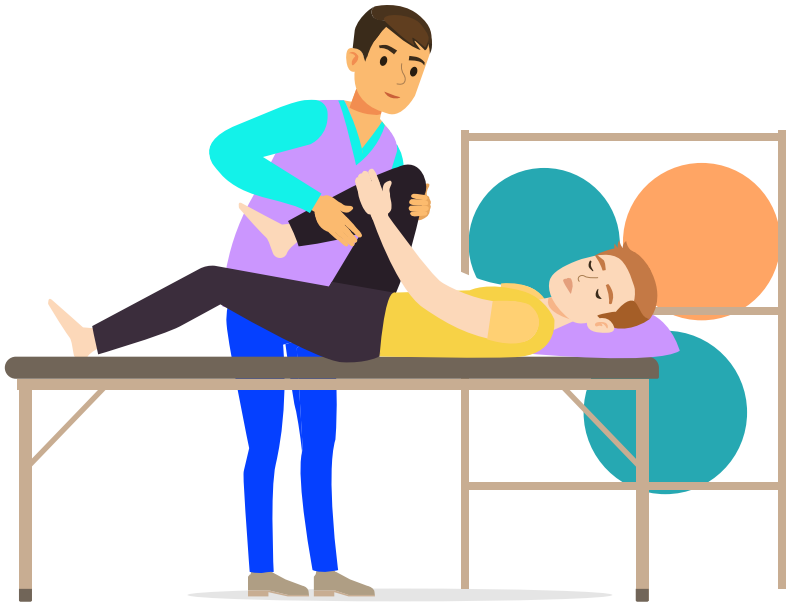
Less is more: Instead of overwhelming patients with 10+ exercises, focus on 3–5 that are scalable and easy to remember.

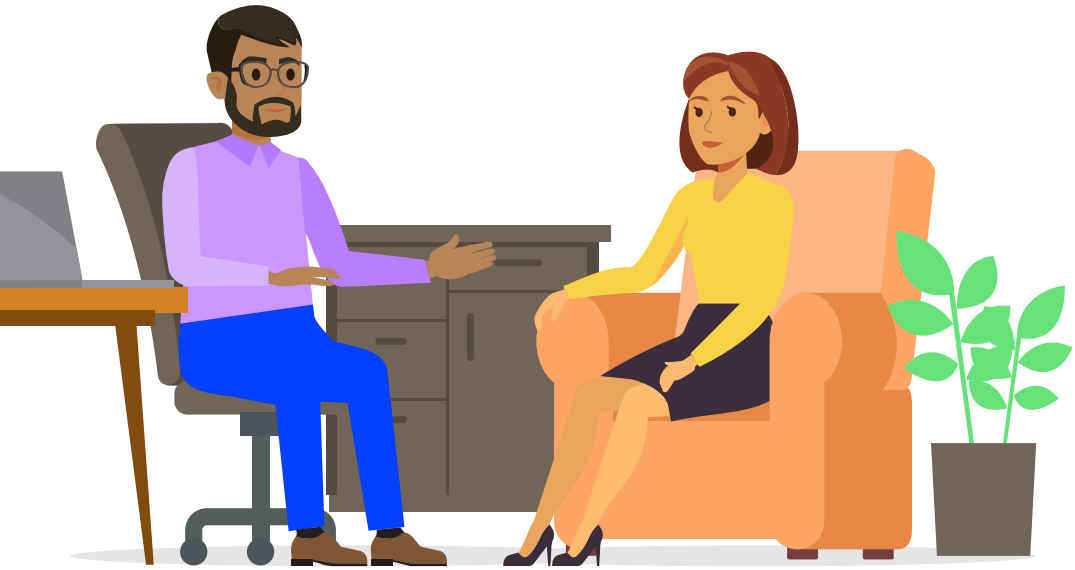
Listen more than you talk: Letting patients share their story uninterrupted can build trust and reveal key functional issues.

Pain ≠ damage: Educating patients—especially those with chronic pain—that discomfort doesn't always mean injury can empower them to move more confidently.

Hip extension matters: Limited hip extension often leads to overuse of plantar flexors during gait, which can cause foot and ankle pain.

Tight muscles may be weak: Chronic tightness (like hamstrings) is often a sign of weakness, not just inflexibility.





Trigger point work: Deep tissue techniques are effective, but overdoing them can be counterproductive. Gentle, targeted work often yields better results.

Therapeutic alliance matters: Using empathetic phrases like "That must be difficult" or "Let's work together on this" can improve outcomes and patient satisfaction.

Nonverbal cues count: Sitting during evaluations, maintaining eye contact, and using open body language can foster trust.

"Sitting is the new smoking. An estimated 433,000 people die annually from sitting too long"

Rezende LFM, Sá TH, Mielke GI, Viscondi JYK, Rey-López JP, Garcia LMT. All-Cause Mortality Attributable to Sitting Time: Analysis of 54 Countries Worldwide. Am J Prev Med. 2016 Aug;51(2):253-263.