

7. Fitness Industry
 - a. Consultant to aging content of treatment in exercise for older persons- (local)
 - b. Board member and expert—(eg, Gold's Gym)
8. Business
 - a. Consultant to mandatory fitness programs for the over 55 employee (local)
 - b. Consultant to mandatory fitness programs for the over 55 employee (eg, AARP BOD—national)
9. Publications
 - a. Columnist for New York Times
 - b. Columnist for local paper
10. Communication Industry
 - a. Anchor for Fitness Show
 - b. Radio talk show host/hostess
11. School System
 - a. Advisor to fitness segments in curricula in neighborhood for healthy aging
 - b. National School Board Fitness Consultant
12. University System
 - a. Advisor to content on fitness segments for healthy aging
 - b. Consultant to National Board for Fitness
13. International Companies
 - a. Fitness consultant-International lecturer on fitness-
14. SNF/ Homecare
 - a. Geriatric Case Manager
 - b. AHCA- On National BOD

The possibilities for involvement are limitless. It is worth a letter and a call to spread the word about physical therapists as exercise experts.



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MORE EXERCISE INFORMATION FROM APTA'S HOOKED ON EVIDENCE

Kathleen Kline Mangione, PT, PhD, GCS, Task Force on Exercise Member

Which is the most effective means of returning these patients to their prior level of function? Would you do high intensity strength training or is functional training more effective? Is there any evidence to support using aerobic training with these patients?

- A 90-year-old woman who was **hospitalized on bedrest** for 9 days for urinary tract infection, pneumonia, and exacerbation of underlying congestive heart failure.
- A 78-year-old man with a history of peripheral neuropathy, generalized osteoarthritis, and hypertension reports 2 falls in the past month.
- An 82-year-old woman has mild residual left hemiparesis **2 years after a stroke**. She lives alone and is able to ambulate in the community with a single-point cane.
- An 86-year-old man with a history of dementia lives in a residential care facility. He ambulates independently but tends to wander and has **2 falls in the past week**.
- An 82-year-old man with a 10-year history of Parkinson disease demonstrates a **functional decline over the last 3 months**.
- A 66-year-old woman has a 10-year history of chronic obstructive pulmonary disease with intermittent steroid use. She experienced a **sudden onset of back pain** after a sneeze; radiographs revealed a burst compression fracture of T7.
- An 82-year-old woman, **2 weeks after an open reduction and internal fixation (ORIF)** of a fracture of the right hip, wants to return to her previous level of activity.
- A 66-year-old man received an elective, cemented, **total hip arthroplasty** using a posterolateral surgical approach 4 days ago. He is weight bearing as tolerated and is ambulating with a single-point cane.

The answers to these common and important clinical questions can be quickly and easily found on the Hooked on Evidence page on the APTA website. APTA members and staff have searched the hundreds of articles supporting the use of exercise and organized them around common patient scenarios. So the next time you have a patient with a new history of falls, check out “hooked” to make sure you are providing the most effective treatments.

Simply log on to the APTA website, click on the far left tab called tools, then select Hooked on Evidence. From the menu on the left click “search clinical scenarios.” From there, select a practice pattern group, a condition, and then the clinical scenario that most fits your needs. It's that simple...all the rest of the work has been done for you.