‘Catastrophic’ Malpractice Payouts Add Little to Healthcare’s Rising Costs

Sharp Rise in Emergency Department Visits Involving the Sleep Medication Zolpidem

Targeted Screening for C. difficile Upon Hospital Admission Could Potentially Identify Most Colonized Patients

Q&A with Gayla Harris, MBA, PT, LMT, ACN in Austin, Texas
Assistant/Associate Professor-Cardiopulmonary

A.T. Still University, Arizona School of Health Sciences welcomes applications for one 12-month faculty position at the Assistant/Associate level to teach in the Doctor of Physical Therapy program. We are looking for a talented educator with expertise in cardiopulmonary conditions to teach enthusiastic classes and work with an outstanding team of faculty and staff. The position also includes responsibilities of scholarship, academic and research advising and service.

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**Interested applicants should:** Complete an ATSU employment application, which can be found at [http://www.atsu.edu/contact/jobs/display.asp](http://www.atsu.edu/contact/jobs/display.asp) and send a cover letter, curriculum vita, three professional references to:

James Lysnkey PT, PhD, Associate Professor  
Physical Therapy Search Committee Chair  
AT Still University, Arizona School of Health Sciences  
5850 East Still Circle  
Mesa, Arizona 85206  
Phone: 480 219-6000  
FAX: 480 219-6100  
Email: hraz@atsu.edu (electronic submission is acceptable)

Dr. Lysnkey can also be reached at [jlynskey@atsu.edu](mailto:jlynskey@atsu.edu) for inquiries.

A.T. Still University of Health Sciences does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or disability in admission or access to, or treatment or employment in its programs and activities.
with Gayla Harris, MBA, PT, LMT, ACN in Austin, Texas

Gayla Harris is a PT and licensed massage therapist at Dynamic Health Center and Efficient Exercise in Texas. She graduated with a BS in Physical Therapy from the University of Texas Medical Branch in 1971 and an MBA from the University of Houston in 1984. Gayla also achieved certification in Massage Therapy from The Winters School of Massage Therapy in 1996 and certification in Applied Clinical Nutrition from Texas Chiropractic College in 2008. Since beginning her career working with patients who sustained tragic, life-changing injuries Gayla sees herself as a coach: “I see potential in my clients and try to help them see the same.”

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Gayla Harris is a PT and licensed massage therapist at Dynamic Health Center and Efficient Exercise in Texas. She graduated with a BS in Physical Therapy from the University of Texas Medical Branch in 1971 and an MBA from the University of Houston in 1984. Gayla also achieved certification in Massage Therapy from The Winters School of Massage Therapy in 1996 and certification in Applied Clinical Nutrition from Texas Chiropractic College in 2008. Since beginning her career working with patients who sustained tragic, life-changing injuries Gayla sees herself as a coach: “I see potential in my clients and try to help them see the same.”

Q: When did you decide on a career in physical therapy?

A: I chose physical therapy for a ninth grade Career Day event. I did acrobatics and dance, and I wanted to help others be strong enough to experience pain-free, healthy movement with the same enjoyment I had.

Q: Can you talk about the two facilities where you work?

A: Dynamic Health Center (www.dynamichealthcenter.com) is a multi-service clinic with the singular mission of helping patients and their families reach their optimum health. We offer chiropractic, physical therapy, massage therapy and nutritional consultation in a one-on-one setting with plenty of time to develop trusting relationships with our clients.

Once physical therapy is completed, we recommend our clients to Efficient Exercise (www.efficientexercise.com) to get them into or back to peak fitness. The Efficient Exercise environment is designed for private sessions, allowing each individual full focus on what they are feeling in the workout without distraction. This kind of concentration is essential in maximizing the workout and staying tuned in to muscles and joints that are being pushed to their max. This helps avoid injury while realizing full benefit of the effort. When I am training Efficient Exercise clients, I watch posture and joint positions very closely. As in all workouts, good form is essential. Efficient Exercise studios are optimal settings for trainer/client interactions.
I look forward to going to work at Efficient Exercise. Our clients are there out of desire and are ready to improve or maintain their fitness level, which creates a cooperative environment. Because the workout is so intense there is a great deal of satisfaction experienced by the client in completing (surviving) one.

I began as a client at Efficient Exercise in the summer of 2004 upon the advice of a friend who showed remarkable gains in muscle tone in a few short months. I read about it online and easily grasped its merits. I transitioned from client to coach in June of 2010.

Q: Can you describe the services offered?

A: Efficient Exercise utilizes a well-researched technique for full-body strengthening that is safe, effective and good for all body types and ages. The technique is generally known as high intensity resistance training using controlled and focused movements through full range of motion utilizing all major joints and muscle groups of the body in a set time period determined to reach maximum muscle stimulation. When done correctly, it facilitates changes in the body at the cellular level. It creates increased breathing and heart rate, and involves fast twitch and slow twitch muscles. It can start with any body at any level of fitness and incrementally increase the desired response: strength gains, functional gains, athletic gains and joy of movement gains. What more could a physical therapist want for follow-up to a program that usually stops before the client reaches full return to activity?

Q: What are your day-to-day responsibilities as a PT?

A: At Dynamic Health Center, I work Monday through Friday, 9:00am to 6pm. As a self-employed physical therapist, I manage communications, scheduling, billing and the most important aspect of the business: patient care.

Q: What types of diagnoses do you encounter?

A: Although I see a wide variety of folks, including those with rheumatoid arthritis, multiple sclerosis and post-polio, the vast majority tend to be individuals with musculoskeletal concerns as a result of chronic poor posture, decreased/decreasing strength, athletic activities, or general lack of knowledge (or application of knowledge) about long-term self care.

I believe most of us can stay healthy ‘til we die, and I like to help people see that possibility in themselves. I particularly like to work with people to correct their pain-causing posture issues. That’s where Efficient Exercise comes in. Once I have assessed a person, completed some manual therapy and some education with them, I often recommend Efficient Exercise as the next step in creating a lifetime of ongoing fitness.

Q: How does your training in massage therapy complement PT?

A: I consider massage therapy to be a subset of physical therapy (at least in my world) since I received my first education in massage as a young physical therapy student in 1970. Physical therapy encompasses an enormous set of knowledge and skills that are far ranging:

- From palliative care to functional training;
- From re-introduction of movement and strength in damaged tissue to restoring integrity in parts of a body that are otherwise athletically healthy;
- From working with those with disabilities to those with full function;
- From dealing with neuromotor sensory losses to biomechanical/strength/ROM losses; and
- From post-surgical to neonatal, pediatric and geriatric. The list goes on.

Where physical therapy can be very hands-on, massage therapy is always hands-on. With massage, I get to feel the responses of the body to different stimuli. I can feel soft tissue blockages and releases, and I can make a connection between touch and sensation. The two therapies are intrinsically entwined but come from different perspectives in approach much of the time.

Q: What do you like best about your job?

A: I enjoy building rapport and trust with clients the most. I
appreciate seeing them comprehend what we’re doing and acknowledge the results. I am also incredibly happy to learn from them, as well.

Q: How has working with your clients shaped you personally?

A: I have always loved my work so much. I find most of my clients to be interesting and inspiring in some way. When I started as a fresh out-of-school physical therapist I chose to work at one of the most challenging hospitals in Houston, or so people said. It was a spinal cord injury/brain injury facility that provided multi-service rehabilitation for people with catastrophic, life-changing injuries. These were injuries that would leave people disabled for the rest of their lives: severe injuries like paralysis from the neck down, amputation of all four limbs, inability to speak and loss of motor control secondary to brain injury.

Many of my friends and colleagues said they could not imagine working in such a place. They found it too depressing. For me, though, it was totally inspiring. Every day I got to work with a team of care providers who collaborated with one another and with the patients and their families to get them through this very tough spot in the road and back into society. The process took months for most patients as they often came to us the minute they were stable and no longer in danger of dying. Everything about their lives had changed in the blink of an eye (most of our patients were injured in automobile accidents).

I got to see and experience a ‘whole village’ at work to achieve the desired outcome. Even more importantly, though, I began to see the power of spirit. These patients had lost everything that made life easy—the ability to walk, eat, bathe, dress, pick things up, go to the bathroom by themselves—but they drew on an invisible something that kept them going. I came to recognize that as spirit.

They came to physical therapy several times a day to strengthen remaining muscles, learn to move with equipment of various kinds, and figure out how they would function at home, work or school. Of course they had bad days, but there were a lot of smiles, big hearts, sharing of stories and encouraging each other. As a new physical therapist, I realized my work was much like that of a coach. I had to recognize and understand the potential within each person and show him or her how to meet it. There were lots of baby steps leading up to the big steps.

While my clients today generally do not face such catastrophic injuries, one cannot rank the life-changing effects that an injury of any level can cause. I am still a coach. I still see potential in my clients and try to help them see the same. I am grateful Efficient Exercise is a resource to those who want to continue past physical therapy and either gain or regain ultimate fitness.

Q: Do you feel that the PT profession has changed?

A: Physical therapy has evolved and developed over the years, and change it must! With access to new information, equipment and minds in the world of healthcare, our possibilities, perspectives and opportunities increase exponentially. This means there is more competition, but in a healthy way. With science acknowledging and addressing the reality of energy as the most basic component of life, a door into a world of possibilities is opened for all of us practicing the discipline.

Q: What are some important bits of wisdom you’ve picked up over the years?

A: 

• On a grand scale: Everything changes. We have choices.

• General belief: As a healthcare provider, I have an obligation to my clients to educate them.

• Clinical pearls: Most joint problems begin with tissue issues. My father was right—posture matters! ♦

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‘Catastrophic’ Malpractice Payouts Add Little to Healthcare’s Rising Costs

EFFORTS TO LOWER healthcare costs in the United States have focused at times on demands to reform the medical malpractice system, with some researchers asserting that large, headline-grabbing and “frivolous” payouts are among the heaviest drains on healthcare resources. But a new review of malpractice claims by Johns Hopkins researchers suggests such assertions are wrong.

In their review of malpractice payouts over $1 million, the researchers say those payments added up to roughly $1.4 billion a year, making up far less than 1% of national medical expenditures in the United States.

“The notion that frivolous claims are routinely resulting in $100 million payouts is not true,” says study leader Marty Makary, MD, MPH, an associate professor of surgery and health policy at the Johns Hopkins University School of Medicine. “The real problem is that far too many tests and procedures are being performed in the name of defensive medicine, as practitioners fear they could be sued if they don’t order them. That costs upwards of $60 billion a year. It is not the payouts that are bankrupting the system—it’s the fear of them.”

Called catastrophic claims, payouts over $1 million are more likely to occur when a patient who is killed or injured is under the age of 1; develops quadriplegia, brain damage or the need for lifelong care as a result of the malpractice; or when the claim results from a problem related to anesthesia, the researchers found in a study published online in the Journal for Healthcare Quality.

Makary and his colleagues reviewed nationwide medical malpractice claims using the National Practitioner Data Bank, an electronic repository of all malpractice settlements or judgments since 1986. They looked at data from 2004 to 2010, choosing a 2004 start date because that is when data regarding the age and gender of patients and severity of injury became available for the first time. The information includes only payments made on behalf of individual providers, not hospitals or other corporations, meaning the number of payouts may be underestimated by 20%, Makary says.

Over that period, 77,621 claims were paid, and catastrophic claims made up 7.9% (6,130 payouts). The seven-year nationwide total of catastrophic payouts was $9.8 billion, representing 36.2% of the $27 billion worth of total claims paid over that time period.

The most common allegations associated with a catastrophic payout were diagnosis-related (34.2%), obstetrics-related (21.8%) and surgery-related (17.8%) events. Errors in diagnosis showed twice the odds of a catastrophic payout compared with equipment- or product-related errors and were associated with a roughly $83,000 larger payment.

The age of the physician was unrelated to the likelihood of a claim, suggesting inexperience is not necessarily a factor. But 37% of catastrophic payouts involved a physician with a previous claim in the database. The largest payout in the study was $31 million.

Makary says the data suggest that the focus of legal reform efforts should be on doctor protections aimed at reducing defensive medicine rather than the creation of malpractice caps.

He says his findings argue for more research to determine what interventions might prevent the type of errors that result in catastrophic payouts, with the overall goal of improving patient safety and reducing costs at the same time.

But real cost reductions, he says, will come from reducing the overuse of diagnostic tests and procedures.

Other Johns Hopkins researchers who contributed to this study include Paul J. Bixenstine, BA; Andrew D. Shore, PhD; and Julie A. Freischlag, MD.

Source: Johns Hopkins Medicine
Sharp Rise in Emergency Department Visits Involving the Sleep Medication Zolpidem

A NEW REPORT shows that the number of emergency department visits involving adverse reactions to the sleep medication zolpidem rose nearly 220% from 6,111 visits in 2005 to 19,487 visits in 2010. The Substance Abuse and Mental Health Services Administration (SAMHSA) report also finds that in 2010 patients aged 45 or older represented about three-quarters (74%) of all emergency department visits involving adverse reactions to zolpidem.

In 2010 there were a total of 4,916,328 drug-related visits to emergency departments throughout the nation.

From 2005 to 2010 there was a 274% increase in the number of female visits to emergency department involving zolpidem (from 3,527 visits in 2005 to 13,130 in 2010)—in comparison to a 144% increase among males during the same period (2,584 visits in 2005 to 6,306 in 2010). In 2010 females accounted for more than two-thirds (68%) of all emergency department visits related to zolpidem.

Zolpidem is an FDA-approved medication used for the short-term treatment of insomnia and is the active ingredient in drugs such as Ambien, Ambien CR, Edluar and Zolpimist. These drugs have been used safely and effectively by millions of Americans, however, in January 2013, FDA responded to increasing numbers of reports of adverse reactions by requiring manufacturers of drugs containing Zolpidem to halve the recommended dose for females. FDA also suggested that manufacturers reduce the recommended dose for men as well.

Adverse reactions associated with the medication include daytime drowsiness, dizziness, hallucinations, agitation, sleep-walking and drowsiness while driving. When zolpidem is combined with other substances, the sedative effects of the drug can be dangerously enhanced. This is especially true when zolpidem is combined with certain anti-anxiety medications and narcotic pain relievers which depress the central nervous system.

The report finds that in 2010 half of all emergency department visits related to zolpidem involved its use with other drugs. In 37% of all emergency department visits involving zolpidem it was used in combination with drugs that depress the central nervous system.

“Although short-term sleeping medications can help patients, it is exceedingly important that they be carefully used and monitored,” said SAMHSA Administrator Pamela S. Hyde. “Physicians and patients need to be aware of the potential adverse reactions associated with any medication, and work closely together to prevent or quickly address any problems that may arise.”

SAMHSA has several major efforts underway to promote prevention and risk reduction regarding prescription drug related problems. For example, SAMHSA’s Strategic Prevention Framework-Partnerships for Success II (SPF-PFS II) grant program provides funding to communities throughout the nation for programs raising awareness about the problems of prescription drug misuse and abuse among persons aged 12 to 25. SAMHSA has also partnered with the National Council on Patient Information and Education on the “Not Worth the Risk—Even If It’s Legal” campaign. The partnership has developed and distributed educational and outreach messages to encourage parents to communicate with their teens on prescription drug abuse and misuse. These messages have been distributed to television, radio and newspaper outlets across the nation.

The report titled, “Emergency Department Visits for Adverse Reactions Involving the Insomnia Medication Zolpidem” is based on findings from the 2005 to 2010 Drug Abuse Warning Network (DAWN) reports. DAWN is a public health surveillance system that monitors drug-related morbidity and mortality through reports from a network of hospital across the nation.


Source: Substance Abuse and Mental Health Administration (SAMHSA)
Targeted Screening for *C. difficile* Upon Hospital Admission Could Potentially Identify Most Colonized Patients

**TESTING PATIENTS** with just three risk factors upon hospital admission has potential to identify nearly three out of four asymptomatic carriers of *C. difficile*, according to a new study published in the May issue of the *American Journal of Infection Control*, the official publication of the Association for Professionals in Infection Control and Epidemiology (APIC).

Researchers from the Mayo Clinic in Rochester, Minnesota analyzed stool samples from 320 patients showing no symptoms of *C. difficile* at hospital admission using a real-time polymerase chain reaction (PCR) assay. Samples from 31 of 320 patients tested positive for *C. difficile*, resulting in a colonization rate of 9.7%. The authors wanted to estimate the reservoir of colonized patients as a source of potential transmission because despite rigorous infection control measures, *C. difficile* infection was increasing at their institution.

In this study, independent predictors of *C. difficile* colonization were found to be recent hospitalization, chronic dialysis and corticosteroid use. According to the authors, one or more of the three independent risk factors were present in 155 (48%) of study participants, and screening only those with one or more of these factors would have identified 23 *C. difficile* carriers (74%).

“In our population, by targeting those with identified risk factors, we would need to screen approximately half of those patients with anticipated stays longer than 24 hours, to identify three-fourths of those colonized with *C. difficile*,” said the authors. “This is in the range of previously published screening efficiency rates for MRSA.” However, the authors also state that these results should be interpreted keeping in mind that only 22% of all eligible patients provided stool for *C. difficile* PCR, and the study population was not representative of all patients admitted to the hospital.

“Our objective was to estimate the burden of asymptomatic *C. difficile* carriers at admission because that constitutes an important checkpoint where risk factors can be assessed and infection prevention measures instituted,” said the authors. “This is the first study to demonstrate the feasibility of performing *C. difficile* surveillance on hospitalized patients at admission. The role of asymptomatic carriers in transmitting *C. difficile* should be studied further, and the utility of PCR-based targeted surveillance to detect asymptomatic carriers should be explored in areas of high endemcity or outbreak settings when other control measures have been exhausted.”

“While more research needs to be conducted on the transmission of *C. difficile* infection from colonized patients, this study may help institutions with persistently high rates of transmission develop an expanded strategy for targeted *C. difficile* surveillance,” said APIC 2013 President Patti Grant, RN, BSN, MS, CIC. “The study does not indicate necessity for all healthcare facility implementation, yet provides a step-wise progressive approach to help impede *C. difficile* activity when considering the overall epidemiologic impact of transmission.”

*C. difficile* causes infectious diarrhea and is linked to 14,000 American deaths each year, according to the Centers for Disease Control and Prevention. While many types of healthcare-associated infections have declined in recent years, infections from *C. difficile* have increased. APIC recently issued a new, open-access Guide to Preventing *C. difficile* infections.

Authors:Surbhi Leekha, MBBS, MPH (Corresponding Author), Division of Infectious Diseases, Mayo Clinic; Kimberly C. Aronhalt, MA, RN, Infection Prevention and Control Unit, Mayo Clinic; Lynne B. Sloan, BS, Division of Clinical Microbiology, Mayo Clinic; Robin Patel, MD, Division of Clinical Microbiology, Mayo Clinic; and Robert Orenstein, DO, Division of Infectious Diseases, Mayo Clinic.

Source: Association for Professionals in Infection Control and Epidemiology (APIC)
Conferences & Educational Opportunities

JUNE 2013

The Orthotic Therapy Revolution.
Sponsored by the Nevada Physical Therapy Association.
June 9, 2013
Carrington College, Las Vegas, NV
Phone: 702-492-6872
Email: info@nvapta.org
Web: www.nvapta.org

APTA Annual Conference and Exposition 2013.
Sponsored by the American Physical Therapy Association.
June 26-29, 2013
Salt Palace Convention Center, Salt Lake City, UT
Phone: 800-999-2782
Fax: 703-684-7343
Email: conferences@apta.org
Web: www.apta.org

SEPTEMBER 2013

CPTA 2013 Annual Conference.
Sponsored by the California Physical Therapy Association.
September 20-21, 2013
Pasadena Convention Center and Sheraton Hotel, Pasadena, CA
Phone: 800-743-2782
Web: www.ccapta.org

FPTA 2013 Annual Conference.
Sponsored by the Florida Physical Therapy Association.
September 26-29, 2013
Caribe Royale, Orlando, FL
Phone: 850-222-1243
Fax: 850-224-5281
Web: www.fpta.org

OCTOBER 2013

APTA 2013 National Student Conclave (NSC).
Sponsored by the American Physical Therapy Association.
October 24-26, 2013
Louisville, KY
Phone: 800-999-2782
Fax: 703-684-7343
Email: conferences@apta.org
Web: www.apta.org

NOVEMBER 2013

IPTA Annual Conference & Student Conclave.
November 7-9, 2013
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Web: www.ipta.org

IPTA Student Conclave.
November 8-9, 2013
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JANUARY 2014

AAHS 2014 Annual Meeting.
Sponsored by the American Association for Hand Surgery.
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Youth Volunteerism

When you see a group of teenagers gathered on a street corner, do you cross the street? Sadly, many people do. Today’s teens are often viewed as disrespectful, rude, and unruly. The truth is, almost nine out of ten teenagers would volunteer to take part in programs to help prevent crime and drug abuse if they knew how to get involved.

Most teenagers WANT to be respected by adults. They want to help others, and to create a community that is safe, productive and happy. However, if a young person feels isolated and cut off from the community, there is a good chance that they will turn to crime because it seems to be the only option. We can begin to solve this problem by embracing America’s teenagers, and getting them involved in our communities on every level.

Teens - Get Involved

Tips for teens:

1. Decide what your project is going to be. List the problems you believe you can change in your neighborhood. Are there too many fights in your school? Is there a no safe place for kids to hang out? Choose one problem to tackle. (Check it out. Is there a group out there working on the same problem? If so, think about joining them to make the most of your work.)

2. Think about how you will make things better. What steps will you need to take to get there? Decide who’s going to handle each task, and set deadlines for each step. Plan for how you’ll know if your project was successful.

3. Get what you need. You may need people, materials, money, publicity and/or the support of adults. Remember to include things like transportation, meeting space, food and photocopies.

4. Track your progress. Are you successful? Ask people what they think – do they feel safer? Ask your friends if they think the program is effective. Count things that can be counted – if your goal is to reduce fights in school, count how many there were before you began and how many there are now.

5. Get the message out to school and local newspapers. Alert the local radio and television stations. Celebrate your success!

Teens are a community’s untapped resources – encourage them to become involved, and take the first step on the path to a safer, crime-free community.

Online Resources:
Teens can check out the following organizations to get started:

- National Crime Prevention Council
- Boys and Girls Clubs of America
- National 4-H Council
- AmeriCorps
- YouthNOISE
- Big Brothers Big Sisters of America

Also, visit www.wprevent.org to learn more about the National Citizens’ Crime Prevention Campaign and to download free publications, including Investing in Youth for a Safer Future.
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Partnership Opportunity available for experienced NJ Licensed PTs/OTs in any of our six outpatient rehab clinics in North and Central Jersey. Enjoy all benefits of owning a practice without any of the hassles of running it. You treat the patient and we take care of everything else. Set your own schedule and work independently. Attractive Terms.

Email: CarePlusRehabLLC@gmail.com
Fax: 732-692-8447

The North American Menopause Society (NAMS) has them. For more than 20 years, NAMS has provided up-to-date, accurate, unbiased information about menopause, helping women and their healthcare providers make informed health decisions at menopause and beyond.

www.menopause.org
This is Sarah Watkins.
A lot of people almost helped her.
They almost gave.
Almost.

Exceptional care 
in a friendly, supportive environment

Lancaster, California
Physical Therapists
Join our Physical Therapy team in our Rehabilitation Department at Antelope Valley Hospital, a 420-bed acute care facility located in Lancaster/Palmdale an hour north of Los Angeles, CA.
Clean air, attainable housing, centrally located to beaches and ski resorts and a close-knit community makes Lancaster an ideal place to live. Great benefits, competitive pay, relocation assistance, and continuing education credits make Antelope Valley Hospital an ideal place to work.
For more details applicants may apply at www.avhospital.org or send your resume to Jezenia Diaz at jezenia.diaz@avhospital.org

Soldotna, Alaska
Physical Therapist
Central Peninsula Hospital - Alaska’s only Planetree affiliated hospital in Soldotna is seeking qualified applicants for the position of Physical Therapist in our growing outpatient facility.
Qualifications include a bachelor’s degree, current Alaska licensure or ability to become licensed; while experience is preferred, new graduates are welcome to apply.
Soldotna is situated on Alaska’s Kenai Peninsula and provides unsurpassed recreational opportunities.
Work-life balance and competitive total rewards packages are part of CPH.
Interested applicants may contact Human Resources, 888-565-4404 ext. 4770, or apply online at www.cpgh.org

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Weekly e-mail newsletter
• Timely news you can use
• Links to important articles
• Valuable supplement to our publications
www.myNEWS-Line.com
Our Clinic is located in the World-Renowned Houston Medical Center! Our facility is state-of-the-art and we provide the best hands-on McKenzie Protocol Therapy. Look For Yourself at www.medcentertherapy.com

Opportunity of a Lifetime!!!

Houston, Texas

Due to Growth we have openings for 2 Warm Loving Caring and Funny PT Assistants

We have a T.E.A. and need an M "Master of the Pool to complete our TEAM!

We offer an unbelievable atmosphere for learning for a new grad or a person who would like to learn more about Aquatic Therapy. We want a person that can work and grow with us! Protect your body by using proper body mechanics in the water!

We have a Fantastic weekly pay schedule + bonuses!
We have fabulously inscribed uniforms!
We have Exceptional health benefits!
We have a Fantastic schedule!
We have the Best patients in the world!
We have the Best team in the world!
We just need you to make our Pool Fantastic, too!

Please apply only if you have the Ambition and a Fantastic Attitude! Come to a DRAMA FREE workplace where everybody knows your name! Come find a home not just a job.

How many clinics do you know have invested over $400,000 in testing and treating equipment? For example:

1. Neurocom Smart Balance Master
2. Neurocom Complete Balance
3. Dynatronics – Decompression System
4. Bone Density Testing
5. 3D Posture Testing
6. Human Performance Testing
7. EMG
8. The Horse (Joint Stretching)

This is but a small list of you can become a part of!!!!!!!

Email to the Clinic Director, Eric Gibbs eric@medcentertherapy.com

Hope to hear from you soon

We offer a fantastic salary, medical benefits, and various opportunities for professional growth.
We are an equal opportunity employer.
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