

Journal of Orthopaedic & Sports Physical Therapy

VOLUME 46 | NUMBER 4 | APRIL 2016

JOSPT

The Global Resource for Musculoskeletal Health, Injury, and Rehabilitation

EDITORIAL
 2015 JOSPT Awards: Back Pain and Anterior Cruciate Ligament Injuries Are a Continued Focus of Research and Clinical Attention in Physical Therapy

VIEWPOINT
 Patellofemoral Osteoarthritis: Are We Missing an Important Source of Symptoms After Anterior Cruciate Ligament Reconstruction?

RESEARCH REPORTS
 Reduced Physical Activity in People Following Ankle Fractures: A Longitudinal Study
 A Prescriptively Selected Nonthrust Manipulation Versus a Therapist-Selected Nonthrust Manipulation for Treatment of Individuals With Low Back Pain: A Randomized Clinical Trial
 Cervico-occipital Posture in Women With Migraine: A Case-Control Study
 The Influence of Centralization and Directional Preference on Spinal Control in Patients With Nonspecific Low Back Pain

Plantar Cutaneous Sensitivity With and Without Cognitive Loading in People With Chronic Ankle Instability, Copers, and Uninjured Controls
M-Mode Ultrasound Reveals Earlier Gluteus Minimus Activity in Individuals With Chronic Hip Pain During a Step-Down Task
Abdominal Bracing Increases Ground Reaction Forces and Reduces Knee and Hip Flexion During Landing
Postural Cueing to Increase Lumbar Lordosis Increases Lumbar Multifidus Activation During Trunk Stabilization Exercises: Electromyographic Assessment Using Intramuscular Electrodes

CLINICAL COMMENTARY
 Shedding Light on the Etiology of Sports Injuries: A Look Behind the Scenes of Time-to-Event Analyses

MUSCULOSKELETAL IMAGING
 Cauda Equina Compression in the Absence of Neurologic Signs




2015 JOSPT AWARDS
PAGE 230

WWW.JOSPT.ORG

ADVERTISEMENT

NEW OPTP Posture Bricks™
 Versatility in posture and positioning exercise.

SHOP NOW



ADVERTISEMENT

Access new and 3,400+ archived articles, plus videos, slides, special features, and much more!

Click here to subscribe

JOSPT

JOSPT Journal of Orthopaedic & Sports Physical Therapy

Sign in | Register | Subscribe or Renew | Mobile | Help | Cart

Home | Current Issue | Browse | Features | Read for Credit | Info Center


Search articles / products Advanced Search

NEW FEATURE

Perspectives for Practice

New feature translates research for clinical practice

Read This Month's Perspectives »



Share

JOSPT Alerts

Get E-Alerts | JOSPT RSS

Login

Email | password | Login

JOSPT: Independent and Growing

STM US Conference Society Day
 April 26, 2016

Edith Holmes, Executive Director/Publisher, JOSPT

What Is JOSPT?

- A nonprofit science journal published since 1979
- Outsourced to commercial publishers (Williams & Wilkins, Allen Press) until 2001
- Separately incorporated as a 501(c)3 organization and self-published since then with the initial goals of:
 - Realizing significant advertising income
 - Reducing to zero the annual outlay of its member societies—the Orthopaedic and Sports Physical Therapy Sections of the American Physical Therapy Association

JOSPT's Publishing Program

- **Audience:** Orthopaedic and sports physical therapists; 90% clinicians; print circulation 22,500; online 36,000
- **Primary product:** Peer-reviewed journal publishing clinically applicable research; official journal of APTA's Orthopaedic and Sports Sections; recognized journal of international partners
- **Frequency:** Monthly in print; monthly and continuously for ahead-of-print articles online
- **Ancillary products:** Web-based continuing education program based on published research, webinars with outside publishing partner

Results Since JOSPT Declared Independence

- Stature and status in the profession of musculoskeletal rehabilitation and in STM publishing
 - Record impact factor : 3.011 in 2015 / 5-year factor: 3.627
 - Steady increase in manuscript submissions: 1000+ annually
 - Significant international presence: 37 partners in 26 countries
 - Growing web traffic: 120,000+ sessions per month
 - Partnerships beyond JOSPT's target audience
- Breakeven budget nearly tripled
- Generated net income of more than \$125K in 5 years
- Staff has grown, but remains relatively small

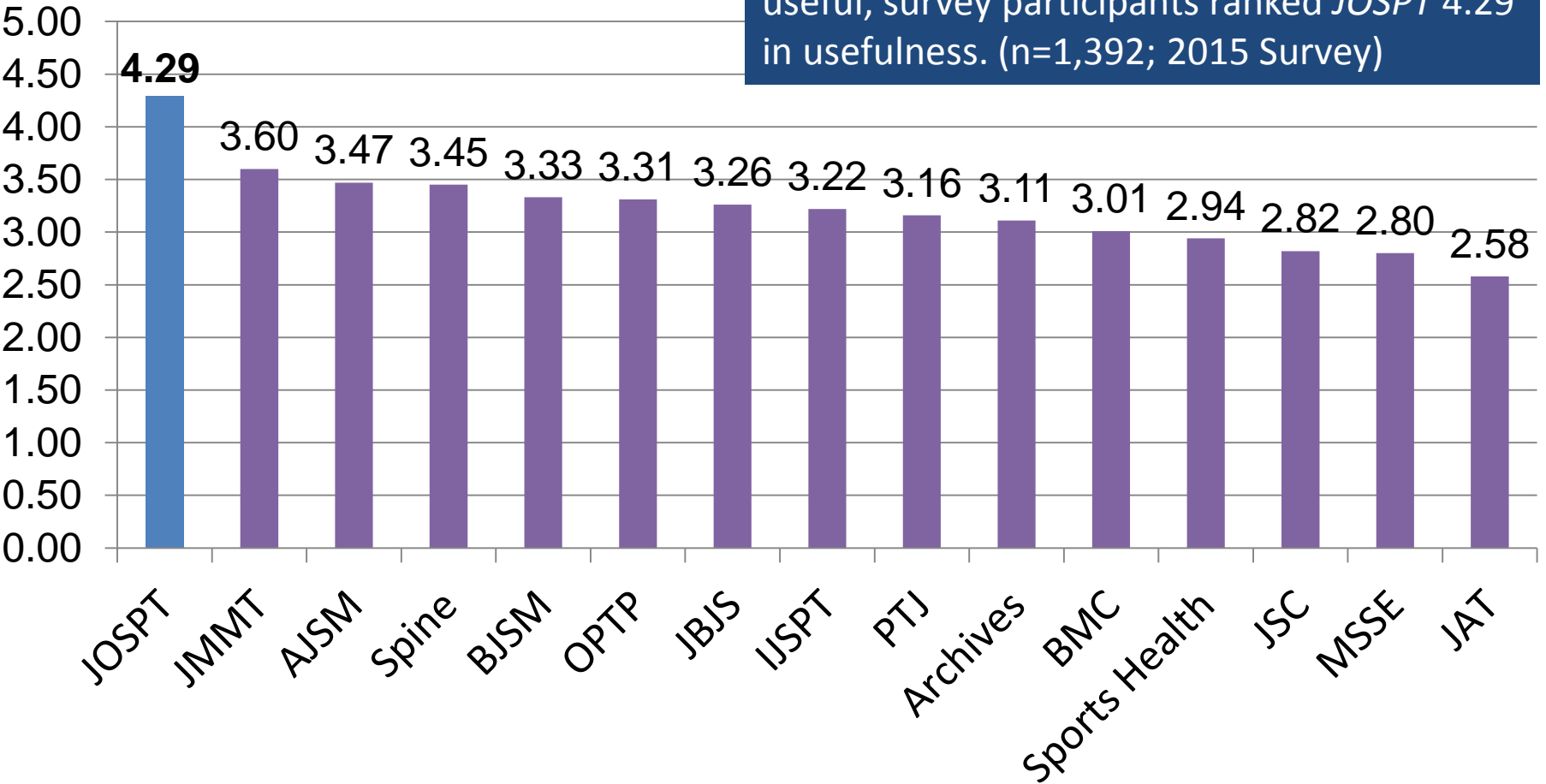
What Didn't Happen? What Didn't Change?

- Advertising income has not eliminated the need for APTA's Sections to pay JOSPT to deliver content in print and online to their members
- The loyalty readers have always exhibited toward JOSPT remains and has strengthened
- Content remains focused

Dedicated Audience

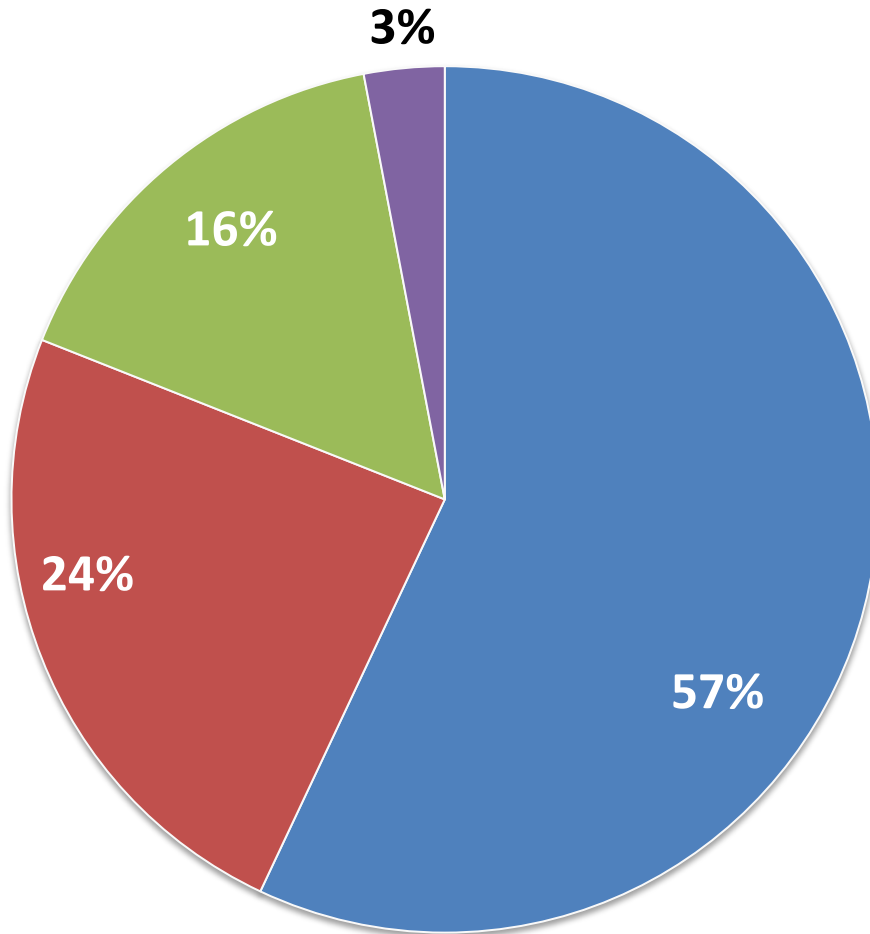
JOSPT Ranks #1 in Usefulness Among 15 Journals in the Field

On a scale of 1 (not at all) to 5 (extremely) useful, survey participants ranked *JOSPT* 4.29 in usefulness. (n=1,392; 2015 Survey)



How Does JOSPT Make Money?

Income Distribution



Challenge: Maintain and grow subscriptions and advertising while expanding “other”—continuing education, publishing services (2014, 2015 distribution)

- Subscriptions
- Sections
- Advertising
- Other JOSPT Income

Keys to JOSPT's Success

- Create and deliver value
- Marry content excellence with publishing excellence
- Balance the needs of readers—clinicians/practitioners—with those of authors—researchers
- Innovate continuously, but avoid the temptation to be an early adopter of:
 - Technology: Apps!
 - Policies: Open access
- Develop partnerships
 - With like societies in other countries
 - With publishers in related disciplines

Additional Management Keys

- Strive for reasonable—or at least stable—governance
- Practice disciplined strategic planning and plan execution
- Leverage lessons from annual financial audits
- Pay attention to fundamentals
 - Provide exceptional customer service
 - Treat employees well
 - Communicate with the Board

Specific Strategies: Custom Print Layout

- Professionally developed; addresses the challenge type presents for STM journals: *Shostak Studios*

[RESEARCH REPORT]

PAULA R. BECKENKAMP, PhD¹ • CHUNG-WEI CHRISTINE LIN, PT, PhD²
LINA ENGELN, PhD¹ • ANNE M. MOSSLEY, PT, PhD³

Reduced Physical Activity in People Following Ankle Fractures: A Longitudinal Study

The benefits of physical activity on health are well established^{1,2} and have become the focus of a global strategy to decrease mortality from noncommunicable diseases.^{3,4} Regular physical activity reduces the risk of cardiovascular disease, diabetes, breast cancer, depression, and bone and joint disease.^{5,6,8} Recent studies have found an inverse dose-response relationship between physical activity and all-cause cardiovascular and cancer mortality, in which more active people have lower mortality.^{9,10} It is estimated that over 8 million people die prematurely each year due to high levels of physical inactivity.¹¹ Insufficient physical activity is the fourth-leading risk factor for global mortality and an independent risk factor for diabetes, cardiovascular diseases, and some forms of cancer.¹² More recently, the detrimental effects of sedentary behavior (often using sitting time as a proxy) have also been investigated.¹³⁻¹⁵ Prolonged sitting time has been linked to detriments in the cardiovascular, metabolic, and musculoskeletal systems, even in people who meet physical activity guidelines.¹⁶ There is a 5% increase in the risk of all-cause mortality for each additional hour of daily sitting over 8 hours, even when physical activity is taken into account.¹⁶ While recommendations to minimize the time spent in sitting and to break up long periods of sitting have recently been added to the Australian physical activity and sedentary behavior guidelines,¹⁷ there is no consensus on the recommended amount of sitting.

The World Health Organization (WHO)¹⁸ recommends at least 150 minutes of moderate or 75 minutes of vigorous physical activity each week for adults to achieve health benefits.¹⁸ The Australian guidelines have recently added a recommendation to minimize sitting time.

OBJECTIVE: To assess the course of recovery of physical activity after ankle fractures and to define to which the population may be physically active and more sedentary than the general population.

METHODS: A cohort of individuals with ankle fractures was derived from a randomized trial and assessed with the International Physical Activity Questionnaire-Short Form (IPAQ-SF) at immobilization removal (1, 3, and 6 months) later. Total metabolic equivalent (MET) minutes per week were calculated to evaluate the course of recovery of physical activity. Sitting time (minutes per day) and the percentage of those who met the World Health Organization physical activity guidelines were calculated. Normalized data were derived from a population-based cohort study that assessed physical activity using the IPAQ-SF.

RESULTS: In people with ankle fractures (n = 254), physical activity increased in the first month from a mean of 97.6 MET minutes/week to 370 MET minutes/week and leveled off by 6 months (336 MET minutes/week). Only 23% of the ankle fracture cohort met World Health Organization guidelines at immobilization removal, compared to 80% of the cohort from the general population (P < .001). This difference diminished over time. Sitting time in the ankle fracture cohort was higher than population norms at all time points (P < .001).

CONCLUSION: People with ankle fractures are less physically active and more sedentary than the general population. Strategies to increase physical activity must be considered.

LEVEL OF EVIDENCE: Prognosis, level 4.

KEY WORDS: ankle fractures, lower extremity injury, prognosis

¹The George Institute for Global Health, Sydney Medical School, The University of Sydney, Sydney, Australia; ²School of Public Health, Sydney Medical School, The University of Sydney, Sydney, Australia; ³The Centre for Sports Science, Sydney, Australia. The primary study (The Evaluation and Rehabilitation for Ankle Fracture: The EXACT Randomized Clinical Trial) was funded by the National Health and Medical Research Council (Australia). Paula R. Beckenkamp was funded by the International Physiotherapy Research Scholarship and Australian Postgraduate Award. C. Lin is funded by a fellowship from (National Health and Medical Research Council (Australia)). The EXACT study obtained approval from the local research ethics committees of the University of Sydney, the University of Queensland, and the University of New South Wales. The authors are grateful to all individuals who participated in the study and to all staff members who assisted in the data collection and analysis. The authors are grateful to the Australian Postgraduate Award, the University of Sydney, the University of Queensland, and the University of New South Wales for their support. © Copyright 2023, Journal of Orthopaedic & Sports Physical Therapy.


JOSPT PERSPECTIVES FOR PRACTICE

Mechanical Lumbar Traction

What Is Its Place in Clinical Practice?

J Orthop Sports Phys Ther 2006; 46(2):255-256. doi:10.2519/jospt.2006.0510

It is an effort to maximize conservative treatment in a population with higher rates of progression to costly interventions, such as surgery and injections, a total of traction could be considered for patients who have a preference for this treatment or who are unresponsive to other physical therapy interventions. Summary evidence in recent systematic reviews and clinical practice guidelines concludes that mechanical lumbar traction is not effective for treating acute or chronic nonspecific low back pain (LBP). However, many physical therapists continue to use it, primarily as an additional modality.¹ Indeed, expert clinical opinion, theoretical models, and some research evidence suggest that certain patients with LBP respond positively to traction. A study published in the March 2016 issue of JOSPT investigates the effectiveness of traction in persons as an adjunct to an extension-oriented exercise program in patients with LBP and leg pain and explores whether a personality identified set of patient characteristics is associated with better outcomes from traction.² Here, the authors explain the impact of their findings for clinicians treating these patients.



WHAT WE KNEW
When we started this project, the literature offered conflicting evidence for the effectiveness of mechanical traction (renewing LBP) with positive results characterized by small effect sizes. However, clinicians continue to use traction, in particular to manage patients with radicular. The systematic and preliminary study by Fritz et al² suggested that some individuals are more likely to respond to traction than others.


WHAT WE DID
We examined the effectiveness of adding mechanical traction to an extension-oriented treatment approach for patients with back pain and sciatica. We further explored the differential effect for patients previously identified as benefiting from traction; these were patients who perceived a lack of response upon extension and/or a positive crossed straight leg raise.

WHAT WE FOUND
Changes in pain and disability in both treatment groups were significant, with no effect by treatment or when matching pain and/or disability. All patients had significant improvements in pain and disability over the treatment period of 6 weeks and displayed no evidence of harm after traction was added.

WHAT WE KNOW NOW
After completing this study, we found that the recommended line of treatment for the patient population—to stay active—seems to be supported, as all participants began physical activity by week 1 of treatment. However, consistent with Cochrane systematic reviews and many previous trials, our results did not support functional ability to provide greater improvements in pain and disability.

NEITHER HELP NOR HARM: The authors found that although it did not produce greater improvements in pain or disability, the use of mechanical traction also did not harm patients with back pain and sciatica.

BOTTOM LINE FOR PRACTICE
Based on what was known and the results of our study, we cannot recommend adding traction in the treatment of patients with back pain and sciatica. Our results found neither beneficial nor detrimental effects from using mechanical lumbar traction.



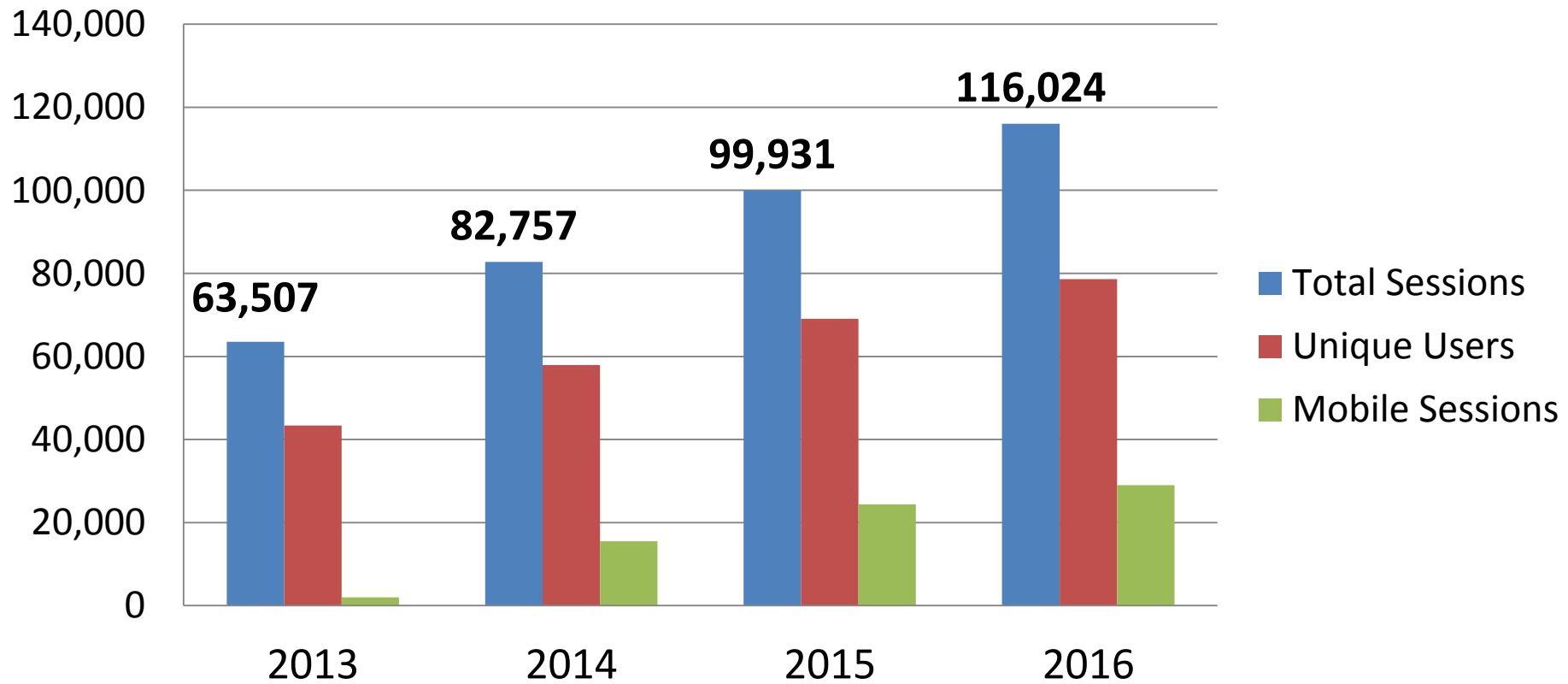
JOSPT PERSPECTIVES FOR PRACTICE is a series of the *Journal of Orthopaedic & Sports Physical Therapy*. The information and recommendations presented in the report for practice of the submitted research article for a full volume of the *Journal of Orthopaedic & Sports Physical Therapy* are the official journal of the Orthopaedic Section and the Sports Physical Therapy Section of the American Physical Therapy Association (APTA) and are accepted and endorsed by the APTA. Authors are encouraged to submit their research to the *Journal of Orthopaedic & Sports Physical Therapy* for consideration for publication. For more information on the *Journal of Orthopaedic & Sports Physical Therapy*, visit www.jospt.com.

JOURNAL OF ORTHOPAEDIC & SPORTS PHYSICAL THERAPY | VOLUME 46 | NUMBER 3 | MARCH 2016 | 255

Specific Strategies: Robust Website

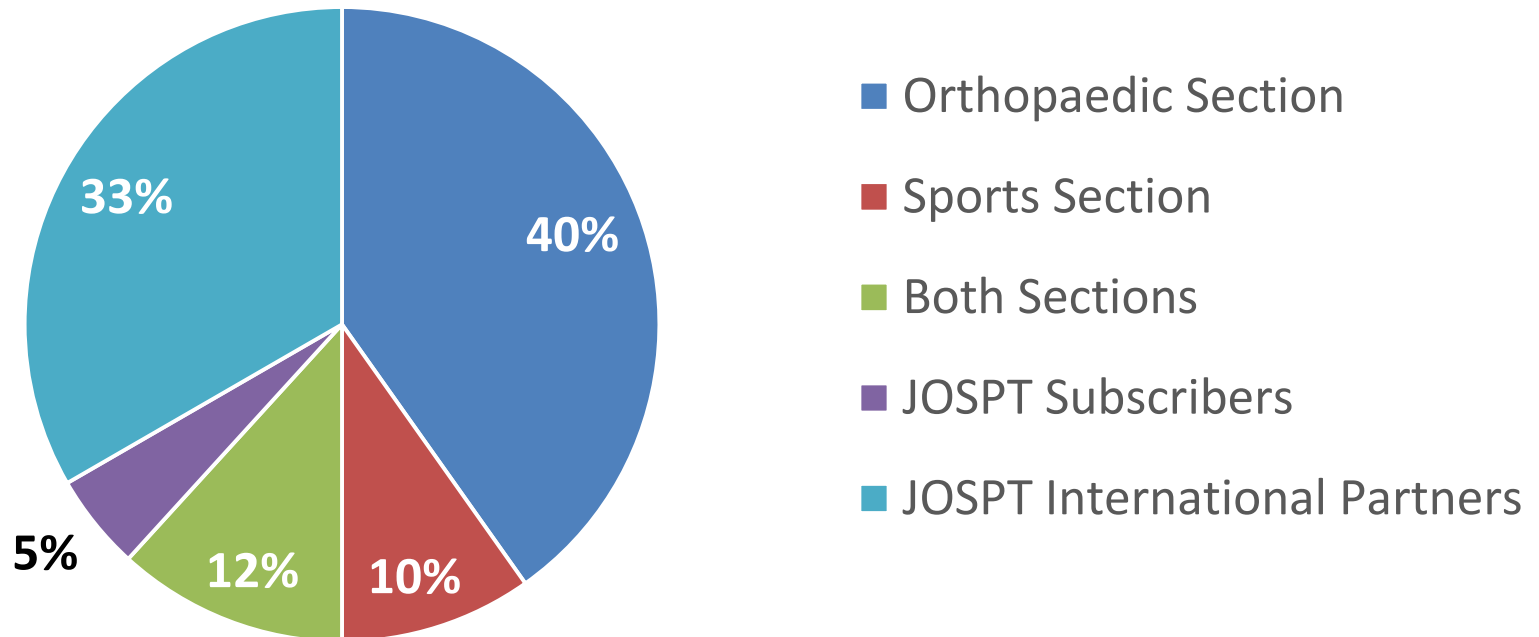
- An innovative, yet disciplined web platform: *Atypon*

Average Monthly Sessions, Users, Mobile Visits



Specific Strategies: Expanded Audience

- Multi-site subscriptions: Aggregators, consultants
- Global presence: Individual members of international partners + outside individual and institutional subscribers constitute 38% of JOSPT's total audience



Specific Strategies: Ancillary Products

- Continuing education program based on the research JOSPT publishes: Read for Credit
- Webinars and an article exchange with a related journal: JBJS



JOSPT **JBJS**
Joint Webinar

Injured ACLs: To Operate or Not Is Still the Question
Wednesday, March 30, 2016 - 12 PM EDT

When: Wednesday, March 30, 2016 12:00 PM EDT

Moderator: Robert Marx, MD

Presenting authors: Lars Engebretsen, MD
Vincent Eggerding, MD
Hege Grindem, PT, PhD

Commentators: Daniel Whelan, MD
Lynn Stryder-Mackler, PT, ScD, ATC, SCS, FAPTA

Format: Complimentary Webinar
Live Q & A session

Register: <http://sites.jbjs.org/webinar/injuredacl-fpa>


Despite the fact that injuries to the anterior cruciate ligament (ACL) are common, whether and when to treat them surgically remains a difficult question for patients, doctors, and physical therapists to answer. Consequently, orthopaedic surgeons and physical therapists are always seeking the highest-quality clinical evidence to help them make those decisions.

This complimentary webinar, hosted jointly by *The Journal of Bone & Joint Surgery (JBJS)* and the *Journal of Orthopaedic & Sports Physical Therapy (JOSPT)*, will arm surgeons and physical therapists with up-to-date information to help ensure the best possible outcomes for patients with ACL injuries.

Lars Engebretsen, MD and Hege Grindem, PT, PhD co-authors of the *JBJS* paper, "Nonsurgical or Surgical Treatment of ACL Injuries," will examine differences in functional outcomes, sports participation, and knee reinjury among surgically treated and nonoperatively managed patients.

Vincent Eggerding, MD, co-author of the *JOSPT* systematic review, "Factors Related to the Need for Surgical Reconstruction After ACL Rupture," will explore those factors that might predict progression to surgery following nonoperative treatment for an ACL rupture.

Moderated by *JBJS* Deputy Editor Robert Marx, MD, the webinar will include additional perspectives on these crucial clinical questions from two expert commentators—Daniel Whelan, MD and Lynn Stryder-Mackler, PT, ScD, ATC, SCS, FAPTA. The last 15 minutes will be devoted to a live Q&A session, during which the audience can ask questions of all four panelists. Seats are limited, so register now!

Sponsored by:  **MODERNIZING MEDICINE**

Join us for this interactive webinar.
Register today at <http://sites.jbjs.org/webinar/injuredacl-fpa>

Pain Points

- Maintain/grow institutional subscriptions
 - Continuously market value
 - Assess benefits of working with aggregators
- Sustain/expand advertising income
 - Market dominated by Moms and Pops; no RX companies
- Navigating open access
 - Balance responsiveness to OA demand with current subscription-based business model
- Pros/cons of scale
 - Tailored products and services; more nimble response versus economies of scale, power internally and externally

The Way Forward

- More effectively leverage the power of JOSPT's web platform to generate income
- Execute a comprehensive marketing plan across all stakeholder groups
- Monetize content innovations: Clinical Practice Guidelines, webinars
- Provide publishing services to other, related STM journals and organizations