Coming Full Circle: A Rehabilitation Journey

One MeyerPT team member shares why her past rehabilitation experiences make working in the health and wellness industry a personal triumph.

Page 8

Also Inside:

- Trigger Point Therapy for Chronic Pain
- Keep Older Patients Moving
- Inspiring Patient Wellness Through Myofascial Release
What's Inside

**FEATURES**

8  Coming Full Circle:  
   A Rehabilitation Journey

14  Integrity  
    What It Means to Us

**Wellness Insights**

4  Trigger Point Therapy  
   for Chronic Pain

6  Keep Older Patients Moving

12  Inspiring Patient Wellness  
   Through Myofascial Release

**Treatment Spotlight**

10  Don’t Let Patients  
    Run From Pain

11  Get a Grip on Fun

©2015 MeyerPT™. All rights reserved. Content in this magazine is for informational purposes only and is not intended to substitute for advice given by a physician, pharmacist, or other licensed health-care professional. You should seek expert counsel in evaluating opinions, treatments, products and services. The opinions expressed by contributors and sources quoted in articles are not necessarily those of the editor or publisher. MeyerPT™ does not endorse any specific product, service or treatment. Paid partnerships with vendors will be duly noted as such (Advertisement, Advertorial). Information appearing in Motion Index may not be reproduced in whole or in part without express permission of the publisher.
Welcome to the Motion Index!

Your newest health and wellness resource comes from MeyerPT™, one of the leaders in physical therapy supply and equipment distribution.

This is the inaugural copy of the Motion Index, a seasonal magazine dedicated to serving the interests of our physical therapy partners. Packed with information about treatment techniques, clinical insights and new product information, the Motion Index was created as an additional educational resource. Designed to serve you interesting information, this is our way of staying in the pulse of the health and wellness industry.

From young to old, our magazine provides you with the engaging information to enhance patient treatment plans. Our first issue chronicles trigger point therapy techniques, hip and knee replacement research, as well as a rehabilitation journey from one of our own employees. You’ll want to learn more and try out our spotlight products featured inside.

Thanks for picking up your copy of the Motion Index; I hope you enjoy what follows. We’re here to serve you and your clinic’s best interests, and I believe that the Motion Index is another valuable resource.

Kind regards,
Ron Harrington
CEO & Owner

It’s more than a buzzword — Integrity is one of our core values.

Turn to page 14 for the full story.

healthsmart LiveHealthSmart.com

Premium Digital Blood Pressure Monitors

One out of three people in the U.S. has hypertension, and half of them are unaware of this life-threatening condition. Help your customers track their blood pressure with these clinically validated monitors that are easy to use and provide verbal confirmation of user’s hypertension risk.

HealthSmart® Premium Talking Digital Arm and Wrist Blood Pressure Monitor

- 2-user/120-memory shows average of last 3 readings
- Audio reading in English or Spanish
- WHO Indicator
- Irregular heartbeat detection

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>UPC #</th>
<th>ITEM #</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthSmart® Premium Talking Digital Arm Blood Pressure Monitor</td>
<td>767056695016</td>
<td>04-695-001</td>
</tr>
<tr>
<td>HealthSmart® Premium Talking Digital Wrist Blood Pressure Monitor</td>
<td>767056895010</td>
<td>04-695-001</td>
</tr>
</tbody>
</table>

Formerly Briggs Healthcare®, MABIS®, DMI® Available at MeyerPT
Digging into deeply rooted muscular pain, trigger points are the stubborn, relentless knots you encounter during massage treatments. They often impede a patient’s quality of life. Help restore movement in a patient by learning basic trigger point therapy techniques that can help solve location and pain frequency.

When massaging a patient pre- or post-rehabilitation treatment, you may come across muscles that feel dense, hard and non-pliable. If you probe the site further and find any pea-sized or shaped muscle knots, then you have most likely stumbled across a trigger point. Created from muscle overload, a trigger point is a localized spasm in the muscle fiber. When your patients experience one of three types of muscle overload—acute, sustained or repetitive—a chemical reaction with acetylcholine and calcium in the sarcomeres signal increased muscle contractions in the affected area.1 This unnecessary tension in muscle fiber causes the sarcomeres to shorten via contractions while contraction knots grow tighter and develop into trigger points.

“They are often referred to as ‘the great mimickers’ because they do just that—mimic pain,” Heather Watson, a Rehab Specialist at Sport and Spine Rehab clinic said of trigger points. “If a trigger point is acute or active, it can be incredibly painful, and also refer pain elsewhere in the body.”

To further complicate trigger point treatments, where the patient feels the pain is not always where the trigger point is located. Many case studies have shown that patients can feel pain throughout entire muscle groups while the root cause is a single location behind a joint or buried deep in the tissue. Sciatica, plantar fasciitis, low back pain, trigger finger and frozen shoulder are all examples of chronic conditions worsened by trigger point pain.

“A trigger point in the upper trapezius can refer pain into the occipital muscles and cause a headache. Sometimes, the pain a patient feels is coming from an entirely different area than we thought,” Watson said.

What can you do to alleviate some of this pain? Manual massage with digital pressure techniques has been proven...
to restore muscle function and dispel trigger points. “Massage helps tremendously with trigger point treatment because it allows blood and oxygen into the surface tissue and reduces some of the inflammation trigger points cause,” Watson said.

The American Massage Therapy Association recommends that you use a smooth, consistent massage cream that penetrates muscle fibers without wearing out your hand strength when you tackle trigger point pain. When working on an affected area, apply consistent digital pressure, constantly checking with your patient about your pressure levels and pain levels. When you find the site of the trigger point, press into the knot for 30-90 seconds or until you feel the tissue change. Release all pressure once you feel the muscle tissue change, but you may still massage around the spasm site to re-lengthen the sarcomeres and reduce muscle tension.

You can further help patients reduce muscle tension and alleviate trigger point pain at home with select self-massage tools that promote myofascial release. From your massage therapy treatment to these at-home massage tools, your non-invasive healing will reduce muscle tension and assist with your overall physical therapy goals. Watson herself knows firsthand how difficult it can be to locate and effectively treat a trigger point: “I had a colleague work on both of my upper traps before. He tried some myofascial release because I was just too tight to handle any deep tissue. The tissue was like a rock, and I was too tender for bodywork altogether,” Watson said of her personal experience. “With time he was able to get oxygen flowing and I felt a lot better. Admittedly, it was incredibly painful at the time, but caused amazing relief.”

COMMUNICATION IS KEY
Relieving trigger point tension can be painful for your patient—make sure to check in throughout the massage so your patient is not uncomfortable or hurting from too much pressure.
Keep Older Patients Moving

Don’t let hip and knee replacements slow them down

The Baby Boomer generation hasn’t slowed down in recent years—the 2011 Census report stated that senior citizens (age 65+) have become the largest age demographic in the United States population. You’ve probably noticed an influx of older adults in your clinic over the last 5-10 years. With an estimated 40.3 million people in this demographic, the need for your services is in higher demand than ever.

When you take a look at the Older Adult segment of the U.S. population, it’s clear that there is no one-fits-all approach to the senior lifestyle. The pressure to remain fit, active and engaged in physical activity has had a positive impact across this audience, but not without safety concerns. In your care, restoring range of motion and muscular strength are two important components of senior citizen physical capability. What kinds of non-operative treatments do you use when faced with a patient whose movement is limited by knee and hip replacements?

Even though a Total Joint Replacement (TJR) surgery is one of the most common and cost-effective orthopedic procedures in medicine today, the need for a revision surgery or implant failure has grown higher as the number of surgeries and new technologies available have increased. Whether you’re working with a patient who has had a TJR surgery—including hip and knee replacements—or is a candidate for the procedure, your concentration on ROM and movement ease can greatly impact quality of life.

Because older adults are striving to lead more active lifestyles, traditional TJR surgical solutions may not withstand high-impact or sustained activities. For adults visiting your clinic for post-operative services, you are in the unique position of coaxing back movement while also training each patient to support their activity with correct, healthy movements.

Easing patients into lower body rehabilitation programs can be challenging, and you might even face resistance at times. Creating an environment where you can remove standing and additional bodyweight will make your initial rehabilitation treatments easier for patient adaptation. A seated position will give patients a greater sense of security. By incorporating strategic equipment into your lower body rehabilitation center, your patients will be able to tackle muscular and joint issues safely and effectively.

Minimizing joint pressure with low resistance levels is an important quality to remember while working with an older adult post-surgery. By using a Recumbent Stepper (MeyerPT item #SFISONE01) with post-TJR patients, or patients affected by arthritis in the knees and hips, you’re creating an atmosphere that builds muscle mass without compromising joint integrity. One study reports that 20-30 percent of the population 70+ suffers from osteoarthritis of the hip alone. Use your Recumbent Stepper to optimize lower body range of motion comfortably when treating older adults with chronic hip or knee pains.

When you take into consideration the scope of a TJR surgery, it is clear how physical therapy treatments can have a large impact on how a patient experiences and recovers from knee and hip pain. Integrate cardiovascular exercise into a patient’s regimen without putting undue pressure on joints, including wheelchair patients, with the Recumbent Stepper.

DID YOU KNOW?
20-30 percent of the population 70+ suffers from osteoarthritis of the hip alone.

Available at MeyerPT™
**SWEDÉ•O Solutions**

**SWEDÉ•O ANKLE LOK®**
- Referred to by many as the Gold Standard for ankle care
- Exclusive dual eyelet lacing system keeps the brace tighter, longer
- Full elastic back to ensure a more comfortable and conforming fit

**SWEDÉ•O TARSAL LOK®**
- Provides excellent support when shoe gear is an issue
- Provides maximum support for activities demanding normal range of motion
- Ideal option for post-walking boot or cast removal

**THERMOSKIN ARTHRITIC GLOVES**
- Provides warmth and compression to relieve arthritic pain
- Outer layer is textured to provide additional grip
- Sold in pairs

**THERMOSKIN CROSS-X™ CMC THUMB SPLINT**
- Provides CMC Joint Support for RSI, Arthritic pain and/or thumb instability
- Anatomical design allows full function of the wrist and hand
- Easy for patients to apply and adjust

Swede-O is the exclusive distributor of Thermoskin products in North America. Thermoskin® and Trioxon® are registered trademarks of United Pacific Industries Pty LTD.
Katie Reilly was not expecting her college career to be derailed by multiple surgeries, a stint in a physical therapy rehabilitation center, or by having to learn how to walk again, but a car accident changed all of her plans in February of 2013.

Katie, a MeyerPT™ marketing team member, was critically injured after her boyfriend’s car skidded off a country road and spun out through a guardrail late one winter night. Reilly, a junior at Miami University in Oxford, OH, was sitting in the front passenger seat while her boyfriend Shaun fought to correct his car’s fishtailing swerve after driving over black ice. She was the only one who suffered injuries, remarkably, considering the car was found pinned between trees off the side of the road.

An emergency life flight brought Katie to the University of Cincinnati’s medical center, where she underwent her first of two major surgeries. Katie’s biggest medical concerns were her broken legs (with fractures in both sets of femurs and tibias), as well as a broken pelvis. Her first surgery was to reset her pelvis, where doctors installed a pelvic bar across her front, and the following day both of her legs were repaired and set into tall walking boots. Katie had been wearing her seatbelt during the drive and was saved from being thrown out of the car upon collision. For months following the accident though, Katie had a deep indent across her stomach where the belt pulled against her body as she was slammed against the side door.

Not only was Katie unable to walk or stand, but the pelvic bar also made her unable to bend over. Her movement was severely limited and for the first time following her accident, Katie found herself frightened by her physical state. As her rehabilitation needs began to set in, Katie’s doctors and family arranged for her installation at HealthSouth Rehabilitation Hospital at Drake, a long-term, full-service rehabilitation center in southern Ohio.

At the Drake, a mixed medical staff cares for and works with patients who have been affected by major movement losses. Among Katie’s floor mates were post-surgical patients, stroke survivors, a young man who had been in a bar fight, as well as a woman with a gunshot wound to the head. Each of these patients had lost the ability to walk, stand, get out of bed, or even go to the bathroom independently. With a staff of trained nurses, occupational therapists, physical therapists and doctors, each patient would have to learn old habits, movements that had once been taken for granted and were now the subject of much training and concentration.

Katie’s life became a series of routines: her mornings started with occupational therapy classes, which included learning how to use reacher tools for dressing as well as how to safely get on and off a transfer board. In the afternoon, Katie visited group session training for upper body strength and resistance work. Surrounded by other patients in wheelchairs and leaning on walkers, Katie lifted five-pound dumbbells and marveled how easy working out had been in the past—how lifting five pounds felt like a momentous achievement to her now.

As a physical therapist that is familiar with how quickly muscles atrophy post-surgery, or with how tight and inflexible a patient can be after extended bed rest, it can be difficult to place yourself in the patient’s frame of mind during the first weeks of rehabilitation. Katie admits that it was very difficult to come to terms with her body’s new limitations. Her pelvic bar, a source of much daily pain and care, did not make her transition in rehab easier. Determined to rebuild what she had lost, Katie focused on upper body resistance training and maintained a daily routine that included cardio without lower body activity.
The Drake’s upper gym, housed on the third floor of the center, became Katie’s afternoon and evening source of physical therapy. Challenged by upper body pedal crank machines and cushioned tables, Katie worked closely with her physical therapist to regain enough strength to lift her leg without the extra weight of her boot. Fresh scars on her legs barely hid the titanium rods and screws beneath her skin—but the act of lifting a single leg was another challenge she eventually triumphed over.

Six weeks after her entry, Katie was released from the Drake and continued her rigorous physical therapy routine at Mccullough Hyde Physical Therapy. She had officially submitted a medical withdraw from school and was focused on integrating herself in their rehabilitation program. Her pelvic bar remained fastened across her lap for almost eight weeks following her release from the Drake, and she was wheelchair-bound until the removal surgery was complete. Following the procedure, a nurse handed Katie a pair of crutches. It was time for her to learn how to walk again.

Progress came slowly. In your role as a therapist and coach, every bit of patient progress is worth celebrating. For Katie, it was hard to maintain the same enthusiasm. Even though she wasn’t in class, friends on campus preparing for senior year surrounded her. Her own boyfriend was graduating and searching for employment. Katie felt that her life had hit a standstill, and without the ability to walk, she felt farther behind.

Every new step brought Katie closer to a sense of normalcy. Her physical therapy training arsenal was well-developed by the Mccullough Hyde staff: resistance bands, looped bands, free weights, balance discs, BOSU balance trainers and foam rollers became the tools she turned to for strength training and muscle recovery. Assisted by pool workouts at the training center, Katie simulated walking against artificial currents, lunging, squatting and feeling stronger with each step underwater.

Balance exercises proved to be the most difficult, as Katie and her therapists worked to even out the strength distribution between her two legs. Because Katie felt the most impact on her right side—which had hit the car door first—she found her muscles on the right side in a worse state than the left. During her time using transfer boards, Katie was unable to place any weight on her right side. Now, weight bearing exercises were forcing Katie to overcome the weaknesses inactivity had instilled in her right leg.

But Katie improved. She left for Columbus, OH for the summer break, walking again. She kept up with her physical therapy routines and appointments, even in the new city. With guidance and training, she was able to overcome her car accident less than a year after emergency responders loaded her unresponsive body into a helicopter.

Physical therapy had transformed Katie’s life in both the obvious and unsuspected ways. Her injury and process of learning to move again had permanently shaped her outlook on her body and what it means to move. She says now that she’s healthier, more in tune with herself than before. With so many months of intense focus on her progress, Katie finds that it’s impossible not to notice when she hasn’t stretched enough.

Joining the MeyerPT team has kept her in tune with her movement. Surrounded by health and wellness products and customer needs, Katie is all too aware of how important the smallest tools are to a physical therapist and patient. She finds that her past experience has enabled her to deeply understand the physical therapy market, in part because of how much time she’s spent with therapists and in rehabilitation clinics. Now living without limitations, Katie is excited to connect with her work in a way that makes her feel as if she’s giving back to the same community of therapists who supported her during her struggle to reclaim movement.
Active patients, like running and jogging fanatics, don’t like to slow down when it comes to rehabbing an injury. Help them protect themselves from further injury by using **BodyMed® Hot & Cold packs** to deliver healing relief. Pounding the pavement doesn’t have to be so painful.

**BACK**
- Pulled muscles can sideline a patient quickly.
- Encourage jumps and bends from the legs and not just from the lower postural muscles.

**KNEE**
- Runner’s knee is self-explanatory, but can also cause pain while sitting, using the stairs and squatting.

**HIP**
- IT (iliotibial) Band Syndrome can affect the muscle that runs from knee to hip on the outside of the thigh. Recommend heat before activity and ice while resting for proper recovery.

**SHIN**
- Patients who throw themselves into a brand new workout routine can experience shin splints. Flat-footed patients have a higher risk of developing this painful condition as well.

**HEEL**
- Tight calf muscles and stiff ankle tendons might mean Achilles tendinitis. Encourage plenty of stretching and icing of the affected area.

**FOOT**
- Stress fractures are serious signs of overuse; patients that run too far too soon oftentimes experience them from “pushing the limits”.

Available at MeyerPT™ MeyerPT.com
Get a Grip on Fun

Carpal tunnel, trigger finger, de Quervain's tendinosis - these troublesome hand conditions impact dexterity, hand strength, and flexibility. Encourage patients eager to avoid surgical treatments to practice daily hand exercises while at the office, watching television, or even waiting in rush hour traffic. We've compiled a selection of portable hand strengthening tools that can be more fun than tedious. An added bonus: patients can turn to these in times of stress for a quick release!

**Body Sport® Putty Cups** – This isn't a child's play dough set, but it's just as fun.

**Hand Grips & Flex Bars** – For the aspiring Strong Man or Woman patient. Ripping a phone book in half is next.

**Digi-Flex® Thumb™** – Encourage patients to tap out words and tunes with fingertips, sing-along style.

**Gel Balls** – Hand toss exercises can improve hand-eye coordination and serve as a stand-in game of catch.

Available at MeyerPT™

Discover Spinal Rehab & Therapy Solutions

- Degenerative Disc Disease
- Bulging or Herniated Discs
- Spinal Arthritis

Millions of people suffer from back pain. With your help they can learn how to rejuvenate their spine.

The Rehab Spinal System is easy to learn & cost effective. It addresses soft tissues (muscles, discs and ligaments) that hold the spine upright in its optimal position for function relative to gravity.

Therapists using this system are successfully treating patients referred to them by surgeons. Curious about how they did it?

FREE Download

With movement being the main goal of your therapy, releasing these painpoints to increase blood flow and improve range of motion should be an integral part of your practice. Whether treating an elite athlete training for competition or helping an injured father who wants to play outside with his children, myofascial release should be implemented both during your clinical treatments and as an at-home mobility treatment. Massage therapy is no longer only thought of as an indulgent, pampering luxury; there is ample research being conducted about the therapeutic benefits of massage in relieving myofascial pain.

The mechanical stimulation of trigger points via massage manually moves the waste molecules that have gathered around bundles of contracted sarcomeres, allowing nutrient rich blood to enter the muscle fiber and repair damage to the muscle.

Aside from massage, there are a few myofascial release instruments that your patients can use on their own. Foam rollers have quickly become a staple recovery tool, and many of them are designed to mimic the stimulation from fingers, a testament to the effectiveness of manual massage. A ridged or raised texture on a foam roller provides pressure and palpitates depleted blood, adhesions and lactic acid out of the muscles. Studies have shown that after just 2 minutes of foam rolling, there is an 8-degree range of motion increase.

Smaller myofascial release tools like achieve the same results in hard-to-reach areas. By prescribing self-myofascial release to your patients, they’ll be able to work out their trigger points and tight fascia regularly to achieve their full range of motion.

However, patient compliance with home exercise programs can be difficult between patient’s making time for them and performing the treatments properly. Dr. Ed Le Cara of RockTape has found a solution in his use of kinesiology tape during his appointments. “The results are two fold,” Dr. Le Cara states, “First, the brain will now interact with the taped area at a higher level for as long as the tape is on (and possibly longer).”

Your patient’s brain increases the association between the motor control enhancement of your therapy and soft tissue mobilization: “Second, the patient sees the tape on the body and remembers to do their part to make the rehabilitation process proceed swiftly,” Dr. Le Cara says. Taping also provides a trail map on your patient’s body of areas in need of myofascial release, so they can simply foam roll where the tape has been applied.

Encouraging your patients to perform self-myofascial release will accelerate their treatment to get their bodies moving properly again. Methods such as foam rolling are therapeutic movements that will improve neuromuscular efficiency, increase joint range of motion, and eliminates trigger points and soreness. Too often rest is prescribed to patients who are interested in restoring their regular mobility, when in fact movement exercises like foam rolling should be employed. Studies have shown that 6-10 days of inactivity can result in a reduction in total aerobic capacity, a decrease in muscle
WHAT IS FASCIA?

Fascia is a layer of connective tissue that surrounds muscles, vessels, nerves and organs, binding them together both mechanically and neurologically.

By implementing mobility exercises through massage therapy, foam rolling, massage balls and other tools, your patients will reverse the effects of prolonged sitting. Showing your patients how to move when injured will promote more movement; and the better your patients are able to move, the more they will move and the better they will feel.
At MeyerPT™, our company follows ten core values that guide our actions and decisions on a daily basis. These values are the backbone of our culture and set us apart in the health and wellness industry. From integrity to urgency and benevolence, we regard our core values with the utmost respect.

**Integrity is more than standing by our word,** it informs the way we conduct ourselves as a team on a daily basis. The foundation of our training begins with integrity, and as we delve farther into relationships with clients and clinics across the country, integrity and improvement serve as the guideposts we follow for self-evaluation. *Are we doing all we can for our customers?* Is something we ask ourselves often. If we are not examining our actions, we cannot improve and better meet the needs of our clients like you.

**Being unquestionably dependable** is one of our biggest sources of pride. Undoubtedly, as a physical therapist or sports medicine professional, being a dependable training resource is one of the most important aspects of your job. Your work strives to restore the body’s integrity following an accident or surgery. Patients operating with physical obstacles look to you for confidence and reassurance. Our goal is to function in a similar vein, as the dependable resource you or your clinic turns to for treatment resources. More than just products, MeyerPT delivers healthy patient outcomes. **Integrity is a standard of which we refuse to compromise.**

One of our main goals is to supply the products that move people, and in your capable hands, our tools restore patient movement. As we both work towards easing them back into their normal routines, with full motion capabilities and freedoms, our partnership with you will continue to draw from integrity— that's our unwavering promise to you. Our relationships are built on the promise of fulfilling our word for the betterment of your treatment and patient outcomes. Integrity isn't taken lightly around here; it’s present in every phone call or interaction, every day.

**REFERENCES**

*Trigger Point Therapy for Chronic Pain*

*Keep Older Patients Moving*
2: Berry, J., MD, Bozic, Kevin J., MD, MBA, Rubash, Harry E., MD, Saleh, Khaled J., MD, MPH. “Modes of Failure in Revision Hip and Knee Replacement.” Atlanta, GA: Centers for Disease Control and Prevention; October 2004.

*Inspiring Patient Wellness Through Myofascial Release*
Stonehaven Medical's Balance 3 Section Sierra Model BAL1060 combines exceptional quality and durability with a stylistic design. It is specifically constructed for heavy manipulation with the top section completely supported by a heavy-duty steel frame, holding a weight capacity of up to 500 lbs (225 kg). The 3 Section Sierra Table’s height is adjustable from a minimum of 18” (45 cm) to a maximum height of 36” (91 cm) by hands free, foot-operated up/down levers and is ADA Compliant.

SPECIFICATIONS
- Gas Struts, hand lever activated, providing smooth adjustment at moveable top sections
- Cushion width of 28” (71 cm) x length of 77” (196 cm)
- Dual foot lever retractable heavy-duty hospital grade casters (4)
- FDA/CE listed with hospital grade electrical cord and 3-prong plug
- ADA Compliant (see IRS, Section 44 or tax consultant regarding tax credit allowance)
- Frame designed for patient assisted lift accessibility, for ease of patient transfer
- Cushions secured to the heavy-duty metal frame with an integral T-Nut Bolt assembly
- Hands free, foot operated up/down elevation levers

Call MeyerPT for more Information 1-866-528-2144

Healing begins here.

Premium Paper Rolls and Sheets

BodyMed® offers a wide variety of paper products in premium and economy styles. From headrest paper rolls and sheets, to table paper, draping sheets and crepe sheets, BodyMed® has you covered for any treatment situation.

Call your MeyerPT™ representative or visit MeyerPT.com to learn more.
MeyerPT™ is a family-owned, national supplier of physical therapy products and capital equipment. Our mission is to deliver the tools that help your patients rediscover movement, along with valuable health and wellness education, research and knowledge for better healing, faster.

DID YOU KNOW?

MeyerPT™ is proud to continue our strategic partnership with the American Physical Therapy Association. As a Silver Business Partner, we are excited to provide exclusive services and offers to current APTA members. Visit MeyerPT.com/APTA to learn more about our exciting partnership.