



# An Interview with Karena Wu

**Karena Wu, PT, MS, CSCS, CPI, CWcHP**

NYC Physical Therapist Karena Wu is a New York State Liscenced Physical Therapist and a graduate from the Program in Physical Therapy at Columbia University. She has advanced training in manual therapies, specifically in Maitland Joint Mobilization and Myofascial Release. Karena is certied as a Strength and Conditioning Specialist, Kinesio Taping Practitioner and Pilates Instructor. She also does McConnell Taping.

Karena is a dedicated practitioner who takes a holistic approach to her practice. She actively networks with a team of physicians, chiropractors, acupuncturists and massage therapists. She also maintains her professional memberships in the American Physical Therapy Association (APTA) and the National Strength and Conditioning Association (NSCA). Karena is also affiliated with the Center for Structural Wellness, located in New York City.

She is currently the Owner and Director of Physical Therapy at ActiveCare Physical Therapy, Greater New York City Area. Her clientele includes a lot of celebrities, sports persons and athletes of international repute. **PHYSIOTIMES** brings you an exclusive interview with Karena on how she manages a busy schedule and yet finds out time for her own self to strike a balance between her personal and work life.

## **1. What made you choose Physical therapy as a profession?**

I went to University of California at Riverside as a pre-medicine undergraduate. I initially wanted to be a doctor. When I graduated, I worked in the front office of a PT facility because my father is a below knee amputee and his friend, Stella was a PT who worked there. I started to volunteer with the Disabled Sports USA group where my father would ski and Stella would volunteer. This turned me onto working with disabled persons.

I shadowed sit-skiers (paraplegics), guided blind skiers and overall assisted during skiing as well as errands/food service during our lunch breaks. I also volunteered with Stella as a PT aide so I was really able to see what treatments were like and how the overall PT was. Eventually, I was torn between the two professions and Stella steered me towards PT secondary to my personality and my desire to be active and engaged with people. She was right!

## **2. You have graduated with honors from Colombia University. How was the experience and how important you think was Colombia University's education?**

I graduated from Columbia University's Program in Physical Therapy in 2000. I was class President and that job was helpful in becoming more engaged in the class and the professors who taught there. Columbia's class back in 1998-2000 was only 48, but our class was 45 (3 dropped out). Because of the small class size, I think our education was much more personal and their instructors and instructions were great. When we went into clinic, it was very obvious that they taught us what we needed to know as entry-level graduates. All you had to do was pay attention in the class, take good notes and if you had further questions, the professors were easily approachable. I felt that their education was superior.

## **3. How do you feel being a physical therapist ?**

I can honestly say that I love what I do. I love being able to take someone's pain away almost immediately, correct their malalignment/dysfunction, show them the root cause of their pain and help them understand why they are like that and what they need to do about it. I love to teach so I try to make the patient very active in the participation in the healing process. I think HEP (Home Exercise Program) is not stressed enough, in the sense that you have to check on their technique and frequency regularly, just like a student.

**Overall, if you've got great hands and a great amount of knowledge about what you're doing, the ability to make someone functional in the ADL's and even better in sports play is an amazing talent that we can share with our patients.**



**Q. How important is evaluation to reach to a correct diagnosis?**

The evaluation I'd say is about 20% important. The subjective history is 80%. If you actively listen, the patient gives you all the information, and the eval is just confirmation of what you think is already going on. They'll give you the location of pain, the history of present injury, the mechanism of injury, keywords/phrases like 'click/lock/catches', so if you listen well, you should already know what is going on as they speak in the first five minutes.

**Q. One of your patient Lindsey Biel, Pediatric Occupational therapist testified that Physical therapy with you is hard work, but you make it fun. How do you make that happen?**

PT and the exercises given are like a second job. The regularity of completing their HEP in their daily life, knowing the tools to use if there is pain, knowing the right exercises to do is a lot of work. When they are treated in the office, we have to make them 'work'. **Patients love to come for the social aspect of treatment as well as the physical component of getting fixed.** But they also won't speak up if exercises get easy as they just do them. So, when we push them to push more weights, challenge their muscles, their proprioceptors, their flexibility they feel the work and then they realize the hard work put into it to change their systems. But, if you educate, motivate and they understand why you push them and why they have some pain (the good pain) that actually takes their symptomatic pain away, then it becomes easier. We bring on the pain, but show them it actually takes the pain away and during the process, are able to engage them to minimize/distract their perception of pain.

**Q. How was your experience treating celeb patients? How do you manage with the VIP stress?**

Dealing with their personal assistants and their very busy and sometimes unexpected changes in schedules is something you have to be flexible with. Their time management is different so although you agree to be scheduled with them at 3 pm, you might end up seeing them at 4 pm. You have to be patient to be able to work with that schedule and know that you need to allot more time to schedule them. Also, they sometimes have the expectation that you fix them totally. That the work that needs to be done, as in the above question doesn't pertain to them. So, the educational component can be frustrating because although they might agree with what you're saying, they will not do as you request them to do. Their professional lives take precedence and that means their bodies take second place.



**Q. You have been treating patient with variety of treatment from taping to Maitland mobilization and Pilates to Myofascial release, which one of them have been your favorite?**

Maitland Joint mobilizations are my favorite. They literally find and correct the underlying joint dysfunction, which immediately reduces the pain, increases the ROM and MMT and makes the patient happy. It is the fastest technique, requires the least amount of energy and the most effective and the patients are ecstatic that you just did something that minimized or eliminated their pain in anywhere from 30 seconds to a minute.

**Q. What are views about role of Pilates in Physical therapy?**

The benefit of Pilates in PT is it's whole body activation as well as its emphasis on core stabilization. It adds to the treatment because it increases the patients proprioception by making them aware of what is going on in the whole body versus just a limb. They also see the interconnectivity in the body. They also benefit by strengthening more than one body part at a time, the ability to strengthen and elongate versus compress, the ability to strengthen and at the same time stabilize and the low load on the joints.

**Q. Have you had any interesting clinical scenarios with Olympic level athletes?**

Only at the AVP Tournament in Coney Island, did I work on Dax Holdren and another Olympic contender, but nothing specific. We worked as volunteers in the medical tent and the athletes primarily used us for soft tissue mobilizations, stretching and

occasionally taping. The athletes are very independent in their care so oftentimes they would be able to tape themselves. Only those with moderate injuries would come for therapies.

**Q. How long have you been practicing Kinesio taping? What specific technique do you prefer?**

I was certified as a Certified Kinesio Taping Practitioner in 2005. Muscle inhibition is probably my favorite. With a lot of injuries, the surrounding muscles splint the area to protect it but when you can put the tape on after your treatment, you have the benefit of my hands still working on the tissues. So, when they walk out the door, at least while the tape is on and effective, the resultant minimization of joint pressure, soft tissue tightness, muscle activation with less pain is a great addition to the speed of recovery and time of recovery.



**Q. How is Kinesiotaping effective when it comes to dealing with athletes?**

Great with tendonitis, swelling, muscle activation/re-education and giving support without relying on an external brace. It gives them the ability to still train without as much damaging effects.

**Q. Is therapeutic taping commonly used in Olympics?**

Yes. Kinesiotape is becoming more popular and widespread with its use in the 2008 Olympics. Awareness of it has increased significantly and now of course, there are other brands that use the same technology.

**Q. What are some of the injuries you have come across which are not commonly encountered in day to day practice?**

Chiari Malformation, Biceps muscle belly rupture secondary to a rope (patient was swing off a rope to jump in lake, but rope got tangled around biceps as he let go), Full Body "Tingling/Burning" (present patient who had Cs manipulation from Chiro that set off both UE/LE tingling, hypersensitivity and pain)

**Q. On lighter note, we have heard that you bake amazing cookies. So how do you spend rest of the time besides work?**

I love to bake. It's Therapeutic for me. I also love to scuba dive and for this Thanksgiving, will be going to the Turks and Caicos to dive! It's part of the 3rd largest reef in the world. Things I'm known for among friends are being a foodie and a traveler. I try to hit a new country every year (T&C being that new one this year). I also do Yoga, Pilates, Gyrotonics, Aerial Silks, run, rollerblade, and box. I love to read but unfortunately, that time is limited.

**Q. You have been the head of the department since longtime, that too for different places. How do you encourage team work?**

My work ethics, genuine care for the patients, active listening, problem solving, ability to be flexible, desire to learn and educate the patients and emphasis on the patient's independence and active participation in their own care encourages my team to work. I meet with my staff regularly and always ask them if there is something that we are missing or something I could do to help them or that we need to change to make things more effective. I give them a voice and don't put myself above them. We all are important members of a team that makes us work smoothly and efficiently as a unit.

**Q. What would be your message for our readers?**

With the implementation of increased rules and requirements for authorization of healthcare covered by insurance, the message is to continue to treat as you always have. Don't shortchange the patients or yourself because of the limitations of healthcare in the US, though the scenario might be different in India. It's much harder to get visits covered, to get reimbursed in a timely fashion but that should not dictate how you treat and how you are as a practitioner.

**“One should always continue to learn and apply as the world is ever-changing and we need to be adaptable to the pressures it places on us all, both as practitioners and individuals. All of that needs to be taken into account in the patient's lives and the care that we give.”**

