jury, decrease length stay and help to optimize outcomes.

Methods: Six months of data recording the incidence and severity of injuries from participants in the pulmonary rehabilitation program was collected in order to obtain comparative statistics and demonstrate the need for this program. A literature review was performed to determine the risk of injury in this population. In a 6 month period, 17% of COPD clients admitted to the Rehabilitation Centre for pulmonary rehabilitation have had musculoskeletal issues that proved a significant enough barrier to rehabilitation to require treatment or pulmonary rehabilitation modification. Wait list clients for pulmonary rehabilitation were assessed using the PSFS, NPRS, the 6-minute walk test, the Active Straight Leg Raise, Sitting Arm Lift and the non-stop walk test. Clients participated in six one-hour group exercise sessions. The exercises included neck stabilizers, pelvic floor muscles, trunk stabilizers, and scapular stabilizers derived from published literature.

Results: Clients were re-evaluated using the same outcome tools as well as noting any injuries sustained and capacity to participate. This data was compared with historical data.

Conclusion: The data will help With patient selection for participation in the exercise class as well as refinement of the outcome tools and exercise protocol. This project illustrates the opportunities that exist to share and transfer knowledge from one area of physiotherapy expertise to another to meet the needs of practice. It is essential that this integrated approach to treatment be fostered by clinicians, educators and researchers alike to improve the overall outcomes for the clients.

Times to Treatment in Patients Undergoing Primary Percutaneous Coronary Intervention at Laval Hospital

Lachance Philippe, Garceau Patrick, Dry Jean-Pierre, Institut universitaire de cardiologie et de pneumologie, Hpital Laval, Qubec, Qubec, Canada

Background: Current guidelines for ST-elevation myocardial infarction (STEMI) recommend perform-

ing primary percutaneous coronary intervention (PCI) within 90 min of hospital arrival. However, recent data suggest that, in a real-world setting, median door-to-balloon (DTB) time is closer to 180 min for transferred patients with no more than 4 % of patients treated within 90 min. We conducted this retrospective observational study to assess time to treatment in patients undergoing primary PCI at Quebec Heart and Lung Institute (QHLI).

Methods: Consecutive lytic-eligible patients undergoing primary PCI at QHLI for STEMI between April 2004 and March 2004 were included in the present analysis. The primary evaluation was DTB time measured from arrival at the first hospital to first balloon inflation. Clinical outcomes consisted of in-hospital death, reinfarction and bleeding. DTB times and hospital outcomes of patients transferred from referring hospitals were compared to patients presenting directly to QHLI.

Results: During the study period, 203 lytic-eligible patients were treated with primary PCI and included in the present analysis. Sixty-nine patients presented directly to QHLI and 134 were transferred from other Quebec City hospitals. The median DTB time was 114 min in transferred patients, compared with 87 min for patients presenting directly to QHLI [$P<0.001$]. DTB time was <90 min in 24% of the transferred population compared with 55% for patients presenting directly to QHLI [$P<0.001$]. Clinical outcomes did not differ among the two groups.

Conclusion: DTB time of <90 min can be achieved in the majority of patients who present directly to a primary PCI center whereas there is room for improvement when patients are transferred from a community hospital. This study highlights the need for standardized transfer protocol to improve DTB time in patients transferred for primary PCI from community hospitals.