Harvey Wells Mathews PT, DPT, OCS

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Columbia, South Carolina 29201
(803) 799-8108

Professional Experience

2011- Present (1999-2015)	**Clinical Associate Professor, ACCE** *University of South Carolina* Columbia, South Carolina
December, 1997 -September 1999	**Staff Physical Therapist, CI** *Ellis Physical Therapy Associates* Columbia, South Carolina
January, 1996 - November, 1997	**Rehabilitation Manager** *Northern Rehab (in affiliation with Forsyth Hospital)* Mount Airy, North Carolina
March, 1995 - December, 1995	**Staff Physical Therapist, CI** *Martinat Outpatient Rehabilitation Center (in affiliation with Forsyth Hospital)* Winston Salem, North Carolina
December, 1993 - March, 1995	**Industrial Medicine Lead** *Martinat Outpatient Rehabilitation Center* Winston Salem, North Carolina
September, 1993 - November, 1993	**Staff Physical Therapist** *Rehability - High Point* High Point, North Carolina
November, 1981 - July, 1993	**Director of Work Hardening, CI** *Columbia Rehabilitation Clinic, Inc.* Columbia, South Carolina
March, 1981-October, 1981	**Staff Registered Physical Therapist** *Glenn R. Frye Memorial Hospital* Hickory, North Carolina
July, 1980-February, 1981	**Registered Physical Therapist III** **Acting Director** *Corpus Christi State School* Corpus Christi, Texas

Education

May, 1978	**Associate of Science in Biology** *Andrew College* Cuthbert, Georgia
June, 1980	**Bachelor of Science In Physical Therapy** *Medical College of Georgia* Augusta, Georgia
August, 1990	**Master of Science in Exercise Science** *The University of South Carolina* Columbia, South Carolina
August 2008	**Doctorate in Physical Therapy** *Shenandoah University* Winchester, Virginia

Licensure

SC State License #692
PES, Austin, Texas, October, 1980

Professional Membership

American Physical Therapy Association
South Carolina Chapter

Doctoral Project

Mathews, HW. Levels of agreement with the preferred PT/PTA relationship among participants in a 2:2 clinical instruction model involving physical therapist and physical pherapist assistant students and clinical instructors. *June 2008*

Publications

Mathews H; Smith S; Hussey J; Plack MM.; Investigation of the preferred PT–PTA relationship in a 2:2 clinical education model. *Journal of Physical Therapy* ***Education***, 2010 Fall; 24 (3): 50-61

Fritz S, Merlo-Raines A, River E, Brandenburg B, Sweet J, Donley J, **Mathews H**, Debode S, McClenaghan B. Feasibility of intensive mobility training to improve gait, balance, and mobility in persons with chronic neurological conditions: a case series. *JNPT*, 2011: 35 (3); 141-147.

Alemany JA, Delgado-Diaz DC, **Mathews H**, Davis JM, Kostek MC. Comparison of acute responses to isotonic or isokinetic eccentric muscle action: differential outcomes in skeletal muscle damage and implications for rehabilitation. *Int J Sports Med*. 2013.

Poster Presentations

1. Comparison of the PEDro and van Tulder scales in rating quality of research evidence. March 2006. Carolina Clinical Education Consortium Conference, Charleston.
2. Comparison of the diagnostic accuracy of dynamic versus isometric hand held dynamometry in the assessment of quadriceps muscle strength in persons with and without suspected unilateral lower extremity dysfunction. February 2009. APTA Combined Sections Meeting, Las Vegas.
3. Perceived differences in the sensation of pulsed and sham ultrasound at the carpal tunnel in normal subjects. February 2009. APTA Combined Sections Meeting, Las Vegas.
4. Correlations between selected electrodiagnostic measures, hand grip strength measures, and the Boston hand Questionnaire in patients evaluated for carpal tunnel syndrome. February 2011. APTA Combined Sections Meeting, New Orleans.

Reviewer for Journals

Journal of Physical Therapy Edcuation, September 2013.

Student Research Advisement

2015

1. Boan L, Shepherd L. The intra-rater and inter-rater reliability of a hand-held dynamometric technique to quantify abductor pollicis brevis strength in subjects with carpal tunnel syndrome

2014

2. Jacks M, Riddick L. The intra-rater and inter-rater reliability of a hand-held dynamometric technique to quantify abductor pollicis brevis and abductor digiti minimi strength

2012

3. Cole A, Cole C. Intra- and inter-rater reliability of a novel technique to quantify abductor pollicis brevis and abductor digiti minimi strength.

2010

4. Arthurs, MV. Diagnostic accuracy of manual muscle testing in assessing asymmetric quadriceps strength deficits at three different angles.
5. Creel, A. Concurrent validity of grip strength measures with nerve conduction velocities and Boston Hand Questionnaire subscales in patients with carpal tunnel syndrome.
6. Murphy SM. Comparison of radial and ulnar grip strength measures between subjects with carpal tunnel syndrome and controls.
7. Neville, T. Inter-rater reliability of manual muscle testing in assessing asymmetric quadriceps strength.
8. O'Neal, TB. Therapeutic ultrasound in the treatment of mild to moderate idiopathic carpal tunnel syndrome: a case study.

2008

9. Henry, AL. Reliability and diagnostic accuracy of two manual muscle testing scales in examiner detection of asymmetric quadriceps peak torque.
10. Ko, HH. Correlations between selected electrodiagnostic measures, hand grip strength measures, and the Boston Hand Questionnaire in patients being evaluated for carpal tunnel syndrome.
11. Tyer, K. Assymetry in isometric angular quadriceps maximal effort as determined by dynamometry and manual muscles testing grades

2007

12. Lawton, WL. Comparison of the diagnostic accuracy of dynamic versus isometric manual muscle testing in the assessment of quadriceps muscle strength in persons with and without suspected unilateral lower extremity dysfunction.
13. Canfield, JJ. Comparison of the diagnostic accuracy of dynamic versus isometric hand held dynamometry in the detection of assymetrical quadriceps muscle strength in persons with and without suspected unilateral lower extremity dysfunction.
14. Palmer, ML. Normative characteristics of radial and ulnar grip strength and their ratio.
15. Akins, LR. Perceived differences in the sensation of pulsed and sham ultrasound at the carpal tunnel in normal subjects.