President’s Message:

The McMillan Lecture kicks off APTA’s Annual Conference every year, and it is a fitting end to all the work of House of Delegates. This year, I was fortunate enough to hear Dr. Alan Jette’s McMillan Lecture, and was so inspired about my profession I felt as if my soul were soaring above the clouds. I can in no way capture that feeling here for you, but would like to point out some statements Dr. Jette made that struck me. He started off by stating that we live in turbulent times, and that three storms are brewing. He mentioned the lack of access to health care for many. The American Age Wave is a huge demographic shift in our society and Dr. Jette described a “tsunami of disability” if we do not act/plan now. He also recognized that health care costs are escalating.

How does our profession respond to these challenges? We must invest in system skills, which include increasing interest in data, devising solutions to system problems, and developing an ability to implement innovations on a large scale. Our vision, he went on to say, should focus on systems. We can be the leader in teaching system skills and in implementing evidenced-based strategies for health promotion. We have a social contract, he said, and we need to be the ones leading the charge to help our nation and the world become fit and healthy, less disabled.

(continued on page 12)

Written By: Beth Ward, LPTA President

LPTA 2012 Fall Meeting

It’s not too late to register for the 2012 Fall Meeting in Baton Rouge September 28-30! We are excited to have 3 amazing presenters this year:

- Kathryn C. Rathbun, MD will be presenting on “OWCA Medical Treatment Guidelines” (3 CEUs)
- Susan L. Whitney will be presenting “Evidence Based Interventions for Persons with Vestibular Disorders” (10 CEUs)
- Irene S. Davis will be presenting “An Innovative Approach to the Injured Runner” (10 CEUs)

Don't forget to attend the LPTA Business Meeting at lunch on Saturday, September 29 from 12:30-2:00. Elections results will be announced for Nominations Committee Chair and Delegate.
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UPCOMING EVENTS

2012

September 28-30
LPTA Fall Meeting
Baton Rouge, LA
***not too late to register***
Student Say

I realize the error of my ways in titling this column “Student Say” when I am writing this issue’s piece and I am, well, not a student. But to kick off what I hope will be a great addition to the BB, I would like to tell you a little about how Louisiana students have made quite a name for themselves on the national level.

Picture this…it’s a warm June morning in South Florida; a budding young star named Lissy tags along with her mentor, Sharon Dunn, as she caucuses her way through APTA’s Annual Conference and House of Delegates. Lissy takes it all in and is inspired! She longs to be a part of it all! But how?!?! Little Lissy soon meets a group of students that were once in her shoes. They tell her that there is a way to get involved as a student! They tell her that as a student member of the APTA, she is part of the Student Assembly, and that the Student Assembly has a governing board that establishes goals for student members and gives the students a voice. That fall, Lissy was elected to the Student Assembly Board of Directors as the 2006-07 Secretary.

Lissy, now Dr. Lisanne Ruth Meiners, Director of Clinical Education of the Program in Physical Therapy at LSU Health in Shreveport, paved the way for many other student leaders in our great state. Since her election in 2006, there has been Louisiana representation on the Student Assembly Board every year. Allison Daly followed suit in 2007-08 as a member of the Nominating Committee, then myself in 2008-09 and Luke Storrs in 2009-10 also on the Nominating Committee, and finally Ashley Henk who is currently serving her second year as the Nominating Committee Chairlady.

So, as a student member of the APTA, you are a part of the Student Assembly! Yay, right?!?! Each year, the Student Assembly Board elections are held in October at National Student Conclave, which this year will be in Arlington, VA (near DC). NSC is the best conference for students because the programming focuses on the needs and interests of students. While it is easy to feel somewhat lost at other national conferences, NSC is all about YOU! It is a great way to network and get to know your future colleagues from all over the nation. It’s a great way to discover what you’re passionate about, and who knows, maybe you will find yourself as little Lissy did…eager to get involved at the national level!

Written By: Claire Melebeck, LPTA Newsletter Chair
2012 House of Delegates

The 2012 session of the APTA House of Delegates has been completed. This year’s session was a great one and is the start of a new and progressive time for APTA, I think. The 2012 session started out with a bang. LPTA’s own Sharon Dunn was elected as our new APTA Vice President. Sharon captured over 75% of the Delegate vote. Paul Rockar was elected as the new APTA President and Mary Sinnott and Nicole Stout were re-elected as Directors. Jeanine Gunn and Stephen Levine were elected as New Directors. Stephen will serve the 1-year that remained on Sharon Dunn’s term. Jerry Smith was elected to the APTA Nominating Committee.

Again this year, the Delegates completed the business of the House. We made some great progress, I think. The Private Practice Section, APTA Board of Directors and the New York Chapter combined to propose an RC dealing with the physical therapist responsibility and accountability for delivery of care. With the upcoming changes in delivery of care and reimbursement models, this RC allows APTA Members to be in compliance with state laws dealing with delivery of care. The first report will be due at the 2013 House of Delegates. This RC was developed as a response to RC 3-11 that was passed last year.

As many of you know, APTA has been working on Governance Review for many years. Because of varied interpretations of the process by the APTA staff, APTA Board of Directors and APTA Members, issues arose. RC 20-11, Principles of Governance, that was passed last year, attempted to direct this process. However, because interpretation of this RC was causing major confusion it was rescinded this year. Louisiana was a co-maker of this RC, with Florida and did an excellent job of lobbying for passage. Also, the House voted to disband the Governance Review Task Force. Their work is done and disbanding now allows for possible implementation of the task force recommendations, under the guidance of the APTA Board of Directors.

After considerable discussion, that included legal interpretation, the House of Delegates also voted to amend the APTA Articles of Incorporation so they will be aligned with our APTA Bylaws. The House agreed to begin the process of developing guidelines for transitioning to an entry level Baccalaureate PTA Degree. There was considerable discussion for and against this concept. The Delegates voted to strengthen language relating to our responsibility in the diagnostic process and our role in the management of the person with concussion.

(continued on page 7)

Respectfully Submitted By: David Qualls, Chief Delegate of the LPTA
District News: Shreveport

The Shreveport District held their Spring meeting at LSUHSC Allied Health building on May 22, 2012. There were over 60 PTs, PTAs, PT students and PTA students in attendance!

Guest speaker was Ryan Balmes PT, DPT who discussed a possible creation of a New Professional Liaison Position within each component’s board of directors of APTA. The position will be held by a PT/PTA that has 0-5 years of professional experience. Selection of each Liaison will be according to component Bylaws or policies and will be given the speaking rights of all other elected board of members. This gives the New Professional Liaison an opportunity to prepare for leadership on a larger scale with a concrete role at all levels of the profession.

Members were also alerted to governmental issues that currently have the potential to affect our practice. These issues included new Medicare conditions of participation rehabilitation guidelines for hospital-based outpatient setting, fighting for fair co-pays, and cap exceptions process with provision. Additionally, members were updated on a new study in the Journal Health Services Research stating direct access to physical therapists is associated with lower costs and fewer visits. Beth Ward and Sharon Dunn were present to discuss updates on APTA issues of interest in detail including RC3-11 referring to the “Physical Therapist Responsibility and Accountability for the Delivery of Care”.

These issues included Worker’s Compensation bills that would nullify the use of objective measurements to indicate impairment and seek to institute “Official Disability Guidelines” which are treatment guidelines formulated without the input of the LPTA. Additionally, members were updated on a Senate bill that will potentially amend the language of our PT Practice Act to address issues of concern. Sharon Dunn gave an update on APTA issues of interest. The APTA has been working on strategic planning to encourage “rational thinking instead of emotional reactions” to issues concerning promotion of PT practice. Additionally, they have been developing a “brand” to solidify what physical therapy entails. The brand will be unveiled at annual conference in San Antonio, TX.

After the business portion of the meeting, we held a journal club to discuss current evidence-based practice on the evaluation and treatment of lateral epicondylalgia. Mary Denney, PT and Tony Lamonthe, PT led the discussion and demonstrated manual techniques that can be incorporated into practice. The district plans on holding journal club meetings regularly to discuss various topics of practice.

Special congratulations to Sharon Dunn for being elected Vice President of APTA.

Written By: Julie Danieles Harris, Shreveport District Chair

Have you registered for LPTA Fall Meeting yet?  
***scan there ← to register***
LPTA Spotlight: Sharon Dunn

This issue’s “Spotlight” will be a first for two reasons - number 1, our recipient, Sharon Dunn, will be surprised to see herself in the spotlight (our honorees generally know that it’s coming), and number 2, this will be the first time that we have spotlighted one of our members twice! That’s right! Our past Newsletter Chairlady, Kinta Leblanc, tells me that one of the first “LPTA Spotlight” articles honored Sharon, who at the time was a standout leader in the state and a budding leader on the national level. Fast forward 4.5 years and we put Sharon back in the “spotlight” to honor and celebrate her being elected (by a landslide) to the position of Vice President of the APTA Board of Directors.

Whether you know her as Sharon or Dr. Dunn or Sharonda or Aunt Sharon or, as of June, Madam Vice President, those of you who know her know that she is one of the most passionate and driven leaders in our amazing profession. I could write at length about the many ways in which Sharon has made a difference in our profession - her support of research (including her countless peer reviewed articles, scientific presentations, and poster presentations); her dedication to teaching (not only her time spent in the classroom but her lecturing on the state and national level as well); and her devotion to serving the LPTA and APTA in various appointed and elected positions. Sharon is truly a star. She listens attentively and “leads with a limp” —showing the perfect balance between humility and confidence. I expect to see this profession move forward under her leadership!

I believe that most of us know of (or have heard of) how Sharon has impacted our profession. So instead of summarizing her résumé, I would like to take a moment to shed some (spot)light on the heart behind that southern drawl and incredible laugh...

Sharon is a family woman! She loves her precious parents, Gayle and Lonnie, and will travel south any chance she gets to support her brother, Dennis and his LC Wildcats football team! Most friends of hers will say that “Aunt Sharon” is her favorite name and that she would do anything for the chance to spend time with and love on her nieces and nephew - and now 2 great nephews. Sharon loves to be on the water and will take her ski boat out as often as she can (of course, to her, its never often enough). Her ideal Saturday afternoon entails (continued on page 7)
Your Delegates also discussed assisting physical therapist with materials to be expert witnesses, how to use social media and encouraged chapters and sections to allow early career individuals to serve in elected or appointed positions. We approved “read only” access to Hooked on Evidence for all health care practitioners and students, and APTA will look at guidelines for recognition of Physical Therapy Centers of Excellence. There was also work to perfect language to allow physical therapist to be expert providers of exercise and the physical activity prescription.

The 2012 House of Delegates obtained 98% participation in donations to the APTA PAC, while on site in Tampa. We also had a wonderful celebration at the Foundation Dinner and Dance. You may even see some photos of Geneva Johnson and myself on the dance floor. It was a wonderful occasion and a moment I will cherish.

As always, your LPTA Delegates were engaged and performed with high standards. If you have any additional questions please feel free to contact any of your delegates. Your 2012 Delegates were Beth Ward, Gail Pearce, Kinta LeBlanc, Greg LeBlanc and myself, as your Chief Delegate. Jason Oliver served as your PTA Caucus Rep and he was a huge asset to us. Kate Broussard was your Student Companion Delegate for 2012.

Thank you again for allowing us to represent you this year and be sure to extend your congratulations to APTA’s new Vice President, Sharon Dunn.

(continued from “Spotlight” on page 6)

...a perfectly cooked steak, an ice cold beer, and watching the sun set on the water from her lake view balcony and not long after the sun goes down, you may find this full-of-life gal singing karaoke at the local lake pub with her students and friends!

I was incredibly fortunate to spend 4 years at LSU Health under the tutelage of Dr. Dunn, and her passion for life and for this profession is infectious. Sharon is a mentor, a mother, and a friend. She has an impeccable ability to read others and she listens openly to your heart. She knows when you need a beer, a hug, or a prayer. She will laugh with you and cry with you. She will push you to be your best self. She gives 110% in all of her roles, and if you don't know, there are many. Sharon follows her heart, and she tackles her goals with fervor and determination.

I wish that all PT students were lucky enough to be exposed to Sharon’s enthusiasm for this profession and her commitment to students and new professionals. I will never forget how she lights up in the classroom or clinic when her students “get it”...and it is hard not to when she is teaching.

Sharon, from all of your students, colleagues, and friends, we want to congratulate you and say how proud we are to have you representing our profession and our great state as APTA’s Vice President.

Respectfully submitted by: Claire Melebeck
LPTA Fall Meeting 2012
September 28-30, 2012
Crowne Plaza – Baton Rouge, LA

Presentations:

*OWCA Medical Treatment Guidelines* – Kathryn C. Rathbun, MD, MPH, FAAFP, FACPM, FACOEM [Friday only]

*Innovative Approach to the Injured Runner* – Irene Davis, PhD, PT, FAPTA, FACSM, FASB [Saturday and Sunday]

*Evidence Based Interventions for Persons with Vestibular Disorders* – Susan L. Whitney, PT, DPT, PhD, NCS, ATC, FAPTA [Saturday and Sunday]

Tentative Schedule:

**Friday, September 28, 2012**
12:00 Registration Opens
1:00-4:00 *OWCA Medical Treatment Guidelines*
4:00 Research Presentation
5:00 Committee Meetings
6:00 Welcome Reception with Exhibitors

**Saturday, September 29, 2012**
7:00 Registration Opens
Continental Breakfast
7:45 Injured Runner/Vestibular Disorder
12:30-2:00 LPTA Business Meeting with Lunch
2:00 Injured Runner/Vestibular Disorder

**Sunday, September 30, 2012**
7:30 Continental Breakfast
8:00 Injured Runner/Vestibular Disorder
Looking to Maximize your LPTA Fall Meeting experience?

Committee Meetings:
- Friday, September 28 @ 5:00
  - PTA Meeting
  - Clinical Instructors Meeting
  - Student SSIG Meeting

Research Presentations:
- Friday, September 28 @ 4:00

Welcome Reception:
- Friday, September 28 @ 6:00

LPTA Open Forum:
- Saturday, September 29 @ 9:15

Business Meeting:
- Saturday, September 29 @ 12:30

Crowne Plaza:
- 4728 Constitution Ave
  - Baton Rouge, LA 70808
  - 225-925-2244
  - Rate: $102.00/night

To register online for the LPTA Fall Meeting, go to:
http://www.regonline.com/2012lptafallmeeting

Following the LPTA Fall Meeting Welcome Reception...

The Student SIG is hosting a “bar mixer” fundraiser at Station’s Sports Bar and Grill
- 4608 Bennington Ave, BR
- Students – $5; PT/PTA – $10

***wristbands can be purchased at the welcome reception***
Candidate Statements: Delegate

Ashley Henk, DPT

I find it difficult to believe that anyone’s passion for service can be fully appreciated through words; however, such is my hope. It is my hope that you will recognize my zeal to serve this wonderful profession to which we have all loaned a portion of our lives. Three short years ago I chose to donate as much of my time and energy to the profession of Physical Therapy as possible. It is my responsibility to ensure that current and future practitioners are able to provide the most evidence-based care to the patients they serve. Moreover, it is imperative to maintain the pace at which our profession is moving forward through educational and practice models.

Active participation within the Physical Therapy profession is a vital part to achieving success for the practitioner and their patients. As a student I began my service to the profession participating in the 2010 House of Delegates as an usher. As a mentor of mine stated then, “I was hooked.” This was an understatement entirely. Since then, I have served two years on the American Physical Therapy Association’s Student Assembly Board of Directors as the Nominating Committee Chair-Elect and Chair, respectively. During the 2012 House of Delegates, I was asked to serve as an assistant to the Vice Speaker of the House, effectively sealing my desire to serve in a Delegate capacity beyond graduation. Fortunately, I am able to take full advantage of this opportunity, if granted by this Chapter, immediately.

The power held by the House of Delegates is tremendous. The House is charged with determining our scope of practice and advancing our ability to be true practitioners of choice, proactively addressing the healthcare needs of society. As an attendant to the House for the past three years, I have witnessed effective, efficient proceedings and those less desirable. Such experiences have provided me with a greater understanding of the necessity to fulfill the duties of the Delegate position to its entirety. This includes, but is not limited to, an attention to detail and a respectful appreciation for the history on which we build upon each year. If elected as a Delegate to the House this year, I will serve with the utmost diligence.

Kinta LeBlanc, PT, DPT

Over the past 7 years I have been honored to serve the Louisiana Physical Therapy Association (LPTA) in the American Physical Therapy Association (APTA) House of Delegates (HOD). Although the days spent at the HOD are long and the work is often challenging, I truly enjoy forging relationships with fellow PTs from across the country and working to come to agreement over the numerous issues that face our profession.

I respectfully ask that you consider me to again represent the LPTA at the APTA HOD, and I truly encourage those of you who have not yet considered running for delegate to do so; see what it’s all about. Service in the HOD allows us a chance to influence the steps our profession takes, with our outstanding national association supporting us and executing the business and decisions made by the HOD.

It’s an amazing process, and I hope to be able to continue to represent the LPTA and express the membership’s viewpoints in the APTA HOD with your support.
**Candidate Statements: Nominating Committee Chair**

Amelia Leonardi, PT

It has been my privilege to serve the LPTA as a delegate and as a member of the Board of Directors in the positions of New Orleans District Chair and Nominations Committee chairperson. I would be honored to serve the Association again as Nominations Chair.

I believe that my experience at the district, state, and national levels have prepared me to serve effectively as a Board member again at this time. I think it is in our best interest to have both “seasoned” leaders and to develop and mentor new leaders for leadership roles in our profession and Association. I believe that there are many capable and willing future leaders out there who just need to be asked to serve! As I reflect back to a time before I was actively involved with the LPTA, I remember Dave Pariser asking me to serve on a statewide committee. It had never occurred to me that I would be qualified to serve at a state level---but gradually I became more and more involved. I plan to seek out members who might serve as our future leaders---by utilizing our social media and by meeting them at state meetings. As PT’s and PTA’s each of us lead our patients by serving their needs. Being a leader in the LPTA requires many of the same skills. I look forward to seeing you in Baton Rouge this fall.

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**How do I absentee vote if I am unable to attend the Fall Meeting?**

The procedure for absentee voting is as follows:

1. A voting member can request a ballot from the LPTA office.
2. Information concerning all candidates on the ballot will be enclosed with the ballot sent to the member.
3. Each absentee voter will seal their ballot in an envelope with no mark of identification and enclose it in another envelope bearing their signature and address.
4. The voter’s envelope must be received by the LPTA office no later than Wednesday, September 26, 2012.

***to request an absentee ballot, contact LPTA office at 225-922-4614 or office@lpta.org***
PTA Speak: An update on RC 3-11 and other musings...

“Honest differences of views and honest debate are not disunity. They are the vital process of policy making among free men.” Herbert Hoover

In the last issue of the Bayou Bulletin, Jason Oliver did an outstanding job reporting on the history and status of RC 3-11, the “Physical Therapist Responsibility and Accountability for the Delivery of Care” position adopted in the summer of 2011 by the APTA House of Delegates. In preparing to deliver an update on the status of that RC I did a little “googling” and was both amazed at and impressed by the virtual mountain of twitter discussions, blog posts, and Facebook rants “out there” on the topic. From the well-articulated arguments with reference citations to the enraged ALL CAPS attacks, members are definitely interested in this topic and expressing their opinions... and that is a good thing. I suspect that had there been a “world wide web” in the mid 1960’s you would likely have found similar passionate status updates and tweets as the APTA HOD moved toward the creation of the “physical therapist assistant“ in response to changes in health care legislation occurring at that time, namely the dawning of Medicare and Medicaid.

Today our profession faces changes in healthcare policy and reimbursement potentially just as monumental, and as a pro-active profession we are evaluating whether change is in order. Dynamic, evolving professions do that. They hang question marks on things that may have previously been taken for granted. They seek and welcome input from all who would be impacted. And whether the result is “change” or “no change” the mere act of asking the question is to be applauded.

The June 2012 APTA HOD meeting brought the following updates to the RC 3-11 story: (The information below is a synopsis of actions, not a verbatim record of motion language that was passed in the House):

- **RC 2-12 PHYSICAL THERAPIST RESPONSIBILITY AND ACCOUNTABILITY FOR THE DELIVERY OF CARE, (Passed as Amended)** Position statement that physical therapy is provided by or under the direction of the physical therapist. This removed the wording of using “other support personnel” from the previous year RC 3-11. Evaluation remains the complete responsibility of the physical therapist.
- **RC 20-12 EXPLORE FEASIBILITY OF TRANSITIONING TO AN ENTRY-LEVEL BACCALAUREATE PTA DEGREE (Passed as Amended)** The APTA is to conduct a feasibility study including; content of a potential 4 yr. curriculum, models for baccalaureate education, mechanisms for 2 yr institutions to grant baccalaureate degree, models for PTAs with Associate degrees to earn the baccalaureate degree, any necessary practice act changes.

Whether you are pleased or displeased with the positions approved by the HOD this summer may depend largely on your vantage point. Perception tends to be shaped by experience. A private practitioner PT who has experienced frustration over the restriction in his ability to utilize his own clinical judgment in delegating interventions in a way that he feels would benefit his patients and grow his practice sees these issues through a different lens than a PTA, who after successfully completing an extremely rigorous academic and clinical training program now finds himself wondering whether his skills will continue to be appreciated and valued.

As a PTA educator for last 15 years, my vantage point is fairly unique and specific and definitely influences my perception. Being intimately familiar with the intense academic and clinical education they receive, I do believe that the PTA is absolutely the individual best qualified to assist the PT with implementation of the plan of care and performance of those interim assessments utilized to track patient progress toward established goals.

(...continued on page 15)

Written By: Kim Cox, PT, MEd. – Professor/ACCE – PTA Program @ Bossier Parish Community College
a PTA program includes...

Across
1. peripheral nerve innervating the hamstring group
4. syndrome of adrenal dysfunction producing excessive cortisol and resulting in a "moon shaped" face and a "buffalo hump"
7. one of the modalities contraindicated for patients who have a pacemaker
8. empty endfeet are commonly due to this
9. high frequency, low duration, low intensity are parameters associated with this type of TENS
10. patient position for MMT of the middle trapezius
11. abnormal involuntary, rhythmic oscillation of the eyes; typically accompanied by vertigo
13. the drop in blood pressure occurring when moving to an upright posture is ______ hypotension
14. the minimum intensity of an electrical stimulation that will result in a muscle contraction
19. sensation from the ____ side of the hand enters the spinal cord at the C8 dorsal root
20. movement most limited in the capsular pattern for the shoulder
24. lobe of the brain involved in a "neglect" syndrome
25. a FIM technique involving slow and resisted concentric contractions of agonists and antagonists around a joint without a rest in
28. a FIM score of 5 typically indicates that the patient required ____ or set up for completion of the task
32. wound dressings that are derived from seaweed and used to absorb large amounts of exudate
35. landmark commonly used in the assessment of leg length
36. in the Kubler-Ross stages of griefing this comes after denial
40. minimum width of a doorway in inches according to ADA accessibility requirements
41. total volume of air inspired and expired during quiet breathing
43. according to the Nagy model, limitations in strength, ROM, balance in which the frame of reference is the tissue/organ/body system would be considered
44. a patient just learning to use bilateral l所得税 crutches would probably ambulate using this pattern
45. gait deviation commonly caused by weakness of the hip abductors

Down
2. ethical principle requiring that the wishes of competent individuals be honored - can also be referred to as self-determination
3. massage technique that involves lifting and kneading of tissues
4. exercise used to lengthen the head on neck extensors and strengthen the head on neck flexors
5. open chain upper extremity dynamic movements would work on this level of motor control
6. category of antihypertensive drug that works by decreasing heart rate and contractility. Tenormin and Lopressor are examples
12. ascending pathway that transmits pain & temperature signals from the body to the brain
14. abbreviation for a type of HKACE that uses a cable system to assist with the advancement of the LE's during gait
15. abbreviation for primitive reflex that prepares infants for achieving quadruped but must integrate before the baby can become a mature creeper
16. type of aphasia caused by damage to the left frontal lobe and described as "non-fluent"
17. muscle that originates on the transverse processes of the c-spine and inserts into the vertebral border of the scapula near the superior angle
18. pressure tolerant area of the transfibial amputee's residual limb for weight bearing within the prosthetic socket
21. Parkinson's Disease is most often associated with a deficiency in this neurotransmitter
22. other name for "toe off" in the gait cycle using Rancho Los Amigos terminology
23. completing full ROM in a gravity-eliminated position is equivalent to this RMT grade
25. primary muscle being targeted for stretching during a classic "corner stretch"
27. cranial nerve involved in Bell's Palsy
29. the handgrip for crutches should align with this bony landmark
30. one of the symptoms of an upper motor neuron lesion
31. as opposed to "stitch", this results when using e-stim for muscle re-education at a frequency of >100ppps
33. location of the goniometer axis when measuring wrist radial/ulnar deviation
34. a special test utilized during the initial examination process by the PT to identify an ACL tear
37. movement that should typically be avoided by patients with spinal stenosis or spondylolisthesis
38. type of AFO that controls I/E/V but allows for normal D/F/P/F
39. identifying that the targeted tissue to treat using ultrasound is DEEP vs superficial would require adjusting what parameter?
42. the most common class of lever system in the body

Bayou Bulletin  July/August 2012
LPTA’s Legislative Day

On July 5th, Senator Adley’s office convened a media blitz as the Senator presented LPTA’s check for $1000 to the Bossier Council on Aging. I was fortunate enough to be in attendance and was quite impressed with the array of services the BCOA offers to the senior citizens of Bossier Parish. At 9am, folks were finishing up breakfast, some were playing dominos or cards, others had gathered in the big gym/auditorium for the announcement. Three TV stations were present, recording the events. And a press release went out to all media, thanks to the Senator’s wonderful assistant Jeannine.

I spoke with Senator Adley who states the timing of our “Fittest Legislator Award” could not have been better for him. He had just begun a healthy eating plan and fitness routine, and has lost 35 lbs overall. He states he went for a walk 5 times a week and to the gym 3 times a week, and that particular weekend when he was wearing the pedometer issued by LPTA he happened to be going to a 2-day boat show where he walked and walked and walked! He walked over 94,000 steps in a week!

The funds provided by donations to LPTA for this award are going to upgrade their fitness equipment. There is an entire room dedicated to fitness, and they need more weights and other items to round out their inventory.

Other LPTA members present included Gail Pearce and Kim Cox, who both know the Senator personally and are in his district. The Senator’s father, who is 88 and still quite fit, is on the board there, and this was a perfect use of the funds provided in the spirit in which it was intended.

Thanks go to all who donated for the award, and to Alice Quaid for heading up Legislative Day. This is a win-win-win for the Senator, Bossier Council on Aging, and LPTA! Best Legislative Day yet!

Respectfully submitted by: Beth Ward, your LPTA President

(continued from “President’s Message” on page 1)

APTA is currently working on a new vision. We tackled a bit of that at the House. Focus groups are meeting. APTA is seeking input on our new vision, and personally, I think they should look hard at Dr. Jette’s McMillan lecture to begin to frame the vision.

Let’s begin to look outside our profession, to partner with other healthcare providers, with the common goal of decreasing disability among our aging population so that we can all live long, productive lives with less of a drain on an overtaxed system.

“The mind is either questing or resting.” It cannot do both. Dr. Jette challenged us to be questing individuals. See you all at LPTA’s Fall Meeting Sept 28-30 in Baton Rouge!
The curriculum of an accredited PTA Program is both broad and deep, customized with content outlined by CAPTE, and guided by feedback from the regional physical therapy community to produce individuals who can best meet the needs of the supervising PTs and patients they work with. (The crossword puzzle on page 13 contains samplings of content that a PTA Program curriculum includes.)

A great deal is still to be debated as the APTA explores potential practice models that are responsive to the needs of society and adaptable to the changing health care environment. What’s really not up for debate is that they will need to have the support and involvement of PTAs in this process. I read the change in language from RC 3-11 to RC 2-12 as an indication that the voices of PTAs are being heard. The PTAs I know are STRONG advocates for their patients, for the profession of physical therapy and for their supervising physical therapists in their work environments and communities. What remains is to translate that support into APTA membership dollars and activity – to help our profession move forward. If you’re not an APTA member, please join. If you are an APTA member, talk to your co-workers about joining. Either way, your effort is valuable.

“Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work.”

~Vince Lombardi

How can you find success amid the chaos of healthcare?

We’ve never faced a more uncertain future as therapists. Healthcare reform, ACOs, electronic medical records, unprecedented economic pressures – it can all seem overwhelming. But there is opportunity in the chaos, and PTPN shows you where it is. Here are just a few of the ways we do that:

- **Political Advocacy:** PTPN’s lobbyist on Capitol Hill makes sure your voice is heard as Congress, CMS and others are changing the healthcare landscape.
- **Outcomes Measures:** Like it or not, measuring outcomes is the future of healthcare. The PTPN Outcomes Program puts you at the forefront of emerging reimbursement strategies that link payment to outcomes.
- **Wellness Services:** More and more therapists are recognizing that offering cash-pay wellness services is essential to reducing our reliance on third-party payers. PTPN’s Physiquality brand markets you directly to consumers and gives you training and tools to offer cash-pay services.
- **Social Media Marketing:** PTPN’s social media marketing strategy helps you leverage the power of Facebook, Twitter, LinkedIn and other web tools to market your practice.

To find out how join the nation’s premier network of private practice therapists, [contact Kim Bueche Hardman at 225-927-6888 or kbueche@ptpnlc.brocxmail.com](mailto:kbueche@ptpnlc.brocxmail.com).
Soapbox!

You cannot hope to build a better world without improving the individuals. To that end each of us must work for his own improvement, and at the same time share a general responsibility for all humanity, our particular duty being to aid those to whom we think we can be most useful.  — Marie Curie

With her husband, Pierre, Marie Curie was the pioneer in researching radioactivity. When he died suddenly, she refused a government pension and instead took his place as a professor at the University of Paris. She was awarded a Nobel Prize for her work, then became the first person to win a second Nobel Prize, and she is the only Nobel Prize winner who is also the mother of another Nobel Prize winner -- daughter of Marie Curie and Pierre Curie, Irène Joliot-Curie.

Why don’t more physical therapists and physical therapist’s assistants belong to their professional association? Why is it that nationwide 29.42% of PT’s and 7.71% of PTA’s are members of the American Physical Therapy Association? Why is it 31.2% of PT’s and 11.4% of PTA’s in Louisiana are members of the LPTA? For years, a goal of the APTA has been to increase membership. I believe the reasons for this important goal seem obvious but perhaps they aren’t to everyone. We are often amazed by what people don’t know compared to what we assume is known by those same people. All professional associations want to increase their membership to assure a stable and efficient source of capital. The cynic will stop there and say “all they want is my money like everyone else”. But I hope the cynic’s heart is able to ask the important question of “why” does the association want capital? What is capital? Capital, of course is time, talent and treasure. So money is part of capital but only with capital can an association meet its other important goals. The more goals an association has, the more capital it needs to meet those goals. Think of what the APTA and the LPTA have accomplished with its current percentage of membership. Think of what could be accomplished if that percentage were increased to 50%! The cynic again asks what has been accomplished that is good? To those who seriously ask that question I say continue to practice in the basement as a technician in your white shirt. All the progression in our profession can be traced back to the national and component professional associations.

So why has membership been such a difficult goal to accomplish for the APTA and LPTA? Why can’t each PT and PTA apply the truth of Madam Curie’s quote and realize that belonging to their professional association is the best path for improving oneself and for fulfilling their responsibility to humanity? A tour of APTA’s website, attendance at national or state meetings or dialogue with the national leaders LPTA has produced would be a start for anyone with questions. But I believe the main preponderant reason at the end of the day and at the end of the story and in the final analysis is cost. If membership were “free” I’m sure the percentage of members would skyrocket. I’m just as sure even if membership were free; there are those who would not join for a variety of specious reasons. Therefore associations attempt strategies to combat the perception of “it costs too much” which is just a synonym for “cost>value”.

(continued on page 17)
Never mind all therapists benefit from the plethora of major accomplishments achieved by the sacrifices of the APTA and LPTA, never mind the non members voice in the direction of the profession is muted and never mind that the therapist society loses the non members unique contributions. I’m not here to talk about those problems. I’m here to say that the "cost>value" perception is just that, a perception that has been allowed to be reality for too many therapists and assistants.

First, it can be shown that the various “benefits of belonging” programs (ie all the insurance, continuing education and product discounts) can be shown to add up to more than the cost of belonging. But often these programs are not needed by some and so are improperly discounted as “value”.

Second, it can be shown the basic cost of membership is $1.15 day. We’re the “Dollar General Store” association. Now the cynic says “and that’s what you get” for membership. So, would you have us raise dues? By the way, Dollar General Mission statement is “serving others”. What does that mean? "For Customers...Price Quality and Great Prices. For Employees...Respect and Opportunity. For Shareholders...A Superior Return. For Communities...A Better Life" We could do worse than being a “Dollar General Association”.

What can’t be physically shown is the personal fulfillment value of membership. The APTA Membership Development Plan makes this point by stressing that “a person’s decision to join an individual membership organization is not a cost-benefit analysis”. When you join the APTA you voluntarily pledge yourself to following the ethics and standards of the APTA. The definition of being a professional usually assumes you have voluntarily agreed to hold you’re self to a higher standard. That’s why paying your dues with your licensing fees couldn’t be considered belonging to a professional association, besides the significantly different missions of the licensing board and the association. If you want to self actualize yourself as a professional, you have to belong to your association. There is no substitute for the peak experiences of collaboration and collegiality with peers across the nation and the world. There is no substitute for establishing deeply interpersonal relationship with your peers. Paying to join the association does not guarantee these experiences and relationships and development of strong moral/ethical values. What it does guarantee you is an opportunity, a choice, to experience fulfillment. And this will lead to improving yourself and being of aid to those we think we can be most useful. The value of association membership is >>>>> than the cost. The question for the association is why can’t more of our peers perceive this reality? How can we be of aid to them?

“Knowing others is intelligence; knowing yourself is true wisdom. Mastering others is strength; mastering yourself is true power. If you realize that you have enough, you are truly rich.”
—Tao Te Ching

Written By: Paul Hildreth, former LPTA President, Membership Chair, and APTA Nominating Committee
I don’t know about you, but I get a visceral response when a physician sends me a script with a note telling me how to treat my patient...thank you, sir, I was not aware that tight pecs can be a reason for my patient’s faulty cervicothoracic posture, I’ll be sure to “stretch” them per your request...Does this get you hot (the bad hot, not the good hot?)? What about when your patient with low back pain comes in and tells you “yep, I have a disc...” I’m so glad we have the MRI to show you have a “minor disc bulge” that has absolutely nothing to do with your back pain. Does that make you as peeved as it makes me? How about the Medicare Therapy Cap? Or the fact that our patients can see their chiropractor weekly for years “because my insurance covers it at 100%.” Or what about the fact that we are now graduating with our doctorate degree, along with tens of thousands of dollars in student loan debt (some of us hundreds of thousands), with little hope of student loan forgiveness and little paychecks? Does this also get you hot under the collar? If you have ever whined about any of the above, then you need to understand that membership does matter.

Let’s narrow the reasons for not being a member of your professional organization down to one. We get it...you don’t want to pay dues. All of your reasons really come down to this one, do they not? “It’s too expensive.” “I don’t want to spend money on something that does nothing for me.” “The benefits don’t outweigh the cost.” “It’s not important to me.” Bottom line is...yes, we need your money as much as we need you. Money strengthens our voice. Unfortunately, we live in a society where money does matter. All of the things mentioned above – autonomy, direct access and primary care, reimbursement for therapy services, student loan forgiveness, and healthcare reform – can only be changed if we put up a strong, united front. That takes more people and more money. The American Chiropractic Association with over 75% membership (the APTA is <30%) is a force to be reckoned with. They have more members and therefore, they have more money. And because they have more money, they often times get what they want. Chiros lobby their tails off in Washington and it shows in their autonomy, primary care model, and solid reimbursement...Now there is a concept, put a little money up front to get more money in the end. Why did our chiropractor friends get that memo and we didn’t?

Have you ever told a patient “you might feel a little worse before you feel better?” Talk to any small business owner, especially our PT private practice owners, and they will tell you, they had to spend some time in the red before they started to see the green. We have to literally “pay our dues” so that we can lobby for change. We must put our money where our mouth is. We must join our professional organization. We must stop focusing on what we believe the APTA and LPTA have NOT done and realize what they have done and CAN do. And when we pay our dues, then and only then can we whine about autonomy, direct access and primary care, reimbursement, student loans, and healthcare reform. We are a profession, and thus we are professionals. It’s time we act like it, because it will be very difficult to “Move Forward” when we are carrying 70% of our profession on our backs.

Respectfully submitted by: Claire Melebeck, DPT

LPTA Members!

The Louisiana Physical Therapy Association now has a Yahoo Group to discuss current “hot topics” in Physical Therapy!

Have something to say? Join now!
http://health.groups.yahoo.com/group/LPTA/
Join APTA today!!!

1. APTA advocates for you in Washington DC
2. APTA speaks out for proper payment for high-quality patient care
3. APTA promotes the benefits of physical therapy
4. APTA connects you with colleagues for networking and collaboration
5. APTA saves you money
6. APTA provides information at your fingertips
7. APTA promotes evidence-based practice
8. APTA strengthens your expertise with clinical and practical resources
9. APTA helps you advance to the next level
10. APTA moves this profession forward!