This time of year is such an exciting time! School is out; graduations are in abundance. The sun is shining and it is time for vacation and kicking back and relaxing at a slower pace in the summer! There’s fun in the pool, boating, or at the beach, time with family and friends, cookouts and icees! Life is always good in the summertime!

But, please know that the LPTA does NOT stop in the summer. We continue to work busily for you. In fact, as you read this, your delegates have already returned from an intensive week at APTA’s House of Delegates. As I sit and write you now, I cannot say how this House will go, but with all the material your delegates are reading, and all the preparation time we have been putting in, this House promises to be one of the richest in terms of issues in a long while.

The two major issues include last year’s RC-3-11, or a new model of care delivery as well as proposals for changes in governance. Both of these issues can affect the way we as physical therapists and physical therapist assistants practice into the future. Please know that none of your delegates takes their responsibility lightly and we have all thoroughly prepared and discussed the issues. We all will participate in and be receptive to the discussion on the floor of the House and will make good decisions based on what we feel is in the best interest of our members here in Louisiana and for the profession as a whole. (And, I have gotten my seersucker suit so I can join the Louisiana contingent properly!)

Another huge happening at the HOD is elections, and, again I have no crystal ball, but we do hope our own Sharon Dunn has been elected Vice President of LPTA. Paul Rockar will be the new President of APTA as he is running unopposed. Other elections include BOD members and a Nominations Committee member. Be on the lookout for winners of these elections on the APTA website.

In July, the Finance Committee (headed by your Treasurer Judith Halverson) meets to hammer out the proposed budget, which is voted on at the Fall Meeting. And, also in July the Executive Committee meets and decides on winners for the awards presented at Fall Meeting as well as other business in preparation for our Fall Meeting Sept 28-30 in Baton Rouge. That promises to be an exciting meeting as the format has been

(Continued on page 3)
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www.lpta.org

LPTA MEMBERSHIP UPDATE
Please continue to encourage your fellow PTs, PTAs and students to join or renew their APTA/LPTA membership!

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<th>Current</th>
<th>Last Year</th>
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<tr>
<td>Active members</td>
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<tr>
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UPCOMING EVENTS
Mark Your Calendar NOW!

2012
September 28-30
LPTA Fall Meeting
Baton Rouge, LA

November 2-4
APTA National Student Conclave
Arlington, VA

2013
January 21-24
APTA CSM
San Diego, CA

March 16-17
LPTA Spring Meeting
Sports Symposium
Lafayette, LA
rearranged so more can attend the Open Forum. And we have wonderful speakers for that meeting as well. Please make plans to attend!

I want to personally thank Claire Melebeck for stepping into the difficult-to-fill shoes of Kinta LeBlanc as our new Public Relations Chair. In this issue of the Bayou Bulletin, you see the changes she has made and I know you will like the new format. Please consider warming up your pen and writing a column for our newsletter under the new format she has implemented. And please participate in the new YahooGroups member-only discussion board to express your opinion on virtually any topic. Great way for members to connect and communicate!

In closing, I want to shout out to all the new grads! There were 39 new PT’s from the New Orleans campus, 30 from the Shreveport campus. And the four PTA schools across the state are graduating their classes as well. These are fresh, new, excited and enthusiastic well-prepared PT’s and PTA’s ready to take the Boards and work hard for their patients and employers. I was honored to speak at the graduation banquet in Shreveport recently, and want to share the advice I gave to them with you:

“I want you to be passionate about your profession. I want you to give back. I want you to keep up your membership in APTA/LPTA. Take advantage of the half-price membership this first year, and continue through those first five years as New Professionals. APTA has a wealth of resources to offer, and I want you to join a section or two, and find your place in the APTA community. If you do, and if you take it a step further and serve, in any capacity, you will reap benefits well beyond the cost! Go forth, sweet, smart PT’s, and

(Continued from page 1)

THE NEXT CHAPTER

My name is Claire Melebeck and it is an honor to serve as your new Public Relations and Newsletter Chairlady. I would like to send a very special thank you to Kinta Leblanc – number 1, for making me look good in the March/April “Spotlight” article, but more importantly for trusting that I would be a good servant to the LPTA in this role. My hope is to take the incredible foundation that Kinta and her predecessors have built and MOVE FORWARD!

You will find several new articles in this issue of the Bayou Bulletin, and our hope is that any and all of you will be inspired to let your voice be heard in this manner! Thanks in advance for your contributions!

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<tr>
<th>Soapbox (in this issue)</th>
<th>Patient’s Perspective (in this issue)</th>
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<td>Follow that Bill (in this issue)</td>
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<td>Private Practice Corner</td>
<td>Rules and Regs</td>
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<td>Membership Matters (in this issue)</td>
<td>What’s New?</td>
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MEMBERSHIP MATTERS

Hello all,

As we approach the warmer days of summer, I'd like to give you all an update on APTA/LPTA membership. We've seen quite an overall improvement of 4.5% over the last year......now up to 81,968 members!

One of the greatest areas of success, and my personal focus area, is with the students. The REACH 100 program was initiated this year with the goal of attaining 100% membership for PT/PTA schools. This program helped recruit 8,506 students across 106 programs. I feel this is vitally important as we need to have a positive membership influence on younger practitioners to-be.

While we will continue encouraging students to join as members, this months focus has been on mid-level practitioners (those practicing 5-10 years). I've interviewed a coworker of mine, Randy Hernandez, who has been practicing in the New Orleans area for 11 years. He has been a member of the APTA since he was a student at the University of St. Augustine, 13 years ago. When asked about the importance of being a member, he says, "The impact we have on future legislation plays a big part in the reason I'm a member." Like many, he feels that without the APTA, we wouldn't have a voice on Capitol Hill. With membership also being his professional obligation, he says, "My employer helps out with yearly dues, which takes the cost out of my family's budget." Lastly, (Continued on page 4)
Randy has found the APTA useful for questions regarding Medicare issues from earlier in the year. Having an APTA representative a phone call away made him feel "connected."

We have many PTs and PTAs across the state who are nonmembers but fall into this mid-level practitioner category. Try to find one in your workplace or community and encourage them to reconsider membership.

Promote the specialist certifications available, professional obligations, and their need to be a leader. Remember......Each One, Reach One!!

Your Membership Chair,
Jake McKenzie

(Continued from page 3)

Physical Therapy Provider Network, Inc. (PTPN), the oldest and largest rehabilitation network in the United States for private practice therapists, has been in operation for nearly two decades in Louisiana. PTPN is presently made up of physical, occupational, and speech therapists in independent practice and its members include nearly 100 clinics geographically distributed throughout the states of Louisiana and Mississippi. It is PTPN’s mission to maximize the independent therapist’s profitable and clinically effective participation in healthcare.

PTPN member clinics gain quantifiable value from their PTPN Membership. The greatest value they report is access to more patients and more revenue through PTPN’s many contracts with payers. In addition, PTPN members save money through PTPN’s handling of contracting and credentialing functions and through negotiated discounts on brand name supplies and services – from liability insurance to gym equipment. The PTPN network of providers is marketed to payers on the local, statewide, and national levels in order to give our members the broadest base of business possible. In addition to insurance contracts, PTPN is on the forefront in programs that position private practitioners as successful leaders through the shifts happening within the healthcare industry.

- We engage in active legislation and regulatory advocacy on behalf of PTPN members, including our own lobbyist in Washington and an online Political Action Center that lets PTPN members easily contact our federal representatives on important issues that face our profession. Locally, PTPN is an active member of LABI (Louisiana Association of Business and Industry), LAHP (Louisiana Association of Health Plans), LBGH/LHCA (Louisiana Business Group on Health/Louisiana Healthcare Alliance). Our role in these organizations allows private practitioners to collectively have their voice heard as one.

- We believe that cash based programs will provide additional revenue for our member clinics. PTPN’s national consumer brand, “Physiquality”, exclusive to PTPN clinics for cash pay and wellness services and products, is available to counteract the downward pressures on insurance reimbursement by capturing a share of the cash-paying consumer market. Our goal is to boost business, expand practices, and generate new streams of revenue for our member clinics.

- We have spearheaded a statewide outcomes measurement program specific to physical and occupational therapy powered by FOTO (Focus on Therapeutic Outcomes) for PTPN members to get payer and consumer attention and to ensure provider efficiency and patient satisfaction within our member clinics.

PTPN is a different type of rehab network, one that stands above the others in today’s turbulent marketplace – a network of independent therapists that payers and patients rely on for integrity, stability, and quality. We welcome and encourage your membership and your belief in private practice.

PTPN is located at 4521 Jamestown Avenue, Suite 1, Baton Rouge, LA 70808. Any interested therapist should contact Executive Director, Kim Bueche Hardman, at 225-927-6888 or kbueche@ptpnl欧阳.beroxmail.com for details. Visit our website at ptpn.com.
Louisiana’s Fittest Legislator is…

…Senator Robert Adley of Benton, Louisiana! He is the first Senator to win the LPTA’s title of “Louisiana’s Fittest Legislator” by taking 94,983 steps in the Committee Room Run. Representative Adams (42,861 steps) and Representative Simon (19,278 steps) came in second and third place. As part of the award, the LPTA will make a donation to a recreational center in Senator Adley’s district of his choice. Beth Ward, LPTA President, and Gail Pearce will present the check to Senator Adley after the session is over. His decision on whom to give the donation is still pending but we will let you know.

Your donations to PT Legislative Day help Louisianans and successfully promoted our profession to Legislators. You have made this year a big success!!

We are getting ready for next year’s Committee Room Run award. You can participate in this great and effective program by donating and/or purchasing a LPTA pedometer. Thanks again to all who donated and participated to make it our best one yet.

Be part of making a difference in your profession and helping a kid get fit.

Name: _______________________ Phone: ______________________
Address: ______________________________________________________
City: _______________________ State: ______ Zip Code:______________
LPTA pedometer (purple with black lettering) ...............$6.50 each _____ Quantity
____ subtotal
____ postage*
____ Total

Check (made payable to LPTA) American Express MasterCard VISA Discover
Name on Card ________________________________________________
Credit Card Number __________________________________________
Expiration Date _____________________________________________

For more information, please call the LPTA office, 225-922-4614

*Postage:
For 1 pedometer: $1.10
For 2 pedometers: $1.30
For 3 or 4 pedometers: $1.50
For 5 pedometers: $1.70
**LPTA SPOTLIGHT ON:**
**CRISTINA FAUCHEUX**

You know those people who never cease to go above and beyond what’s expected? They are the same people that juggle several personal and professional roles and make it look easy. Ladies and gentlemen of the LPTA, meet Mrs. Cristina Faucheux. Cristina is a wife and mother, an orthopedic manual therapist, vice president and clinic manager of a widely successful private practice in south LA, mentor and clinical instructor, life-long learner, and, as of early March, our new Government Affairs Chair for the LPTA.

Cristina has been practicing for 15 years, and her devotion to this profession did not just begin in March with her acceptance of this position. After graduating in 1997, Cristina followed her heart (and her hands) to complete a 2 year residency with the Ola Grimsby Institute. She received a Certificate in Orthopedic Manual Therapy soon after in 2001. In that same year, Cristina became partner with Al Moreau Jr. and Al Moreau III in their family business, Moreau Physical Therapy. She currently holds the position of Vice President of MPT, and believes that she is incredibly fortunate to have been accepted into this family that continues to challenge and inspire her. Cristina is a member of the APTA, LPTA, AAOMPT, a Board Member at large with PTPN, and a Member of the PTPN Quality Assurance and Credentialing Committee.

Cristina has been married to her “very supportive” husband, Jeff, for 16 years and together they have 3 active boys: Phillip 11, Robbie 8, and Nathan 1. Cristina shared that her middle son, Robbie, has microcephaly, making it necessary for her to leave work at work. She states that there is “never a dull moment in the Faucheux household with 3 active boys!” When she is not in the clinic, you can find Cristina at the baseball park or camping with the Cub Scouts. And as if her plate were not full enough, she is also Den Mother and Pack Committee Leader for her boys’ Cub Scout Pack.

Cristina was contacted to fulfill the role of the LPTA Governmental Affairs Chair one week before the legislative session had started. She admits that she was never very involved in politics; however, her advocates will tell you that she jumped head first into legislative action. She was able to quickly and efficiently read and make sense of over 35 bills that are pertinent to our profession. LPTA President Beth Ward gives overwhelming praise for Cristina stating, “She is one of the most amazing women I know! She somehow manages to be a mom to 3 boys, manage many of the Moreau clinics, and be a brilliant Governmental Affairs Chair! She is present every time anything happens in the legislature, handles all the interplay among differing factions with aplomb and diplomacy, is strong in support of LPTA’s positions, and seeks guidance and outside help from APTA and others when necessary.” Sounds like we have the right woman for the job!

Cristina asked that I include this statement of gratitude for those who have helped her navigate the waters of government affairs. “If I may, I would like to thank David Tatman and his outstanding group for their time educating and guiding me through the political arena. Also, the LPTA Board of Directors, Governmental District Liaisons, Justin Elliot with the APTA, the Louisiana PT Board Members, Former LPTA Presidents, Kim Bueche Hardman, and all of the other concerned LPTA members that become involved in this session and responded to my countless emails. Thank you very much for sharing your opinions, expertise, and guidance to help determine the LPTA’s position on these bills. You all played an integral role to help devise and implement strategies. Without this support, we would not have been as successful in achieving our goals. It has been my pleasure to serve you all this session and I look forward to the challenges that we will meet over the next year.”

**Written By: Claire Melebeck**
FEDERAL GOVERNMENT AFFAIRS UPDATE

On April 22, 23 and 24th, APTA’s Federal Advocacy Forum was held in Washington D.C. Our Louisiana delegation was made up of Billy Naquin, Sharron Dunn, Beth Ward, and Ashley Henk, SPT. During the 3-day seminar we were visited by U.S. Senators and members of Congress that gave us their opinions on everything from balancing the budget to who would win for President of the United States in November. We also were instructed on key bills that will affect physical therapist and effective ways to lobby congress.

On Tuesday April 24th we spent the day lobbying our US senators and all of our members of Congress (We walked very quickly.)

We lobbied on three bills this year:

1. The Medicare Access to Rehabilitation (AKA the Therapy Cap Repeal). Beginning on October 1, 2012 the Medicare Cap on Physical, Occupational and Speech Therapy will also apply to outpatient hospital settings, and any patient that has used over $3700 in speech and physical therapy will be subject to a medical review.

2. The Physical Therapy Student Loan Repayment Eligibility Act- This bill would add physical therapist as a provider under the National Health Service Corps. Allow therapist loans to be forgiven if the practice in a designated rural setting.

3. The Traumatic Brain injury Act of 2012- This bill would reauthorize funds for states to sustain and build traumatic brain injury programs. This bill is due to expire at the end of the year unless approved by legislators.

We had a great time lobbying Congress and meeting other therapists from all over the United States. We had the opportunity to see how Congress works up close. Please remember to call your Congressman and Senators and tell them to support our Physical Therapy legislation.

If you are interested in becoming a key contact or just want to find out more about what goes on at the Federal Government Affairs level contact Billy Naquin (brnaquin@charter.net) or Beth Ward (bethwardpt@gmail.com).

Submitted by: Billy Naquin

FOLLOW THAT BILL

It has been a very busy and successful session for our profession thus far. There were several bills this session that dealt with Workers’ Compensation Reform. Highlights from some of the major bills this session are below:

- SB 560 authored by Donahue was a bill that would allow for economic profiling of providers and allow medical provider networks under Workers’ Compensation. Fortunately, this bill was pulled and a substitute bill was offered.

- SB 607 and its companion bill HB 903 was a FCE bill. This bill would have provided standardization of Functional Capacity Evaluations. This bill was controversial amongst the FCE providers. In the end, the bill was never heard in committee.

- HB 1071 authored by Bishop would have provided changes to the WC Fee schedule. This bill was not heard in committee.

- SB 191 authored by Claitor would have abolished the Louisiana Board of Massage Therapy and moved the Massage Therapists under the LA PT Board. This bill was not heard in committee and a substitute bill was introduced.

- HB 923 authored by Ponti. This bill focused on Massage Therapists and defined Massage Therapy Establishments. We worked closely with the LA PT Board and Massage Therapy Association to ensure that Physical Therapists were exempt from following the massage therapy advertising rules and added some verbiage to help the massage therapists define their practice act. This bill is currently under House Concurrence

- SB 320 authored by Martiny provides for the use of title “Doctor” or the abbreviation “Dr.”. This bill states that a healthcare provider can not use the term Dr as a prefix to his name either written or verbally without using a suffix to denote their licensure or

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degree. The bill is currently pending final passage of the House.

- HCR-69: This resolution amends the administrative rules relative to examination requirements for athletic trainer certification. A technical amendment was added to clarify that this is a certification examination. This resolution has passed favorably.
- HB 1: This bill provides for ordinarily operating expenses of state government for Fiscal Year 2012-2013. This bill could potentially eliminate Early Steps. The bill is currently pending final passage of the Senate. Amendments to restore Early Steps were added in the Senate Committee of Finance.

Written by: Cristina Faucheaux

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**PATIENT’S PERSPECTIVE**

“Getting My Life Back”
By Judy LaBorde

Every person has days they will never forget. One of those for me was February 28, 2007. An MRI revealed that I had scoliosis. I was stunned because I did not have back problems as a child or as a young adult. In fact, I remember an aerobics instructor telling me that I had a “beautiful back.”

My diagnosis led to a neurosurgeon who recommended major back surgery. He rated the seriousness of the surgery as “ten” on a scale of one to ten. The surgery would require weeks in the hospital followed by three months in a rehab facility. He said I could expect to have my pain reduced by 50%. He did not ask what pain medication I was taking. It was Tylenol.

I knew I had to take a different path. With help from a PMR doctor, I lost 50 pounds, started aquatic exercise, got custom orthotics and began a regime of physical therapy. In the last five years, I have been to physical therapy several times. All of the therapists have helped me. I learned something from each approach. It was good to build up the muscle in my back and legs. Still, I was hurting and knew something was missing.

I found that the missing link in my current regime. It includes deep kneading massages that have released muscles around my curvature. The impact has been immediate and significant. My pain has decreased at least by 50%. I am so happy to have this result without the invasiveness of major surgery.

I am grateful to all the physical therapist that have helped me. The work you do is life giving.

I also recognize how fortunate I have been to have had the medical insurance that paid for my care. There are so many hurting people who do not have the same options.

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**CALL FOR NOMINATIONS**

The Nomination Committee is now accepting nominations for candidates for the following offices: Nomination Committee Chair and Delegate.

Please submit your nomination to Anna Moore by Monday, July 16, 2012. Candidates will be asked to submit a candidate statement, which will be published in the July/August issue of the Bayou Bulletin. Please contact Anna Means at ameans@edgetherapy.com or 318-841-0696 if you would like to make a nomination, self-nominate, or if you have any questions or need further information on these positions. We welcome and encourage your participation and look forward to a full ballot!
PTA SPEAK:
WHAT’S YOUR VALUE TO THE PROFESSION?

Can another trained professional such as an athletic trainer or exercise physiologist treat your patients more successfully? In June of 2011, the APTA House of Delegates passed, with a majority vote from a floor of over 400 of our most involved Physical Therapists, RC3-11, referring to the “Physical Therapist Responsibility and Accountability for the Delivery of Care”. This position statement emphasizes the Physical Therapist’s capability, ability and responsibility to exercise professional judgment within the scope of practice and to professionally act on that judgment. Explained as an effort to maximize the ability to respond to the changes resulting from passage of the patient protection and affordable care act, and expanding numbers of insured consumers seeking care, RC3-11, as proposed by the Private Practice Section, recognizes the Physical Therapist’s ability to utilize appropriate support personnel, including but not limited to the PTA.

Our chapter’s rules and regulations currently recognize the Physical Therapist Assistant and the Physical Therapy Technician as Physical Therapy Supportive Personnel. The level of responsibility assigned to such personnel is at the discretion of the physical therapist and must be limited to only those functions for which they have documented training and skills. So, RC 3-11 is not a tremendous stretch from what we are used to already here in the Sportsman’s Paradise. It seems that our ethically minded PTs in Louisiana have done fine with that freedom of delegating services under our current reimbursement structure thus far in my opinion. In a potential per-session payment system, could our reimbursement sources not care who the care extenders are? Would it be more profitable for practice owners to operate in an environment where there is more freedom of support staff selection? I’m sure that many of you are aware that the PTA community has been up in arms regarding this change, despite this similarity in position between our chapter’s rules and regs and the new national position. This is due to the fact that, the APTA had recognized the PTA as the preferred extender of care under the direction of the PT. There were many support positions that specifically reference the PTA with regards to treatment, documentation, and payment for services. These specific references to PTAs were stricken from previous language in APTA position statements that govern the delivery of care to be consistent with 2011’s new position statement.

By the time that this article is being read, the 2012 House of Delegates will have come and gone. There are many possibilities for the outcome of this issue. I will be posting some highlights and offering an opportunity for discussion on the Louisiana PTA Page on Facebook for the few that will see it regarding what has been decided on in Tampa. I will be holding the PTA meeting at the fall LPTA conference in Baton Rouge to offer up-to-date information as well. As your PTA caucus representative, I hope to keep you informed of these happenings and the position that the PTA Caucus Delegates hold with regards to them as they unfold. One of the objectives of the PTA Caucus Mission Statement is the advocacy for retaining the position that the PT and the PTA are the only providers of physical therapy services.

As a PTA practicing in outpatient orthopedics for 13 years, I obviously have a vested interest in seeing my position protected, progressed and promoted. I am also open-minded, try to view the big picture, and have faith in the leaders of our profession. There are viable arguments supporting these changes with the best interests of the profession’s future in mind. I find it hard to believe that our hard working delegates throughout the country, that amazingly collaborate every year to bring our field forward, would open doors to other trained professionals such as athletic trainers, exercise physiologists, or massage therapists to possibly infringe on the professional scope of practice that we have been trained and experienced in for so long. Our supervision requirements as PTAs, as recognized by the profession, our practice acts, and our reimbursement sources currently set us above any other recognized support personnel involved with the delivery physical therapy services. Our clinical training while in school educates us in clinical pathophysiology and the delivery of physical therapy specific services as well. These distinguishing characteristics of PTAs are what make them not only the most appropriate for utilization, but also the most revenue generating choice for support personnel. That is not to say that PTAs should just passively, sit back and watch. Membership involvement speaks volumes and

(Continued on page 10)
best positions PTAs to have a voice in decisions. Hopefully we will be able to maintain a scope of practice and educational foundation that will also progress and therefore continue to make PTAs the best choice in support personnel. As members of the PT profession, PTAs have a responsibility to fully utilize our acknowledged scope of practice and training, progressively expand our clinical skills and therefore expand our value to the treatment process.

Regardless of the outcomes of the 2012 House of Delegates, the continued volatile healthcare arena that we function in is ample reason to stay informed, be involved and advocate association membership to all PTAs in your network. As hard as it is to welcome change, I’m glad to know that our decisions are made by our members. If it were not for our members, who would be making these decisions? MDs? Insurance companies? The Government? If our PT membership was as low as our PTA membership, then maybe so.

By: Jason Oliver

CALL FOR ABSTRACTS

Abstracts are requested from persons wishing to make poster or platform presentations of original research and case studies.

Instructions for preparing and submitting an abstract are provided on the LPTA website (www.lpta.org—click on Meetings) or call the LPTA office at (225) 922-4614. The deadline is Friday, August 3, 2012.

Please plan to attend these presentation on Friday, September 28, 2012 and show your support for our profession and research in the state of Louisiana.

CALL FOR 2012 FALL MEETING MOTIONS

If you would like to make a motion for the Fall Business Meeting please send the motion to the LPTA office by Monday, July 16, 2012. You can email it to office@lpta.org or mail to LPTA, 8550 United Plaza Boulevard, Suite 1001, Baton Rouge, LA 70809.

THANK YOU...

I would like to thank all the members of the Louisiana Physical Therapy Association who have given my support and comfort during the recent passing of my mother, Marguerite Loftin. She died on March 3, 2012 in the middle our Spring meeting. I appreciate the beautiful plant that was sent by the Association. It will remind me of the strength of my mother and the strength of the LPTA.

With sincere gratitude,
Gail Pearce

DEEPEST SYMPATHIES...

On May 17, 2012, Paul O’Connor passed away. Paul was a long time member of the APTA and LPTA. He practiced as a physical therapist for 60 years in Pennsylvania, Virginia, Kentucky and Louisiana, among other states. He is survived by his wife Elizabeth O’Connor, son Mark O’Connor and daughters Kathryn Urie; Elizabeth Ferguson; and Christine Kiely. In lieu of flowers, contributions may be sent to Mount St. Mary’s University, 16300 Old Emmitsburg Pike, Emmitsburg, MD 21727 or msmary.edu.
CALL FOR AWARD NOMINATIONS

Nominations are being solicited to honor deserving persons who have made special contributions to the Physical Therapy profession in Louisiana. Retired or currently out-of-state Physical Therapists who have made lasting significant contributions to the profession are eligible for the LPTA Hall of Fame. Active Louisiana Physical Therapists are eligible for the Dave Warner Distinguished Service Award. Non-PT’s are eligible to be recognized as a Friend of Physical Therapy. Physical Therapist Assistants who have demonstrated outstanding achievement in clinical practice, community service and personal commitment to physical therapy may be nominated for the PTA Distinguished Service Award. Nominations should be submitted on office letterhead in the general format(s) described below.

Selection of the Friend of Physical Therapy and the Dave Warner Distinguished Service Award will be made by the LPTA Executive Committee. Specific recent contributions for the benefit of the profession or to society on behalf of the profession will both merit consideration. Hall of Fame inductees are elected by the LPTA Board of Directors. The PTA Distinguished Service Award is decided by an Awards Committee appointed by the LPTA President. If you know of a person who deserves consideration for one of these awards, please submit a nomination containing as much of the information called for in the applicable nomination format that you can obtain. Send to: LPTA, 8550 United Plaza Boulevard, Suite 1001, Baton Rouge, LA 70809, or by fax to (225) 408-4422 or by email to office@lpta.org.

DAVE WARNER DISTINGUISHED SERVICE AWARD
Nomination Format
Nominations should be submitted in the format below and should be limited to two pages in length.
1. Name of Nominee
2. Address
3. Number of years as licensed physical therapist.
4. Has the physical therapist been actively practicing in Louisiana at least 2 years?
5. Where is the nominee employed?
6. What type of position is held?
7. What has the nominee contributed?
   A. Through present job or past job if retired.
   B. Through any other level (APTA, publications, research, etc.)
8. In what way has the nominee contributed to community activities in the last 3 years?
9. In what other organizations does the nominee participate (professional or civic)?
10. In what way has the nominee continued his education during his professional career (graduate Courses, course work, etc.)?
11. What other special interests or abilities does the nominee possess (art, literature, politics, finance, etc.)?
12. Briefly summarize why you think the nominee merits consideration for this award.

LPTA HALL OF FAME

(Continued on page 12)
There is no set format for nominations. Nominations will be judged on their lasting impact on and contributions to the profession of Physical Therapy. Eligibility for this award is limited to:

1. Nominees who have belonged to the LPTA and APTA.
2. Nominees who practiced in Louisiana for at least 5 years.
3. Nominees who are retired or no longer work in Louisiana.

**PHYSICAL THERAPIST ASSISTANT DISTINGUISHED SERVICE AWARD**

**Eligibility and Procedure**

A nominee for the award must be a licensed PTA and member in good standing of the American Physical Therapy Association.

An individual may receive the award only once in a three (3) year period.

Nominations shall be submitted in writing to include name/contact information of the nominee and a written statement on how this individual is a worthy candidate specifically addressing the award criteria. The written statement must include name, signature and APTA membership number of the nominator.

**Criteria for Selection**

Outstanding achievements in delivery of care and/or service to the Association and Profession are demonstrated by:

- Contributing professionally to the Louisiana Physical Therapy Association;
- Serving the community through activities that enhance quality of life and function;
- Representing and promoting the role of the PTA through education, practice, or research;
- Promoting ethical standards and professional conduct among peers, patients, and students;
- Pursuing professional development through continuing education (for example, courses, workshops, in-services, etc); and;
- Encouraging patients, peers, or students to perform at, or strive to achieve their optimal potential.

**FRIEND OF PHYSICAL THERAPY**

**Nomination Format**

Nominations should be submitted in the format shown below and should be limited to two pages in length.

1. Name of Nominee.
2. Address.
3. Profession/Education.
4. What has the nominee contributed to the physical therapy profession over the last three years?
5. Hobbies, special interests/abilities, organizations, etc.
6. Briefly summarize why you think this nominee merits consideration of this award.

**Deadline to submit a nomination is July 16, 2012.**

Awards will be presented at the 2012 Fall Meeting. Suggestions on how to improve this program are also welcome.
Soapbox!

“The physician must be experienced in many things, but most assuredly in rubbing – for rubbing can bind a joint that is too loose, and loosen a joint that is too rigid.” -Hippocrates

The Father of Modern Medicine states quite simply that it is of utmost importance that we put our hands on our patients. And while our current definition of “rubbing” goes far beyond simply stabilizing “a joint that is too loose” or mobilizing “a joint that is too rigid”, I agree that, as physical therapists, we should “most assuredly” be experienced in manual therapy. So why are we not putting our hands on patients?

As we continue to fight for professional autonomy and for a place in the primary care community, nothing gets me more fired up than when a patient lacks confidence in our profession because they’ve “tried PT before and it didn’t help.”

Me, “why do you think PT didn’t help?”

Patient, “because I didn’t keep up with my exercises.” (This, of course, is the answer they think we want to hear).

Me, “did your therapist put her (or his) hands on you or did she only give you exercises?”

Patient, “she gave me heat sometimes, but I mostly just did exercises while she sat in the office.”

Me, “did she ever massage, mobilize, release, tape, manipulate…”

Patient, “no, she told me that she is not a massage therapist.”

How are we going to gain the respect of our colleagues in the healthcare community AND achieve professional autonomy when this is how the consumer views physical therapy? People talk. And our patients will without a doubt talk about their experiences in physical therapy. They will share the good, yes, but the bad and ugly will most assuredly ring through the ears of their physicians, family, and friends. What does the consumer feel they will gain by choosing to see their physical therapist over physicians, athletic trainers, chiropractors, or personal trainers? A list of home exercises that they will perform for 3 weeks then throw away because the exercises did not “POOF” make their back pain disappear? Some physicians have begun to hand out “home exercises” to patients with back pain instead of sending them to therapy, “because this is what you will get from therapy anyway.” The lack of support for and belief in our profession is disgusting…but who is to blame?

There is something incredibly powerful about human touch, and its benefits go far beyond what our patients will gain from exercise alone. Manual therapy promotes mental, emotional, and physical wellbeing for our patients. It lowers stress and anxiety, it stimulates higher cortical functioning, it boosts the immune system, it decreases physical and emotional pain, it opens energy pathways that are blocked by disease/dysfunction/negative emotions, and it can reverse the effects of physical and emotional trauma. Still not convinced? Manual therapy is also beneficial to the clinician, it makes us more effective AND more efficient. Manual therapy allows us to thoroughly understand the biomechanics of human function and dysfunction, promotes lifelong learning (what better way is there to learn how to use your hands than to put said hands on ALL of your patients), and finally, it increases our professional self worth and job satisfaction when we know that we are making a difference in our patient’s lives.

In a world of evidence based intervention, we have overwhelming proof that “manual therapy AND exercise are significantly more beneficial than exercise alone.” Let’s remember that the elusive manual therapy is nothing new to our profession. Florence Kendall, our physical therapy foremother and leader in giving our profession roots and wings, once stated that “one should not consider him/herself to be a physical therapist if he/she is not touching each patient.” She believed that being a physical therapist meant that one was indeed a manual therapist (among other things) and that the distinction of calling oneself a manual therapist was moot. I believe, and Mrs. Kendall would most likely agree, that those of us not putting our hands on patients are obscuring our professional identity hindering our ability to MOVE FORWARD.

Exercise is beneficial, this we know; and when exercise is administered correctly, it is the core of our profession. But when our patients have pain, faulty posture, spinal malalignment, muscle tone imbalance, or poor muscle firing/movement patterns, and we don’t FIRST correct these clinical issues, then exercise can be detrimental to our patient’s recovery. Manual therapy is necessary to normalize the proprioceptive input into the nervous system. This is the most crucial goal of rehabilitation and one that should be achieved prior to the issuance of an exercise program. Whether you identify with McKenzie or Grimsby, Mulligan or Janda, Travell or Sarhmann, Paris or Gray, Barnes or any other leader in the world of manual therapy, the message is the same: it is essential that we put our hands on our patients.

A wise physical therapist once told me that exercising through pain or dysfunction is like poking a bruise over and over and hoping one day that bruise will just go away. It won’t. And as our patients tell us, “it didn’t help.”

By: Claire Melebeck, PT, DPT
JOIN THE DISCUSSION!!

Join the new LPTA Yahoo! Group to discuss current hot topics in physical therapy!

To join:

Go to our website, www.lpta.org, and click on the “Join Now” button for the Yahoo! Group.

Or

Go to our Yahoo! Group page, http://health.groups.yahoo.com/group/LPTA/ , and request to become a member!

If you have any problems or have questions, please contact the LPTA office, office@lpta.org or 225-922-4614.