President’s Message

I am composing this President’s Message as Combined Sections Meeting winds down in San Diego. What an amazing turnout in a perfect location! Once again, APTA and sections provided evidenced-based education and up-to-date information to attendees and component leaders.

These meetings always light a fire under us all, and this girl is no exception! As your President, I am privileged to attend meetings that educate me on what to bring back to you, my dear Louisiana Chapter. There is really no way to describe the learning that takes place and the idea-sharing among leaders from across the country, but I wish you all could come with me and see how hard your association is working for you and for all therapists and students across the country. I am truly blessed and want to shout it from the rooftops to all who will listen. So, here are some highlights from the education I received as a component leader.

As charged by House of Delegates in 2011, a Vision Task Force has been working on a new vision for the profession, which you can find at this link: www.apta.org/BeyondVision2020. Here is the proposed Vision Statement that will be presented to the House of Delegates this June for discussion. “The physical therapy profession will transform society by optimizing movement for all people of all ages to improve the human experience.” I encourage you to go to the website and look at the supporting statements that flesh out this vision then contact your delegates with your input.

Staff updated us on the latest federal and state legislative issues, a professional facilitator (!) presented on ways to be a more effective facilitator, and a certified nerd (!) educated us on the latest and greatest application software to make our presentations, organization, and efficiency better.

(continued on page 6...)

Written by: Beth Ward, PT, DPT

We would like to send out a big THANK YOU to all members who took the time to fill out their LPTA Survey! We had 255 participants, close to 25% of our membership! You are doing your part to help move our state’s professional organization forward! The winners of our $5 Starbuck’s gift cards are as follows:

- Alix Sorrel, PT
- Max McLeod, PT
- Deborah Diven, PTA
- Lynn Inzerella, PT
- Gus Gutierrez, PT, OCS, FAAOMPT
- Michael Conlin, PT
- Aimee Kramer, PT
- Monique Trahan, PT
- Shannon Walker Fox, PT
- Joshua Bryant, SPT

Also, a big congratulations to Mary Buller Kidder, PT who has won free registration to the LPTA Spring Meeting — The 2nd Sports Symposium in Lafayette, LA. Thanks again for your participation and feedback!

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LPTA MEMBERSHIP
Please continue to encourage your fellow PTs, PTAs and students to join or renew their APTA/LPTA membership!
“Each One Reach One!”

Active members
Current 712

Life Members
Current 31

PT Students
Current 185

PTAs
Current 81

PTA Students
Current 59

Total
Current 1,068

Oh what fun it is to be an LPTA/APTA member!
JOIN NOW!
UPCOMING EVENTS

2013

March 15-17
LPTA Spring Meeting
2nd Sports Symposium
Lafayette, LA
(see pages 18-19)

April 14-16
APTA Leadership Forum
Federal Advocacy Forum
Washington DC

June 26-28
APTA Annual Conference and
House of Delegates
Salt Lake City, UT

September 13-15
LPTA Fall State Meeting
Baton Rouge, LA

October 25-27
APTA National
Student Conclave
Louisville, KY

2014

February 3-6, 2014
APTA Combined
Sections Meeting
Las Vegas, NV

On March 8, 2013, the APTA will host the Innovation Summit: Collaborative Care Models, a groundbreaking event that will bring together physical therapists, physicians, large health systems, and policy makers to discuss the current and future role of physical therapy in integrated models of care.

YOU can attend virtually for 1.0 CEUs
Register now at apta.org

Join your colleagues as they gather in our nation’s capital for APTA’s annual Federal Advocacy Forum in Washington DC, April 14-16, 2013. This event is an opportunity to improve your advocacy skills and to lobby Congress on the many challenges facing the physical therapy profession.

At the FAF you will hear from decision makers on Capitol Hill, learn how to communicate effectively with your elected officials, receive updates on APTA’s legislative and regulatory activities, and then take your message directly to congress!

Learn from colleagues in a relaxed environment! Come to Salt Lake City June 26-29, 2013, and experience fresh, relevant sessions and energizing social events, or participate with selected sessions online with virtual conference. Registration opens in January 2013!
PTA Speak: What’s In a Name?

I guess it depends on who’s asking. PTAs are support staff or “care extenders” to the PT. This is true and simple enough. Maybe not though considering that, so are others from outside the profession. These others are not members of the APTA and LPTA. These others are also not licensed by the same regulatory board as PTs and have not acknowledged being bound by the same code of ethics. To people outside the profession, including reimbursement sources, other professionals, and consumers there may not be a clear picture of who PTAs are in comparison to other support personnel. I know some of you have experienced denied reimbursement for “PTA services” due to confusion with “PT Aide services”.

In our familiar declaration, “Vision 2020”, the description of the PT has clearly and distinctly recognized them as autonomous professionals within a doctoring profession. I think that the committee or task force that sat down to evolve that language could have possibly elevated the perception of the PTA within this doctoring profession in an appropriate way as well. I know that each chapter, including this one, has a “definition” for PTAs, PTs, and PT Aides. That may be fine, but as a profession at some point a few years back, we decided that, to really move forward, there needed to be an elevating “description” of the PT. So maybe the same is true for the PTA. Everyone is aware of PTAs being allowed an elevated level of autonomy with regards to the supervision requirements. CAPTE now seems to think that the educational curriculum for PTAs needs to include skills and background knowledge for treatment techniques that we all know are essential to a clinician that does have this level of treatment supervision (or level of independence). I think that these steps forward that have already been taken, as well as those that are inevitably in our future regarding education, warrant that the profession make a clear and distinct statement about why PTAs are the PT’s partner in the treatment setting, governance, and brand marketing.

Over the last few years, some PTAs have had their feelings hurt and felt threatened with some of the changes within the APTAs position statements. I wonder if those changes would have been received in the same way, had there been some elevating language for the PTA “description” beforehand confirming that our current and future position is not threatened. There has been much energy and time spent on trying to fight and oppose many of these changes in an effort to not be or feel left behind. I try to imagine our profession trying to move forward and separate ourselves from other caregivers and declare a definitive position within health care today without first making some of these types of declarations about the PT. It would seem to be the cliché of “putting the cart before the horse” scenario. I feel this may be the case with many of the challenges that PTAs feel threatened by. This type of declaration can, in my opinion, clarify why allowing other care extenders to play in our arena should not threaten our position within the profession as much as it may seem. I can’t think of any reason that anyone within the profession or association would have a problem with more clearly distinguishing the PTA from other care extenders. I think that when there are any questions regarding the PTA’s involvement in governance, reimbursement, educational advancements, scope of practice evolution, or simply position within the profession, the answers or conclusions that may be reached should start with a reference to who the APTA says we are. This next statement is one that you may have already heard if you were present at the last PTA meeting, and one that I have created with obvious influence from language from Vision 2020.

Submitted by: Jason Oliver, PTA Caucus Rep

(continued on page 6...)

Bayou Bulletin January/February 2013
Component Wrap-Up!

Aimee Kramer, Monroe District Chair — The Monroe District meeting was held at Glory Therapy hosted by Karl Kaufman, PT. With special guest, Beth Ward, our meeting came to order well represented by therapists from the entire Northeast LA region. Beth reviewed highlights from attending CSM in San Diego earlier this month. Medicaid and Medicare issues were hot topics of this meeting. Our friendly and comprehensive meeting allowed for excellent networking for our area therapists to succeed in provision of physical therapy services.

Lisa K. George, New Orleans District Chair — The New Orleans District will be putting on our first ever Physical Therapy Health Fair in October of 2013. It is our mission to increase public awareness of health and wellness, as well as our profession, during our very own National Physical Therapy Month. In true New Orleans style, this will be more of a health “festival” and we will be shamelessly promoting our amazing profession. We hope this will be the first of many LPTA sponsored health fairs, and we hope that we will create an easy-to-follow outline for carrying forth this event in other districts in our state!

Scott Kelly, Alexandria District Chair — By all accounts my first Alexandria District Meeting as acting chair went well. We had 18 people attend (125% increase in attendance) and State Representative Herbert Dixon attended and received his award for Legislator of the Year. Mr. Dixon was very sincere in his appreciation. He spoke about the importance of getting to know your legislators and giving to our PAC. We had an interesting open forum with good discussion. The local news covered the event. I got the opportunity to discuss increased involvement of the Louisiana College PTA students and building good relationships with our district professionals. Hopefully this was the start of an active and involved district. If anyone was unable to attend or was not notified, please contact me.

Althea Jones, Continuing Education Coordinator — We are currently trying to line up speakers for the fall and spring meetings of 2014 and 2015, as well as preparing for the upcoming Sports Symposium. Names of possible speakers for future meetings include but are not limited to Joshua Cleland, Carl De Rosa, Anthony Delitto, and Robert Donetelli. Please contact me or the Board to offer names of any great speakers that you feel would really impact our profession and our state. Thanks!

Danielle Morris, Baton Rouge District Chair — I am looking forward to serving as the new Baton Rouge District Representative. Keep an eye out for upcoming meetings and events. Baton Rouge now has five therapists certified as Child Passenger Safety Technicians who help children with disabilities to receive appropriate adaptive child restraints for travel in vehicles. Also, Baton Rouge therapists are gearing up for the upcoming Wheels to Succeed fundraising event that raises money to purchase bikes for people with disabilities. Hope to see you all soon.

Alix Sorrel, Lafayette District Chair — Ellen DevAlcourt, Masie Meaux, and I participated in a Lafayette career fair to educate 4,000 high school juniors on a career in physical therapy!
 (...)continued from page 4  PTA Speak: What’s in a Name?)

The American Physical Therapy Association recognizes that physical therapist assistants have the capability, ability, and responsibility to exercise professional judgment within their scope of practice under the supervision and plan of care of a physical therapist and to professionally act on that judgment. A physical therapist assistant is a formally educated, clinically trained, licensed and ethically bound professional clinician that is responsible for the implementation and progression of physical therapy services as directed by the supervising physical therapist and complies with all legal requirements of jurisdictions regulating the practice of physical therapy.

Support statement:

Any gray area in distinguishing members of the physical therapy profession does not support the vision of the profession with regards to utilization of care extenders. A profession that regulates the licensure of preferred support personnel needs clear and distinct clarification that supports and reflects the distinguishing differences in supervision requirements for physical therapist assistants that the APTA acknowledges as compared to other support personnel that are not licensed or members of the APTA. Members of the APTA include Physical Therapists and Physical Therapist Assistants. The role that licensed members of the profession including physical therapist assistants should be clear and reflect the professionalism and vision that is currently being advocated for by the APTA. This current lack of clear definition by the APTA has a negative impact on advancement of the profession in many arenas including:

Payment Policy — Direct Access — Health Policy

I know it’s a work in progress. I believe that any efforts for advancement and protection of the profession or the PTA will have a stronger “base of support” with this acknowledgement. I submitted it to the PTA caucus delegates during the summer as well as many other decision making peers and it is being considered. I welcome any questions, comments, complaints and curse words.

Email me at ptassistant@yahoo.com

(...)continued from page 1 President’s Message)

Leaders from other states reported on how they are doing things as relates to payment, governance, membership recruitment and retention. Paul Rockar, your APTA President, read us the new strategic plan, and John Barnes, CEO, reported on the financial health of APTA. There will be a new focus on reducing fraud and abuse in our profession, and there were governance proposal updates.

Overshadowing this CSM was, only a week before, the untimely passing of Dave Pariser, former LPTA President, winner of both LPTA’s Dave Warner Distinguished Service Award and Hall of Fame Award, and current APTA Director. He was Louisiana’s liaison from APTA’s Board and was a wonderful mentor to me over this past year. Please delve further in this issue to see a tribute to this great man’s life. May we all strive to serve as he served, to live as he lived.

As I begin the second year of my first term as your President, I hope you filled out the member survey because we have a facilitator from APTA coming to our Board retreat at the end of the month to assist us in developing a new strategic plan around your input. You will get to vote on the new plan at the Sports Symposium in mid-March where you will learn all the latest on ortho sports med in Lafayette. We plan to have group viewings of the virtual Innovations Summit March 8th across the state, and we will send folks to Washington, DC to legislate on federal issues affecting physical therapy in mid-April. I truly enjoy serving you and remain excited about our future as an active, adaptable, energetic Chapter!
Louisiana PT Program Accepts 2012 Challenge to Raise Funds for Research

By: Natalie Fuerst, SPT and Rachel Sand, SPT

A total of 68 schools participated in the 2011-2012 Pittsburgh-Marquette Challenge to raise $240,552 in support of the Foundation for Physical Therapy. The Foundation wishes to thank the students of Louisiana State University Health Science Center for their support of the Challenge. Since the Challenge began in 1989, students have raised a grand total of $2,315,752!

The annual Marquette Challenge is a grassroots fundraising effort coordinated and carried out by physical therapist and physical therapist assistant students across the country to support the Foundation for Physical Therapy’s mission of providing funding opportunities to outstanding physical therapist researchers. Jill Heathcock, PT, MPT, PhD, an assistant professor at The Ohio State University, is the recipient of the 2011 Pittsburgh-Marquette Challenge Research Grant. Her project, “Transcranial Magnetic Stimulation (TMS) on Children with Hemiparesis,” will study the effects of TMS, a new intervention in which a gentle electrical signal is sent to areas within the brain in order to relax tight muscles in children with cerebral palsy. The Challenge also funded a PODS II Scholarship in 2012 which went to Miriam Rafferty, PT, DPT, NCS, of the University of Illinois at Chicago. This scholarship is helping to fund Miriam’s PhD studies in neuroscience.

The first place winner of the 2011-2012 Pittsburgh-Marquette Challenge was, for the third straight year, the University of Pittsburgh, whose students raised $50,000. We welcome back the University of Pittsburgh as co-host for the upcoming 2012-2013 Challenge. Virginia Commonwealth University won second place, raising $14,288. Sacred Heart University students raised $13,822 and earned the third place title this year.

The Foundation for Physical Therapy was established in 1979 as a national, independent nonprofit organization dedicated to improving the quality and delivery of physical therapy care by providing support for scientifically-based and clinically-relevant physical therapy research and doctoral scholarships and fellowships.

Students of all PT and PTA programs in the State of Alabama are encouraged to support the Foundation for Physical Therapy and physical therapy research. Help us reach an overall goal of $2.5 million raised during the 25th anniversary of the Marquette Challenge! To learn how you can support the Challenge, please visit the Foundation’s Web site at www.Foundation4PT.org, or email Marquette student coordinators at meredith.loveless@marquette.edu or lisa.m.miller@marquette.edu. Contributions for the 2012-2013 Pittsburgh-Marquette Challenge should be submitted by April 22, 2013.

For more information, e-mail marquettechallenge@foundation4pt.org or call 800/875-1378.
REIMBURSEMENT CORNER

Two programs that CMS has implemented require your attention, as they both have financial/payment implications.

1. **PQRS: Physician Quality Reporting System** – If you are seeing patients under the Part B Medicare Program, you will need to start reporting on quality measures in 2013 in order to avoid a penalty and thus a decrease in payment for your services in the future. Medicare will use reporting data from 2013 to determine if a penalty will be assessed to your payments in 2015. If you do not participate in this program in 2013, then you will see an across the board reduction in your payment by 1.5% in 2015.

2. **Therapy Functional Reporting** – This is a new program by CMS to identify outcomes from PT, OT, SLP services that are paid under the Medicare Part B outpatient therapy benefit, including hospital outpatient departments and CORFs. The program began January 1, 2013 and has a 6 month testing period up to June 30, 2013. Beginning July 1, 2013, you will need to report your services to CMS as per this program in order to receive ANY payment for your services. According to CMS’s Preparing for Therapy Required Functional Reporting Implementation in CY 2013, “Claims will be returned/rejected without applicable G-codes and modifiers for dates of services on and after July 1, 2013.”

I encourage you to go to CMS.gov to find information about these two programs and also to visit APTA’s website for additional information. Therapy Functional Reporting information is included at: [www.cms.gov/Outreach-and-Education/Medicare](http://www.cms.gov/Outreach-and-Education/Medicare) and the pdf file is MM8005. You can type MM8005 into the search window and it will pull up the information on Therapy Functional Reporting. These are the two most reliable sources for preparing and implementing these into your practice. If you are billing Medicare for services, you must not ignore these two programs.

LAKE CHARLES DISTRICT MEETING

The meeting was held Tuesday, December 18, 2012 at the Lake Charles Public Central Library. The Library was a nice location with dedicated meeting space, quiet environment, and audio-visual equipment available. Attendance included 6 PT members, 1 PTA member, and 2 PT non-members. I highlighted the value of PT representation in our state legislative process and in our national legislative process and identified recent challenges in our state. I identified several volunteer members of our association that have been extremely influential in the outcome of recent challenges to our capacity to practice Physical Therapy and how support is necessary for the good of our profession. I noted an APTA statistic reporting that only 30% of licensed PT/PTAs in the United States belong to their professional association (APTA) compared to the Chiropractic Association, that has 75% membership. Food for thought!

A majority of the meeting was dedicated to two Medicare Programs: PQRS and the new Functional Limitation reporting for Medicare Part B services. I highlighted two important deadlines. For PQRS reporting, payment becomes a 1.5% decrease in the year 2015 if you do not report on the quality measures. This decrease will be based on successful reporting for the year 2013, though. So Part B billers must begin to report in 2013 in order to avoid the Medicare payment penalty in 2015. The other “hot off the press” program is Medicare’s Functional Limitation reporting. The program begins January 1, 2013 and continues to June 30, 2013 as a trial period for providers to get up to speed.

(continued on page 9...)

(...continued from page 8)

Beginning July 1, 2013, all Medicare part B services billed without Functional Limitation Reporting will be denied. So, as of July 1, 2013 all Medicare Part B billing will need to be done in accordance with Functional Limitation reporting or you will not get paid for your services. Finally, I discussed the APTA’s introduction and progress in developing an Alternative Payment Model for our services. This model would replace reimbursement based on CPT, and would attempt to bring payment for our services based on the severity and complexity of the patient condition, thereby accounting for skill and knowledge. It is a model that sparked some discussion. Most of the attendees were not aware of this effort. I encouraged them to go to APTA.org website to learn more about the Alternative Payment System and to watch their email from APTA re: this effort. Members can provide feedback. APTA stated that it sent an email survey to membership (~85,000), and only about 1.5% of membership responded. We must take responsibility for the growth and protection of our profession, as it is what provides us with the means to put food on the table. The government and insurers are not out there to protect the way we practice and how much we get paid for our work. WE MUST PROTECT OURSELVES!!!!

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@ptpnla.bcoxmail.com.

Written By: Jeremy Stillwell, Lake Charles District Chair
LPTA Spotlight: Dave Pariser, PT, PhD
In Memoriam

“It is with a heavy heart that I share the news of the sudden passing of our friend and colleague, APTA Board Member Dave Pariser, PT, PhD. Dave was an outstanding gentleman and professional whose friendship, devoted service, and leadership we will sorely miss.” —Paul Rockar Jr., APTA President

“Dave was so much to so many people and there is so much good that can be said about him. I admired much about him but at least two things always amazed me. One was his optimism. He had already gone through an inordinate amount of life altering tribulations but if you’d met him for the first time you’d never know it. I doubt many of his national colleagues have any idea what Dave had been through in his life. I doubt I can remember it all. No self pity, no moping, no "I don’t have time for that, I almost died last year" attitudes. He would come back, obtain his PhD, find a new teaching position and get elected to the APTA Board of Directors. During this last episode probably many of us had a false sense of security because he had been to a brink numerous times but had always come back even stronger. That could also be why it was such a shock to be told he didn’t make it. The other quality that amazed me which fits right in with his optimism was his drive and perseverance. I don’t know how he maintained his level of activity, getting his PhD while being an ever present father to his twins and being intimately involved in the LPTA and APTA and KPTA. All this while being a highly respected faculty member for 2 different PT schools. Yet through all this he never lost his sense of humor or his humbleness. His humor is legendary and that’s all I’ve got to say about that. How could you not love a guy who loved the Simpson’s and Forrest Gump? Dave was someone who was always put off by conceit, especially undeserved conceit. His wife Gina says he never forgot what Florence Kendall told him years ago when she slept over at their house. Dave had asked her "Do your neighbors know who you are; your importance to our profession?" She said humbly "My neighbors know I am physical therapist." Dave is the rare individual who wouldn’t want all this praise but deserves every bit of it. I will miss my friend, my colleague and my role model. He was a “best good buddy”. —Paul Hildreth, former LPTA President

“Words cannot begin to express the deep sadness we feel and heavy hearts we have at the loss of such a good friend and truly awesome person that was Dave Pariser. Dave was the consummate professional, leader, diplomat, colleague, educator and friend; that’s just the short list. Always there with a smile and a hug; always there to support and to lead; always there to uplift and encourage. The world now has a huge void without his presence, which in no way can ever be filled. We feel so very honored and privileged to have called him friend, and we deeply appreciate Gina, Ada and Kayla sharing him so unselfishly with us, his physical therapy family. He was indeed a prince among men and will never be forgotten. God bless his soul, and bless his sweet family. We love you and are here for you.” —Kinta Leblanc, Louisiana Delegate

“Dave Pariser was an amazing listener who mentored me during the first year of my Presidency. He had the unique advantage of having served in that role in the early 2000’s and was the APTA Board Liaison to the Louisiana Chapter. How thankful I am that he was able to be with our Board at our annual retreat in January of 2012 along with his dear friend Paul Hildreth as they discussed LPTA’s fight for direct access that we currently have. He also listened to concerns I had in that first year and always had a positive, helpful answer to guide me on the highest path. We shall all miss Dave's smiling face, optimistic attitude, spirit of service to his profession! Our thoughts and prayers remain with Gina and his twin girls. What an incredible loss, both personally and professionally!” —Beth Ward, LPTA President
“When I think of Dave Pariser, I immediately think of him serving as a mentor for all that he encountered. APTA had a formal mentoring program called “Members Mentoring Members” several years ago. I recall Dave frequently wearing the mentoring lapel pin even as the formality of the program began to fade away.

As a professor of physical therapy, he obviously educated many, many students in Louisiana and Kentucky. While serving as an educator, he was obviously a mentor to these same students as well. Physical Therapists across Louisiana remember Dave as their “favorite professor” while at LSU due to his commitment to the school, the profession, and each student individually. These young people could have chosen many others as mentors, but many of them chose Dave as their mentor!!!

As a physical therapist and tireless advocate for the profession, he was a mentor to all physical therapists. He gave of himself unselfishly to the Louisiana and Kentucky chapters year after year. His commitment continued with his recent election to national office as a director on the APTA Board of Directors. His mentoring in professional association participation has certainly been a model for me (and I am sure for many others) to follow as I grew and still grow professionally. Thank you for the guidance, advice, and support you gave me through the years as a young leader in association activities. I will never forget your many words of advice.

As a person, Dave was the best of the best!!! Never upset or mad and always taking the high road, he represented himself, his family, and his profession with the highest integrity and honor. He will forever be a mentor to everyone he knew and likely to those that never had the opportunity to meet him. Dave, I thank you for your friendship.

Until we meet again my friend, rest in peace and thanks for all you have done to mentor and shape my personal and professional life!!!” — Greg LeBlanc, former LPTA President

“There are two words that come to mind when I think of Dave: empathy and professionalism. Dave always took time to listen. It didn’t matter how busy he was, he simply stopped what he was doing and made time for that person. He made people feel like he had all the time in the world and he would allow nothing else to interfere. His feedback was thoughtful and he always provided a good perspective to your problem.

His devotion to his profession was simply amazing and as long as I have known him, he has been a tireless advocate for physical therapy. We could all aspire to be more like him by getting involved in the LPTA and APTA. But if not, at the very least, as a tribute to Dave, people who aren’t already members, should join.” — Jane Eason, Program Director LSUHSC-New Orleans

“When you were in conversation with Dave Pariser, he had the gift and ability to make you feel like you were the most important person in the world and no one else mattered. He was totally focused on you and no one else. Also, if Dave knew there was something that was troubling for you, he never failed to ask for an update and did so until he was satisfied it was fixed and ok, not just you were satisfied.” — David Qualls, Chief Louisiana Delegate

Respectfully submitted by friends, colleagues, and students of Dave Pariser
Inspired By Dr. King...

I have a dream that one day therapists, therapist assistants, and students in the state of Louisiana are all members of APTA/LPTA. Membership in one’s professional association is of utmost importance for us to have a voice in the workings, promotion, advocacy, and professional development of the therapists in this state.

I have a dream that one day therapists, therapist assistants, and students take charge of their own responsibilities regarding their practice/education and not continually seek clarification on issues when they are the ones that should be doing the research and seeking the answers and sharing what they are learning with all of us. We are all in this boat together; together we sink or swim.

I have a dream that communication lines are open and honest between and among factions within our state, between the licensure/regulatory Board and the LPTA, between those members in private practice and those who practice in hospital settings, among therapists who have differing interests and opinions.

I have a dream that one day members will utilize the various forms of communication that LPTA has set up for them to utilize so that fingers are not pointed accusing the association of lack of communication or poor communication when we have set up Twitter, Yahoo!Groups, Facebook Groups (for students, PTA’s and general therapists), Bayou Bulletin, and our LPTA website that are grossly underutilized or not read.

I have a dream that one day therapists, therapist assistants, and students take an active role in advocating for their profession by not only giving monetarily to the state and federal PT-PACS but also form relationships with the senators and representatives in their districts, realizing that this is the only way to affect change in the legislative process and protect our beloved profession from outside encroachment. If we do not sell ourselves to politicians who make the laws, we do not have a fighting chance in an ever-changing legislative arena. I even dream that therapists themselves become so embroiled in the politics of it all to run for office in this state and nationally.

I have a dream that members with special interests in this state form SIGS (Special Interest Groups) that meet twice a year at our state meetings as cohesive, evidence-based, idea-sharing groups, that may hold SIG-specific meetings throughout the state in various districts to special interest populations, and that even get their own speakers perhaps to speak at meetings to attract and support LPTA’s efforts. There are other chapters that have very strong SIG interest and have a variety of SIGS, from ortho, manual therapy, pediatrics, geriatrics, sports med, aquatics, hand therapy, etc. What is your interest? Believe me, there are others in the state that have the same interest and passion as you do; find them; network. This adds value to your membership!

I have a dream that more members become involved at the state and national levels to truly discern the issues and to receive the amazing education provided by APTA in managing chapter issues. The enthusiasm must begin in the districts, the schools, and the individual clinics that encourage members to do research to advance the profession, to advocate strongly on issues and to seek the answers to tough questions that affect our profession.

I have a dream that one day Louisiana will be a leader and model of the most exemplary practice of physical therapy that a state can be! Fraud and abuse is rampant in our profession and until we hold everyone accountable, we all lose. Professionalism is of utmost importance. From the way we dress at professional events to the way we communicate at national meetings, our actions speak loudly.

I have a dream that one day members will realize this is THEIR association, and that volunteer members run it from the smallest jobs that last a day, to the President of APTA. We are all working, practicing clinicians doing our best to serve you, the members. We cannot do it without your participation and enthusiasm and ideas. We, your leaders, come from where we are, we do our best to learn as rapidly as possible, and we try to serve with LPTA membership in mind, unselfishly and reverently.

I borrow Dr. Martin Luther King’s format in partial response to the comments from the state member survey recently received. Twenty-five percent of the membership completed the survey, which I am told is a good number, but we are basing our strategic plan from 255 people’s input. Eleanor Roosevelt once said, “Great minds discuss ideas; average minds discuss events; small minds discuss people.” What are you discussing? Can you take it up a notch? Let’s get something going, Louisiana!!

Respectfully submitted by: Beth Ward, PT, DPT
Louisiana Orthopaedic Specialists is seeking staff physical therapist to work in our outpatient orthopaedic clinic. Prefer 3+ years experience and an interest in working closely with a fellowship trained sports medicine surgeon; however, all applicants will be considered regardless of experience. LOS is a practice of subspecialty, fellowship-trained orthopaedic surgeons with an emphasis on focused training and superior patient care. We are located in a new custom built facility in Lafayette. Continuing education and professional development are emphasized. Competitive salary, benefits, and incentive bonus are available.

Inquiries should be directed to Gary Guidry, OTR, CHT.

Email: gguidry@laorthospec.com, Phone: 337-889-3107

A Dave Pariser Memorial Scholarship Fund has been set up in memory of Dave at the LSUHSC – New Orleans campus. We anticipate using this fund to provide one student scholarship a year to a student who demonstrates exceptional professional behaviors as well as personal characteristics of empathy, compassion and goodwill.

To make an online contribution to the Scholarship fund, go to the Foundation website and at the top right hand side of the page, there is purple box with the words “Donate Now”. Choose the amount of the donation and choose the designated fund, the Dave Pariser Memorial Scholarship Fund.

http://www.lsuhealthfoundation.org/?dt=1360008523433

You can also make donations by mail. Make sure to indicate on the memo line that the donation is to go to the Dave Pariser Memorial Scholarship Fund:

The Foundation for the LSU Health Sciences Center
450A South Claiborne Avenue
New Orleans, LA 70112
Soapbox: The Joint Mobilization Debate!

Many of you that take the time to read articles like this have probably also read the CAPTE statement released in 2012 that says:

“As the preferred extender of physical therapy services, physical therapist assistants (PTAs) are educated and licensed to deliver physical therapy interventions within the plan of care designed by the physical therapist (PT). To safely and effectively fulfill this role, the PTA must possess knowledge of the rationale for all components of the treatment plan and their expected outcomes, as well as the psychomotor skills needed to perform components of the treatment plan as directed by the physical therapist. The Commission on Accreditation in Physical Therapy Education (CAPTE) believes that the knowledge of the entry-level PTA should include the rationale for manual therapy procedures such as soft tissue and non-thrust joint mobilization techniques. Furthermore, the Commission believes that it is not inappropriate to train PTAs to perform soft tissue mobilization or to manually assist the PT in the delivery of joint mobilization procedures (i.e., assist with patient positioning, stabilization, or grade 1-2 movements). CAPTE does not support the inclusion of educational objectives or learning experiences in the entry-level PTA curriculum that are intended to prepare the PTA to perform grades 3-5 (thrust) procedures.

Rationale: Given the current trends in practice patterns of the physical therapist assistant (PTA) that have been identified by the Federation of State Boards of Physical Therapy (FSBPT) and other entities, the Commission believes it is appropriate for PTA educational programs to include curricular content related to the rationale for joint mobilization procedures that are commonly included in the physical therapist’s plan of care, in order to adequately monitor patient responses to these treatment procedures. In addition, CAPTE believes that grade I and II peripheral joint mobilization techniques do not necessarily require the level of expertise of a physical therapist because these techniques do not require the application of manual pressure or force at the end range of a tissue restriction that may produce an adverse patient response. Furthermore, these types of peripheral joint mobilization techniques are often included in a patient's home program which the PTA may be asked to teach or monitor. Thus, CAPTE does not object to the inclusion of course objectives or learning experiences in the PTA curriculum that are intended to teach these psychomotor skills to students enrolled in their programs, nor does CAPTE object to testing student competence when performing these (grades I and II) skills. However, CAPTE does not endorse the inclusion of curricular objectives or learning experiences related to the delivery of more complex (i.e., grade III and above) peripheral or spinal joint mobilization techniques that require the skill level of a physical therapist and ongoing assessment of the patient’s response.”

You probably also read PT in Motion’s December 2012 article on the subject although it was titled “The Joint Manipulation Debate”. I don’t seriously think that anyone involved here is considering PTAs doing joint “manipulations”. I’m not sure if the terminology was botched or purposely written incorrectly to draw PANIC!!?? If you read the online version of the article, you also, read and maybe contributed to the comment thread that was attached to it. Of course in today’s world of uninhibited online “chat”, people don’t hold back and feel free to really say what’s on their mind more so than in person. There were arguments for and against PTAs providing mobilizations. Some points made good sense from both sides and some were out in left field from both sides. A typical gathering of passionate professionals.

Reading through this heated and “opinionated” debate, I find that while “wading” through the thick of it I see that there are multiple agendas at work here. The ever present turf battle is just as evident between 1) PTs and PTAs as it is between 2) PTs and Chiropractors. There is also an obvious air of “pecking order” between 3) CAPTE, 4) FSBPT, 5) Local Chapter Associations and 6) APTA.

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Considering all of the arguments for and against the notion of PTAs being educated, trained and able to perform peripheral joint mobilizations (not manipulations), I can say that there is a thick fog that obstructs the view of what the issue is at hand.

Historically, and through the 1990s, PTAs were educated and trained to do joint mobilizations in school and then they were not because it was not considered to be an “entry level skill”. Local chapters may or may not have expressed their opinion on it, leaving its carry over into the workplace to the discretion of the supervising PT. This is consistent with APTA’s view that PTs are “practitioners characterized by independent self-determined professional judgment and action; and recognizes that physical therapists have the capability, ability, and responsibility to exercise professional judgment within their scope of practice and to professionally act on that judgment.” Yet, APTA’s position statement regarding the PTs scope of practice holds peripheral joint mobilization as exclusive to the PT. This opinion is based on the idea that the technique at any level requires “immediate and constant examination and evaluation throughout the intervention” which (if worded this way), means not within the scope of practice for a PTA. In my opinion, this is an assumption that this is appropriate use of the words “examination” and “evaluation”, which I think is a stretch. The same argument could just as effectively be used in reference to PROM/ Stretching, use of manual muscle testing, manual resistance training, or manual AAROM in treating any joint pathology. I think that the reason the same argument isn’t used against PTAs providing those treatments is that they are not in the short list of treatment techniques exclusive to the PT. I also think that it is agreed that the right PTA, with the right experience, can be more than competent to provide those treatment techniques. I don’t think that any respectable clinician would disagree that while handling an acute and recent rotator cuff repair even for PROM requires experienced psychomotor skills, and constant assessment of patient response, pain tolerance, muscle guarding, soft tissue integrity, and joint mobility. This is just as true as is with joint mobilizations.

I think that CAPTE’s rationale that Grades I & II are low level and wouldn’t require the immediate and constant monitoring of patient response actually hurts the viability of this proposed educational change. I think that by even suggesting that grades III and IV are more complex and are only for more acute pathologies and therefore require a higher level of skill gives the impression that the understanding of clinical application of joint mobilizations by CAPTE may be lacking. This doesn’t help in the discussion of APTA reconsidering its position statement on the subject. In fact, it strengthens the opinion of many that CAPTE shouldn’t contradict the APTA with regards to their positions on standards of practice. I am disappointed that CAPTE put this opinion out there in this way. If joint mobilizations need to be re-introduced to PTA schools, grades 1 through 4 should be in the curriculum to provide an adequate base of knowledge for students that can be built upon by their future mentors. It’s time to acknowledge that this is positive for the profession and the patient. This discussion should begin with the questionable application of the word evaluation and the unquestionable and already clearly established PT accountability.

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FSBPT’s conclusion from their “analysis of practice” points out a reality in today’s practice in my opinion. The survey used in the decision may be criticized as being inconclusive but, the fact of the matter is that if part of the PTA population has been educated on a treatment technique and has been able to gain experience in using it, and recent graduates and current PTA students have not, there is a problem. There is a problem with what is expected by employers and CIs compared to what students and graduates have been taught. There is a gap between the level of supervision/responsibility that is given to PTAs and what the APTA gives as “opinion” of their scope of practice. Who suffers because of this? The Patient does. I think that many of the details about what is within PT and PTA scope of practice or “job description” should be left to state practice act discretion.

This is quoted from the online version of the same article in December 2012s PT in Motion.

“Safety, according to the Federation of State Boards of Physical Therapy (FSBPT) is a primary reason for the ”analysis of practice” it conducts approximately every 5 years. FSBPT is responsible for creating and administering the national licensure exams for both PTs and PTAs. The analyses employ surveys sent to licensed PTs and PTAs to identify “critical work activities” of entry-level practitioners and ”determine the knowledge and skills important for providing safe and effective care.” Each time the FSBPT conducts an analysis, it uses the results to update the questions on its exams. The group’s most recent set of surveys, completed in 2011, found that 42% (294) of PTA respondents performed peripheral mobilization/manipulation (non-thrust) at a frequency level of 1.26 (between ”a few times a year” and ”once a month”) and a 3.76 importance rating for safe and effective care (between ”important” and ”very important”), and 28% (192) of PTA respondents performed spinal mobilization/manipulation (non-thrust) at a frequency level of .78 (between ”never” and ”a few times a year”) and with a 3.81 importance rating (between ”important” and ”very important”).

I think that there is a real possibility that this survey may have even underestimated the percentage PTAs using manual therapy techniques. Those that are aware of the APTA’s position on the topic may have not answered honestly.

Perspective:

Not all clinicians are created equal. Whether comparing, neurosurgeons, orthopedic surgeons, Physical Therapists, or Physical Therapist Assistants, regardless of the quality of one’s educational experience, there are those that fulfill the minimal requirements after graduation and those that take their education and evolve it into the skill of quality care.

Quality care in physical therapy in my opinion, involves putting your hands on your patients, listening to their complaints, their opinions, their history, and the details about their individual circumstances throughout the duration of the intervention. Some assessment skills are not learned in class or in Lab. Mastering some assessment skills takes years of patient interactions that can only happen after graduation. I mean after graduating with an associate’s degree or even a doctorate. Every moment that we spend with our patients is an opportunity to learn about their condition. The most thorough and detailed evaluation cannot reveal all that is to be learned as time passes and as responses to treatments are observed. Although the difference in the education levels of PTAs and PTs is great, without the constant assessment of patients by PTAs, between PT visits, and its documentation, quality of patient care would not be as good as it is.

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Bayou Bulletin January/February 2013
Having a background in A&P and pathophysiology, as well as experience in observing symptom differentiation enables a PTA to make modifications within the POC visit by visit to give the patient the most successful care and have confidence in all that are involved. Patients have good days and bad days, they have accidents outside the clinic, and their status continuously fluctuates during the healing process. Every detail about every visit cannot be immediately conveyed to the treating PT even if the PT is on site. A PTA must have and use good clinical decision making skills daily to be able to function. To be a clinician that is able to orchestrate the PT’s POC independently and effectively, immediate and constant assessment skills are a must.

Interchanging the word “assessment” with “evaluation” in an attempt to limit PTAs scope of practice, does not change the fact that many PTAs can be consistently competent and safe in using peripheral joint mobilizations and should use them if they are expected to provide quality care. The same patients that are a risk for injury at the hands of incompetent clinicians are just as much at risk when joint mobilizations are not utilized.

I think that at this point in the evolution of our profession with the level of autonomy and accountability maintained by PTs, scope of practice shouldn’t be a battle amongst us. We are partners in this profession. We all know what patients need for the most successful outcomes and who is best suited at providing it in each instance. Not acknowledging this would cost the patient in the long run. Patient safety is accounted for just as it is when part of the POC is PROM, manual AAROM, manual Resisted ROM and the like. PT’s are accountable for who handles their patients and who does not. Let’s not over govern ourselves here.

If you can’t tell, I think that the right PTAs that are trained and mentored by the right PTs should be able to do grade 1 through 4 mobilizations to the right patients at the right time. It is obvious that including the background education in the PTAs curriculum is what’s best for the profession but does not ensure that every PTA will be able or even want to pursue the appropriate training and mentorship required to competently put it to use. I had an excellent guest lecturer in PTA school present the background concepts for teaching kegel exercises and measuring their outcomes by dynamometer. That did not give anyone in that class room, especially me, the idea that they could do a little PRN pelvic floor work once licensed.

Respectfully submitted by: Jason Oliver, PTA Caucus Rep

LPTA Members!

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

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