President’s Message

The Louisiana legislative session is winding down as I write this, with only one more week to go. I refer you to Cristina Faucheux’s article on page 10 regarding the session and the journey of the two bills LPTA had been responsible for filing. I cannot thank enough those folks who made this legislative session the success it was: Cristina Faucheux, The Tatman Group, Justin Elliot at APTA, and all of you in this state who wrote emails, made phone calls, visited their legislators, and showed up at the Capitol! We had a great grass roots effort, which we will need to build upon for next year’s push for improved consumer access to our services. You will hear much more about what you can do as we plan for next year at district meetings this year, and through FB and email. Thank you for your membership that makes all our advocacy efforts possible!

Students from programs across the state have or are graduating, and as an association, we wish you all well! Take advantage of the half-price transitional membership in your first year out of school, and be sure you are a member of a section or two that is in your area of interest. Stay active and involved through your first five years as a New Professional. APTA has a wealth of resources for you during your formative years in the profession. Take advantage of all that is offered to increase your knowledge base and clinical skills. Best of luck in passing your Board exam. You are well prepared by the best instructors in the country!

There have been some changes in the LPTA office staff, and please read the Spotlight thank-you article on Melinda Wilk who has served us well over the past 4 years. She is still with association management, but is serving in another capacity. Also read Claire’s “component wrap-up” piece welcoming Carrie Broussard who will take Melinda’s place as Association Coordinator.

(continued on page 7)

Written by: Beth Ward, PT, DPT
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Bayou Bulletin Publisher Information
The Bayou Bulletin is published six times a year by the LPTA. Copy and advertising inquiries should be directed to LPTA. Advertising rate sheets and deadlines for each issue are available upon request.

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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  737

Life Members
Current  31

Students
Current 210

PTAs
Current  97

Total
Current  1,075

Hats off to the APTA/LPTA for just plain being awesome...
JOIN NOW!
UPCOMING EVENTS

2013

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

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

September 15-17
State Policy and Payment Forum
Omaha, NE

October 25-27
APTA National Student Conclave
Louisville, KY

2014

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

March 14-16, 2014
LPTA Spring State Meeting
Lafayette, LA
Hilton Lafayette

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!

This event is designed to increase your involvement in and knowledge of state legislative issues that have an impact on the practice and payment of physical therapy, and to improve your advocacy efforts at the state level. Programming will focus on PT payment & legislative issues at the state level and will include presentations on physical therapy copay legislation, emerging scope of practice issues, Medicaid, state insurance exchanges, telehealth, infringement issues, and much more!

You will hear from influential public policy makers and other physical therapy advocates, collaborate with colleagues in developing your chapter or section's advocacy efforts, and network with other professionals from across the country. Chapter presidents, legislative chairs, reimbursement chairs, chapter executives, lobbyists, students and anyone interested in state-level advocacy should attend!

Learn! NSC is an unforgettable weekend of learning and fun—beyond the classroom.

Network! You'll meet students and practitioners from across the nation that share your interests and your outlook for the profession!

Explore! Job opportunities and new technology await you in the Exhibit Hall.

Encounter! Experienced APTA members share tips to polish both your résumé and your interviewing skills!

Discover! You'll find your niche in physical therapy through interactive seminars led by the profession's best and brightest, including sessions highlighting 9 clinical areas!
Component/District Wrap-Up!

Lisa K. George, New Orleans District Chair

Hello and welcome to summer! I would like to continue to draw attention to this coming PT Awareness Month in October and the potential to do a New Orleans based PT Health and Wellness Fair. Please contact me if you or your company would be interested in showcasing your specialty at this event. This event will be open to physicians, case managers, and the general public and will be targeted to increase awareness of our profession!

Please make plans to attend the next N.O. District Meeting on Tuesday, June 25th (location TBD, if your facility is interested in hosting this event, please contact me right away!). Our featured speaker will be Lori Gardiner, MS, RD, LDN. Lori is a published, Registered Dietician and will be talking to us about the importance of nutrition for our physical therapy patients and how to go about giving our patients the best guidance in this area.

Maisie Meaux Hargett, Lafayette District Chair

Lafayette had its first district social. Great turn out with lots of input to get local physical therapists more involved in the community. Be on the look out for articles in local magazines from some of your peers!

We are also currently in the process of finding a local race to volunteer our services. Anyone interested in participating or providing additional information to a specific event please call (337) 856-1717.

Danielle Morris, Baton Rouge District Chair

Physical therapists from across the city filled the room at our recent Baton Rouge district meeting! We discussed recent and ongoing legislative issues and suggested ways to network with legislators and other community members, as we work to increase public awareness about the profession of physical therapy and to advocate for our patient access bill. As we discussed our plan for PT month, we also identified a need to reach out to physical therapists across our state to include LPTA members and non members, to promote a collaborative effort in promoting our profession through our patient access bill. Stay tuned for more information regarding our final plans for PT month.

Aimee Kramer, Monroe District Chair

Shane Hogan is an outpatient physical therapist practicing at Glenwood Regional Medical Center in West Monroe. In collaboration with local physician, Dr. Ellerbe, he has been active in the community educating adults on the benefits of physical therapy for alleviating lower back pain. As a practicing physical therapist for nine years, Shane uses small informational sessions to advocate for our profession. He enjoys being a member of the LPTA to stay informed of changing policies for reimbursement and information on the latest evidence based practice.
Component/District Wrap-Up!

Claire Melebeck, Newsletter Chair

We would like to extend a big welcome to Carrie Broussard, LPTA’s new Association Coordinator (and newsletter editor). Carrie is a life-long resident of Baton Rouge and is a graduate of the great LSU where she studied political science. She has shown passion and presence in local and state government as well as non-profit organizations. Carrie will be filling the oh-so-large shoes of Melinda Wilk and will be assisting in the management and administrative needs of the LPTA. She states that she is “excited to be working with an association closely related to health and physical activity in Louisiana.” She can be reached via email at office@lpta.org to field any questions/feedback/concerns.

Jason Oliver, PTA Caucus Representative

The PTA caucus will be in attendance at the APTA house of delegates in June to represent the PTA voice in The association. I will again be there on behalf of you Louisiana PTAs. Thank you all for being members and allowing me to represent you! Watch for updates on the Louisiana PTA page on Facebook. I’ll see y’all at the fall meeting!

Jake McKenzie, Outgoing Membership Chair

We would like to wish Jake well as he follows his heart to north Louisiana. He is unable to fulfill his role as Membership Chair in the LPTA, and thus we are looking for an eager and enthusiastic member to take the reins. If you are interested in being considered for this appointed position, please let the office know BY JULY 15! This is a great opportunity to get involved and help our association grow! If you would like more information about what this position entails, please call Beth Ward at 318-470-9427.

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
ENCOURAGE YOUR COLLEAGUES TO JOIN THE APTA and LPTA!

Every man owes part of his time and money to the business of the industry in which he is engaged. No man has the moral right to withhold his support from an organization that is trying to improve conditions within his sphere. – Teddy Roosevelt

Federal Advocacy Forum

On April 15th and 16th I had the privilege of attending the APTA Federal Advocacy Forum with our Louisiana delegation. This was my 12th forum and probably this one offered the most potential for change. You have probably heard that the wheels on congress turn slow, and after 12 years going to Washington I was beginning to wonder if they were turning at all. But this year there was a sense of change in the air. I was joined in Washington DC by Beth Ward, Sharon Dunn, Larry Richardson and Chaffie Jenkins, a student from Ville Platte LA. Even though it was the first conference for Larry and Chaffie they performed like they had lobbied all their lives.

Our Louisiana delegation was extremely efficient in getting our message to our congressional leaders in the US House and Senate. We lobbied this year on the Medicare Access to Rehabilitation Service (a bill to repeal the Medicare Therapy Cap), Physical Therapy Workforce and Patient Access Act (a bill to add PT to the National Health Service Corps and repay loans of therapist who work in rural area of our state), and establishing the APTA as a critical player in reforming the Sustainable Growth Rate formula.

The APTA works hard in DC to get your voice heard by our Senators and Representatives. They work tirelessly to move the association into the forefront of the US Congress. Please stay involved in the APTA and with the LPTA on the state level. We need everyone to stand together to have our voices heard and get our message out. If you are interested in getting more involved as a Key Contact (that is a therapist who may know a member of Congress or treated a member or their families), please contact the LPTA to find out how to get more involved.

Respectfully submitted by: Billy Naquin, Federal Affairs Liaison

LPTA Members!

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

Have something to say? Join now!
http://health.groups.yahoo.com/group/LPTA/
(President’s Message, continued from page 1)

We thank them both and Bland O’Connor for their commitment to LPTA and their attention to detail in helping us run our association. We would not be such a strong association without their help.

Your delegates met on June 1 in Baton Rouge in preparation for the House of Delegates June 23-26 in Salt Lake City, UT. There are 30 RC’s before the House this year, and new candidates for Secretary, Vice-Speaker, 2 new Directors, and 2 Nomination Committee members. Your delegates are happy to represent you at the national level and appreciate the confidence you place in us. A full report of House happenings will be in the next issue from David Qualls, Chief Delegate.

Executive Committee and Finance Committee meet in mid-July and at that time we not only work on the budget for the upcoming year, but we also decide on award winners, so please take a minute to think about someone you know who might be a perfect candidate for an award to be presented at Fall Meeting this year. Check out LPTA’s webpage for the list of awards and the requirements for submission. Please submit your candidate ASAP!

I want you to look carefully at LPTA’s website moving forward. There will be some positive changes that you should enjoy; these things will bring more traffic to our website, and hopefully increase membership. We shot a video at the Spring Sports Symposium promoting membership, letting folks know what it is that APTA/LPTA do, and soon that should be up on the website. Also, we have contracted with a company to have a career center there on the website which will help employers with recruiting good talent plus will enable those searching for employment to put their resume forward for consideration! Two quite positive changes there!

As your President, I am here to serve you. I remain committed to trying to be as transparent as possible, and the LPTA Facebook page is booming. If you are not on there, you are missing wonderful conversations and updates. Please, if you have any questions or concerns, do not hesitate to contact me at bethwardpt@gmail.com or (318) 470-9427. I’m here for you, and if I do not know the answer to your question, I do know where to direct you to find it! Thanks for your trust in me.

This year, the 2013 Annual Conference of the Private Practice Section will be held in New Orleans, LA. Registration is now open to all physical therapists and assistants—discounts are given to APTA and Private Practice Section Members!

Please visit www.ppsapta.org and click on the “2013 Annual Conference” tab on the left. Here you will find information about the schedule of events, educational sessions, speakers, exhibitors, and registration.
G-Codes: Functional Limitation Reporting Under Medicare

General Information

As of January 1, 2013, practice settings that provide outpatient therapy services must include on claim forms information regarding the beneficiary’s function and condition, therapy services furnished, and outcomes achieved. The functional limitation reporting must be completed on evaluation, every 10th visit, and at discharge. All practice settings that provide outpatient therapy services must include this information on the claim form. Specifically, the policy will apply to physical therapy, occupational therapy, and speech-language-pathology services furnished in hospitals, critical access hospitals, skilled nursing facilities, comprehensive outpatient rehabilitation facilities (CORFs), rehabilitation agencies, home health agencies (when the beneficiary is not under a home health plan of care), and in private offices of therapists, physicians, and non-physician practitioners. For further information on these new reporting requirements, see our Functional Limitation Reporting Under Medicare webpage.

The Law: The Middle Class Tax Relief and Jobs Creation Act (MCTRJCA) of 2012

The Centers for Medicare and Medicaid Services (CMS) was mandated to collect information regarding the beneficiaries function and condition, therapy services furnished, and outcomes achieved on patient function on the claim forms by the MCTRJCA of 2012. CMS intends to utilize this information in the future to reform payment for outpatient therapy services. All practice settings that provide outpatient therapy services must include this information on the claim form. Specifically, the policy will apply to physical therapy, occupational therapy, and speech-language-pathology (SLP) services furnished in hospitals, critical access hospitals, skilled nursing facilities, comprehensive outpatient rehabilitation facilities (CORFs), rehabilitation agencies, home health agencies (when the beneficiary is not under a home health plan of care), and in private offices of therapists, physicians and non-physician practitioners.

What are G-Codes?

A G-code is a combination of a functional descriptor code and a severity code that is based on a functional assessment tool that you as a therapist have chose. One should select the G-code set for the functional limitation that most clearly relates to the primary functional limitation being treated or the one that is the primary reason for treatment. When the beneficiary has more that one functional limitation, the therapist may need to make a determination as to which functional limitation is primary

• most clinically relevant to a successful outcome for the beneficiary;
• the one that would yield the quickest or greatest functional progress; or
• the one that is of greatest priority to the beneficiary.

Under this new rule non-payable G-codes and modifiers will be included on the claim forms to capture data on the beneficiary’s functional limitations: 1. at the outset of the therapy episode; 2. at a minimum every 10th visit; 3. at discharge; 4. when an evaluative procedure, including a re-evaluation is furnished and billed; 5. at the time reporting of a particular functional limitation is ended in cases where the need for further treatment is necessary; and/or 6. at the time reporting is begun for a new or different functional limitation within the same episode of care.

Frequently Asked Questions:

When do I start reporting this information? The reporting of the functional limitations on the claim form was implemented on January 1, 2013. To assure smooth transition, CMS sets forth a testing period from January 1, 2013 through July 1, 2013. After July 1, 2013, claims submitted without the appropriate G-codes and modifiers will be returned unpaid.
How do I report this information? Under this new rule non-payable G-codes and modifiers will be included on the claim form to capture data on the beneficiary's functional limitations.

What do I do if the primary functional limitation I identified has resolved, but I am continuing to treat for a secondary or subsequent functional limitation? In situations where treatment continues after the treatment goal is achieved for the primary functional limitation or progress towards the goal is maximized, reporting should be ended on the primary functional limitation. Reporting will be required for the subsequent functional limitation to begin on the next treatment day (or visit) following the submission of the end of reporting codes on the primary functional limitation. Thus, reporting on more than one functional limitation may be required for some patients, but not simultaneously. Instead, once reporting on the primary functional limitation is complete, the therapist will begin reporting on a subsequent functional limitation using another set of G-codes.

What are the specific G-codes for current status, goal, and discharge for each functional set?

“Mobility” G-code set:
- Functional limitations in walking and moving around
  - G8978 current status;
  - G8979 goal status;
  - G8980 D/C status

“Changing & Maintaining Body Position” G-code set:
- Functional limitations in changing body position and maintaining body position
  - G8981 current status;
  - G8982 goal status;
  - G8983 D/C status

“Carrying, Moving & Handling Objects” G-code set:
- Functional limitations in carrying objects, moving objects, and manipulating/handling objects
  - G8984 current status;
  - G8985 goal status;
  - G8986 D/C status

“Self Care” G-code Set:
- Functional limitations in self care activities
  - G8987 current status;
  - G8988 goal status;
  - G8989 D/C status

“Other PT/OT Primary Functional Limitation” G-code Set:
- PRIMARY functional limitation that does not fit into any of the above categories (ex: pain)
  - G8990 current status;
  - G8991 goal status;
  - G8992 D/C status

“Other PT/OT Subsequent Functional Limitation” G-code Set:
- SUBSEQUENT functional limitation that continues to be an issue for the patient after goals are met for the initial primary functional limitation.
  - G8993 current status;
  - G8994 goal status;
  - G8995 D/C status

(continued on page 10 and 11)
Governmental Affairs Report

As of this writing, the 2013 legislative session has ended. The legislature adjourned on Thursday, June 6, 2013. The majority of the discussions in this session focused on how to address the budget deficit. In addition, Medicaid Expansion Bills were heard in both the House and Senate. The bills that were related to physical therapy are as follows:

HB 121: Authored by Rep. Montoucet appointed a Physical Therapist to the Workers’ Compensation Advisory Council. This bill passed the House and Senate Labor Committee. The bill had some challenges to overcome. In the end, a compromise was reached with interested parties and a physical therapist will be appointed to the Workers’ Compensation Advisory Council for a 2 year term.

HB 375: Authored by Rep. Hoffman provided for Early Steps and authorized cost participation. The bill has been sent to the Governor for approval.

HB 569: Authored by Rep. Brown removes the referral requirement for physical therapy. This Bill was voluntarily deferred in House Health and Welfare due to not being able to hold the necessary votes for a successful passage.

SB 262 (Substituted for SB 181): Authored by Sen. Cortez provided for the qualifications and duties of the Medical Director within the Office of Workers’ Compensation. A provision was added that stated “the payor shall authorize an evaluation and management visit from the treating physician following the last authorized physical therapy treatment in order to determine if the patient is improving as a result of physical therapy treatments authorized and if more physical therapy treatments are medically necessary”. This bill passed the Senate Labor Committee and Senate Floor. Before the bill was heard in the House, the Worker’s Compensation Advisory Council and the Medical Advisory Council were able to develop an alternate plan to address the physical therapy treatment issue under rules and regulations.

Thank you for all the support this legislative session. Special appreciation and recognition goes to David Tatman, your LPTA lobbyist, and his outstanding and dynamic team. David, Kathleen, and Kelli’s tremendous dedication and insightful ideas helped us continue to nurture legislative relationships and allowed us to maneuver through this session unscathed. In summary, I leave you all with this thought...We have the power within, but the secret of success is to employ our power and talents and be prepared for opportunity when it comes- Walter Matthews

Written by: Cristina Faucheux, Government Affairs Chair

How is the patient’s functional limitation severity reported? Functional limitation severity is reports using one of seven modifier codes seen in the table below.

<table>
<thead>
<tr>
<th>Severity/Complexity Modifier</th>
<th>Impairment Limitation Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH</td>
<td>0% Impaired</td>
</tr>
<tr>
<td>CI</td>
<td>Between 1 – 19% Impaired</td>
</tr>
<tr>
<td>CJ</td>
<td>Between 20 – 39% Impaired</td>
</tr>
<tr>
<td>CK</td>
<td>Between 40 – 59% Impaired</td>
</tr>
<tr>
<td>CL</td>
<td>Between 60 – 79% Impaired</td>
</tr>
<tr>
<td>CM</td>
<td>Between 80 – 99% Impaired</td>
</tr>
<tr>
<td>CN</td>
<td>100% Impaired</td>
</tr>
</tbody>
</table>
How do I determine the appropriate severity modifier for my patient? The severity modifier reflects the beneficiary’s percentage of functional impairment as determined by the clinician furnishing the therapy services for each functional status: current, goal, or discharge. In selecting the severity modifier, the clinician:

- Uses the severity modifier that reflects the score from a functional assessment tool or other performance measurement instrument, as appropriate.
- Uses his/her clinical judgment to combine the results of multiple measurement tools used during the evaluative process to inform clinical decision making to determine a functional limitation percentage.
- Uses his/her clinical judgment in the assignment of the appropriate modifier.
- Uses the CH modifier to reflect a zero percent impairment when the therapy services being furnished are not intended to treat (or address) a functional limitation.
- Examples of applicable functional outcome measures: Berg Balance Test, DASH, Functional Reach Test, Get Up and Go Test, Lower Extremity Functional Scale, Neck Disability Index, Numeric Pain Rating Scale, Oswestry Low Back Pain Index, Six Minute Walk, SPADI, Stroke Impact Scale, Timed Up and Go, Tinetti Balance Assessment, and many more!

***for in-depth examples of G-coding in various therapy settings visit www.apta.org, login with your member ID, run your cursor over the “payment” and click on “Functional Limitation Reporting”

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As a practice owner, you keep a lot of balls in the air: supervising staff, treating patients, managing finances, looking for ways to grow your business. Need a hand?

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Just ask our members. A recent survey revealed that 9 out of 10 PTPN members agree with the following statements:

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- “PTPN provides excellent customer service to my practice.”
- “My PTPN membership strengthens my practice.”

To learn how to access the unprecedented know-how of the nation’s premier network for private practice therapists, contact Kim Bueche Hardman at 225-927-6888 or kbueche@ptpnl.org brcoxmail.com.
Private Practice Corner with Rehab Dynamics, LLC
See how one Covington clinic is surviving and thriving!

This year has been full of excitement for Rehab Dynamics LLC in Covington. With a new location, new equipment and new ownership, we have a lot to look forward to for the second half of 2013.

In February we relocated to across Hwy 190 to 330 Falconer Drive. After 12 years at the Northpark location it was quite an adventure but we survived the move! The new location serves our patients well, accommodates the growing staff and has great visibility from the road. We held a successful Grand Opening and Ribbon Cutting with the St. Tammany Chamber of Commerce in March. It was a great time to welcome the community, patients and physicians into the new clinic. As the clinic filled with familiar faces and chatter, we knew this year would be great.

During the Open House we promoted the AlterG, Anti-Gravity Treadmill, which arrived in early March. We were excited to be one of the first PT clinics to bring the NASA patented technology to the Northshore. The AlterG provided a new, innovative way to expedite the rehabilitation of many patients. “It’s amazing to watch our patients and see their expressions when they are able to walk or run for the first time in months without pain,” said Crystal Ferris, DPT, MTC and owner at RD. Devon Nolan, DPT, MTC, is equally as excited about adding the AlterG to her patients treatment programs. “It gives our patients a jump start in beginning their rehabilitation when it may have been too painful or frustrating to do so at full weight-bearing,” said Devon.

As we educated our community on the AlterG, we saw just how many opportunities there were for building new relationships. We seized the opportunity to introduce the AlterG and Rehab Dynamics Physical Therapy to our community. Physicians enjoy observing measurable results, patients are eager to use it, and our athletic community is embracing it.

Rehab Dynamics LLC has been owned and operated by Susan Blanchard, PT, for over 15 years. Susan has built the practice on a compassionate, hands-on approach and quickly earned a reputation as a knowledgeable, understanding practitioner. Crystal Cook Ferris, DPT, MTC, joined Susan in 2007. In April of this year, Crystal purchased the practice and is now acting owner and administrator. Crystal continues to build a practice where patients are sure to receive the best treatment is available.

Devon Nolan, DPT, MTC has been with Rehab Dynamics LLC since September of 2011. She continues to hold herself to the highest of standards having already completed certification in manual therapy and dry needling. Devon has enjoyed cultivating new relationships in the athletic community and continues to excel as an athlete herself.

(continued on page 15)
LPTA Spotlight: Melinda Wilk

LPTA would like to thank Melinda Wilk for her service to our association as she moves into her new role as Senior Coordinator for Billing, Receiving, and Paying. She has served us well over the past 4 years with her incredible attention to detail, her willing spirit, and her good communication skills. Here is what Bland O’Connor has to say about Melinda:

“We are excited to be moving Melinda Wilk into her new role that we anticipate will make our organization more efficient and effective. Melinda will be dedicated to paying and accounts payable, billing and accounts receivable and receipt processing, and transaction coding for all of our client associations. Melinda’s academic background (LSU MBA) and experience with association accounting should allow us to continue to enhance and provide these important services to our client associations as we continue to grow. We thank Melinda for her excellent service as an association coordinator and look forward to her growing professionally in her new role.”

Melinda’s Bachelor’s Degree is from LSU in Baton Rouge in Management, and she has a Masters in Business Administration also from LSU. She is a avid LSU sports fan and she follows all LSU sports closely and loves going to the games.

Melinda loves animals, and has a precious poodle named Duke who is the love of her life. He’s getting a little long in the tooth, but she is an amazing caregiver for him during his geriatric years. She is very close to her family and enjoys her time off with them from Omaha to Austin. She also loves to scrapbook and embroidery in her spare time. I remember one meeting in Lafayette when she and Jenny (who also assists Bland in association management) went after hours to a scrapbooking shop to pick up supplies.

I had the pleasure of having Melinda accompany me to Alexandria, VA to one of my first meetings, a Leadership Symposium for new leaders, as our association contact. We had a grand time meeting new folks in our roles from across the country. And we learned so much! She was a terrific roommate and we really bonded during that trip, which made day-to-day interactions that much more meaningful. I will miss my daily interactions with Melinda, but wish her well in her new role.

Respectfully submitted by: Beth Ward
Soapbox: The Lost Art

So there’s this physician...and I’m treating several of his patients...most of them are post operative for various spine surgeries, others are sent for conservative management of low back pain (don’t worry, these non-op patients come complete with the protocol of “modalities: estim and US; exercises: lumbar ROM, stretches, and abdominals; home exercise program”...blah!) For his surgical patients, he markets himself as “practicing the gold standard in orthopedic spine surgery.” Per said physician...the gold standard in lumbar fusions uses bone grafted from the patient’s sacrum and/or ilium to fuse the joint. Of course he does not seem worried that these patients end up with severe and chronic post-operative pain in the sacrum and/or ilium because it is “not quite as bad” as the pain or dysfunction prior to surgery. He tells them that “everything looks perfect” on film so there is nothing more he can do. Is this really the gold standard?

I think one of the first things we are taught in PT school is that “the profession of physical therapy is both an art and a science.” At the time, I gave little consideration to what this meant about my new profession or how this would shape me as a clinician. No, instead I tucked this tidbit in the back of my head, assuming I’d never use it or think of it again. I was wrong. I think about the “art” of physical therapy quite often. I think it is what makes us different from (and in my opinion, better than) other healthcare professions. I think that our “art” is that we are not just practitioners, but rather that we are healers. Our art is that we are altruistic, compassionate, and caring. Our art is that we listen, we touch, we take away pain, we build strength, and we build relationships. As individuals, I realize that we each have our own varying degree of artistry; however, as a profession, have we, like the aforementioned physician, somehow lost our art?

There is no denying the passion we have for moving our profession forward. But, I believe it is necessary that in our quest to become autonomous primary care practitioners, we not lose sight of what makes us an amazing profession. We must continue to listen to our patients’ needs and put our hands on them, and not simply follow a protocol for specific diagnoses. I fully understand the importance of our push towards receiving a doctorate degree and practicing evidence-based practice. I believe whole-heartedly in both and know they are necessary for us to become an autonomous profession. But we cannot devote all of our energy and attention to trying to perfect our “science” (which, as we know is constantly changing), because we will most certainly lose our “art”. We will forget that there are patients behind the diagnoses. We will stop listening to their needs and start lumping them into categories for which we have protocols. We will practice cookie cutter physical therapy and call it the gold standard.

Let us make a promise that as we move forward, we stand true to who we are as a profession. Lets make a promise that we never lose our art...that we always treat the individual, not the diagnosis...that we show compassion and cultural competence to all of our patients...that we stay abreast of the evidence-based care, but never stop thinking on our feet...that we put our hands on every patient...that we teach our patients about their bodies and about their pain or dysfunction...and that we never become so proud that we forget to listen.

Respectfully submitted by: Claire Melebeck, DPT
All of the therapists at Rehab Dynamics continue to set the bar high to better their patients’ experience. Crystal will be practicing Graston Techniques beginning in mid-June, Devon will offer dry needling in September, Susan continues to use her talents to help educate our community and Kelly Villars, DPT, CLT continues to specialize in lymphedema therapy and myofascial release.

“You can feel a renewed sense of commitment to the success of the clinic,” said Maryellen Kanode, Patient Relations Coordinator. “We have great momentum to build on and our staff has taken ownership in ensuring our patients receive the best care possible.” In a field where much of our livelihood is built on relationships, Crystal and the Rehab Dynamics team are doing all we can to build genuine connections with the community. We will continue to provide “treatment you need, care you deserve.”

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1. RD PTs: From left, Susan Blanchard, PT; Crystal Ferris, DPT, MTC; Devon Nolan, DPT, MTC; Kelly Villars, DPT, CLT — Ribbon Before: Rehab Dynamics staff and city officials celebrate the grand opening of the new location.
2. Dustin on AlterG: Local ironman triathlete and personal trainer, Dustin Hinton, using the AlterG during his training.