President’s Message

As I am writing this, south Louisiana has had school closures and traffic headaches due to snow and ice, with more on the way! I don’t believe I’ve ever seen this much winter activity in quite some time so far down south. Why, here in Shreveport, we only got a little flurry, with nothing sticking and sunny skies throughout. I hope all you members of LPTA fared well during this “polar vortex,” Louisiana-style!

I am composing this message after LPTA’s yearly Planning Retreat and before CSM. The focus of the Planning Retreat this year was to review and update the bylaws, review the strategic plan, and review job descriptions for those elected to the Board as well as those appointed to serve in various capacities.

Bylaws review must go through a long and arduous process, in tandem with input from APTA, so we feel the revised bylaws will be ready for your review prior to Fall Meeting this year with a vote on the bylaws changes at that meeting. Many thanks to Gail Pearce, LPTA’s “forever” Bylaws Chair and her committee plus the ad-hoc committee and the Board for rich discussion regarding some proposed bylaws changes and updates.

Spring Meeting in Lafayette is just around the corner March 14-16 and the topic by Dr. Robert Donatelli is “Returning the Injured Athlete to Play.” There will also be management courses on Friday afternoon as well as a 2-hour Ethics course to fulfill your licensure renewal requirement on that Sunday afternoon. LPTA plans to offer Ethics at all of its meetings to help you meet those requirements.

Have you listened to the President’s Report that is on the members’-only section of LPTA’s website?

(continued on page 5)

Written by: Beth Ward, PT, DPT

Traveling Jurisprudence Course

A Jurisprudence Course will be held to discuss topics such as PTA Supervision, Biennial License Renewal, New CEU Requirements, Contact Criteria, Dry Needling, Documentation, Supervising PT of Record, etc. This will be an interactive course with attendee participation including questions, scenarios, and requests for clarification of regulatory rules. The course will be held from 6:00-8:00 pm at each of the 5 locations around the state. Registration is required by email no later than the day prior to the course date. An admittance ticket will be forwarded to you by email and must be presented to gain entrance into the course. A Certificate of Attendance will be forwarded by email after you attend the course. For course registration, please email Ashley@laptboard.org indicating your location of choice:
Lafayette—February 20, 2013 at Clifton Chenier Center on Willow
Bossier City — February 27, 2014 in the theatre in Building C at BPCC
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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  760

Life Members
Current  31

Students
Current  260

PTAs
Current  89

Total
Current  1,140

LPTA looks good on ya!
UPCOMING EVENTS

2014

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

April 6-8, 2014
Federal Advocacy Forum
Washington D.C.

June 9-11, 2014
House of Delegates
Charlotte, NC
Charlotte Convention Center

June 11-14, 2014
NEXT!
Charlotte, NC
Charlotte Convention Center

September 13-15, 2014
State Policy & Payment Forum
Seattle, WA
Grand Hyatt Seattle

September 19-21, 2014
LPTA Fall State Meeting
Baton Rouge, LA
Crowne Plaza

October 30—November 1, 2014
National Student Conclave
Milwaukee, WI

Federal Advocacy Forum
Join your colleagues as they gather in our nation's capitol for APTA's annual Federal Advocacy Forum in Washington, DC, from April 6-8, 2014. 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 Federal Advocacy Forum you will hear from decision makers on Capitol Hill, learn to communicate effectively with your elected officials, receive updates on APTA's legislative and regulatory activities, and then take your message directly to your members of Congress.

NEXT (formerly known as ANNUAL CONFERENCE and EXPOSITION)
Say goodbye to "Annual Conference and Exposition." Say hello to NEXT! Starting in 2014, APTA's annual June conference will have a new name and a new attitude. It's a name change, but it's more than that it's commitment to making APTA's June conference about looking into the future of physical therapy. "NEXT" isn't an abbreviation, but it does stand for something: It's a name thematic of where this conference and the profession are headed. Like all those "PT" conferences before it, NEXT will continue to offer the visionary McMillan and Maley lectures and the lively Oxford Debate. It will still provide an intimacy to networking that can be a challenge at CSM. It will still occur immediately following APTA's House of Delegates. And it will look to build on the energy of 2013's opening event.

But NEXT will also be a conference that evolves over time, in exciting and engaging fashion. This is your chance to be there for the start of it all! Plan to join us June 11-14, 2014, for the first NEXT conference in Charlotte, North Carolina.

State Policy & Payment Forum
The APTA State Policy & Payment Forum 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 physical therapy payment & legislative issues at the state level and will include presentations on physical therapy copay legislation, telehealth, implementation of health care reform in the states, emerging scope of practice issues, direct access, strategies for negotiating with insurance companies, infringement issues, and much more!
Board Retreat News!

Althea Jones, Education

We are excited to announce that we have some amazing speakers confirmed for the LPTA Spring 2014. Friday will focus on “Business and Worker’s Compensation” issues. Will Green, Esq. will present “Workers’ Compensation Approval Process: The 1010 and 1009 Process”; Jason MacMorran, CPA will present on “Business Valuation: What It’s Worth”; and Brandon Lagarge, CPA, JD, LLM will present on “Tax Updates For Physical Therapy and Other Medical Groups”. On Saturday and Sunday, the wonderful Robert Donatelli will present on “Returning the Injured Athlete to Sport”. And finally, NOLA’s very own Kirk Nelson will return to present on “Ethical Practice: Cultural Competency”. It should be a great meeting and we hope to see you all there.

Alicia Pruitt, Membership Chair

Hello everyone! I hope that everyone’s New Year has started off well. The beginning of a new year brings about reflection and renewal. I would like to look and move forward with our membership this year. We as members should focus on branching out to those who are in our profession, but are not members of the APTA/LPTA. Get to know your colleagues. Once you begin getting to know someone; you’ve opened the dialogue for professional development and joining the association. We also need to know what resources are available within our association to us and our patients. This helps with our daily needs as clinicians; along with preparing us for educating our patients and the general public. Remember, by being a member of the APTA/LPTA you are a part of a large group who works together to move things forward!

Gail Pearce, Bylaws Committee Chair

The LPTA Bylaws Committee is usually a pretty quiet committee. We do not have many meetings since we only act when there are amendments made to our Bylaws. The APTA House of Delegates has created a new membership category, “single Corresponding Student”. This new category will include both PT students and PTA students. Since this is a mandatory change directed from APTA, LPTA members will not need to vote on this amendment. The default membership fee will be $0.

At the recent LPTA leadership retreat in Woodworth, the Board of Directors reviewed all the Bylaws. They saw the need for several needed changes to clarify our Bylaws and expedite membership meetings. Since there are many changes to different sections of the Bylaws, we will be voting on a bylaw revision at the September 2014 business meeting.

Some of the changes will include changing the quorum from 10% of membership to 50 members; changing delegate terms to 3 years and clarifying what standing committees of the Chapter will remain.

Official notification of the changes will be sent to the membership with the call for the fall meeting. You will be able to review the changes prior to coming to the meeting. If you have any questions please feel free to contact me or any member of the Bylaw committee.

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
Because award presentations ran long at the Fall Meeting’s Business Luncheon, I was unable to give that report, but it has some valuable information about the “state of the LPTA” as of last year’s meeting. It is worth a bit of your time to check it out and see what APTA and LPTA are doing for you.

We are gearing up for the 2014 legislative session, and appreciate all who donated to the PAIF during the push last year. However, we did not raise enough to mount that push this year, but will need continued giving to that fund to move this legislation forward in future years. This is a mandate and will be fulfilled one day, but we must have member support and involvement. We are prepared to defend the profession against any attacks, and I want to personally invite you to LPTA’s PT Day at the Capitol on Thursday, April 3rd this year! Let’s all attend and be a presence in Baton Rouge!

This should interest those who are having issues with POPTS. In collaboration with other disciplines affected by physician self-referral, APTA has worked to establish a new website with education about what we as physical therapists can do to take action to advocate to facilitate change. Please visit the website at http://www.aimcoalition.com/home.

I hope to see you at the Spring Meeting March 14th in Lafayette! Keep warm, enjoy the Mardi Gras celebrations and eat a little king cake! Laissez les bon temps rouler!
Changes to CPT Editorial Process Emphasize Transparency

Recently announced changes to the American Medical Association’s (AMA’s) Current Procedural Terminology (CPT) editorial process emphasize greater transparency and collaboration, and could bolster opportunities for physical therapists (PTs) to work with APTA to ensure the codes accurately reflect practice.

The changes put in place are the result of input received by AMA from stakeholder organizations. According to an AMA press release, the new approaches are designed to "increase transparency and fairness" in the process through more in-person meetings beyond the CPT editorial and advisory committee, more wide and proactive communication about requested code changes, and the establishment of a "medical advisor" to facilitate the process with staff and applicants new to the CPT process.

APTA works closely with AMA and other associations during the CPT editorial process, and relies on input from PTs to get the best possible information on how the system works at the individual practitioner level. The information received by APTA is extremely important to the work the association is doing on the Physical Therapy Classification and Payment System.

New Wound Treatment Code Available to PTs

A new code for the use of a modality to heal wounds using sound energy has been made available to physical therapists (PTs) in the 2014 version of the Current Procedural Terminology (CPT) document maintained by the American Medical Association (AMA).

The new active wound care management code—97610—replaces Category III code 0183T. The modality uses acoustic energy to atomize saline and deliver ultrasound energy by way of a continuous mist to the wound bed and surrounding tissue, and is identified as "low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day."

Healthcare Loses 6,000 Jobs in December 2013

Health care employment in the US reported its weakest month since 2010, with about 6,000 jobs shed in December 2013. The largest drops were in ambulatory health care, hospital, and home health care services, while residential services and outpatient centers saw slight increases of 1,000 and 4,000 jobs, respectively.

The latest report (.pdf) from the federal Bureau of Labor Statistics (BLS) reflects what Bloomberg Businessweek says could be a "blip" in an industry that is thought of as a consistent job producer, albeit one that has slowed its growth in 2013. The health care employment numbers were part of a lackluster jobs report that pegged unemployment at 6.7% nationally.

(continued on the top of page 7)
Analysts are unsure about the source for the December drop in health care jobs. While most agree that the sluggishness is likely related to an overall decline in health care spending, there are differing theories about whether the drop in spending is due to new approaches to care, a lingering "hangover" from the economic recession, or a combination of both.

Most of APTA's projections continue to show physical therapy as a growing profession, with projected unmet demand ranging from 13,638 to 27,820 over the next 5 years depending on the attrition rate of physical therapists (PTs) over time. The total number of licensed PTs is projected to rise from about 176,000 to between 203,000 and 232,000 by 2020. The supply and demand data are part of a suite of resources on the physical therapy workforce available on APTA's website.

Medical Home Models Continue to Report Positive Outcomes

Patient-centered medical home (PCMH) initiatives across the US are continuing to report mostly good news, with demonstrated decreases in cost of care, visits to emergency departments (EDs), and inpatient admissions.

The outcomes were documented in an annual update of evidence (.pdf) produced by the Patient-Centered Primary Care Collaborative, which reviewed 20 studies (13 peer-reviewed, 7 industry-generated) released between August 2012 and December 2013. While report authors describe supporting evidence as in its "early" stages and warn that the update itself is not "a formal peer-reviewed meta-analysis," they write that the evidence "suggests that when fully transformed primary care practices have embraced the PCMH model of care, we find a number of consistent, positive outcomes."

Among the findings:
- Reductions in costs were reported in 12 of the 20 studies (8 of the 13 peer-reviewed analyses, and 4 of the 7 industry analyses), with the same numbers reporting decreases in ED visits.
- Inpatient admissions were reported as decreasing in 4 of the industry analyses and 4 of the peer-reviewed studies.
- While 4 of the peer-reviewed studies reported improvements in patient access to care, only 1 of the industry analyses reported improvements in this area.
- Improvements were also cited in readmission rates, overall population health indicators, and preventive services, though less consistently than reported improvements in cost and ED visits.

Authors of the update wrote that the latest reports bolster the argument that the benefits of the PCMH model tend to accrue over time, and that primary care practices could see significant improvements in outcomes if other policy changes are put in place that shift care away from the fee-for-service model "to one that rewards quality, efficiency, and innovation." The report cited the potential end to the flawed sustainable growth rate (SGR) now being discussed in Congress as a change that could significantly help the move toward new models of care.

The patient-centered medical home concept has been an area of focus at APTA for some time. APTA has engaged in advocacy to ensure that physical therapists (PTs) have a voice in the development of medical home models, and has supported the development of the Center for Medicare and Medicaid Innovation within the Centers for Medicare and Medicaid Services. In addition, APTA offers a series of videos on collaborative care models, including a presentation on the PT's role in the medical home.
New Board Member
Appointed to the Louisiana
Physical Therapy Board

Congratulations to Elizabeth “Beth” Austin, PT, DPT, CWS who was nominated by the Louisiana Hospital Association and appointed by Governor Bobby Jindal for a 3 year term to the Louisiana Physical Therapy Board. Beth is a graduate of the LSUHSC– Shreveport Program in Physical Therapy in 2000 and later received her Doctorate of Physical Therapy in 2009. She is a Certified Wound Specialist since 2004 and an APTA certified Clinical Instructor. Beth currently works at Minden Medical Center. Congratulations and good luck, Beth!

Physical Therapy License Renewal — “Even Years”

The online license renewal process will be available from the Louisiana Physical Therapy Board’s website beginning February 1, 2014. Applications for renewal must be completed no later than March 31, 2014 to avoid being assessed a late fee. The continuing education requirements for “even year” licensees is 15 contact hours consisting of 2 jurisprudence, 2 hours of ethics, and 11 clinical hours to have been completed between April 1, 2013 - March 31, 2014. Of the 11 clinical hours, up to 4 hours may be administrative in nature.

How can you find success amid the chaos of healthcare?

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

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

To find out how join the nation’s premier network of private practice therapists, contact Kim Bueche Hardman at 225-927-6888 or kbueche@ptpnl.com.

PTPN
Setting the Standards in Rehabilitation®

Bayou Bulletin January/February 2014
2014 Medicare Changes

January 2, 2014: Before adjourning for the holidays, Congress passed the Pathway for SGR Reform Act of 2013, which took effect January 1, 2014, temporarily preventing a scheduled payment cut for physicians, physical therapists, and other health care professionals from taking effect on January 1, 2014, and extending the therapy cap exceptions process. The temporary patch in effect until March 31, 2014, is intended to allow the House and Senate time to finalize legislation that would permanently repeal the flawed SGR formula. In addition, there were a number of changes included in the 2014 Medicare Physician Fee Schedule final rule that affect physical therapist practice and payment for 2014.

Changes that are in effect from January 1 –March 31, 2014, include the following:

- A 0.5% update in the conversion factor for providers (The 2014 conversion factor for these three months is $35.8228.);
- an extension of the existing 1.0 geographic practice cost index (GPCI) work floor;
- an extension of the therapy cap exceptions process at $1920 for all settings; and
- an extension of the manual medical review (MMR) process at $3700 for all settings.

Changes that are in effect from January 1 –December 31, 2014, include the following:

- Application of the therapy cap in critical access hospitals (CAHs) for 2014, in the same manner as all other providers of outpatient therapy services and...
- requirement for physical therapists in private practice to report at least 3 individual measures via claims or registry under the PQRS program to avoid the 2016 2.0% payment penalty. To receive a 0.5% bonus payment in 2014, physical therapists should report 9 measures (or 1-8 if 9 measures are not applicable).

Medicare Payment Updates and Policy Changes

The Center for Medicare and Medicaid Services (CMS) has issued several payment updates and policy changes that will affect outpatient physical therapy and home health providers for calendar year 2014. These updates and changes are included in the Medicare Physician Fee Schedule, Outpatient Prospective Payment System, and Home Health Prospective Payment System located on the APTA website.

Physician Quality Reporting System (PQRS)

Physical therapists (PTs) will be facing changes to Physician Quality Reporting System (PQRS) measures specifications in the new year. The changes recently announced by CMS affect areas including current medications, pain assessment, falls plan of care, and functional outcome assessment. PTs planning to participate in PQRS in 2014 are strongly encouraged to review the 2014 measures specifications, which contain information on how a measure is defined and how to report, and the qualifying case information that includes quality data codes for reporting. APTA has updated its PQRS resources to reflect the 2014 measures changes.

Short-Term Fixes of SGR and Therapy Cap

Before adjourning for the holidays, the House and Senate are expected to pass a 3-month patch that will take effect January 1, 2014, avoiding the 20.1% payment cut to the conversion factor announced by CMS in the physician fee schedule. The patch will also extend the current therapy cap exceptions process through March 31, 2014.

(continued on page 10 and 11)
The expected legislation also includes a 0.5% payment increase for providers through March 2014. This short-term fix will give the House and Senate time to reach a final agreement on the permanent sustainable growth rate (SGR) reform package (more information below).

Pending Long-Term Fixes of SGR, Therapy Cap, and Medical Review

Because health care cost increases have slowed, the cost to permanently fix the SGR has decreased by more than $100 billion. This decrease provided Congress with an incentive to move away from its practice of granting annual extensions and toward proposals that would end the SGR. Policymakers have been clear that achieving a permanent fix is key, as they would no longer be able to guarantee annual extensions without associated payment cuts.

In light of these incentives and policy considerations, the Senate and House created proposals to repeal the sustainable growth rate (SGR). These proposals are also expected to affect the Medicare therapy cap, manual medical review, and more.

Senate Proposal

The Senate Finance Committee’s proposal:

- Repeals the sustainable growth rate formula and freezes Medicare payment rates for all providers for 10 years. Providers would be eligible for payments above the base rate by participating in value-based quality performance incentive programs and transitioning to alternative payment models.
- Repeals the Medicare therapy cap, and eliminates the requirement of a KX modifier at the $1,900 level. Manual medical review would continue at the $3,700 level through 2014.
- Implements a new medical review program for outpatient therapy services beginning in 2015. The new program would include a prior authorization mechanism in which physical therapists could request additional blocks of visits (as opposed to manual medical review, which requires every claim over $3,700 to be reviewed). The Secretary of Health and Human Services would determine the level at which prior authorization is applicable and what services are subject to review. Providers will be able to submit medical review claims by fax, mail or electronic means, and the Secretary would be required to make determinations within 10 business days or claims would be ruled medically necessary.
- Establishes a new data collection system to replace the current functional limitation reporting procedures. The new data system would require providers to report demographic information, diagnosis, severity, affected body structures and functions, limitations with activities of daily living and participation, functional status, and other information deemed appropriate by the Secretary. The new data collection system would be functional in or around 2017.
- Implements a new requirement that claim forms submitted on or after January 1, 2015 indicate whether the outpatient therapy services provided were rendered by a physical therapist assistant (PTA).

House Proposal

The House Ways and Means Committee’s proposal for reform:

- Repeals the SGR formula and allows a 0.5% payment increase per year until 2017.

(continued on page 11)
(continued from page 10)

- The House bill did not address Medicare extenders, including the Medicare therapy cap. However, during the Committee discussion Chairman David Camp (R-MI, 4th) said that the Medicare extenders are important and he plans to address those policies as the SGR reform package moves forward in the House.

What You Can Do

Negotiations on these proposals will resume when the House and Senate return in January, so actions will be most effective after Congress is back in session.

APTA will be seeking your help to best position physical therapy throughout the legislative process as it continues to work with members of Congress to advocate for the profession. Members interested in joining APTA’s advocacy efforts to reform SGR and repeal the therapy cap can sign-up for PTeam.

Where Does it Say That?

Did you know that certain committees of the Association must have district representation on them? Currently the committees that must (mandatory) are Continuing Education, Newsletter, Membership, Finance, Practice, Nominations and Government Affairs.

See bylaws Article 5, Districts and Special Groups; Section 1, Districts, C. Obligations, 3, page 3.

In addition, if the District does not elect a representative to these committees, the District Chairman must appoint someone or be a representative to that committee since there MUST be a representative on the committee. See Article VIII. Committees, all sections.

Currently many districts do not have representation on certain committees. The District Chair must fill these vacancies.

One of the amendments proposed by the Board of Directors is to signify in the Bylaws which Standing Committees mandate district representation and which committees do not require mandatory representative. This was discussed by all the Board, including those District Chairmen who were in attendance.

Districts shall (mandatory) hold three (3) district meetings each year, one of which shall be within forty-five (45) days following the Fall Chapter meeting. Article V., Section 1., C., 4, page 3.

Dave Pariser Memorial Scholarship Fund

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

Or you can mail to the Dave Pariser Memorial Scholarship Fund:
The Foundation for the LSU Health Sciences Center
450A South Claiborne Avenue
New Orleans, LA 70112
LPTA Spotlight on Al C. Moreau III

It is with great pleasure that we honor Al C. Moreau, III, PT, MPT in this issue’s LPTA Spotlight. Al is CEO and co-owner of Moreau Physical Therapy in Baton Rouge and St. Landry Parish.

As a boy, he watched firsthand as his father, Al Jr., helped people and made a difference in their lives — young Al wanted to do the same. With pride, he has expanded his father’s outpatient private practice physical therapy mission that was first established in Zachary, LA in 1977. Currently, he oversees 7 outpatient private practice clinics (now offering wellness and preventative care), as well as 2 pediatric specialty clinics — and he does so with integrity and excellence. And if that weren’t already enough, Al has managed to stay extremely active within the profession as a member of the APTA, LPTA, and Private Practice Section. He values education and is a clinical instructor for PT and PTA students of several physical therapy programs in the south. Al also has received various certifications in Functional Capacity Evaluation, Functional Job Analysis, and Pre-Work Screening. He is an incredibly compassionate and thorough clinician.

Still, Al was hungry for more. He took notice of how valuable the Louisiana Physical Therapy Board was to the growth of the profession and the protection of the great people of Louisiana and his interest grew. In November of 2010, Governor Bobby Jindal appointed Al to the Board for a three year term which he completed at the end of 2013. He was then reappointed to serve a second term beginning December of 2013. Al was chosen by his peers on the board to assume the role of Chairman of the Board, a huge accomplishment for this young leader. A colleague writes, “Al can best be described as a diplomatic leader, passionate about the profession, and genuinely concerned about improving health and wellness in the communities in which his clinics are located.”

Outside of work, Al is a family man (well, I guess we could say he is a family man at work, as well ;). He grew up in Baton Rouge with his older sister and 2 younger brothers. Al attended Catholic High, and following high school, he decided to stay in the Red Stick and become an LSU tiger.

(continued on page 13)
In 1999, he received his Masters of Physical Therapy from LSUHSC in New Orleans. Along the way, Al met his beautiful wife, Charlotte and they have expanded their clan to include daughter Ava Grace, and sons Aiden and Luke. Al says his perfect day would be either duck hunting or playing in the yard with his family. As highlighted in the recent 225 Magazine article, Al is a lover of all things fitness and outdoors. In that interview, he was asked how he stays motivated and his response was, “think different...I challenge myself each day to think how I can improve by not being content with doing things a certain way just because that’s how others do it.” A great outlook both in life and in fighting the cookie cutter PT stereotype.

Cristina Faucheux, co-worker and friend says this of Al, “his personal integrity and visionary skills make him a successful leader and a valuable asset to the profession. I am extremely fortunate to work with him.” Thank you, Al, for being a wonderful leader and role-model.
The 2014 Legislative Session will begin on March 10, 2014, and continues through June 2, 2014. Being that this is a non-fiscal session, there will be more opportunity to see bills that impact our profession.

**What you can do to help during the 2014 Legislative Session:**

**Volunteer to be a key contact.** We are currently lining up visits with Legislators. It is imperative that we continue to establish valuable relationships with legislators to increase their awareness of the issues that affect physical therapists. If you would like to volunteer to be a key contact for your state legislator, please contact me. Being a key contact will provide you the opportunity to educate policy makers on the problems and challenges that we face. Ideally, when your legislator hears the term physical therapy, the legislator would immediately think of you as their key contact to offer advice. The LPTA will provide you with the resources and materials necessary to make your discussions productive. In addition, we can arrange to have a Board Member or our Lobbyist accompany you on a visit.

**Donate to the LPTA-PAC.** Funds are needed to continue to promote our issues in the legislative arena. Visit [www.lpta.org](http://www.lpta.org) to make a contribution.

Mark your calendars to **attend our Physical Therapy Awareness Legislative Day** on April 3, 2014. This is a great opportunity to demonstrate our value and provide education regarding the profession.

Make sure the LPTA has your current email address and **pay attention to the Legislative Updates and Alerts**. Your actions when called upon during alerts are very valuable.

**Keep your ears to the ground** and if you hear of any potential legislative issues or have any questions, feel free to contact me.

**Dry Needling Awareness:** Being that the practice of dry needling by physical therapists is being attacked in several states. It is important to educate ourselves on this issue.

During Physical Therapy Treatments we utilize many techniques to decrease soft tissue restrictions. It is up to the clinical reasoning of the physical therapist to determine which method or technique has the highest efficiency so the patient receives the highest quality of care. Dry Needling is one tool that Physical Therapists in Louisiana are currently safely performing.

The practice of acupuncture by acupuncturists and the performance of dry needling by physical therapists differ. The performance of modern dry needling by physical therapists is based on western neuroanatomy and modern scientific study of the musculoskeletal system and nervous system. Physical Therapists that perform dry needling do not use traditional acupuncture theories or acupuncture terminology. There are difference in philosophy, rational, and use in treatment of dry needling by physical therapists versus acupuncturists. According to the American College of Acupuncture and Oriental Medicine, the master of Acupuncture and Oriental Medicine Degree Program is based on preserving the ancient theories, principles, and tenets of traditional Chinese Medicine.

The APTA announced that an organization called the National Center for Acupuncture Safety and Integrity (NCASI) has distributed letters to State Licensure and Regulatory Boards regarding the use of acupuncture needles by physical therapists in the performance of dry needling. The letter claims that the sale of FDA regulated acupuncture needles to physical therapists for use in the performance of dry needling is inconsistent with federal law. **The APTA legal analysis concludes that the NCASI claims are without merit and that in states where physical therapists have the legal right to perform dry needling procedures; there should be no restrictions on physical therapists’ right to purchase the monofilament needles.**

Some of our colleagues in other states are receiving harassing letters from other healthcare professionals asking them to cease and desist the use of dry needling in their practices. Please do not reply on your own, but instead contact the LPTA so that we intervene on your behalf. There is strength in numbers!

If you have any further questions or would like to provide additional assistance, I can be reached at Cristina@moreaupt.com.
LPTA Spring Meeting 2014

General Information
March 14-16, 2014
Hilton Lafayette
Lafayette, LA
15 total CEU hours

Registration
Now available online at www.lpta.org OR you can copy the brochure on page 15 (can also be printed from the LTPA website) and mail in with a credit card number or check payable to: Louisiana Physical Therapy Association
8550 United Plaza Boulevard, Suite 1001
Baton Rouge, LA 70809.

Schedule of Events:
Continuing Education
Returning the Injured Athlete to Sports, Robert Donatelli, PT, PhD — 10 hours
Business and Workers’ Compensation
Business Valuation: What It’s Worth? Jason MacMorran, CPA/ABV/CFF, CVA, MS
Tax Updates for Physical Therapy and Other Medical Groups, Brandon Lagarde, CPA
Ethical Practice: Cultural Competency, Kirk Nelson, PT, PHD — 2 hours
Component Meetings — Friday, March 14 from 5:00-6:00 pm
Clinical Instructor’s Meeting
PTA Meeting
Student SIG Meeting
Welcome Reception — Friday, March 14 from 6:00-7:30 pm
Committee Meetings — Saturday, March 15 from 7:00-8:00 am
Business Meeting and Lunch — Saturday, March 15 from 12:30-2:00 pm

Dress Attire
Please dress in business casual attire for the weekend—suggested attire includes: collared shirts, blouses, casual pants or nice jeans, with appropriate shoes and/or sandals. T-shirts, shorts, scrubs, and flip flops are discouraged. Thank you for your cooperation and for joining us as we Move Forward!