President’s Message

For the second Spring Meeting in a row, there was not a quorum at the Business Luncheon, and thus we could not conduct business. We are currently in the middle of a bylaws revision to address this problem, as well as other updates to make our bylaws in compliance with APTA guidelines. Please make plans now to attend the Business Luncheon at Fall Meeting on September 20, 2014 to vote on the bylaws proposals. This is very important! Thanks to Gail Pearce, Bylaws Chair, for her tireless work on this project!

Legislative session is in full swing, and things are heating up on bills of interest. Please pay attention to legislative updates (informational) and legislative alerts (calls for action) from David Tatman in your email, and act when necessary. If you attended LPTA’s Legislative Day at the Capitol on April 3, thank you! Making our presence known to legislators and establishing relationships is of utmost importance in achieving our goals. Thanks always go to Alice Quaid for her consistent planning of this event every year! LPTA’s Fittest Legislator will be awarded $1000 to donate to the fitness center of his/her choice in the district.

As you read this, your Louisiana contingent will have returned from the Federal Advocacy Forum in Washington, DC Apr. 6-8 where we will have fought for you on issues such as the sustainable growth rate reform and therapy cap repeal, locum tenens, student loan repayment, alternative payment system and many others. Representing Louisiana were: Billy Naquin, Scott Hollier, Amelia Leonardi, Sharon Dunn, Beth Ward, and first year Shreveport student Alexia – Rae Reed.

Milestone Birthday!

Guess who’s turning 80 this month!!!?? Although you would never believe it by talking to or looking at him, George Hampton celebrated his 80th birthday April 5! George (or Mr. Hampton) is known to most of us in the LPTA as the long-time Program Director of the PT Program at LSUHSC in New Orleans, serving there from 1970 until the early 1990s. He left academia but continued to use his clinical skills until his retirement in 2003. He was a calm and steady mentor to hundreds, if not more, PT students in the state of Louisiana. His ethical and professional standards made him the excellent role model for students and faculty.

Inside This Issue

| President’s Message | 1-5 |
| Board of Directors Roster | 2 |
| Upcoming Events | 3 |
| District Wrap-Up | 4-5 |
| News Now | 6-11 |
| Bylaws Report | 12 |
| Government Affairs | 14 |
| Treasurer’s Report | 14-15 |
| PT Day at the Capitol | 15 |
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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

This deviled egg is gonna get you if you don’t become an LPTA member!
UPCOMING EVENTS

2014

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 a 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!
Component Wrap Up!

Alicia Pruitt, Membership Chair

What value do you find in your membership? Do you feel it’s worth it? What do you find lacking? What do your co-workers, who aren’t members, think? These were all questions that came up at the membership chair conference at the APTA headquarters in Alexandria, Virginia. It was so wonderful getting to hear what other states are doing for their membership and develop ideas of how to better ours! YOUR MISSION THIS WEEK/MONTH is to contact any or all of your PT/PTA classmates and ask them if they are/aren’t a member and why/why not. Social media definitely makes this task easy! If they are not members, please remember to share the value of your membership. Students, I’m not forgetting you! Let’s remember to REACH100! I am always willing and grateful to hear your ideas! Feel free to contact me at alicia_pruitt@att.net.

Amelia Leonardi, Nominating Committee Chair

The LPTA Nominations Committee is now recruiting and accepting nominations for the following positions to be elected at the fall meeting: President, Secretary, Nominations Chair-elect and Delegate. If you would like to discuss the job description and function of either of these positions, please feel free to contact me. Take a moment to look around your clinic—do you see someone who may want to become more involved? Do you see someone who needs just the slightest prodding to become more involved? If you are interested or know of someone who might be, please contact me.

Amelia Leonardi, MHS, PT
Nominations Committee Chair
aleona@dcc.edu
504-671-6239

Danielle Morris, Baton Rouge District Chair

Physical therapists in Baton Rouge participated in community activities such as the Cajun Classic wheelchair tennis tournament and the Wheels to Succeed fundraising bike ride and adaptive bike day for kids. Baton Rouge therapists attended the Spring meeting in Lafayette and planned for an exciting year of involvement in current and future issues that impact our profession. Next district meeting is April 22. Stay active and engaged! Please contact me if you have agenda items or ideas for upcoming district meetings.

Practice Chair Update

The LPTA Board would like to send out a very special thank you to Jeremy Stillwell for his years of service in the role of Practice Chair (formerly Payment and Reimbursement Chair). We would also like to welcome Rusty Eckel, PT who was appointed by the Board to assume this role. Thank you, Rusty, for accepting this appointment and for your willingness to serve the LPTA in this capacity.

Rusty is a physical therapist and owner of Advanced Rehab Services, a private practice in Lake Charles. Some of you may recognize Rusty as he served as Treasurer of the LPTA under the McCulloch era. We are grateful to have Rusty back as Practice Chair. Welcome!
You will see changes coming at Fall Meeting. We will hold the awards presentations on Friday evening just before the Opening Reception and will surround those winners with celebration as we move together into the reception. Winners will be announced and recognized at the Business Luncheon as well. Based on member feedback, the Open Forum will move back to its Friday slot. Elections will also be held at Fall Meeting for President, Secretary, Nominations Chair-elect, and one Delegate. Please consider running to serve and learn!

Keep your eyes open for APTA’s Integrity in Practice initiative. Of 20 “hot spots” of fraud and abuse in the country in physical therapy, Louisiana has 6 of those top 20 hot spots, so I feel that the Louisiana Chapter should take an active lead in promoting integrity in practice. There is a free course for both members and non-members on APTA’s Learning Center entitled “Navigating the Regulatory Environment: Ensuring Compliance While Promoting Professional Integrity.” Take that now for 2 hours of continuing education, and stay tuned for more information and action items this fall.

On a personal note, I want to thank each and every one of you for your membership! Without you supporting LPTA and APTA with your yearly dues and your participation, we could not advocate for you or provide you with the quality programming you have come to expect from LPTA. Membership has its privileges!! Stay involved!
Autism Rates Show a 30% Rise in the Last 2 Years

In a report that could inform how physical therapists (PTs) and physical therapist assistants (PTAs) approach their work with children, the US Centers for Disease Control and Prevention (CDC) has cited a nearly 30% rise in autism spectrum disorder (ASD) rates in the US since 2008. Current CDC estimates raise the prevalence of ASD from 1 in 88 children to 1 in 68 children, with a growing number of children diagnosed with ASD who have average or above-average intellect.

The CDC findings were widely reported in major media outlets including the Washington Post, New York Times, Los Angeles Times, and the Associated Press, each highlighting different features of the report, which pointed out variations in prevalence among ethnicities, sex, and geographic location.

While the new rate "exceeds that of all previous surveillance years," authors of the CDC report said the "most notable change" was the prevalence rates among children with average or above-average intelligence—from 38% of all ASD diagnoses in 2006 to 46% in 2010, the year the study was conducted. The rise was accompanied by a decline in the number of children with co-occurring intellectual disabilities, from 41% to 31%.

The CDC report called for more standardized measures to document ASD severity and functional limitations, improved recognition and documentation of symptoms of ASD, and lowering the age at which children are first assessed.

For more information on ASD and its relationship to physical therapist services, check out a 2014 Physical Therapy article on Physical Activity and Exercise Recommendations for Children and Adolescents With ASD, as well as a 2011 article on Motor Functioning in Infants, Children, and Adults with ASD. Additionally, the association offers a 2-part continuing education primer (part 1; part 2) on ASD available through the APTA Learning Center.

Compression Hosiery as Effective—and Cheaper—Than Bandages for Venous Leg Ulcers

Layered compression bandages may be the "gold standard" in treatment of venous leg ulcers, but according to a new study, 2-layer hosiery is just as effective—and less costly. Rates of adherence, however, may mean that the approach is "not suitable" for all patients, according to researchers.

The study, which appears in the March 8 edition of The Lancet (abstract only available for free, but see note at the bottom of this story for additional access information), analyzed treatment results among 453 patients with venous leg ulcers at 34 facilities in England and Northern Ireland. The patients were divided evenly into 2 groups—one receiving 4-layer compression bandage treatment that authors said is regarded as the "gold standard," and the other receiving 2-layer hosiery (understocking and overstocking). Each group was monitored to assess healing rates and proportions.

The results showed nearly identical rates of healing, with a 99-day median healing time in the bandage group and a 98-day median time in the hosiery group. Likewise, the overall proportion of patients whose ulcers healed through compression treatment was nearly the same for each cohort, at 70.4% for the bandage group and 70.9% for the hosiery group. "Our results indicate that 2-layer hosiery is as effective as 4-layer bandage for healing of venous leg ulcers," the authors write. The study also found a decreased chance of recurrence among the hosiery group.

(continued on the top of page 7)
CMS Provides Information on Claims Processing

APTA members' willingness to share their experiences of claims processing errors and payment delays related to functional limitation reporting (FLR) enriched the information that APTA staff provided to representatives of the Centers for Medicare and Medicaid Services (CMS) during a recent meeting. During that same meeting CMS provided information on how claims on "1500" forms are processed that APTA believes may help physical therapists (PTs) avoid split claims in the future.

Over the past 2 months, APTA received numerous complaints from members about FLR, which in turn helped association staff pinpoint specific systems problems in claims processing. The systems issues were brought to CMS as part of a discussion around changes that could be made to the program.

As part of that discussion CMS explained that its current system can accommodate no more than 13 line items on a 1500 claim form. Given this information, APTA believes may help physical therapists (PTs) avoid split claims in the future.

The complete article will be available free to members in approximately 3 months via APTA's PTNow ArticleSearch, the association's research access tool. Check out ArticleSearch regularly, or e-mail APTA library staff to be notified when this article becomes available. For synthesized information on the management of venous leg ulcers, members can visit PTNow to access full-text clinical practice guidelines and 4 full-text Cochrane Reviews.
Almost 60% of Patient Harm in SNFs is Preventable, Says HHS IG Report

A US Department of Health and Human Services (HHS) Inspector General's report says that nearly 60% of harm incidents experienced by patients in skilled nursing home facilities (SNF) are preventable, and that this gap in prevention resulted in hospitalizations that cost Medicare an estimated $2.8 billion in 2011. Among the preventable "adverse events" were falls, which the report related to both medication and resident care. The March 3 report (.pdf) from the HHS Office of the Inspector General (OIG) states that "Because many of the events that we identified were preventable, our study confirms the need and opportunity for SNFs to significantly reduce the incidence of resident harm events," and recommends that, among other things, the Centers for Medicare and Medicaid Services (CMS) direct its state facility surveyors "to review facility practices for identifying and reducing adverse events."

The report focused on an analysis of 653 patients under Medicare who stayed in SNFs during the month of August, 2011, who began their SNF stay within 1 day after discharge, and whose stays in the SNF was 35 days or fewer. According to the report, 70% of the patients arrived at the SNF after hospitalization for nonsurgical treatment (most often septicemia or urinary tract infections), with the remaining 30% arriving after receiving surgery, usually hip or knee replacement.

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The study defined an adverse event as harm that resulted in "prolonged SNF stay or transfer to a hospital, permanent harm, life-sustaining intervention, or death." Events were classified by a panel of physicians after initial records screening by a panel of nurses led by a nurse practitioner. If evidence of an adverse event was identified by the nurse panel, the records were then reviewed by the physicians, who made a determination of whether the event was preventable. Researchers also analyzed "temporary harm events" that required medical intervention but did not cause lasting harm.

According to the report, about 1 in 5 Medicare beneficiaries receiving post-acute care in SNF in August 2011 experienced an adverse event, and an additional 11% experienced a temporary harm event. Of those combined events, physician reviewers estimated that 59% were "clearly or likely preventable," and due to "substandard treatment, inadequate resident monitoring, and failure or delay of necessary care." The 59% preventable rate is an average of a 69% preventable rate for adverse events, and 46% preventable rate for temporary harm events.

Among the IOG findings:
- Of the preventable adverse events, 79% resulted in prolonged stay, transfer, or hospitalization; 14% required intervention to sustain life; and 6% resulted in or contributed to death
- Harm related to medication was cited as a cause for 37% of the preventable events, with falls accounting for 4% of events in this category; harm related to resident care accounted for another 37% of preventable events, with falls making up 6% of that category; and 26% of preventable events were categorized as infection-related
- Of the estimated $208 million spent by Medicare in August 2011 on all hospitalizations because of adverse events, $136 million was spent on hospitalizations associated with preventable events

The report includes 2 major recommendations, both of which have been endorsed to greater and lesser degrees by CMS and the Agency on Healthcare Research and Quality (AHRQ). The bulk of the OIG recommendations focus on the development of lists of preventable events "to broaden and improve [SNF] staff understanding," the inclusion of preventable events in Quality Assurance and Program Improvement (QAPI) systems, and encouragement to SNFs to report adverse events to patient safety organizations (the only recommendation that received qualified agreement from CMS).

The second major recommendation from the OIG was that CMS instruct state survey agencies "to include an assessment of adverse event identification and reduction in their evaluations of QAPI and [Quality Assessment and Assurance] compliance, and link related deficiencies specifically to resident safety practices." According to the report, CMS stated that activities under way to establish QAPI requirements for nursing homes "will include guidance for surveyors on how to evaluate nursing home efforts to identify and reduce adverse events."

APTA provides physical therapists (PTs) and their patients and clients with education on exercise prescriptions for balance and falls prevention, a pocket guide on falls risk reduction (.pdf) and an online community where members can share information about falls prevention. In addition, APTA offers its members evidence-based resources on falls through PTNow as well as through PTNow ArticleSearch, its tool for access to current research works. The association's webpage on safe patient handling also includes information on how to patient and provider injury risk.
12-Month SGR Patch Approved in White House While Congress Examines Permanent Repeal

Recent advances made on a repeal of Medicare's flawed sustainable growth rate (SGR) and therapy cap may help chances of a permanent solution in 2015, but for this year at least, it appears Congress is opting for another temporary fix days before a March 31 deadline. The House bill that includes the 12 month patch also contains an unexpected provision—a delay on Medicare's implementation of the ICD-10 codes that had been set for an October 1 launch.

With a looming March deadline that is set to trigger a 24% SGR cut, the House hurriedly voted on a bill that will replace the cut with a .5% provider payment update through the end of the year, and no update from January 1 to April 1 in 2015. The Senate is expected to vote on the patch by Monday, while the House passed the legislation on March 27 via an unusual voice vote that angered some Representatives on both sides of the aisle.

In addition to the SGR fix, the legislation also continues extender provisions, including the therapy cap exceptions process and Geographic Pricing Cost Index (GPCI), until March 31, 2015.

Somewhat surprisingly, the bill also contains a provision that delays the implementation of the International Classification of Diseases, 10th revision (ICD-10) for all HIPAA-covered entities. Prior to the action in Congress, the Centers for Medicare and Medicaid Services (CMS) made very public statements about its commitment to an October 1, 2014 rollout. Some observers speculate that the delay was included in the bill to make it more attractive to physician groups such as the American Medical Association (AMA), which opposed the fix in favor of hammering out a permanent repeal of SGR.

Although members of both the House and Senate have recognized the need for permanent repeal and drafted bills to do just that, progress stalled when legislators were unable to agree on how the repeal would be paid for. House versions of the permanent repeal focused only on the SGR, while a Senate proposal would end both the SGR and the therapy cap. In press reports, both Speaker of the House John Boehner and Senate Majority Leader Harry Reid say they favor some form of permanent repeal, but that Congress once again ran out of time to work out the details.

The approximate $20 billion cost of the temporary fix approved in the House will be paid for through a combination of cuts and programmatic changes that include reductions to clinical labs, radiology services, a delay on oral-only drugs for end-stage renal disease bundles, the establishment of a new value-based purchasing program for skilled nursing facilities based on performance around hospital readmissions, and a tightening up of code valuation under the fee schedule. Additional funds are identified through the use of SGR "transitional fund" money and an extension of Medicare sequester provisions.

APTA continues to work with legislators toward a permanent end to the SGR and therapy cap, and will keep member advocates updated through PTeam alerts.

Louisiana’s David Qualls Honored with Lucy Blair Service Award!

Congratulations to our very own king of seersucker, David Qualls, who was chosen as one of this year’s Lucy Blair Service Award recipients. The contributions of those chosen for this award are considered to be of exceptional value to the association. David will be recognized at the Honors and Awards Ceremony on Thursday, June 12 from 5:30-6:30 pm, during the 2014 NEXT Conference and Exposition in Charlotte, North Carolina. Very well deserved, my friend!
Proposal to Eliminate Physician Self-Referral Loophole From Medicare Would Protect Patients and Save Billions

ALEXANDRIA, VA, March 4, 2014 — For the second straight year, President Obama’s Fiscal Year 2015 budget, released today, seeks to exclude therapy services, including physical therapy, along with radiation therapy, anatomic pathology, and advanced imaging, from the in-office ancillary services (IOAS) exception of the Stark self-referral laws. The American Physical Therapy Association (APTA) has long supported and worked to advocate for exclusion of physical therapy from the IOAS exception. APTA supports the Administration's proposal on physician self-referral and believes this issue should be addressed as part of any fundamental delivery system reform. Approval of the proposal would significantly improve health care services and save the nation billions in unnecessary Medicare spending.

"On behalf of the profession and for patients everywhere, APTA has fought long and hard to eliminate the practice of physician self-referral," said APTA President Paul A. Rockar Jr, PT, DPT, MS. "The Government Accountability Office (GAO) recently published reports clearly showing that the elimination of the practice of physician self-referral would save the country billions in unnecessary Medicare expenses and, more importantly, protect patients from being used as pawns for profit. It is encouraging to see Congress once again considering measures to ensure Medicare does not pay for many self-referred services that impede care and drive Medicare costs up."

The Stark self-referral law prohibits a physician from making referrals for certain designated health services payable by Medicare to an entity with which he or she, or an immediate family member, has a financial relationship -- unless an exception applies. The spirit of the IOAS exception is intended for the delivery of services that could be quickly administered for patient convenience, such as routine lab tests or x-rays. The expansive use of the IOAS exception by physicians to include therapy services, in a manner not originally contemplated by the law, undercuts its very purpose and substantially increases costs to the Medicare program and its beneficiaries. The Office of Management and Budget concluded that closing the loophole for these services would provide savings of just over $6 billion over the 10-year budget window, providing further evidence that these self-referral arrangements lead to overutilization of Medicare services and should be addressed by Congress.

APTA is a founding member of the Alliance for Integrity in Medicare (AIM) (www.aimcoalition.com), a consortium of organizations that advocates for Congress to address the IOAS loophole. The group remains concerned about the ongoing misuse of the IOAS exception to the physician self-referral law. The loophole creates a conflict of interest, providing incentive for self-referral for profit, the results of which are obvious: increased spending, unnecessary use of medical services, and, potentially compromised patient choice and care.

"Respected policy organizations, researchers and budget analysts continue to provide evidence that show the abusive financial impact of self-referral," said APTA Private Practice Section President Tom DiAngelis, PT, DPT. "However, more importantly, the practice has an equally critical impact on our patients. As health care providers we work and interact with patients every day. When physicians self refer, patients feel as though they aren’t in the driver’s seat when it comes to their own care."

APTA strongly urges Congress to follow the recommendations laid out in the Administration's budget and pass legislation to remove physical therapy, advanced diagnostic imaging, anatomic pathology, and radiation therapy from the IOAS exception in the 113th Congress. Learn more about the issue, how it affects patients and health care, and what APTA and its partners in the Coalition are doing about it.
Where Does it Say That?

What is a quorum? According to Roberts Rules of Order (RRO) a quorum is “the number of voting members who must be present in order that business can be legally transacted”. (1) The quorum for the LPTA is 10% of the voting members in the chapter.

When our bylaws were originally written our membership was smaller. A quorum of 10% was easily attainable at the business meetings. Our current membership is about 1140. The current number of voting members is 880. The quorum is currently 88.

Who are voting members? According to the APTA Bylaws and subsequently the LPTA Bylaws, those eligible to vote are: Physical Therapists, retired Physical Therapists, life Physical Therapists; Physical Therapist Assistants, retired Physical Therapist Assistants and life Physical therapist assistant members.

At our Spring Chapter meeting in Lafayette we did not have a quorum present at the Business meeting. According to RRO, if a quorum is not present: “The only action that can be legally be taken in the absence of a quorum is to fix the time at which to adjourn, adjourn, recess or take measures to obtain a quorum.” (2) Since we did not have a quorum and no chance of getting one at this meeting, we adjourned.

No business was addressed. Some questions were asked about Bylaw revisions. An open forum type discussion ensued.

What can you as a member of the LPTA do about this situation? You can attend the business meetings which are held during a luncheon included in your registration fee and help reach that quorum. Another option is being offered by the LPTA.

At our Fall 2014 state meeting in Baton Rouge a revision of the Bylaws will be presented. One of the changes will be to change our quorum requirement. The current proposed amendment approved by your Board of Directors has been suggested to be 25 voting members. This amendment may be further amended setting the quorum anywhere between 25 and our current 10% of the voting members.

YOU have the opportunity to make your voice heard. Attend the Fall Meeting and cast your vote.

   2. Ibid. p.336,33-35.

Respectfully submitted by: Gail Pearce, Bylaws Committee Chairman

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
Prior to his time at LSUHSC, he was a PT in the U.S. Public Health Service. He was instrumental in the development of the Delgado PTA Program in 1992.

He is a life member of the LPTA and received the prestigious LPTA Hall of Fame Award in 1995. George appears to be enjoying his retirement with his wife Heidi, who is “forever young.” He stays busy spending time with his grandchildren, fishing, and is now writing his second book!

As you reach another milestone in your life, George, we thank you for your positive influence in our lives and we wish you a fantastic birthday!!

Respectfully submitted by Amelia Leonardi

Dave Pariser Student Service Award

Congratulations to outstanding New Orleans student Brandon Page, who was presented with the Dave Pariser Student Service Award at this year’s Spring Meeting. Brandon has shown excellence in leadership and service within the LPTA. We know Brandon will be at the front of the line as we Move this amazing profession Forward! Congrats, Brandon!
Government Affairs Report

The session is in full swing. Your Governmental Affairs Committee and Executive Board have been very busy discussing bills and their impact to our profession. Our main focus has been geared towards HB 691-“Athletic Training Bill” authored by Rep. Broadwater. We have participated in good discussions with the athletic trainers in an attempt to work towards collaborative language. Depending on how the conversation progresses, will dictate our next plan of action.

Also, on the radar is SCR-22 authored by Sen Mills. This is a Concurrent Resolution that will perform a study to define the regulations and practice of Acupuncture. During the testimony given by the acupuncturists in the Senate Health and Welfare Committee, the topic of dry needling and the use of the monofilaments were discussed. With the most recent discussions between the Louisiana State Board of Medical Examiners and the Louisiana PT Board, this will be an important piece of legislation for the LPTA to monitor.

Should you have any questions regarding current legislation, feel free to contact your Governmental Affairs District Liaison or me.

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Chair: Cristina Faucheux cristina@moreaupt.com

As always, the legislative environment is very fluid. The LPTA and the Tatman Group are diligently working on your behalf. We request that when the membership is called upon to respond with an action alert that you respond promptly. If you see an Action Alert, it is because we are facing a critical juncture in the legislative process. Thank you all very much for your support, every phone call and discussion to educate a colleague or a legislator is a step in a positive direction!

Respectfully submitted by Cristina Faucheux, Government Affairs Chair

From the Treasurer’s Leger

In 2013, the Foundation for Physical Therapy board started work on a vital initiative to address the great need for health services and health policy research. The initiative, the Center of Excellence for Health Services/Health Policy Research (COE) is dedicated to expanding the number of physical therapy scientists in the critical field of Health Services/Health Policy research.

The Foundation states it well in describing what is necessary for a successful clinical practice:

Quality research which provides the scientific basis to develop new treatments and new approaches to prevent common injuries and diseases.

Data that identifies the most effective ways to organize, manage, and finance high quality care and to improve patient safety.

Respectfully submitted by Judith Halverson, LPTA Treasurer (continued on page 15)
(continued from From the Treasurer’s Leger on page 14)

The Foundation recognized the shortage of skilled clinicians in the area of Health Sciences/Health Policy research. To fund this initiative, the Foundation sought financial support from Chapters, Sections and individuals. A challenge was given to Chapters to donate up to $25,000 across 5 years. The LPTA board reviewed this challenge and agreed that this is an important endeavor. Through our Research fund and appropriate budgeting over the next 5 years to include the expenditure in the budget, the LPTA Board approved a total donation of $25,000.

Foundation Board of Trustees President William G. Boissonnault, PT, DPT, DHSc, FAPTA, FAAOMPT said that the financial support from Chapters, Sections and individuals “Will put us on the road to changing the face of physical therapy, securing our place in the future of health care, and dramatically improving the quality of care we provide to our clients.” The Foundation has raised $3 million to fund the Center of Excellence.

We are pleased to report that our first installment to the Foundation of $5,000 was made during our Spring Meeting in March. You can learn more about the Center of Excellence for Health Services/Health Policy Research at www.foundation4pt.org.

2014 Physical Therapy Legislative Day

A great big thank you to everyone that showed up to the Capital on Thursday, April 3. The LPTA is especially grateful to Alice Quaid for organizing this most successful event and to Bruno Steiner for loaning his great visual models. (Who would have thought taking a picture with a skeleton would draw a crowd?).

PT Day at the Capital is a terrific way to meet legislators and promote our profession. The event kicked off the first day of the LPTA hosted “Committee Run”. The Committee Run is a contest in which Legislators are encouraged to use a pedometer for a week. The Legislator with the most steps is awarded $1000 to the non-profit of their choice. It was a fun and exciting atmosphere as the Legislators began setting their pedometers and discussing plans on how they could win.

Participating in the screening area to provide physical therapy screenings and demonstrations of our skills and expertise was: Alice Quaid, PT, Bruno Steiner, PT, Eddie Himel, PT, Garret Mandel, PT, Allison Daly, PT, and Beth Winkler-Schmidt, PT. Providing information regarding physical therapy to the legislators and to the public was: Beth Ward, PT, Cristina Faucheux, PT, Danielle Morris, PT, Lisa George, PTA, Oday Lavergne, PT, Al Moreau, III, PT, Paul Hildreth, PT, Krissy Mappes, SPT, Mary Beth Foreman, SPT, Erin Madera, SPT, Lauren Peters, SPT, Justin Selva, Carrie Brousard, Rachel Stanton, Kelli Williams, and David Tatman.

Again, thanks to everyone that participated to make PT Day 2014 a success!