President’s Message

Words cannot fully express the appreciation I feel for your vote of confidence in my abilities to continue work as your President for another three years. Although I was running unopposed, I still find it uplifting that those who attended the Fall Meeting did take the time to cast their vote for me. I feel I have served you well in the past three years, and I hope to be able to say the same in 2017. Of course, I could not do my best for you without the help of Bland and Carrie in the office, and a slew of wonderful Board members and mentors from across the state. APTA national is an amazing resource as well, and are very responsive and professional when questions arise at the state level.

Speaking of elections, aren’t we all fairly exhausted after this grueling election season? I know there were many hotly contested races, and no matter the outcome, it is quite imperative that we continue to reach out to those individuals who are serving at the state and national levels on issues pertinent to physical therapy. It is our goal over the next couple of years to work extremely hard at establishing Key Contacts in Louisiana so that when issues come up, when other groups try to infringe, or when we are ready to bring forward legislation as an association, that we have our contacts in place and we have real relationships with our legislators and can make things happen quickly. Statewide elections for new representatives and senators occur in 2015, so working on your legislators’ campaigns is a great way to help establish those relationships. Our push right now is asking them, “What can I do for you?”

(continued on page 6)

Respectfully submitted by:
Beth Ward, PT, DPT

Ethics Committee

We would like to thank the Ethics Committee for their willingness to serve in this capacity. Please do not hesitate to reach out to them for guidance on ethical dilemmas, clinical decision making, and evidence based practice.

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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 753

Life Members
Current 30

Students
Current 249

PTAs
Current 113

Total
Current 1,115

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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This is what happens when the LPTA numbers are down...

Make it stop, people, please make it stop...
Combined Sections Meeting

The Combined Sections Meeting (CSM) focuses on programming designed by all 18 of APTA's specialty sections.

CSM 2015 will bring together more than 10,000 physical therapy professionals from around the nation for several stimulating days of exceptional programming, networking opportunities, and an exhibit hall filled with products and services.

NEXT

NEXT Conference and Exposition, APTA's new annual June conference, is the leading-edge event for physical therapy professionals, defined by trendsetting and innovative programming, and exclusive access to the profession's forward-thinkers at educational sessions and networking events.

Big congratulations are in order for Dr. Sharon Dunn who was slated for the office of APTA President!!! Elections will be held on June 1, 2015 at the House of Delegates in National Harbor, MD.

PT-PAC!

Based on a recent survey put out by the APTA, 77% of our colleagues said they would be willing to contribute $20 ever year to help pass our legislative priorities in Congress!

Support the PT-PAC’s $20 campaign — your profession and patients are worth it!
Component Wrap Up!

Julie Danieles Harris, Shreveport District Chair

The Shreveport District celebrated PT awareness month of October with a PT pub night with states legislators and our 11th annual “Hustle for Your Health” 5k fun run. We had an opportunity to network with other PT’s, PTA’s, and students along with 5 state legislators in the Shreveport area. We enjoyed this casual meeting with great food, great conversations and of course great beverages! We were able to educate our representatives on what physical therapy is and we hope this will help spark the beginning of a beautiful friendship. We would like to thank those who attended along with Twisted Root Burger Co. for being an exceptional host and providing us with a wonderful atmosphere for the event. We will be back!

Our “Hustle for your Health” fun run was definitely an event to remember. Mother Nature graced us with her presence before and after the race. She did allow our runners to complete the race; however, we were rained out for our awards portion of the event. We are still thankful for the opportunity to help give to “Independence Regained,” a private not for profit advocacy organization that was formed to raise funds to create a rehabilitation and research hospital to our area. Thanks Scott Wells for all that you do in helping to bring our friends and families home.

Have a Merry Christmas and a Happy New Year from your friends in Shreveport!

Alix Sorrel, Lafayette District Chair

Lafayette District had a great district meeting in October! A representative from Tri-Running came to talk about their products and didn’t let anyone leave without something. He gave out jackets and socks to everyone attending. In addition to this, Becky Houston, PTA won a $50 gift card to Tri-Running as door prize for attending. Errol Leblanc, PT is the new government affairs District Liaison for Lafayette district and was present as well. Stay tuned for upcoming meetings!

Alicia Pruitt, Membership Chair

As I looked at the LPTA membership numbers from October, I was sad to see that we had a large number of members drop their membership compared to those who reinstated their membership. What is going on? Why is it so hard to see the value in being a part of our organization? October isn’t even Christmas time where money might be limited for some families! Please remind your colleagues to join/ renew membership into the APTA/LPTA. Explain why your membership is valuable to yourself and all licensed therapists. Students, your membership has declined significantly. Think of your membership as job insurance for the future, the same as you think of car and health insurance. It’s for your own protection in the future. Although this message has been a little negative I am happy to report that this has not been the trend over the last few months. We are gaining new members and our members who have not renewed membership have been a smaller number in recent months.

Current totals: PT – 753; PTA – 113; SPT – 194; SPTA – 55; LPTA - 1115
Component Wrap Up!

Rusty Eckel, Payment Chair

Hello, fellow LPTA members. My name is Rusty Eckel and I grew up in Alexandria, Louisiana. I started my career in physical therapy when I graduated from the LSU/New Orleans program in 1975. I was first employed as Director of Physical Medicine Services at Mercy Medical Center in Springfield, Ohio from 1975-1982. I was employed in the same position at Lake Charles Memorial Hospital from 1982-1984 and then entered private practice in 1985. I’m currently the owner of Advanced Rehab Services in Lake Charles, Louisiana. I’ve held the position of LPTA treasurer in the past, and I’m currently serving as your Reimbursement/Practice Chair. I wanted to take the opportunity to discuss why I was encouraged to volunteer for this position and share a little of what I’ve learned so far.

The practice of physical therapy has grown leaps and bounds and the knowledge and skills of new graduates is indeed impressive. I am concerned, however, those skills may not be utilized to their maximum potential due to reimbursement and practice issues. Physical therapy is not only an art and a science, but it’s also a business. It doesn’t matter if you own your own business, if you can’t get paid appropriately for your skills, your profession cannot grow and thrive.

In September of this year, along with other LPTA members, I had the opportunity to attend the APTA State Policy and Payment Forum in Seattle, WA. This forum opened my eyes in so many ways. In thirty-nine years of being a physical therapist, I’ve naturally seen many changes come and go. However, the new changes that I discovered at the Seattle Forum were quite revealing. It’s a new world for physical therapists and these costly and time-consuming changes will happen fast. I’m positive our profession, as always, will adapt and continue as a dominant player in the modern health care model.

Some of the more notable events in the near future will be the ICD-10 implementation in October 2015. Also, there will be CPT coding changes in 2016 and standardization of documentation for acute, post-acute and OP. The easiest way to stay abreast of these changes is to frequently check the excellent APTA web site especially the practice, quality, and payment sections. Since they are so well-written it would be a waste of time, in most cases, for me to review the APTA postings for you in e-mail or newsletter format. I will, however, provide notices and reminders for you to visit those sites when it becomes important for you to do so. If vital information comes my way which is not available through APTA channels, I will utilize LPTA resources to inform you.

(continued on page 19)

Danielle Morris, Baton Rouge District Chair

Baton Rouge district members celebrated PT month by contacting state legislators within our districts, and by initiating relationships and inviting our representatives and senators to a Meet and Greet. Thanks to everyone for all of the hard work that made this event successful and thanks to BRPT-Lake for hosting this event!

Congratulations to Baton Rouge district member Greg LeBlanc, PT, DPT, OCS who has been named as a partner at Baton Rouge Physical Therapy-Lake.

We are also excited that Baton Rouge Physical Therapy-Lake and Peak Performance Physical Therapy and Fitness were named by the Greater Baton Rouge Business Report as two of the Best Places to Work in 2014!
Component Wrap Up!

Jane Eason, Program Chair at LSUHSC-New Orleans

The Delgado PTA program and the LSUHSC – New Orleans PT program got together for an Integrated Case Application Lab (ICAL). The intent of the ICAL was to expose PTA and first year PT students to each other as they worked together through a case discussion. The case was a female runner with knee pain. In small groups, students worked through questions regarding information that was key to understanding the case. This was followed by performing an interview and examination on the patient. This was a great way for both groups of students to learn more about each other’s curriculum and knowledge base as they worked through the case together with faculty facilitation.

Prior to the case discussion, students were divided into small groups and they competed with each other on the time it took them to do several physical performance skills as well as skills required for a physical therapist/physical therapist assistant to perform. It was a fun way to break the ice and it sure brought out a competitive spirit in the students! Thanks to faculty members, Ha Hoang and Rachel Trommelen as well as first year DPT I student Caroline Ruiz for developing the physical performance contest.

Michael Hildebrand, Monroe District Chair

As part of NPTM, members of the Monroe district assessed senior citizen’s fall risk at the Ouachita Council on Aging and educated on tips to prevent falls, including how a physical therapist can help. Several seniors participated in a Time Up and Go test and discussed their results with a therapist. They received handouts on how to prevent falls and on who physical therapists are and what we do. Everyone had a great time and we look forward to collaborating with the Ouachita Council on Aging again in the future.

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

I am happy to report that LPTA’s Ethics Committee has been revamped and is here to serve you. Of course, as a licensed therapist practicing in this state, you are required to report any infractions to the licensing Board at laptboard.org. But, now that we have a working Ethics Committee, you can expect to hear from them regularly in this publication on how to stay compliant, and they plan to present a course for CEU’s at Fall Meeting 2015 on documentation standards. Many ethical questions arise in our daily practice of physical therapy. They are there to help. Look for their contact info in this issue.

Thanks to the LaPT Board for showcasing APTA’s Integrity in Practice Campaign and promoting the free course on APTA’s Learning Center to satisfy your ethics requirement called, “Navigating the Regulatory Environment: Ensuring Compliance While Promoting Professional Integrity.” It is a 2-hour course that is free to members and non-members.

I thank you for filling out the recent survey. It is similar in format and content to the survey I did when I first became President, and comparing your responses will help guide us on a path for the next 3 years. Thank you also for your membership. It makes a difference. Please encourage those with whom you work and socialize to become members as well.

May your holidays be filled with family and fun, knowing that we work in an amazing profession and have the ability to serve others daily.

Happy Holidays from your President!
Code of Ethics for the Physical Therapist

Preamble: The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

- Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
- Provide standards of behavior and performance that form the basis of professional accountability to the public.
- Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
- Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
- Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles of Conduct:
1. Physical Therapists shall respect the inherent dignity and rights of all individuals. (core values: Compassion, Integrity)
2. Physical Therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (core values: Altruism, Compassion, Professional Duty)
3. Physical Therapists shall be accountable for making sound professional judgments. (core values: Excellence, Integrity)
4. Physical Therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public. (core values: Integrity)
5. Physical Therapists shall fulfill their legal and professional obligations. (core values: Professional Duty, Accountability)

(continued on page 17)
APTA Debunks 7 Common Physical Therapy Myths

ALEXANDRIA, VA, October 6, 2014 — A recent survey conducted by the American Physical Therapy Association (APTA) confirmed 7 of the most common myths about physical therapy. While the demand for physical therapists continues to rise and many consumers are experiencing the transformative effects of physical therapy, some misconceptions persist. APTA is debunking common ones during National Physical Therapy Month in October to better enable consumers to take charge of their health and improve their overall fitness, mobility, and quality of life.

Below are 7 of the most common myths about physical therapy, followed by corresponding facts. See the list at MoveForwardPT.com.

Myth: I need a physician’s referral to see a physical therapist. Fact: The survey revealed 70% of people think a referral or prescription is required for evaluation by a physical therapist. However, all 50 states and the District of Columbia (DC) allow patients to be evaluated by a physical therapist without a physician’s prior referral. In addition, 48 states and DC allow for some form of treatment or intervention without a physician referral or prescription (Oklahoma and Michigan being the exception.) Beginning November 1, 2014, patients in Oklahoma will be able to seek treatment from a physical therapist without a physician referral. On January 1, 2015, patients in Michigan will be able to do so, as well.

Myth: Physical therapy is painful. Fact: Physical therapists seek to minimize pain and discomfort—even if it is chronic or long-term. They work within your pain threshold to help you heal, and restore movement and function. The survey found that 71% of people who have never visited a physical therapist think physical therapy is painful. That percentage significantly decreased, however, among patients who had visited a physical therapist within the past year.

Myth: Physical therapy is only for injuries and accidents. Fact: Physical therapists do a lot more than just stretch or strengthen weak muscles after an injury or surgery. As experts in the way the body moves, they are skilled at evaluating and diagnosing potential problems before they lead to more serious injuries or disabling conditions. Physical therapists help people of all ages and abilities reduce pain, improve or restore mobility, and stay active and fit throughout life.

Myth: Any health care professional can perform physical therapy. Fact: Although the survey found that 42% of consumers are aware that physical therapy can be performed only by a licensed physical therapist, 37% still believe that other health care professionals can provide physical therapy. While physical therapists and other health care professionals may perform some treatments that seem similar, physical therapy can be provided only by licensed physical therapists.

Myth: Physical therapy isn’t covered by insurance. Fact: Most insurance policies cover some form of physical therapy. Beyond insurance coverage, physical therapy has shown to reduce costs by helping people avoid unnecessary imaging scans, surgery, prescription drugs. Physical therapy can also lower costs by helping patients avoid falls or by addressing conditions before they become chronic.

Myth: Surgery is my only option. Fact: In many cases, physical therapy has been shown to be as effective as surgery in treating a wide range of conditions—from rotator cuff tears and degenerative disk disease to meniscal tears and some forms of knee osteoarthritis. The study found that people who recently have seen a physical therapist know this to be true, with 79% believing that physical therapy can be a viable alternative to surgery.
Myth: I can do physical therapy myself. Fact: The goal of physical therapy is to educate the patient on successful self-care. To accomplish this, however, the expert care and guidance of a licensed physical therapist is required. Your physical therapist's specialized education and clinical expertise, combined with the latest available evidence and treatment techniques, are critical to evaluating and diagnosing your condition and developing an individualized plan of care.

"Commonly held misconceptions about physical therapy can become barriers to people seeking the potentially life-changing care of a physical therapist," said APTA member Joseph Brence, PT, DPT, FAAOMPT, COMT, DAC. "We hope that by challenging these myths with facts, consumers will recognize that physical therapists can help them optimize their movement and greatly improve their quality of life."

APTA represents more than 88,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Learn more about conditions physical therapists can treat, and find a physical therapist in your area, at www.MoveForwardPT.com. Consumers are encouraged to follow us at "MoveForwardPT" on Facebook, Twitter, and Pinterest.

Methodology
The sample for this study was randomly drawn from a national list of adults 18 and older. The gender split was 50/50. Five-hundred online interviews were conducted in September 2014, and stat testing was done at a 95% confidence level.

2015 Slate of Candidates Posted to the APTA Website!

The 2015 Slate of Candidates for APTA national office is now available on the APTA website. The candidate webpage, including candidate statements, will be posted on January 30, 2015.

Elections for national office will be held at the 2015 House of Delegates on June 1. Please contact Amber Neil in APTA’s Governance and Leadership Department for additional information.

2015 SLATE OF CANDIDATES

PRESIDENT (one to be elected)
Sharon L. Dunn, PT, PhD, OCS
Dianne V. Jewell, PT, DPT, PhD, FAACVP

VICE PRESIDENT (one to be elected)
Lisa K. Saladin, PT, PhD

DIRECTOR (three to be elected)
Susan A. Appling, PT, DPT, PhD, OCS
Holly M. Clynch, PT, DPT, MA, GCS
Anthony E. DiFilippo, PT, DPT, MEd, OCS, CSCS
Wendy M. Featherstone, PT, DPT
Jeanine M. Gunn, PT, DPT
Robert Rowe, PT, DPT, DMT, FAAOMPT

NOMINATING COMMITTEE (one to be elected)
Susan M. Chalcraft, PT, MS
Scott Euype, PT, DPT, MHS, OCS
'Text Neck' the Focus of Upcoming Study

The reasons for a person's neck pain could be as close as his or her phone.

A recent story in the Washington Post describes the upcoming publication of a study that analyzed the burden placed on the cervical spine through the typical posture of people looking at their smartphones—head tilted down at angles as severe as 60 degrees. At that angle, researchers determined that weight on the cervical spine increases to about 60 pounds.

According to the Post report, the "text neck" posture seen just about everywhere is like "carrying an 8-year-old around your neck several hours per day," at the rate of between 700 to 1,400 hours a year. For adolescents, that number could be 5,000 hours higher. The poor posture can lead to degeneration of the spine.

The Post reports that the problems associated with text neck have been known for some time, and borrows quotes from a 2013 CNN interview with APTA Private Practice Section President Tom DiAngelis PT, DPT, in which he describes the dangers of the posture over time.

The article offers suggestions from Kenneth Hansraj, lead author of the upcoming study, on how to counteract text neck. His biggest piece of advice: look down with your eyes—no need to bend your head. Second, he suggests specific exercises to improve mobility and posture.

Washington Post: New Magnetic Stimulation Device Being Tested as a Way to ‘Prep’ Poststroke Brain for Physical Therapy

A new transcranial magnetic stimulation (TMS) device is being tested as a possible aid to physical therapy for patients poststroke, according to a recent article in the Washington Post.

In the November 24 article, Post reporter Amy Ellis Nutt describes early efforts at Ohio State Wexner Medical Center to use Nexstim, a technology that painlessly suppresses activity in the healthy parts of a patient's motor cortex. Researchers believe that after stroke, undamaged parts of the brain "[go] into overdrive in order to compensate," which "may actually slow recovery of the injured side," according to the article.

The Post reports that the process involves using "a technology similar to a GPS" to pinpoint the areas of the motor cortex that have been injured. Researchers then apply low-frequency magnetic pulses to the corresponding healthy area to decrease activity. "This allows the injured side to make use of more energy during physical therapy, which immediately follows the [TMS]," Nutt writes.

Nexstim is planning on conducting an 8-month double-blind randomized clinical trial with 200 individuals who have suffered a stroke in the past 3-12 months and have weakness in the arm and hand on only one side. According to the Post report, the trial will involve up to 29 visits for each participant.

Rock Tape Named APTA Strategic Business Partner

RockTape Inc, a leading provider of sports medicine products, has been named a Strategic Business Partner of APTA. Its flagship product, RockTape kinesiology tape, is used by more than 8,000 medical professionals worldwide to treat and prevent common sports injuries.
"We are pleased to welcome RockTape to APTA’s Strategic Business Partners family," said APTA President Paul A. Rockar Jr, PT, DPT, MS, in an association news release. "It is important to APTA to enhance our business relationships and develop meaningful partnerships with for-profit companies. We are pleased that our services and marketing opportunities provide mutual benefits to our partners and APTA."

"We knew that to best leverage all of our great relationships in the physical therapy profession, we needed to partner with and support the profession through the APTA Strategic Business Partners Program," said Alyson Evans, director of US sales.

In 2015 RockTape will exhibit at APTA's Combined Sections Meeting, the NEXT Conference, and National Student Conclave.

The APTA Strategic Business Partners program seeks to enhance business relationships and develop meaningful partnerships with for-profit companies by offering services and marketing opportunities that provide mutual benefits to partners and APTA. For further information on the program, visit the Strategic Business Partners webpage.

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**What is “The Hub”?**

The Hub is the new online communities space for APTA members, with improved features including the ability to participate in discussions directly from your e-mail. Communities are a way for you to get involved with your sections, standing committees & planning committees.

- **Subscriptions:** Get updates from The Hub and participate in discussions directly from your e-mail inbox.
- **Profile:** Learn what profile information is visible to other users, and update your profile (add a photo!)
- **Favorites:** Get streamlined access and updates from your favorite areas of The Hub.
- **Files:** Learn how to find, sort, access, and upload (when permitted) documents in file libraries.
- **Forums:** Participate in discussions from The Hub or e-mail; learn how to recognize view-only forums.

Ready to go? The Hub is helping APTA members collaborate. Explore the communities available to you, join or start a discussion, and subscribe to e-mail updates to stay connected!
Nurses’ ‘Choosing Wisely’ List Should Resonate With PTs, PTAs

A recently released list of practices nurses and patients should question will likely get nods of agreement from physical therapists (PTs) and physical therapist assistants (PTAs) for the ways the recommendations promote early mobility in hospital settings.

The American Academy of Nursing (AAN) became the most recent nonphysician profession to add to the American Board of Internal Medicine (ABIM) Foundation’sChoosing Wisely® campaign aimed at educating consumers and health care professionals on health care-related tests, procedures, and practices that may not be necessary or appropriate under certain circumstances. In September, APTA became the first nonphysician group to join the campaign when it unveiled its list of "5 Things Physical Therapists and Patients Should Question."

Of particular interest to PTs and PTAs in the AAN list of "5 Things Nurses and Patients Should Question" (.pdf) are recommendations that nurses should not let older adults lie in bed or only get up to a chair during their hospital stay, that physical restraints should not be used with patients who are older and in the hospital, and that urinary catheters should not be placed or maintained in a patient "unless there is a specific indication to do so."

"PTs know that an important contributor to hospital-associated disability is immobility during hospitalization, which leads to decreased function, increased fall risk, and increased length of stay—especially in older adults," said Anita Bemis-Dougherty, PT, DPT, MAS, clinical practice director at APTA. "The AAN Choosing Wisely list is an excellent addition to the support for greater mobility in hospitalized patients."

Bemis-Dougherty noted that the AAN recommendations around restraints are consistent with The Joint Commission (TJC) restraint standards. In addition, she said, the AAN list correlates strongly with APTA’s Choosing Wisely recommendations against using continuous passive motion machines after uncomplicated total knee replacement, and against bed rest following diagnosis of acute deep vein thrombosis after anticoagulation therapy, unless significant medical concerns are present.

"Improved strength in older adults is associated with improved health, quality of life and functional capacity, and with a reduced risk of falls," noted Bemis-Dougherty. "If the patient is restrained, the immobility could lead to poor outcomes."

APTA Senior Director of Practice and Research Nancy White, PT, DPT, OCS, was involved in the development of the APTA Choosing Wisely list, and thinks that the AAN recommendations add to the reach of a campaign that’s making a difference.

"Choosing Wisely is recognized as a great way to improve outcomes of care and reduce the use of treatment approaches that are either not effective or that may even be harmful," White said. "AAN has identified several practices that are common in many hospital settings that result in prolonged and unnecessary bed rest—something that PTs know leads to poorer outcomes and prolonged hospital stays."

Bemis-Dougherty believes that the AAN list can help APTA in its efforts "to change the culture of immobility in the hospital to one of mobility."

"Creating that kind of change is a daunting task and can’t be accomplished by PTs alone," Bemis-Dougherty said. "To have nursing recognize the problem caused by immobility is huge and hopefully can contribute to a more widespread culture of mobility that involves all health care professionals within hospital settings."
USBJI Young Investigators Program Accepting Applications

Physical therapist (PT) investigators have an opportunity to receive guidance in getting their research funded and "other survival skills required for pursuing an academic career" through a program that connects them with experienced researcher-mentors.

The United States Bone and Joint Initiative (USBJI) and Bone and Joint Canada announced that they are now accepting applications for the Young Investigator Initiative, a career development and grant mentoring program. Investigators chosen to participate in the program will attend 2 workshops 12-18 months apart and work with faculty between workshops to develop grant applications.

This grant mentoring workshop series is open to promising junior faculty, senior fellows, or postdoctoral researchers nominated by their department or division chairs. It also is open to senior fellows or residents who are doing research and have a faculty appointment in place or confirmed and have a commitment to protected time for research. Basic and clinical investigators, with or without training awards (including K awards), are invited to apply.

Application requirements and more details can be found at the USBJI website. Deadline is January 15, 2015, to participate in the next workshop, April 24-26.

According to an announcement from USBJI, 140 program participants have obtained more than $130 million in research grants. APTA is a founding member of USBJI.

Does Meniscal Surgery Increase the Risk of OA?

Surgery for meniscal tears may increase the risk of osteoarthritis and cartilage loss, according to results of a study presented at the annual meeting of the Radiological Society of North America (RSNA) on December 3.

According to an RSNA press release, the study examined magnetic resonance imaging of 355 knees that developed osteoarthritis in the past 5 years—31 knees that had meniscal surgery a year prior to the arthritis diagnosis, and 281 knees that had meniscal damage but no surgery. The study group was compared with a control group with no meniscal damage, matched for age, gender, BMI, and arthritic severity. Patients in the study were mostly overweight with an average age of 60.2. Two-thirds of the subjects were women.

RSNA reports that "all 31 of the knees that underwent meniscal surgery during the prior year developed osteoarthritis, compared with 165 (59%) of the knees with meniscal damage that didn't have surgery."

Cartilage damage rates were even more dramatic. According to the announcement, cartilage loss was found in 80.8% of the knees with surgery, but was present in only 39.5% of the knees that did not undergo the procedure.

"Increasing evidence is emerging that suggests meniscal surgery may be detrimental to the knee joint," said lead researcher Frank W. Roemer, MD, in the press release. "The indications for meniscal surgery might need to be discussed more carefully in order to avoid accelerated knee joint degeneration."

The study was discussed at the RSNA conference but has not undergone peer review.
In Modest-Sized Study, Manual Manipulation Outperforms Mechanical Manipulation, Usual Medical Care in Short-Term LBP Results

Although long-term differences may not be significant, according to a new study, in the short-term, manual-thrust manipulation (MTM) for low back pain (LBP) produces statistically significant reductions in pain and disability compared with usual medical care (UMC) or mechanical-assisted manipulation (MAM). The study, e-published ahead of print in the journal Spine (abstract only available for free), examined 107 patients with onset of LBP within the past 12 months and no radicular features. The patients were divided into 3 groups: 1 group received "usual medical care" of 3 visits with a physician who prescribed over the counter analgesics and NSAID medications as well as advice to stay physically active; 1 group received 8 mechanical-assisted manipulation sessions in the prone position; and 1 group received 8 sessions of high-velocity, low-amplitude thrust manipulation in the side posture position.

Using the Oswestry OBP Disability Index and a self-reported 1–10 pain intensity scale, researchers assessed improvement among the groups at 4 weeks, 3 months, and 6 months.

According to the study, at the 4-week mark, 76% of the MTM group achieved at least a 30% reduction in disability, compared with 50% of the MAM group, and about the same number in the UMC group. Half of the MTM group achieved a 50% or greater reduction in disability, compared with 16% of the MAM group and 39% of the UMC group.

The MTM group also fared better in pain ratings, with 94% of that group reporting reductions in pain of 30% or more, compared with 69% of the MAM group and 56% of the UMC group. Among the MTM participants, 76% reported a 50% or greater reduction in pain, compared with 47% of the MAM group and 41% of the UMC group.

Differences fell off after 4 weeks, however, with authors writing that "none of these tests at the 3- or 6-month time points were statistically significant."

Authors describe the differences between the groups as "relatively modest but still relevant" to patients with LBP. What they were most surprised by, however, was what they describe as the "significant advantage of MTM over MAM on reductions of both disability and pain scores." They had expected the scores to be more similar compared with UMC; instead, MAM and UMC tended to be more similar in pain and disability outcomes.

According to the authors, the study was limited in terms of its "modest" sample size. Additionally, the lack of a natural history control made it impossible to determine what was "attributable to natural history, direct treatment effect, and/or non-specific factors," they write.

Still, they assert, the findings support the use of manipulation as a short-term approach, depending on the patient.

"Manipulation should be offered as an effective therapeutic option to patients within the context of preference-sensitive care, allowing the patient to make an informed choice which reflects their individual values and preferences," authors write. "It has been found that treatment options which align with patient preferences lead to enhanced patient satisfaction."
NIH Announces Funding For Robotics Projects Aimed at Increasing Mobility

The National Institutes of Health (NIH) is continuing its involvement in the development of "co-robots" through recently announced grants to develop wearable exoskeletons for individuals poststroke and vision-guided wheelchairs for people with limited hand mobility.

The NIH funds are part of the agency’s participation in the Interagency National Robotics Initiative to create devices that employ robotics technology to work cooperatively with people, called co-robots. Other participants in the initiative include the National Science Foundation, NASA, and the Department of Agriculture.

Recently announced projects include a project designed for individuals poststroke to "extend therapy into the home by providing patients with a lightweight robotic exoskeleton that can be placed on an affected arm and provide the kind of therapeutic guidance found at a rehabilitation center," according to an NIH news release.

A second major project will focus on a co-robot wheelchair that will help individuals with limited hand function achieve greater mobility by tracking head movements via a camera placed on special glasses. According to the news release, the new technology will "adapt to individual users by gaining information as the patient responds to various situations in natural ways (such as turning their head as their attention shifts)."

The initiative will also fund research on co-robotic technology to develop "a music-based system that will help children with [autism spectrum disorder] interact with a robotic companion in a safe and natural manner."

NIH will provide approximately $2.3 million in funding over the next 5 years.

If You Print It, Will They Come? Article Looks at Advances, Challenges in 3-D Printing of Prosthesis

The 3-D printer technology is there. The materials are there. The execution is nearly there. But the idea of connecting people all over the world with easily accessible, relatively inexpensive prosthetics will require more than just technical advancements to make that vision a reality, according to a recent article in Fast Company.

In the article, reporter Matthew Braga focuses on 2 projects that are aiming to advance the use of 3-D printers to produce prosthetic devices: a University of Toronto-based effort that will work with a Ugandan hospital to facilitate the production of prosthetics for children there, and a crowdsourced initiative that brings together over 3,000 individuals to collaborate on 3-D-printed hand and finger prostheses.

According to the Fast Company article, the technology and materials are largely in place for the fabrication of the prostheses—though there is still some work to be done on load-bearing devices. The problem, Braga writes, is in making the technology widely available in sustainable ways.

While systems could be put in place that would, for example, allow the Ugandan hospital to take scans and upload data to a remote creation system, "the problem with that approach is it denies African hospitals the knowledge and expertise to develop these prosthetics themselves," Braga writes. "It doesn't build up new infrastructure, but leverages existing networks."

Despite these issues, projects are moving forward, according to the article: this December, Boy Scouts and Girl Scouts will volunteer time to assemble prostheses parts for the hand project, and the Ugandan initiative aims to supply at least 65 working prosthetics to children during 2015.
APTA Members Can Save on Holiday Shopping, Car Rentals!

This holiday season APTA can help members save money on in-store and online purchases, and can even help make car rentals cheaper. Here are a few quick tips that can have a positive impact on your holiday budget:

- Register for an account at the APTA online mall to receive up to 20% cash back for online purchases from hundreds of retailers including Target, Kohl’s, Nordstrom, Zappos, and more. Plus, receive additional discounts from participating retailers.
- Let your APTA membership help you save an average of 17% on all online or in-store purchases at Office Depot, including copying and printing services. To start saving, download a store discount card or shop online athttp://apta.ctcshares.com.
- Get a break on rental cars for holiday travel—save up to 25% on your rental with Avis and Budget. Be sure to check out the additional savings coupons when making your reservation online.
  - To rent through Avis: Go to Reserve online, or call 800/331-1212 and mention AWD Number T031200.
  - To rent through Budget: visit the APTA member discount site, or call 800/455-2848 and mention BCD Number X570900. Also, enjoy $25 back with Budget Bucks Payback by renting with Budget twice through December 31, 2014, to receive a $25 gift certificate toward your next rental. To start earning Budget Bucks, register your Fastbreak RapidRez number at www.budget.com/bucks, or enroll for free.

House Passes Bill to Allow Tax-Exempt Savings for Individuals With Disabilities

The US House of Representatives recently passed a bill that would help Americans with disabilities achieve a greater level of independence, and strong bicameral, bipartisan support makes the legislation nearly certain to pass in the Senate.

On December 3, the House overwhelmingly approved the Achieving a Better Life Experience Act (ABLE), a bill that allows people with disabilities to establish tax-exempt savings accounts that would not disqualify them from receiving Medicaid and Social Security benefits. Currently, disability benefits are not provided to individuals with more than $2,000 in assets earning more than $680 a month.

According to a story in USA Today, the strong House vote in favor of the legislation (404-17) will likely be answered with equally enthusiastic support in the Senate, given that about 85% of all members of Congress are listed as cosponsors.

APTA Chief Public Affairs Officer Justin Moore, PT, DPT, thinks that physical therapists and physical therapist assistants should applaud the bill’s passage. "The ABLE act is at the core of who we are as a profession," Moore said. "At the heart of APTA’s vision for transforming society is a belief that individuals should be given every opportunity to participate fully in that society. This legislation, which will allow people with disabilities to achieve greater financial independence, is a significant step in the right direction."

The ABLE Act could come up for a vote in the Senate as early as next week.
Healthcare Spending Increases Hit 53-Year Low — But Why?

A study published this week (abstract only available for free) by Centers for Medicare and Medicaid Services (CMS) actuaries reports that national health care spending in 2013 grew at its lowest rate in more than half a century, but analysts aren't sure how exactly to characterize the slowdown: as "the temporary aftermath" of hard economic times, or "the beginning of a new era" brought on by health care reform efforts?


Spending in 6 out of 9 categories studied—such as hospital care, durable medical equipment, home health care, and "other professional services"—dropped in 2012–2013, compared with 2011–2012. The only areas of increase were in prescription drugs, nursing care, and nondurable medical products.

In a blog post for the Washington Post, health care policy reporter Jason Millman writes that the CMS actuaries were "not surprised by the recent slowdown ... since it usually tracks with GDP [gross domestic product] coming out of a recession."

However, Millman writes, other data point to factors that "don't seem to apply to the experience of previous recoveries," including increases in high-deductible health plans that could discourage individuals from using health care, cuts to Medicare spending, and "greater Medicare drug rebates and limits on insurer profits." If these policies have made a difference in spending, the rate of future increase could be slower than what experts would expect if the pattern were tied solely to GDP.

Regardless of the contributing factors, health care spending is predicted to rise to $5.2 trillion by 2023, a figure almost double the 2013 numbers, making up 19.3% of the US economy.

"The key question is whether health spending growth will accelerate once economic conditions improve significantly; historical evidence suggests that it will," write the CMS report's authors. "However, in the near term, the health sector will undergo major changes that will have a substantial impact on the consumers, providers, insurers, and sponsors of health care."

"The balance of these and many other factors over the next few years will determine how the historically low health spending growth from 2009 to 2013 is viewed: as the temporary aftermath of the great recession or the beginning of a new era," they conclude.

(continued from Code Of Ethics For the Physical Therapist on page 7)

6. Physical Therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (core value: Excellence)
7. Physical Therapists shall promote organizational behaviors and business practices that benefit patients/clients and society. (core values: Integrity, Accountability)
8. Physical Therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (core value: Social Responsibility)
For Pre-PT Students
Are you interested in becoming a physical therapist? APTA invites you to register for a free Physical Therapy Virtual Fair on April 28-29, 2015! The fair will allow you to participate in live chats with Doctor of Physical Therapy (DPT) programs from across the country. Use the fair to find the best DPT program for you, ask questions from the comfort of your computer, and get tips on how to best prepare for the admissions process. Register in advance for this free event. Learn more and register.

For DPT Education Programs
APTA invites all PT education programs in the US to leverage a new technology-enabled solution to effectively reach prospective students. The Pre-PT Virtual Student Recruitment Fair offers unique opportunity for you to interact with and educate prospective students about your program in an innovative and cost-effective way. A virtual fair will enable your program to:

- Reach a broader cohort of prospective students without the cost of travel
- Conduct live video chat sessions with students from your desk
- Interact with students in group or private text chats
- Choose your own chat hours (daytime and evening)
- View a list of students who are explicitly interested in learning more about your program
- Access valuable recruitment data about all students who register for the fair
- Upload multimedia resources to your virtual booth

The early registration deadline is February 27 ($350 fee) and the regular registration deadline is April 1 ($450 fee). The virtual fair is free to students.

Learn More: Sign Up for Free Webinar
Join the free informational webinar to learn more about the upcoming Physical Therapy Virtual Fair scheduled on April 28-29, 2015 and how it could benefit your institution.
December 19, 2014
2:00 pm, Eastern time
After a nine month delay, Humana began applying the MPPR policy again on October 29th. The current APTA understanding is they do not plan to apply MPPR to claims processed after the January delay through October 28th. Moving forward, MPPR will be applied during the initial claims process, rather than retroactively. However, if there is an issue or a glitch when the initial claiming is filed and MPPR is not applied, they will go back and retroactively apply the reduction. This is only if there is a problem with the system and to-date, everything has been working properly.

Please refer to the APTA website for a PT in Motion News post dated October 31, 2014 regarding CMS rulings on 1% fee schedule increase for PT in 2015 and PQRS reporting changes for 2015. The details of this article are too difficult to synopsize for you in this newsletter announcement, but it’s important to be aware that providers must participate in PQRS in 2015 as it can affect reimbursement in 2017. The post also stated that, “the PQRS change will increase the number of individual measures required to be reported in order to avoid the 2017 2.0% PQRS penalty, from 3 to as many as 9, depending on whether the provider is using claims (6 measures available for 2015), or registry (9 required, or as many as apply to the provider). As in 2014, providers must report on at least 50% of eligible Medicare patients” (PT in Motion News post “Final 2015 Physician Fee Schedule Rule Announces 1% Payment Rise for PT, Increase in PQRS Reporting, Delay of VM for PTs”).

I will provide you with additional details on these topics as they become available.

Payment Chair Report

Naturally, practice and reimbursement issues will remain a top challenge for our profession, and will continue to be in the future. Our association is committed to assisting you in meeting these challenges. It will, however, be imperative that you stay diligent and involved. In addition to your involvement, it would be beneficial to organize your administrative staff and your practice management/documentation systems. This will not only provide you with important information about the health of your practice, but will also provide the payors with outcome measurements to prove value.

There are wonderful people with compassionate hearts and spirits that volunteer their time to the APTA/LPTA. It’s truly a noble effort to participate in association activities and to give back to a profession that now, more than ever, needs us all to be involved. If you’re outside looking in, it may seem like things are happening slowly, but I can assure you association work involves achieving many small victories. Our best chance to remain relevant is to keep those victories going and continue pushing ahead. We have so many challenges from other professions who want to encroach on what we do. We understand that our hard-earned knowledge and expertise are valuable, but many payors don’t understand this value. They compensate us the same, regardless of consideration of quality.

I’ve personally heard from several frustrated members wanting to know what the APTA and LPTA is doing to help them with practice/reimbursement issues. After attending the Seattle Forum, I can assure you that we have a very talented and hardworking ATPA staff. They are indeed working for us but, like any association, they depend on the involvement of their members to be successful. I’m very confident our LPTA leadership and members will answer this call.

Respectfully Submitted By: Rusty Eckel, Payment Chair
Student Speak

During a recent yoga class with a friend, the yoga instructor frequently mentioned the importance of living a balanced life. All I could think was, “This woman obviously knows nothing about what it means to be in physical therapy school”.

Although I deeply respected and valued the words of this yoga instructor, a perfectly balanced life in the second year of physical therapy school seemed like a fantasy at the time. Later, once I’d given it some thought, I realized that she was right. While ‘balance’ may seem out of reach for us, the act of striving for it is nevertheless, one of the best decisions a student can make. With schoolwork, quizzes and tests taking up such a large chunk of our time, time dedicated to our personal growth and well-being may seem like a luxury but it’s not. It is a test of our commitment to honor our mental and physical wellbeing as much as we value educational performance. The goal to attain perfect grades can be overwhelming to some students, to the point where an “A” becomes the primary measure of success and self-worth. In an effort to strive for balance though, I encourage PT students to stay involved in activities that challenge us outside of schoolwork, both personal and professional. One of the latter are events provided at both the national and state levels regarding the profession of physical therapy which offer an opportunity to learn about trends and issues in the field.

As I write this, our final examinations loom ahead of us, winter break is almost within grasp and I can finally look back and reflect on the National Student Conclave (NSC) that occurred in Milwaukee this past Halloween weekend. Being slated for the Student Assembly Board of Directors (SABoD) was an incredible honor and opportunity that I am immensely grateful for. I hope to see Louisiana PT and PTA students continue to challenge themselves through leadership roles, which don’t necessarily have to be on the national level.

There is a strategy of success at the NSC SABoD elections, however, that I would like to share, as it was only evident to me in hindsight. Candidates are not allowed to self-promote or campaign prior to the election. Despite this rule the use of social media, particularly twitter, had a major presence in campaigning prior to the event. Twitter was used as a mode of communicating with other students and potential voters and establishing a recognizable persona beforehand. Another issue that students ought to be wary of regarding candidacy is the voting process of the actual election. Only those students attending NSC can vote in the elections. As a result, some candidates had over a hundred student classmates from their schools in attendance to support them and therefore started off with a majority vote advantage. In contrast, there were some candidates, often those from smaller programs or programs that are furthest from the convention site, without a single classmate by their side. Therefore the schools closer in proximity to the actual location of NSC and the number of classmates that came with the candidate made the election process skewed towards certain candidates from the beginning. Being aware of these facts prior to running for election, will only improve the election process for physical therapy students considering running for SABoD positions in the future.

Despite the kinks in the NSC election process, I strongly encourage all students to attend the NSC at some point, even as regular students, if not candidates. This is the only event that caters solely to physical therapy students where we can learn about our profession, meet other students from all across the country, and have entirely too much fun doing it. The NSC Exhibit Hall was a very popular portion of the NSC where you could hop from booth to booth and talk to experts, employers, publishers and innovators across every field of PT.

Respectfully Submitted by: Bel Erten

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There was over five hours available for lectures on residency education, specialist certification, research, opening a private practice and PT global health efforts. My favorite moment of the entire weekend was during a discussion with APTA President Paul Rockar. One student asked him what he foresaw for the future of Direct Access, and he gave a heartfelt answer on the APTA’s overreliance on the term ‘autonomy’ and our hesitation in using Direct Access when we have it. Instead of belaboring the benefits of Direct Access with a more crowd pleasing answer, he addressed the struggles and limitations of Direct Access (Paul Rockar’s discussion is available on the APTA website and available for viewing at http://www.apta.org/NSC/Livestream/).

In addition to all the opportunities for education and networking, there was plenty of time for fun. Students were showered with freebies at every station, posed with friends at the photo booth, and entered in raffles. On Halloween night the PT-PAC hosted an event at a local pub where students dressed in costume and danced until the late hours of the night. This was probably the most fun I have ever had on Halloween, and needless to say I did not make it to the Tai Chi workout the following morning. The next two NSC events will take place in Omaha, Nebraska in 2015 and Miami, Florida in 2016. I hope that Louisiana physical therapy students make the time to attend the NSC, and strive to find balance in their lives throughout future school semesters by seeking opportunities that challenge them in different ways.

**Successful Course Benefitting the Dave Pariser Memorial Scholarship Fund**

On November 15, LSUHSC – New Orleans hosted a continuing education course on campus to raise money for the Dave Pariser Memorial Scholarship Fund. The course, Therapeutic Exercise Dosing for Patients with Orthopaedic Dysfunction” was taught by Bob Rowe, PT, DPT, DMT, MHS, FAAOMPT from the Brooks Institute of Higher Learning. There were a total of 33 registrants, with 7 of those being students and 26 physical therapists. Bob donated his time and Brooks Institute covered the transportation and food costs, so 100% of the proceeds ($7400) went to the Dave Pariser Memorial Scholarship Fund. We learned a lot from the course and had some lively discussion throughout the course. Thanks to all who attended the course...we learned a lot and had a great time visiting and sharing old stories.

If anyone wanted to attend the course, but couldn’t, gifts to the Fund can be made online at: https://give.lsuhealthfoundation.org/sslpage.aspx?pid=298. Choose the Dave Pariser Memorial Scholarship Fund from the list of options.

**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
Government Affairs Report

Progress is being made in developing our Legislative KEY CONTACT List! Thank you to all the Governmental Affairs District Liaisons who have been working diligently to fill our key contact list. Also, a world of gratitude to the LPTA Members, who have agreed to answer the call to action and become a key contact. Without dedicated people like yourself stepping up, our legislative success would be very limited. In the LA Legislature, there are 39 Senators and 105 Representatives giving a total of 144 legislators. Currently, we have 74 Legislators paired with a key contact. Over the next 2 months, GA District Liaisons will be contacting the membership in their district to fill vacancies in order to make our key contact list more robust.

The plans for early 2015 are to implement a training program for our key contacts and provide the tools and resources necessary for a successful legislative visit. To be effective, it is important that the legislator is able to make the connection with a physical therapist or physical therapist assistant constituent. Hearing the issues from physical therapists or physical therapist assistants in their district and forming a relationship with your legislator makes it more difficult for the legislator to not perform what is asked of them. Meeting in person with your elected official is the single most powerful grass root action you can take to discuss an issue. This type of dynamic exchange provides an opportunity for great dialogue and can provide some additional insight that you are not able to gleam from an email or a phone call.

I am looking forward to advancing our key contact program and having passionate advocates for the LPTA develop relationships with their legislators. For more information on being a key contact or any other legislative concerns, feel free to contact your GA District Liaison or email me at Cristina@moreaupt.com

Baton Rouge: Karl Kleinpeter, karlkleinpeter@aol.com
Houma: Eddie Himel, eddiehimel@att.net
Alexandria: Oday Lavergne, olavergne@leegateway.net
Lafayette: Errol Leblanc, errol.leblanc@lhigroup.com
Lake Charles: Danny Landry, landrydp@aol.com
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New Orleans: Robbie Banta, rbanta@hotmail.com
Shreveport: Daniel Flowers, dflowe@lsuhsc.edu
Monroe: Michael Hildebrand, Michael.hildebrand87@gmail.com

Physical Therapy Outcomes Registry

January 1, 2015 - APTA intends to launch a registry database, which will collect uniform data to evaluate specific outcomes for a population defined by a particular condition. Learn more about this groundbreaking project below.

June 10, 2014 - Press Release: Quintiles and APTA Announce Plans to Develop New Outcomes Registry

Why a Physical Therapy Outcomes Registry? In the current and evolving health care environment, where increased scrutiny is being placed on outcomes, a registry enables the physical therapy community to demonstrate the value of physical therapy services to payers while also enhancing patient care by providing participating physical therapists with benchmarks from which to build evidence-based care plans.

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The registry supports the vision for the profession to transform society, and it places the physical therapy community in a position to proactively contribute to reforming the health care system.

**Why APTA?** Numerous health care associations have taken lead roles in developing outcomes registries, including the Society of Thoracic Surgeons and the American Association of Orthopedic Surgeons. In this effort, APTA will have data contributed by individual physical therapy clinics as well as partner with companies already gathering outcomes data and electronic health records. APTA’s registry doesn’t duplicate any existing system. It has been designed to ultimately gather outcomes across the full continuum of physical therapist care. APTA’s registry development is supported by Outcome Sciences, Inc.

**Why Quintiles Outcome?** Quintiles Outcome has a long history of designing patient registries, including working with and submitting data and methods to CMS and other payers. Quintiles Outcome has helped develop the registry standards for multiple agencies and is dynamic enough to adjust the Physical Therapy Outcomes Registry to the unique needs of the physical therapy community while also meeting established best practices.

**What’s the development timeline?** APTA and Outcome are currently on pace for a 2015 launch.