



Happy 65th
 Birthday to the
 Louisiana Chapter
 of the APTA!!!

Louisiana Physical Therapy Association

FOURTH EDITION, 2015

JULY/AUGUST 2015

President's Message:

**"It's a great time to be a PT or PTA
 in the state of Louisiana!"**

Yes, there it is, my new slogan for the remainder of my Presidency. Why now, you ask? Why is it so great RIGHT NOW to be a member and a PT or PTA or student?

There are a multitude of reasons. Number One is that our own homegrown and dear-to-our-hearts Sharon Dunn is President of APTA! You know she will make great things happen in a very challenging healthcare environment in her new role over the next 3 years. We all need to help and support her by being a member and becoming involved in your professional association. We have bragging rights now, thanks to Sharon's willingness to continue to give and serve! Sharon plans to be present at the Fall Meeting Sept 11-13. Come out and congratulate and celebrate with her!

Also, our association in this state is poised and ready to make a push for improved access to our services in the legislative arena in the next year, if you become involved! We need your time, talents, monetary contributions to the PAC and PAIF (Patient Access Investment Fund), and energy to make this happen.

(continued on page 11)



Respectfully submitted by:
 Beth Ward, PT, DPT

Come Join Us For a PAC/PAIF Saturday Night Social!

In an effort to raise funds for our PAC (Political Action Committee) and PAIF (Patient Access Investment Fund), we are having our first ever **Fall PAC/PAIF Cocktail Social!** Saturday night September 12, at the hotel bar from 6:30 till 8:30pm. The social will have hors d'oeuvres, silent auction, cash bar, and \$50 door prize. Tickets to this event will be \$100 per person (\$15 per PT/PTA student), and for new members to the PAC, you will become an instant Bronze Member of the PAC. There are multiple levels of membership to the PAC based on fees paid every year: Bronze Club \$0-50, Silver \$51-100, Gold \$101-250, Diamond \$251- 499, and Star Club is \$500 and above. To serve as an Executive or Advisory Trustee of the PAC, a person must have been in the Diamond or Star Club level for the current year and previous year. We need you RSVP by September 2th to reserve your spot. Do not hesitate, do not wait, call us now at 225-922-4614, or email us at office@lpta.org. If you have questions, or would like to sponsor/donate towards this social, contact Joe Shine at 504-487-9422, (joe@performancept.com), or Oday Lavergne (OLavergne@leegateway.net). ***Come have fun, join the movement, and support the LPTA!***

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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 777

Life Members

Current 29

Students

Current 198

PTAs

Current 130

Total

Current 1,134

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 a call for any motions and any abstracts or poster presentations for the Fall Meeting. Please send the LPTA office at office@lpta.org!

UPCOMING EVENTS

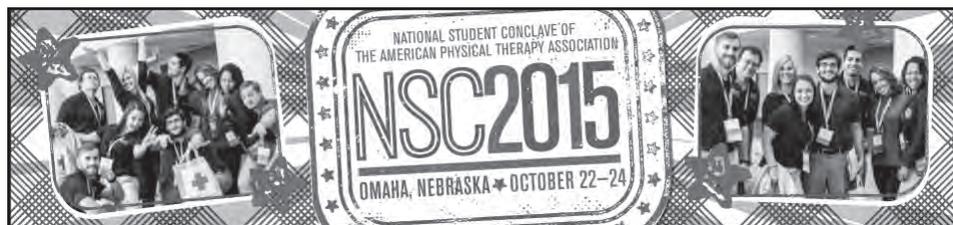
2015

September 11-13, 2015
LPTA Fall Meeting
Baton Rouge, LA

September 19-21, 2015
State Policy and Payment
Forum
Denver, CO

October 22-24, 2015
National Student Conclave
Omaha, NE

November 11-14, 2015
PPS Annual Conference
Orlando, FL



National Student Conclave

NSC 2015 is being held October 22-24, 2015, in Omaha, Nebraska. Detailed programming information for NSC 2015 will be posted here as it becomes available.

Attending NSC provides you with the opportunity to attend the following can't-miss events:

- Develop a framework for exploring career pathways and learn some of the core essentials required to pursue these options! Take advantage of opportunities to explore innovative career paths and fortuitous detours to taking the initial steps in identifying your preferred pathway as a new graduate entering the profession.
- Workshops on resume writing, interviewing skills, and small-group debt evaluation.
- An open discussion with APTA's president, where you'll find out what's ahead for the profession.
- An exhibit hall that features employers, manufacturers, and publishers who are eager to speak with you.
- Network with colleagues, mentors, and other members of the profession at Special Events.

Combined Sections Meeting

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

CSM 2016 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 in Anaheim, California.



REMINDERS for Fall Meeting Attendees!!!

As part of the "go-green" initiative, we will not be providing hard copies for all conference attendees. Instead, once you have registered, you will get an electronic copy of your course handouts. There will be some hard copies available for \$20.00 for attendees who would like to purchase, but only while supplies last. Please also make note that there will not be internet access or power sources available in the conference rooms, so be sure to download your course packets and fully charge your electronics before coming down to the conference room. There is free WiFi in the lobby and hotel sleeping rooms of the Crowne Plaza. Thanks in advance for your cooperation as we move forward with our going green efforts!

Component Wrap Up!



Danielle Morris, Baton Rouge District Chair

Thanks Baton Rouge District for another great PT Pub Night! Please let me know if you have ideas for future meetings or social events, and stay tuned for more upcoming exciting events in our district.

Congratulations to Luke Zumo of Baton Rouge Physical Therapy- Lake who earned his Orthopedic Clinical Specialist (OCS) designation from the American Board of Physical Therapy Specialties.

Thanks to Claire Melebeck for representing our district at the finance/budget meeting in July, and welcome Tara Sturgeon from our district who will serve as the fundraising chairman.



Jake McKenzie, Monroe District Chair

Hello PTs, PTAs, and students out there! We recently had a Monroe district meeting on July 2nd at Sage Restaurant in Monroe. It was very nice and we wish you all could have been there. We talked about our current events and strategies to organize a local physician at our next meeting. Please give me some input on who we would like to invite at jacobmckenzie@gmail.com. See you in the fall!



The LPTA is “going green”!

The office will be transitioning into sending electronic versions of LPTA correspondence, including the Bayou Bulletin...in the first phase of this transition, we are asking for you to “opt out” of receiving paper copies of any correspondence by emailing Anais at office@lpta.org. For those of you still interested in having a paper copy of this little gem, fret not—if you do not “opt out” at this time, you will continue to received a paper copy! There will be a sign up sheet at the Fall Meeting for those who want to “opt out” in person.



Allison Daly, New Orleans District Co-Chair

We are working closely with the LPTA Student Special Interest Group to host a PT Pub Night to connect students and professionals in our district. A special thanks to Stephanie Guasco, SPT for bringing forward this idea with such enthusiasm. We look forward to developing more programming centered around fostering relationships between professionals and students.

Save the dates:

- Thursday, August 27 - PT Pub Night
- September 11-13 - LPTA Fall Meeting
- Thursday, October 1 - NOLA District Meeting (elect new District chair and kick off National PT Month)
- October 22 - Louisiana PT Board Traveling Jurisprudence
- Thursday, October 29 - PT Pub Night (yes, there will be a costume contest)

Please note that locations will be announced one week prior to event. If you do not currently receive email blasts from LPTA, please contact office@lpta.org

Also, like and follow PT Pub night on Facebook to receive event reminders.

Component Wrap Up!



Amelia Leonardi, Nominating Committee Chairman

Elections will be held at the Fall Meeting for the positions of Chief Delegate, Delegate (two to be elected) and PTA Caucus Representative. All positions are for a three -year term. We will open the floor for nominations for all positions at the Open Forum on Friday evening. Nominees slated are as follow:

Nominee for Chief Delegate:

David Qualls (unopposed)

Nominees for the PTA Caucus Representative:

Danny Landry

Victoria McDowell

Nominees for Chief Delegate (elect 2):

Allison Daly

Jane Eason

Judith Halverson

Gregg Jones

Greg LeBlanc

Kinta LeBlanc

See pages 6-10 for Candidate Statements



Jennifer Watson, Lafayette District Chair

The Lafayette District will be holding its first PT Pub Night on August 11, 2015, at The Tap Room starting at 6:30 pm! We're looking forward to the gathering of "seasoned" and new therapists in the area. It's a wonderful opportunity to network, exchange ideas, and of course just kick back and relax! Mark your calendars for the next Traveling Jurisprudence Course coming to Lafayette on August 27, 2015, at the Clifton Chenier Center Library Auditorium. Don't forget to register in advance with the LAPT Board to ensure your spot!

Also, we would love to celebrate those therapists who are doing remarkable things in the community or accomplishing professional goals. If you or a therapist you know in the Lafayette District has something brag worthy, please contact me at j_watson77@cox.net. I will be sure to include it in the Lafayette District's section of the Bayou Bulletin.



Cristina Fauchaux, Government Affairs Chair

Please continue to ask your patients for their testimonies regarding patient access to physical therapy services. Patient access continues to be at the forefront of the LPTA and Government Affairs Committee focus. The more patient testimonies we collect, the more ammunition we have in our fight for patient access. Please fax or mail to the LPTA office at (225) 408-4422 or 8550 United Plaza Boulevard, Suite 1001, Baton Rouge, Louisiana 70809.

Help us with our history!

The LPTA Chapter was established December 5, 1950, and Helen Chatelain was our first President. Our history is vague from that point to 1972. If you have any idea on who may have served as President of the Chapter between 1951 and 1972, please email Anais at office@lpta.org.

Here are a few LPTA presidents of interest:

1973-1977 Tommy Cannon

1979-1983 Dave Warner

1992-2002 was Dave Pariser

1996-1999 was Sharon Dunn, our current APTA President.

Candidate Statements

1 Chief Delegate to be elected — unopposed



Thank you for allowing me to serve as your Chief Delegate over the past term. We are making progress at APTA but there is more work to do. This is why I ask you for your vote and support.

My name is David Qualls and I want to continue to serve as your Chief Delegate. Two years ago we spoke about issues concerning practice encroachment, decreased reimbursement and professional recognition. Payment, policy and advocacy continue to be areas of high focus. APTA continues to hold its seat at the CMS regulatory table and is being heard. The new payment model is still being discussed and is closer to implementation. We need to provide our input. We must continue our work for professional recognition and I want to be a part of that process. I want to be a member of the House of Delegates as we work to improve communication with our members, nonmembers and outside stakeholders.

Louisiana has been well represented and is respected in the APTA House of Delegates. We have provided constructive input and we are effectively making a difference. I want to be a part of the team, even more so now, since our own Dr. Sharon Dunn is APTA President. I want to help implement the APTA board of director and staff initiatives under her leadership.

During the next three years, challenges will continue. We are progressing in our work to become a doctoring profession but we are not there yet. We must continue to develop policy that drives research to support evidence based practice. Our new CEO has now been on the job for the past year. Michael Bowers continues to evaluate our association staff, our policies and our interaction with members, non-members and other professionals. Regulatory issues will continue to be a challenge and our approach will need to be flexible. As we promote ourselves as the “movement specialist” we must also enhance our role in prevention and wellness along with maintaining our position in the management of disease and disability. We will need to partner with other professions to achieve these goals, as we work to accomplish our vision of “transforming society by optimizing movement to improve the human experience.”

We must continue to define our role in telehealth and some day will take our place in the delivery of primary care, within our specialty. We must work with the PTA Caucus to assist in defining their role within the Association and their position as an extender of care in physical therapy, especially in the new treatment and reimbursement model.

I want to lead our Louisiana delegation over the next three years. We do have a voice and can make a difference. Please allow me to continue to serve by giving me your vote for Louisiana Chief Delegate.

David Qualls

The LPTA is proud to welcome...

Carol Oddo, the Louisiana Chapter’s Board Liaison , to our Fall Meeting for both the Board Meeting and Business Luncheon in September. She will speak to issues on the national level on which APTA Board of Director’s is working. WELCOME, Carol!

Candidate Statements

2 Delegates to be elected:



Transform. Optimize. Improve.

Over the past few years, I have had the opportunity to create and evolve a model of Physical Therapy practice that fits my personal needs. My original motivation was quite selfish. I could never quite meet the requirements for caseload and delegation of tasks. I was consistently told “working one-to-one with a patient is not feasible in our healthcare system”. Trying to fit into this box we call standard of care almost drove me insane. In fact, I questioned why I wanted to be a Physical Therapist at all. There was one Physical Therapist along this journey who told me I could create something different to fit my needs. She encouraged me to trust my crazy ideas. Since then I have created an environment that fosters and nurtures my ability to optimize movement and improve the human experience. You may recognize those words from the APTA Vision Statement that was adopted by 2013 House of Delegates,

“Transforming society by optimizing movement to improve the human experience.”

Each any every day we optimize movement, eventually this improves the human experience, and even further down the road is the opportunity to transform society. The “transform society” piece of this puzzle is a continuous and tireless process that (in my opinion) can always be traced back to the House of Delegates. The House is an incubator for innovation and transformation of our profession. I have had the pleasure of attending 5 House of Delegates meetings since beginning Physical Therapy school in 2006. Each time I am re-invigorated with excitement for the future of our profession. Of the 10 Student Assembly Board of Directors and Nominating Committee Members with whom I had the pleasure of serving, 6 of them are now serving as Delegates, a Chief Delegate, and a Chief Delegate-elect. It is no coincidence that we all share a common mentor who was our Liaison to the APTA Board of Directors. She also happens to be that PT who encouraged me to trust my crazy ideas. She was right. Optimal Kinetics was identified by APTA in 2013 as one of the Top 18 Innovative Practice Models in the nation and invited to present at the inaugural APTA Innovation Summit. This PT of whom I speak so highly is none other Louisiana’s own Dr. Sharon Dunn, our newly elected APTA President. I couldn’t be more ecstatic about her recent election and I know the profession is in good hands to mindfully evolve in an innovative direction. Given the chance, I will energetically represent Louisiana alongside our current Delegates, from whom I can learn so much. I hope to enrich these current relationships and foster new relationships to facilitate innovative ideas that will continue to mindfully evolve our profession.

I look forward to answering any questions regarding my candidacy via email or in person at the 2015 LPTA Fall Meeting.

Thank you for your time!
Dr. Allison M Daly, PT
Optimal Kinetics, LLC
allisonmdalydpt@me.com

Candidate Statements

2 Delegates to be elected:



I am deeply honored to be nominated as a candidate to represent Louisiana at the APTA House of Delegates. I have just completed my first two year term as a delegate. During my tenure as a delegate, I have been fortunate to be part of the discussion regarding delivery of value-based physical therapist services, the adoption of the movement system and issues related to health promotion, nutrition and wellness. However, the most exciting moment was to be part of the process that resulted in the election of Sharon Dunn as President of the APTA!

It has been an honor for me to represent Louisiana at the House of Delegates and I would like to continue my service. There is a steep learning curve in being a delegate and now that I better understand the process, I can be more fully engaged in the discussion of these issues for physical therapy. I believe that having some continuity will allow me to be a more effective delegate and so I would be humbled and honored if I were elected again and could continue to be part of the discussion of these very important issues. I believe that my background as an educator provides a different perspective that complements the backgrounds of our other delegates from Louisiana.

Thank you for the opportunity to serve as your representative. It has been an honor and a privilege to do so. I hope that you will do me the honor to allow me to continue to serve the membership for another term.

Respectfully,
Jane M. Eason, PT, PhD



I am very honored and pleased to be nominated for LPTA Delegate to the APTA House of Delegates in 2016. With so many issues facing physical therapists and physical therapist assistants, to be part of the group that will represent you is a very exciting prospect. I have had the opportunity to serve as delegate in the past. The experience is rewarding and is an important way of giving back to our profession. Health care is changing so rapidly. It requires a nimbleness of spirit and thought to meet these changes. It requires a willingness to adapt to and learn from the forces around us, while at the same time discerning what should not be accepted.

I bring a variety of talents and several years of experience as a PT to the Delegate team. My experience as a PT has been primarily in the outpatient environment. I have also had the opportunity to work in long term care, home health and inpatient rehab. I have worked with exceptional acute care therapists through the years. My knowledge of the different arenas in which therapists work is important when we deliberate on various initiatives for the profession. The strength of our LPTA delegate team comes from a balance of young and seasoned therapists. I believe I can be an asset to the team to be a strong voice for the LPTA. Thank you for your consideration of me as your delegate.

Judith Halverson, PT

I am elated to be considered as a delegate candidate for the 2016 APTA House of Delegates. I would like your support. With our friend, Dr. Sharon Dunn, PT, at the helm, it is an exciting time for us, where we have a new accessibility to APTA governance and an active partner for our acting on reimbursement issues and patient accessibility. I had the great honor of serving as a delegate in past years. Being a part of the delegate process and all of my experiences as a member for over 25 years makes me excited in assisting each state member to become a part of helping shape our profession.

Gregg Jones



I am Greg LeBlanc and I am asking for your support to represent the physical therapists of Louisiana as one of the Delegates at the APTA House of Delegates. I am thankful for the confidence the LPTA membership has shown in me to represent the member physical therapists at the House of Delegates for the past seven years. It has been an honor and a privilege to attend these meetings on your behalf and take part in the discussions to shape the future of the American Physical Therapy Association and our profession.

My past experiences as president of the LPTA and knowledge of local issues, experiences during my current and prior terms as a member of the House of Delegates, and clinical practice experiences provide me with the requisite basis to continue to serve the LPTA in this role. My recent active and continuous history with local association issues allows me to give input on those national items that would affect the PT/PTA back home on a daily basis. Furthermore, my service as delegate provides continuity and some institutional knowledge which is imperative to make the house productive and efficient as there is nearly a thirty three percent turnover rate for delegates each year. Finally, my clinical practice as an orthopedic clinical specialist affords me the opportunity to give valuable input regarding clinical issues at the national level.

In closing, I thank you for the opportunity to serve and ask for your continued support to represent you at the APTA House of Delegates for the next two years. If you have any questions regarding my candidacy, please don't hesitate to contact me at greg@brptlake.com or (225)667-6598.

Respectfully and professionally,
Greg LeBlanc, PT, DPT, OCS



To serve the LPTA at the APTA House of Delegates (HOD) over the past years had been such a huge honor for me. I am humbly asking, again, for your support to allow me to continue to serve in this capacity.

This past HOD was probably the most exciting in my experience, with the highlight being the election of Sharon Dunn, PT, PhD, OCS to the position of President of the APTA. With Dr. Dunn now at the helm of a cohesive leadership team consisting of the APTA staff, Board of Directors and CEO, I feel the APTA is poised to achieve much progress towards advancing our great profession.

Besides electing our association leaders many other important issues were addressed during the HOD this year. Not only was one of our home grown therapists elected to the highest office in the APTA, another landmark event occurred this past session in the passing of an APTA Bylaw change which now allow components to allow the physical therapist assistant (PTA) a full vote at the component level. This now charges the components to consider state Bylaw changes in this regard. Other business of the HOD this year considered the role of the physical therapist in diet and nutrition, the APTA's role in advocacy for prevention, wellness, fitness, and health promotion and for management of disease and disability, exploration of the feasibility of obtaining primary care practitioner status, establishing standards and interoperability for health information technology and electronic health records, and delivery of value-based physical therapist services, to list just a few of topics of discussion and debate.

With your help I would like to remain as one of the members of the established team of delegates from Louisiana, and I feel the foundation of collegial relationships that I have been able to create over the past years is advantageous for the conduction of the business of the HOD. These relationships have also proven beneficial towards fulfilling my duties as recently appointed continuing education chairperson for the LPTA due to the networking benefits the HOD provides.

Thank you for your past support and for consideration of my candidacy for delegate to continue my service to the LPTA and APTA in this capacity.

Sincerely,
Kinta LeBlanc, PT, DPT

Candidate Statements:

1 PTA Caucus Representative to be elected:



Thank you fellow LPTA members for the nomination and the opportunity to be a candidate for PTA Caucus Representative to the LPTA Board of Directors. I feel it's an honor, as well as a privilege, to be considered for such an important role. My past experiences in the Association as well as other entities within the profession have prepared me to be a great candidate for your consideration. I have been a licensed PTA, having graduated with highest honors from the Community College of Rhode Island in July 1993, for 22 years. I have been an active APTA/LPTA Member for 23 years, since joining as a student back in 1992. I have served the APTA by being a participant on the "Advisory Panel of Physical Therapist Assistants" to the APTA Board of Directors as well as served on the Honors & Awards Subcommittee from 2010-2013. I currently serve on the APTA PTA Caucus Nominating Committee and the PTA Caucus Advocacy Committee. I became involved with the Louisiana Physical Therapy Board back in 2006 and served as an Advisory Committee Member to the Board. In April of 2010 I was the first PTA appointed by the Governor of Louisiana to the Louisiana Physical Therapy Board. I was instrumental in having had collaboration with all interested parties to have a PTA position be made available for a PTA to sit on the board but never thought I would be serving in that capacity. I was again reappointed by the Governor in July 2013 for a second term to the LPTB. Since my serving on the LPTB I have been elected by the other board members to serve as the Board Secretary/Treasurer since Jan 2013. I also have served for a number of years on the Legislative Task Force Committee. I had served on the LPTA Governmental Affairs Committee and was the Governmental Affairs District Liaison for a brief period as well. I attend many, most, if not all that I can of National Conferences that are put on by the Federation of State Boards of Physical Therapy (FSBPT), Federal Association of Regulatory Boards (FARB), APTA's Combined Sections (CSM), Annual Conference (NEXT), House of Delegates (HOD), FSBPT's Leadership Issues Forum, APTA's Payment & Policy Forum Etc...

I have a very strong passion for this profession. I have a strong advocacy for my patients. I have a strong commitment to my profession. I am obedient and diligent in all that I do when it comes to being involved & engaged in this profession. I would appreciate your vote so that I may continue to be involved and continue to bring the PTA voice to the table with great discussion on the matters of the profession and the practice of physical therapy. I have represented the PTA's both state and nationally and would appreciate this opportunity to represent the LPTA & its PTAs as their PTA Caucus Representative for the State of Louisiana. I feel I have learned a lot over the years and can bring a wealth of knowledge as well as the experience in collaborating with leaders of the profession and others outside the profession who have influence on what we do in everyday practice. Currently as a LPTB Member I am not allowed to advocate for the profession to "Expand the Scope of Practice" but I would hope by my ability to earn your vote and trust that if I were to be elected that I could have the opportunity to prove my abilities to move this profession forward and live out my passion and see my advocacy skills at work for a profession I hold dear to my heart. Thank you again for this wonderful opportunity.

God Bless!

Danny P. Landry, PTA

Candidate Statements



Sometimes we are perfectly placed to make a difference. A gift that is given is better used sharing with others. I'm grateful to be shown time and time again that my career was a calling and not just a choice. While attending the Delgado PTA program ('09-'10) I served as student liaison for my class to the LPTA. Being able to attend the LPTA board of directors meeting was an excellent opportunity. It was then I was first exposed to and inspired by some of the most passionate in the physical therapy profession. These individuals were enthusiastic and always strive to further our profession on a local, state and national level. In running for PTA caucus representative I hope to do the same. PTAs are a valuable member of the treatment team and I would be honored to represent my colleagues as well as our profession.

Victoria McDowell

(continued from *President's Report* on page 1)

If the results of the Patient Access Resolution Study brought by the LPTB are favorable (and we feel certain they will be in our favor, as we have the data), that sets us up well for moving forward in the 2016 legislative session. Stay tuned, as this is not a guarantee, but it is a mighty strong possibility! And please make an effort to attend the PAC/PAIF fundraiser Saturday night after the course in the hotel bar. Look for an announcement in this issue!

Thanks to the efforts of Cristina Fauchaux, your Governmental Affairs Chair and her expert team of district liaisons, we now have in place a living, working, network of Key Contacts for legislators across our state. Have you met your Senator or Representative? Do you know them on a personal level? Have you had them to your clinic or hospital to show them what you do to help our patients on a daily basis, how our care makes a difference in their lives? We need each and every one of you to work legislatively for the causes that impact our patients. Get involved!

Another reason it's a great time to be a PT or PTA in this state is that we are approaching the ability to gain the delegate back that we lost in Katrina. Yes, the Louisiana Chapter used to have 6 delegates to the House of Delegates, but 10 years ago that changed when we lost membership as a result of losing therapists from the state to Katrina. Last year our apportionment (based on members numbers divided among the states) was 5.2. This year, it's 5.34. As soon as we hit over 5.5, we get that 6th delegate, so push your friends and co-workers to join so we have a larger voice in the House, which is your governing body that sets policy for the profession to move forward, directing the APTA's Board of Directors how to focus its priorities.

And, lastly, I want to celebrate for the rest of the year the fact that LPTA is turning 65! This lady can now sign up for Medicare! LPTA was "born" on December 5, 1950, and LPTA has plans to honor and celebrate at Fall Meeting and with other fun things you don't want to miss. If you are not on our FB page, I suggest you ask to join, as there will be interesting things in that group beginning in September. And our webpage will be getting a facelift soon, so stay tuned for that! What a milestone, and what a great time to be a PT or PTA or student in our state!!

I have extremely enjoyed the last 5 years volunteering my service as PTA caucus Representative. It was an incredible way to better see the value of supporting the association as well as the profession through involvement. I have made lifelong friendships as well as opened new doors for continued involvement in the association. While a member of the caucus I have been lucky enough to witness its growth and maturation in several ways. I am proud to have witnessed this year's House showing its acceptance of Chapters allowing PTAs to have a full vote at the component level as well! It will be hard to miss the annual House of Delegates but I will now at least temporarily move over to encourage new faces to get involved! I am now the PTA Educational Interest Group Chair for the Orthopaedic Section of the APTA and hope to contribute my time and efforts more in that capacity. Thank you to all of the members that have been encouraging and supportive during my involvement as PTA caucus rep. I promise to offer endless support to whomever takes my place in this role so that the transition will be smooth and easy. I strongly encourage PTA members who are passionate about supporting the Chapter and National Association to step up to



utilize this opportunity as a great place to enter and begin their "soon to be addictive" involvement!

Respectfully submitted by: Jason Oliver PTA

Coming This Fall to Baton Rouge!

September 11-13, 2015 Crowne Plaza

Current Concepts and Advances in Orthopedic and Sports Knee Rehabilitation

by Robert C. Manske, PT, DPT, MPT, MEd, SCS, ATC, CSCS

Functional Gait Training for the Neurologically Impaired Client

by Nicky Schmidt, PT, C/NDT

Ethical Documentation Course— LPTA Ethics Committee

Legal Documentation Requirements - Rick Coogler, PT, ATC, MHS, COMT

Clinical Documentation to Meet Payer Requirements - Becky Legé, PT

Coding and Billing Requirements - Rusty Eckels, PT

Ethical Documentation - Rebekah Winters, PT & Kirk Nelson, PT, PhD

Panel Discussion

Decisions, Decisions: How to Recognize Ethical Dilemmas in the Physical Therapy Profession and Proceed in a Sound Ethical Manner— Christine Cook, PT, MS

Jurisprudence/Town Hall Meeting— LPTB—Al C. Moreau, III, PT, MPT

LSU football will be at Mississippi State but that doesn't mean you shouldn't come to Baton Rouge! Come have some fun and get some great CEUs!

Online Registration at LPTA.org

2015 APTA HOUSE of DELEGATES REPORT:

Once again, the APTA House of Delegates is complete. Again this year, under the leadership of our new speaker Dr Sue Griffin, we completed all of our business. It was an active house. The discussion and debate during the House of Delegates was at a high level. With year round governance that now includes fall and spring virtual town hall meetings, the regular CSM discussions and delegates using the new HUB, we were able to dive much deeper into discussion. Wordsmithing was at a minimum.

The biggest highlight, for the Louisiana delegation, was the election of our own Dr. Sharon Dunn, as president of APTA. What a great honor for her and Louisiana goes to the top. Also, Dr. Bob Rowe, a past LPTA vice president, was elected as director. Others elected were, Dr Lisa Saladin, VP; Dr Susan Appling, Director; Dr Jeanine Gunn, reelected as Director; and Dr Scott Euype was elected to the Nominating Committee.

This year, the House of Delegates was not friendly to bylaw changes. Out of the seven proposed only one passed. Now, chapters can individually decide to give the PTA a full vote on chapter issues. Other bylaws proposed included APTA officer and BOD term changes, officer qualifications, Section voting in the House of Delegates, PTA's serving as chapter delegates and on APTA's board of directors along with life members serving as delegates. These all failed.

The delegates supported delivery of value based physical therapy services and health priorities for populations and individuals. We also passed and had a good discussion relating to the physical therapist role in diet and nutrition and the physical therapist role in prevention, wellness, fitness, health promotion and management of disease and disability. Discussion of these concepts included improving our relationships with other professionals. We also supported the physical therapist role in addressing childhood and adult obesity. There was rich discussion about the physical therapist role in management of the movement system, our specialty, and our role in telehealth.

The House of Delegates chose not to adopt a position on bullying. However, delegates overwhelmingly condemned this destructive behavior. The APTA Judicial and Disciplinary Committee felt that our Code of Ethics covers any disciplinary action needed to enforce bullying within our membership.

President Paul Rocker did address the House as his term ended. During his three-year term, great achievements and accomplishments were made at APTA with both the board of directors and staff.

Overall, this was a very good House of Delegates and it ended with more than 1000 physical therapist and physical therapist assistants, Louisiana members included, participating in the Rally on Capitol Hill. New president, Dr. Sharon Dunn, lead the Rally.

Please feel free to consult with your LPTA delegates and Caucus representative if you have questions about this year's House of Delegates, including elections or individual reference committee motions that were addressed.

Thank you for giving us the opportunity to serve and represent you at the 2015 APTA House of Delegates.



Respectfully submitted by: David Qualls, PT
Louisiana Chief Delegate

PT in Motion — News Now!

HHS Falls Prevention Program Gets Results, According to Program Creators

Creators of a US Department of Health and Human Services (HHS)-sponsored falls prevention program are claiming that the combination of home visits, calls, education, and evaluations they employed not only reduced falls risk and incidence, but resulted in lower rates of long-term care use—and an actual return on investment.

In an article published in the June issue of *Health Affairs*, researchers report on a 3-year study of the Living Independently and Falls-free Together (LIFT) program, a falls-prevention intervention aimed at community-dwelling individuals 75 and older. The program was launched in 2008; the study was conducted between 2008 and 2011.

Researchers evaluated the program by tracking falls and long-term care usage among 5,754 individuals who had private long-term care insurance but who were not receiving claims payments at baseline. The individuals—all community-dwelling and at least 75 years old—were then divided into 3 groups: an intervention group that participated in the LIFT program, a control group that did not, and an "administrative control group" that agreed to participate in the LIFT program but had no additional contact with study staff beyond that agreement. This group was created to help researchers evaluate differences without worries about behavior changes due to contact with study staff.

At the end of a 1-year study period that involved interviews every 3 months, researchers found that participants in the LIFT program had an 11% reduction in falls risk compared with the control group. That risk reduction peaked at the 9-month mark, when the LIFT participants were shown to have a 22% reduction in falls risk. And even for LIFT participants who fell, the risk of injury severity improved, with the intervention group experiencing an 18% lower rate of injurious falls than the control.

In turning to a study of long-term care use, researchers focused on the differences between the intervention group and the administrative control group after 3 years from the LIFT intervention. By analyzing claims data supplied by participants' insurance companies, authors estimated that the LIFT participants had a 33% lower rate of long-term care claims than the administrative control group.

While researchers admit that the actual incidence of long-term care use in both groups was relatively small, they estimate that the identified savings indicate that every dollar spent administering the LIFT program resulted in a \$1.68 savings in long-term services and supports.

The LIFT program begins with an in-home clinical assessment provided by a nurse. After that visit the participant receives an individualized "action plan" based on that assessment, as well as a "toolkit" with more general recommendations. The nurse then makes follow-up "coaching call" to the participant to discuss the recommendations and to encourage the participant to meet with his or her primary care physician to discuss the action plan. Participants also receive a quarterly newsletter with additional coaching and education on falls prevention.

"The comprehensive review of intrinsic and extrinsic risk factors ... ensured that a variety of beneficial actions were presented to participants," authors write. "These ranged from suggestions about the installation of bathroom safety equipment ... to encouraging active participation in wellness activities such as exercise programs, dietary changes, and doctor consultations leading to therapy and reexamination of medication regimens."

Hospital-Based Physical Therapy Reduces Readmission Rates for Older Adults With Pneumonia

Hospital-based physical therapy for older adults isn't just beneficial to recovery from events such as stroke and hip fracture: a new study supports the idea that it can also lead to better outcomes for patients with acute illnesses such as pneumonia—especially when it comes to decreasing the chances of hospital readmission.

For the study, published in the June issue of *Aging and Disease* (.pdf), researchers tracked function and 30-day readmission rates for 1,058 adults 65 and older diagnosed with community-acquired pneumonia and admitted to an Ohio hospital between 2007 and 2009. Patients were administered the Katz Activities of Daily Living assessment at admission and after 48 hours in the hospital; patients whose score dropped from 6 (highest independence score possible) to 5 during that 48-hour period were targeted for the study.

About half of the patients (524) received an average of 30 minutes or more of physical therapy during their stay; the control group received usual care and no physical therapy. Researchers administered the Katz assessment again at discharge, and tracked 30-day readmission rates for all participants. The modalities of physical therapy used were not tracked.

Although researchers found no significant differences in Katz scores among the patients at the time of discharge, they did see a marked drop in 30-day readmission rates for the physical therapy group, which had an 11.2% readmission rate. The control group's readmission rate was 16.3%.

Though Katz scores were not tracked after discharge, authors of the study believe that the readmission rates point to better functional outcomes.

"Our study contributes to the literature by providing evidence that [physical therapy—identified as "PT" throughout the article] reduces progressive functional decline, even in common acute illness (pneumonia)," authors write. "The progression of functional decline during or after hospitalization is subject to 'traction effects' because there are multiple contributing factors that are difficult to disentangle." They describe physical therapy as a "buffer or breaker pedal" for these effects.

"Additional effects of hospital-based PT might include 'delayed and spillover effects,'" they continue. "Hospital-based [physical therapy] reduces vulnerability to other episodes of acute illnesses, and consequently reduces the early hospital readmission rate."

Authors believe that hospitals should pay attention to the findings, particularly in light of Medicare's use of 30-day readmission rates as a performance indicator, and warn that other studies that question the benefits of hospital-based physical therapy may be questionable simply because patients didn't receive enough treatment.

"The little or no functional benefits of hospital-based PT could be explained by premature length of hospital-based PT," authors write. "The length of exposure to hospital-based PT could be too short to present the functional benefits by hospital-based PT. Important next steps will be to determine how to optimize the PT outcomes such as extension to home-based PT after hospital discharge and dose-response relationship between the intensity of PT and functional outcomes."

Back by Popular Demand!
Chris Powers, PT, PhD, FACSM,
FAPTA



Spring 2016!

PT in Motion — News Now!

Study: Location Differences, Disproportionate Burdens Among PT Copay Problems

The amount of out-of-pocket (OOP) expenses a patient may be expected to pay for an episode of physical therapy is likely to vary not only depending on where the patient lives, but on a number of demographic factors, according to a new study. In addition to these variations, the study says, the payment burden is not equally distributed, with 25% of patients who incurred OOP expenses accounting for 75% of all expenditures.

The analysis, e-published ahead of print in APTA's journal PTJ (.pdf), looked at datasets from the Medical Expenditures Panel Survey (MEPs) in 2-year increments beginning in 2008 and ending in 2012. Researchers drew from expenditure records of 2,189 patients who received physical therapy treatment (identified in the article as "PT").

Among the findings of the study:

- The average episode of care for physical therapy was 9.9 visits, with a mean total expenditure of \$1,708. OOP expenditures were required in 54% of episodes, a lower rate than in general medical care.
- The average OOP expenditure for physical therapy was \$351.
- OOP expenditures averaged 19.5% of the total expenditure for care, or about \$44.73 in OOP costs per visit.
- Being female, non-Hispanic, and of a higher income correlated with higher odds of incurring OOP expenses; being in worse general health, 65 or older, having public funding, and being nonwhite were factors associated with lower odds of having an OOP expenditure.
- Among geographic regions, the Northeast fared the best in terms of lowest average OOP costs. Rates for the South were 44% greater than for the Northeast; rates for the West about 29% higher than for the Northeast, results that authors write " are consistent with current APTA lobbying efforts at limiting patient expenditures through the fair copays model legislation, which are focused in these same geographic regions."
- Urban areas registered OOP expenditures that were, on average, 72% higher than rural areas.
- The top 1% of those with an OOP expenditure accounted for 14.6% of all OOP payments; the top 5% accounted for 38.2%. Overall, about one-quarter of patients with any OOP expense account for three-quarters of all expenditures.

Authors point to this lopsided distribution of OOP expenditures as an area for further policy work, writing that "we believe that if there is a desire to reduce the level of OOP expenditures, attention to the small proportion of higher expenditure episodes could result in the largest reduction of OOP expenditures for PT."

They also cite overall average cost as a matter of concern, writing that while the average \$351 OOP expenditure for physical therapy "may not appear excessive," when this amount is compared with another study that estimated an average annual OOP expenditures rate of \$703 for health care in general, the average for physical therapy expenditures takes a disproportionate bite.

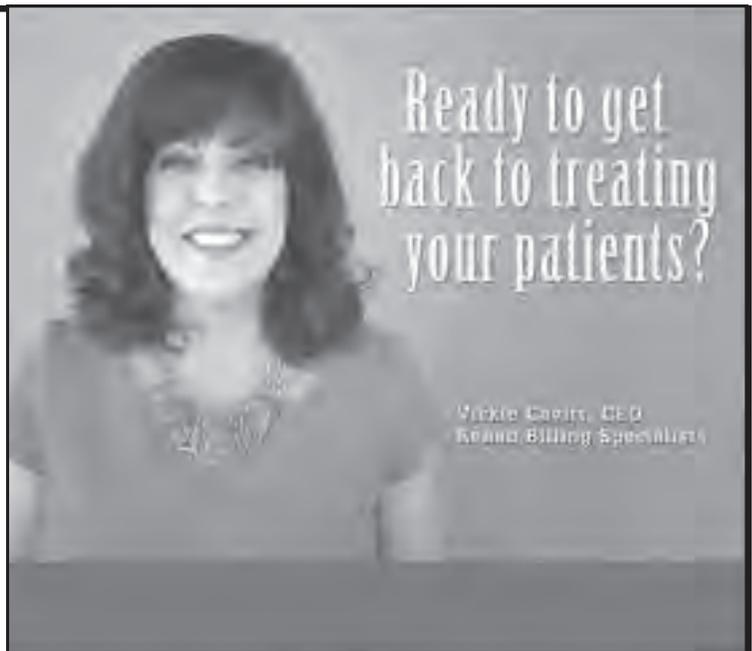
"We believe that for some individuals the OOP expenditure could be a barrier to obtaining PT care and that the policy implications could include advocacy for a limit on OOP expenditures for physical therapy services as a small proportion of annual OOP health spending," authors write. "In the least our findings indicate that the profession should continue to monitor the proportion of those who have OOP expenditures and the amount incurred."

Medicare Takedown Uncovers \$712 Million in Fraud

Any lingering doubts as to whether the federal government is serious about cracking down on fraud, abuse, and waste in the Medicare system were put to rest last week, when the US Department of Justice (DOJ) announced the results of a nationwide sweep of suspected fraud totaling \$712 million, including alleged incidents involving false billing for physical therapy.

"The charges that have been brought or will be brought against the subjects of the recent sweep have to do with a very small minority of individuals who may have committed serious abuses of the Medicare system," said Justin Moore, PT, DPT, APTA executive vice president of public affairs. "This sweep is clearly not a reflection of the physical therapy profession, but it does serve as a reminder that fraud, no matter how big or small, will continue to be a priority for the [DOJ]. Here at APTA, we're working to support our members' longstanding commitment to eliminating fraud, abuse, and waste in the health care system."

A total of 243 people were charged in what the DOJ is describing as the largest coordinated sting in the history of the Medicare Fraud Strike Force. Alleged violations involved treatments and services ranging from home health care, psychotherapy, pharmacy fraud, durable medical equipment, physical therapy, and occupational therapy. A complete list of documents and resources—including specific indictments and complaints—is available at the DOJ website. Many of the abuses associated with physical therapy are alleged to have been perpetrated not by physical therapists (PTs) themselves, but by others billing for services never rendered, or if rendered, provided by unqualified individuals.



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PT in Motion — News Now!

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Results of the takedown were announced during a press conference held last week by US Attorney General Loretta E. Lynch, accompanied by Department of Health and Human Services Secretary Sylvia Burwell, and James B. Comey, director of the Federal Bureau of Investigation. News of the allegations appeared in most major media outlets, including The Washington Post, the Wall Street Journal, USA Today, and others.

To support the profession's efforts to eliminate fraud, waste, and abuse, in 2014 APTA launched the Integrity in Practice Campaign, a broad initiative that seeks to position physical therapy as a leader in responsible patient-centered care. At the campaign's center is the APTA Center for Integrity in Practice website, a 1-stop source for information on how PTs, physical therapist assistants (PTAs), and students can keep standards high. Resources include a primer on preventing fraud, abuse, and waste; a free course on compliance; and other information on regulation and payment systems, evidence-based practice, ethics, professionalism, and fraud prevention.

"Allegations like the ones we're seeing now speak to the actions of individuals—they do not speak to the overall integrity of the physical therapy profession or any other health profession," said Moore. "As PTs, we're leaders in advocating for ethical, patient-centered care, and APTA will continue to do whatever it can to empower that kind of leadership."

Experts Recommend 2-4 Hours of Standing During Workday

That old REM song was right: you should stand in the place where you work. And now, according to some researchers, you can tack on "for about 2 to 4 hours a day" to the lyrics.

A new consensus statement from an international expert panel has established that workers whose jobs are "predominantly desk-based" should stand at least 2 hours per workday and move toward the goal of 4 hours of standing for optimum health. The recommendations were developed in response to multiple studies that have established the negative health effects of prolonged sitting, and media coverage that dubbed sitting as "the new smoking."

The consensus statement was published in a recent issue of *BMJ* (.pdf).

According to statement authors, the conclusions are based on "the totality of the current evidence, including long-term epidemiological studies and interventional studies of getting workers to stand and/or move more frequently."

Authors are careful to point out that they're not simply talking about sitting all day vs standing all day, and they offer recommendations on how light physical activity should be incorporated into the workday. Those recommendations include advice to work up to the 4-hour-per-day standing goal, to regularly break up seated and standing work, and to pay attention to "musculoskeletal sensations." Those sensations, they write, may be a normal part of the adaptive process, but they could also mean that the worker should rest for a time or see a health care provider if the sensations persist.

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Workers should also remember that it's not an all-or-nothing proposition, authors write. "Similar to the risks of prolonged, static, seated positions, so too should prolonged, static, standing postures be avoided; movement does need to be checked and corrected on a regular basis especially in the presence of any musculoskeletal sensations."

While authors recommend the use of adjustable sit-stand desks and say that further study may galvanize the need for more changes to the actual workplace, they warn that sedentary work habits probably won't be altered by new furniture alone—an opinion echoed in a recent Cochrane review of standing desk use.

"There are ... strong indications that simply changing the office environment might not be enough to invoke long-term change in behavior," authors write. "Strategies and programs for implementing change will need careful organizational and behavioral support and public education to prevent current interests in active office environments from simply being a passing fad."

APTA offers information that physical therapists and physical therapist assistants can share with patients and clients on the negative impacts too much sedentary time at the APTA MoveForward webpage on sitting.

"As a busy clinic owner and clinician, I find PTPN valuable both in keeping me abreast of breaking news in the physical therapy world that affects my practice and in securing contracts with payers."

— Lee Couret, PT, Southshore Physical Therapy



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PT in Motion — News Now!

Health Care Worker Injuries Due to Patient Handling Continue to Rise

According to a new report from the US Centers for Disease Control and Prevention (CDC), health care workers are still number 1 when it comes to on-the-job injuries, accounting for 20% of all nonfatal occupational injuries across the country.

And the most prevalent source of health care worker injury? Patient handling.

In a report that reviews Occupational Health Safety Network (OHSN) data from 112 health care facilities with a total of 162,535 full-time employees, the CDC found that patient handling injuries occurred at an average rate of 11.3 per 10,000 worker-months; with slips, trips, and falls occurring at a 9.6 rate, and workplace violence from patients at 4.9 per 10,000 worker-months. All 3 categories have been on the rise over the past 2 years.

The report cited nurses and nurse assistants as the most frequently injured health care staff, with nurse assistants recording a patient handling injury rate of just over 35 per 10,000 worker-days, and nurses reporting a rate of 16. According the report, upping the risk factors for nurses are a growing number of obese/overweight patients, high patient-to-nurse ratios, long shifts, and increased efforts to mobilize patients as soon as possible after a medical procedure.

Although the report did not include physical therapists (PTs) or physical therapist assistants (PTAs) as a separate category, research that appeared in a 2014 issue ofPTJ estimated the 1-year work-related injury rate for PTs at 20.7%.

"Similar to findings from other studies, OHSN data indicate that [the use of lifting equipment and other interventions] could potentially reduce patient-handling injuries, particularly for activities involving positioning, transferring, or lifting a patient," the CDC writes. "Additionally, to prevent patient-handling injuries, health care institutions might establish a safety culture emphasizing continuous improvement and ... provide resources such as training in safe patient handling."

APTA provides multiple resources on safe patient handling for physical therapists and physical therapist assistants through an association webpage devoted to the topic. In 2012, APTA joined a broad-based effort by the American Nurses Association to establish national standards on safe patient handling.

'Prevent Interruptions in Physical Therapy Act' Passes Key Senate Committee

A bill that would help some physical therapists (PTs) in private practice improve continuity of care has been approved by the US Senate Finance Committee, and could be up for a vote on the Senate floor soon. Known as the Prevent Interruptions in Physical Therapy Act (S. 313), the legislation would extend so-called "locum tenens" provisions to PTs in rural and underserved areas—a change strongly supported by APTA and its Private Practice Section, and one of the advocacy areas targeted at the recent PT Day on Capitol Hill and at the joint APTA/Private Practice Section (PPS) legislative fly-in earlier this year.

The bill now being discussed would allow a PT to bring in another licensed physical therapist to treat Medicare patients and bill Medicare through the practice provider number during temporary absences for illness, pregnancy, vacation, or continuing medical education. To limit budgetary impact, the legislation was amended to allow locum tenens for PTs only in non-Metropolitan Statistical Areas, Medically Underserved Areas (MUAs), and Health Professions Shortage Areas (HPSAs) as defined by the US Department of Health and Human Services.

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A companion bill has been introduced in the US House of Representatives (H.R. 556). If the bill is approved by Congress and signed into law, private practice PTs in these designated areas would join doctors of medicine, osteopathy, dental surgery, podiatric medicine, optometry, and chiropractic on the list of locum tenens providers.

The bill was introduced by Sens Charles Grassley (R-IA) and Bob Casey (D-PA) in the Senate; Reps Gus Bilirakis (R-FL) and Ben Ray Lujan (D-NM) are leading the House efforts. APTA and PPS collaborated on pressing for the legislation, which APTA identified as a goal of its public policy priorities.

During the Senate Finance Committee hearing on the bill, Grassley stated that "physical therapists provide important and necessary services to their patients, and should have the ability to ensure continuous care for their patients when a period of short-term leave is needed." Casey added that he and other supporters of locum tenens for PTs "want to keep working until these arrangements are allowed nationwide."

Sen Charles Grassley (R-IA) speaks in favor of locum tenens for PTs.

"This is a much-needed correction that will have a significant impact on the care some PTs can provide their patients and clients," said Terence Brown, PT, PPS president. "We're extremely pleased with the strong possibility that small or solo physical therapy practices in rural and underserved areas will soon be able to avoid interruptions in care that can truly impact patient progress."

APTA President Sharon Dunn, PT, PhD, OCS, called the news of the bill's advance a "definite win for physical therapy," saying the success so far is due in large part to the combined efforts of APTA, PPS, and individual members who contacted their legislators—and even showed up in lawmakers' offices in-person during PT Day on Capitol Hill, held June 4.

"The push for locum tenens is part of larger efforts by APTA and its members to truly transform patient access to care," Dunn said. "We are hopeful for passage of this legislation and, with it, the reduction of an unnecessary regulatory barrier. It's part of a bigger picture that our members see clearly, and we're taking that vision to lawmakers."

APTA will monitor the progress of the bills and post updates to its locum tenens webpage. Resources on the website include a podcast on the importance of this legislation and information on how PTs can get involved in advocating for its passage.

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/>

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

PT in Motion — News Now!

More Evidence Questions Benefits of Arthroscopic Knee Surgery

The case continues to mount around the lack of evidence to support arthroscopic surgery for degenerative knees—this time, by way of research that calls for a "reversal of a common medical practice," even among patients with knee osteoarthritis. Authors of the article write that the procedure produces "small inconsequential" benefits in pain and that surgery produced no benefit in function.

In an article published in *BMJ*, researchers share the results of a systematic review and meta-analysis of 9 trials, involving 1,270 individuals, that looked at the benefits of knee arthroscopic surgery in middle-aged and older patients with knee pain and degenerative knee disease. Patient data were analyzed in several different ways, including in terms of those with no knee osteoarthritis (OA) found by radiography, those with knee OA confirmed through radiography, and a mixed OA and no-OA group.

Researchers tracked pain, function, and adverse events through the trials' follow-up times, which ranged from 3 to 24 months.

Authors found that although small statistically significant improvements in pain were present among the intervention (surgery) group, those differences disappeared after 6 months—and even when they were present were no better than the benefits provided by the use of acetaminophen, and a little less effective than nonsteroidal anti-inflammatory drugs. There were no differences found in terms of function between the surgery group and any control (some of which included exercise) at any point postsurgery.

Although evidence to assess adverse events was harder to come by, researchers estimated that deep venous thrombosis was reported most, followed by infection, pulmonary embolism, and death. They estimated the risk of deep venous thrombosis at 4.13 per 1,000 knee arthroscopy procedures.

Authors write that their study is one of the first to look at the benefits and harms of arthroscopic surgery across "the whole continuum" of degenerative knee diseases," ranging from patients with meniscal tears but no radiographic changes to those with tears "and other joint changes combined with more severe radiographic changes."

Exercise was a fairly common element in the various control groups analyzed, but authors write that in many cases "was ... of inadequate dose for optimal efficacy," speculating that the deficiencies could point to a bias in favor of surgery.

It's not that patients who receive arthroscopic surgery don't improve, authors write, it's just that "improvements in control groups were similarly impressive, with no clinically relevant between-group differences at any time point," something they say is in line with recent studies on improvements noted in placebo control groups.

The most recent findings echo earlier research, including a 2008 study that questioned the benefits of arthroscopic surgery, and a more recent study that found no differences in outcomes among patients who received the procedure and others who received sham surgery.

Even with the mounting evidence, authors predict an uphill battle in countering the prevalence of arthroscopic surgery for degenerative knees.

"Disinvestment of commonly used procedures remains a challenge," authors write. "Surgeon confirmation bias in combination with financial aspects and administrative policies may be factors more powerful than evidence in driving practice patterns."

Learn more about approaches to knee disorders: check out continuing education on manual therapy for disorders of the knee available through the APTA Learning Center.

Evidence on Hamstring Rehab Supports Exercise; Platelet-Rich Plasma Found Ineffective

Results of a new systematic review and meta-analysis point to stronger evidence that when it comes to acute hamstring injuries, rehabilitation exercises work—and platelet-rich plasma (PRP) injections don't. The study, which updated an earlier review published in 2012, analyzed 10 randomized clinical trials—6 of which were new since the previous publication—that focused on conservative interventions for acute hamstring injuries. A total of 526 participants were included in the trials (mean of 65 per study) with an average age of 20. All participants had some connection to sports, and most (86%) were male.

The interventions used in the trials included lengthening and loading exercises, stretching and strengthening (STST) exercises, progressive agility and trunk stabilization (PATS), and PRP injections. Authors of the systematic review compared the interventions by way of return-to-play (RTP) times and re-injury rates. Results were e-published ahead of print in July 21 online edition of the British Journal of Sports Medicine (abstract only available for free).

The analysis showed that in terms of reducing RTP times, evidence supports the addition of lengthening exercises. Authors also found a link between PATS exercises and reduced re-injury rates, although evidence supporting that relationship was described as "limited." Researchers weren't able to identify any evidence that supported PATS as a way to speed up RTP, nor were they able to point to evidence that lengthening exercises reduced re-injury rates. Studies of STST exercises did not produce evidence supporting their effectiveness in RTP, and showed what authors described as a "remarkably high" re-injury rate, at 70%.

What the evidence definitely doesn't support, according to the authors, is the use of PRP injections. "Our meta-analysis and descriptive synthesis show that there is no superior efficacy for PRP injections," authors write. "Considering our quantitative and qualitative findings, higher levels of evidence are now available to discourage the use of PRP injections in the rehabilitation of hamstring injuries."

While authors believe that their new review helps to create a clearer intervention path, they cite the need for more studies or higher quality. Most current studies, they write, are weakened by a lack of blinding among patients and therapists, and poor comparability between trials (mostly due to variation in what was used as the "standard therapy" control). Another issue: RTP measures "varied greatly" between studies. Still, they write, evidence is sufficient to point to the positive role of both lengthening exercises and PATS "for daily practice" to treat acute hamstring injuries.

Anthem's Acquisition of Cigna Continues Insurer Consolidation Trend

Health insurer Anthem's recent announcement that it will acquire Cigna in a \$54.2 billion deal is continuing a consolidation trend that could reduce the number of major insurance companies in the US from 5 to 3. And while the nuts and bolts of the deal are plain enough, when it comes to speculation on what it will mean for consumers and providers, there's less consensus.

What's known is this: the multibillion dollar acquisition will make the Anthem-Cigna combination the country's largest private health insurer in terms of members, with an estimated 53 million people covered. Revenues for the new company are projected at \$115 billion annually.

Anthem's acquisition comes on the heels of a July 3 merger announcement from insurance giants Aetna and Humana, meaning that if federal regulators approve both deals, the country's 5 major private insurance companies will be reduced to 3, United Healthcare being the third. Pending regulatory approvals, the Anthem-Cigna deal will close in late 2016.

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Media coverage of the acquisition generally pointed to pressures applied to insurance companies from the Affordable Care Act (ACA), which put caps on profits that could be made by insurance companies, as the big motivator for the consolidations.

Aside from that, reports on the deal highlighted different aspects of the acquisition and its possible effects. Here's a quick take on how the deal was reported in news media outlets:

"The merger between Aetna and Humana was a major change for the Medicare Advantage marketplace, whereas the Cigna and Anthem merger will have the biggest ripple effects for the commercial insurance market." *The Washington Post*

"Anthem's combination with Cigna will result in a company with a much broader base over which to spread costs and expenses, and it could make technology investments over the industry's biggest customer pool.." *Associated Press*

"Health insurers are seeking to consolidate to gain greater scale to reduce costs and capitalize on growing opportunities in the government and individual markets." *New York Times*

"Anthem said it expects the deal to close in the second half of 2016, indicating a long regulatory road ahead." *Reuters*

"Bigger insurers with more clout could raise premiums and reduce the number of doctors and hospitals in network coverage plans. But health insurers have defended their position." *CNN Money*

Student Speak

Diving into new endeavors in life and becoming more involved professionally can be nerve racking. There are elements of "the unknown" that can intimidate and, at the same time, pull a person in to serve. It was that pull that brought me to run for a position that is still new to me as Director of the SSIG. With a little convincing from a classmate, former SSIG president Mary Beth Foreman, I decided to run for the Director position with many unanswered questions. When I think about my current and hopeful future involvement with the LPTA, I found it helpful that someone who was already involved reached out to me. It was a pivotal moment, and it helped answer some of those questions. In this new Director position, I will do my best to communicate topics from a student's point of view that are applied across the profession. Speaking of communication, we all know it is an extremely important part of patient care. A clinician-patient connection can be strengthened by the ability to speak effectively at a patient's level about their diagnosis.

"It's like I'm singing Neil Diamond and you're hearing Motley Crue," is an analogy that my current clinical instructor uses to describe central sensitization to patients. One thing I have noticed is my instructor's ability to relay a patient's diagnosis in common language. Then, I watch him to spin it into the vernacular we learn in the classroom and document onto a daily note. So, I find myself asking, "How can we think at a high level throughout a treatment session while keeping the patient's concerns at the forefront and answering questions appropriately about their plan of care?" There is probably no cut and dry answer, but I'm finding out that there are several communication freeways that need to be traveled for a patient to stay informed and for a student to gain clinical experience.

Most of my learning happens in the time between the scheduled visits while walking through the hallways in the clinic I'm currently in. I find it important not to take away too much time from the patient's visit.

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However, I'm not afraid to ask a few questions during a treatment session and a lot of questions following it. This time spent with the instructor can translate any analogy similar to "Motley Crue" into a clinical learning opportunity.

Sometimes I see a patient's shoulders shrug as if to say they don't know what my instructor is talking about. These are the golden opportunities for students to learn the art of finding common ground with patients when speaking about his or her diagnosis. We, as students, will eventually get the information we need didactically to effectively treat the patient in most situations. But, when our books are closed, it will be the one-on-one encounter with a patient that is most important in giving them the information they deserve about the physical therapy they are receiving.



Respectfully submitted by: Trent Brasseaux, Student SIG Director

Payment Chair Report

As most of you know, we finally received good news in April that the long awaited "doc fix" (we could call it a PT fix as well) was passed and signed into law by the President. The new bill repealed the flawed sustainable growth rate formula (SGR) and averted a 21 percent across-the-board cut in Medicare's physician fees. The new legislation replaces the SGR with an approach focused on rewarding high performing payment models. What should PT's expect going forward?

If you want an answer to that question, I suggest you begin by referencing the APTA website—specifically a PT in Motion publication dated Friday, July 10, 2015. Highlights of that article include:

- Proposed rate increase of .5% for PT services for 2016.
- Quality reporting requirements for physical therapists in 2016 under the PQRS program will be largely unchanged from 2015. PT's who don't successfully participate in PQRS in 2016 will face a 2% reduction in payment in 2018.
- CMS proposes some major provisions related to the physician's self-referral law (i.e., Stark Law) and its exceptions. CMS states the purpose of these proposals is "to accommodate delivery and payment system reform to reduce burden and to facilitate compliance and to expand access to needed health care services." It remains to be seen if Stark Law modifications will result in an increase in physician owned PT practices, but this will be closely watched by the APTA.

While we all should applaud repeal of SGR with a .5 percent increase as opposed to a 21 percent decrease in fees, CMS is looking at ways to possibly adjust the .5 percent increase. Ten CPT codes commonly used by PT's have been identified as "misvalued." Please refer to the PT in Motion article for the specific codes targeted for review. CMS' intent is for a 1% reduction in expenditures for misvalued codes in 2016. Under the new law, the Secretary of Health and Human Services will have substantial flexibility within guidelines to specify details which are unclear at this time. The primary goal is to replace SGR with a merit-based incentive payment system (MIPS) that will assess the performance of each eligible PT provider. Areas assessed will include quality, resource use, clinical practice improvement activities, and meaningful use of certified electronic health record technology.

I will do my best to keep you informed of developments as they are learned and, as always, I suggest you frequently visit the APTA/LPTA websites to keep up with these rapid changes.



Respectfully submitted by, Rusty Eckel LPTA Payment Chair

Government Affairs Report

As a recap to the 2015 Legislation Session, I wanted to review big topics that seem to generate the most questions.

First, the Louisiana Physical Therapy Board successfully passed a resolution to form a Physical Therapy Patient Access Review Committee (SCR 19). The well rounded Committee will be made up of Representatives from the following groups:

La Dept. of Insurance, LA Senate, LA House of Representatives, DHH, Louisiana Physical Therapy Board, Louisiana State Board of Medical Examiners, Assistant Chief of Physical Therapy Services at Bayne Jones Army Hospital, Louisiana State Board of Chiropractic Examiners, LPTA, Louisiana State Medical Society, Louisiana Association of Health Plans, Louisiana State University of Health Science Centers New Orleans, and Shreveport Locations, Louisiana Orthopedic Association, APTA, Private Practice Section of APTA, Health Policy and Administration Section of the APTA, Acupuncture Association of LA, Chiropractic Association of LA, American Academy of Orthopedic Manual Physical Therapists, Coalition for Patient's Rights, Evidence in Motion, Louisiana Athletic Trainers Association, and the American Academy of Orthopedic Surgeons.

The main focus of the committee will be to discuss the potential benefits of removing the current restrictions tied to patient access to a physical therapist's services by allowing direct patient access to a physical therapist's services without restrictions.

There will be monthly meetings with the first meeting slated to begin in August. A final report by the committee is due to the Louisiana Legislature by January 15, 2016. The meetings will be open to the public and time allowed for public comment.

This is a legislative initiative to assist the LPTA with future direct access legislation. A direct access bill filed in the Louisiana Legislature and successfully passed would still need to occur to change current law. I would like to thank all those that have volunteered their time to serve on this committee.

The second big question has been the chiropractic bill. The LPTA was originally neutral on the bill when it was first heard in committee. As the bill progressed, an APTA grass roots alert was sent out to the membership to oppose the bill due to concerns with the intent of the bill. Shortly after that, an opportunity presented itself in which members of the LPTA and Chiropractic Association were able to come together and discuss our differences. In the discussion, we both agreed that even though we may not agree on each other's scopes of practice, we both agree that the consumers should be the one to decide their provider of choice. We should work together to remove the barriers that exist to the consumers so that they can access the provider they feel is the most qualified to treat their condition. With this new-found agreement amongst the groups, came the understanding that we would NOT OPPOSE each other's legislation. Meaning LPTA would not oppose the current chiropractic bill and the chiropractor Association would not oppose LPTA's future direct access bill.

The last bit of news is that the LPTA was able to successfully add a LPTA member to another study committee. HCR 170 was passed to study Louisiana's system of healthcare delivery. Thank you to Kitty Kreig, PT, PhD for agreeing to serve on this committee.

The main focus of this committee is to evaluate Louisiana's healthcare system, the study committee shall examine issues related to statewide health services availability, delivery, quality, and financing that include, without limitation, the following:

1. The financial condition of the state's healthcare delivery system.
2. Comparative access to healthcare by Louisianians of different income levels, demographic groups, and geographic locations.
3. Stability and continuity of care.

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LUMBAR SPINE & PELVIC GIRDLE

Evaluation and Treatment of the Lumbar Spine and Pelvic Girdle: A Manual Therapy Approach
December 11-13, 2015 Natchitoches, LA



RARE OPPORTUNITY!

Timothy Crunk, PT, DPT, MS, OCS, CFMT, FAAOMPT rarely teaches outside the big cities but he's coming **HERE!** Dr. Crunk has over 25 years of manual therapy experience and 20+ years of teaching manual therapy courses. He is a board member & tester for the FMT Certification through the IPA and also co-created the FMT Foundations course, which is part of the required curriculum for the FMT Certification. Don't miss this local opportunity to learn from one of the best manual therapists in the country!

Course Description

This course provides the student with the tools to safely and effectively perform a biomechanical examination and develop a comprehensive treatment plan for the patient with lumbar spine and pelvic girdle dysfunction. Students will be instructed in relevant functional anatomy and biomechanics and will gain skills in identifying signs and symptoms that require referral to other medical professionals. Treatment will include Muscle Energy Technique and neuromuscular re-education. This course involves both lab and lecture. More information at URL below.

Location: Natchitoches Regional Medical Center

Registration: 864-373-9520 or www.crunkpt.com/continuing-education-seminars

Cost: \$695

CE hours: 25

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4. Health system capacity, including but not limited to the capacity of the state's healthcare workforce.
5. Healthcare quality and health outcomes, with a focus on any innovations and best practices which may improve these factors.
6. The degree to which healthcare delivery is people-centered and consumer-oriented.

I would like to thank David Tatman and his entire staff as well as those that served on the GA Committee this session: Robbie Banta, Troy Bourgeois, Daniel Flowers, Paul Hildreth, Eddie Himel, Karl Kleinpeter, Danny Landry, Oday Lavergne, Errol LeBlanc, Beth Ward, and Dan Wood. Their commitment and passion to our profession is unyielding.

As we move past this session, we continue to develop our relationships with the legislators. Several elections will be on the horizon and we encourage those that are key contacts to use this opportunity to become more involved. Additional information on this topic will be presented to all interested parties and the current key contacts at a later date.

Should you have any further questions or would like to find out how you can become more involved, feel free to contact me at Cristina@moreaupt.com.



Respectfully submitted by: Cristina Faucheux
Government Affairs Chair



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