



Louisiana Physical Therapy Association

**Attorney General's
Opinion Supports
Physical Therapists'
Position on Dry
Needling!** (see page 21)

SECOND EDITION, 2015

MARCH/APRIL 2015

President's Message

Ahhh, Springtime! Beautiful flowers, warmer weather, the promise of new life! It seems moods are lifted at this time of year as we come out from under the grey, cold winter days. What a hopeful, joyous season!

LPTA's Spring Sports Symposium in Lafayette, LA March 13-15 was a huge success. Kudos to Joe Shine for his organizational skills with this format. And thanks to Bland and Anais in the office for seamless behind-the-scenes planning making the weekend go so smoothly. We learned a great deal from excellent speakers, and had fun networking as well. It's great to see classmates and colleagues and share stories at these meetings.

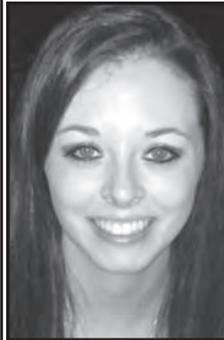
When you receive this publication, this fiscal legislative session will have already begun. At this writing, bills have not been filed and so LPTA does not yet know exactly what will be before us, but do know Cristina Faucheux, Governmental Affairs Chair, and David Tatman, LPTA's lobbyist are on top of things to defend the profession from encroachment. I hope those who have agreed to be Key Contacts did meet with your respective legislators to establish those relationships that are key in helping us be a strong force legislatively. This is an election year, so you can donate to your legislator, and get out there and help your legislator who is a friend of physical therapy win re-election!



Respectfully submitted by:
Beth Ward, PT, DPT

(continued on page 7)

Welcome Anais!



We would like to say goodbye and well wishes to Carrie Broussard, our former Association Coordinator, as she pursues an opportunity at the EBR Planning Commission. And with that farewell we welcome Anais Leblanc to the LPTA team as the new Association Coordinator.

LPTA Executive Director Bland O'Connor says this of Anais, "(she) joined P&N this past Spring and has quickly earned a reputation as an extremely productive and effective team member. She grew up in France, came to Louisiana for a year as a high school exchange student, and returned to earn her bachelor's and MBA at Southeastern Louisiana University before joining our Firm. I believe she will serve the LPTA with distinction. Anais and her teammate, Heather Gremillion, are eager for the opportunity to work with and for the LPTA."

Don't let her pint size fool you, Anais is showing to be a real work horse and cheerleader for our Association. Welcome!

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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 762

Life Members

Current 29

Students

Current 247

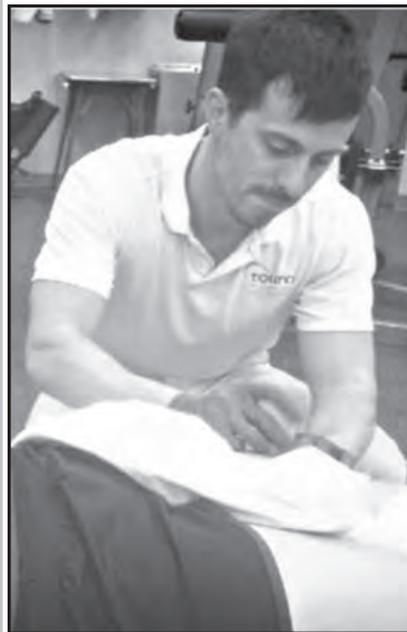
PTAs

Current 110

Total

Current 1,119

#needlesfordays



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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UPCOMING EVENTS

2015

June 3-4, 2015
PT Day on Capitol Hill
Washington DC

June 3-6, 2015
Next Conference and Exposition
National Harbor, MD

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



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.

This year, APTA's annual Federal Advocacy Forum is replaced by PT Day on Capitol Hill, June 3-4, 2015. Want to rally on Capitol Hill, meet with your elected representatives in Congress, and get the training necessary to be an effective advocate? PT Day on Capitol Hill is free, but you must register by May 14, 2015, to participate! Even if you've never been an advocate, you can make a difference in the future of your profession. Bring your voice to Capitol Hill!



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.

Component Wrap Up!

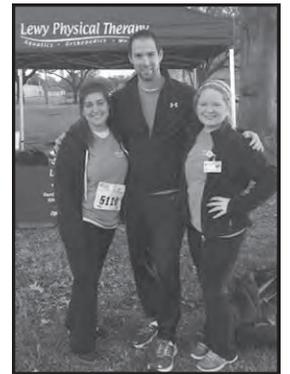


Danielle Morris, Baton Rouge District Chair

The Baton Rouge District's main goal is to continue to increase education and awareness about ongoing legislation that influences our profession, and to increase participation in legislative activities through regular discussions at district meetings and through networking with community leaders and members of the House and the Senate. Baton Rouge District members continue to establish key contacts through the leadership of our Governmental Affairs Chair and committee members. Key contacts received additional training at our last district meeting on March 3, 2015.



Baton Rouge District members continue to participate in activities that increase awareness of our profession, and also participate in activities that influence the lives of individuals in our community. We work together to build ongoing relationships and friendships within our district and beyond. Baton Rouge District members participated recently in the Wheels to Succeed bike activities and fund raising ride in St. Francisville, the Cajun Classic wheelchair tennis tournament in Baton Rouge, the Corporate Cup, the Fat Boy Race, and the Race for the Cure.



Julie Harris, Shreveport District Chair

We are having our district meeting on April 8, 2015 at 6 pm at the Twisted Root Burger Co. We will discuss current legislative issues that are impacting our PT world today and also the importance of key contacts in our state. Directly after we will have our monthly PT pub night for drinks and great discussions. Our goal is to have more PT's/PTA's than students PT's/PTA's at this pub night so all those who want to get involved please come out and join the fun. Hope to see you there!



Private Practice Section Fly-In

Big thanks to Amelia Leonardi, Bart Jones, Sharon Dunn, and Cristina Faucheux for representing the LPTA and Louisiana Private Practice in Washington DC on a cold February 23-24. They met with Representatives Graves and Abraham, and educated them about SGR Reform, repeal and replacement of the Medicare therapy cap, and locum tenens.

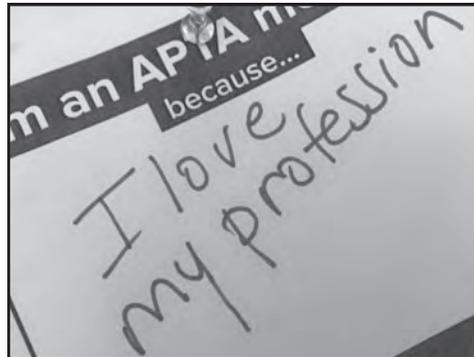
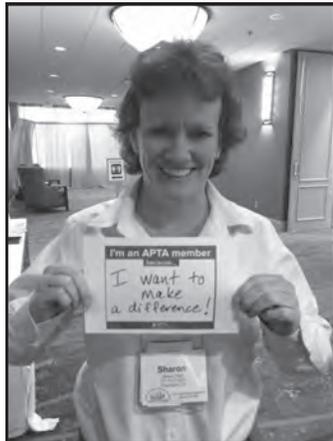
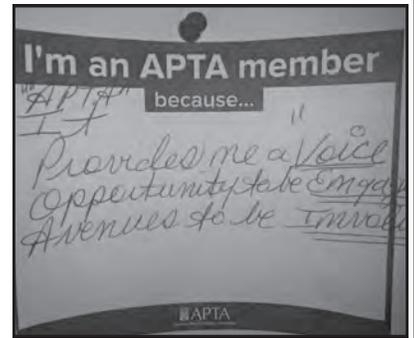


Component Wrap Up!



Alicia Pruitt, Membership Chair

APTA has more than 90,000 members; with more than 59,000 physical therapists, more than 6,000 physical therapist assistants, and more than 25,000 students. Don't you love that by being a member of this association, you have all of those therapists supporting you and your career? APTA is a member driven association, which strives to support and protect our profession. We all just want our profession, our colleagues, and ourselves to continue in a positive way to help our communities stay healthy and moving! So why are you a member of the APTA/LPTA? If you were at the Spring Sports Symposium, or following on Facebook, you had the chance to add your reason to our wall and read what others had to say. I hope you tell another therapist in your life why you are a member and what value they will receive from becoming a member.



Michael Hildebrand, Out-going Monroe District Chair

Monroe has a new district chair! Jake Mackenzie will be taking over the responsibilities of District Chair and Dan Wood will be working with the Governmental Affairs Committee. After a great Sports Symposium meeting in Lafayette, the Monroe district met to elect a new chair and discuss important information from state and national news including the importance of being a key contact for your legislators and stopping the therapy cap. It has been an honor serving you as District Chair.



Cristina Fauchoux, Government Affairs Chair

Key Contact Update: Thank you to all who have volunteered to be a key contact. We now have over 65% of the Louisiana Legislators paired with a Physical Therapist, Physical Therapist Assistant, or a Student Member. These relationships are absolutely vital to the success of our legislative agenda. All Key contacts should be receiving weekly videos on how to advocate effectively. If you have not received any correspondence, please alert your Governmental Affairs District Liaison or contact me. At this point, our key contacts are making their introductory visits. As always, if you would like someone to attend the visits with you, please contact us. Also, remember to write a thank you note after your visit and give your District Liaison the feedback your legislator gave regarding the visit. On Behalf of the Association, we thank you for your time and commitment to this role.

CALL FOR AWARD NOMINATIONS

Nominations are being solicited to honor deserving persons who have made special contributions to the Physical Therapy profession in Louisiana. Retired or currently out-of-state Physical Therapists who have made lasting significant contributions to the profession are eligible for the LPTA Hall of Fame. Active Louisiana Physical Therapists are eligible for the Dave Warner Distinguished Service Award. Non-PT's are eligible to be recognized as a Friend of Physical Therapy. Physical Therapist Assistants who have demonstrated outstanding achievement in clinical practice, community service and personal commitment to physical therapy may be nominated for the PTA Distinguished Service Award. Nominations should be submitted on office letterhead in the general format(s) described below.

Selection of the Friend of Physical Therapy and the Dave Warner Distinguished Service Award will be made by the LPTA Executive Committee. Specific recent contributions for the benefit of the profession or to society on behalf of the profession will both merit consideration. Hall of Fame inductees are elected by the LPTA Board of Directors. The PTA Distinguished Service Award is decided by an Awards Committee appointed by the LPTA President. If you know of a person who deserves consideration for one of these awards, please submit a nomination containing as much of the information called for in the applicable nomination format that you can obtain. Send to: LPTA, 8550 United Plaza Boulevard, Suite 1001, Baton Rouge, LA 70809, or by fax to (225) 408-4422 or by email to office@lpta.org.

DAVE WARNER DISTINGUISHED SERVICE AWARD

Nomination Format

Nominations should be submitted in the format below and should be limited to two pages in length.

1. Name of Nominee
2. Address
3. Number of years as licensed physical therapist.
4. Has the physical therapist been actively practicing in Louisiana at least 2 years?
5. Where is the nominee employed?
6. What type of position is held?
7. What has the nominee contributed?
 - A. Through present job or past job if retired.
 - B. Through any other level (APTA, publications, research, etc.)
8. In what way has the nominee contributed to community activities in the last 3 years?
9. In what other organizations does the nominee participate (professional or civic)?
10. In what way has the nominee continued his education during his professional career?
(graduate courses, course work, etc.)
11. What other special interests or abilities does the nominee possess?
(art, literature, politics, finance, etc.)
12. Briefly summarize why you think the nominee merits consideration for this award.

LPTA HALL OF FAME

There is no set format for nominations. Nominations will be judged on their lasting impact on and contributions to the profession of Physical Therapy. Eligibility for this award is limited to:

1. Nominees who have belonged to the LPTA and APTA.
2. Nominees who have practiced for a total of 20 years with 10 of those years being in Louisiana.

PHYSICAL THERAPIST ASSISTANT DISTINGUISHED SERVICE AWARD

Eligibility and Procedure

A nominee for the award must be a licensed PTA and member in good standing of the American Physical Therapy Association.

1. An individual may receive the award only once in a three (3) year period.
2. Nominations shall be submitted in writing to include name/contact information of the nominee and a written statement on how this individual is a worthy candidate specifically addressing the award criteria. The written statement must include name, signature and APTA membership number of the nominator.
3. Criteria for Selection
4. Outstanding achievements in delivery of care and/or service to the Association and Profession are demonstrated by:
 5. Contributing professionally to the Louisiana Physical Therapy Association;
 6. Serving the community through activities that enhance quality of life and function;
 7. Representing and promoting the role of the PTA through education, practice, or research;
 8. Promoting ethical standards and professional conduct among peers, patients, and students;
 9. Pursuing professional development through continuing education;
(for example, courses, workshops, in-services, etc);
10. Encouraging patients, peers, or students to perform at, or strive to achieve their optimal potential.

FRIEND OF PHYSICAL THERAPY

Nomination Format

Nominations should be submitted in the format shown below and should be limited to two pages in length.

1. Name of Nominee.
2. Address.
3. Profession/Education.
4. What has the nominee contributed to the physical therapy profession over the last three years?
5. Hobbies, special interests/abilities, organizations, etc.
6. Briefly summarize why you think this nominee merits consideration of this award.

Deadline to submit a nomination is May 15, 2015. Awards will be presented at the 2015 Fall Meeting. Suggestions on how to improve this program are also welcome.

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

LPTA wholeheartedly supports our own Sharon Dunn in her bid to become APTA President. Delegates to the House of Delegates will elect officers on June 1 in National Harbor, MD. We will definitely keep you updated as information is available. Check LPTA's FB page for up-to-date info on that Monday evening!

And, as members, you have access to and actually a responsibility to read and understand the motions (RC's) that are coming before the House of Delegates. You can provide input to any of the delegates on any motion or any candidate because we represent you, the members, as we vote in the House. Let your voice be heard!

Thank you for your membership and your involvement in your professional association. Without you, we could not support and defend the profession of physical therapy at the national and state level. Please encourage those in your practice who are not members to join. There is strength in numbers! Remember, "Each One, Reach One."

PT in Motion — News Now!

APTA Outcomes Registry in Search of Candidates for Staff and Appointed Positions

The APTA Physical Therapy Outcomes Registry (Registry), a major initiative that aims to create the most comprehensive electronic repository for physical therapy outcomes, is now ready to move to the next phase in its development—filling important staff and appointed positions solely dedicated to the program. Recently, APTA announced 2 leadership opportunities—a staff-hired registry director and a Board of Directors-appointed scientific director. Both roles will play an important part in the debut of the full-scale project, tentatively set for early 2016.

The Director, Physical Therapy Outcomes Registry is responsible for the daily operations, business affairs, communications, and recruitment plans for the registry within APTA's Public Affairs Unit. The association is seeking candidates with demonstrated leadership and accountability who have an advanced degree (or equivalent experience) and 3-5 years' experience in data management, research, quality programs, or scientific programs.

The Scientific Director, Physical Therapy Outcomes Registry will be appointed by the APTA Board of Directors to serve a 2-year term beginning July 1, 2015. This position will oversee the scientific integrity of the registry, and will appoint and lead a scientific advisory board to develop and maintain standards and policies for the registry. An honorarium is provided. More details on the position can be found in the application form (follow link under "Involvement Opportunity").

Application deadline for the board-appointed scientific director position is April 20. Now in beta-testing, the Registry is designed to be a "hub and spoke" system in which outcomes information from a wide range of sources will be aggregated across patient populations and clinical settings. More information on the Registry, how it works, and its potential impact on health care is available at the program's website.

Senate Does Not Move on SGR Repeal: What's Next for the Therapy Cap?

The US Senate's decision to adjourn without taking up the sustainable growth rate (SGR) repeal bill passed by the House on Wednesday gives physical therapists (PTs) and their supporters more time to press lawmakers for a repeal of the Medicare outpatient therapy cap. That's the good news.

The not-as-good news? The current extension for SGR and exceptions to the therapy cap expire on March 31, and the Senate doesn't reconvene until April 13.

So where does that leave PTs—and patients—who could face a \$1,940 limit on reimbursement on outpatient physical therapist services beginning April 1? And what about the SGR-related 21% cuts set to kick in?

What you need to know about the March 31 therapy cap deadline. The bottom line is that if a PT's patient in Medicare part B exceeds the \$1,940 therapy cap after March 31 and Congress has not passed legislation extending the therapy cap exceptions process, Medicare will not pay for the services above the cap.

Gayle Lee, JD, APTA senior director of health finance and quality, advises PTs to consider issuing an advance beneficiary notice of noncoverage (ABN) form to any patient likely to exceed the \$1,940 cap after March 31, just in case.

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The ABN provides the patient with a warning that services may not be provided for under Medicare, and allows the patient to choose whether to continue treatment (and pay out of pocket) or to stop treatment before the cap is exceeded. Background information on the ABN (.pdf), as well as forms and instructions, are available online from the Centers for Medicare and Medicaid Services (CMS).

"The ABN process is an important one until there is resolution on this issue," said Lee. "Having an ABN in place allows PTs to collect payment from the patient for services above the cap—if the ABN isn't issued to the patient, and Medicare doesn't pay the claim, the provider is liable for the services and can't collect payment from the beneficiary."

Lee suggests that in addition to the ABN, PTs should consider waiting things out. "There is a strong likelihood that Congress will adopt legislation addressing the therapy cap in the coming weeks," she said. "In the interim, PTs may want to also consider holding claims that exceed the cap and give Congress the time to make changes."

Where things stand with the SGR (and therapy cap) in Congress, including payment cuts

On Thursday, March 26, by a 392-13 vote, the House approved a bill that would permanently end the SGR, and sent the legislation to the Senate. As reported earlier in PT in Motion News, the House bill does not include a permanent repeal of the therapy cap, instead extending the exceptions process through 2017. The separation of therapy cap repeal from SGR repeal is a "risky approach for Medicare beneficiaries," according to a coalition of organizations, including APTA, that has been advocating for an end to the cap.

On Friday, March 27, the US Senate adjourned for its spring recess without taking up the bill, with Senate leader Mitch McConnell telling Reuters that "we'll return to it very quickly when we get back" on April 13. APTA is urging its members to capitalize on the break by redoubling efforts to contact senators and their staffs.

Because no Senate action was taken on the bill and Congress has not approved a temporary "patch" to the SGR, Medicare payment rates are scheduled to be cut by 21% after March 31.

Providers, however, may not experience those cuts. Recently, CMS issued guidance that under current law they hold claims for 14 calendar days—enough time to allow Congress an opportunity to reach agreement on both the SGR and therapy cap when members return.

What happens now, and what you can do

For APTA members, the uncertainty over what happens during the congressional break is tempered by the possibility that the extra time will lead to an even better SGR bill, one that includes an end to the therapy cap. But much will depend on grassroots efforts.

"We believe there is a very real opportunity for a permanent solution," said Mandy Frohlich, APTA vice president for government affairs. "APTA will work with legislators over the next 2 weeks to push for a full repeal of the therapy cap in a final SGR package, but we need direct involvement from our members." APTA is offering assistance for members through both the association's legislative action center and the APTA Action App. The association also encourages members to reach out to patients and colleagues to make contacts as well, and provides a patient action center to help them.

To add real-life urgency to the issue, APTA is also asking for members to contact its advocacy staff with their stories of how the therapy cap impacts their ability to provide adequate services to patients, and the risks involved with arbitrary limits on outpatient therapy reimbursements. Send your stories to advocacy@apta.org.

"We're at a critical juncture," Frohlich said. "We need members to keep up the drumbeat with legislators."

PT in Motion — News Now!

PT-PTA Toolkit Now Available

Physical therapists (PTs) and physical therapist assistants have long understood the value of the PT-PTA relationship and how that relationship can be put to best use in patient and client care. Now there's a 1-stop source for explaining that value to others.

Recently, APTA unveiled *The Physical Therapist–Physical Therapist Assistant Team: A Toolkit* (.pdf), a 54-page e-publication that touches on some of the most important elements of the PT-PTA relationship, from educational requirements to work with third-party payers.

Designed to serve as a resource "to share with payers, employers, patients and clients, and any other interested party," the toolkit is part primer, part compendium, with appendices that include sample appeal letters to payers, a list of minimum required skills of the PTA, and a problem-solving algorithm for the PTA.

The toolkit is available free to APTA members, and joins a suite of APTA resources on PTA Patient Care and Supervision.

More Studies Question Advisability of Imaging for Back Pain

The back is back.

Last week, PT in Motion News reported on a new study supporting the idea that initial referral to a physical therapist (PT) for new uncomplicated low back pain (LBP) resulted in lower overall costs and utilization than referral for advanced imaging. Since then, more articles have surfaced that question imaging as a "go to" strategy for the condition.

According to an article in HealthDay News, a March 17 study published in JAMA (abstract only available for free) concludes that for older adults, receiving diagnostic imaging for new back pain not only fails to produce better outcomes but actually tends to increase the costs associated with health care over time.

"Although early imaging is not associated with better pain and function outcomes, it is associated with greater use of health care services, such as visits [and] injections," study author Jeffrey Jarvik, MD, MPH, is quoted as saying in the HealthDay article, adding that it's a difference that "translates into a nearly \$1,500 per patient additional cost, for no measurable benefit."

In another small study e-published ahead of print in the journal *Spine* (abstract only available for free), researchers analyzed the results of 300 blinded MRI scans conducted by medical radiologists, chiropractors, and chiropractic radiologists to assess both the consistency of readings across disciplines and, secondarily, the ability to diagnose LBP in the first place based on imaging.

Their findings? There was "considerable misclassification in all 3 groups," and agreement between chiropractic and medical radiologists was "modest at best."

"This study supports recommendations in clinical guidelines against routine use of MRI in low back pain patients," authors write.

The findings contained in both articles echo the results of a study by physical therapist researchers Julie M. Fritz, PT, PhD, FAPTA, Gerard P. Brennan, PT, PhD, and Stephen J. Hunter, PT, PhD, OCS, that found initial referrals for physical therapy for patients with new episodes of low back pain (LBP) resulted in less than half the cost of an imaging-first approach, and generated lower costs associated with use of health care resources over time.

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The study, published in the journal *Health Services Research* (abstract only available for free), cited average savings of nearly 72% when physical therapy was used as the first-referral option.

"This is one of many studies demonstrating that physical therapy is a cost-effective alternative to medication and surgery," said APTA President Paul Rockar Jr, PT, DPT, MS, in a news release about the research. "Patients benefit from an active approach to their care and, in turn, society is transformed through the benefits from reduced financial burdens on our health care system."

Foundation Announces 2015 Award Recipients

This year's recipients of the Foundation for Physical Therapy's (Foundation) Service Awards have advanced the cause of physical therapy research in a variety of ways, from providing funds to partnering with the Foundation, and from helping behind the scenes to leading its work.

The 2015 awards and winners are:

- Spirit of Philanthropy Award: Lansdale and Gladys Claggett (posthumous award)
- Charles M. Magistro Distinguished Service Award: Robert C. Bartlett, PT, MA, FAPTA
- Premier Partner in Research Award: Neurology Section of APTA
- Robert C. Bartlett Trustee Recognition Service Award: William G. Boissonault, PT, DPT, DHSc, FAPTA, FAAOMPT, and Anthony Delitto, PT, PhD, FAPTA

"Each of our service award recipients has played a vital role in the Foundation's ability to carry out its mission to fund and publicize physical therapy research," said Foundation Board of Trustees President Barbara Connolly, PT, DPT, EdD, FAPTA, in a Foundation news release. "We recognize that much of the hard work and support of these individuals and organizations occurs behind the scenes, and we are extremely appreciative."

This year's recipients will be recognized during the Foundation's gala on June 4, 2015, during the NEXT conference in National Harbor, Maryland.

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PT in Motion — News Now!

White House Invites Providers to Join Conversation on Alternative Payment Models

As the Department of Health and Human Services (HHS) continues its evolution away from fee-for-service payments and toward "value based" models, a new opportunity to shape that evolution is being offered to providers, payers, the public, and other stakeholders.

It's called the Health Care Payment Learning and Action Network (Network), and APTA will be there from the start.

On March 25, HHS debuted the Network, which it describes as "a forum for public-private partnerships to help the US health care payment system (both private and public) meet or exceed ... Medicare goals for value-based payments and alternative payment models." Those goals call for 90% of Medicare payments to be tied to quality or value within 3 years.

Plans are for a series of (mostly) online meetings—1 or 2 per year for all participants and more for various work groups. APTA representatives are participating in the program, beginning with the March 25 kickoff meeting, which featured remarks from President Barack Obama and HHS Secretary Sylvia Burwell. Both stressed the importance of gaining input from providers and payers.

According to HHS, the participants in the Network will identify areas of agreement around how health care will move toward new payment models; collaborate to "generate evidence, share approaches, and remove barriers"; and develop approaches and implementation guides for payers, providers, and consumers. Participants will also be expected to help create definitions for various alternative payment models.

"The transition to alternative and value-based models is already happening and is only going to accelerate over the next 2 to 3 years," said Gayle Lee, JD, APTA senior director of health finance and quality. "The Network that CMS is offering is a good way for PTs to stay connected with the conversation about that transition and to contribute a provider's perspective."

The association will share information and other learning opportunities as the Network continues its work.

Study: Costs Reduced When Low Back Pain Treatment Begins with Physical Therapy

ALEXANDRIA, VA, March 24, 2015 — A study in the scientific journal *Health Services Research* showed that initial referrals for physical therapy for patients with new episodes of low back pain (LBP) resulted in less than half the cost of imaging and generated lower costs associated with use of health care resources over time.

Physical therapist researchers Julie M. Fritz, PT, PhD, FAPTA, Gerard P. Brennan, PT, PhD, and Stephen J. Hunter, PT, PhD, OCS, analyzed utilization records and other health information for patients who consulted with a primary care provider about uncomplicated LBP and were referred for management outside primary care within 6 weeks. They found that physical therapy was the less costly approach — initial referral for physical therapy cost \$504 on average (for an average 3.8 visits), compared with an average of \$1,306 for magnetic resonance imaging (MRI). Also, average subsequent costs over the next year were nearly 72% lower for patients who began with a physical therapy referral--\$1,871, compared with \$6,664 for the imaging group over the same time period.

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Authors discovered that patients who receive imaging as a first referral increased the likelihood of surgery and injections as well as specialist and emergency department visits within a year. They noted that advanced imaging often 'labels' a patient's LBP that might otherwise be viewed as nonspecific and uncomplicated, causing heightened concern in some patients and providers, motivating them to seek additional care. Authors said that physical therapy may provide patients with an active approach to LBP, enhancing patients' perceived ability to self-manage their condition. Authors acknowledge that their study was limited to newly reported and uncomplicated LBP, and that patient-centered function or satisfaction outcomes were not recorded.

"This is one of many studies demonstrating that physical therapy is a cost-effective alternative to medication and surgery," said American Physical Therapy Association President Paul Rockar Jr, PT, DPT, MS. "Patients benefit from an active approach to their care and, in turn, society is transformed through the benefits from reduced financial burdens on our health care system."

The American Physical Therapy Association represents more than 90,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Learn more about the types of conditions physical therapists can treat, and find a physical therapist in your area, by visiting www.MoveForwardPT.com. Follow Move Forward PT on Twitter and Facebook.

"Oh My Wallet: MRI Instead of Physical Therapy for Low Back Pain Leads to \$4,793 Higher Price"

Your back hurts (join the club) and you go to see your primary care physician. Most of the time, your doctor will tell you to rest, maybe take some ibuprofen or ice the affected area.

But when researchers looked at 841 people who needed additional care, they found that the ones sent first for MRIs were more likely to have surgery or injections, see a specialist or visit an emergency room than those who were first sent to physical therapists. And they (or their insurance companies) paid an average of \$4,793 more.

The reasons, said the study's lead author, are more likely found in the heads of patients and doctors than in anyone's back. MRIs tend to turn up all kinds of benign changes in spines and backs that occur as we move through life. But those prompt patients to look for fixes and to pressure doctors to refer them for those.

"The patient may feel and exert some pressure to wanting to work it up more," said Julie Fritz, a professor of physical therapy at the University of Utah. "It just changes the mind set of everyone involved. It tends to accelerate the course of intervention."

[No, Uncle Fred, the weather has nothing to do with your back pain]

Take degenerative disc disease, for example. Most people older than 40 or 50 have it to some degree, Fritz said, but often not to the extent that it causes pain or other symptoms. But when an MRI turns up that ominous-sounding bit of news, patients often ask for therapy and primary care doctors can succumb, she said.

"It motivates patients to want to do more to look for fixes for that problem, when it probably should be [considered] more like wrinkles and gray hair," she said.

Another possibility is that some physicians have financial interests in imaging services, the study notes.

Low back pain is incredibly common and debilitating. According to one study, it causes more time disabled around the world than HIV, road injuries, tuberculosis, lung cancer, chronic obstructive pulmonary disease and pre-term birth complications. In the United States, Fritz's team noted in its paper, the direct cost of treating low back pain was \$86 billion in 2005.

PT in Motion — News Now!

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An MRI exam can cost \$1,000 or \$1,500 and while many are covered by insurance, patients often have to put up co-payments and meet deductibles. Several studies have shown no evidence of benefits to low back patients unless there are specific symptoms, according to Fritz's paper, which was published March 16 in the journal *Health Services Research*. [Fritz is a professor of physical therapy herself, but the paper is a peer-reviewed study, not her opinion.]

Fritz and her colleagues set out to compare what happens to patients sent first for MRIs versus those sent directly to physical therapists. "Patients have expectations around receiving something perceived as beneficial," they wrote. "Breaking an expectation by denying imaging may be unacceptable to patients or providers. Consumer research suggests offering an alternative to replace the broken expectation is important to patients."

[Research suggests best sex positions for people with back pain]

In addition to seeking less invasive follow-up care, the people who went directly to physical therapists spent an average of \$1,871, while those whose first move was an MRI spent an average of \$6,664 in the year following their initial complaint to their doctors. With only a few hundred people in each sample, Fritz acknowledged, the cost figure was somewhat skewed by a small number of very expensive surgeries among those who had MRIs first. But overall, the cost difference is very clear.

Physical therapy focuses on educating patients about what might be causing their back pain, assuring them that most problems subside in time, and engaging them in their therapy, even if the therapist is providing hands-on aid, Fritz said. Perhaps people who choose that option are more motivated to be part of clearing up their problem, or they may just profit from the approach; the research doesn't make that clear. Either way, "we think this is an area where our profession has something to offer, especially when it's timed correctly," Fritz said. "There's a place for advanced imaging. It's just not early in the course of care for most patients."

Doubts About Acetaminophen for LBP, OA Leads to Discussion of Effectiveness of Exercise

A new study that questions the effectiveness of acetaminophen for low back pain (LBP) and hip or knee osteoarthritis (OA) has also sparked a discussion about what does work: namely, movement and exercise.

The study itself, published in the March 31 *British Medical Journal* (BMJ), analyzed results from 13 randomized clinical trials that evaluated short-term pain and disability outcomes for a total of 5,366 patients who received either acetaminophen or a placebo for LBP (1,825 patients) or OA (3,541 patients).

Researchers concluded that evidence was strong that acetaminophen is "ineffective" for reducing pain intensity or improving quality of life in the short term for people with LBP, and provides "minimal short-term benefit" for individuals with hip or knee OA.

"Overall, our research is based in 'high quality' evidence ... and therefore further research is unlikely to change this evidence," authors write. "This systematic review should inform clinical practice and policy with regard to first line care of these patients."

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The study was accompanied by an editorial in BMJ titled "Physical treatments are the way forward." In that editorial, authors cite the UK's National Institute for Health Care and Excellence (NICE) recommendation that all patients with OA receive information on exercise and weight management (if appropriate) and write that "the effectiveness of exercise for both osteoarthritis and spinal pain is established."

The editorial names physical therapists as "key professionals to offer expert advice and support in this regard," and calls for a shift in treatment away from drugs.

"Changing behavior of doctors and their patients is notoriously difficult, but the findings [of the study] emphasize that the time has come to shift our attention away from tablets as the default option for managing chronic musculoskeletal pain," editorial authors write. "Non-pharmacological treatments work, are safe, and have benefits that reach beyond the musculoskeletal system."

The BMJ study was reported in the media, including on websites for the Today show and US News and World Report, which posted a report on the study first published in HealthDay. Both reports mentioned physical therapy as an effective treatment.

The HealthDay article also included a response to the study from Allyson Shrikhande, MD, a physiatrist in New York City. Like the BMJ editorial authors, Shrikhande cited the efficacy of nondrug approaches. "Strengthening exercises have been shown to decrease pain in knee osteoarthritis," Shrikhande is quoted as saying in the HealthDay article. "Physicians often prescribe [acetaminophen] or other oral medications as first-line treatment, but perhaps an individually tailored physical therapy program should be tried prior to the use of [acetaminophen] or other oral pain medications."

The BMJ study authors themselves also acknowledge the benefits of an approach based on movement.

"Recent evidence on lower limb [OA] shows that exercises (such as strengthening exercise) compared with no exercise control result in large treatment effects for pain reduction," authors write. "[Acetaminophen] alone therefore might not be sufficient to treat hip or knee OA and might need to be accompanied by other management strategies, such as exercises or advice/education."

The Health Center for Low Back Pain at MoveForwardPT.com, APTA's official consumer information website, includes numerous resources about the benefits of physical therapist treatment.

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

Statement by APTA President on Former Board Member Stephen M. Levine (1962-2015)

Life is truly fragile.

It is with deep sadness and stunned disbelief that I share the news of the unexpected and tragic passing of former Board member and colleague, Stephen M. Levine, PT, DPT, MSHA, FAPTA.

Steve was so much to so many: a tireless champion of the profession, a friend, a gentleman, and a passionate leader. He touched so many lives. Through his work he not only contributed to, but also helped to shape the profession of physical therapy as we know it today. I am confident I speak for all of us at APTA when I say he will be missed.

Steve's dedication to the profession and this association was extraordinary. He was considered one of the foremost experts on the Resource Based Relative Value Scale (RBRVS) for rehabilitation services and its application to the Medicare Physician Fee Schedule and other third party payers. He was a frequent advisor to the Medicare program, and he and his business partner, Helene M. Fearon, PT, FAPTA, have been leading the profession's efforts to develop and implement a new payment system for physical therapist services. Steve was also a faithful advocate, testifying before the Ways and Means Committee, Subcommittee on Health, of the United States Congress on the subject of RBRVS and federal payment policy under the Medicare program.

Steve was an active and devoted member of APTA for 25 years, serving in a variety of positions. He was a member of the Board of Directors for 11 years, first as Vice Speaker, and ultimately as Speaker of the House of Delegates, the highest policymaking body of the association. During his tenure on the Board he served in many roles, including a member of the Board of Directors Oversight Committee for the Guide to Physical Therapist Practice and chair of the House of Delegates Governance Review Task Force. He also assisted in developing the first vision statement for the profession, participated in numerous national strategic planning sessions related to practice, education, and payment policy for physical therapist services, and served as chair of APTA's Alternative Payment Task Force. He was considered by his colleagues to be a leading force in efforts to reduce unwarranted variation in clinical practice and elevate the standards by which physical therapists and physical therapist assistants practice. And as recently as this weekend, Steve was at APTA headquarters in Alexandria, Virginia, appearing as a featured speaker at APTA's annual seminar on payment and coding.

Steve was Executive Vice President of Compliance and Consulting Services for OpimisCorp and a founding partner of Fearon and Levine, a national consulting firm focusing on practice management and payment policy in the outpatient rehabilitation setting. Prior to this, he operated a private practice in Maryland for 18 years. He received his degree in physical therapy from the University of Maryland at Baltimore, a master's degree in health administration (Healthcare MBA) from Virginia Commonwealth University, and his DPT degree from A.T. Still University of the Health Sciences. In addition to many other honors and awards, he was a Catherine Worthingham Fellow (2014) and Lucy Blair Service award recipient (2011).

Steve is survived by his husband, Bruce Anderson, PT, also an APTA member, father, Stanley Levine, his sister, Wendy Levine, and his two nephews Andrew and Ryan Schiff. Details of funeral arrangements are yet to come. When we have further information we will share it at the APTA website where a tribute page has been created for people to leave memories of Steve.

It is during times such as these we are reminded how fleeting life can be. To honor Steve, let's take a moment to remember and savor the many good people and things in our lives.

Our thoughts and prayers go out to Steve's family and many friends. We share in your loss.

And, lastly, thank you, Steve, for your friendship and your incredible work to support our profession. It was an honor to serve with you.

—APTA President Paul A. Rockar Jr, PT, DPT, MS

Study: Early Mobility Sparks Biochemical Change to Fight Acute Respiratory Distress Syndrome

The benefits of early movement and exercise for patients in intensive care units (ICUs) are well-known. Less clear is what happens within the body to bring those benefits, particularly in patients with acute respiratory distress syndrome (ARDS). Now researchers working with mice on treadmills think they're closer to understanding at least some of the positive biochemical changes that are triggered by early mobility.

Researchers from Wake Forest University injected mice with a chemical that produced acute lung injury similar to ARDS, and then exercised them on treadmills from 5 minutes a day to 35 minutes twice a day. What they found was that exercise acts on several different proteins that serve as a "rheostat" to turn down the immune response associated with ARDS.

In other words, not only did early mobility counter muscle wasting, it helped regulate body chemistry in ways that diminished ARDS. The results were published in the March 11 edition of *Science Translational Medicine* (abstract only available for free).

After tracking the changes in protein levels in mice, researchers then looked at banked plasma from patients with acute respiratory failure (ARF) who had participated in an earlier clinical trial examining early mobility vs no exercise. Once again, they found decreased levels in at least 1 of the proteins associated with regulation of the immune response—a 68% reduction after day 7 of early mobility, compared with a 29% reduction in the no-exercise group.

"There is a complex immune response to injury and it appears that exercise is acting on multiple different proteins that involve the innate immune system and dampen this over-exuberant immune response," lead author D. Clark Files, MD, said in a Wake Forest University press release. "This study gives a lot of biological relevance to how and why early mobility tends to work."

ARDS is estimated to affect 200,000 people a year in the US, occurring most often in individuals who are critically ill. The study's findings were reported by the Associated Press, and stories on the research have appeared in the *Minneapolis Star Tribune*, the *Washington Times*, and *ABC News*.

Researchers conclude that in addition to underscoring the benefits of early mobility, the study makes a case for the sooner the better. "Our findings imply that early mobility therapies in the critically ill should start as early as possible," they write.

Physical therapists (PTs) are an integral part of the ICU team, and key providers able to demonstrate the benefits of early rehabilitation. Many resources on the role of the PT in the ICU are available from APTA and its Acute Care Section, including special issues on critical care in the journal *Physical Therapy* ([here](#) and [here](#)); a clinical summary on physical therapy in the ICU; and a text-based CE program on promoting early mobility and rehabilitation in the ICU. More resources are being developed.

2015 House of Delegates Motions Posted

APTA members can now access the first official packet of proposals—including bylaws amendments—that will be considered by the 2015 APTA House of Delegates (House) when it convenes June 1-3 in National Harbor, Maryland.

Called "Packet I (.pdf)," the compilation is now available through the House of Delegates page of the APTA website and via the APTA House of Delegates community in the Hub. The electronic publication of the packet is designed to meet APTA bylaws requirements for distribution to all association members.

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In addition to proposed resolutions, policies, and position statements, Packet I contains the following proposed amendments to the APTA bylaws:

- RC 01-15 Amend: Bylaws of the American Physical Therapy Association and Standing Rules of the American Physical Therapy Association to Change the Length and Number of Terms for Members of the APTA Board of Directors
- RC 02-15 Amend: Bylaws of the American Physical Therapy Association to Change the Qualifications for President, Vice President, Secretary, and Treasurer
- RC 03-15 Amend: Bylaws of the American Physical Therapy Association to Grant Components the Option of Amending their Bylaws to Provide a Full Vote for Physical Therapist Assistant Members
- RC 04-15 Amend: Bylaws of the American Physical Therapy Association to Provide Chapters the Option of Amending their Bylaws to Enable Physical Therapist Assistant Members to Serve as Chapter Delegates
- RC 05-15 Amend: Bylaws of the American Physical Therapy Association to Allow Sections to Vote in the House of Delegates
- RC 06-15 Amend: Bylaws of the American Physical Therapy Association to Grant Life Members the Privilege of Serving as Delegates to the House of Delegates
- RC 07-15 Amend: Bylaws of the American Physical Therapy Association to Grant Physical Therapist Assistant Members the Privilege to Serve on the APTA Board of Directors

Delegates should continue using the House of Delegates community to participate in discussion. Chief, section, and assembly delegates who wish to cosponsor a motion should visit the House resources file library. Please contact Marie Stravlo with any questions.

Want to keep up with the House this June? Connect to the livestream broadcast of the meeting.

CMS Offers Update on Therapy Cap, SGR in Wake of March 31 Expirations

While APTA, its members, and supporters continue to press legislators to include a permanent repeal of the Medicare therapy cap in a proposed bill to end the flawed sustainable growth rate (SGR), the US Centers for Medicare and Medicaid Services (CMS) has posted an update on where things stand now that an important deadline has passed.

A special edition of the Medicare Learning Network's provider enews recaps changes that kicked in when SGR and therapy cap exceptions expired on March 31.

In the newsletter, CMS states that it is "taking steps to limit the impact on Medicare providers and beneficiaries by holding claims for a short period of time." The resource also outlines the current state of the therapy cap, ambulance services, and other areas.

Congress adjourned before the Senate voted on a measure, passed by the House of Representatives, that would repeal the SGR but does not contain a permanent end to the therapy cap. Senate leaders have promised that the bill will be taken up soon after Congress reconvenes on April 13.

APTA urges members to take action to advocate for therapy cap repeal through both the association's legislative action center and the APTA Action App. The association also encourages members to reach out to patients and colleagues to make contacts as well, and provides a patient action center to help them.

To add real-life urgency to the issue, APTA is also asking for members to contact its advocacy staff with their stories of how the therapy cap impacts their ability to provide adequate services to patients, and the risks involved with arbitrary limits on outpatient therapy reimbursements. Send your stories to advocacy@apta.org.

Payment Chair Report

I hope all of our LPTA member therapists/assistants have been keeping up with the Center of Medicare/Medicaid Services (CMS) directives regarding the Physician Quality Reporting System (PQRS). If you have not, I recommend you research the details of the program on the CMS and APTA websites. There is just way too much information to try to explain in this newsletter format.

The PQRS program began for Physicians in 2007 to collect data to implement Pay for Performance strategies. It expanded to other healthcare providers, including PT/PTA's. Currently, it is not mandatory that you participate, however, you will incur payment reductions for not doing so. The reduction amounts to 2% in 2017, if you do not successfully participate in 2015. To successfully participate this year you must report on 50% of your eligible Medicare beneficiaries. Therefore, it is not too late, but you will need to begin as soon as possible.

The stated goal of CMS is to have Pay for Performance a reality in the next few years. The association is following the PQRS program closely and will provide details as needed, but we suggest that all members keep informed because the choices that you make now, could have a significant impact on your practice in the future.



Respectfully Submitted By: Rusty Eckel, Payment Chair

“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



PTPN members have access to more patients and more revenue through our contracts with major insurance providers, large employers and workers' comp companies. PTPN will also:

- > Save you thousands of dollars yearly through preferred vendor discounts.
- > Advocate for fair pay & quality care via our lobbyist in Washington DC and the PTPN Political Action Center.
- > Help you identify new revenue streams to counter declining reimbursements from other sources.

It pays to join PTPN. To learn more, contact Kim Bueche Hardman at 225-927-6888 or kbueche@ptpnla.brcocxmail.com.



Student Speak

At the LPTA Fall Meeting from March 13-15, the SSIG meeting held elections for the 2015-2016 officers. The newly elected SSIG officers include Stephanie Guasco as Chairman, Kristin Dobies as Vice Chairman, Jennifer Luckey Peters as Secretary, Mary Beth Foreman as Treasurer, Rebecca Schnadelbach as Student Delegate and Trent Brasseaux as Director. Congratulations to the students newly elected! Most students come to learn about the SSIG soon after beginning school, however, many are not aware that it is open for ideas and participation from all Louisiana physical therapy and physical therapy assistant students. Here is a refresher on what the SSIG is, what the roles and objectives of the executive SSIG officers are and why every Louisiana Physical Therapy student should stay in tune with SSIG events.

Now that the SSIG officers are newly elected for the upcoming year, they are starting to think of ways to increase student involvement in the SSIG. As chairman, Stephanie Guasco shall serve as the spokesperson for the SSIG and will be responsible for preparing future events like the Spring and Fall SSIG meetings. Stephanie plans on working to “further develop relationships with the LPTA board members and bridge ways in which students can get involved.” She has a list of ideas for igniting student interest in the community including, “a service project with LSUHSC New Orleans and Shreveport, and PTA programs and easing the graduation transition through PT ‘Pub Nights’ geared towards new grads and students to help them network.” Stephanie also stresses the importance of making residency and clinical affiliation resources geared towards SSIG members and more accessible. Mary Beth Foreman is looking forward to serving as Treasurer to maintain the financial matters of the SSIG. After being on the board last year and she says, “I am excited to see where this next year brings us with a new group of student leaders!” As Director, Trent Brasseaux will be responsible for updating the Bayou Bulletin Student Speak column from here on. Trent states that he hopes to connect students from all points in their educational careers and, “use the platform to connect hard-working students in the classroom to those out in the field doing what they love.”

The SSIG or Special Student Interest Group is a student run organization under both the LPTA and APTA. According to Article II of the SSIG bylaws, the purpose of this group is to “provide a comprehensible platform in which PT/PTA students across Louisiana can discuss issues affecting the physical therapy profession. The SSIG is a vessel for communication among Louisiana students, a resource for creating professional relationships, and a way to promote and educate students based on the interests elected by its members.” If you are wondering where to find the SSIG bylaws, go to the LPTA website and find it there. It has descriptions and protocols for the purpose, function, membership, meetings, leadership, dissolution, finances and authority within the SSIG. These bylaws are currently in the process of undergoing amendments to better reflect the needs of physical therapy and physical therapy assistant students. All students should take a look at the bylaws to understand what goes into maintaining the SSIG, and see that all physical therapy students are potential members. Attending LPTA state and district meetings, attending the periodic pub crawls and local PT community events, staying current with national PT news, and supporting the APTA are just small ways in which all students can play a role as SSIG members.

New members of the SSIG Board are...

- Secretary—Jennifer Luckey Peters
- Treasurer—Mary Beth Foreman
- Student Delegate—Rebecca Schnadelbach
- Director—Trent Brasseaux



Respectfully Submitted By: Bel Erten, Student SIG Director

Great News For Needling in Louisiana

On March 19, 2015, the Louisiana Attorney General's office released their opinion on physical therapists' practice of Dry Needling and it is positive for both physical therapists and chiropractors. LPTA wishes to thank the LaPT Board for requesting this opinion. This is great news for physical therapists in this state, as well as across the country. A summary of that opinion is as follows...

Dry needling, as defined by Rule 123 is within the scope of practice of physical therapy as set forth in La. R.S. 37:2407. Dry needling, as defined and interpreted by the Louisiana Board of Chiropractic Examiners, is within the scope of chiropractic and may be used to treat the conditions set forth in La. R.S. 37:2801.

This is a great step for autonomy and growth in our profession!

Sports Symposium Success!

Big thanks to Joe Shine, Bland O'Connor, Anais Leblanc, all speakers, and all who attended the 2015 Sports Symposium! It was well attended and hugely successful.

(Photo Credit Raj Sohi for his beautiful photos)



Maintaining Appropriate Roles and Relationship Boundaries

Interpersonal relationships with our patients can be a very tricky terrain to traverse. We know that as physical therapists, we have the ability and opportunity to develop strong relationships and bonds with our patients. However, the development and maintenance of these interpersonal relationships don't come without risk. As healthcare providers, we have a fiduciary obligation to our patients – they are placing their trust in us, and it is our responsibility to respect that trust. There is a power differential that exists in this relationship, regardless of the personality and behavior of the clinician. Patients come to physical therapists because of their expert knowledge, skills, and abilities with the expectation that the physical therapist is going to do what is best for the patient. As such, the patient places their full trust in the physical therapist. Thus, it is our responsibility as clinicians to put aside our own wants, needs, and desires so that we may place the wants and needs of our patients at the forefront of our mind and decision-making process. Oftentimes, the development of friendships or other close interpersonal relationships with our patients can make this difficult to do. As we grow closer and more intimate with our patients, it becomes more and more difficult to decipher the patient's wants and needs from our own wants and needs. As we become more invested in the friendship or other intimate relationship, we begin to be influenced by our own needs and even subconscious dependencies on that relationship. Thus, it is imperative that we remain vigilant and cognizant of our interactions and relationships with our patients.

When discussing relationships with patients, one can imagine a continuum on which the level of interpersonal interaction that a therapist has with their patient may be measured. On one end of this continuum would be complete professional distancing. Professional distancing is the practice of distancing one's self from the patient and not allowing the development of any sort of interpersonal relationship other than the direct interaction between healthcare provider and patient. With professional distancing, there is still a small amount of interaction that occurs through the transferring of information revolving around the patient's condition, situation, and interventions. An individual who engages in true professional distancing minimizes the risk of having the relationship influence the outcome of the patient's care. The therapist also minimizes the risk of any misinterpretation of affection or intimacy due to the fact that there is no affection or intimacy experienced by the patient.

On the other end of the spectrum of interpersonal interaction with patients is being fully therapeutically present for our patients. Therapeutic presence has been described in the literature as the process by which a healthcare provider makes themselves open and available mentally, emotionally, and even spiritually to their patients. Many theorists have postulated that this is required in order to truly feel empathy for our patients and to truly inspire trust from our patients. Essential to the development of therapeutic presence is the development of an interpersonal relationship between the healthcare provider and the patient. Although this level of interpersonal interaction is beneficial for the development of trust, care, and empathy, it does increase the risk of the development of inappropriate relationships with patients and the incidence of role boundary violations.

In order to uphold the core values of our profession, such as caring, compassion and altruism, it is imperative that we develop fairly strong interpersonal relationships with our patients. It is very difficult to experience true empathy while maintaining a strict professional distance from our patients. Therefore, our interactions with our patients exist somewhere along this continuum, and may fluctuate from patient to patient given the certain circumstances surrounding each individual patient. It is very important that we remain cognizant of the effects that our interactions have both on ourselves and on our patients.

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As we develop stronger interpersonal relationships with our patients, the appropriate boundaries that must be maintained as a healthcare professional may become difficult to maintain. Our code of ethics explicitly sets the boundaries for intimacy and intimate relationships with patients in Principle #4E by stating “physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.”¹ This role boundary is fairly evident and individuals often understand the ramifications of noncompliance with this role boundary. However, all too often instances of inappropriate sexual misconduct with a patient occurs. In a 2010 report by the Healthcare Provider Service Organization (HPSO), a major provider of professional liability insurance for physical therapists in America, it was shown that almost 6% of all legal claims against physical therapists between the years of 2001 and 2010 were due to inappropriate behavior by a physical therapist.² Physical, sexual, emotional abuse and/or misconduct accounted for 70% of these claims with an average paid indemnity of \$54,526. There are also harsh administrative consequences of inappropriate sexual behavior, including revocation of licensure and fines. Oftentimes, these relationships develop when the interpersonal relationship is allowed to grow and go unchecked. Usually, individuals don’t enter into the relationship thinking that it will move to inappropriate behavior, but over time the boundary is pushed through minor boundary violations until the relationship has grown into something more than patient and practitioner.

It is also important to have a plan for when boundary violations occur. The worst thing one can do is to do nothing at all. Oftentimes, if we are in an uncomfortable situation, we tend to avoid conflict and hope that the behavior or interaction will resolve on its own. In these cases, avoiding the issue can be interpreted by the patient or others as compliance and acquiescence. Therefore, open and honest communication is of vital importance. It is always good, to set down ground rules and guidelines for the patient during the first few visits that may help them understand the type of relationship that is acceptable. When the interaction becomes unprofessional and unacceptable, it is important to remind the patient of the ground rules and roles of the therapist and patient. The patient should be made aware of the consequences for not following the ground rules, such as being referred or transferred to another physical therapist. Finally, it is important to have a plan for carrying through with consequences when the necessary time presents itself.

The Code of Ethics principle #4B states that “physical therapist shall not exploit persons over whom they have supervisory, evaluative or other authority.”¹ Our patients definitely fall within this category, and thus, it is our fiduciary duty to assure that we are not using our authority for our own personal gain. It is vitally important that we continue to analyze how close we are with our patients and remain cognizant as to how this might impact our decision-making process and our ability to provide effective, efficient, and safe physical therapy care for our patients.

1. American Physical Therapy Association (APTA) Code of Ethics for the Physical Therapist. Accessed April 1, 2015 at http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf.
2. Healthcare Providers Service Organization (HPSO) (2012). 2001 – 2010 Physical Therapy Claims Study. Chicago, IL: CNA HealthPro.



Respectfully submitted by: Kirk Nelson, Ethics Committee Co-Chair



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