BAYOU BULLETIN
Louisiana Physical Therapy Association

THIRD EDITION, 2015

MAY/JUNE 2015

President's Message

History has been made in the state of Louisiana as the first ever President of the American Physical Therapy Association from our state has been elected, and it is our own Sharon Dunn, PT, DPT, OCS!! There was much celebration at the House of Delegates in National Harbor, MD, and we will continue to celebrate this awesome, well-deserved achievement by one of our own! Sharon has been active since she was a student, and has the knowledge, experience, passion, approachable personality, and connections to make a difference in this role. LPTA applauds her willingness to continue to serve at this high level. Thank you, Sharon, for what you have done for the profession, and for what you will do in the coming years. We are so proud of you!

At this writing, this fiscal legislative session is winding down in Baton Rouge. LPTA followed many bills, but the most controversial for us was SB56, the chiropractor bill. LPTA met with the chiros and worked out a deal that rose above petty turf wars for the first time in history for these two groups. We also followed and supported the Board's resolution study bill regarding direct access. At this writing, the bill is working through the legislative process and will probably move forward. Many groups were added on to that study, the results of which will be released next year. Thanks to all who will serve on that study group.

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Respectfully submitted by:
Beth Ward, PT, DPT

APTA House of Delegates Election Results

The following members were elected to APTA's Board of Directors and Nominating Committee on Monday at the House of Delegates in National Harbor, Maryland.

- **Sharon L. Dunn, PT, PhD, OCS, was elected president.**
- Lisa K. Saladin, PT, PhD, FASAHP, was elected vice president.
- Jeanine M. Gunn, PT, DPT, was reelected director, and Susan A. Appling, PT, DPT, PhD, OCS, and Robert H. Rowe, PT, DPT, DMT, MHS, FAAOMPT, were elected director.
- Scott Euype, PT, DPT, MHS, OCS, was elected to the Nominating Committee.

These terms become effective at the close of the House of Delegates on Wednesday, June 3, after the House of Delegates.

INSIDE THIS ISSUE

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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

PT Transforms!

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

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.

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!

Component Wrap Up!

Danielle Morris, Baton Rouge District Chair

The Baton Rouge District held it's first PT Pub Night in April! Thanks to all who came out and supported this successful event. Stay tuned for upcoming meetings and social gatherings.

Gail Pearce, Bylaws Chairman

Greetings from rain soaked Bossier City. Now the sun is out and it is like we are in a sauna. How is it by you? While you are trying to stay high and dry I want to make you aware of some more possible pending Louisiana Chapter Bylaw changes which may come before you either at our fall or spring meeting.

Currently in our ARTICLE VII. OFFICERS, RIGHTS, DUTIES AND RESPONSIBILITES lists the description of our officers. The Board of Directors has indicated that they would like to see a PRESIDENT-ELECT position added to our officers. They feel that this position would prepare an individual to become more knowledgeable about the workings of our chapter. This may also help some persons more willing to think about serving as our Chapter leader. Many of the APTA chapters have this position in their bylaws and feel that it is very beneficial. I ask you to be thinking about the ramifications of this change and voice your opinion to any Board member, your district Chairman or myself. District Chairmen, this could be a good topic for discussion at your local Pub Nights; could make for some "spirited" discussions!!

Also an APTA Bylaw change made at our June House of Delegates now will allow components to allow the physical therapist assistant (PTA) a full vote at the component level. This change would be allowed only if components Bylaws state that the PTA has one full vote in their Bylaws. Currently our Bylaws say that they have one-half vote. I present you with another good Pub Night topic of conversation.

Remember that each chapter of the American Physical Therapy Association does not exist in a vacuum. We are an integral part of promoting the physical therapy profession and should keep current with the rest of our chapter associations.

Component Wrap Up!

Alicia Pruitt, Membership Chair

Why do you value your membership? Over the past couple of weeks I was reminded of just one of the reasons why I value my membership. The LPTA leaders and the Tatman group have done and continue to do a great job with keeping us informed on what's going on in the legislature. Let's be honest, we are busy! There's always something taking up our time. If it wasn't for their updates, I wouldn't have the time to keep up with what's happening in Baton Rouge. I believe my membership is well worth it! How about you? Tell someone why you value your membership and encourage them to join as well!

Julie Harris, Shreveport District Chair

Shreveport PT Pub night for the month of May was a success! It was a great way to celebrate the recent victory for Louisiana Physical Therapy with all these wonderful faces !

Jake McKenzie, Monroe District Chair

The Monroe District will be meeting later this month for a pub style district meeting on June 25 from 6 to 8 PM. More details to follow through mail, Facebook, and email. I would like every member and nonmember in our district to attend. I'm working on a way to organize a $1 million raffle for the meeting.

Cristina Faucheux, 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.

CALL FOR AWARD NOMINATIONS — DEADLINE EXTENDED!!!

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 **BY JULY 1, 2015!!!**

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 July 1, 2015. Awards will be presented at the 2015 Fall Meeting. Suggestions on how to improve this program are also welcome.

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We all know improved access to physical therapist services saves money and pain for our patients, and we feel confident the results of this study will be positive for our patients.

Please consider those who you know in your practice or in the profession who may deserve one of LPTA's awards. We are looking for nominations for Hall of Fame, Dave Warner Distinguished Service Award, Friend of Physical Therapy, Legislator of the Year, PTA Distinguished Service Award. Your nomination is due July 1, and the winners will be presented their awards on Friday, Sept 11th, just prior to the welcome reception. Check LPTA's website under the "Resources" tab for criteria, descriptions, and how to nominate.

Service does not happen in a vacuum. Forward progress is not made without many willing volunteers, and so I want to thank each and every one of you who have helped move the profession forward in this state. Challenges come on a daily basis, and the LPTA Board members and committee chairs and committee members, the LaPT Board members, assorted task forces, and all of you who are members of the Association contribute in immeasurable ways toward our vision and mission. I cannot thank you enough for helping move the profession forward.

PT in Motion — News Now!

New Post-Acute Care Webpage Makes an IMPACT

Work in a postacute care setting? Brace yourself for IMPACT.

New to the APTA website: a webpage exclusively devoted to providing you with everything you need to know about postacute care reform in Medicare, including information on how the Improving Post-Acute Care Transformation (IMPACT) Act will change the types and quantity of data provided to the Centers for Medicare and Medicaid Services (CMS).

The new webpage provides a basic outline of the principles behind postacute care reforms, resources from CMS, summaries of proposed rules, and highlights of APTA's involvement in the process. The reach of IMPACT and other postacute care reforms extends to skilled nursing facilities, home health, inpatient rehabilitation facilities, and long-term care hospitals. APTA is a strong supporter of the reform initiatives, including the provisions of the IMPACT Act.

BMJ Study Links Regular Physical Activity to Longer Life in Elderly Men

Older men have yet another incentive to be physically active—they can extend their lifespan. At least this was the case for elderly men in an observational study recently published in the British Medical Journal (BMJ) (free full-text download) that linked regular physical activity to a lower risk of death.

Boosting physical activity levels in this age group seems to be as good for health as giving up smoking, the findings suggested.

The 5,738 men under observation had taken part in the Oslo I study of 1972-1973, at which time they would have been aged 40-49, and again in Oslo II 28 years later. In Oslo II they were monitored for almost 12 years to see if physical activity level over time was associated with a lowered risk of death from cardiovascular disease, or from any cause.

The men were surveyed on, among other things, their weekly leisure time physical activities. Activities were classified as sedentary (watching TV or reading); light (walking or cycling, including to and from work for at least 4 hours a week); moderate (formal exercise, sporting activities, or heavy gardening for at least 4 hours a week); and vigorous (hard training or competitive sports several times a week).

The analysis indicated that more than an hour of light physical activity was linked to a 32% to 56% lower risk of death from any cause. Less than an hour of vigorous physical activity was linked to a reduction in risk of between 23% and 37% for cardiovascular disease and death from any cause. The more time spent doing vigorous exercise, the lower the risk seemed to be, falling by between 36% and 49%. Men who regularly engaged in moderate to vigorous physical activity during their leisure time lived 5 years longer, on average, than those who were classified as sedentary.

Factoring in the rising risk with age of death from heart disease and stroke made only a slight difference to the results, researchers said. Overall, these showed that 30 minutes of physical activity—of light or vigorous intensity—6 days a week was associated with a 40% lower risk of death from any cause.

Being an observational study, no definitive conclusions can be drawn about cause and effect, the researchers pointed out, adding that only the healthiest participants in the first wave of the study took part in the second wave, which may have lowered overall absolute risk. But the differences in risk of death between those who were inactive and active were striking, even at the age of 73, they suggest.

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More effort should go into encouraging elderly men to become more physically active, the researchers concluded, emphasizing the wide range of ill health that could be warded off as a result. PT in Motion News reported in 2014 on 2 other studies touting the benefits of physical activity for older adults: JAMA reported that a physical activity program can reduce the risk of losing the ability to walk without assistance; and the Journal of Physical Activity & Health reported that each hour of sedentary behavior increases the odds of disability in activities of daily living.

APTA offers educational resources that address the role of the physical therapist inhealth and wellness in older adults and provide insight into older adults and exercise adherence. Additionally, APTA's consumer-focused MoveForwardPT.com websiteincludes a webpage featuring videos addressing the importance of fitness across the lifespan. The association also offers a prevention and wellness webpage that includes videos, podcasts, and educational resources.

Patients With Colorectal Cancer Heed Physical Activity Advice — If They Get It

The good news: a large-scale British study has found that individuals with colorectal cancer (CRC) who can recall a clinician giving them advice to stay as physically active as possible tend to do just that.
The bad news: less than a third of CRC patients remember getting any such advice in the first place.

In a study in the May issue of BMJ Open (.pdf), researchers presented findings based on a 2013 survey of 15,254 individuals in the United Kingdom who had received a CRC diagnosis in 2010-2011. The survey gathered demographic and other data—including rates of physical activity—and asked the question, "Did you receive any advice or information on physical activity or exercise?"

Only 31% answered yes. And what makes this number particularly powerful is that receiving advice on physical activity (PA) seems to make a difference with patients.

Researchers found that among the patients who recalled receiving PA advice, 51% were engaged in brisk physical activity for at least 30 minutes 1-4 days a week, with 25% participating in PA for at least 30 minutes 5-7 days a week. Those numbers dropped to 42% and 20%, respectively, among patients who didn't remember receiving PA advice.

Authors write that while some clinicians may be waiting for the results of an ongoing clinical trial focused on the relationship of PA rates to CRC survival rates before considering giving PA advice, "in light of strong evidence for a number of other important outcomes, such as reductions in cancer-related fatigue and improved quality of life, it is important for clinicians to be advising their patients with CRC to be physically active."

Other findings from the study:

- Men (35%) were more likely than women (25%) to recall being given PA advice.
- Patients 55 and younger recalled receiving advice more often than older patients (37% vs 20%).
- Patients with higher socioeconomic status (SES) remembered getting advised on PA with more frequency than patients at lower SES levels (32% vs 28%).
- Among patients in remission, 32% recalled receiving advice, compared with 27% of nonremission patients.

Authors acknowledge that "giving PA advice may not always be easy for health care professionals" because of a "lack of appropriate support," uncertainty about what to recommend, or perceived time constraints.

But these barriers must be overcome, they argue.
"Our results strengthen the case for clinicians to recommend PA to their patients with cancer," authors write, citing the differences reported in the survey. "This difference is potential of real practical significance."

PT in Motion — News Now!

Hospital 'Preferred Provider' Lists Puts Pressure on SNFs

A recent article in Modern Healthcare says that with increasing frequency skilled nursing facilities (SNFs) are being forced to compete for a coveted place on a hospital's list of "preferred facilities" that will receive the bulk of the hospital's referrals. According to the article, the results seem to be paying off—both in terms of improved patient outcomes and lower costs.

Reporter Melanie Evans tracks trend by focusing on several hospitals that have adopted an "aggressive new strategy" of creating a shortlist of SNFs that will be recommended to patients after discharge. These preferred facilities are accepted based on a host of outcome data from state health reports and Medicare quality measures, including length of stay and readmission rates, in addition to questionnaires and interviews from the hospital.

And those approval lists can be fairly exclusive. For example, Phoenix, Arizona-based Banner Health accepted 34 SNFs from among 90 applications; Partners Healthcare in Massachusetts included 47 of 140 potential SNFs in its preferred provider list.

Evans writes that data gained since the switch to a preferred facilities system bears out the underlying assumptions—average lengths of stay are dropping, along with 30-day readmission rates. One Lincoln, Nebraska, hospital saw readmission rates drop from 15% to 11% in 7 months.

While the SNFs that make the cut are experiencing increased business, the facilities that aren't on the lists may be in for tough times ahead, according to James Michel of the American Health Care Association. "For many providers, it could be life or death," he said in the article.

Meniscus Surgery All in Your Head, Says One Psychiatrist

Apparently, even psychiatrists have issues—and sometimes these issues include feelings about the validity of arthroscopic surgery for meniscus tears.

In an opinion piece for Psychiatric Times titled "Knee Surgery? Think Twice," psychiatrist Allen Frances, MD, explores not just the power of the placebo effect, but the role of exercise and physical therapy to lessen the pain associated with meniscus tears.

To make his point, Frances mostly turns over the commentary to Teppo Jarvinen, the orthopedic surgeon who was the lead author a study that compared outcomes of patients who received arthroscopic surgery for a meniscus tear with patients who were provided sham surgery. The results showed that the sham surgery patients reported outcomes just as good as or better than their real-surgery counterparts. Findings of the study were reported in a January 2014 PT in Motion News article.

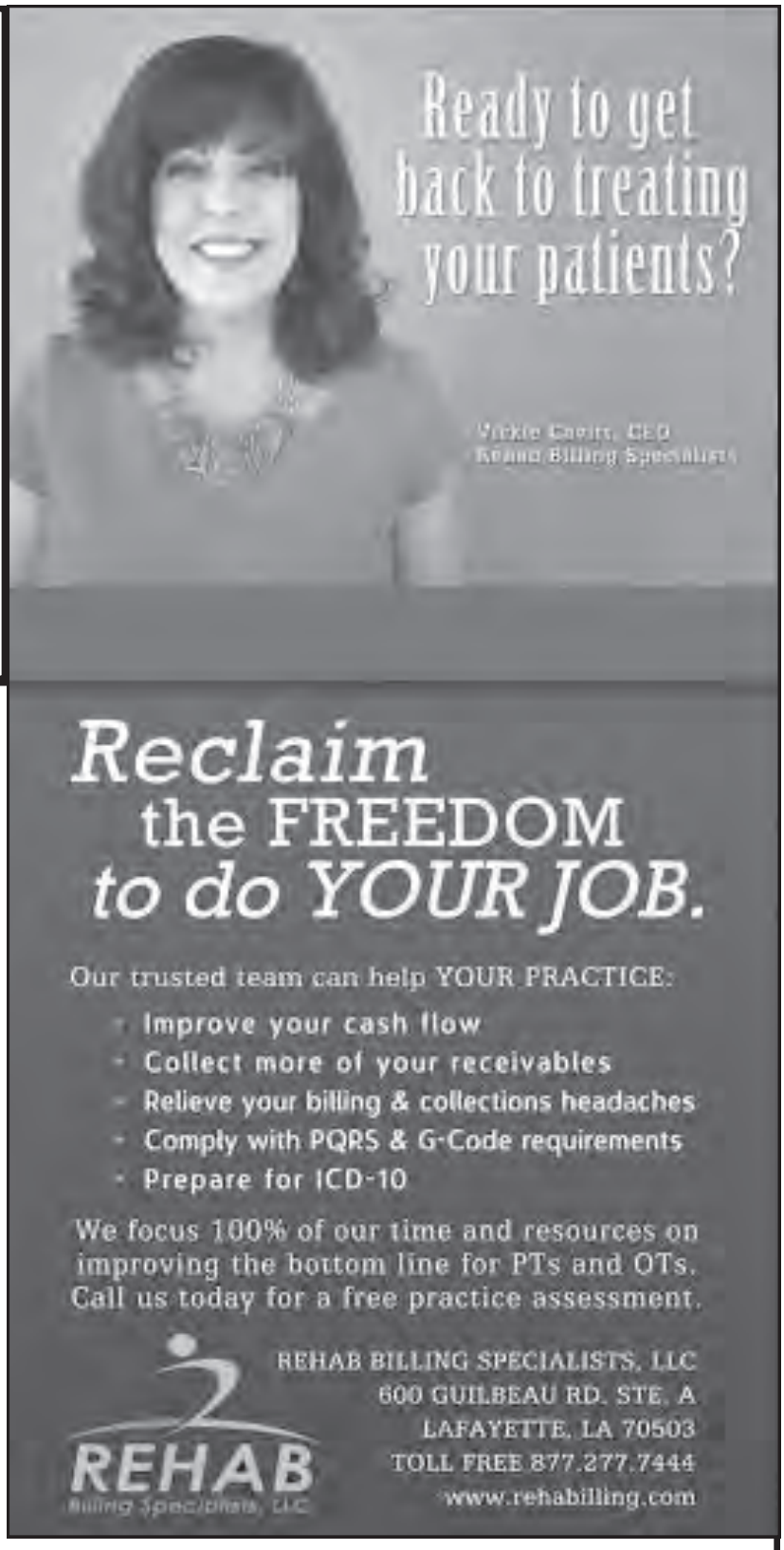
In the Psychiatric Times article, Jarvinen says that knee surgery is sometimes recommended but that "without a true traumatic event … resulting in your knee filling up with blood ... if you're able to move your knee freely (even with some possible pain), there is no urgent need to have your knee 'scoped.'"

"Rather, go and see your physiotherapist, start a good rehab program, and give it some 3-4 months to let nature take its course," Jarvinen says.

Allen writes that Jarvinen's research "is one of those landmark studies that should change the world."

"Patients beware before accepting the knife," Allen writes. "Insurance companies take note in establishing standards for reimbursement. Guideline makers insert watchful waiting and rehab before recommending surgery."

The wonderful, Geneva Johnson!
A true Louisiana gem!



Wheelchair, Robotics Advances Shows Promise

Need an antidote to the nagging feeling that personal health technology is turning us into walking databases and little else? Maybe it's time to check out some cutting-edge technologies that are less about quantifying people and more about empowering people.

In a recent Disability Blog, guest blogger Kathy Pretz, editor of the Institute of Electrical and Electronics Engineers (IEEE) member newspaper, touches on some projects now in development that could make mobility and communication easier for individuals with disabilities.

Pretz's post focuses on 3 cool new projects: an upgraded version of Stephen Hawking's communication system, made open source to allow for wider access for individuals with ALS; a smart powered wheelchair that can adjust its tracking to account for a sidewalk's sideways ("center to street") grade and keep itself going straight; and "quality of life robots" that can perform household chores or assist a user outside the home—either under the user's direct control or remotely by a caregiver.

IEEE is a professional association "dedicated to advancing technological innovation and excellence for the benefit of humanity."

PT in Motion — News Now!

Survey: Your Boss is Concerned About Your Retirement — To A Point

Health care employers understand the importance of offering a retirement plan to employees, and they may even be concerned that their employees are financially prepared to leave work, but taking steps to foster that kind of retirement readiness? That's a trickier question.

A Modern Healthcare survey of 523 health care executives looked at how health care employers think about retirement plans, and how they go about shaping them. The results show a strong sense of appreciation of a retirement plan as a benefit but more scattered views on whether the employer has a responsibility to do more than simply offer a plan.

When it comes to helping their employees reach retirement readiness—defined by most respondents as "when employees understand how their savings translate to income to support them through retirement"—the executives were sensitive to the role of the employer, with 87% responding that their organizations "feel responsible for helping employees become retirement ready."

But that's where opinions start to diverge. The survey showed that while nearly half (49%) of those who feel responsible take steps to provide guidance and encourage employee savings, about 31% do nothing, and the remaining 24% leave it to the benefit providers.

In terms of how these executives measure the success of their plans—something that only 25% say they do—retirement readiness came in fourth out of 6 possible measures. The top 3 measures were employee satisfaction, meeting compliance requirements, and achieving targeted levels of participation. According to Modern Healthcare, the results show that employers haven't quite connected operations with intent.

"Respondents indicate that retirement readiness matters a great deal to a plan's success," authors write, "while other survey data reveals that health care organizations have an opportunity to do significantly more to ensure retirement readiness is a plan priority."

Among other findings in the survey:

Respondents listed the top reasons for offering a retirement plan as a way to attract and retain talent, to encourage employees to save for retirement, and because it's "simply the right thing to do." Few of the executives surveyed ticked off tax savings or "to help employees retire sooner" as important reasons. Employer match plans were used by 70% of the respondents, with 45% using some form of employer contribution.

Just over one third of respondents said their organizations used automatic enrollment plans in which employees must opt out (rather than opt in); even fewer (14%) used systems that employed automatic increases in employee contributions at certain points—low numbers that Modern Healthcare described as "surprising since they are proven to enhance saving."

ACA Data: Newly Insured Have 'Pent-Up Demand' For TKA, LBP Surgery

A new study from the Society of Actuaries (.pdf) (SOA) reveals what may not be a huge surprise: previously uninsured individuals who became insured through the Affordable Care Act (ACA) tended to pursue so-called "preference-sensitive" treatment—health care that can be delayed without a crisis—at a significantly higher rate than the continuously insured.

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Topping the list of preference-sensitive treatment? Total knee arthroplasty (TKA) and surgery for low back pain (LBP).

According to SOA, the use of these treatments "exceeded the expectation of differences due to demographics alone, such as those used in actuarial rating calculations."

Among the preference-sensitive treatments reviewed, TKA showed the most marked difference in use, with new enrollees showing an estimated member month use rate per-1,000 that is 6.19 times that of the continuously enrolled. That rate was significantly above the next-highest treatment differential, surgery for LBP, which showed an estimated use rate of 2.14 times the rate of the continuously enrolled.

The SOA study was focused on usage in the first quarter of 2014, and limited to 87,000 individuals in Kansas—17,000 newly insured and 70,000 continuously insured. Actual numbers of procedures performed were small.

Still, according to an article in the National Journal, the SOA study could offer "a glimpse into where the pent-up demand is within the health care system."

The SOA report states that these data are similar to studies conducted after Medicaid expansions, "which show that there is an initial high use of services that tapers off over the year," but that a definitive pattern can't be established until all 2014 data are in.

In the National Journal article, Kaiser Family Foundation Vice President Larry Levitt described the rates as a temporary spike.

"Just because new enrollees used more services initially doesn't mean that will necessarily be true looking ahead," he told the National Journal. "This study may give insurance regulators some evidence to push back on insurers that are proposing big rate increases for 2016 based on how much enrollees used in 2014."

9 of 10 Parents of Overweight Children Don't See the Problem

Nearly 95% of parents of overweight children in America don't perceive their child as overweight, according to a new study that underscores a phenomenon one editorial writer describes as "oblviobesity." The research, which appears in the June issue of Childhood Obesity (.pdf) analyzed data from National Health and Nutrition Examination Surveys (NHANES) administered between 1988 and 1994, and again between 2007 and 2012.

Researchers compared an individual child's BMI with his or her parent's answer to the questions, "Do you consider [child's name] to be overweight, underweight, just about the right weight, or don't know?" (earlier survey) and "How do you consider [child's name] weight?—overweight, underweight, about the right weight, or don't know," (later survey). The comparison allowed authors of the study to gauge just how far parent perceptions veered from reality.

They veered a lot. In the later survey 94.9% of parents of overweight children described their child's weight as "just about right," a slight decline from the 96.6% of parents who provided that response in the earlier survey.

That perceived improvement, however, was offset by an increase in the number of parents who perceived their obese child's weight to be "just about right"—about 79% of parents of obese boys, and 68% of obese girls, numbers that increased from 69% and 59%, respectively. What that means, according to researchers, is that that probability of a parent appropriately perceiving his or her child as overweight or obese dropped by 30% between the surveys.

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PT in Motion — News Now!

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Other findings:

Overall, the children sampled in the latest survey were "significantly heavier" than their counterparts in the earlier survey, with mean BMI increasing from .23 to .37.

The declining tendency to misperceive the weight of an obese or overweight child was most pronounced among black parents.

The apparent threshold for a parental perception of overweight shifted: in the earlier study, the majority of perceived overweight children were overweight; in the most recent study, the majority of children perceived as overweight were obese or severely obese.

In an editorial that appeared in the same issue as the study, author David L. Katz, MD, described a number of earlier studies that produced similar results—both in terms of parental perceptions of a child's weight, and the perceptions of children themselves. He dubbed the phenomenon "oblivobesity."

For their part, researchers point to several possible causes for the increasing misperceptions, including growing overall obesity rates that may prompt parents to look at peers for standards, poor communication between parents and the medical community, a belief that weight will be "outgrown," and an unwillingness "to label their child as overweight owing to societal pressures of maintaining a lower weight and/or the stigma often attached to obesity."

Authors cite public health initiatives to decrease childhood obesity rates, but write that "the opportunity has not yet been fully realized and pediatricians' commitment may need revitalizing."
In his editorial, Katz frames the problem in dire terms.

"If parental inattention fosters a rising mean BMI among children globally, and a rising mean BMI fosters acclimation among parents to that ever-higher norm, then obesity in our children becomes the new normal," he writes.

APTA offers extensive resources on the PT's role in prevention and wellness, as well as on behavior change in the patient and client.

Physical Therapy Transforms: Over 1,000 Bring the Message to Capitol Hill

Sure, it was a little rainy. Sure, it was a bit cool for June in Washington, DC. But that didn't stop more than 1,100 physical therapists (PTs), physical therapist assistants (PTAs), and students of physical therapy from across the United States from converging on Capitol Hill to remind lawmakers of the importance of the profession.

Galvanized by Congress's recent decision not to include a permanent repeal of the Medicare therapy cap with legislation that eliminated the flawed sustainable growth rate formula, supporters of physical therapy showed up in record numbers on June 4 for PT Day on Capitol Hill (Hill Day), an event that began with an 8:00 am rally before participants fanned out across the halls of Congress for scheduled 440 visits to house and senate offices to discuss issues affecting the physical therapy profession and the patients and clients it serves.

While a permanent repeal of the therapy cap remains a priority for the association, Hill Day participants also discussed several other key APTA legislative priorities, including legislation that would allow PTs to participate in the National Health Services Corps, and another bill that would permit PTs to bring in another qualified PT to cover for them during temporary absences such as illness, pregnancy, and vacation.

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Memorial Day

The beginnings ….. The launch of World War I (WWI) in 1914 spurred the growth of physical therapy services in the United States, especially after the nation declared war on Germany in April 1917. Public health officials studied British and French models of treating soldiers wounded in battle. By the war's end in 1918, 45 hospitals throughout the country had physical therapy facilities and employedmore than 700 Reconstruction Aides. Nearly 50,000 veterans, or almost half of those 125,000 Americans who were disabled during WWI, were treated at these facilities. Treatments consisted of exercises, including corrective and passive exercises, sports and games, massage, hydrotherapeutic modalities, and assistive and adaptive equipment. Shown here are Reconstruction Aides and soldiers working together in 1919 at the physical therapy clinic, Fort Sam Houston Station Hospital, San Antonio, Texas.

APTA celebrates the Reconstruction Aides of WWI (#PThistory), physical therapists, and veterans through the decades who served in times of peace and conflict.

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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

Study: Mobilization With Movement Can Make a Difference in Shoulder Impingement

A new study that attempts to isolate the effectiveness of mobilization with movement (MWM) for unilateral shoulder impingement concludes that the intervention can result in significant reduction in pain compared with a sham intervention. Authors believe that the more realistic use of MWM—not in isolation but as part of a multimodal physical therapy plan—could point to even better results for patients with shoulder impingement syndrome (SIS).

For the study, recently published in the Journal of Manipulative and Physiological Therapeutics (abstract only available for free), researchers analyzed pain and range of motion results for 42 patients with SIS, half of whom received 4 10-minute sessions of a specific MWM application, and half who received a sham MWM-like intervention. Joshua A. Cleland, PT, DPT, OCS, FAAOMPT, was among the authors of the study.

The actual MWM was performed by a physical therapist (PT) "with more than 10 years of experience in manual therapy," according to authors, who described the MWM technique as a process whereby "one hand was placed over the scapula posteriorly while the thenar eminence of the other hand was placed over the anterior aspect of the head of the humera." The patient is then asked to move his or her shoulder in flexion while the PT maintains a posterior-lateral manual glide on the humeral head. In each session, 3 sets of 10 repetitions were attempted, but the application was stopped if patients experienced pain.

The sham MWM involved the PT placing one hand over the belly of the pectoralis major muscle and the other over the scapula without applying pressure. The patient was then asked to move his or her shoulder in the same way as the real MWM.

Researchers measured pain free and maximum (painful) range of motion (ROM) in shoulder flexion, and pain-free ROM in shoulder extension, abduction, external rotation, and medial rotation at the start of the interventions and after 2 weeks.

Their findings: patients who received the MWM experienced greater ROM in flexion and external rotation, and achieved a reduction in pain intensity during flexion—"significantly better outcomes" than the sham group, according to authors.

Authors of the study write that the reasons for the improvement through MWM are "speculative" but offer the possibility that the force applied by the PT "diminished the abnormal translation of the humerus, which has been identified in individuals with shoulder problems."

Researchers cited the fact that the study focused on MWM as a sole intervention as a limitation to their work. "In typical physical therapy practice, a multimodal treatment approach is often used," they write. "It is possible that combining MWM with other commonly used interventions including exercise and taping may result in greater improvements."

Study: Resistance As Effective As Eccentric Training for Achilles Tendinopathy

The effectiveness of a loading regimen for treatment of Achilles tendinopathy is well-established, and when it comes to what kind of regimen to use—eccentric training (ECC) or heavy resistance training (HSR)—researchers were surprised to find that both work equally well.

In a study published in the May 27 issue of The American Journal of Sports Medicine(abstract only available for free) researchers from Denmark compared ECC and HSR interventions among 58 patients with chronic Achilles tendinopathy and found that both approaches "yield positive, equally good, lasting clinical results." Authors had hypothesized that the HSR group would yield better outcomes, based on similar studies conducted on patients with patellar tendinopathy.

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For the Achilles study, patients were divided into 2 groups, with 30 receiving HSR and the remaining 28 receiving ECC. Evaluations were conducted at baseline, 12 weeks, and 52 weeks, and included the Victorian Institute of Sports Assessment for Achilles (VISA-A), pain level assessments, ultrasonography, color Doppler scans, and patient satisfaction ratings.

The ECC group was assigned a regimen of 3 sets of 15 slow repetitions of eccentric unilateral loading while standing on the step of a staircase, 1 exercise performed with straight knees and 1 with bent knees twice a day, 7 days a week, for 12 consecutive weeks. The HSR regimen was performed 3 times a week using resistance equipment at a fitness center, and consisted of 3 2-legged exercises: heel rises with bended knee in a seated calf raise machine, heel rises with straight knee in the leg press machine, and heel rises with straight knee standing on a disc weight with the forefoot with barbells on shoulders. HSR participants completed "3 or 4" sets in each exercise, with reps decreasing and loads increasing over time. Physical therapists instructed both sets of patients on how to perform the exercises.

"The main difference between the 2 exercises regimens is the total loading time 'seen' by the tendon and the calculated session," authors write. "The time of tendon loading was estimated to be approximately 63 min/wk for ECC and 41 min/wk for HSR."

What researchers found was that both approaches resulted in "robust clinical and structural improvements" for patients, with average VISA-A improvements of 10 points or more (on a 100-point scale) and reductions of 30 points or more in pain while running. These improvements remained equal at the 12-week and 52-week marks.

Researchers did identify a few minor differences between the groups: HSR participants reported higher patient satisfaction at 12 weeks (though that dropped off at 52 weeks), and compliance rates were lower for ECC (78%) compared with HSR (92%). Authors are unsure of the exact reason for the difference in compliance, but they speculate that the longer time commitments required by ECC could explain at least part of the differences—"one aspect that may be considered when loading regimens are offered to patients," they write.

"Eccentric loading regimens for tendinopathy have been widely accepted as the treatment of choice," authors write. "Although the present study was not designed to answer the effect of [contraction regimens such as HSR] per se, it appears that HSR, which includes a concentric as well as eccentric component, produced similar results to the traditional ECC regimen."

Postpartum Exercise, Concussion, Stroke, and More: Catch Up With Move Forward Radio

The transformative power of physical therapy to treat diverse conditions is at the heart of recent Move Forward Radio episodes.

A twice-monthly podcast, available for free download from iTunes or atMoveForwardPT.com, Move Forward Radio is a terrific resource to share with your patients. Recent episodes include:

Pregnant and postpartum exercise

During pregnancy and childbirth a woman's body goes through profound changes in a relatively brief period of time. For women who exercise during or after pregnancy, failure to respect those changes has the potential to lead to problems. Christy Martin, PT, DPT, SCS, who specializes in sports physical therapy, and Vicki Lukert, PT, PRPC, who specializes in pelvic health, outline how pregnant and postpartum women can exercise safely and how to spot warning signs for problems that might require medical attention.

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Concussion and mild traumatic brain injury
At Brooke Army Medical Center in Texas, Miriam Hammerle, PT, Cert SMT, often sees patients who have suffered a mild traumatic brain injury or concussion in the line of duty. One of her recent patients, Lt Col Tony Cromer Jr, suffered a concussion when his head was slammed by an opening door. The effects of that workplace accident, including headaches and dizziness, were the same as they often are for soldiers on the battlefield. Hammerle and Cromer discuss his injury and treatment.

Autism spectrum disorder (ASD)
ASD can be treated by a range of therapists who have individual specialties but overlapping goals. Christine Baksi talks about her 4-year-old son Sam, who was diagnosed with ASD at the age of 2, and is benefitting from a variety of therapies including physical therapy. Joining the discussion is Sam's physical therapist Lori Glumac, PT, DSc, PCS, who is a member of a collaborative care team that helps children with ASD develop physically and socially.

Avoiding golf injuries
Having a repeatable swing is key to having a good golf game. But with that repetition comes a risk for injury to backs, elbows, shoulders, and more. Michael Mulcahy, PT, discusses treatment for injured golfers, outlines typical golf-related injuries, and offers prevention tips that can help golfers strengthen themselves and their game.

Stroke awareness, prevention, and recovery
Those fortunate enough to survive a stroke often face problems with mobility, speech, balance, weakness, and memory loss, among other symptoms. Fortunately, depending on the severity of the stroke and the health of the individual, a physical therapist can effectively treat many of these side effects. Julia M. O. Castleberry, PT, DPT, MS, CLT, GCS, NCS, addresses all aspects of stroke, including describing what stroke rehabilitation looks like, how to spot a stroke, identifying who is at risk, and how to lower that risk.

Spinal stenosis
Spinal stenosis is a degenerative disease that causes a narrowing within vertebrae of the spinal column, resulting in pressure on the spinal cord. While it may sound like a serious problem in need of an invasive medical procedure (such as surgery), a recently published study in the Annals of Internal Medicine suggests that surgery should be considered only when other more conservative treatments, such as physical therapy, fail. Lead author Anthony Delitto, PT, PhD, FAPTA, discusses the study, treatment for lumbar spinal stenosis, and what patients need to know about options to avoid going under the knife.

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Also discussed: legislation that would recognize PTs as healthcare professionals qualified to make return-to-participation decisions for youth sports participants who have experienced a concussion.

PTs also participated in a health and fitness clinic for legislators and their staffs. Assessments included grip strength, balance, blood pressure, and a golf swing analysis.

Every year, APTA hosts an advocacy event to educate policymakers about a physical therapist's role in improving and restoring mobility in individuals' lives. This year's event coincided with the association's NEXT Conference & Exposition in National Harbor, Maryland, June 3-6.

Worker's Comp: Treat Your Patients Like They Are All Star Athletes

As I watched the NBA finals, I saw that a player who suffered a shoulder injury was sent right-off for a physician visit and imaging. His surgery was scheduled for the following week, physical therapy would start a few days following surgery, and he was expected to be ready for the start of next season — only 5 months away. This reminds me of Sam, the workers comp patient that I am treating in my clinic. He had a fall at work, was sent to an Orthopedic, had imagining, underwent rotator cuff surgery 2 weeks following the injury, and has just started in our clinic earlier this week (4 weeks post injury). When we evaluated Sam, he stated that he wished he could have waited to see if his shoulder would have healed with more conservative care. I had to explain to him how lucky he was that he was being treated as an all-star athlete. Work Comp guidelines (laws) stated that an injured worker should get the quickest possible care based on the medical guidelines. After some discussion, Sam felt more at ease with the process. Following the evaluation, we had Sam involved in establishing his treatment plan that focused on his shoulder, making sure he could meet the challenges he faces everyday and that he would be ready to return back to his sport (his job) - much like an All-Star Athlete. His initial treatment plan involves a specific shoulder protocol, cardiovascular exercises (cycling, total gym, stairs), balance, and education on: posture, positional relief, how early return to work in any capacity while still in therapy is therapeutic (per the guidelines), and how we plan on progressing him to meet all of his goals. The treatment plan would progress to involve lifting, work specific activities, work related conditioning, and injury prevention.

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"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."

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From day one, I made sure our Athlete (Sam) understood his rehab process and what he could look forward to. We would not be helping Sam reach all of his goals if we had tunnel vision and focused only on his rotator cuff. Sam's goals are to return back to enjoying his family, participate in outside activities such as hunting, and return to his full time position with full pay so he can continue to provide a good living for his family. Treating Sam like an Industrial-Athlete will help him achieve his goals in the shortest amount of time possible. This is how we should treat all of our Athletes (patients). Next time, I will tell you how we helped Betty, our 72 year old Athlete after her fall at the Bingo Hall.

Respectfully submitted by: Joe Shine

Nomination Committee Report

This fall we will elect our Chief Delegate, two (2) Delegates, and our PTA Caucus Representative! The term for Delegate and Chief Delegate positions is now three (3) years, due to our by-laws revisions this year. The delegate position is open to PT members who have been a continuous member for at least two years. Chief Delegate nominees must have served as a delegate at least two years prior to election.

It is an exciting time to be a part of the APTA House of Delegates! Adding to the excitement is the election of our own Sharon Dunn as the new president of the APTA!!

The House of Delegates meets for several days prior to the NEXT conference held in June of each year. Responsibilities during the House meetings include electing APTA officers and voting on policies, positions, and by-laws of the APTA. In addition, our Louisiana delegates generally meet once or twice prior to the dates of the House to discuss and debate the upcoming issues.

If you are interested or want to know more about these positions, please contact me. I will be happy to discuss this with you.

We also have an opening for our Representative to the Louisiana Association of Business and Industry (LABI). This is an appointed position. Contact Cristina Faucheux for more information on this position!

Please continue to be on the lookout for "emerging leaders"---those PTs and PTAs who may be just waiting to be asked to serve! Please contact me with any questions and if you are interested in either of these positions.

Respectfully submitted by: Amelia Leonardi, PT, MHS—LPTA Nominations Chair

Advocacy makes a difference: Rep. John Fleming has agreed to cosponsor HR 556, the Prevent Interruptions in Physical Therapy Act (Locum Tenens), and HR 2342, the Physical Therapist Workforce and Patient Access Act (Student Loan Repayment bill). Success on Capitol Hill last week!!

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Federal Advocacy Forum—PT Day at the Capitol

PT-PAC Report

"On April 15th the US Senate voted to approve a bill that repeals the flawed sustainable growth rate (SGR) and moves toward payment systems based on quality, but, despite a concerted, historic grassroots advocacy effort, does not end the Medicare outpatient therapy cap. The therapy cap repeal amendment was defeated by a 58-42 vote, coming up just short of the 60 votes needed for passage. Among the most significant features of the bill are the ways it sets the stage for a transition to value-based health care services, and away from the fee-for-service model—a shift strongly supported by APTA.

The effort to include an amendment to end the therapy cap was championed by Sen Ben Cardin (D-MD) along with Sen. David Vitter (R-LA), and was the focus of an intensive effort by APTA, its members, supporters, and other organizations to urge senators to vote in favor. In the end, the amendment was 1 of only 6 allowed to be considered, and among those 6, garnered 1 of the highest number of votes in favor." PT in Motion News

Louisiana should be very proud of this effort. We might have been the only state where 2 Republican Senators voted for repealing the cap and Senator Vitter was a co-sponsor!

PT-PAC wishes to thank the many Louisianan PT's, PTA's, patients, friends and families who called their Senators in support of this amendment. According to reports Senator McConnell and Senator Hatch were worried it might actually pass!

We will have to wait 2 more years to repeal the cap but this is a great start! However we can only do it with your donations of $1,000 or 500 or 250 or 100 or 20. Every dollar counts so if you can only give 20 this year, donate 20. If every APTA member donated $20 we would be the largest health care provider PAC. Unfortunately only 7.4% of APTA members participated in the political process by donating to the PAC in 2013. In 2014 Louisiana had 121 members who contributed to the PT-PAC. If we are to have our priorities heard in Congress we will have to do better. Last year LPTA raised $19,613.94 which is a record but I believe we can break $20,000 this year.

Please become involved in your profession's future by donating $20 or more to the PT-PAC. Go on line to the APTA website or just call Mike Matlack at 1/800-999-2782. It's that easy.

Thank You!
Paul Hildreth
PT PAC Ambassador for Louisiana

RIPS Model of Ethical Decision-Making

Physical therapists (PTs) and physical therapist assistants (PTAs) confront ethical decisions each day. These decisions range in complexity and have become more puzzling with the many changes in managed care today. Practitioners must balance the interests of individual patients against fiscal accountability to the system as a whole and to their own self-interest. An established sequence of steps can be helpful to resolve ethical situations. One decision-making framework is the Realm-Individual Process Situation (RIPS) Model of Ethical Decision-Making.

Components of the RIPS Model include the 1) Realm, 2) Individual Process, and 3) Situation. All 3 are defined as follows:

- **Realm**

  Individual – concerned with the good of the patient/client and focuses on rights, duties, relationships, and behaviors between individuals

  Organizational or institutional – concerned with the good of the organization and focuses on structures and systems that will facilitate organizational goals

  Societal – concerned with the common good and is the most complex realm

- **Individual Process**

  Moral sensitivity – involves recognizing, interpreting, and framing ethical situations

  Moral judgment – requires deciding on right versus wrong actions

  Moral motivation – places a priority on ethical values over other values, such as self-interest, status, or financial gain

  Moral courage – involves implementing the chosen ethical action

- **Situation**

  Issue/problem – Important values are present or may be challenged.

  Dilemma – Two alternative courses of action may be taken, both of which fulfill an important duty, and it is not possible to fulfill both obligations. "Right versus Right"

  Distress – You know the right course of action but are not authorized or empowered to perform it.

  Temptation – Involves a choice between a "right" and a "wrong," and in which you may stand to benefit from doing the wrong thing. "Right versus Wrong"

  Silence – Ethical values are challenged, but no one is speaking about this challenge to values.

When implementing the RIPS Model for ethical decision-making, four steps are recommended: 1) recognize and define the ethical issues, 2) reflect, 3) decide the right thing to do, and 4) implement, evaluate, re-assess.

Step 1

Recognize and define the ethical issues – analyze the Realm, Individual Process, and type of ethical Situation

Step 2

Reflect – What are the relevant facts and contextual information? Who are the major stakeholders? What are the possible consequences? What are the relevant laws, duties, obligations, and ethical principles? What professional resources (Code of Ethics, Guide for Professional Conduct, Core Values) speak to this situation? Are any of the five tests (Legal test, Stench test, Front-page test, Mom test, Professional ethics test) for right versus wrong situation positive?

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Step 3

Decide the right thing to do – specifically for the resolution of ethical dilemmas, i.e., those situations in which there are two conflicting courses of action that appear to be right, "right versus right"

Step 4

Implement, evaluate, re-assess – What can you learn from this situation? What are your strengths and weaknesses in terms of the four individual processes? Is there a need to plan professional activities to grow in moral sensitivity, judgment, motivation, or courage?

The RIPS Model may be a useful tool to evaluate ethical situations that can be used by individuals and groups to analyze and discuss ethical situations encountered in physical therapy. Consider these case examples:

Case 1

Ron has just left the office of a local orthopedic surgeon. He had hoped to illustrate his quality outcomes to encourage referrals. Midway through the visit, it became clear that the physician was unenthusiastic about positive outcomes of his private practice. Ron had the impression that the MD expected some kind of gift – in fact, he almost bluntly stated that he would need tee times at an exclusive country club to consider his request. Ron wonders if he is just being naïve, perhaps he should just "play the game."

Realm – Societal/Organizational. Problem is within the for-profit health care system and lack of regulation of gifts for referral.

Individual Process – Moral courage. Ron appears to believe that there is a right versus wrong component but is concerned about financial consequences as well.

Situation – Temptation. It is a right versus wrong situation. The APTA Guide for Professional Conduct and other regulatory statutes indicate that this practice in unethical, and in some cases, illegal.

Case 2

After a year of rehabilitation, a grateful patient wished to give a physical therapist a gift.

Realm – Individual. This ethical situation is about the relationship between the PT and the patient.

Individual Process – Moral judgment. The PT must decide between two goods – respecting the patient's gratitude and avoiding the appearance of being influenced by gifts.

Situation – Ethical dilemma. Choice between two right actions.

Article adapted from Laura Lee (Dolly) Swisher, PT, PhD; Linda E. Arslanian, PT, DPT, MS; and Carol M. Davis, PT, EdD, FAPTA (2005, October). "The Realm-Individual Process-Situation (RIPS) Model of Ethical Decision-Making" http://www.apta.org/Ethics/Tools/

Respectfully submitted by: Rebeka Winters, Ethics Committee Member

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