



## President's Message:

**Volunteerism** is the focus of my President's Message. Volunteers hold all of the elected and appointed positions in the world of APTA and LPTA. We all have jobs or school, families, outside obligations. Yet we all choose to serve the profession we love by giving back as national leaders, state chapter leaders, section leaders, and student leaders.

As your President over the past 4 years, I have been in the position to ask others to serve: as district chairs, committee chairs, members of committees, etc. Those who are asked have varied responses to the "ask." Some are thrilled and jump right in, hardly asking what the duties of the position are. Others take a bit of coercion, and I am happy to let them know the duties and expectations of the position and how important their role will be in serving LPTA. Eventually they come around and do agree to run for an elected position or serve in an appointed position. Then there are those who use the excuse that they are "too busy" to serve at this time.

I'd like to address the last group, those who are "too busy." I have a couple of passionate members I'd like to use as examples of volunteers in high service positions.

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Respectfully submitted by:  
Beth Ward, PT, DPT

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## Congratulations New District Chairs

We would like to send out a special congratulations and thank you to our new District Chairs that will be starting their term on January 1, 2016. Matt Powers will be the New Orleans District Chair and is kicking off his reign with a PT Pub Night on December 10. He notes that he is also planning a meeting with New Orleans "Key Contacts" as the ball is definitely rolling on Patient Access. Thank you, Matt! And special thanks to Allison Daly and Tommy Weber who were co-District Chairs over the last year.

In addition, the Northshore District elected Jeffrey Cresson to step in as District Chair. We are excited for some new names showing interest in leadership within the LPTA. We would like to thank Paul Jones for his service in the Northshore District.

Finally, the Houma District is also looking for someone to take over as District Chair. Please contact Beth Ward or the LPTA office for guidance on what duties are involved in being a district chair. Time to get the District down the Bayou stirred up! Thanks to Craig Pate for keeping a little life in the Houma District.

If you are anyone you know is interested in serving in any capacity, please do not hesitate to contact any of your Board Members.

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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 791

### Life Members

Current 31

### Students

Current 287

### PTAs

Current 116

### Total

Current 1,225

### 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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Newly elected NOLA District  
Chair Matt Powers



## UPCOMING EVENTS 2015

February 17-20, 2016  
Combined Sections Meeting  
Anaheim, CA

March 11-13, 2016  
LPTA Spring Meeting  
Doubletree, Lafayette, LA

June 8-11, 2016  
NEXT Conference and  
Exposition  
Nashville, TN

October 27-29, 2016  
National Student Conclave  
Miami, FL

**California Dreaming:** Ride the wave of excitement to Anaheim for the leading conference and career-building event of the year in physical therapy. CSM 2016 will bring together more than 10,000 professionals from around the nation.

- Stimulating Days
- Exceptional Programming
- Unlimited Networking
- Packed Exhibit Hall
- 10,000+ Attendees
- Disneyland & the Beach

**LPTA Spring Meeting:** Back by popular demand, Dr. Chris Powers will be headlining as the Orthopedic Conference presenter.



**Congratulations to the new Student Assembly Board of Directors for 2015-2016 which includes Alexia-Rae Reed, a student at the Shreveport campus in her new role on the Nominating Committee! Thanks also to Louisiana-based Miguel Andres Larrea for running as well! LPTA is so proud of you both!**

# Component Wrap Up!



**Julie Harris, Shreveport District Chair**

The Shreveport District hosted its 12th annual “Hustle for Your Health” 5K fun run and health walk. This year the event was held on Saturday, October 10th, 2015, at Stoner Skateboard Park. We had a great turnout and the weather was absolutely beautiful for the run. We raised \$1200 and all the proceeds went to Independence Regained, a private not for profit advocacy organization that was formed specifically to advocate and raise funds for spinal cord and traumatic brain injury patients.



The School of Allied Health Professions at LSUHSC Shreveport

participated with Fall Beautification Day on October 17, 2015, for the PT day of Service. PT students and staff along with other Allied Health professionals brought out their gloves, weed eaters, rakes, and wheel barrows in efforts to continue a clean campus. It was a great event with wonderful people gathering together for a worthy cause.



The Shreveport District meeting is set for December 2, 2015. We hope to see you there as we join colleagues to network and discuss legislative issues at the state and federal levels. We are honored to have Dr. Carlton Houtz of Highland Medical

Center speaking on Platelet Rich Plasma (PRP) and Regenerative Medicine. This should be a great meeting!

We want to wish all of you a wonderful Christmas Holiday! This is a joyous season to step back from our busy lives and enjoy time with our loved ones. Best wishes to you and yours!



**Alicia Pruitt, Membership Chair**

I hope everyone is getting into the spirit of thanksgiving and giving to others. We started a membership drive in September with a goal of 65 NEW MEMBERS within the next year to celebrate the LPTA’s 65th birthday. We’ve had a new member join and we’d like to welcome Emily Buras, PT, DPT. If you know her personally, please help her navigate through all of the opportunities the APTA/LPTA has to offer.

We all know someone who isn’t a member. Consider giving the gift of membership to your closest friend/colleague during this time of giving! Don’t freak out...I’m not saying you need to financially cover their entire membership; but maybe consider a gift to jumpstart their decision to join. Words can mean the world to someone, especially in busy times such as these. Take the time to express why you value and are thankful for your membership; why they might benefit from joining; and the different payment plans available to each member. May you take the time to be filled with joy and thanksgiving during this holiday season.



**Danielle Morris, Baton Rouge District Chair**

The OLOL PTA class and BR district members came out in full force to help celebrate PT Month by participating in the Hallowheel wheelchair and adaptive tennis day for kids! Passion, hard work and dedication helped make this event successful. Happy Holidays to everyone and be prepared for an exciting 2016! Stay tuned for information regarding our upcoming January BR district meeting.



**Gail Pearce, Bylaws Chair**

**LPTA Bylaw Amendment Pending:** At the 2015 National House of Delegates the delegates passed a bylaw amendment to the National Bylaws. This amendment allows the chapters to individually decide to give the PTA a full vote on chapter issues.

At the Fall LPTA Board of Directors meeting, the Board voted to present a similar bylaw amendment to the Louisiana bylaws. This would allow the PTAs licensed in Louisiana a full vote on chapter issues.

This is the first notice of the upcoming Bylaw change. Now you will have a chance to talk among yourselves on the merits of this amendment. Your Chapter delegates are ready to inform you of the discussion that occurred on the APTA House of Delegates floor in June.

Please note that a vote on the Bylaws change will take place at the General Membership meeting at the Spring Meeting.



**Jennifer Watson, Lafayette District Chair**

October was pretty busy in the Lafayette District. We had a great turnout at the District Meeting with a dynamic speaker in Dr. Judson Penton. Several came out to volunteer at the ALS Walk for the National PT Day of Service. And we rounded things out with a successful PT Pub Night in Breaux Bridge at Buck & Johnny's. I would like to give special thanks to State Representative Mike Huval, David Tatman, and Cristina Faucheux for attending our Pub Night.



We are trying to reach different parishes within the Lafayette District, so our next PT Pub Night will be held in Crowley at Fezzo's. I know many of you have a lot going on at the end of the year, so we will resume PT Pub Night in January with the date to be announced.

In the spirit of Thanksgiving, I want to thank those that have participated in Lafayette District events this year. Your involvement means so much and is truly energizing! I would also like to thank the LPTA Executive Management, LPTA Board, and committee members who work so diligently throughout the year our behalf. Let us not forget it's a great

time to be a PT or PTA in the state of Louisiana!

As always, if I can serve you in any way or if you would like to make any announcements concerning the Lafayette District, contact me at [j\\_watson77@cox.net](mailto:j_watson77@cox.net).



## Patient Access Review Committee Update:

On October 22, 2015, the Physical Therapy Patient Access Review Committee passed a motion 12-5 ( 3 abstained). The motion stated "the recommendation of this committee is that there is clear and obvious benefit to removing the current restrictions tied to patient access to a physical therapist's services by allowing direct patient access to a physical therapist's services without restrictions as stated on page 2, paragraph 4 of SCR No 19."



## PT in Motion — News Now!

### Human Movement System Roundtable Podcast Now Available

If you ever wondered if APTA has taken a firm position on the human movement system, wonder no more: according to the guiding principles of the association's vision statement, it's nothing less than "the core of physical therapist practice, education, and research."

But saying it doesn't make it so. The question is, has the physical therapy profession embraced the movement system, and what still needs to be done to truly integrate the idea throughout the profession? Those issues were front and center at the 2015 Rothstein Roundtable held during APTA NEXT Conference and Exposition in June, and now a recording of that roundtable is available to members for free, courtesy of APTA's journal *Physical Therapy*.

Called "Putting All of Our Eggs in One Basket," the nearly 90-minute conversation features panelists Stephen J. Hunter, PT, DPT, OCS, Barbara J. Norton, PT, PhD, FAPTA, Christopher M. Powers, PT, PhD, FAPTA, and Lisa K. Saladin, PT, PhD, FASAHP, who address early gains, challenges to come, and possible barriers. Moderator for the roundtable is Anthony Delitto, PT, PhD, FAPTA.

Listen in, and get the latest on what some of the profession's leaders in research, education, and practice have to say about one of the key guiding principles in the profession's vision of "transforming society by optimizing movement to improve the human experience."

## PT in Motion — News Now!

### Patients, PTs Generally Agree on LBP Triggers

While patient education can be an important part of treatment for low back pain (LBP), physical therapists (PTs) and physical therapist assistants (PTAs) may not have as much educating to do when it comes to triggers for the condition. According to a new study from Australia, patients' understanding of what causes sudden-onset acute LBP is fairly consistent with PTs' views.

For the study, e-published ahead of print in *Spine* (abstract only available for free), researchers surveyed 102 PTs and 999 patients with sudden onset acute LBP to find out perceptions around common triggers. The groups were asked slightly different questions: patients were asked what they thought caused their own LBP episode, while the PTs were asked to list "the 5 most likely factors involving short-term exposure that are triggers for a sudden episode of LBP."

Though the questions were different, the answers showed "remarkably similar" perceptions among both groups, according to the study's authors.

In terms of broad categories—"individual," "biomechanical," "psychological/psychosocial," "genetic," and "other"—biomechanical was the clear winner, with 87.7% of patients and 89.4% of PTs citing that broad area as the most important risk factor. When it came to kinds of biomechanical events that are triggers, PTs and patients further agreed in citing lifting, bending, and prolonged sitting the most important triggers (lifting was most common).

Though agreement was significant, patients and PTs did part ways with a few trigger subcategories, with patients more often pointing to awkward posture (31.4% of patients vs 1.2% of PTs) and sports injury (15.9% of patients vs 4.7% of PTs) as a trigger. PTs, on the other hand, more often cited physical trauma (9.2% of PTs vs 3.4% of patients) and unaccustomed activity (7.3% of PTs vs 2.3% of patients) as triggers.

Other findings from the study:

- Even though psychological and psychosocial factors have been linked to increased risk for LBP, neither group in this study cited these triggers in significant numbers. Authors described this discrepancy as something that "warrants further investigation."
- Authors noted that while prolonged sitting was one of the most-frequently cited triggers, "there is little to no evidence that prolonged sitting is an independent risk factor for LBP."
- Researchers believe that some of the differences between the groups may be related to how the question itself was read and understood. For example, they assert, patients may interpret a "sports injury" as any injury that occurs while playing a sport, while PTs are more likely to pinpoint the biomechanical cause of the injury.

Ultimately, the findings produced a kind of "no news is good news" result for researchers, who were particularly interested in defining the scope of triggers perceived by the groups and uncovering any "novel triggers" that may be overlooked by PTs or patients. According to the study's authors, high levels of agreement around a particular condition contribute to greater patient satisfaction and compliance with treatment.

## PT in Motion — News Now!

### THA, TKA Readmission Rates Drop Across the Board—and Dramatically, for Some

It isn't news that the number of total knee and total hip replacements is rising across the country. But what may be news is that efforts to reduce hospital readmissions associated with the surgeries may be working, albeit in different ways for different age groups.

A study released by the American Association of Retired Persons (AARP) looked at over 142,000 insurance claims from individuals 50 and older enrolled with a "large insurance carrier" to calculate the prevalence of the replacement surgeries—and rates of 30-day readmissions—from 2009 to 2013. What they found was that while both total hip arthroplasty (THA) and total knee arthroplasty (TKA) numbers rose dramatically, readmission rates fell nearly as dramatically, particularly among the 65- to 84-year-old age group.

Overall, THA rates jumped by 73% between 2009 and 2013, with TKA rates rising by 46% during the same period. THA rates for the 65-84 age group increased by 113%, while the 50-64 group saw a 58% rise. For TKA procedures, the older group once again outpaced the younger group, with the 65-84 group registering an 80% increase in procedures, compared with the 50-64 group's 23% increase.

During that same period, unplanned 30-day hospital readmission rates fell significantly, according to the study. Overall rates for THA-related readmissions fell by 20% across age groups, while TKA readmission rates dropped by 23%.

Like the rates of increase for the procedures themselves, the drops in readmission rates were also different between the age groups—sometimes dramatically so.

THA-related readmission rates registered the most significant differences, with the 65-84 age group reporting a 38% drop in readmission rates (from 5.5% to 3.4%), while the younger group saw a drop of only 3% (from 3.5% to 3.4%). Similarly, TKA readmission rates dropped by 36% for the older group (from 5.2% to 3.2%), and 12% for the younger group (from 4% to 3.5%).

The bottom line: by the end of 2013, 30-day THA and TKA readmission rates were virtually identical among all adults age 50-84.

As for causes of readmission, device complications and complications from surgery led the list throughout the study period. "Rehabilitation/device adjustment" registered as a cause in 2009 for the older group only (11% of THA readmissions, and 9% of TKA readmissions), but fell off the list of top 3 causes by 2013.

The AARP study authors called the results "promising," but wrote that the relatively slower reduction in readmissions for the younger group "raises concerns that hospitals could be focusing their readmission reduction efforts on Medicare beneficiaries rather than the broader population."

In an online article on the AARP report in *Forbes* magazine, author Bob Rosenblatt offers up another theory on what's responsible for the drop: an increased use of "observation status" designations among hospitals. The *Forbes* article cites an AARP analysis of Medicare data that found the top 10% of hospitals with the largest drop in 30-day readmissions between 2011 and 2012 increased their use of observation status for returning patients by an average of 25%.

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

You all know Sharon Dunn, APTA's President since June of this year. Dr. Dunn has served selflessly since her days as a student. Over the years, she has held nearly every position in LPTA (from Shreveport which is a greater challenge due to driving obligations) and also at the national level as a Director and Vice President, and now as President of our national association. Sharon is head of the PT school in Shreveport and continues to hold that position. Through her work on her PhD, she continued to serve and work. She has gone above and beyond in her service as a volunteer, and we all reap the rewards of having a homegrown member serving as APTA President!

The next member I wish to highlight for her service as a volunteer is Cristina Faucheux, LPTA's Governmental Affairs Chair. When I became President, I knew we needed the right person in that role close to the Capitol. Cristina's name was brought up, and with one phone call she said "yes" to a role that is the most difficult role in the LPTA. Cristina is a business owner, has a husband and 3 young children, one of whom has special needs. She is also on other boards and serves a scout leader and attends her oldest son's baseball games. If anyone is "too busy," it is Cristina, yet she has been instrumental in advancing the profession in this state in uncounted ways with a high level of professionalism and panache.

Both of these amazing women give countless hours so we as a profession are protected, both nationally and here in our beautiful Louisiana. Of course, there are many others who serve daily without much thanks or recognition. What do we get out of it? Why do we volunteer our precious time serving our profession?

Here is the key to volunteer service. We all have found that the more you give, you reap benefits well beyond the giving. Through my illness with cancer and chemo over the last few months, I have felt the love from those across the state and the nation. We are an extended family, our PT family, and we bolster each other during difficult times. We are there for each other in the good times and the bad. By giving, we gain, and it is not necessarily tangible.

So, next time you are asked to serve, or if you feel a tug to give back, please look into how you can make a difference volunteering for any position in LPTA or on a national committee. Sign up for APTA's Volunteer Interest Pool. Join PTeam so you can make a difference on national issues. Sign up to be a Key Contact in our state and establish a relationship with your legislators to advance LPTA's issues for the profession. Serve as district chair or on a standing committee. Run for an elected position (you may contact Amelia Leonardi, Nominations Chair). We need you, and from personal experience, I can tell you the intangible benefits far outweigh the time commitment.

**Please consider making a donation to either the PAIF (the Patient Access Investment Fund) or the PT-PAC (Political Action Committee) so that we can Move Forward with our efforts for gaining unlimited patient access in Louisiana!**

"Every man owes part of his time and money to the business of the industry in which he is engaged. No man has the moral right to withhold his support from an organization that is trying to improve conditions within his sphere."

– Teddy Roosevelt

## PT in Motion — News Now!

### Study: Increased Leg Power Associated With Slower Cognitive Aging in Women

Women who want to protect themselves against cognitive decline as they age could get a leg up through legwork, according to a new study that found "a striking protective relationship" between aging women's leg power and cognitive changes over 12 years.

Researchers in England reached this conclusion after analyzing leg muscle power and cognitive performance among 324 healthy female twins at baseline (average age, 55; range 43-73) and then 12 years later. After controlling for health and demographic variables, they found that the women who had increased leg power at baseline scored better on tests of brain processing speed and visual memory 12 years later than the women with lower leg power at baseline. Overall differences were modest but consistent, with a 40-watt leg explosive power (LEP) increase correlated with an average 3.3 years' lower cognitive age.

Authors of the study assert that the use of twins further strengthens their conclusions, because they were able to compare 10-year differences among "discordant" twins—twins with similar genetic traits and childhood environmental influences, but whose leg power was different at baseline. As with entire group comparisons, researchers found that the twin with the greater leg power tended to demonstrate slower cognitive decline than her sister. The strongest differences were noted in dizygotic (fraternal) twins; less so in monozygotic (identical) twins.

The differences weren't just revealed in test scores—magnetic resonance imaging of the brains of a subset of participants revealed larger gray matter volume at 12 years after the baseline leg power assessment. Results were published online in the November 10 issue of *Gerontology*.

Researchers chose LEP as a measurement of physical fitness because they felt that it was "sensitive to low-intensity [physical activity], " and that it is associated with functional ability "and declines with age earlier, and more dramatically, than physical strength." The baseline LEP scores were measured using the Leg Extensor Power Rig designed by the Nottingham University Medical School.

Authors of the study write that their work stands out in at least 2 ways: it's the first study "linking a power of large leg muscular response to brain changes," and it's one of a very few studies that have tracked the effects of fitness on cognition and brain function over more than 10 years.

While they acknowledge that the study does not itself prove causality between physical fitness and brain aging, authors argue that like earlier research, their work "support[s] the probability of a causal relationship."

Exactly what that relationship might be is a matter for further research, however.

Authors of the *Gerontology* study offer a couple of possible explanations. One option, they write, is that LEP itself could be related to cognitive aging "through a shared mechanism which is independent of genetic and many development factors and specific to lower limb and/or speed and coordination of muscle function, which affects lower limb power before cognition." If that's the case, they write, research should focus on "non-genetic mechanisms" such as cellular changes in brain and muscle tissue in response to the environment.

But the simpler—and hence more likely—possibility is that leg power is a good marker of physical activity levels, which are correlated with slower brain aging.

"The principle of parsimony would favor this latter explanation," they write. "If so, interventional trials aimed at improving leg power over the long term may be fruitful in the search for strategies to improve cognitive aging in the healthy population."

## **CMS Mandatory Bundled Payment System for TKA, THA Set to Begin April 1, 2016**

The Centers for Medicare and Medicaid Services' (CMS) plan to implement a mandatory bundled care system for total hip and knee replacements in 2016 is not quite as extensive as originally planned and won't start on January 1—but it's still a big change, and it hasn't been delayed for that long.

The basic idea is that in 67 metropolitan statistical areas, CMS will impose a bundled payment system—called the Comprehensive Care for Joint Replacement(CJR) model—for total knee and total hip replacements, comparing what hospitals spend in total on care, from admission to 90 days postdischarge, with what Medicare thinks they should be spending. If the total spending is less than the Medicare target, the hospitals may be eligible to receive additional payment from Medicare—but if they spend more than the Medicare target, they could be required to pay back Medicare for some portion of the difference. In a final ruled issue this week, CMS reduced the number of areas that will be affected by the CJR from 75 to 67, and postponed startup of the project until April 1, 2016, instead of January 1. One element that remains unchanged: the hospitals included in the 67 metropolitan areas (a list of those areas can be found here) won't have a choice when it comes to participation.

APTA regulatory affairs staff members are reviewing the final rule and will provide a detailed summary in the coming weeks. In the meantime, here are a few highlights from the rule:

- The CJR will apply to patients discharged under MS-DRG 469 (major joint replacement or reattachment of lower extremity with major complications or comorbidities) or 470 (major joint replacement or reattachment of lower extremity without major complications or comorbidities) and ends 90 days postdischarge. The episode includes all related items and services paid under Medicare Part A and Part B for all Medicare fee-for-service beneficiaries, with certain exclusions.
- Designed as a 5-year test, the CJR model begins April 1, 2016, and ends December 31, 2020. Participating hospitals bear the financial risk of the episode of care, which include the procedure, inpatient stay, hospital care, postacute care, and provider services.
- Providers and suppliers will be paid for episode services under existing systems, but at the end of the model performance year, Medicare will compare a hospital's total episode spending (including postacute care and provider services) against its "target episode prices" for that hospital. If a hospital's spending is below the Medicare target, it may receive an additional "reconciliation" payment. If, starting in the second year of the program, the hospital's spending exceeds the target, the hospital may need to repay Medicare for "a portion of the episode spending," according to a frequently-asked-questions publication from CMS. The requirement for hospital repayment won't begin until year 2 of the program.
- A hospital that spends lower than the Medicare target will be eligible for the "reconciliation payment" only if it has met quality requirements for complication rates, readmission rates, and consumer assessments.
- The "stop loss" limits—the percentages that hospitals will be required to repay should their costs exceed Medicare targets—have been delayed and reduced from the proposed rule. Under the final rule, the repayment requirements won't be imposed at all during the first year of the model, and will be set at 5% in the second year, 10% in the third year, and 20% in years 4 and 5 of the program.
- Hospitals are permitted to partner with third-party providers and suppliers such as skilled nursing facilities, long-term care hospitals, home health agencies, and outpatient therapy providers. Those partnerships allow the hospitals to share any reconciliation payments from Medicare—but also permit the hospitals to share responsibility for repayment to Medicare should total costs exceed Medicare spending targets.

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- Hospitals and other providers already participating in CMS's voluntary Bundled Payments for Care Improvement (BCPI) initiative programs 1, 2, or 4 are not required to participate in the CJR (a map of the BCPI facilities can be found here).

According to CMS, hip and knee surgeries were chosen because they are the most common inpatient surgery for Medicare patients, and they tend to be high-cost, high-utilization procedures with a wide variance in spending—from \$16,500 to \$33,000, according to a CMS press release. The initiative comes from CMS's Center for Medicare and Medicaid Innovation.

## 6 Ways to Get People Moving...To Your Clinic

Achieving unencumbered direct access nationwide is a priority for a profession looking to transform society. But an unlocked door only provides access if someone wants to walk through it.

That's where public awareness comes in.

APTA's consumer information website, [MoveForwardPT.com](http://MoveForwardPT.com), has been leading that awareness effort for 4 years, with increasing effect. The site that launched with just a few pages now has consumer-targeted guides to more than 140 symptoms and conditions, plus tips pages, comprehensive health centers, podcasts, patient stories, and the Find a PT database.

The site is on pace to draw a record 1.5 million visitors and almost 2.5 million pageviews this year. That's traffic you can use to your benefit and help increase at the same time.

Here are 6 ways you can leverage [MoveForwardPT.com](http://MoveForwardPT.com) to get the public moving to your clinic.

1. Activate and update your Find a PT profile. Any practicing physical therapist member of APTA can be listed in this national database, but you need to update and activate your profile to appear. Find a PT isn't just used by potential patients and clients. Physicians and other physical therapists have been known to use Find a PT to make referrals.
2. Download graphics. The site's Did You Know section is full of images promoting the benefits of physical therapy. Download them and post them on your own website or social media pages. Or embed them from the [MoveForwardPT](http://MoveForwardPT.com) Pinterest page.
3. Quote and link to webpages. You don't need to reinvent the wheel. Quote extensively from [MoveForwardPT.com](http://MoveForwardPT.com) and link to the related webpage as a citation. This gives you easy content, and it helps to improve [MoveForwardPT.com](http://MoveForwardPT.com)'s performance in Google search results, which is where increasing numbers of consumers begin their search for treatment.
4. Print it and share it. Just because we live in a digital world doesn't mean you should underestimate the value of printed handouts. All [MoveForwardPT.com](http://MoveForwardPT.com) pages are printer friendly. Also, APTA members can download colorful handouts that include open text fields in which you can add the contact information for your clinic.
5. Get social. [MoveForwardPT.com](http://MoveForwardPT.com) is supported by social media accounts on Facebook, Twitter, and Pinterest. Sharing posts from these accounts will help you develop your own personal brand, while also increasing the reach of those accounts.
6. Listen up. APTA produces 2 consumer-oriented podcasts every month that are available at [MoveForwardPT.com](http://MoveForwardPT.com) and iTunes. Look for episodes that align with your practice focus and share them on your website or via social media.

## 2014 Health Care Spending Up, Fueled by Increased Coverage Under ACA

Last year, spending on health care in the US rose at its fastest rate since the 2008 recession, climbing 5.3% to \$3.03 trillion, and representing 17.5% of the country's gross domestic product. It's a rise more or less in line with predictions, and one that has a lot to do with expanded health care coverage under the Affordable Care Act (ACA).

In a report published on December 2 in Health Affairs, the Centers for Medicare and Medicaid Services' Office of Actuaries wrote that "the expansion of insurance coverage, particularly through Medicaid and private health insurance, and rapid growth in retail prescription drug spending" fueled the growth, which outpaced the overall economy.

That overall growth translated into a 4.5% per-capita spending increase, which the report further breaks down into 3 factors: changes in the age and sex mix of the population, medical price inflation, and "residual use and intensity"—basically, the amount of health care usage that remains once the effects of age, population, sex, and inflation are removed. Of those 3 factors, residual use was responsible for nearly half of the 4.5% increase, with medical price inflation not far behind at about 40% of the increase. Demographic changes accounted for about 13% of the growth. Bottom line: more people are using more health care, largely due to expanded coverage made available through the ACA, with some analysts theorizing that the lack of insurance created a "pent-up demand" for certain procedures.

In terms of spending by category, prescription drugs shot up by 12.2% in 2014—far and away the most dramatic increase. Hospital care rose by 4.1% last year, compared with 3.5% the year before, and "physician and clinical services" came close to doubling the 2013 rate of increase, from an historically low 2.5% rate in 2013 to a 2014 rate of 4.6%.

The spending increase—and reasons for it—were widely covered in mass market media such as NBC News and the Wall Street Journal (WSJ), and industry-focused media including Modern Healthcare (subscription required). Most reports characterized the rise as not particularly surprising. According to those articles, while anticipated, the increase leaves some questions unanswered.

In the WSJ report, those questions have to do with whether the ACA is actually fueling or tamping down the rates, and whether the higher-but-still-modest increase is due to greater reliance on out-of-pocket spending from patients, who in turn tend to use less health care.

Modern Healthcare turns to questions about the shift away from fee-for-service payment systems and toward health care based on outcomes, and whether those efforts are making a difference in spending. "What remains murky from the actuaries' report is whether hospitals, doctors and others in the healthcare delivery system have been removing enough wasteful processes to help control costs," reports Modern Healthcare. "There's also skepticism that providers are shifting quickly away from the fee-for-service system, although some economists are optimistic value-based payments can lower the nation's healthcare expenses."

## Think You'll Avoid a Work-Related Musculoskeletal Disorder? Don't Bet On It

If you're a physical therapist (PT) hoping to avoid a work-related musculoskeletal disorder (WMSD), the odds are definitely not in your favor: according to a new systematic review, the chance of PTs experiencing a WMSD at some point in their careers could be as high as 90%, with most of those disorders occurring in the first 5 years of practice.

In a review e-published ahead of print in the *Journal of Back and Musculoskeletal Rehabilitation* (abstract only available for free) researchers zeroed in on 32 studies that focused specifically on PTs and WMSDs. The studies examined prevalence of and triggering factors for the risk associated with various specialties, and differences in WMSD among male and female PTs. Here's what they found: Prevalence is high.

In terms of how many PTs experience WMSD during their careers, studies varied from 53% to 91%, with researchers estimating that half of the WMSDs occur during the first 5 years of a PT's career. Authors of the study suspect that the higher rates for earlier-career PTs may have something to do with older PTs' use of "self-protecting strategies such as treatment modifications, requesting assistance with strenuous tasks, and performing less demanding therapies to minimize WMSD risk." In most of the studies, female PTs had a higher rate of WMSDs than male PTs—as wide as a 73% to 57% difference in 1 study.

Certain parts of the body are more likely than others to be affected by WMSDs, with certain activities more likely to result in WMSDs.

The low back was the most prevalent area reported, followed by WMSDs affecting the thumb and/or hand. Studies pointed to transferring and handling patients as the most common risk factor for a low back WMSD (1 study estimated that patient handling accounted for 83% of the low back WMSDs), with PTs who frequently deal with dependent patients nearly twice as likely to experience a low back WMSD as those who rarely work with dependent patients, according to 1 study. As for hand, wrist, and thumb WMSDs, manual therapy and "treating an excessive amount of patients per day" were the risk factors most strongly associated with injury.

There's a relationship between a PT's specialty area and the kinds of WMSDs experienced.

Hospital- and acute care-based PTs have not only the highest overall prevalence of WMSDs, but the highest rates associated with WMSDs of the low back, ankle, and feet. PTs who specialize in outpatient orthopedic treatment are more likely to experience WMSDs of the thumb; PTs who focus on manual physical therapy are linked to higher WMSDs of the elbow, wrist, and hand (especially among those who performed manual therapy on more than 10 patients at day); WMSDs of the upper back, low back, and knee are most strongly associated with PTs in neurologic rehabilitation; and pediatric PTs (especially those in school systems) are linked to neck, knee, hip, and thigh WMSDs.

Authors of the review write that while it may not be possible to completely eliminate WMSDs among PTs, certain steps can be taken to minimize exposure to risk factors. They suggest that given the connection between WMSDs and patient handling, increased use of patient transfer devices may make a difference. However, they argue, other changes need occur, too, including altering the load—both literal and figurative—often taken on by PTs.

"To reduce the risk of developing WMSD during activities such as manual therapy, manually resisted exercises, and assisted stretches, adequate body mechanics as well as other strategies are needed to minimize load," authors write. "For example, physical therapists could take break/recovery time between patients, and alternate between more and less physically demanding patients."

APTA offers a webpage devoted to safe patient handling, with resources that include an extensive bibliography and a continuing education course that can help you learn to identify threats to health care provider safety.

## **The Year Ahead For Outpatient Physical Therapy: Payment Policies in 2016**

Policies, which will be in effect in 2016, can have a significant impact on physical therapist practice and payment for outpatient therapy services. Find out the latest information on the 2016 Medicare fee schedule payment rates, the therapy cap, quality initiatives, program integrity, and more. The information provided during this course will be valuable, as you adapt your practice to ensure compliance with new policies.

The speakers will provide critical information about policies that will affect coverage and payment for physical therapy services in 2016. During a Q & A session following the overview, participants may ask questions directly to the speakers.

Registration closes at 12:00 noon EST on December 16, 2015. After registration closes, please call 800/999-2782 and a representative will be happy to assist you. This webinar will be recorded, all registered participants will have access to the recording within a few days of the air date.

**Course Date:** December 17, 2:00-3:30 EST

**Course Code:** WEB15 DEC/REGIS

**Instructor(s):** Roshunda Drummond-Dye, JD, and Heather Smith, PT, MPT

### **Learning objectives**

- Upon completion of this course, you will be able to:  
Determine the impact on your practice of changes to payment policies.
- Cite the latest government activities regarding the therapy cap, quality, audits, refinements to payment, and other initiatives.
- Take steps in your practice to comply with Medicare regulations.

## **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

# Governmental Affairs Report

**The opportunity is in front of us:** There are two big reasons for this statement. The first reason is due to the outcome of the Physical Therapy Patient Access Review Committee. The second is the fact that elections have just occurred and we have new leadership in the state and new legislators to educate on our issues.

## **SUMMARY OF PATIENT ACCESS REVIEW COMMITTEE**

The Physical Therapy Patient Access Review Committee was developed after Senate Concurrent Resolution authored by Sen. Mills was passed during the last legislative session. The Committee was charged to investigate the potential benefits of removing the current restrictions tied to patient access to a physical therapist's services by allowing direct patient access to a physical therapist's services without restrictions and report its findings and make recommendations to the legislature. Five Meetings were held in which the following physical therapists volunteered their time, energy, and passion to explain why our patients should have unrestricted access to physical therapy services. \*\*A special note of gratitude to everyone that served on this committee for their willingness to serve and the professionalism they displayed throughout the process and during the presentations. \*\*

- Louisiana Physical Therapy Association: Paul Hildreth, PT, DPT, MHS
- Bayne-Jones Army Community Hospital: Captain Lindsey Gordon, PT, DPT, OCS
- LSU HSC New Orleans - School of Allied Health Professions: Jane Eason, PhD, PT
- LSU HSC Shreveport - School of Allied Health Professions: Susanne Tinsley, PhD, PT, NCS
- American Physical Therapy Association: Judith Halverson, PT
- Private Practice Section/American Physical Therapy Association: David Qualls, PT
- Health Policy and Administration Section of the American Physical Therapy Association: Tina Gunaldo, PT
- Federation of State Boards of Physical Therapy: Leslie Adrian, PT, DPT, MS, MPA
- American Academy of Orthopaedic Manual Physical Therapists: Joe Shine, PT, DPT, COMT
- Evidence in Motion: Mark Milligan, PT, DPT, OCS, FAAOMPT
- Al Moreau III, PT, MPT served as Chairman of the committee and Don Cassano, PT, DPT, OCS represented the Louisiana Physical Therapy Board.

After completion of all committee presentations and discussions a single recommendation to the Louisiana Legislature was offered (by motion) and approved by the committee with only 3 votes in opposition:

There is a clear and obvious benefit to 'remove the current restrictions tied to patient access to a physical therapist's services by allowing direct patient access to a physical therapist's services without restrictions' as stated on page 2, paragraph 4 of SCR No 19 with 'restriction' defined as the need for referral and prescription to access physical therapy.

## **HOW WE CAN USE THIS DOCUMENT:**

The final document will be completed soon and will be used to educate legislators on the issue. This is a tool that we have not had available to us in the past. In fact, this is unprecedented in the US to have a study resolution on the subject of direct access. As I stated earlier, we have several new faces at the capital. In addition, several senior legislators will be returning that we need to meet with to discuss our issues. We are asking for assistance from everyone to start reaching out to your legislators. Before you make your visit, please contact your Governmental Affairs District t Liaison or me.

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# Payment Chair Report

As this year comes to a close, I would like to reflect on some important payment issues that have transpired.

1. **Payment Reform:** This is still an ongoing and somewhat controversial topic in the PT world. I refer you to a "Statement by APTA President on Status of Progress Toward Payment Reform" published on the APTA website (Oct 16, 2015). In this article, our President Sharon Dunn, P.T, PhD, OCS does an excellent job of describing the current status of payment reform. I encourage all PT/PTAs to read this article because how this plays out in the future can have a major impact on our profession.
2. **ICD-10:** Some people are saying it is "Y2K all over again." The predicted disaster with the implementation of ICD-10 on October 1st apparently has not occurred at this point. According to a CMS transmittal dated October 29th , "CMS has been carefully monitoring the transition and is pleased to report that claims are processing normally." CMS metrics indicate only .09% of the 4.6 million claims per day are being rejected due to invalid ICD-10 codes. Hopefully, it's going smoothly for Louisiana PT/PTAs.
3. There was an announcement by CMS of a plan to implement a mandatory bundled care payment system for total hip and knee replacements in 2016. The details of this system are being based on a voluntary Bundled Payments for Care Improvement (BPCI) study which has been ongoing. Mandatory implementation will begin April 1, 2016 and will initially involve 67 metropolitan statistical areas. It will be designed as a 5 year demonstration program. Refer to PT in Motion News article dated Tuesday, November 17, 2015 for more details.
4. **Passage of Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)** enacted April 16th. Key provisions include repeal of the flawed sustainable growth rate (SGR) formula for reimbursement with a 0.5% positive annual payment from July 2015 to 2019. This law provides a 5% bonus annually for providers in certain alternative payment arrangements from 2019 to 2024. The therapy cap exceptions process is extended through December 31, 2017. Also, current quality incentives and payment programs (such as PQRS) are consolidated into a program called Merit Based Incentive Payment System (MIPS) beginning in 2019.
5. **Proposed changes to Louisiana Workman's Comp fee schedule:** All talks of changes to the fee schedule have come to a halt. There were several meetings with the providers and payors in which physical therapy was represented by Joe Shine and Cristina Fauchaux. In the end, the groups could not come to a consensus. With the changes of a new governor, a new Director of OWCA will be named in the new year. We will keep you informed of the new Director's Agenda.

This year, I attended the LPTA Spring/Fall Conferences, 3 town hall meetings, the 2015 APTA State Policy and Payment Forum in Denver and recently returned from PPS in Orlando. The hot topic of discussions continues to be payment, and lack thereof. Needless to say, the frustration level is high and I share in that frustration with you all as well.

I can assure you that the APTA/LPTA is aware payment reform is an issue that we need to be involved in the forefront as new ideas and processes are developed. A strategic plan with applied resources is in place. If anyone is interested in helping in this area, it would be most

appreciated. We need more volunteers that are willing to share their ideas and be involved with the discussions on how we can shape the future and be proactive in helping to develop solutions. You may contact me at [rept22@yahoo.com](mailto:rept22@yahoo.com).



Respectfully submitted by: Rusty Eckel, LPTA Payment Chair

## Stand: The Haiti Project



My name is Justin Dunaway and I am a Physical Therapist and cofounder of a non-profit organization called Sustainable Therapy and New Development (STAND).

STAND is a purely volunteer nonprofit organization that puts together interdisciplinary teams of physical therapists, prosthetists, orthotists, general medical, and wound care specialists. These teams travel to one of the poorest cities in Haiti, where we have set up an outpatient rehab clinic, prosthetics laboratory, and dormitory for volunteers. We treat anyone who walks through the door to the best of our abilities, whether they report orthopedic spinal pain, neurologic compromise, or even shark attack injury. Yes, that has actually happened.

Teams consist of approximately 15-25 professionals and trips last one to two weeks. Our interdisciplinary approach allows us to provide complete care and treat each patient effectively and efficiently in a way that no other group does. We have found manual therapy skills to be highly effective for this population, but we are also looking for variety in our practitioners. This allows us to truly treat each patient to the best of the team's abilities. We generally treat from sunup to sundown and then share skills and practice at night. Previous volunteers have coined these trips as both "manual therapy bootcamp" and "personal and professional growth with purpose."

During these trips, we work very very hard and the results are more than rewarding. On our last 2 week trip we treated well over 1350 patients.

We are currently recruiting physical therapists for the Jan 22nd - Jan 31st team and the Jan 29th - Feb 7th team. Volunteer slots are limited! If you are interested in volunteering for this life changing experience or have any questions, please email me at JDunaway@Stand4Haiti.org.

Additionally, if you know anyone who may be interested, or have the ability to spread the word about our organization and its current need for volunteers, we encourage you to spread the word!

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Again, an opportunity is in front of us NOW. The outcome of the study is extremely favorable. How we will use this to move forward is up to YOU. No doubt we need a monumental effort over the next few months. The LPTA needs your assistance in being a key contact. If you are interested in learning more about being a key contact, feel free to contact a Governmental Affairs District Liaison or me.

**Baton Rouge:** Karl Kleinpeter, [karlkleinpeter@aol.com](mailto:karlkleinpeter@aol.com)

**Houma:** Eddie Himel, [eddiehimel@att.net](mailto:eddiehimel@att.net)

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**Shreveport:** Daniel Flowers, [dflowe@lsuhsc.edu](mailto:dflowe@lsuhsc.edu)

**Monroe:** Michael Hildebrand, [Michael.hildebrand87@gmail.com](mailto:Michael.hildebrand87@gmail.com)

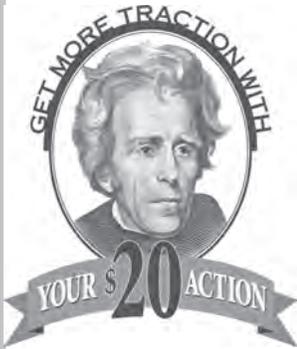
### **ATTENTION KEY CONTACTS:**

We have done a tremendous job of filling our key contact list but our work is not done. We need more passionate colleagues that are interested in being a key contact. I would also like to see students get involved in this area as well. If you are a current key contact, your District Liaison will be reaching out to you soon about our upcoming legislative agenda. If you need assistance with your visits, let us know and we will be happy to arrange someone to accompany you and provide the talking points.



Respectfully submitted by: Cristina Fauchaux, Governmental Affairs Chair

## Support PT-PAC's \$20 Campaign!



**We hope that you will join our efforts to impact legislation in Congress by supporting our \$20 campaign. If every APTA member donated \$20 each year, the physical therapy profession would be the largest health care provider PAC in the country. Think about the possibilities and changes we could make in Congress and for our patients.**

### Student Speak

It's the holiday season and we all know that there are two types of gifts. There are gifts we want and there are practical gifts. Sometimes the practical gifts have to come with a small explanation from the person giving to reveal their value.

In a way, a patient receiving feedback following an assessment relates to this idea of receiving a practical holiday gift. The simple fact that the patient participates in the assessment with effort and enthusiasm could show a want for a specific outcome or score. However, the importance of clear feedback and an explanation about why the specific assessment is used could help patients in a more practical way.

This semester, my class was able to team up with the Caddo Council on Aging in Shreveport through LSUHSC Shreveport Associate Professor Dr. Paula Click Fenter, PT, DHSc, GCS. Through this connection, our class used different assessments to educate participants about prevention and reducing risks related health conditions in the geriatric population. I administered the Five Times Sit to Stand Test (FTSST) assessment and results were subsequently relayed to participants. A large majority of participants only wanted to hear their results and to then move to the next assessment station. There were a few participants that not only wanted to know their results, but also the meaning behind the results. This is when I came to realize there is a responsibility to explain the choice to use an assessment to all patients, not just those who ask. Simply documenting a time for the FTSST in the patient's chart without feedback of results, in my opinion, is of very little value in the course of a patient's plan of care.

The following is an example of a scenario when feedback following assessments can be beneficial: During an initial evaluation, an elderly patient expresses concern with his/her ability to get out of a chair at home. At the end of the evaluation, you elect to perform the FTSST. You only tell the patient their time and how it relates to the norms for their age group and diagnosis. Knowing that this assessment tool gives information about functional lower extremity strength, you propose to use the total gym in treatment to strengthen the patient's lower extremities. Will this patient realize that this treatment is directly aimed at helping them to get into and out of their chair daily? Does the patient realize that the treatment was selected largely based on the initial assessment used? These connections should be verbalized.

As assessment tool and assessment measure use continues to grow in the profession, I personally think that individual outcomes will benefit from an increase in feedback surrounding their use. This feedback is the bridge between the assessment results that patients want in the beginning of treatment, the effort given throughout the plan of care, and the practical results that they need at the end of therapy.



Respectfully submitted by: Trent Brasseaux, Student SIG Director



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