President’s Message: VICTORY!

Direct Access Victory! Achieving direct access is so instrumental for our profession. Society and the rest of the medical community must realize that physical therapy is a major player in managing the health and well-being of many individuals, and that our education goes well beyond exercising and modalities. The road to achieving direct access has been a long time coming, and has been paved by many before us. I cannot begin to thank all of those who helped us over the last year, from the regulatory board, our own LPTA board and so many members, Sharon Dunn - APTA President, our friends and patients, our outstanding lobbyists, and those who believed in our message at the state capitol. If you have someone in mind that you think needs to be recognized, please submit your award/recognition write-up to the LPTA office by July 15th.

We need to be excited and celebrate in a professional manner, and prepare to keep moving forward. You have to come to the Fall meeting for the extravagant celebration!

Our mission from this point forward is to be a more engaged part of the medical community. We will continue to work with other healthcare professionals on a regular basis. Whether the patient is seen by direct-access or referred, we are transforming society by addressing many of the needs of our patients by using best practice approach. We have to be good stewards of limited health care dollars and maximize our time with our patients/clients. If you receive a referral, you must provide the referring provider timely notes and updates. If a person has an issue that needs to be addressed by another health care profession, do not hesitate to refer them whether you continue to see them or not. Stay within your professional and personal scope of practice, and within your comfort level. We must remain professional and ethical at all times.

Respectfully submitted by:
Joe Shine, LPTA President

(continued on the bottom of page 8)
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 775

Life Members
Current 33

Students
Current 292

PTAs
Current 111

Total
Current 1,211

If you are interested in “opting out” of receiving hard copies of the Bayou Bulletin and receiving you Bulletin in full color by email, please reply to the office (office@LPTA.org) with the Subject line "Opting Out." Make sure you include your name, member number and a contact number in case we need clarification. Join us in "Opting Out!"

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Bayou Bulletin May/June 2016
Fall Meeting Preview!

**Friday, September 9th**
*Introduction to Direct Access: Understanding the law and application process.*

**Saturday and Sunday, September 10-11th**
*Dynamic Advances in Examination, Evaluation and Treatment of Patients with Selected Shoulder Conditions: Emphasis-Based Practice*
By George J Davies, DPT, MEd, PT, SCS, ATC, LAT, CSCS, FAPTA, PES

*Differential Diagnosis for Physical Therapy Practice*
By Vazquez Morgan, Ph.D, PT

**Business Luncheon Award Ceremony**

**PAC Social** — It’s time to celebrate! Don’t miss LPTA’s celebration for one of our greatest accomplishments - Passing SB 291! Look for more information when you register at lpta.org!

**Sunday, September 11th**
*Ethics Course*
By James E. Reagan, Ph.D.

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**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.


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
Gail Pearce, Bylaws Chair

WHERE DOES IT SAY THAT? We have come a long way in our long fought battle to gain access to physical therapy without a physician’s referral. This time our grass roots work really made the difference. The profession worked more closely than I have ever seen it work in the many years I have practiced in Louisiana.

Along with our new status comes a huge responsibility. We must practice at the highest level of our capability. We must continue to train ourselves in the newest most substantiated evidenced based treatment techniques. We must recognize our own weaknesses and refer to the profession or professional with the best qualifications to treat a particular malady.

I am speaking to the choir when I write this in the Bayou Bulletin, but every licensed physical therapist and physical therapist assistant in the state must remember that our LPTA Bylaws state:

ARTICLE XVI. ASSOCIATION AS HIGHER AUTHORITY

SECTION 1. In addition to these Bylaws, the Chapter is governed by the Associations Bylaws and Standing Rules and by the Association’s House of Delegates and Board of Directors policies.

SECTION 2. The ethical principles and standards of the American Physical Therapy Association, as they now exist and as they may hereafter be amended or supplemented shall be the ethical principles and standards of this Chapter, and shall be binding on the members of the Chapter as though incorporated in these Bylaws.

Therefore whether or not you are a member of the APTA and the LPTA, you practice under the ethical standards of the APTA. Ignorance of these principles is not a reason to practice unethically.

In addition our Louisiana Practice Act states.

2405. Powers and duties of the Board: limitation

B. The Board may:

(14) Adopt by reference all or part of the following codes, guides and standards of the American Physical Therapy Association: Code of Ethics, Guide for Professional Conduct, Standards of Ethical Conduct for the Physical Therapist Assistant, and Guide for Conduct of the Physical Therapist Assistant, except when such are in conflict with this Chapter or the rules of the board.

So we may revel in the attainment of our goal, but if you have friends and colleagues who are not members of the APTA/LPTA gently remind them of their obligation to practice according to our Practice act and Bylaws.

Amelia Leonardi, Nominating Committee Chair

Elections will be held at the fall meeting for the following positions:

Vice-President
Treasurer
Government Affairs Chair (2 yr term)
Nominations Chair-elect
Delegate (one to be elected)

All positions are for a three-year term (except Government Affairs is a two-year term). Please consider if this might be the RIGHT TIME for you to get more involved in your state association!!! Also look around your clinic and see if there is anyone that needs a “gentle push” to get involved. Nominations will have an opportunity to put a small intro into the Bayou Bulletin the month before the Fall conference, so please get your name in to me as soon as possible. Nominees will also have the opportunity to introduce themselves on the Friday night, September 9th, before the Fall business lunch. Job descriptions can be found on the LPTA web site under “About LPTA,” and “Leadership” buttons. We will also discuss the election process at this time. Please contact me if you have any questions!
District and Component News

Alicia Pruitt, Membership Chair

It’s a great time to be a PT or PTA in the state of Louisiana! If you or anyone you know has ever wondered what the APTA/LPTA does for them, these past few months are a great example. Let’s be honest, it’s actually been more than a couple of months that the LPTA has been working hard to form and nurture relationships with Senators and Representatives. Our leaders, members, patients, friends and family have all helped with our grassroots campaign; but it all started with a vision and a plan from the LPTA. It is very hard to work as an individual, but we can accomplish many things by working together as professionals within our professional organization! Please spread the word, give examples; find the value of your membership! Renew! Lastly, encourage your colleague to join! We are better together! Thanks to all of those who have taken time out of their schedules to make a difference in Louisiana!

Julie Harris, Shreveport District Chair

The Shreveport District Meeting for the Spring was held at the Highland Physical Therapy Clinic on April 19th. A great big thanks goes out to Henry Richter, CPO, LPO of Certified Limb and Brace for being our guest lecturer on the topic of “Orthotic and Prosthetics: Fitting and Adjustments for the Physical Therapist.” We had a great turnout for the event and all who attended responded favorably to the topic presented. We would like to also thank Nick Huckaby and the Highland PT clinic for their hospitality and allowing us to have our meeting at their facilities.

A great big shout out goes to Cristina Fauchaux, the governmental affairs team and all those who are putting an effort in making SB 291 a reality. Thank you all for your hard work and dedication. Job well done!!

Jake McKenzie, Monroe District Chair

Greetings from the Monroe District! Great work by everyone on Direct Access! A special thank you to Cristina Fauchaux for leading the charge. Also I would like to thank Beth Ward for providing me an opportunity to make a difference with LPTA and direct access. Thanks Beth!!

What a great time for the people of Louisiana to be able to access a physical therapist without a referral. We’ve had a great response in our area, and Michael Hildebrand was recently featured on local news. We hope this transition to direct access will allow our PTs the opportunity to educate patients and MDs on how effective our treatments are. Although we still face some challenges, I’m proud to be a PT in Louisiana!

Danielle Morris, Baton Rouge District Chair

Please join us for our next Baton Rouge District Meeting on Thursday, June 30 at 6:00pm at BRPT - Lake located at 530 Shadows Lane, Baton Rouge, LA 70806. We will be discussing recent legislative activities that impact our profession and will plan for the future. Please join us and feel free to contact me if you have any questions or any additional agenda items. RSVP to daniellemorrispt@yahoo.com.

Hope to see you there!
Call for Award Nominations

This has been a landmark year. We need your input to recognize those who have contributed to the LPTA! The LPTA Board will be considering nominations for the following awards: Dave Warner Distinguished Service Award; PTA Distinguished Service Award; Hall of Fame Award; Legislator of the Year Award; Friend of Physical Therapy Award. We anticipate a few of these awards may have more than one recipient this year. Please find the format to these awards on the LPTA web page under “News” then “LPTA Awards”, and select “Call for Awards,” or contact Stephanie at LPTA office. These awards will be presented during the business lunch at the Fall meeting in Baton Rouge. Please send your input in the required format to the LPTA office by July 15th.

We are also seeking names of patients, friends and supporters who have gone above and beyond the call of duty to receive an “Outstanding Contribution to the LPTA” certificate. There are several friends to the LPTA that need to be recognized. Please submit these names along with a brief (less than a page) explanation of their contributions in assisting us to achieve direct access. These certificates will be presented in the “friends” home town. These names and write-ups need to be sent to the LPTA office by July 15th also.

AMAZING EFFORTS YIELD AMAZING RESULTS

Hopefully you have heard by now that our patient access bill has cleared all major hurdles and been signed into law! What an amazing effort by therapists of Louisiana, our friends and family, and our PATIENTS. All legislators were contacted directly and had personal visits and requests to support patient access. We as you know have picked up amazing support from this legislative delegation.

Our bill passed in the senate by a vote of 31 to 5!!!! And then, it passed in the house of representatives by a vote of 65 to 35!!!! We could not have done this without our grass roots effort!

We have many new friends in the legislature to thank. Our friends and supporters took a lot of heat and had pressure for all directions in opposition to our patient access effort. In return, we need to support and thank our Legislator friends, and we need to campaign hard in their favor and against their opposition!!

YOUR SUPPORT AND EFFORTS MADE THE LOUISIANNA PHYSICAL THERAPY POLITICAL ACTION COMMITTEE THE STRONGEST VOICE IN BATON ROUGE.

WE NEED YOUR CONTRIBUTION TO THANK OUR FRIENDS. No amount is too large or too small.

Please send you contribution today and tomorrow and next month...please give now and give often, our work is not done.

Respectfully submitted by: Oday Lavergne, State PT-PAC Chair

Call for Abstracts/Posters

Please submit your abstracts and/or posters to be presented at the Fall meeting no later than August 15, 2016. There will be more reminders and information coming to you on LPTA website and via email. Thanks!

Call for Motions

Please submit your abstracts and/or posters to be presented at the Fall meeting no later than August 15, 2016. There will be more reminders and information coming to you on LPTA website and via email. Thanks!
Governmental Affairs Report

After a long monumental battle, we can proudly state that the legislators and our governor clearly sent the message that the citizens of LA deserved the right to choose the healthcare provider of their choice. SB 291 has become a reality and on June 6, 2016, was enrolled as law, Act 396. Direct Access for LA has become effective immediately. With that said, if you do not understand the new provisions, please contact the Louisiana State Board of Physical Therapy.

Our powerful group of Lobbyists and Governmental Affairs Team went into each stage of the political process with the mindset that we would need to fight for each and every vote. The process had several twists and it was important to go back and make sure our message was understood after the opponents presented their misinformation. There were so many troops on the ground that made this endeavor successful. We had several legislators working behind the scenes, patients sharing their testimony, influential people in the community that became spokesmen for this issue, enthusiastic and professional representatives that were willing to testify in committee, and those that responded to the calls to action and engaged their patients and communicated our message to the legislators. Please take a moment to thank your legislator and the governor for their support. Keep in mind that even if your legislator voted as a “no” on record, they may have helped us behind the scenes and at the very least they were open and respectful during our 1:1 meetings as we discussed the issues. We need to thank all legislators for their consideration and time.

After a week of gaining senate concurrence and waiting for the governor to sign the bill, it was an exciting and a special moment that we received “official word” while attending the House of Delegates for the APTA. Imagine a group of 400 fellow therapists that understood the impact and the trials we faced with this bill, all cheering and rejoicing in the successful passage of patient access to physical therapy services.

The work is not over yet as we now move into the second phase of educating the public and our payers. We look forward to meeting with payers on how they can benefit and enjoy the cost savings that direct access to physical therapy services has been proven to provide in other states.

I am extremely grateful and proud to have the opportunity to work with such an enthusiastic and professional group of individuals. Thank you all for your support and assistance as we made the LPTA’s vision of obtaining direct access a reality.

Respectfully submitted by:
Cristina Faucheux, Government Affairs Chair

#328 Blending SI and NDT Intervention Approaches in Children with Developmental Disabilities

September 17-18, 2016
Baton Rouge, LA
Our Lady of the Lake Regional Med

BY: Mary Hallway, OTR, NDTA

Applies to multi faceted needs of children with developmental disabilities.

Approved by the Louisiana State Board of Physical Therapy Examiners. Motivations Inc is an AOTA approved provider.

www.motivationsceu.com
admin@motivationsceu.com
Moving forward. Many people are asking what is next. The Association will continue to work with insurance companies and other payers to educate them on the effectiveness and cost-savings of using physical therapy first. Several projects on the radar for the future: fair co-pays, payment reform, explore the ability to order imaging and labs, and continuing to provide top level continuing educational seminars. We have established ourselves at the Capitol as an influential lobbying organization, and we must maintain communication with our local legislators. We need your continued help. We need more members to be involved - build a broader base. We need more individuals to join the LPTA (only 900 PT/PTA members of the over 4,000 PT/PTA individuals practicing in LA). We are better together!

Our direct access campaign to advance the profession was very costly, and future endeavors will not be cheap. If you gave to the PAC/PAIF for our Direct Access process, I want to thank you and ask you to plan to give again. Many individuals and clinics pledged to give, and we would like to see the pledges turn to reality. We need to rebuild our funds now. The Fall Meeting in Baton Rouge will be busy and fast moving. We have an outstanding line-up. The vendor social is planned for Friday night, PAC celebration and fund raising social is planned for Saturday night, and business luncheon will be filled with updates - you will not want to miss these events. Until we see each other at the Fall meeting, Stay Strong, and Carry On!
Dear Licensee,

On June 6, 2016 Senate Bill No. 291, amending the Louisiana Physical Therapy Practice Act found at La. R.S. 37:2418 et seq., became law allowing patients direct access to physical therapy. This law is effective as of June 6, 2016. A summary of the changes in the law are as follows:

- A physical therapist possessing a doctorate degree or five years of licensed clinical practice experience may implement physical therapy treatment without a prescription or referral;
- A physical therapist treating a patient without a prescription or referral must refer the patient to an appropriate healthcare provider if, after thirty days of physical therapy treatment, the patient has not made measureable or functional improvement;
- The new direct access provisions do not change the law as it related to Workers’ Compensation as specified in La. R.S. 23:1142, monetary limits of health care provider approval; La. R.S. 23:1122, Worker’s Compensation Medical Examinations; and La. R.S. 23:1203.1, Worker’s Compensation Benefits;
- No physical therapist shall render a medical diagnosis of disease.

While patient access to physical therapy has changed, the scope and practice of physical therapy remains the same.[1] Physical therapists conduct an initial physical therapy examination and render a physical therapy diagnosis treating only those conditions within the physical therapy scope of practice. In addition, a physical therapist remains responsible for managing all aspects of the physical therapy care of each patient.[2] A physical therapist must continue to practice within his/her individual scope of practice by exercising sound professional judgment based on his/her individual knowledge, skill set, education, training and experience, and only perform those procedures in which he/she is competent.[3] If in practicing within his/her individual scope of practice the physical therapist finds that the treatment needed is outside his/her scope of knowledge, experience, or expertise, the physical therapist must notify the patient and appropriately refer to another healthcare provider.[4] It is important to note that direct patient access does not impact payment procedure or guarantee payment from payor sources.

The Louisiana Physical Therapy Board wishes to make this transition to direct patient access as easy as possible. Please reference the Louisiana Physical Therapy Board website for the complete language of La. R.S. 37:2418 as amended. If you have any questions regarding the changes in the law, please contact the Louisiana

ACT 396: Direct Access Law in Louisiana

Physical Therapist Retail/Office Space Available

- 2,856 square feet located at 73015 Highway 25, Covington, LA
- Move-in condition retail location in multi-tenant center
- High average daily traffic count near intersection with Highway 190
- Intersection includes Walgreens, CVS, Wendy’s McDonalds, Winn-Dixie, and Taco Bell

Call Tim for pricing details at 504-256-2290 or email at timgarvey2@bellsouth.net

Bayou Bulletin May/June 2016
The Comprehensive Care for Joint Replacement Model

The Comprehensive Care for Joint Replacement Model (CJR) is a new payment model being tested for episodes of care related to total knee and total hip replacements under Medicare. The model will be tested in 67 metropolitan statistical areas for 5 years beginning April 1, 2016. Programs under the model will be administered by hospitals in the participating areas, and physical therapist practices will be impacted in those areas. Take a moment to learn about the model and determine if you should be thinking of marketing your practice to a CJR program.

Step 1: Understand CJR — Every Medicare total hip and total knee replacement procedure within the designated areas will be administered through CJR, including rehabilitation components of the episode of care. But even if you don't practice within a CJR area, similar models are sure to follow this lead, and there will be opportunities for physical therapist practices at large to be involved. Get a jump on the trend and use these resources to understand the implications of CJR and other bundled payment models.

Step 2: Determine if Becoming a CJR Collaborator Is Right for Your Practice — All total knee and total hip replacement procedures in the selected areas will be included under the CJR model. You can choose to actively become a collaborator under the CJR model or passively see these patients under your traditional payment structure. There are several details PTs need to consider before becoming a collaborator.

Step 3: Understand the Contracting Process — Becoming a collaborator in the CJR model will require contracting with a participating hospital(s). APTA has created a contracting toolkit that can be used in conjunction with APTA's managed care contracting toolkit that will help you identify important contracting considerations.

Step 4: Stay Up-to-Date on Clinical Practice Resources — Whether or not you’re an active collaborator in a CJR bundle, delivering consistent evidence-based care, tracking your outcomes, and educating potential collaborating providers are keys to success in this practice model and in most other new payment models moving forward. Read more about evidence-based care and tracking outcomes data with the following resources:

Guide to Physical Therapist Practice: The Guide to Physical Therapist Practice (Guide) provides the description of physical therapist practice, which may be helpful in educating others on the role of physical therapy in collaborative care teams. Physical therapist intervention may result not only in more efficient and effective care, but also in more appropriate use of other members of the primary care team.

PTNow: APTA's PTNow includes relevant evidence-based information to help with the management of patients with total joint replacements.

Rehabilitation Reference Center (Explore search results on joint replacement.)

Additional Resources: To extend the benefits of your treatment and help your patients improve or maintain their mobility and independence even after total joint replacement (TJR), the following evidence-based community programs emphasize physical activity and self-management to decrease the chance of readmission.

Evidence-based community programs for arthritis management: Finding the right physical activity program can extend the benefits of your treatment and help your patients maintain their mobility and independence.

Balance and falls information: Falls after TJR can lead to unplanned readmissions. It is important that you evaluate each patient's risk for falls.

(continued on page 11)
Physical therapy's role in reducing hospital readmissions: Physical therapists have expertise in providing recommendations for the most appropriate level of postacute care following surgery. You can make the case for being included in the health care team prior to and during care transitions to help in reducing hospital readmissions.

**Outcome measures:** It is important to measure and report patient care outcomes within the relevant components of function to show best clinical practice to patients, providers, and payers.

**Knee Injury and Osteoarthritis Outcome Score (KOOS) test**

**Telehealth information:** Telehealth technologies may help with the recovery period after hip or knee replacement surgeries. Review APTA's guidelines on providing physical therapy using telehealth as well as issues to be aware of before you proceed.
New Study Links Leisure-Time Physical Activity to Reduced Risk for 13 Types of Cancer

Ties between moderate-to-vigorous physical activity and cancer prevention may be much stronger than previously thought: according to a new large-scale study, physically active individuals drop their risk of developing 13 different types of cancer by as much as 20%, including risk reduction for 3 of the 4 most-commonly diagnosed cancers worldwide. Additionally, that preventive tie isn't significantly lessened by a higher Body Mass Index (BMI) or smoking.

The study, published in the May 16 issue of JAMA Internal Medicine (abstract only available for free), used pooled data from 8 studies in the United States and 4 in Europe to look at the relationship between physical activity (PA) and development of 26 types of cancer among 1.44 million participants who had no cancer at baseline. Individuals tracked in the studies ranged in age from 18 to 98 (average age, 59), with 57% female. A total of 186,932 cancers were included.

For their analysis, authors of the JAMA study defined moderate-intensity PA as activity with an intensity of 3 or more metabolic equivalents (METs), and vigorous-intensity PA as 6 or more METs. Because the individual studies varied somewhat in the ways they obtained information on PA, researchers for the current study translated PA rates into percentiles, and focused on differences between individuals in the 10th and 90th percentiles.

Here's what they found:

Higher levels of leisure-time PA reduced cancer risk in 13 of 26 types of cancer.

For individuals in the 90th (or higher) percentile of PA rates, researchers reported a greater than 20% drop in risk for esophageal, liver, lung, and kidney cancers, as well as cancers of the gastric cardia and endometrium. Risk of myeloma, as well as breast, colon, rectal, and bladder cancer dropped by 10%-20%. Overall, higher levels of PA were associated with a 7% lower risk for total cancer.

Cancer risk reduction through PA was generally independent of BMI.

For the most part, individuals with a higher BMI (25 or greater) who engaged in significant amounts of moderate-to-vigorous PA also saw a reduction in risk similar to their lower-BMI counterparts—including lung and endometrial cancers.

The protective effects of PA also worked for current and former smokers—with exceptions.

Other than rates of lung cancer and myeloma, researchers found little evidence that smoking (or having smoked) affected the ability of PA to reduce risk among the 13 types of cancers that registered reductions.

Risk of melanoma and prostate cancer increased slightly for the more active, but probably not because of the PA itself.

Researchers recorded upticks in risk for melanoma and prostate cancer among the high-PA groups, but they believe the reasons behind those differences may be due to factors outside the PA itself. Authors theorize that individuals with high PA rates are more likely to be screened for prostate cancer, and many individuals with high rates of PA engage in outdoor activities that increase exposure to the sun (and risk of sunburn). They think these factors may account for the associated risk.

A JAMA Internal Medicine editorial that accompanies the research article describes the study as "innovative" and one that "provides clarity to the potentially important role of leisure-time activity in cancer prevention." The editorial states that "these exciting findings ... underscore the importance of leisure-time physical activity as a potential risk reduction strategy to decrease the cancer burden in the United States and abroad."

(continued on page 13)
(continued from “News” on page 12)

Editorial authors also call for more studies of the PA-cancer prevention relationship, including whether the positive effects are only realized when individuals have been physically active throughout their lives, or if they can be achieved by beginning a higher level of PA later in life.

Researchers believe their work is the largest-ever study on the relationship between PA and cancer risk, and the findings expand on previous evidence of a relationship between increased PA and reduced risk for colon, breast, and endometrial cancers. The researchers are also encouraged by the overall reach of the reductions. "Our results support that these associations are broadly generalizable to different populations, including overweight or obese individuals, or those with a history of smoking," authors write. "These findings support promoting physical activity as a key component of population-wide cancer prevention and control efforts."


The much-anticipated changes to the way the Centers for Medicare and Medicaid Services (CMS) conducts its manual medical reviews (MMRs) are under way, with the first round of requests for additional documentation (ADRs) now being sent to providers (here's a sample ADR).

Here's what you need to know:

1. The new system targets behaviors. The old MMR system was automatically triggered when a provider exceeded the $3,700 mark. The new one does not require MMRs for all claims exceeding the threshold, and instead takes a targeted approach, looking at providers who have provided a high amount of hours or minutes of therapy to patients in a single day.
2. The reviews fall into 3 practice setting buckets: skilled nursing facilities (SNFs), private practice, and outpatient facilities. Home health part B claims aren't a part of the review process.
3. ADRs will be limited to 40 claims per provider. Each claim will be reviewed; some may be upheld and others denied.
4. The review contractor has 45 days to respond with its decision. CMS has contracted with Strategic Health Solutions (SHS) to serve as the supplemental medical review contractor (SMRC). This is who you'll be dealing with initially should you receive an ADR. Once you submit your information, the SMRC has 45 days to get back to you with a decision. After that, the SMRC will take no further action—though it can turn things over to the Medicare administrative contractor for further review.
5. A "discussion period" allows you to fix errors or add information to the files you submitted. Making these changes could help you undo a denial. The discussion period is roughly 30 days, but you must request it.
6. The process includes comparison with peers. Part of SHS's process for determining whether a billing process is potentially aberrant involves comparing providers who are doing the same thing—PTs in private practice, for example.

The targeted MMR process is part of a wave of changes associated with the Medicare and CHIP Reauthorization Act (MACRA), a sweeping law that addresses payment issues in the aftermath of the repeal of the sustainable growth rate (SGR). APTA is developing a series of fact sheets on MACRA and will continue to monitor the new MMR process and provide updates as more information becomes available.
7 Staggering Statistics About America's Opioid Epidemic

America's prescription opioid epidemic is a topic of national news. How bad is the problem? Here are some statistics via The Centers for Disease Control and Prevention (CDC), which released guidelines in March 2016 encouraging health care providers to try safer alternatives like physical therapy for most pain management:
1. In 2012, health care providers wrote 259 million prescriptions for opioid pain medication, enough for every American adult to have their own bottle of pills.
2. As many as 1 in 4 people who receive prescription opioids long term for non-cancer pain in primary care settings struggles with addiction.
3. Sales of prescription opioids have nearly quadrupled since 1999.
4. Deaths related to prescription opioids have quadrupled.
5. Heroin-related overdose deaths more than quadrupled between 2002 and 2014, and people addicted to prescription opioids are 40 times more likely to be addicted to heroin.
6. More than 165,000 persons in the United States have died from opioid pain-medication-related overdoses since 1999.
7. Every day, more than 1,000 people are treated in emergency departments for misusing prescription opioids.
   Do you know someone in pain? Encourage them to talk to their physician or physical therapist about safe ways to manage pain.

Physical Therapy vs Opioids: When to Choose Physical Therapy for Pain Management

According to the Centers for Disease Control and Prevention (CDC), sales of prescription opioids have quadrupled in the United States, even though "there has not been an overall change in the amount of pain that Americans report."

In response to a growing opioid epidemic, the CDC released opioid prescription guidelines in March 2016. The guidelines recognize that prescription opioids are appropriate in certain cases, including cancer treatment, palliative care, and end-of-life care, and also in certain acute care situations, if properly dosed. But for other pain management, the CDC recommends non-opioid approaches including physical therapy.

Patients should choose physical therapy when ...
   ... The risks of opioid use outweigh the rewards. Potential side effects of opioids include depression, overdose, and addiction, plus withdrawal symptoms when stopping opioid use. Because of these risks, "experts agreed that opioids should not be considered first line or routine therapy for chronic pain," the CDC guidelines state. Even in cases when evidence on the long-term benefits of non-opioid therapies is limited, "risks are much lower" with non-opioid treatment plans.
   ... Patients want to do more than mask the pain. Opioids reduce the sensation of pain by interrupting pain signals to the brain. Physical therapists treat pain through movement while partnering with patients to improve or maintain their mobility and quality of life.
   ... Pain or function problems are related to low back pain, hip or knee osteoarthritis, or fibromyalgia. The CDC cites "high-quality evidence" supporting exercise as part of a physical therapy treatment plan for those familiar conditions.

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... Opioids are prescribed for pain. Even in situations when opioids are prescribed, the CDC recommends that patients should receive "the lowest effective dosage," and opioids "should be combined" with non-opioid therapies, such as physical therapy.

... Pain lasts 90 days. At this point, the pain is considered "chronic," and the risks for continued opioid use increase. An estimated 116 million Americans have chronic pain each year. The CDC guidelines note that non-opioid therapies are "preferred" for chronic pain and that "clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient."

Before you agree to a prescription for opioids, consult with a physical therapist to discuss options for non-opioid treatment.

"Given the substantial evidence gaps on opioids, uncertain benefits of long-term use and potential for serious harm, patient education and discussion before starting opioid therapy are critical so that patient preferences and values can be understood and used to inform clinical decisions," the CDC states.

Physical therapists can play a valuable role in the patient education process, including setting realistic expectations for recovery with or without opioids.

CMS Offers Training on Coming IRF Changes

Changes to reporting requirements for inpatient rehabilitation facilities (IRFs) are coming this fall, and the Centers for Medicare and Medicaid Services (CMS) is helping providers prepare.

Now available for free download from CMS: presentation slides from a recent 2-day workshop that explored the ways that reporting on everything from functional abilities to falls will change under rules that implement portions of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act. That law, passed in 2014 and supported by APTA, seeks to standardize data collected across postacute health care settings. The new reporting requirements begin October 1, 2016.

Originally presented as a "train-the-trainer" event in mid-May, the meeting's agenda and all slides can be found by scrolling down the CMS IRF Quality Reporting Training webpage to the Downloads section. The compressed files, all pdf versions of PowerPoint slides, are labelled "IRF Training" 1, 2, and 3. Recordings of the training sessions will be posted to the CMS YouTube site in several weeks.

Topics include an overview of the changes and more detailed information on reporting requirements around functional abilities and goals; falls; swallowing and nutritional status; skin conditions; hearing, speech, and vision; bladder and bowel; cognitive patterns; and special treatments, procedures, and programs. Slides also cover active diagnoses, and IRF-PAI (patient assessment instrument) data submission and Certification and Survey Provider Enhanced Reports (CASPER).