

**SPECIAL  
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## **PRESIDENT'S MESSAGE TO THE MEMBERSHIP**

**By Gregory Waite, PT, DPT**

Hello everyone and welcome to spring! I trust everyone had fun in the cold enjoying all the winter sports or just playing in the snow. As always, regardless of the season or the weather conditions, we at the PPTA are working hard for our members and our patients alike. Below are just a few of the issues we have been working on over a longer period of time and some of the new issues that have come forward.

One of the big issues many of us deal with is the ever changing environment of Medicare. One issue we have dealt with is the MPPR 50% reduction over the past two years. We understand the burden this has caused many practitioners and we, in conjunction with the APTA, have been constantly working on solutions to this payment reduction. There are proposals for a new payment structure which the APTA, and other stakeholders, have been developing over the past several years; these proposals are currently being examined by governmental agencies. This was initially undertaken as Medicare indicated the goal was to move

away from the current fee for service payment structure to a more cost effective system which would be outcomes based. Our Association, in conjunction with the other stakeholders, are uniquely qualified to develop an equitable payment system which will decrease inappropriate billing, provide governmental agencies with the outcomes based system they seek, while still allowing providers the means to remain fiscally sound.

The PQRS measures are another program Medicare has enacted and, although this provides Medicare with some useful information, the requirement is yet another piece of the puzzle which has added significant documentation requirements for nearly everyone. Unfortunately, this program was expanded in 2015 adding to the already tremendous burden on the practitioner. It is the hope of the PPTA that the new systems under development will provide outcome measures which will be built into the system without creating additional documentation requirements.

The FLR, or Functional Limitations Reporting, is yet another program enacted by Medicare and, again, although it provides information to Medicare, it adds yet another layer of documentation. We at the PPTA and APTA understand the amount of time this has added in documenting care for our patients and, that it is actually taking time away from clinical hours that were once spent with our patients. There are proposals APTA has developed, presented, and are actively working with governmental agencies in an attempt to decrease this burden while providing Medicare with the outcome information they require.

Looking more on the State level, PMMP is a Highmark program which has added a tremendous burden for documentation to provide needed care for our patients. The PPTA has been in constant contact with Highmark in order to decrease this burden and undertake a more sustainable program. Over the last year, we have been attempting to work with Highmark to help streamline this process to allow more efficient standards leading to

## PRESIDENT'S MESSAGE TO THE MEMBERSHIP

fewer burdens on the provider and patient alike. In addition, discussions have been undertaken with Highmark to cease the current CPT code applications whereby they are delineating CPT codes as Physical Medicine, Occupational Therapy, and manipulation. Highmark, as part of the PMMP process, has a requirement which forces the physical therapist to indicate they are performing occupational therapy services in order to utilize certain CPT codes Highmark has erroneously earmarked as occupational therapy. This is an ongoing process with Highmark and we are making some inroads. We will keep the membership up to date on any changes as they occur.

One of the great victories we have won is the passage of SB 487. This was the culmination of years of effort by many individuals at PPTA, Pennsylvania Occupational Therapy Association, and the Pennsylvania Chiropractic Association and we are certainly pleased with the outcome. I've went through the history of this legislative effort on several occasions so, I'll save you from having to hear it again. To remind those who have been following the progression of this Bill there were two steps left before the actual passage of SB 487 was official; signature in the House then a final signature by Governor Wolf. Both of

those having been completed, this is officially known as Act 39 and requires that insurers apply no more than one copayment per provider per day nor deplete more than one visit per provider per day from the patients benefit package. We will continue to assess the excessive copay issue and hope to bring this forward once again in the future.

Another area the board has been examining is possible changes to the Practice Act. The Practice Act Work Group, or PAWG, was assigned the task of developing possible changes to the practice act, looking at difficulties which may be encountered for each, and completing a report to be presented to the Board. Some of the topics discussed during the PAWG meetings were expanding direct access, permitting dry needling, allowing prescription of imaging such as X-rays and MRIs, as well as permitting clinical use of ultrasound imaging. After careful consideration, the PAWG presented their final report to the board. The board evaluated the report carefully and, in the end, it was determined that expansion of *Direct Access for Physical Therapists* would be the best issue to bring forward. Other items are also being considered however, we are looking at developing these items separately from a direct change to the Practice Act.

Legislative issues, although important, are not the only projects we have been working on at the PPTA. The governance review process has been in full swing over the past two years. Last year, bylaws were changed which affected the 3 Standing Committees: Ethics, Finance, and Nominating. The ethics committee will undergo a process in which a new member will be added each year; it will require an individual to be a member of the ethics committee for 3 years then move into the chair position during their 4<sup>th</sup> year. The finance committee will now consist of the finance chair and three members who will work in conjunction with each district; a new member will be added each year to replace the outgoing senior member.

The nominating committee has now added its first elected members who began their duties in Jan 2016; this initiated a process where a new member will be elected each year and the most senior member will move into the chair position. With these new additions, all committees have appointed chairs, members, chapter office liaisons, and board liaisons. Under each committee, we also have working task forces and work groups completing the actionable items of our Strategic Plan.

One other important change that was enactment of centralized banking. A decision was made by the BOD to move from each District having separate bank accounts to centralizing all financial transactions at the Chapter level. This process was strongly recommended by the APTA as the fiduciary responsibility rests with the corporate entity of the Chapter and cannot be delegated to each district. This occurred as part of the Governance Review process.

During the first year of this process, the NE District worked as the pilot district for the transition to centralized banking; we would like to thank them for making this transition a much easier process. Over the past year the remaining districts have been working under the centralized banking process. As indicated last year, there were no changes made to the programs and activities of the districts; the finances were simply completed at the chapter level. One change that did occur due to centralized banking process was to have the NWC Sub-District placed under the NW District for financial purposes. We continue to encourage the same open relationship the sub-district currently has with both districts, this change was simply to allow ease with the centralized banking process. From this point forward, each District will provide a yearly budget to the Finance Committee which then becomes an integral part of the overall chapter budget; this was a seamless process over the last year. Since the centralized banking process is now com-

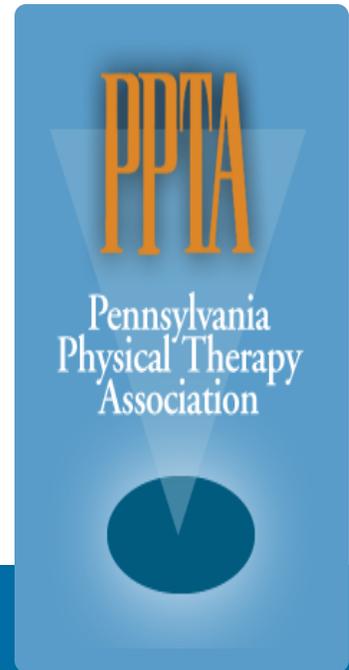
**PRESIDENT’S MESSAGE TO THE MEMBERSHIP**

plete, I would personally like to thank the finance committee with Jeff Welk as chapter treasurer and all treasurers at the district level for completing this vital transition. The excellent planning and execution of this transition is a great example of what we can do when we work together.

In addition to fully implementing centralized banking, the finance committee reviewed the best way to utilize the centralized funds. The culmination of this process led to the reserve fund being fully funded per APTA guidelines and the pay off of the Chapter Office Building mortgage; this saved a tremendous amount in interest and added over \$17,000/year back into the

budget which would have otherwise gone for mortgage payments.

As always, these are just of few of the issues and projects we have been working on over the past year and the direction we are moving for next year. If there was a particular project or issue I did not discuss, please feel free to contact me or the Chapter office directly and we will be glad to provide you with information. Thank-you for your continued support as members of the APTA and PPTA; we are here to provide progressive leadership for our members and advocate for the rights of our patients.



**DISTRICT NEWS**

**NORTHWEST**  
**By Beth Gustafson, District Director**

Greetings from the Northwest District,

We have two major initiatives that we are working on. First, district leaders and members are discussing options to make meetings more accessible to all district members. We have begun exploring the use of Go to Meeting and/or Go to Webinar. We will begin a trial with a few individuals and if it works, we will open it up to everyone in the district. Second, we plan to hold our annual PAC fundraiser at a new venue: this year the fundraising event will take place in the form of a tail-gate party at the Erie Sea-Wolves baseball game on Sunday, August 21<sup>st</sup>. This will be a family-friendly event.

If you would like to help organize and implement these initiatives, please contact me. Otherwise...stay tuned for exciting details!

Please consider attending our Northwest Central sub-district annual continuing education event on April 9<sup>th</sup> from 7:45 am to 5:15 pm at the Penn Highlands Dubois Central Resource Center. Ken Learman, PT, PhD, OCS, COMT, FAAOMPT will engage participants using a practical, evidence based approach to the management of spinal pathology with orthopedic manual therapy techniques. See the PPTA website for more details and to register for the course.

## SOUTHWEST

### By Jamie Dunlap Coates, District Director

The Southwest District (SWD) kicked off 2016 programming on January 12, 2016 at UPMC Mercy Hospital with an educational session entitled, "Complex Regional Pain Syndrome in Children and Adolescents," presented by Rebecca R. Matvey, DPT. Rebecca R. Matvey, DPT is a Senior Physical Therapist at Children's Hospital of Pittsburgh of UPMC. Members in attendance earned 1 CEU (0.25 evaluative and 0.75 general) toward their license renewal. Membership learned about diagnosis and treatment of CRPS in the pediatric population. The members learned about the new contract between the PPTA and Medbridge to offer unlimited, online CEUs to members at a discounted price. In addition, the SWD welcomed new chairs to the following committees: *Education* ( **Leesa DiBartola, Brittany Bonatesta and Brook Klatt**), *Nominating* (**Brian Garcher**), *Publications* (**Emily Miskell**), *Public Relations* (**Taylor Docherty**). Thank you to **Sarah Jameson**, who has volunteered to chair the Legislative and LAN committee.

On March 8, 2016, Anthony Delitto, PT, Ph.D, FAPTA, Professor and Chair of the Department of Physical Therapy and Interim Dean of the School of Health and Rehabilitation Sciences, University of Pittsburgh will be speaking on "Physical Therapy Partnering with Primary Care to Improve Cost-Effective Care for Low Back Pain." The lecture, taking place prior to the SWD business meeting, has been approved for 1 general CEU. The meeting will be held in Pappert Hall on the campus of Duquesne University.

The Children's Institute will be the location of the April 12, 2016 SWD meeting and educational session. Susan C. Clinton, PT, DScPT, OCS, WCS, FAAOMPT, co-founder and co-owner of Embody Physiotherapy & Wellness, LLC will be presenting "The Dynamic Trunk - From the Glottis to the Pelvic Floor." This educational session has been approved for 1 general CEU.

Please join the SWD for the **7<sup>th</sup> Annual Mini-Combined Sections Meeting** to be held April 23, 2016 from 9:00 AM to 12:00 PM at *Herberman Conference Center- UPMC Shadyside Hospital*. *Educational sessions will be presented by clinical specialists in the areas of orthopedic, pediatric, and neurological Physical Therapy.*

*All APTA Members in attendance will receive up to three (3) FREE Contact Hours! All PT and PTA Non-Members are welcome to attend and are also eligible to receive up to (3) Contact Hours with a \$100.00 registration fee; Student Non-Members can register for \$50.00. To register visit the Southwest District section of [www.ppta.org](http://www.ppta.org).*

The final SWD meeting of the Spring 2016 calendar will be the Annual Delegates Meeting, to be held May 10, 2016 at the Chatham Eastside location of Chatham University.

## WESTCENTRAL

### By Kara Kobal, District Director

Happy Spring Everybody! The Westcentral District is busy planning for Spring! Member feedback regarding our continuing education courses has been positive and we have listened to member requests for more. We are proud to offer one contact hour of continuing education at all of our district meetings covering a wide variety of content. Please note that in the West Central District during Fall of 2015 and Fall of 2016, members and non-members could receive 5 hours of continuing education for FREE! In addition, the district offered a special event *at no cost to attendees* related to Reimbursement and Regulations by PPTA Reimbursement Specialist, Carole Galletta. PPTA members can also benefit from an \$80 cost savings for our upcoming 8 hour continuing education course, 2 free ethics and law contact hours, as well as the new member benefit of online continuing education from MedBridge featuring unlimited online continuing education at a *significantly reduced rate* of only \$200 a year! Thank you to all those who attend our events and we ask that you would please consider attending our Spring continuing education offerings as follows:

**April 12, 2016:** *Free continuing education* featuring one contact hour (pending) by Amanda Snyder, PT on the topic of spinal stability. A brief business meeting will follow. This meeting will be sponsored by Hwave. Location: Altoona, PA

**April 16, 2016:** Continuing education course featuring 8 contact hours titled "Instrument Assisted Soft Tissue Mobilization" by Jim Wagner OTD, OTR/L, CHT, CPAM, CSCS. Location: Saint Francis University.

**May 10, 2016:** *Free continuing education* featuring one contact hour (pending) by Dr. Stephen Baker, PhD on the topic of cancer related care. A brief business meeting will follow. Location: Ebensburg, PA.

In addition, planning is already underway for Fall 2016. You can look forward to more upcoming *free* continuing education including relevant information from an area podiatrist as well as *free* 2 hour ethics and law offerings by our own Ms. Mary Ann Wharton, PT. Also, an upcoming 5K fundraiser in honor of PT month (October) is in the planning stages!

Please check our website ([www.ppta.org](http://www.ppta.org)- Districts tab- Westcentral District) for the most current information related to these continuing education offerings.

The district plans to continue with its attendance incentive. For the 2015-2016 calendar year (October-May), any member who attends 3 or more educational sessions and meetings, will be entered to win a \$200 prize to be used towards continuing education.

Please vote in the upcoming district elections for Chair, Vice Chair, Delegate, and Nominating Committee Chair. Your voice and your vote is important to us!

The West Central District offers many exciting ways for both members and non-members to get involved with the association. Please email [kkobal@francis.edu](mailto:kkobal@francis.edu) or sign up at [www.pptavolunteer.org](http://www.pptavolunteer.org) if you are interested in volunteering.

The West Central District hopes to see you at our future events!

Like us on Facebook! PPTA-West Central District

## SOUTHEAST

By: Bob Wellmon District Director

The Southeast District (SED) has been busy over the fall and winter. Meetings in September, November and January have been well attended by practicing physical therapists and physical therapist assistants, and students from area schools. September featured a gathering that was attended by local legislator, State Representative Steven Barrar, who discussed the importance being involved in the legislative process. He revealed that members have a great deal to share with legislators who do not really fully appreciate what physical therapist do. **Natalie Sibley, PT, DPT, NCS** shared her expertise in gait for adults with neurological disorders at the November meeting. January featured a talk by **Jennifer Young, PT, MSPT** on oncology and the rehabilitation process and patient survivorship. In March, the SED hosted 2 educational events. **James Barsky, PT, DPT** presented a talk on the diagnosis and treatment of BPPV for physical therapy. He covered the basics of how to identify when patients have BPPV and how to treat the different forms. **Mary Ann Wharton, PT, MS**, chair of the PPTA Ethics Committee, visited the SED to present a seminar on ethics and jurisprudence that featured a mock trial. District members had the opportunity to serve as the jury. The district held its 3<sup>rd</sup> edition of the Young Professional Seminar, which features district members who are new to the profession. **Chris Carroll, PT, DPT**, along with his colleagues from Magee Rehabilitation Hospital, **Lisa Coyle, PT, DPT**, and **Brittany Willis, MS, OTR/L** conducted an interprofessional seminar on decision making in electing, prescribing and ordering manual and power wheelchairs. The tradition of members educating members continues. Fortunately, given the calendar of events planned, 2016 has an extra day!!!

January marked a transition point in leadership within the district. **Bob Wellmon, PT, DPT, PhD, NCS** assumed the role of District Chair, which was made possible by **Scott Voshell, PT, DPT, MHS** who was recently elected to the role of Vice-president for the Chapter. Scott, in his various roles, first as District Vice-chair and later Chair, provided the district with fantastic leadership and he has worked tirelessly with others to successfully run numerous continuing education and social events. His ability to form lasting relationships and network people together provided members with extremely affordable educational events and multiple opportunities to network socially.

## SOUTHEAST (continued)

These events generated almost \$30,000, over the past 4 years, from district members that has been donated to the Chapter and APTA to support the PA PT PAC, the PPTA Advocacy Fund and the Foundation for Physical Therapy. Scott has also been a mentor to many area clinicians and worked with the education committee, led by **Colleen Bradley, PT, DPT**, to create a robust educational calendar including a forum for clinicians new to the profession to present. This year's mini-CSM has expanded to include 5 educational tracks and we are looking for record attendance..

The SED Executive Committee has 2 new additions. **Claire Peasley, PT, DPT** has agreed to step in and assume the role of district Vice-chair and **Kelly Quaille, PT, MSPT** was elected district Secretary. Kelly is a licensed physical therapist in Pennsylvania and Delaware and received her Master of Science in Physical Therapy from Thomas Jefferson University in 1996. She has worked at the Nemours/Alfred I DuPont Hospital for Children since 1998 and is currently the Out-patient Therapy Manager at the Nemours duPont Pediatrics, Bryn Mawr in Pennsylvania.

Claire originally earned her degree in physiotherapy at the University of Liverpool in England where she worked for the National Health Service before following her family to the United States. She has since earned her DPT at Thomas Jefferson University and now works in acute care at the Hospital of the University of Philadelphia. Claire is especially interested in legislative advocacy and also serves as the PA PT PAC treasurer.

The Southeast District is very fortunate to have individuals who are willing to volunteer and get involved in the governance process. The SED is well represented within Chapter leadership. A heart-felt thank you goes out to **Kristin Von Nieda, PT, MS** who recently completed her term of office as Chapter Vice-president. Kristin, who is on faculty at Arcadia, will continue her service to both the Chapter and District as a representative to the APTA House of Delegates. We are proud of **Colleen Chanler, PT, MHS** who is next in line to assume the role of President for the Chapter. She will spend 2016 as President-elect and moves into the role of Chapter President in 2017. There are 2 others from the district serving on the Chapter Executive Committee, **Robin Dole, PT, DPT, EdD, PCS** who is Chief Delegate, and **Jane Oeffner, PT, DPT, MBA** who functions as the Chapter Secretary.

## SOUTHCENTRAL By Penny Samuelson, District Director

The South Central District was glad to welcome both our president elect, Colleen Chanler, and large contingent of Lebanon Valley College Physical Therapy students to our January meeting. As well as having a great presentation from Matt Walco PT, DPT, CCS, CSCS on "Recent Advancements in Physical Therapy for Patients in the Intensive Care Unit", we had a lively discussion led by Chip O'Malley and Sue Gerhard highlighting an excellent recognition of the importance to our profession that the APTA/PPTA plays and the benefits of membership. We all came away invigorated.

The spring lineup of opportunities continues to be exciting. On Monday March 14 at 7PM our meeting will be in Summerdale PA at Central Penn College and features Mary Stout PT, DPT as our speaker. Her Topic is "Evidence-Based Movement Pattern Approach to Shoulder Rehab".

On Saturday April 9 we are holding our PT Advocacy Fundraiser with a mini-conference at Alvernia University from 8AM to 1PM. Featured is a 2 hour presentation from Mary Ann Wharton PT, MS on ethics and law in the morning and then two options for the second session. The options are Mary Ann Wharton speaking on "Falls, Frailty, and Older Adults" Evidence-based Assessment and Strategies for Physical Therapists" while Christopher H Wise PT, DPT, PhD (c), OCS, FAAOMPT, MTC, ATC speaks on "An Evidence-based Approach to the Management of Low Back Pain: Balancing Sacroiliac Joint Mobility with Stability. As a benefit of membership, PT and PTA members will have the opportunity to attend for \$25 while non-members may attend from \$140. Course objectives and registration details are on the PPTA website. Our last District meeting for the spring is on Tuesday May 17 in York PA at the Autumn House East with an early start time of 6:30PM. This meeting will be a combined event with District I of the POTA. The speakers are Melissa Uhle MOT, OTR/L and Amanda Dinkel PT, DPT speaking on "LSVT BIG".

## SOUTHCENTRAL (continued)

We are proud of the quality of the programming that has been available in our district and want to recognize Maria Poppe who has coordinated the educational programming for us. We appreciate the schools and facilities in our district that have welcomed us to use their facilities for meetings.

We encourage all our members to get involved. This is always important but there are some special opportunities in our district now. The current slate of officers will be changing at the end of this year. We hope to have nominations set by our May meeting. If you would like to be involved contact our nominating committee chairperson Kai Pedersen- now!

Have a great spring and join us at the exciting line up of events.

## NORTHEAST By Elizabeth Marine, District Director

The Northeast District welcomes 2016! This year is jam packed with education, networking events, and elections! Don't forget to check out our MiniCSM registration information via the [ppta.org](http://ppta.org) website. This is the last year in your licensure cycle, so do NOT forget to complete your 30 contact hours for 2014-2016! See you at your next monthly meeting...remind a colleague and share a fun networking experience after work... ALL WHILE SNAGGING FREE CONTACT HOURS!

### NORTHEAST DISTRICT MINI CSM! APRIL 23, 2016

**Date:** April 23, 2016

**Contact:** Laurie Brogan

**Email:** [lbrogan@misericordia.edu](mailto:lbrogan@misericordia.edu)

**Phone:** (570) 941-7400

**Time:** 8:00am – 4:00pm

**Location:** University of Scranton, Edward R. Leahy Jr. Hall (Linden and Jefferson St)  
800 Linden Street, Scranton, PA 18510

**Registration Information:** Go to [www.ppta.org](http://www.ppta.org) for details and registration  
PPTA members \$75 / Non-members \$210 / Student Members \$45/Student Non-members \$90  
(Members are getting 3 hrs for FREE!)

**Summary of Programming:** Go to [www.ppta.org](http://www.ppta.org)

Speakers—*Mike Ross, Melissa Bednarek and Emily McKeon*

**Tell a friend and carpool! See you there, it is going to be a fantastic day of learning, networking, and great food!**

## NORTHEAST (continued)

### **Spring 2016 Northeast District Monthly Meetings and Continuing Education Offerings:**

#### **MARCH**

Date: Tuesday March 8, 2016

Time: 6:30pm Networking; 7pm

Meeting Sponsor: Physical Therapy at St. Luke's (outpatient) and EMSI

Location: St. Luke's Hospital-Bethlehem Campus; Education Center (Lecture Room 2)  
801 Ostrum St; Bethlehem, PA 18015

Presentation: "Concussion Management of the Athlete"

Speakers: Nicholas Avallone, MD and Ethan Hood, PT, DPT, GCS

#### **APRIL**

Date: Tuesday April 12, 2016

Time: 6:30pm Networking; 7pm

Meeting Sponsor: Misericordia University

Location: Misericordia University; Insalaco Hall (Room 218-219)  
301 Lake St. Dallas Pa, 18612

Presentation: "Patient Advocacy Across the Lifespan: Pediatrics to Geriatrics"

Speakers: Kristen Karnish, PT, D. Ed, MPH, GCS and Maureen Rinehimer, PT, MS, MHS, PhD (ABD)

Date: Saturday April 23, 2016

Time: 8am-4pm

Location: University of Scranton; Edward R. Leahy Jr. Hall

Corner of Linden and Jefferson St.; Scranton, PA 18510 Presentation: MINI-CSM see website

#### **MAY**

Date: Tuesday May 10, 2016

Time: 6:30pm Networking; 7pm Meeting Sponsor: Johnson College PTA Program Location: Johnson College Presentation: House of Delegates Update

### **The Northeast District is sponsoring State Policy & Payment Forum Scholarships this year!**

The Northeast District is awarding up to 2 -\$500 scholarships to attend the 2016 APTA State Policy and Payment Forum scheduled in the fall of this year in Pittsburgh, PA. Complete details will be made available Spring 2016 (APTA website), this event is designed to increase involvement and knowledge of state legislative issues that have an impact on the practice and payment of physical therapy, and to improve advocacy efforts at the state level. It is an opportunity to collaborate with colleagues and other professionals from across the country and listen to influential public policy makers and physical therapy advocates. Look for registration updates here: <http://www.apta.org/StateForum/> This event is open to anyone interested in state-level advocacy and students are welcome to apply. The scholarship money may be used for registration and travel/accommodation expenses. Interested NED members must submit a letter defining their interest and the value of attending this event. Letters can be submitted electronically to [lbrogan@misericordia.edu](mailto:lbrogan@misericordia.edu) by May 31<sup>st</sup>. Letters will be evaluated by Officers of the NED PPTA and selected awardees will be announced and contacted by June 1, 2016. \*\*\***Please note - Scholarship winners will be required to present a brief overview of this event at the October NED meeting in October 11, 2016 at St. Luke's in Stroudsburg**

## **Northeast District PPTA Elections for 2016:**

Interested in getting more involved with the Northeast District PPTA? Two Officer positions will be opening on December 31, 2016! No experience necessary. Each Officer role does require a 2 year commitment and the outgoing Officers will guide you in early 2017, so that you will be able to take on your Officer role with confidence. Nominees will be announced at the May 2016 meeting. If you are interested, please contact Kay Malek (Nominating Committee Chair)

at :[melanie.malek@desales.edu](mailto:melanie.malek@desales.edu)

**The Officer positions that will be vacant December 31, 2016 are:**

*Treasurer*

*Secretary*

## PPTA NEWS

### **Thinking about joining a District or Chapter PPTA team???**

If you are thinking about volunteering or 'getting your feet wet' with Chapter or District organization activities and events, visit this page on ppta.org: **Volunteer List** <http://ppta.org/Home/ppta-volunteer-page> Don't be afraid....we are willing to show you the ropes and help you start your journey toward PPTA involvement. Let us know what you are interested in and we will get you started! This is a great membership organization and we welcome members who would like to be part of the action! So...what are you waiting for???

### **This is a Licensure Renewal Year: December 31, 2016! Don't Forget!**

Reference your licensure renewal here:

<http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/PhysicalTherapy/Pages/Renewal.aspx#.VtZp8JwrKhc>

Check your contact hours this Spring. If you need 6 hours check out our NED Mini CSM above. Need more like 15 hours? Check out the PPTA Annual Conference 2016 in Lancaster PA (October). It is close and what an easy way to 'catch up'!

### **PPTA Annual Conference 2016: Lancaster PA**

**Dates:** Friday, October 28, 2016 - Sunday, October 30, 2016

Registration Opens April 2016!

Check out registration information here: <http://www.ppta.org/ProfessionalDevelopment/2015-ppta-annual-conference>

## PPTA News

### **Are you a Physical Therapy professional in the academic or clinical setting and actively pursuing research funding?!?**

The PPTA Practice and Research Committee is excited to work with you on your research project! All submissions are equally considered. Current focus areas for research include, Dry Needling and Direct Access, then you need to apply TODAY! There are no limitation or date restrictions for submission of your research idea/grant request. If you are interested in applying for grant funding, please refer to the following link, and download your grant request. Directions for submission are included in this link:

<http://ppta.org/Committees/Archived/Research/ResearchAwardGrantDocuments.aspx>

### **Innovations in Physical Therapy, Preventative Services!**

The Northeast District would love to learn what facilities or practices are developing preventative services in the field of Physical Therapy. If your facility would like to share innovations in wellness/preventative services for clients in need, please provide a submission on our Northeast District page, on ppta.org. We want to learn about this developing practice area! Is your program cash based or insurance driven? Refer to this link to share information regarding your wellness/preventative service model. We would love to hear your thoughts on a Wellness/Preventive Service model for appropriate patients. ALL submissions are confidential and no personal information is shared. Please refer to the following link for wellness/preventative service model submissions:<http://ppta.org/Districts/Northeast.aspx>

You can receive email or text notifications of upcoming meetings by visiting this page:

<http://ppta.org/Districts/Northeast.aspx>

Submit your response in the box on the top right corner of the page.

As always, the PPTA Thanks YOU for being involved in your professional organization, our profession depends on it!

## PPTA Payment Specialist

### Carole S. Galletta, PT, MPH

Issues in this article:

#### I. ACTION NEWS

- Tracking Trends
- Highmark—Letter from PPTA President
- APTA Advocacy request
- UMIUR Vendor complaint form

#### II. Sign up for the Reimbursement Blast list

#### III. Benefits of belonging...access to the PPTA Payment Specialist

#### IV. CMS Medical Review Process

#### V. PQRS reporting: 2016

#### VI. Double copays?

#### I. ACTION ITEMS:

- a. **Tracking Trends:** Please email the PPTA Payment Specialist ([csgalletta@gmail.com](mailto:csgalletta@gmail.com)) if you identify a CPT code that is being denied; an ICD-10 coding issue; and/or payment denial issues that may signal a change in a payer's payment policies or medical policies. **Your daily handling of physical therapy claims is an invaluable resource for the Payment Specialist in tracking payer trends for PT in Pennsylvania!**
- b. **Highmark issues:** Please see the letter from the PPTA President regarding Highmark "rate adjustments" <http://ppta.org/News/FullStory/2016/03/15/highmark-blue-cross-blue-shields-cuts-reimbursement> Stay tuned for a "call to action" regarding this issue.
- c. As large insurers begin to merge, patient benefits, provider networks, and payment rates all are likely to change and we need to be prepared to demonstrate our concerns in concert with other affected stakeholders. **APTA suggests that members notify them at [apta@advocacy.org](mailto:apta@advocacy.org) regarding significant policy/benefit changes as they occur.** Please copy Carole Galletta [csgalletta@gmail.com](mailto:csgalletta@gmail.com) on communications to APTA.
- d. APTA wants to advocate on behalf of our membership and the profession to address issues related to the increased use of third-party administrators. To develop a cohesive strategy with viable alternatives, APTA needs to gather specific data. **If you are experiencing problems with a UMIUR vendor, complete this form, and APTA staff will contact you within 3 days to discuss the issues that have been presented.** Please do not share any information that would violate the Health Insurance Portability and Accountability Act (HIPAA). <http://www.apta.org/Payment/PrivateInsurance/TPAUtilizationMgmtReview/FeedbackForm/>

#### II. MEMBER BENEFIT! Keeping up with Regulation and Reimbursement Issues

The PA Chapter of the APTA offers members a direct and timely way to receive reimbursement and regulation information. If you are a member and would like to be on the Reimbursement Blast email list, contact Toni Annibali at the PPTA office through [tannibali@ppta.org](mailto:tannibali@ppta.org) and request that your email address be added to the Blast list. All PTs and PTAs requesting to receive Blasts must be members of the PPTA. If you are administrative staff working with a PPTA member, just give us the member number of your colleague and you can submit your email address.

#### III. MEMBERHIP BENEFIT! Payment Specialist

As a **PT or PTA member** of the PPTA, **you and your support staff** may contact the PPTA Payment Specialist (previously titled "Reimbursement Specialist") for current information on reimbursement and regulatory issues or to help solve related problems. Contact information is [csgalletta@gmail.com](mailto:csgalletta@gmail.com) or 412.266.8717. **If you email, please include your name and member number. If you are a non PT or PTA support staff member, please include the PPTA member's name and number that you work with in the message, and always complete the subject line with the topic of your question.**

## PPTA Payment Specialist

### IV. CMS MEDICAL REVIEW PROCESS

- a. The APTA shared the following information in the PT in Motion: “CMS announced that it has contracted with Strategic Health Solutions to serve as a supplemental medical review contractor (SMRC) to conduct a “targeted review process” for claims that exceed the \$3,700 cap for physical therapy and speech-language pathology combined, and \$3,700 for occupational therapy services. Unlike previous years, in which reviews were conducted for all claims exceeding the thresholds, the new approach allows Strategic Health to select only certain claims for review. According to CMS, Strategic Health will pay particular attention to 2 main areas: providers with “a high percentage” of patients receiving therapy beyond the thresholds compared with peers; and “therapy provided in skilled nursing facilities, therapists in private practice, and outpatient physical therapy or speech-language pathology providers...or other rehabilitation providers.” CMS writes that an evaluation of the number of units or hours of therapy provided in a day will be “of particular interest.” APTA is seeking additional details about the review process and will share those with members when available.

### V. PQRS REPORTING: 2016 (January 1, 2016, to December 31, 2016) PQRS data will inform the 2018 payment adjustment of –2.0%. **Reporting requirements remain the same in 2016 as in the 2015 reporting year.**

**Physical therapists will have 6 claims-based measures to report and a total of 15 measures that are reportable via registry.** Physical therapists reporting via claims should report 6 measures (#128, 130, 131, 154, 155, and 182) on 50% or more of all eligible Medicare patients. Providers who report fewer than 9 measures are subject to the Measures Applicability Validation process to confirm that they are reporting all the measures applicable to them.

Please visit the APTA website for more detailed information on PQRS reporting (<http://www.apta.org/PQRS/>)

### IV. **Double copay? Act 29 Fairness in Copay (signed into law as Act 39 July 31, 2015)**

The law specifically prohibits a health insurance policy that is delivered, issued for delivery, renewed, extended or modified in this Commonwealth by a health care insurer from subjecting an insured to more than one copayment per visit or from depleting more than one visit for services provided by a licensed physical therapist, chiropractor or occupational therapist on a given date. **If a health insurer charges a double copay or deletes more than one visit for treatment by one provider, please contact the PPTA Payment Specialist [csgalletta@gmail.com](mailto:csgalletta@gmail.com).** Note: Act 39 does not apply to self-insured plans because they are federally regulated and exempt from state law by ERISA.

Please contact the PPTA Payment Specialist at [csgalletta@gmail.com](mailto:csgalletta@gmail.com) with questions.

## COMMITTEE NEWS

### AWARDS

#### By Kara Kobal, Chair

The PPTA has been working to update the awards information contained on our website in order to assist members with locating information and criteria for each award. Information to be included on the awards webpage includes: PPTA awards, Special Interest Group awards, and student awards, district awards. The new site will serve as a one click location for all of this information to be centralized. Awards are available to honor various types of service and leadership. The most current information related to PPTA awards and eligibility can be found at <http://ppta.org/Committees/Awards.aspx>. Please check back frequently as new awards may be added/ updated.

Please note that the deadline for awards is June 30. Please check your email for the official call for nominations that is coming soon. Please consider nominating a deserving colleague or student!

### CONFERENCE AND CONTINUING EDUCATION

#### By Shannon Scanlan, Chair

Our committee would like to thank all of you who attended our Annual Conference in October and helping to make it a great success! Attendees were able to receive over half of their required CEUs for license renewal. We had a great time with the re-vamped PAC Event, with a cornhole tournament and Minute to Win It games. Overall 2015 conference was a great success thanks to your attendance and support.

We would like to welcome everyone to joint us for *2016's Annual Conference at Lancaster Marriott at Penn Square from October 28<sup>th</sup>-30<sup>th</sup>*. Over 15 hours of continuing education credits will be available to use towards this year's license renewal. We also hope to offer a large number of direct access hours for those who need these for your Direct Access licenses. Our main courses are:

-*Medical Screening for the Physical Therapist – The Sherlock Holmes Approach* presented by Bill Boissonnault for 14 hours

-*Case-Based Physical Therapy Management of Selected Musculoskeletal Dysfunction in the Obstetric Client* by Jill Boissonnault for 14 hours

-*A Taste of TMR (Total Motion Release) for Tots for Torticollis* by Susan Blum for 10 hours

-and a course on Multiple Sclerosis treatment by Susan Bennett for 14 hours

This year we will also offer our first *"Innovation Summit"*. This will consist of presentations on innovative practice models from around the state that will hope to advance practice. Make sure to join us Friday evening for these presentations!

We ask that you continue to support our local continuing education courses at the district levels. There are a variety of wonderful programs available throughout the state. Don't forget: all courses offered through the PPTA and its districts are pre-approved for continuing education credits through the PA State Board.

Continue to visit the [ppta.org](http://ppta.org) website under Professional Development for further information on conference and registration! We hope to see you there!

### MEMBERSHIP

#### By Susan Kreinbrook, Chair

**STUDENTS:** We are excited to be presenting the opportunity this year to apply for not only one but two separate Student PPTA Awards! - deadline October 1, 2016

1. PPTA Student Leadership Award (SLA)
  - a. A few recipients will be awarded a framed certificate, leadership pin, and APTA bucks to pay for their first year national career starter APTA Dues
2. Dr. Tom Stewart Scholarship
  - a. A senior PT will be awarded a scholarship to attend the PPTA annual conference in Lancaster including registration, hotel for 2 nights, and registration to the PAC fundraiser.

**MEMBERS:** We are equally excited to present you with the second opportunity to spread the message across the commonwealth of #WIYPT "Who is YOUR Physical Therapist"

We will again be ordering over 250 member thank you prizes for pre-order on website to be claimed at annual conference. The balance of which will be given away at the membership table during conference.

Thank you for your membership and don't forget to encourage your colleagues to join our association and take advantage of all of the APTA member benefits!

## EVIDENCE BASED PRACTICE

### Applying Evidence-Based Practice: Is It Our Professional Obligation?

By: Michael Fine, PT, DPT, GCS

Member, PPTA Ethics Committee

In collaboration with Mary Ann Wharton, PT, MS

Chair, PPTA Ethics Committee

Evidence-based medicine (EBM) is defined by Sackett et al as “The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine requires the integration of individual clinical expertise with the best available external clinical evidence from systematic research and our patient’s unique values and circumstances.”<sup>1</sup> Evidence-based medicine (EBM), which is synonymous with the concept of EBP, has been engrained in physician practice as a core standard for many decades and is highly regarded by many health care professionals. In fact, the notion of EBP and its importance is being taught across multidisciplinary health care curriculums, especially in doctoral programs. However, EBP may not be widely accepted or used on a consistent basis by health care professionals, including physical therapists. Through observation and anecdotal discussion, physical therapy colleagues may not feel it is necessary to apply new interventions that are supported by evidence-based research if the clinician can achieve good results applying treatment that has worked well for years. These therapists may buy into the philosophy that if patients are getting better, that’s all that matters. This treatment philosophy, however, may fail to take into consideration the fact that applying a new evidence-based intervention may allow the therapist to meet the patients’ goals and achieve patient satisfaction in fewer visits, which would be more cost effective, yield a shorter length of stay, and provide excellence in care. A question to consider is whether the application of EBP should be optional, or whether therapists have a professional and/or ethical obligation to maximize EBP application on a consistent basis.

In order to achieve the APTA mission statement of “transforming society by optimizing movement to improve the human experience”, therapists must project a more unified identity and influence a more consistent societal perception of the PT profession at large, while more effectively educating the medical community on the plethora of clinical indications for treatment.<sup>2</sup> Even though PT is far from being an exact science, in order to foster the reputation of physical therapy as a trustworthy and respected profession, it is important to consider applying the best available evidence for our patients. This will hopefully help our profession to continue to grow as the practitioner of choice to evaluate and treat movement dysfunction. Even though each therapist may have very unique clinical skills, it is important that all therapists continue to be aware of old and new emerging evidence in order to help guide clinical decisions and effectively educate patients and caregivers. This concept is supported in Principle 3 *Code of Ethics for the Physical Therapist* which states that, “Physical therapists shall be accountable for making sound professional judgments,” and is further delineated in Principle 3B which specifies that “Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice)...”<sup>3</sup> Similarly, Standard 3 in the *Standards of Ethical Conduct for the Physical Therapist Assistant*, provides direction for the PTA by stating “Physical therapist assistants shall make sound decisions in collaboration with the physical therapist...” and Standard 3B, provides further delineation by stating, “Physical therapists assistants shall be guided by information about best practice regarding physical therapy interventions.”<sup>4</sup> These Principles/Standards specifically direct therapists to be accountable to make sound clinical decisions in all practice settings based on current literature and established best practice.

Consider this potential case scenario. You are a patient receiving physical therapy for diagnosis of right cervical radiculopathy. For 2 weeks, your therapist has been prescribing AROM cervical spine exercises in all planes of motion as tolerated when your friend, who is also a physical therapist, informs you that moderate evidence exists to support good effectiveness of intermittent mechanical cervical traction, manual therapy, and strengthening exercises for treatment of neck pain/cervical radiculopathy.<sup>5</sup> It would seem to be a “no brainer” that the patient would want the treatment that is more effective. For the therapist to do otherwise, even though intentions are presumably good, may be perceived as doing a disservice to the patient since the treatment protocol fails to consider the best evidence to support the most appropriate treatment prescription. It seems plausible that it is a professional and ethical obligation of physical therapists and physical therapist assistants to be aware of and apply the best clinical evidence available to the patients.

## Evidence Based Practice

Other examples illustrating the importance of applying best evidence abound in the professional literature. For instance, there is little to no evidence to support the use of therapeutic ultrasound for patients with musculoskeletal disorders. However, research does demonstrate that there is some effectiveness for patients with calcific tendonitis of the shoulder.<sup>6</sup> Therefore, not having the knowledge about the effectiveness of the ultrasound for calcific tendonitis may likely significantly prolong the episode of care for a patient with this diagnosis, irrespective of interventions to improve shoulder ROM, which are clinically necessary and administered from day 1 or 2.

According to the APTA, “the physical therapy profession recognizes the use of evidence-based practice (EBP) as central to providing high-quality care and decreasing unwarranted variation.”<sup>7</sup> Additionally, Principle 6C of the *Code of Ethics* states, “Physical therapists shall evaluate the strength of evidence and applicability of content...before integrating the content or techniques into practice.”<sup>3</sup> In light of these statements, it is important for the therapist who is reviewing literature for evidence to accurately interpret the appropriateness of the literature for each patient. For example, consider the situation where you just read a case series on improving gait speed for chronic stroke patients. Is this reported research enough to help change how you practice? Well, it certainly could be good start. However, you must consider whether the article included a homogenous sample of patients that may be comparable to your own patient. There may be a treatment strategy defined by the author which gives you some good ideas to apply. However, with each article reviewed, it is important to critically appraise the methodological quality of the article, as the article’s level of evidence can determine its own merit. For example, the case series on stroke patients may be very well written, however case-based research articles are usually based on a small sample size without randomization or a control group, thereby minimizing the confidence level of the results. Typically, case series are considered Level IV evidence by Sackett<sup>8</sup>. Therefore, findings on the case series may give you very important insight which may guide new practice decisions; however results must be applied to specific patients with caution since Sackett’s levels of evidence is a hierarchic model that defines levels of evidence based on the study design, while also objectively defining study results to determine strong, moderate, weak, or conflicting evidence, or expert opinion.<sup>1,8</sup> In 2009, Jeremy Howick created a revised version of the levels of evidence, published by the Oxford Centre for Evidence-based Medicine, which more clearly defines the categorization of research strength.<sup>9</sup> Also, the PEDRO scale helps therapists critically appraise the strength of randomized controlled trials (RCT), and the Downs and Black Scale helps to evaluate lower level studies without a control group, such a quasi-experimental study, cohort/pilot study, case series, or case study. Overall, it is important for physical therapists and physical therapist assistants to be able to determine the strength of research quality and also know how to most effectively find higher scale RCT’s and systematic reviews, which yield more important and reputable results.

In addition to research-based evidence, it is imperative that clinician’s recognize that Sackett’s definition of EBM/EBP clearly includes the integration of individual clinical expertise and the patient’s unique values and circumstances.<sup>1</sup> This is also consistent with professional practice guidelines articulated by APTA. Specifically, in the *Code of Ethics*, Principle 3A states that physical therapists demonstrate independent and objective professional judgments that are in the patient/client’s best interest; 3B not only directs PTs to be informed by professional standards and evidence, but also states that professional judgment should be based on practitioner experience and patient values; and 3C obligates PTs to make judgments within their level of expertise. Additionally, Principle 2B obligates PTs to provide services with compassionate and caring behaviors that incorporate patient’s/client’s individual and cultural differences and 2D directs PTs to collaborate with patients/clients in order to empower them to make decisions about their health care.<sup>3</sup> Likewise, Standard 3 of the *Standards of Ethical Conduct for the Physical Therapist Assistant* directs the PTA to consider their level of clinical expertise and the values of the patient/client. Standard 3A states that the PTA shall make objective decisions in the patient’s/client’s best interest in all practice settings and 3C specifies that the decisions made by the PTA must be based on their level of competence and consistent with patient/client values.<sup>4</sup>

In conclusion, it is important that physical therapists and physical therapist assistants recognize that evidence-based practice is strongly supported by APTA. It is also important that therapists embrace the full definition of evidence-based practice, which not only includes the judicious use of research, but also incorporates clinician expertise and patient/client values. Integrating the full intent of the definition of evidence-based practice into daily practice will allow clinicians to provide excellent and valuable services to patients and clients and meet their professional and ethical obligations. It will also facilitate the ability of our profession to move forward in being recognized as practitioners of choice for movement system disorders and fulfill our mission to transform society by optimizing movement to improve the human experience. Finally, incorporating EBP will enable physical therapist and physical therapist assistants to continue to provide a unique, cost-effective, and valuable service in this highly competitive health care delivery environment.

## Evidence Based Practice

The PPTA Ethics Committee welcomes inquiries and remarks about evidence-based practice and ethics. We also encourage members, non-members, and the public to take advantage of the consultative and educational services that the Committee provides. Additionally, we welcome comments on our publications and presentations, and encourage individuals to make recommendations for topics they would like to see addressed in the future.

PPTA Ethics Committee:  
 Mary Ann Wharton, PT, MS, Chair  
 Geraldine Grzybek, PT, GCS  
 Michael Fine, PT, DPT, GCS  
 Pamela Pologruto, PT  
 Ann Lowrey, PTA

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## PUBLIC POLICY & ADVOCACY COMMITTEE (PPAC)

By Ivan Mulligan PT, DSc, SCS, ATC

The Public Policy & Advocacy Committee (PPAC) is responsible for assisting in researching topics that directly affect patient care in Pennsylvania. Over the past months the committee has been working hard for the patients that physical therapists treat in the Commonwealth. Items that the PPAC have been working on include: assisting with strategies to contest the proposed cut in reimbursement that physical therapists receive from Highmark, assisting in preparing PPTA's positions related to legislation that is pending in the State Assembly, and developing resources for physical therapists to use in areas enable their practice to be more efficient and effective. The PPAC has several work groups that are working on areas related to the practice act and various areas of practice. We will provide more specific information over the next few months and we look forward serving you in the upcoming year.

## PRACTICE AND RESEARCH COMMITTEE

By Craig Ruby, Chair

The Practice and Research Committee of the Pennsylvania Physical Therapy Association functions as a resource to members by addressing members concerns regarding practice issues. The committee also promotes research within the chapter, reviewing research proposals for the Annual Conference and administering an annual research grant. Current charges that the committee is examining include the promotion of the clinical expert pool and improving communication with the State Board of Physical Therapy regarding the continuing education application approval process. Members of the committee include include Craig Ruby (Chair), Mark Drnach, Tim Drevna, Kathleen Fortier, Clair Child and Lauren Bilski.

# SPECIAL INTEREST GROUP NEWS

## ACUTE CARE

By Melissa Lesser and Derek Zaleski, Co-Chairs

We hope everyone has been staying warm this winter, although it definitely seems to have been a much milder winter than normal! Spring is right around the corner. There have been many exciting topics in the news in regards to acute care that we hope to capture for you in this newsletter.

One update came from JAMA in regards to updating definitions of sepsis and septic shock. Regardless of setting you work in (ICU, general floor or ED), it is important to stay up to date on these definitions to ensure proper understanding. Here is the link to the article: <http://jama.jamanetwork.com/article.aspx?articleid=2492881>.

Another notable update came from the Acute Care Section of APTA. On December 7, 2015 they released the first version of "Core Competencies of Entry-Level Practice in Acute Care Physical Therapy." The authors identified the key components in becoming a competent clinician in acute care including clinical decision making, communication, safety, patient management and discharge planning. Not only is this an excellent resource for newer clinicians, but also for students. The link is provided here: [http://c.ymcdn.com/sites/www.acutept.org/resource/resmgr/Core\\_Competencies\\_of\\_Entry-L.pdf](http://c.ymcdn.com/sites/www.acutept.org/resource/resmgr/Core_Competencies_of_Entry-L.pdf).

There is a continuing education opportunity available through the PPTA on Tuesday evening March 15<sup>th</sup> at 7:30p.m. It will be in webinar format to discuss the educational and psychosocial aspects of caring for persons with bariatric comorbidities, featuring guest presenter Amanda Smith PT, DPT of Holy Redeemer Health System. Registration is limited to 25, so please send your name and e-mail address to [kannibali@ppta.org](mailto:kannibali@ppta.org) to register.

In regards to upcoming education, we wanted to reach out to everyone and ask for volunteers who may have an interest in providing a webinar for our section. If you are interested, or may know of someone who is, please email Melissa ([Melissa.lesser@uphs.upenn.edu](mailto:Melissa.lesser@uphs.upenn.edu)) or Derek ([derek.zaleski@uphs.upenn.edu](mailto:derek.zaleski@uphs.upenn.edu)). We are hoping to schedule a webinar for May.

Also, please reach out to your fellow PPTA member colleagues and encourage them to join the Acute Care Section. We are always looking to expand and you, as our current members, are our best advocate!

As always, please feel free to contact us with any questions, concerns or suggestions.

## GERIATRIC

By Sarah Jameson, Chair

The Geriatric SIG is looking for new members and new leaders. SIG membership is free and it is an ideal way to connect with colleagues and to stay on top of new evidence for geriatric care.

We are planning some educational webinars and would love to hear your ideas. If you have something you would like to share contact Sarah Jameson or Mary Ann Wharton. Our SIG webpage on the PPTA site will have details regarding upcoming programs and leadership elections. Email contact information is there as well.

This year the Geriatric SIG is participating in an Innovation Summit with the other Special Interest Groups at the 2016 PPTA Conference in Lancaster on October 28. This first-of-a-kind session will highlight innovative programs in clinical care. More information will be available on the PPTA website.

### Highlights from CSM 2016: Academy of Geriatric Physical Therapy Programing

There were some outstanding programs on aging co-sponsored with the Neurology Section including "Novel Balance in Aging and Stroke" and "Vestibulo-ocular and Vestibulo-spinal Reflexes in Aging and Neurodegenerative

## GERIATRIC

**Disease.”** Both of these sessions highlighted a growing understanding of age related changes in the nervous system and underscored under recognized problems.

An informative session on frailty “**Frailty: What is it? What does it mean to P.T.s**” presented the lack of consensus in defining frailty and challenged the Fried model for classifying frailty. The Fried model was based on studies of predominately European American and African American adults. The risk factors for frailty have been shown to be different for Hispanic women and other minority populations. Research is being performed at multiple centers looking at more diverse populations. In newer studies poverty has been shown to have a strong relationship to frailty.

Importantly, intervention is suggested to be best when targeting an individual in the pre-frail stage, using a multicomponent exercise program that includes endurance, balance, and progressive resistance training.

“**Tech Toys: Successful Aging-in-Place Enhanced by Technology**” described the use of assistive technology (AT) for older adults. The presenters reviewed the impact of technology currently in place and reviewed case studies where technology was used to enhance independence and quality of life. They also discussed federally funded assistive technology programs as well as online resources and sites of not-for-profit technology developers. You can find information about Pennsylvania’s program for supplying assistive technology at <http://www.resnaprojects.org/allcontacts/profiles/statewidepa.rtf>.

## PHYSICAL THERAPIST ASSISTANTS

### The Great Pennsylvania vs Utah Geek Out By Doug Slick, Chair

Well... the dismal drought of sports accomplishments in Philadelphia continues (sigh). I'm thinking of moving to another state with more cachet. How about Utah? After all, it's been named the best state in the union in which to practice physical therapy for three years running.

So what makes Utah so great for PTs and PTAs? *PT in Motion* editor, Don Tepper, crunched some numbers in his article “The Best States in Which to Practice,” published October 2015. The article examines several areas of life, business and health in all 50 states. Some areas highlighted are employment rate, cost of living, salary, literacy rate and livability. Utah has defended its number one ranking again, while the Keystone State languishes, alongside the other stragglers, at number 43.

My hope in researching this comparison was to gain some insight from Utah’s data, that we could make use of in Pennsylvania. Instead, I learned something quite different.

As a lifetime resident of this state, I am naturally a little bit defensive in this comparison. I found many of Pennsylvania’s stats to be equal or better than Utah’s, plus we are one of the thirteen original states. That should count for something! According to the Bureau of Labor Statistics, we employ 10,680 PTs, while Utah only keeps 1510 PTs working. The average annual income for PTs in PA is \$80,890 vs. Utah’s \$79,300.

The ratio of state employment compared to the national average, is similarly favoring those of us in the high humidity region. The national average is represented by a value of one. Utah falls below this marker at 0.8, while the home of the ruffed grouse soars at 1.27.

According to Sperling’s Best Places, our cost of living is below that of Utah. The national average is 100. Utah comes in above that at 106, while PA is an affordable 97.

## Physical Therapy Assistants

Utah edges out Pennsylvania on literacy rate. The home of the lovely Mountain Laurel claims an 87% literacy rate, while Utah hovers near the top of the nation at 97%.

Now is as good a time as any to mention that Utah claims the California Seagull as its state bird. Seems to me your state symbols should at least be named after your own state. I'm just sayin'...

Mr. Tepper was very helpful in pointing me to the gist of our dismal rating. ("Dismal" is my description, not his.) He explained that the area we were found most lacking was "Business and Practice Friendliness." We also weren't stellar in the category of "Well Being and Future Livability." The stats in "Lack of Health Disparities" dragged down our scores as well. Mr. Tepper said he would gladly look at any studies or rankings called to his attention. If we uncover data to suggest that Pennsylvania deserves better numbers in any of these categories, he will include it in future articles.

A challenge to us all is to have increased awareness of any news in 2016 that paints a better picture of PA in the areas of business, livability or equality in healthcare. Please forward your findings to the chapter office at [kannibali@ppta.org](mailto:kannibali@ppta.org)

One of the few things I know about statistics, and I do mean **few** things, is the frequently cited anonymous quote, "Statistics can be made to prove anything, even the truth." I felt this quest deserved a look behind the numbers, so I contacted Devery Aguilar, the alternate PTA Caucus Representative from Utah, to discuss her home state and the article.

Devery is enthusiastic in her description of Utah as a "super cool place to be." She cites outdoor activities as a big draw to the area. She practices in homecare, and notes there are a "good amount of baby boomers" living in Utah. Devery explains that PTAs are "well respected in Utah." She has looked into moving to other states, and found that the Practice Act in Utah is very conducive to practicing as a PTA. She ultimately decided to stay where she is.

As a single mom, Devery is able to support herself and her three kids. "I get paid really, really well!" When asked about the *PT in Motion* article citing financial disparity as an area to consider in the quest for the best state to practice physical therapy, she admits that "A lot of folks struggle, earning middle-class wages and below," while employees of the Mormon Church are more affluent. I dutifully related that PA includes a large, rural, financially challenged area between the wealthy suburbs Pittsburgh and the Main Line of Philadelphia.

Devery explained that there is a high level of PT/PTA participation in their Chapter. Utah doesn't have districts due to its low population density. She is proud of the "family oriented" slant of her state. Devery describes her home state in glowing terms, as a social utopia, featuring warm interactions and supportive relationships. After speaking to her, I'm starting to think maybe there's something to this whole Utah thing. Then, my research revealed that the state vegetable is the Sugar Beet. I HATE beets!

Devery was kind enough to put me in touch with a PTA colleague of hers, Drew Wilcox. Drew is on the faculty of the PTA program, and the Academic Coordinator of Clinical Education, at Dixie State University in St. George, UT.

Drew is quick to point out that most out-of-state PT and PTA students remain in Utah after their education is complete. "People who live in Utah want to be in Utah! Crime is low and it's a fun place to live." He explained that everyone is aware of the high literacy rate, and that it's a real point of pride in the state. The Mormon Church is very invested in education and 58% of the denizens are church members. Drew goes on to mention that over half of the population is bilingual. "Utah has the lowest per-student cost and yet places nationally in the top ten test scores every year."

OK, I guess we have to admit they're exemplary people, but how come they didn't rename their basketball team when The Jazz left New Orleans? That has always bothered me. I mean, they may be really intelligent **and** happy **and** outdoorsy **and** well paid, but they didn't have ANYTHING to do with creating jazz music!

## Physical Therapy Assistants

Drew admits that Utah has some disparity in living conditions, just as Devere and I had discussed. He points out that the Wasatch Front, the western edge of the Rocky Mountains where 80% of Utah's population calls home, is an affluent region. The rest of the state is largely rural, and a more working class demographic.

When wearing his clinical coordinator hat, Drew has students regularly traveling out of state for affiliations. His firsthand knowledge of those states' Practice Acts makes him happy to be practicing in Utah, as he finds neighboring Practice Acts to be "more restrictive." Utah does constrain PTAs from performing joint mobilizations, as per the APTA guidelines. However, there is a clause in the act that permits PTAs to perform any act their supervising PT feels confident teaching them.

"One thing that really makes the difference in Utah is the networking and camaraderie in the profession." Drew is really getting on a roll now. He's touching on some deeply rooted behaviors the people of his state hold near and dear. He explains that members of his state give more to charity and volunteer more hours than any other state in the U.S. That claim is backed up by the Corporation for National and Community Service, which touts Utah as the top state in volunteerism and civic engagement for the last ten years. Drew explains that being supportive members of the community is ingrained in Utahns (that's what they call themselves, really!).

We discuss the development of the prevalence of these personality traits. Could it be the Mormon Church instilling these values? The Church of Jesus Christ of Latter-day Saints is certainly a major and undeniable force in Utah, and it supports these beliefs and actions.

However, could there also be other sociological factors? My dad talks about the existence of many small towns in Pennsylvania as explainable by the Broken Wagon Wheel Effect. I can't find any evidence to prove that anyone besides my dad refers to this effect, but here's the essence of the phenomenon as he describes it: American families began pushing west in the 1800s, lured by the dream of abundant, fertile land on which to settle. Facing illness, hunger, poor weather conditions and physical exhaustion, the last thing these families needed was one more difficulty. If the wagon wheel broke, some families decided they had had enough and they settled wherever they were.

Now, let's consider the elite, survivor families who make it through all the sickness, poor weather and broken wagon wheels to reach the area we now call Wyoming. One day, they realize that some "clouds" they've been watching in the distance are in actuality snow-covered mountain peaks. The biggest mountains they have ever seen are rising out of the plain, and are directly in their path! Eventually, these hardy souls found the South Pass and continued their journey through the Rockies to settle in the area of Salt Lake and Provo. They represent the ultimate explorers of their time. Not a bad stock on which to base your demographic!

One final indignity for the Keystone State is the comparison of the state fossils. Yeah, I didn't know we had one either, but we do. Pennsylvania honors the Phacops Rana with this distinction, a six-inch invertebrate known for rolling up like a pill bug to defend itself. Utah has designated the Allorsaurus as its fossil. A meat eating predator, the Allorsaurus measured 16 feet in height and 39 feet in length and weighted 4 tons. With jaws lined with serrated, back-curved teeth, I don't think the Phacops Rana would have put up much of a fight.

Whatever the derivation, it becomes obvious that the story here is not the statistics, but rather the culture. What message should we glean from this point? Perhaps different mindsets accompany particular geography for good reason. Our ancestors settled in the rolling hills and high humidity because it suited them, or maybe because they weren't willing to create any more wagon wheels. Either way, our DNA may make us more suited for our climate and culture as they are.

Myself, I am very fond of the rolling hills of my home state, caused by a millennium of erosion. Although the sharp lines and the tremendous heights of the Rockies are impressive, the rounded peaks of the Appalachians seem old and wise. Different strokes for different folks, right?

References available upon request. Contact [SlickD@mlhs.org](mailto:SlickD@mlhs.org)

# SCHOOL NEWS

## ARCADIA UNIVERSITY

Arcadia University's PT Department continues to thrive. The Doctor of Physical Therapy program awarded doctoral degrees to 59 Entry-Level students and 45 Transitional DPT students at the January 17th DPT Commencement. Of the 2016 DPT class, 34 participated in the department's international experiences through a stroke camp in Jamaica, the Kevin O'Halloran Center of Rehabilitation in Guatemala, an outpatient clinic in Les Cayes, Haiti, and a clinical experience in London. Sixty students participated in faculty-student research, much of which was presented at the 2016 Combined Sections Meeting of the APTA in February.

Arcadia graduated three Orthopaedic Residents in January 2016, and the program continues to grow. Arcadia's Transitional DPT program will award another 28 doctoral degrees in May 2016.

### **Arcadia at CSM**

Arcadia's Physical Therapy program was well represented at the American Physical Therapy Association's Annual Combined Sections Meeting in Anaheim February 17-20, 2016. There were 11 faculty-student research projects presented, representing the work of 12 faculty and 25 students. Additionally, 8 different core faculty delivered educational lectures covering a wide range of topics.

### **Faculty Symposium Courses and Alumni Education**

Our First Annual Faculty Symposium coordinated by Dr. Phil McClure "Rotator Cuff Disorders: Questions, Consensus and Controversies" held in December 2015 was a huge success with 10 faculty and over 90 participants with proceeds going to support our Student Physical Therapy Association and Faculty-Student Research. Our Annual Alumni course "Interdisciplinary Case-Based Approach to Medical Screening for the Physical Therapist" coordinated by Dr. Brian Eckenrode will be held March 12-13, 2016 and offers a great line-up of faculty from multiple disciplines and is already well subscribed with proceeds going to the PT Alumni Association.

Our 2nd Annual Faculty Symposium is slated for October 15, 2016 and will be coordinated by Dr. Kate Mangione on the topic of exercise and intervention dosing in older adults.

### **New Faculty Members at Arcadia**

We are pleased to welcome two new core faculty members who bring both excellent teaching skills and active research agendas:

#### **Shailesh Kantik, PT, PhD**

Dr. Kantik received Bachelors and Masters degrees in Physical Therapy from Mumbai University, India and then a PhD in Biokinesiology from the University of Southern California. He also completed his post-doctoral research fellowships at the Rehabilitation Institute of Chicago and the University of Maryland, Baltimore. He directs the Neuroplasticity and Motor Behavior laboratory at the Moss Rehabilitation Research Institute. His research focuses on understanding the brain-behavior relationship for motor control and learning in health and after neurologic damage. He has expertise in noninvasive brain stimulation, as a probe into the level of excitability of neural circuits and a way of manipulating this excitability. Dr. Kantik's clinical expertise is in neurologic rehabilitation, and he loves to teach neuroscience with a particular emphasis on how neuroscience informs rehabilitation.

#### **Michael A. Tevald, PT, PhD**

Dr. Tevald received his MPT degree from the University of Delaware and practiced in acute care before earning a PhD in physiology from Virginia Commonwealth University and completing post-doctoral training at the University of Massachusetts, Amherst. Prior to coming to Arcadia, Dr. Tevald was on faculty at the University of Toledo. He studies the impact

## SCHOOL NEWS

of aging and chronic disease such as heart failure on skeletal muscle function and energetic, and his work has been supported by the American Heart Association and the Foundation for Physical Therapy. His clinical expertise is in the area of acute care and cardiopulmonary rehabilitation and he will be teaching in these areas of the curriculum as well as concepts related to evidence-based practice.

## CHATHAM UNIVERSITY

### Faculty Publications:

Program Director Joe Schreiber was the lead author on a perspective paper advocating for inclusion of pediatric experiential learning opportunities for all physical therapy students.

Schreiber J, Moerchen V, Rapport MJ, et al, *Pediatric Physical Therapy*. 2015: 27; 356-367

Assistant Professor Steve Karas has 3 publications accepted for publication. All three publications are the result of faculty-student collaborations. The students' names are bolded:

Karas S. **Wetzel A.** Brence J. The effect of Spinal Mobilization on Pain Pressure Threshold: A Systematic Review. *Orthopedic Physical Therapy Practice*. 28; September 17 ,2016

Karas S. **Thompson L.** Consideration of Treatment Fidelity to improve Manual Therapy Research. *Journal of Manual and Manipulative Therapy*: in print

Karas S. **Westerheide A.** Daniel L. A knowledge translation program to increase the utilization of thoracic spine mobilization and manipulation for patients with neck pain. *Musculoskeletal Care*, 2015

### Faculty Presentations:

Visiting Assistant Professor, Michelle Criss, has two presentations at CSM 2016:

Criss M and Heitzman J. Ethics, Decision-Making Ability, and Interventions for Patients with Alzheimer Disease. Combined Sections presentation. Anaheim, CA, February 2016.

Criss M, Cook J, Grieve S. Teaching with Multimedia: Applying Evidence to Enhance Learning. Combined Sections presentation. Anaheim, CA, February 2016.

### Other News:

Our Physical Therapy Student and Faculty Relay for Life Team raised over \$1500 for Chatham University's Relay for Life event in February 2016.

DPT students, led by Adrienne Ferraro, led a very successful food drive that benefitted the East End Cooperative Ministries Food Pantry in Pittsburgh, PA.

## DUQUESNE UNIVERSITY

### Student News

A belated Congratulations to the Class of 2015: 33/33 passed the NPTE on their 1st attempt!

The Department recently announced recipients of 2 newly created scholarships: 1) The Fr. Naos McCool Scholarship and 2) The Gregory H Frazer Merit Scholarship. Mason Tupta and Michael Tarr were recipients of the Fr. Naos McCool Scholarships. The purpose of this scholarship is to recognize two students in their final year of education who demonstrate qualities of empathy, compassion and "going the extra mile" during their time as physical therapy students. Liana DeFuria and Sarah Pedder were recipients of the Gregory H. Frazer Merit Scholarship. The Frazer scholarship is awarded to two students who are in the last two years of the professional phase of the program who: demonstrated excellence in academics; exhibit significant financial need; and displayed exceptional clinical performance. Each of these scholarships carry a \$5,000 monetary award.

Lauren Fischer, a student in the final year of the professional phase, is currently completing a clinical education rotation at Rancho Los Amigos National Rehabilitation Center in Downey, CA. Lauren is the first Duquesne student to complete a rotation at this prestigious center.

## SCHOOL NEWS

### Faculty News

Several faculty attended and presented at CSM:

Rob Martin and Ben Kivlan instructed an educational session entitled, 'Hip Pain Beyond Femoroacetabular Impingement and Labral Pathology' to a "Sold Out" crowd. Dr. Martin and Dr. Kivlan also co-authored a presentation:

"Validity of Dynamic Impingement Testing for Determining the Location of Femoroacetabular Impingement: a Cadaveric Study" while Dr. Martin co-authored another presentation entitled, "Does Decreased Femoral Version Influence Pelvis and Lumbar Spine Kinematics During Gait?"

Additionally, Diane Borello-France was co-author on two presentations,

"Physical Therapy Management of Sequelae from Triple Negative Breast Cancer" and "A Movement System Impairment Guided Approach to the Physical Therapy Management of a Patient With Post-Partum Pelvic Organ Prolapse and Mixed Urinary Incontinence".

In house, Dr. Reggie Harbourne partnered with faculty and students in Biomedical Engineering (BME) to start a new club on campus, "Start-Play Hackers Club". Club members from the Health Sciences and BME work together to adapt toys for impaired and/or disabled children.

## TEMPLE UNIVERSITY

The 14th Annual Faculty Conference on Teaching Excellence was held in January 2016. The conference was attended by nearly the entire Department of Physical Therapy, showing commitment of the Faculty to their teaching. It was an excellent opportunity to discuss and share evidence based teaching practices with each other and brainstorm how these new strategies might benefit Temple's DPT program.

Dr. Emily Keshner, PT, EdD just returned from a sabbatical as a Visiting Professor at the University of British Columbia where she initiated research on patients with unremitting dizziness and gave two talks:

Finding the Vestibular System in Postural Control  
VR Based Rehabilitation: Just for fun?

Dr. Keshner published a new article titled "Posturography using the Wii Balance Board™, Feasibility study with health and stroke population, in *Gait and Posture*. <http://www.ncbi.nlm.nih.gov.libproxy.temple.edu/pubmed/26584877>

Dr. Anne Galgon, PT, PhD also wrote an article accepted for publication for the March, 2016 issue in the Journal of Sports Science and Medicine, titled, "Using Mean Absolute Relative Phase, Deviation Phase and Point- Estimation Relative Phase to measure postural coordination in a serial reaching task."

Dr. Shivayogi V. Hiremath, MS, PhD, recently joined Temple University from the University of Pittsburgh. His research focuses on studying health and physical activity patterns of people with disabilities in the community through wearable sensors and smartphone-based technologies, and developing and applying novel physical activity monitoring and feedback technology to improve the health and physical activity of people with disabilities.

The North Broad Physical Therapy clinic, pro bono physical therapy center that was founded by Temple University students, officially opened its doors on Jan 6, 2016, and provided physical therapy services to its first client. The student-run and faculty-advised pro bono center is currently developing relationships with local health institutions to offer physical therapy and

## SCHOOL NEWS

wellness to under-insured or uninsured residents of North Philadelphia.

The Center plans to integrate the Temple University School of Pharmacy in the spring as a step towards becoming a center for inter-professional education and practice and ultimately optimizing care for its clients.

Temple's Department of Physical Therapy is excited that various recent Temple DPT and PT orthopedic residency graduates have been actively publishing and presenting their research. Temple graduate Dr. Nadia Wyrsta published her capstone project she conducted with Dr. Bill Egan and Dr. Heidi Ojha in the Feb 2016 issue of *Journal of Orthopaedic and Sports Physical Therapy*. <http://www.jospt.org/doi/abs/10.2519/jospt.2016.6138> Temple graduates Dr. Katie Finn and Dr. Jason Brandi, along with Dr. Heidi Ojha and Dr. W. Geoffrey Wright, published a feasibility study titled, Cost Efficiency of Direct Access Physical Therapy for Temple University Employees with Musculoskeletal Injuries, in *Orthopaedic Practice*. Temple residents Dr. Brandon Cruz and Dr. Sheryl Comet presented posters at the American Academy of Orthopedic Manual Physical Therapists (AAOMPT) annual conference this past October. Temple graduates, Dr. Laura Kennedy-Rynn, Dr. Elizabeth Larsen, and Dr. David Walbright, are all presenting posters at CSM 2016 in Anaheim CA, with published abstracts. Temple graduate and current orthopedic physical therapy resident, Dr. Kristin Fleming, will be presenting a program at CSM titled, "Start up and Provision of Direct Access PT for Work Comp Injuries," an study funded by a Temple College of Public Health Seed Grant..

## THOMAS JEFFERSON UNIVERSITY

**Educational Sessions:** Presented by faculty at the APTA Combined Sections Meeting. February 2016. Anaheim, CA

Rebecca Craik, PT, Ph.D.; Ann Harrington, PT, DPT, PhD, PCS; **Therese Johnston, PT, PhD, MBA**; Rick Segal, PT, PhD, FAPTA; Joseph Zeni, PT, PhD. Mentorship: Exploring the Transition From Mentee to Mentor.

Gail Forrest, PhD; Ashraf Gorgey, MPT, PhD, FACSM; **Therese Johnston, PT, PhD, MBA**; Richard Shields, PT, PhD, FAPTA. Bone Health Post SCI: Current state of the Knowledge and Evidence for Change Following Physical Therapy Interventions.

**Kim Nixon-Cave PT, PhD, PCS**, Patricia Quinn McGinnis PT, PhD, Margaret Plack PT, EdD, **Susan Wainwright PT, PhD** and Anita Santasier PT, PhD, OCS. Pitfalls to Avoid in Qualitative Research- Panel presentation.

**Posters:** Presented at the APTA Combined Sections Meeting. February, 2016, Anaheim, CA.

**Hunter LN**, Berzins D, Riekema H, Lenzo A, Turoff D, Andrews M, Alderfer JK, Nelson K, Skaria J, **Duff SV**, Marino RJ, Kern SB. Understanding the Changing Healthcare Needs of Individuals Aging with Spinal Cord Injury.

**Hunter LN**, DeSanto S, Endriss K, Kirby B, Larson J, Warren K. The Feasibility of Improving Global Health in Underserved Populations Utilizing Service-Learning and Pro Bono Physical Therapy: A Systematic Review

**Kim Nixon-Cave, PT, PhD, PCS.** "Physical Therapists" Perception of Using Treatment Frequency Guidelines to Guide Episodes of Care in Medically Based Pediatric Outpatient Clinics."

**Janette Scardillo, PT, DPT**, Dexter Hollenbach, Hannah Jones, Rachel McClelland, Caroline Morrow, Rachel Yamin . Diagnosing the Dizzy Patient in Acute Care: Why Health Professionals Should Utilize the Physical Therapist.

**Christine Tyrell, PT, PhD, NCS**; Sara Harron; Melinda Gross; Erika Harold; Kristen Nelson. Early Mobilization After Stroke: A Systematic Review of the Literature.

## SCHOOL NEWS

### Platform Presentations:

**Duff SV**, Billmers C, Brindle S, Graver S, Kelly M, Wade E. Accelerometry to Quantify Daily Upper Extremity Activity in Individuals with Hemiparesis Within 9 Months Post-Stroke. APTA Combined Sections Meeting, February 2016, Anaheim, CA

**Kim Nixon-Cave, PT, PhD, PCS.** An Update on The Physical Therapy Clinical Reasoning and Reflection Tool (PT-CRT)". APTA Combined Sections Meeting, February 2016, Anaheim, CA

## UNIVERSITY OF PITTSBURGH

### Faculty News

Susan L. Whitney, PT, DPT, PhD, NCS, ATC, FAPTA, is a recipient of the 2015 VEDA Champion of Vestibular Medicine Award from the Vestibular Disorders Association. Through her research, Whitney works to develop tools to treat individuals through the use of virtual reality, a vibrotactile device and devices that can help record exercise compliance.

### Presentations

Associate Professor and Interim Chair Debora L. Miller, PT, MBA, FACHE, was the lead faculty for the HPA Section of the APTA's LAMP Institute for Leadership in Physical Therapy during a two-day pre-conference program at the Combined Sections Meeting in February 2016 in Anaheim, Calif.

Also participating at CSM were: James J. Irrgang, PT, PhD, ATC, FAPTA, "Science Meets Practice: ACL"; Susan L. Whitney, PT, DPT, PhD, NCS, ATC, FAPTA, "Vestibular Rehabilitation for Peripheral Vestibular Hypofunction: Clinical Practice Guidelines and Beyond!"; and Allyn Bove, PT, DPT, "Does Eliminating Transportation Barriers Improve Access to Physical Therapy in an Underserved Population?"

Presenting the education session, "Get in the Game with PCORI: A Successful Research Group's Experience," were: Jennifer Brach, PhD, PT; SHRS Interim Dean and Professor Anthony Delitto, PhD, PT, FAPTA; Kelley Fitzgerald, PT, PhD, FAPTA; Sara Piva, PhD, PT, OCS, FAAOMPT; and Michael Schneider, PhD, D.C. "Effectiveness of a Student Run Physical Therapy Clinic to Enhance the Student Clinical Experience: a Qualitative and Quantitative Report," was presented by Anthony Sinacore, SPT; Melissa Water, SPT; Christopher Bise, PT, MS, DPT, OCS; and Lynn Fitzgerald, DPT, MEd.

Patrick Sparto, PT, PhD, presented "Neuroimaging of Motor and Sensory Function in Health and Disease," and graduate students mentored by Sparto and Whitney, presented, including: Saud Alsubaie; Kefah Alshebber; Brooke Klatt; Abdulaziz Alkathiry; Sahar Abdulaziz; and Carrie Hoppes.

### Student News

Second-year DPT students successfully organized a mini "wellness day" in December 2015 at Etna Senior Center. Student Keeley Chaffee led the effort with the Geriatrics Special Interest Group. Students performed blood pressure screenings, gait speed, modified DGI assessments and verbal fluency tests, according to Assistant Professor Victoria Hornyak, DPT, GCS. Also participating were: Carlos Darby, Nicci Dresden, Sarah Estok, Olivia Hart, Maggie McCool, Shanna Naider, Justin Ott, Becky Russell, John Schneider, Shayna Spano, Bethany Trotter and Ashley Whitehead.

Second and third-year DPT students taught more than 400 children at Martin Luther King Jr. Elementary School in Pittsburgh about the importance of health, wellness and fitness during Global Physical Therapy Day of Service in October 2015. The DPT students showed the children how to use exercise and breathing techniques for stress management gave them "Go Play!" bracelets to remind them to be active as well as certificates of completion and healthy snacks .

## SCHOOL NEWS

### UNIVERSITY OF THE SCIENCES

#### Department of Physical Therapy DPT 10<sup>th</sup> Anniversary Celebration and CE Program

Saturday, September 17<sup>th</sup>, 2016

Distinguished USciences faculty and alumni presenters

Contact Eric Folkins at [e.folkins@usciences](mailto:e.folkins@usciences) for more information

#### Research Highlight:

Associate professor **Lisa Hoglund** is investigating exercise-based intervention for patellofemoral osteoarthritis. In September 2015 she and her colleagues presented preliminary research findings at the 4<sup>th</sup> International Patellofemoral Pain Research Retreat in Manchester, England. The presentations included “Biomechanics of sit-to-stand and step-down tasks and proximal lower extremity strength in persons with patellofemoral osteoarthritis” and “Changes in lower extremity kinematics, symptoms, and function from a hip and trunk strengthening program for persons with patellofemoral osteoarthritis.” Dr. Hoglund and colleagues also received the International Journal of Sports Physical Therapy 2015 Best Case Study Award for their manuscript “Distal fibular stress fracture in a female recreational runner: a case report with musculoskeletal ultrasound imaging findings.” *Int J Sports Phys Ther.* 2015; 10(7). For more information, please contact Lisa Hoglund at [l.hoglund@usciences.edu](mailto:l.hoglund@usciences.edu)

#### Publication Highlight:

Assistant professor **Eric Pelletier** co-edited *Case Files in Physical Therapy: Pediatrics*, now available through McGraw Hill. This text features 30 pediatric cases representing a wide variety of diagnoses and care settings. Each case presents evidence-based recommendations on the health condition and full spectrum of case management. **Kimberly Ward** and **Britta Schasberger** also contributed chapters to this text.

#### Honors:

**Greg Thielman** earned the Certified Stroke Rehabilitation Specialist (CSRS) designation from the National Stroke Association

**Kimberly Ward** earned the Certified Health Education Specialist (CHES) designation from the National Commission for Health Education Credentialing

#### Presentations:

**David Logerstedt** presented two presentations at the 2015 Lower Extremity Update in Philadelphia:  
Restoring neuromuscular control in the ACL deficient Knee: Identifying ‘copers’ and ‘noncopers’  
Rehabilitation following ACL reconstruction and return to activity criteria.

**Kimberly Ward** and USciences faculty presented “A case-based interprofessional education workshop featuring pharmacy, PT, OT, and PA programs at a healthcare science university” at the 2015 Collaborating Across Borders Conference.

#### Publications:

Along with multiple colleagues, **David Logerstedt** has published:

- Rehabilitation and Return to Play after Knee Cartilage Repair. In AAOS Let's Discuss Series: Joint Preservation of the Knee. 2015
- ACL Rehabilitation. In Sports Physical Therapy Case Files. McGraw-Hill. 2016.
- Articular Cartilage Lesions of the Knee: Assessment and Treatment. In Sports Physical Therapy Case Files. McGraw-Hill. 2016.
- Does Early Sports Specialization Increase Negative Outcomes and Reduce the Opportunity for Success in Young Athletes? *Sports Health.* 7:437-442, 2015.
- A Conceptual framework for a Sports Knee Injury Performance Profile (SKIPP) and Return to Activity Criteria (RTAC). *Brazilian Journal of Physical Therapy*, 2016
- Alternative Solutions to Early Sport Specialization in Youth Athletes. *Sports Health*, 2016

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