IPTA Moves Toward the Future

Vicki L. Lee, PT, MA
IPTA Speaker of the Assembly

On April 28, 2001 the 28th Representative Assembly of the IPTA made significant decisions about the future of our profession. The following motions were passed:

- **SRA 0428/1-01 IPTA Mission Statement**
  On behalf of the Board of Directors, I, Peter McMenamin, move to change the IPTA Mission Statement by inserting the word “autonomous” before the word “practice” in the first bullet point, so it reads: “Foster a professional, ethical, and legal environment for the autonomous practice of physical therapy throughout Illinois.”

- **SRA 0428/2-01 IPTA Strategic Plan Goals**
  On behalf of the Board of Directors, I, Peter McMenamin, move to change Goal 3 of the IPTA Strategic Plan by adding the words “an autonomous profession and” between the words “as” and “provider” in line 1 of Goal 3. It will then read: “Increase public recognition of physical therapy as an autonomous profession and provider of choice”.

- **SRA 0428/3-01 Future Role of the Physical Therapist Assistant**
  On behalf of the Illinois Delegation, I, Jim Milder, move the IPTA approve the Illinois Delegation take the following motion to the APTA House of Delegates:

    That the American Physical Therapy Association conduct a study to identify the potential future roles and long-range needs for the physical therapist assistant in physical therapy, with an interim report to the 2002 House of Delegates, and a final report to the 2003 House of Delegates.

- **SRA 0428/4-01 Proposed Language Revisions for the Physical Therapy Practice Act**
  I, Barb Sullivan, move on behalf of the Executive Committee that the 2001 Assembly support board directed legislative efforts to pass legislation to amend the Physical Therapy Practice Act to 1) include a preamble in regards to legislative intent, 2) include language regarding mandatory continued education for both physical therapists and physical therapists assistants, 3) revise definition of “Aide” to more closely follow APTA HOD guidelines.

Sample language was included with this motion; the CEU portion of this language proposed 40 hours per license renewal cycle (2 years) for a physical therapist and 20 hours for a physical therapist assistant, with intent to provide a variety of options qualifying for CEU eligibility.

In passing all of the above motions, the Assembly of Representatives chose to align the profession of physical therapy in Illinois with the APTA Vision 2020. This vision moves us to autonomous practice as a “doctoring profession”. Changing the IPTA Vision and Strategic Plan Goals helps us focus on this intent. The Illinois Delegation shows its concern for the PTA by proposing what will now be known as RC-40 as written above in SRA 0428/3-01. We need to know how all pieces fit in the future of our profession. I cannot imagine all of the patient care components

...continued on page 4

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- Mandatory CEUs: A Preliminary Look

- Timeline IPTA: The 70s
  - featuring reflections by former IPTA Presidents Don Jackson and Sally Edelsberg

- PAC Campaign 2001 Contributors - Thank You!
PT PRIORITY
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K - Unknown

President’s Message
Barb Sullivan, PT, MBA

As the Spring 2001 legislative session winds down and summer approaches, it seems like a good time to thank all of you who have gotten involved in IPTA activities—everything from giving a few minutes to call a state legislator to voicing a controversial opinion at the Spring Assembly to being a resource on the IPTA list serve. Each act made a difference and helped someone, taught someone or gave someone something new to think about. We, the members, are a diverse group with varying opinions and ideas north to south and urban to rural. This is the great thing about a state wide association of peers. The face of IPTA is constantly changing and maturing as more and more individuals speak up and participate at any and all level. So thank you to all who have participated. Your input has made a difference.

It is exciting to see the communication potential of the “virtual meeting” via the IPTA list serve. It allows any member across the state to get involved with issues of interest—practice, education, legislative, research, ethics, reimbursement—from the comfort of our homes. I think we have just barely tapped the surface of this technology and the benefit it will bring to our members for sharing information and ideas. Each of the Divisions and Special Interest Groups are able to interact and work on projects without a high need for members to travel great distances to meet. This is a win-win: less burden of travel for members and ongoing communication. Yes, face to face meetings are still important, but are enhanced because interaction continues between meetings. If you have not yet joined the list serve, please call the Chapter office today. It is a free service to members. If you haven’t yet had a chance to participate in any Association activities, join the IPTA list serve, attend a local District meeting, or join a Division work team which pertains to your special interest. All of these are easy ways to get your feet wet and participate on a level that is right for you.

BB

HB 572 Progressing
At press time, House Bill 572, as amended, regarding mandatory education for PTs and PTAs, has been passed through the Senate and House; it is now on its way to the Governor’s office where it will await his signature.

APTA’s Annual Conference: Don’t-Miss Activities
If you’re attending PT 2001: APTA’s Annual Conference and Exposition this June in Anaheim, California, be sure to participate in these activities!

June 21: Foundation for Physical Therapy – Dinner Dance & Silent Auction
The Foundation’s black-tie Dinner Dance and Silent Auction will be held on Thursday, June 21; tickets are $175. To register, “check off” #6 on your PT 2001 registration form if you are registering for conference. Or, call the APTA Service Center at (800) 999-2782, ext. 3395, between 8:30 am and 6:00 pm Eastern time, Monday through Friday. Neither APTA membership nor PT 2001 registration is required to attend, so invite your friends in the Anaheim area!

Even if you are not planning to attend the Dinner Dance and Silent Auction, please support the Foundation by donating an auction item. Top-selling items in the past have included: jewelry, art objects, paintings, fine china, gift baskets, vacations, sports equipment and memorabilia, new physical therapy equipment, and hand-crafted items. If you would like to donate an item, visit the APTA’s website at https://wwwnpta.org/Foundation/auction to download an auction form.

June 22: Illinois Chapter/Illinois School Alumni Reception
IPTA again hosts the Illinois Chapter/Illinois School Alumni Reception on Friday, June 22 in Grand Ballroom A&B at the Anaheim Marriott Hotel from 7:00 pm – 9:00 pm. All IPTA members and Illinois school alumni are invited to attend this reception, sponsored by Illinois’ PT Programs. During the reception we will also recognize Illinois’ own Jules Rothstein, PT, PhD, FAPTA, this year’s recipient of APTA’s Mary McMillan Lecture Award. Take this opportunity to join friends and renew acquaintances!
Mandatory CEUs: A Preliminary Look

Patricia Naylor, PT
IPTA Education Division Director

The term “continuing education unit” has become a hot topic for the IPTA in recent months. With the increased focus on continuing education, the Education Division is taking a closer look at IPTA’s CEU approval process, as well as exploring opportunities for alternative ways to provide continuing education.

The most common concerns about CEUs have to do with quality control and access. The CEU approval process currently in place was intended to ensure quality in educational offerings promoted by the IPTA. As it currently exists, however, this process is somewhat limited in its ability to control quality and is also applicable only to formal continuing education courses.

The educational environment is rapidly changing, and many alternative methods of delivering education are available, such as self-study and online courses. In addition to reviewing and improving guidelines for formal courses, we need to explore the possibilities for alternatives to formal courses and develop an approval process that addresses quality for them as well. A work group has been formed to research and develop expanded guidelines for continuing education and CEU approval. The members of the work group are: Patti Naylor (Education Division Director, WC District), Jay Lamble (CEU work group leader, E District), Paula Goga Eppenstein (E District), and Mary Massery (E District). The work group is expected to include one member from each of the other districts once the preliminary research is accomplished. District Chairs will be contacted for recommendations of members wishing to participate in the development process. In addition, a CEU listserv will be created to provide an open forum for discussion and idea exchange for any members wishing to have input. (See the Education Division section for volunteer recruitment on page 5 for more information.)

One of the objectives of the Education Division is to promote quality educational offerings for PTs and PTAs within the state. In doing so, our focus is to increase the availability of affordable educational experiences while maintaining quality standards. Regardless of the outcome of legislative efforts to establish mandatory CEUs, the enhancement of current continuing education processes is a necessary step toward meeting IPTA members’ educational needs.

IPTA Moves Toward the Future

This being said, I feel I would be remiss for not stating that this meeting almost did not occur and these decisions would not have been able to be made. Quorum for the Assembly was 73 representatives needing to be present. We had to wait an additional 15 minutes to achieve a quorum. The potential for not being able to hold an Assembly for the first time was a real possibility. Because of that I would again like to thank those PTs and PTAs who chose to speak for their constituents allowing our governing process to move forward. It certainly made my last Assembly as Speaker a memorable one!

Update: Following completion of this article, in Senate amendment #3 for HB 572 IPTA withdrew the proposed language for revising the definition of the aide due to opposition from IHHA. We plan to work with IHHA over the summer to resolve their issues. The current language as it appears in HB 572 can be accessed at IPTA's website, www.ipta.org.
Get Involved with IPTA!!

PTA's continued growth and success depends heavily on the efforts of volunteers - members who offer time and energy to help the Association reach its goals, as well as establish new goals. Please consider contributing some of your own time and skills to your professional association... it's a wise investment!

Volunteer opportunities are listed below; unless otherwise specified, contact the director/chair if you have any questions or would like to offer your assistance.

- **Public Relations Division; Michelle Hustead, Acting Director**
  - PR is in immediate need of assistance. This division works to promote PT in various settings (media, events, PT Month, etc). IPTA needs a Director for this division, as well as volunteers (ideally at least one liaison in each District). Please contact Michelle at (630) 462-4000, or reach Cindy at the Chapter Office, (800) 552-IPTA or cbaldwin@ipta.org.

- **Education Division; Patti Naylor, Director**
  - **Publications - Priority:** opportunities to help develop a resource panel of writers willing to contribute in areas of expertise - you may like to be a writing resource yourself, or if you may just want to help identify and maintain a directory of those who would.
  - **Publications - Directory:** assist with a review of the 2001 directory and development of the 2002 directory.
  - **Website:** review the content of the website and develop new material for content "holes".
  - **Continuing Education:** provide input to the CEU work group via work group listserv. (If you are interested in becoming a member of the CEU work group - there will one chosen from each district other than Eastern and West Central – contact your District Chair.)
  - Contact Patti at H# (217) 787-7862 or W# (309) 677-3648, or e-mail patti@bradley.edu or flizzynaylors@worldnet.att.net by June 15.

- **Scholarship & Loan Committee; Jane Wright, Chair**
  - The Scholarship & Loan Committee needs volunteers from the Central, West Central and North Central Districts. Reach Jane at (309) 344-4553.

- **Membership Division; Linda Polomchak, Director**
  - Membership seeks volunteers to help contact and welcome new members -- minimal time commitment, just your enthusiasm for the organization and a quick phone call!! The Mentoring Project is also in need of volunteer assistance. E-mail Linda at polomchak@yahoo.com.

- **Legislation Division; Ken Olson, Director**
  - The Legislation Division wishes to identify individuals willing to attend political fundraisers, as well as those willing to develop relationships with legislators. Contact Ken at (815) 753-6295 or kolson@niu.edu.

- **Practice Division; Tina Jonas, Director**
  - Practice needs a Work Group Leader to head up a task force looking at Vision 2020, as well as a volunteer to assist with implementing its Mentoring strategy. Reach Tina at (630) 758-8029 or tjonas@juno.com.

If you need any further information regarding these volunteer opportunities, contact Cindy at the Chapter Office.

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**5th Annual IPTA Golf Classic**

June 8th, 2001

Maple Meadows Golf Club
Wood Dale, Illinois

Still haven't registered? Hurry -- spaces are still available, but time is short! Call the Chapter Office at (630) 571-1400 or (800) 552-IPTA, or register online at [www.ipta.org](http://www.ipta.org).

Proceeds benefit the IPT-PAC.
The Illinois Physical Therapy Association would like to gratefully acknowledge the following individuals for their pledged contributions to the IPT-PAC for the year 2001:

### $500 & over
- Doug Conroy, Conroy Orthopedic & Sports Physical Therapy
- Kevin Cronin, Advanced Rehabilitation Clinics, Inc.
- Michael Keenum
- Dick Kruckeberg
- Peter McMenamin
- Jim Milder
- Scott Nye, Orland Therapy Specialists
- Mary Rachford, Naperville Physical Therapy Center
- Richard Rausch

### $100 ~ $499
- Robert Babbs
- Mickey Bonk
- David Brightmore, Brightmore Physical Therapy
- Tim Caruso
- Carolyn Coghlan
- DuPage Physical Therapy
- Sandy Eisenmann
- Sally Fansler, Clybourn Physical Therapy
- Ricardo Fernandez
- Virginia Hailing
- Timothy Harbers
- Denyse Herrmann
- Don Jackson

### $50 ~ $99
- Steve Beasley
- Stacie Bertram
- Staci Burkard
- Ted Burke
- Ellen Christopher
- Denise Clark
- Christine Conroy
- Julie DiGiovannea
- Elizabeth Elsaesser
- Paula Eppenstein
- Karla Hayter
- S. Scott Higgins
- Michaela Hull
- Karen Jannusch
- Donna Kouri
- Sandra Levi
- Petti Naylor
- Bambi Penney
- Cheryl Peterson
- John Reuter
- Tricia Saylor
- Deborah Shefrin
- Paul Sullivan
- Heidi Tippner
- Cynthia Trentman
- Barbara Tuncill
- Wesley Wladarski
- Nancy Young

### Up to $49
- Debra Gray
- Christy Hacker
- Colleen Harper
- Gail Huber
- Lori Jarrett
- Tina Jonas
- Melinda Keith-Singleton
- Susan Kelly
- Patricia Kralik
- Don Kravets
- Kim Kreid
- Jay Lamble
- John Lowe
- Maria Cuevas Marcus
- Melissa McCambridge
- Colleen McQuillan
- Ashwini Modak
- Aimee Molina
- Greg Monson
- Agnes Naismith
- Margaret Naulity
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### Contributions to the IPT-PAC enable the Association to continue its legislative efforts on behalf of the physical therapy profession in Illinois. If you haven't yet made your PAC pledge, please do so today!
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Master of Health Science
Doctor of Physical Therapy
In 1928, in his introduction to Skeptical Essays, Bertrand Russell wrote: "The extent to which beliefs are based on evidence is very much less than believers suppose." Management beliefs, and our beliefs about clinical practices are no exception. To further understand how evidence-based principles apply to management, let's first review what we know about evidence-based medicine (EBM).

Evidence-Based Medicine, whose philosophical origins extend back to mid-19th century Paris and earlier, remains a hot topic for clinicians, public health practitioners, purchasers, planners, and the public. Debate continues as to whether scientific evidence alone is sufficient to guide medical decision-making, but few would dispute that finding and understanding relevant research based evidence is increasingly necessary in clinical practice.

But enthusiasm for EBM has been mixed with some negative reaction. Criticism has ranged from EBM being old-hat to it being a dangerous innovation, perpetrated to serve cost-cutters and suppress clinical freedom. As EBM and, hopefully evidence-based rehab management, continues to evolve and adapt, we must first understand what EBM is — and what it is not.

Evidence-based medicine is the use of current best evidence in making decisions about the care of individual patients. The practice of EBM means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise, the EBM literature means the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence the EBM literature means clinically relevant research.

Good clinicians use both individual clinical expertise and the best available external evidence, and neither alone is enough. Without clinical expertise, practice risks becoming overshadowed by evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient. Without current best evidence, practice risks becoming rapidly out of date, to the detriment of patients.

This description of what EBM is also helps clarify what EBM is not. Evidence-based medicine is neither old-hat nor impossible to practice. The argument that everyone already is doing it falls before evidence of tremendous variations in interventions to our patients.

Evidence-based does not mean "cookbook". Because it requires a bottom-up approach that integrates the best external evidence with individual clinical expertise and patient-choice, it cannot result in slavish, cookbook approaches to individual patient care. External clinical evidence can inform, but can never replace, individual clinical expertise. It is this expertise that decides whether the external evidence applies to the individual patient at all and, if so, how it should be integrated into a clinical decision. Similarly, any external guideline must be integrated with individual clinical expertise in deciding whether and how it matches the patient's clinical state, predicament, and preferences, and thus whether it should be applied. Clinicians who fear top-down cookbooks will find the advocates of EBM joining them at the barricades.

continued on page 14
Communicating with Medicare

Diane Davis, PT

Admina Star Federal (ASF) is the Medicare Part A intermediary and the Part B carrier for the quad state region of Illinois, Indiana, Ohio and Kentucky. They have recently created a Provider Education and Training (PET) Advisory Group. This group is actually a combination of what used to be the SNF, Hospital, and Therapy Advisory Groups. They convened for the first time as the PET Advisory Group in February, met again in May of this year, and will continue to meet quarterly. I have been attending these meetings representing PT for the state of Illinois. There are PT’s, OT’s, and Speech Pathologists from all four states on the committee. Many representatives from Admina Star Federal serve on the committee as well.

The mission of this group is “to be the primary communication vehicle between the quad state provider community and Admina Star Federal.” While I am still learning the purpose and functions of this group, I welcome any questions regarding Admina Star’s rules and regulations for payment of therapy services. We have the opportunity to submit questions in advance of each meeting, which will be answered in writing and also clarified at the meetings. I will be submitting any pertinent information after the meetings on the list serve or the Priority.

Thus far we have discussed the new Local Medical Review Policy (LMRP) for outpatient Physical Therapy, which is still awaiting final approval by the Medical Director after the formal comment period ended in February. ASF is also going to be developing an LMRP for outpatient OT services in the near future. The LMRP for Speech is already in place.

Another topic of importance to us is the change in the rules regarding the request for medical records. Beginning April 1, 2001, ASF will issue a claim denial if the requested medical records are not received within 45 days. Once the claim is denied, it cannot be resubmitted for payment through regular claims processing. At this point, the only option will be the appeal process, which can take another 45 days.

For complete information about the outpatient PT LMRP or the appeal process for denied claims, you can reach ASF through their web site at www.adminastar.com.

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February 16, 2001 marked the 50th year of incorporating the Illinois Chapter of the APTA. While incorporation recognized its legal status, IPTA existed as one of 45 chapters in the late 1940’s. Records indicate that there was an organization of physical therapists as early as 1924. Earlier this year, I agreed to coordinate (along with Nancy Young) efforts to trace and document the history of IPTA. Reading old documents and looking at photos brings back memories of colleagues and friends. I am struck by how much has changed and yet remained the same.

IPTA has been, and will continue to be, an organization of volunteers; individuals who care about the profession and are willing to contribute their time, their expertise and their energy for the benefit of all of us. As I review our history, I recall people and events that bring back memories of good times, hard work, frustration, excitement, laughter, and a sense of pride in what we have accomplished. For me, the highlights of my career (including my term as President) are the people I have met and worked with, the friendships developed, and the influence that they have had on the profession as well as my own development. I have been fortunate to work with and know individuals who were leaders and mentors. IPTA incorporation documents bear the signatures of Viola Bryson (later Newman) and Elizabeth Wood. Vi, the President of IPTA in 1951, was my first boss at Hines VA. At that time, the hospital was housed in multiple buildings and doing bedside treatment ensured that you got your exercise for the day without needing to go to the health club. Elizabeth Wood, better known as “Woody”, was Chair of the Legislation Committee that was successful in passing legislation that first licensed physical therapists in Illinois. Passed in 1951, the law was permissive and did not mandate licensure to practice, but it was a great beginning. Woody was my boss when I joined the physical therapy faculty at Northwestern University, first as a graduate student and later as faculty. I was to succeed Woody as Director of the PT educational program in fall of 1972. A host of individuals influenced my involvement in IPTA and APTA from the time I entered the profession.

I served as President of IPTA from 1973-1977. It was a time of tremendous growth—an change within our profession.
Physical Therapy Chicago

Committed to APTA Vision 2020

We believe that the future of physical therapy as a profession lies in the achievement of professional autonomy. In American society, ownership dictates control. Thus achievement of professional autonomy requires greater professional control over the economics of our profession. In other words, autonomy for physical therapists requires more ownership of physical therapy services by physical therapists. We must pursue policies, practices, and legislation that foster physical therapist ownership of physical therapy practice. While this may sound radical to physical therapists, it is precisely this philosophy that preserves autonomy, quality, and prosperity for other professions such as medicine, law, and accounting. This is the social philosophy that led legislators to pass Professional Practice Act(s) in most states, limiting ownership of professional corporations to members of one profession alone. Historically, we physical therapists did not protect our autonomy in this way. It is time we did.

Physical Therapy Chicago is the oldest physical therapy practice based in Chicago's historic Loop. We remain 100% physical therapist-owned. Terapia Fisica de la Villita, Physical Therapy at Peoples Energy, and Bartlett Physical Therapy are divisions of Physical Therapy Chicago, Ltd.

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- Orthopedics/Sports Medicine
- Industrial Medicine
- Work Capacity
- Home Health
- Contract Services

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Our List of Career Opportunities Includes:

- Acute Care
- Orthopedics/Sports Medicine
- Industrial Medicine
- Work Capacity
- Home Health
- Contract Services
Nominations Needed for IPTA Elected Office

Don’t forget that nominations for IPTA elected office are due June 15, 2001. Positions up for election are: Treasurer (1); Speaker of the Assembly (1); Chief Delegate (1); Affiliate Director (1); Ethics Committee Member (1); Nominating Committee Member (1); At-Large Delegates (3); and Alternate Affiliate Representative (1).

Responsibilities, eligibility requirements and selection criteria used by the Nominating Committee are listed in the IPTA Bylaws, which can be found in the 2001 IPTA Membership Directory on pp. 5-10. The slate of candidates will be mailed to each member by September 7, 2001. Please identify qualified members in your district and encourage them to consent if they are nominated.

To nominate someone, simply complete the form below and submit it as directed at the bottom of the form.

---

IPTA Nomination Form

Name: ___________________________
Position Endorsed for: ___________________________
Address: ______________________________________

Name of person submitting this form

__ DISTRICT ENDORSEMENT
District Office and District: _______________________

__ INDIVIDUAL ENDORSEMENT
District: _______________________

__ SELF ENDORSEMENT

This form must be received no later than June 15, 2001 by mailing or faxing it to:

Jim Dayhuff, Nominating Committee Chair
c/o IPTA Chapter Office
1010 Jorie Blvd, Suite 134
Oak Brook, IL 60523
(630) 571-1400 Fax (630) 571-1406
A Manager’s Perspective
continued from page 8

Evidence-based medicine is not just for cost cutting. Some fear that EBM will be misused by managed care companies and other payers to inappropriately reduce reimbursement for health care services. This would not only be a misuse of EBM but suggests a fundamental misunderstanding of its financial consequences. Clinicians practicing EBM will identify and apply the most efficacious interventions to maximize the quality and quantity of life for individual patients; this could raise rather than lower the cost of their care — especially in the short run. The long-term effects, hopefully, will be better and cheaper health care delivery.

Evidence-based medicine is not restricted to randomized trials and meta-analyses. It involves tracking down the best external evidence with which to answer our clinical questions. Now let’s apply this to management. The problem solving methodologies (as we discussed in my last column) are very similar. The table (at right) contrasts the classic problem solving methods with EBM approaches. We have adjusted the terminology to apply to both clinical and managerial questions.

<table>
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<th>The classic approach</th>
<th>The EBM approach</th>
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<tbody>
<tr>
<td>Identify the problem.</td>
<td>Formulate an appropriate clinical or managerial question.</td>
</tr>
<tr>
<td>Use your “experience.”</td>
<td>Conduct a literature search.</td>
</tr>
<tr>
<td>Ask a “trusted” colleague.</td>
<td>Select the key articles.</td>
</tr>
<tr>
<td>Consult a reference text.</td>
<td>Critically appraise the articles.</td>
</tr>
<tr>
<td>Read a review.</td>
<td>Incorporate experiential input.</td>
</tr>
<tr>
<td>Decide and take action.</td>
<td>Apply the results to your patient or managerial actions.</td>
</tr>
</tbody>
</table>

As we move toward evidence-based rehab management, I would suggest you consider the following questions in your decision-making processes:
1. What do we really know about our management processes?
2. What don’t we know that we may think we know?
3. How do we find the answers to those things that we need to know?
4. How can we implement this new information best into our management practices?
I look forward to hearing your thought on these questions. What do you think?

Suggested Readings:

In addition to being the President of APTA’s Section on Administration, Peter is the President of KovacekManagementServices, Inc. and a regular contributor to Advance and several other publications. You can reach Peter at www.PTManager.com or Pkovacek@PTManager.com.

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Timeline: IPTA - Edelsberg
continued from page 10

and our professional organization. During part of my term as president, I also served on the APTA Board of Directors (1975-1978, 1979-1982). Working toward direct access, defining “independent practice”, determining that entry level PT education was to be at the postbaccalaureate level, and establishing APTA as the accrediting agency for PT and PTA education were the major issues.

During my term of office, and building on the past, IPTA was maturing and it was a time of firsts. Pat Wolff was hired as the first Executive Secretary in 1975. The “office” was in her basement, keeping with the tradition of locating PT departments in hospital basements. We have since moved out of the basement, both literally and figuratively. Arthur Gottschalk was hired as the first lobbyist for the IPTA, representing and promoting our interests in Springfield. He was a man of integrity and honesty, understood the legislative system, and was highly respected by legislators and colleagues. Art was instrumental in making our presence known. There were numerous events and people that made life interesting, busy, and exciting. The environment in which we work and live today may be different, but some of the same issues continue to concern us. We may be more mature, have greater technological capabilities, and have access to more resources. However, our greatest resource continues to be our members and we continue to be an organization of volunteers. It is those volunteers that ensure our future.

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Timeline: IPTA - Jackson
continued from page 10

District or the IPTA. So when we thought something important needed to be shared, it was fairly easy to know whom to call.

As much as it is different today, I feel like we continue to do a fairly good job of communicating with each other, providing mentor opportunities, and reaching out to those who are not quite as involved as ourselves. The IPTA’s legislative efforts over the last two years especially have been gratifying to me. This is an area where I have personally committed a significant amount of my IPTA volunteer time and energy, and it is very moving to me to see a similar level of energy and commitment coming from the IPTA leadership and our members. If you don’t subscribe to the IPTA list serve, you should. Not only is it a very interesting and timely way to receive information, it is also a medium where you can share your expertise and knowledge. It is certainly a very effective mechanism, enabling us to keep abreast of our legislative issues and opportunities, not to mention providing a means of ongoing communication among a significant number of our IPTA members. A fair amount of mentoring occurs on the list serve, as well.

An interesting phenomenon has occurred with my career as a physical therapist. For most of the last 20 years and all of the last 10 years, my work has been in management. My day to day work is far removed from my physical therapy origins. Yet, when asked what I do, my first response always includes the fact that I am a physical therapist. To me, the profession of physical therapy is like any other prestigious profession. Once you have entered it, it is forever a significant part of your life. I know several of my colleagues whose careers have broadened well beyond clinical practice feel the same as me. We are honored to be known as physical therapists and are eager to remain close to our origins.

The IPTA is celebrating 50 years of service to its members. I am privileged to have been taught and mentored by individuals who helped form our profession and make it what it is today. I am honored to be a small part of that history and look with anticipation to the profession’s continued evolution. It pleases me greatly to see a renewed emphasis on our professional mission of touching children and adults who require our care so that they may live their lives to their full potential.
In Brief...

APTA and AAOMPT Announce Merging of Residency Program Credentialing Processes

A merger of the credentialing processes of APTA and the American Academy of Orthopaedic Manual Physical Therapy (AAOMPT) for post-professional orthopaedic manual physical therapy clinical residency programs was announced this week by the two organizations. The two groups have agreed that all parties involved are best served by combining the two systems of credentialing, allowing residency programs to go through only one process, rather than two.

“This is an important decision,” APTA President Ben F. Massey, Jr, PT, said. “APTA and AAOMPT recognize that our two organizations have the same vision and same goal for credentialing residency programs, and we are streamlining the process in a way that benefits everyone.” AAOMPT clinical residency programs have received letters explaining the details of the merger and how their programs will be affected. Under the agreement, APTA will include in the new credentialing process the minimum standards from AAOMPT’s process, including clinical hours, mentoring hours, and examinations. APTA also will appoint a representative from AAOMPT to serve on the Committee on Post-Professional Clinical Residency and Fellowship Credentialing for 6 years.

“The merging of AAOMPT’s and APTA’s residency processes truly furthers the profession of physical therapy,” AAOMPT President Michael D. Rogers, PT, OCS, OMPT, FMAAOMPT, said. “One process, with one combined set of requirements, establishes a clear standard for all orthopaedic manual physical therapy clinical residency programs.”

IDPH Adopts Rule Enabling Home Health PT Assessment Visits

The Illinois Department of Public Health (IDPH) has adopted licensure rule changes for Home Health Services that will make it possible for therapists to conduct initial assessment visits in cases where the physician has only ordered therapy services. Illinois agencies may now begin using therapists to conduct these assessments, easing pressures on agency scheduling and budgets and on patients who were subjected to exhausting visits from both a nurse and a therapist on the first day they received services from a home health agency. Follow up with your agency director for more information.

Volunteer PTs, SPTs sought for Special Olympic Screening

Volunteers are needed for the 2001 Special Olympics Illinois State Summer Games, scheduled for June 15-17 in Bloomington, Illinois. APTA offers flexibility, strength and balance assessments as part of Special Olympics Healthy Athletes, a series of free screenings conducted by health care professionals at Special Olympics Games. This year Northwestern University Medical School’s PT Program will coordinate the activity in Illinois as part of a pilot study, and seeks to recruit 14 PTs and 14 SPTs to assist with the screenings. Please contact Cindy at the Chapter Office, (800) 552-4782 or cbaldwin@ipta.org if you can participate.

DIRECTOR

IPMR is Central Illinois' leader in providing quality, comprehensive rehabilitative services. We currently have an opportunity for an experienced Physical Therapist, Occupational Therapist or Speech Language Pathologist to manage a quality, in-patient program providing ortho, neuro and comprehensive rehab services.

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Midwestern University SPTs Promote PT, Health Awareness in Community

Karen Kovacs, SPT
Midwestern University

First and second year PT students celebrated PT Month last October with a variety of different activities. The events began with an open house for other health profession students and faculty to visit the labs and have a brief orientation to some of the things a PT might do: posture screenings, balance assessment, and strength and endurance training. A guest speaker spoke about parenting a son with Down’s Syndrome and the role of PT in her family’s life. A discussion about breast cancer and some of the PT interventions was led by a physical therapist. An ongoing “penny war” was held between the different colleges on campus to raise money for the Miami-Marquette challenge. The month finished with the 3rd annual Disability Olympics, an informal competition among students and faculty to promote awareness about physical disabilities.

Since November, second year students have been involved in carrying out projects that were initiated during their first year to promote health in the community. The topics included: “Tools for Better Living” geared toward helping senior citizens maintain independence; “Fit Kids: Exercise, Nutrition, and Safety” which was presented to first graders; “Smart Coaching” provided information about injury prevention for volunteer youth soccer coaches; “Improving Your Performance” gave adult golfers strengthening and stretching strategies to reduce injuries; “Have Fun! Get Fit! Feel Great!” involved a series of activity stations for low income students in the area; and “No More Aches and Pains at Work” had students assessing work stations at a travel agency and providing education about ergonomics.

Four students attended the Diversity Ball at the Shedd Aquarium and 25 students headed to San Antonio in February for the Combined Sections Meeting. Meanwhile, the community service groups worked at the Salvation Army in November sorting and packing food for baskets that were delivered to more than 200 families. And more than 60 students volunteered at the Chicago Marathon to work either as assistants in the medical tents or at the water and food stations.

Lake Land College PTA Club Wins Outstanding Club of the Year

The Lake Land College Physical Therapist Assistant Program (PTA) club received the Outstanding Club Award at the Annual Club Recognition Luncheon, sponsored by the school’s Student Government Association.

PTA club President Barbie Hogan, Arthur, and club sponsor and PTA Instructor Kay Foreman accepted the award on behalf of the PTA club, which consists of every student in Lake Land’s Physical Therapist Assistant Program. Chartered and active clubs were eligible for the awards. For consideration, a club must have shown service and achievement, fulfillment of objectives and bylaws, effective recording of proceedings and attendance with participants of members.

Among the PTA club’s achievements during the past year:

- A coat drive in November collected more than 36 coats for children and adults; the coats were distributed to the needy in the various communities of Effingham, Mattoon, Shelbyville and Charleston.
- $250 was raised for the PTA Scholarship, granted to a club member every year to apply toward tuition for the spring semester.

continued on next page
On April 30, 2001, the American Gas Association presented its highest award to IPTA member Brad Wolter for his efforts in saving the life of an employee at Peoples Energy Corporation. The “Meritorious Service Award” was presented to Brad “in recognition of his conspicuous judgment, intelligence and bravery in saving a human life”.

Brad, along with two other Peoples Energy employees, Chuck Wagner and John Kleczynski, performed CPR on an employee who had ceased breathing and had no pulse; the group’s efforts included mouth to mouth, chest compressions and the use of a newly installed automatic external defibrillator. The patient made a complete recovery.

Brad is Chief Physical Therapist of the facility’s onsite clinic, designed and operated by Physical Therapy Chicago since 1995 to provide physical therapy and work injury management services to Peoples Energy employees. With goals of providing early PT intervention and education for musculoskeletal work-injury cases as well as hastening the safe return to work through functional testing, coordination with line supervisors and transitional work, the program has dramatically reduced work-injury costs at Peoples Gas.

Colleen Peterson, PT, MS, is a PT at Marianjoy Rehablink. Recently, she submitted a case study to the Physical Therapy Journal of the American Physical Therapy Association. The case study, “Exercise in 94 Degrees F Water for a Patient With Multiple Sclerosis”, was published in the April, 2001 issue of the Journal.
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Shraddha Patel
Julie Russell
Clementina Solola
Elizabeth Trombley

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Bob Kovy

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Debra Coad
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Mary Kate Kelley
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PNF I is a prerequisite for Functional Mobilization™, PNF II and PNF Gait. 28 Contact Hrs. Thursday (5:00 pm) - Sunday (3:00 pm). $525.

FO I: Functional Orthopedics I
Milwaukee, WI .............. July 26 - 29
This course presents Soft Tissue Mobilization (STM) as an integrated and systematic approach for the treatment of musculoskeletal dysfunction and pain. The cutting edge aspect of FO I is the integration of STM with joint mobilization, PNF, body mechanics training and rehabilitative exercise programs. This approach emphasizes the enhancement of function as an avenue to effective and efficient treatment of mechanical symptomatology. FO I is a prerequisite for FO II, FM LQ, and FM UQ. 30 Contact Hours. Thursday (5:00 pm) - Sunday (4:00 pm). $525.

BET: Back Education and Training
Lockport, IL .......... September 21 - 23
Milwaukee, WI .......... October 19 - 21
BET presents a Functional Assessment which specifically identifies to the patient the relationship between base of support, alignment and motor activation. Building on this assessment, the participant is trained in five principles of posture and movement. These principles serve as a kinesthetic check-list for patients during ADL such as sitting and lifting. To complete this dynamic approach to active functional rehabilitation, the therapist is trained in Functional Kinesiotherapy, or the use of efficient movement patterns and progressive back exercises, to treat the identified dysfunctions. 20 Contact Hours. Friday (5:00 pm) - Sunday (4:00 pm). $425.

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AA/EEO Institution

Send letter of interest and résumé to:
Ken Olson PT, MSc, OCS
Physical Therapy Program
School of Allied Health Professions
Northern Illinois University
DeKalb, IL 60115
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Dateline

Submissions to Dateline should be sent to the IPTA Chapter Office. Inclusions in the calendar are as space permits and are at the discretion of the editor. Priority is given to IPTA events. Cost per listing is $25 for non-IPTA events.

JUNE

1-2  Dementia Therapy: Positive Outcomes for the Dementia Patient
  Program: Learn to administer the Allen Cognitive Disabilities Theory for cognitive assessment and treatment
  Location: Chicago, IL
  Contact: Kim Warchol, Dementia Care Specialists
  Phone: (630) 775-9566

6  IPTA Eastern District Annual Pre-Conference Dinner & Meeting
  Location: Marcella's, 645 W. North Ave., Chicago
  Phone: (773) 654-2560
  Contact: Heather Kattleman or Tracy Schleck
  Phone: (847) 570-2060

5th Annual IPTA Golf Classic
  Location: Maple Meadows Golf Club
  Wood Dale, IL
  Contact: IPTA Chapter Office
  Phone: (800) 552-IPTA

20-23  PT 2001: APTA Annual Conference & Exposition
  Location: Anaheim, CA

28  Illinios Chapter / Illinois Alumni Reception
  Time: 7:00 p.m.
  Location: Anaheim Marriott, Anaheim, CA
  (during PT 2001)

JULY

28  IPTA Board of Directors Meeting
  Location: Bloomington, IL

AUGUST

3  IPTA Central District Meeting
  Speaker: Sue Chadwick, MS, RD, LD
  Topic: General Nutrition
  Time: 7:00 p.m.
  Location: OSF St. Joseph’s Medical Center, Bloomington, IL

SEPTEMBER

12  IPTA West Central District Meeting
  Location: Jacksonville, IL

OCTOBER

26-28  IPTA Fall Conference
  Location: Eagle Ridge Resort
  Galena, IL

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