Unrestricted Direct Access for 2004!

Peter McMenamin, PT, MS, OCS

IPTA Board Commits to Direct Access

The public’s unrestricted “Direct Access” to physical therapy services is now on the front burner of the Illinois Physical Therapy Association. This is a result of an IPTA Board decision made in July 2001. The Board, composed of IPTA officers, the Chairs of all eight IPTA Districts, the Speaker of the Assembly, the Affiliate Director, the Chief Delegate, and the Director at Large, voted unanimously to mobilize the resources of the chapter to achieve this goal by 2004. This unanimous support from a diverse representation of Illinois physical therapists represents a good beginning for what will be a historic achievement for the physical therapy profession, if the effort proves successful.

The Board motion not only sets this ambitious goal for 2004, but also lays out a plan for its execution. The Direct Access plan calls for a commitment to three distinct phases. These three phases represent a commitment to engage in intensive campaigns of education, dialog, and lobbying with each of three target audiences: (1) the physical therapy community; (2) the physician community; (3) the Illinois public and Illinois legislature.

Three-Phase Plan

The blueprint for this three-phase campaign of public relations and political strategy emerged naturally from fundamental political realities known to IPTA for many years.

(1) Physical Therapists.

Our longtime lobbyist Tim Hennessy has repeated like a mantra year after year: we can never achieve our political objectives in Springfield unless we go to our representatives in the legislature with a united front of highly motivated physical therapists, knowledgeable on the issues, and with the political will to succeed. Thus we must first educate and motivate our own political base: ourselves.

(2) Physicians.

To succeed in Springfield we will have to work with the Illinois State Medical Society (ISMS). Political reality demands this. The legislators will demand this. And our 85-year national history and 50-year Illinois history of collaboration with the medical community demand this. We may or may not succeed in winning over the medical community to our point of view on Direct Access. But to succeed politically we will have to make our case in a powerful and convincing way. We will have to show good faith, and educate, dialog with, and lobby, the physician community the same way we work the legislature. The Illinois State Medical Society politically outspends physical therapists by at least 50 to 1 in Illinois, and is one of the state’s most powerful political forces. We will have

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- K - Unknown
President's Message
Barb Sullivan, PT, MBA

Since this is my first message of the New Year, I would like to wish each of you a healthy, happy and productive 2002!

Already there are many issues on the table for IPTA this year. By the time this is published, IPTA’s winter Leadership Retreat on January 26th will have come and gone. We hope to have had over 80 members from across the state attend the retreat this year, coming together to discuss topics that impact our profession and to learn from each other. The focus of this year’s retreat is three fold: 1) learning presentation techniques to better promote ourselves and our profession, 2) strategic planning for the association and 3) kicking off the membership education campaign regarding direct access. Consistent with APTA’s Vision 2020, IPTA is committed to pursuing unrestricted direct access in Illinois. In “Unrestricted Direct Access for 2004” on page 1, 8-10 Peter McMenamin talks about the initiative.

In December Ken Olson, Jim Milder and myself had the opportunity to meet with Senator Burzynski, Leonard Sherman, Director of the Department of Professional Regulation (DPR) and leadership from the Illinois Chiropractic Society and Prairie State Chiropractors’ Association. The topic of discussion was the chiropractors’ concerns regarding physical therapists performing manipulation. It was a pleasure to educate Senator Burzynski and Director Sherman about manual therapy and the physical therapists’ scope of practice and education. Beyond that, we agreed to disagree with the chiropractors. Ken’s article, “Physical Therapist and Chiropractors Open Discussion” page 4 highlights the issues very well. In my mind, the ongoing economic crunch within healthcare is continually increasing pressure and competition among healthcare professions, which then spills over into the legal and legislative arenas. I don’t believe such controversies will go away.

Mandatory Continuing Education Update

As you know, mandatory continued education for physical therapists and physical therapist assistants was signed into law by Governor Ryan in August 2001. Even so, it does take effect until administrative rules for continued education are established. The earliest we expect continued education to be required is the next licensing cycle, Sept. 2002-Sept 2004 for therapists and Sept 2003-Sept 2005 for physical therapist assistants. Currently, DPR’s Physical Therapy Licensing and Disciplinary Committee is drafting the administrative rules. Once the proposed rules are completed, they will be published in the Illinois Register for a 45-day period for public comment and revision before they are finalized. During the 45-day posting period, any licensed physical therapist or physical therapist assistant can and should provide feedback to DPR on the proposed rules. Hennessy Consulting is monitoring the Illinois Register for IPTA. We will alert members via the IPTA website and list serve as soon as the proposed rules are available for review.

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Physical Therapists and Chiropractors Open Discussions

Ken Olson, PT, CCCE

State Senator Brad Burzynski held a meeting with representatives from the Illinois Chiropractic Society, the Illinois Prairie State Chiropractic Association, the Fox Valley Chiropractic Association, and the Illinois Physical Therapy Association on Tuesday, December 12, 2001 at the Thompson Center in Chicago to discuss issues relative to the practices of chiropractic and physical therapy. Also present at this meeting was Leonard Sherman, Director of the Illinois Department of Professional Regulations, and Adreinnc J. Hersh, General Counsel for the Illinois Department of Professional Regulations.

Barb Sullivan, IPTA president, Jim Milder, IPTA Chief Delegate, and I represented the IPTA at this meeting. Definitions of mobilization, manipulation, and "chiropractic technique" were discussed and interpretations of the Illinois Medical Practice Act and the Illinois Physical Therapy Practice Act were given relative to the practice of mobilization/manipulation in physical therapy and relative to the advertising of physical therapy services by chiropractors.

Surprisingly, the chiropractic representatives indicated that they were unaware that physical therapists define mobilization and manipulation as synonymous terms and that mobilization/manipulation has been a part of the scope of physical therapy practice since the beginning of our profession. Unfortunately, no consensus was reached during the meeting of the meaning of "chiropractic technique" as it is referred to, but not defined, in the physical therapy practice act. Physical therapists are prohibited from performing "chiropractic technique" in Illinois; however, even the representatives for the Department of Professional Regulations indicated that there was not a clear interpretation of the law in Illinois regarding what this statement means to the scope of physical therapy practice in Illinois.

The issue of Chiropractic clinics advertising as providers of physical therapy without having a physical therapist on staff was also discussed. The IPTA position on this issue is that chiropractors can legally perform physical therapy like interventions, but the term physical therapy is protected under the physical therapy practice act so that only persons licensed under the physical therapy practice act may use the initials P.T. or proclaim to provide physical therapy. No real consensus was reached on this issue either, but the representatives from the chiropractic organizations seemed willing to monitor their members' actions regarding this issue.

This meeting opened the lines of communication between the professional organizations present that will hopefully allow cooperation in the future regarding legislative and regulatory issues relative to the practice of mobilization/ manipulation, physical therapy, and chiropractic.
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The Department of Physical Therapy at the University of Illinois at Chicago seeks applications from Physical Therapists with interests and expertise in clinical education. Two new part-time positions are being added to our faculty to implement a new model of clinical education within our Doctor of Physical Therapy curriculum. As an Academic Coordinator of Clinical Education, you will participate in clinical education assignments, coordinate and participate in meetings with students while they are on clinical internships, supervise the writing of case reports and ensure good communication among the academic program, the students and clinical education sites. The positions will be initiated in the Summer of 2002. The first year will involve 100 hours of program development. The positions will transition to 50% time, non-tenure track clinical faculty positions in the Spring of 2003 when students begin full-time clinical internships. The preferred candidate will be a physical therapist, licensed in a U.S. jurisdiction and eligible for licensure in Illinois, possessing a post-professional graduate degree in physical therapy or a related field, experienced in clinical education and committed to continued participation in clinical practice.

UIC is committed to achieving excellence through diversity and encourages applications from under-represented groups. For fullest consideration, please send a CV along with three references by March 8, 2002 to:

Don Straube, PT, MS, NCS
Chair, Search Committee
Department of Physical Therapy
College of Applied Health Sciences
1919 W. Taylor Street, 4th Floor
Chicago, Illinois 60612
(312) 996-2073; fax (312) 996-4583
dstraube@uic.edu
UIC is an AA/EOE
One of the many important responsibilities of the Center Coordinator of Clinical Education (CCCE) is to develop an annual calendar reflecting student affiliations that the organization has committed to for each school. This can be a difficult task when coordinating students for a teaching organization that has a large staff, many locations and/or areas of patient care, and that works with several affiliated schools.

Complicating the development of an effective student calendar is management's responsibility to address the organization's staffing needs, which assuredly impacts the clinical education program. As such, effective communication between the CCCE and management about upcoming students is essential to ensure that planning benefits both the student and the staff.

The following model (see diagram below) was developed as a communication tool to assist CCCEs and management in the identification, planning and assignment of physical therapy student affiliations. Color-coding is used to identify the area of patient care, or location, to which each student has been assigned (acute care, in-patient rehab, or one of multiple outpatient sites). Additional information (including school name, dates of the affiliation, and a student's year in school) is also included.

The visually-oriented approach facilitates easy identification of student assignments and of potential scheduling conflicts that could negatively impact staff productivity. At the same time, it enhances the CCCE's/manager's ability to make appropriate assignments given a student's level of academic preparation. The benefits offered by this tool can help to create an optimal clinical education experience.
Unrestricted Direct Access for 2004
continued from page 1

to use our good will, our one-on-one political savvy, our communication skills, and lobbying prowess to counterbalance their far superior financial resources.

(3) Legislature.
Once we have prepared ourselves by making the case within our own community, and making the case for Direct Access with the medical community, we will be ready to make the case to the Illinois public and its legislature in Springfield. This will require a well-funded political action committee, a well organized lobbying campaign, a carefully crafted political strategy, in short, lots of work.

Three Phases: Three Years

The IPTA plan calls for devoting one year to each phase of the plan. During 2002 IPTA will concentrate on bringing awareness of important Direct Access issues to every Illinois physical therapist. Emphasis will be on education, answering questions and concerns, and laying a foundation that will not only ensure political success for this effort, but will also prepare the way for ensuring that physical therapists are ethically, professionally, and clinically prepared for direct access. The vehicles for bringing the Direct Access message to the physical therapy community will include PT Priority, a special mailing to non-APTA members, and an ambitious outreach campaign conducted by Team Direct Access. This team of 25 physical therapists, trained as our resident "experts" on Direct Access issues, will make presentations and dialog with physical therapists at hospital and clinic staff meetings, and at District meetings all over the state during 2002.

During 2003, a similar effort will focus on the physician community. And during 2004, our efforts will focus on other health care groups, the Illinois public, and the legislature. During 2004 it is the goal of IPTA to present an amendment to the Illinois practice act that, if passed and signed into law by the governor, will have the effect of permitting the public to access all physical therapy services without the prior requirement of seeing a physician.

Current Status of Direct Access in Illinois:

Currently the Illinois Physical Therapy Practice Act provides for partial direct access. Illinois physical therapists are required to have a current, documented, and relevant physician referral or diagnosis in order to treat human ailments of patients. However, physical therapists can evaluate a patient without a diagnosis or referral. Physical therapists are also permitted by law to provide other services, such as health and wellness services, without a referral or diagnosis, so long as such services do not involve treating a "human ailment". (Interestingly, the term "human ailment" is defined in neither the PT Practice Act nor the Medical Practice Act.)

The Long March Towards Direct Access

Before 1988, Illinois physical therapists needed a physician referral in order to provide treatment to patients. In 1988, under the leadership of our then President Sue Suria along with former chapter President Don Jackson, with the guidance of our lobbyist Tim Hennessy, and with the support of the most massive political campaign ever undertaken by Illinois physical therapists, IPTA came very close to obtaining full, Direct Access. Negotiations with the Illinois House and Senate, and with the ISMS were heated. At the eleventh hour IPTA was faced with the awesome choice of either giving up the effort, or compromising. The decision was to compromise rather than give up with nothing to show for the struggle. The choice was between partial direct access (as in today's Act), and unrestricted direct access only for those physical therapists who would be certified as qualified for such practice as the result of a review by a special committee or by virtue of a post baccalaureate degree in physical therapy. At this point, the debate within IPTA itself became intense. In the end the decision was made to avoid having a "bifurcated" license and to settle for the current partial direct access as described above.

A New Climate

The current campaign to obtain unrestricted Direct Access is a result of vast changes occurring within and around the physical therapy profession during the past 15 years. These changes improve the likelihood of success with this campaign, and include:

- The PT profession has clearly identified and extensively documented its scope of practice in the Guide to Physical Therapist Practice.
- PT education has advanced: Bachelor's programs are no longer being certified by CAPTE.
- The DPT is being recognized increasingly as the new standard for PT education.
- Physical therapy has much wider recognition among the public.
- APTA adopted Vision 2020 in 1999, establishing professional autonomy and direct access as primary goals for physical therapy nationwide.
- Alternative Medicine and emphasis on consumer choice have gained greater recognition among the public and within legislatures.
- Legislatures are becoming more gender-balanced in their make-up, and may thus be more sympathetic to issues that may have their roots in historic gender inequity.
Team Direct Access

Training for Team Direct Access is taking place at the Leadership Retreat in Bloomington, January 26, 2002. This group of 25 therapists will receive an intensive one-day training workshop to prepare them to lead discussions and provide critical information to physical therapists across the state during the coming year. Team Direct Access presenters will have the means to give Power-Point or overhead transparency presentations, and will have handouts for all participants. The goal is for each presenter to lead 6 to 12 presentations (about 45 minutes each) over 12 months.

The goal is to get this discussion on the agenda of every PT and PTA in the state during 2002. Through this effort IPTA hopes to stimulate new membership recruitment as well, with a goal of 100 to 200 new members. Members and non-Members may contact IPTA office to arrange for a Team Direct Access speaker to visit your hospital, clinic, or professional meeting. Every department manager is urged to facilitate the arrangements for a Direct Access presentation at an up-coming staff meeting.

If there is sufficient demand, an additional training workshop may be held later in the year. For further information about Team Direct Access contact the chapter office or Peter McMenamin.

Peter J. McMenamin, PT,MS,OCS
Physical Therapy Chicago, Ltd.
Fax: 312-855-9208
Phone: 312-855-1711
mcmenaminp@aol.com

Jim Milder Slated to Run for APTA Board

Jim Milder has been slated to run for Director on the American Physical Therapy Association Board of Directors. Mr. Milder currently sits on the Illinois Physical Therapy Association Board of Directors Executive Committee where he is in his second term as Chief Delegate to the APTA House of Delegates. Previously Mr. Milder served on the IPTA Board as District Chair of the East Central District. He has been actively involved with the IPTA since the 1980s, having served as Chair of the Legislation Committee and Political Action Committee as well as on numerous task forces and other committees.

Other IPTA members who have served on the APTA Board of Directors include Babette Sanders who is serving in her second term as a Director, Don Jackson, Deborah Shefrin, and Sally Edelsberg. The APTA House of Delegates will elect Board and Nominating Committee members at its meeting in June.

2001 Priority Contributors

The Publications Committee and editors of PT Priority would like to extend many thanks to everyone who contributed articles, letters, announcements, etc. to the Priority in 2001. Please join us in recognition and appreciation of the time and effort these individuals put forth:

Robert Babbs, Jr.  Vicki Lee
Cindy Baldwin                Rebecca Lentz
Phil Barkiewicz              Jim Milder
Tim Caruso                   Patricia Naylor
Karey Cook                   Ken Olson
Diane Davis                  Christine Puccio
Jim Dayhuff                  Sandy Ridout
Sally Edelsberg              Linda Roberty
Teri Elliott-Burke           Julie Rosen
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APTA Federal Legislative Update

Jim Milder, PT

Direct Access Under Medicare Proposed. Rep. Philip Crane, Republican from Northern Illinois has introduced legislation which will provide reimbursement for Medicare patients who access physical therapy independent of a physician referral. Current Medicare law requires physician certification of a treatment plan in order for the care to be paid for by Medicare. The various state practice acts determine when patients need physician referral for physical therapy. This legislation will eliminate the Medicare physician certification requirement and facilitate direct access to physical therapy where allowed by state law. Illinois law requires a documented referral or a documented current and relevant diagnosis provided by a physician in order for a physical therapist to provide treatment of human ailments. Examination and Evaluation of patients and provision of health and wellness services by physical therapists are allowed without a physician referral or diagnosis in Illinois.

Rep. Crane will be the Keynote speaker at the PT-PAC Luncheon in Boston at the APTA Combined Sections meeting. Tickets may be obtained in advance from the APTA a limited number of tickets will be available onsite. It is important for physical therapists from Illinois to show support for Rep. Crane on this issue because physician groups are already lining up in opposition to the effort.

Physical Therapy Caps

The suspension of the $1500 combined limit on physical therapy and speech therapy services will expire at the end of 2002. Legislation completely repealing the caps has been introduced in the Senate and will soon be introduced in the House. Introduction of the caps as part of the Balanced Budget act of 1997 resulted in dramatic changes in provision of rehabilitation services. As a result of those changes tens of thousands of therapists lost jobs across the country and repercussions continue to be felt in many arenas. Once Legislation to repeal the caps is introduced physical therapists will need to contact their legislators and lobby for passage. Failure to pass legislation repealing the caps will result in reinstatement of the combined $1500 limits on outpatient care. The APTA needs to hear from physical therapists who have worked with patients who would not have received payment for needed care under the caps.

Repeal of 2002 Medicare Fee Schedule Reduction

The 2002 Physician fee schedule adopted for Medicare resulted in a 5.4% reduction in payment to physical therapists. Legislation was introduced in the Senate (S1707) and the House of Representatives (HR3351) which would reduce the change to a 0.9% reduction. The bills were not taken up prior to the Christmas break but are expected to pass early in the New Year.

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Status of Key Legislation in 2002

Denise Ethington
Hennessey Consulting, Inc.

The 92nd General Assembly reconvened on January 9, 2002. As the second year of this General Assembly only budgetary issues and emergency issues are supposed to be acted upon, in theory of course. In reality however, anything left over from the prior year can be acted upon and new pieces of legislation will be introduced by the hundreds. But, in the end very few will actually make it through the legislative process.

There were several key issues that the IPTA tracked throughout the 2001 Spring legislative session. Many of these issues failed to advance past the various deadline dates, instituted in each legislative chamber, prior to the end of the session and thus were considered dead. With the beginning of the 2002 Spring session, these pieces of legislation will “spring” back to life and can pick-up right where they left off. These issues are as follows:

Physical Therapy Aide:
The Illinois Physical Therapy Association introduced and passed HB 572, legislation that provided for continuing education for physical therapists and physical therapy assistants. Originally contained in this legislation was a redefinition of physical therapy aide. At the last moment, due to opposition from the IHHA, the Illinois Physical Therapy Association had to pull the aide language from the bill to get it passed.

The Illinois Physical Therapy Association met with the IHHA over the summer and at this point in the legislative process; the IHHA has taken a neutral position on our proposed language. This legislation is currently being drafted into bill form and a bill number will be assigned shortly.

Athletic Trainers Practice Act Amendment (HB 1974/SB 529)
For the past two years the Illinois Athletic Trainers have introduced an amendment to their practice act which essentially expands the scope of their practice act without expanding the scope of their education and training. The Illinois Physical Therapy Association and other health care groups such as the Illinois Nurses Association, Illinois Occupational Therapists, and Prairie State Chiropractors have been opposed to this legislation. During the 2001 legislative session, Senator Brad Burzynski pulled together all interested parties to start the process of trying to negotiate an agreed bill.

As a result of this meeting, the parties in opposition to this legislation proposed alternative legislative language. Phil Voorhis, representing the Athletic Trainers and their lobbyist reviewed this language at another meeting held this past summer. As the opposition explained the rational behind the alternate language Phil Voorhis seemed to understand the concerns of the opposing parties and indicated there may be room for negotiation. The Illinois Athletic Trainers have taken this language back to their membership and we are still waiting on their comments. These bills can be acted upon during the upcoming legislative session.

Fairness in Health Care Contracting (HB 2115/SB 1340, SJR 33)
The intent behind the introduction of these two bills was to eliminate the unfair and deceptive practices by health plans. Practices that harm health care providers, hospitals, doctors, and ultimately patient care. These bills contain provisions such as; a standardized definition of “medically necessary” and “medical necessity,” provides that all products clauses cannot be forced upon health care providers, specifies payment amounts in the contract for all covered services, ends unilateral changes, timely billing and payment, and fairness in contracting procedures.

The Illinois Physical Therapy Association took a position of support and helped lobby for these bills, however, the insurance industry, business, and the unions stopped this legislation in its tracks. Therefore, to force these groups to the bargaining table the House and Senate Sponsor of these bills passed SJR 33. SJR 33 set up the Task Force on Fairness in Health Care Contracting. This task force, made up of legislators, business, insurance, unions, and various health care providers, met and went through HB 2115 line by line. The intent of this task force was to put together an agreed bill. Currently we are waiting to receive a copy of the task force report, which is due this January.

Agreed language can be amended onto either of the above bills, to be acted upon in the 2002 legislative session.

Massage Therapist Licensure (HB 2271)
Throughout the 2001 legislative session, the massage therapists have contacted the Illinois Physical Therapy Association for our input into their licensing legislation. And in doing so, the massage therapists have made many concessions to address our concerns.

In October, we submitted an additional language change to the massage therapists and with this change the Illinois Physical Therapy Association will take a neutral position on the bill. However, as with any language changes that may still occur throughout the 2002 spring session, the Association will continue to review the legislation to determine if a change in position is warranted. HB 2271 passed the House and is now in the Senate.

If you would like a complete copy of any of these bills they can be located by logging onto www.legis.state.il.us.
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 true 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. This philosophy of limited ownership has preserved autonomy, quality, and prosperity for other professions such as medicine, law, and accounting. For this reason, the APTA 2001 House of Delegates voted to support exclusive physical therapist ownership of physical therapy services. The DPT as universal entry level degree, and exclusive PT ownership of PT services, are not present realities, but represent a vision for increased professional responsibility, opportunity, and fulfillment for every physical therapist.

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 and Physical Therapy at Peoples Energy are divisions of Physical Therapy Chicago, Ltd. Facial Paralysis Center of Chicago and Bartlett Physical Therapy are affiliated practices.

Opportunities with Physical Therapy Chicago

Spanish Speaking PT, PTA:

We believe that without effective, intensive communication and education, rehab is destined to falter or fail. Terapia Física De La Villita, in the Loop, is Chicago's Spanish Language Worker Rehabilitation Center, serving injured Spanish speaking workers with the highest standard of orthopaedic physical therapy in an understanding and understandable environment.

PTA:

A PTA with orthopedic experience is needed to assist with English speaking patients. Your main responsibility will be to assist Peter McMenamin with his case load and administrative duties.

PT: Start Your Private Practice “Within a Practice”:

You supply your professional expertise and your own patient referrals. We will supply your infrastructure: an attractive, efficient clinic with smooth billing & collections operations, computer use, full time reception, PT equipment, an established business and clinical reputation, and friendly, skilled orthopedic colleagues to interact with. This opportunity is available for a few hours a week or full time, in our Loop clinic. Create your own schedule. Build your practice slowly (keep your regular job and start private practice part time). Or, if you are ready now, quit that job, and build your “practice within a practice” immediately.

“Please contact me to discuss employment or private practice opportunities with Physical Therapy Chicago.” Peter J. McMenamin, PT, MS, OCS

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Full-time positions are available for Physical Therapy Assistants providing direct patient care, education and documentation. Instruct patients in gait training and fit ambulatory aids appropriate to patient goals. Qualifications include graduation from an approved APTA program. Experience preferred.

We offer competitive salaries, skill development opportunities and an extensive benefit package including tuition reimbursement and a tax deferred annuity plan with matching contributions. Forward your resume to: Evanston Northwestern Healthcare, 2650 Ridge Ave., Evanston, IL 60201. Fax: 847-370-1903. E-mail: sschuster@enh.org. EOE M/F/D/V.

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Student SIG Bulletin

Illinois Schools Donate over $6000 to the "Pittsburg-Marquette Challenge"

Katie Burress, SPT

The "Pittsburg-Marquette Challenge" has begun! Last year, Midwestern University, University of Illinois at Chicago, Northwestern University and Fitch University of Health Sciences/The Chicago Medical School contributed $6,610! The Challenge is a grassroots fundraising event, originated by Marquette University students in 1989, which raises money for physical therapy research and the Foundation for Physical Therapy. The University of Pittsburgh won the Challenge last year and graciously accepted the invitation to co-sponsor the event this year. Students who participated in the Challenge coordinated fundraising activities that raised money for critically important clinical and scientific research. Beginning in 2001, the Challenge narrowed its funding to specifically support research on the "effectiveness of physical therapy interventions." During its fourteen-year history, the Challenge has raised over $495,000!

In addition to the Illinois participants, 39 other schools participated in the fundraising effort last year. Second and third place winners were, respectively, Emory University and Washington University in St. Louis. Honorable mention was awarded to Finch University of Health Sciences/The Chicago Medical School of Illinois! Honorable mention was also awarded to Arcadia University (formerly Beaver College), Mercy College, APTA Student Assembly, Boston University, Clark College, and University of Delaware. Nearly $79,000 in donations was raised through the efforts of these and many other dedicated schools, yielding the highest amount raised in Challenge history. The Foundation for Physical Therapy extends their gratitude to all the student participants in Illinois for their hard work. This year's coordinators challenge additional Illinois schools to join their peers in supporting the profession.

Besides being a worthwhile cause that supports the future of physical therapy, the Challenge provides other incentives for participation. All participants are recognized in prestigious publications and at the APTA awards ceremony, giving them national exposure to potential employers. Students from each of the top three schools will receive prizes, such as trips to the APTA's Student Conclave or Foundation event tickets! The winner of this year's Challenge will be invited to co-sponsor the event next year.

Not sure where to start? In the past, schools have raised money in many different ways, including seminars, car washers, bake sales, t-shirts sales. The Foundation also provides a kit to assist schools in getting their fundraising efforts started. The Kit includes prize information, a sample timeline, flyers to customize, and other general information about the Challenge. Check out the APTA Student Assembly's website for additional fundraising ideas (http://www.aptastudent.org/fundraising.html). Participation couldn't be easier! Past donations have ranged from $32 to $22,000. Every contribution is appreciated, regardless of the amount.

For more information about how you can be a part of this year's "Pittsburgh-Marquette Challenge," contact the following student coordinators: Laurie Kotecki/Allison Seese, (414) 288-7161, lkotecki78@hotmail.com/allison.seese@mu.edu; or Iran King/Melissa Lauffer, (412) 441-7487/ (724) 733-1118, ILKl@pitt.edu/MLLS4@pitt.edu. You may also contact the Foundation at 800-875-1378. Demonstrate your commitment to the profession by joining the Challenge and moving physical therapy into the future.

SAVE THE DATE
La Rabida Children's Hospital Presents The 6th Annual Perspectives in Care: Child and Family Mental Health Friday, April 12, 2002 For more information about the symposium, call Colleen Kazmierczak at (773)363-6700, ext. 644.
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Director, Physical Therapy
The University of Chicago Hospitals
5841 S. Maryland Avenue
MC1081
Chicago, Illinois 60637
Email: ddavis3@uchospitals.edu
Phone 773 702 6926

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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.

FEBRUARY
1  IPTA Central District Meeting
   Location: OSF St. Joseph Hospital/Rehab Services Dept.
   Time: 7:00 p.m.
   Topic: Current Legislative Issues
   Speaker: Barb Sullivan, PT, MBA - IPTA President

6  IPTA Eastern District Meeting
   Location: Illinois Masonic Medical Center’s, Center for Education
   Time: 5:00 pm
   Speaker: Peter McMenamin, PT, MS, OCS
            Jay Lamble, PT, MS, NCS, OCS, MTC, certMDT

9  IPTA Western District Meeting
   Location: Bradley University

20-24  APTA Combined Sections Meeting

22-24  Enhancing Function for children with Quadruplegic Cerebral Palsy
   Location: Chicago Suburbs, Illinois
   Instructor: Lind Kliebhan, PT & Gail Ritchie, OTR/L
   Contact: Kids in Motion, Inc.
            4721 W. Midlothian Tpke., Ste 25
            Crestwood, IL 60445
            Renee Rowley or Margie Mizera
            (708) 371-7007

MARCH
14-16  Postural and Functional Impact of Dynamic Orthotic Systems in the Pediatric Population
   Location: Chicago Suburbs, Illinois
   Instructor: Nancy Hylton, PT
   Contact: Kids in Motion, Inc.
            4721 W. Midlothian Tpke., Ste 25
            Crestwood, IL 60445
            Renee Rowley or Margie Mizera
            (708) 371-7007

13  IPTA Northern District Meeting
   Location: Elgin Community College, Elgin, IL
   Time: 7:00 p.m.
   Topic: Positional Release

APRIL
23  IPTA Legislative Day
   Location: Springfield, IL
IPTA LEGISLATIVE DAY
Tuesday, April 23, 2002

ATTENTION ALL MEMBERS:

Legislators are currently hearing bills which can have a direct impact on the practice of physical therapy. Please join us in Springfield on Tuesday, April 23, 11:00 am ~ 4:30 pm in representation of the PR profession in Illinois! To sign up or get more details, call the Chapter Office at (800) 522-IPTA or visit the IPTA website at www.ipta.org.

Your participation DOES make a difference!!!

Illinois Physical Therapy Association
1010 Jorie Boulevard, Suite 134
Oak Brook, IL 60523