I was fortunate enough to attend the 2002 Federal Government Affairs Forum in Washington, DC in April. I was there along with 152 other APTA members to learn about the major legislative issues affecting physical therapists’ practice and reimbursement. I was there along with fellow Illinois representatives (Jim Milder, Bill McGehee, and Patti Naylor.) We all left this meeting feeling well-prepared, “charged up” and ready to lobby our members of Congress and the Senate on behalf of our profession. Here is a brief overview of the forum.

Sunday April 28, 2002

Sunday was spent with the Government Affairs staff learning about legislative activities, APTA's grassroots initiatives, and the political process. Our main speakers included Bobby Silverstein, JD, from the Center for Study and Advancement Disability Policy at George Washington University and the comic relief that was provided by political analyst Mark Shields from CNN's The Capital Gang. We were introduced to lobbying tips and techniques for our upcoming office visits to our representatives. The evening concluded with a well-attended PT-PAC fundraiser at the Capitol City Brewery.

Monday April 29, 2002

Monday was spent focusing on Direct Access and Repealing the Medicare Cap; two pressing legislative issues that are affecting physical therapy.

The Medicare Patient Access to Physical Therapist Act (HR 3363) was introduced by one of our Illinois Congressman, Philip M. Crane. The Senate version (S2386) was introduced at a convenient time, during the Government Affairs Forum, which coincided with our visits to the Hill. This legislation would allow licensed physical therapists to evaluate, diagnose, and treat beneficiaries requiring outpatient physical therapy services under Part B of the Medicare program, without a physician referral.

The Medicare Access to Rehabilitation Services Act (S 1394 & HR 3834) was introduced on the Senate side by Senator John Ensign. This would repeal the arbitrary $1500 cap on outpatient therapy services imposed by the Balanced Budget Act of 1997.

We then loaded onto buses and went to the Old Executive Office Building for a White House briefing by Allen Gilbert, Deputy Assistant Secretary for Legislation/Health for the Department of Health and Human Services, and Lisa Oliphant, Executive Director of the President's Council on Physical Fitness and Sports.

We returned to the Washington Court Hotel for a special luncheon speaker, Senator Bob Dole. Senator Dole had the
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President's Message
Barb Sullivan, PT, MBA

In the last few months it has been gratifying and exciting to see so many IPTA members involved and participating in IPTA activities which have an impact on our profession.

Over 40 members attended the IPTA Legislative Day April 23rd in Springfield. It was two days before the Massage Therapy bill for licensure was scheduled for Committee Hearing, and having our members at the Capital at that time made a definite impact in our ability to negotiate successfully with the Massage Therapists and address our concerns.

Four IPTA members attended APTA's Federal Government Affairs Forum in Washington, DC and met with our federal Congressman and Senators to discuss Medicare reimbursement as well as other issues. I believe they all came back energized stimulated by what we as a profession can accomplish on a national stage. (See "The 2002 Federal Government Affairs Forum" pg. 1)

More than one hundred PT, PTA and student members attended the Spring Assembly on May 4th in Rockford. In addition to conducting association business, attendees participated in a discussion of issues facing the APTA House of Delegates in June. Sue Clark from Consulting4Biz, shared with the audience the many and varied ways we can get involved in legislative campaigns this year. (see "Political Action: Get Involved", pg. 9).

In addition, many members with similar interests are participating in various projects within the Practice, Membership and Education divisions. For example, Practice division is working to network members with similar clinical interests to improve networking capabilities across the state. Membership is working to with the student programs to foster mentoring and facilitate continued membership in APTA/IPTA following graduation. The Education division is busy planning the Fall Conference in Collinsville and working on what role IPTA will have in providing CEUs for PT and PTA licensure. As you can see, there is a lot going on across the state. If you have an interest in any of these activities, or just want more information, please contact either your district chairperson or the appropriate division director. They will welcome your interest or comments.

Spring Assembly Re-Cap
Richard Kruckeberg, PT, OCS

The 29th meeting of the IPTA Spring Assembly at Rockford was one of the few calm days. The topics were definitely not like the atmosphere.

Bylaw changes pass include method of selecting an alternate affiliate delegate, changing the bylaw to read the correct name of National Assembly of Physical Therapist Assistant, and allowing new grads to become immediately involved in IPTA by holding office in the district. We also redefined the purpose of the districts. Other motions passed now do not prohibit elected IPTA official from serving on the Illinois Licensure Board.

Two wonder discussions were held at breakout. The first was by Sue Clark, one of our new team of lobbyists on the hows, whys, and where of grass root lobbying. Sue had fresh experience from assisting the Advance Practice Nurses getting licensed. Jim Milder led a lively discussion regarding APTA HOD Position on Physical Therapy ownership.

Rounding up the Assembly were a call for Nominations for President, Vice President, Secretary, Ethics Committee, Nominating Committee and Delegate at Large. We also heard from Finance Committee that IPTA is in good financial shape.

Thank you for all your support for my first meeting and I look forward to more exciting meetings.
audience laughing from the time he took the microphone. He started out his speech with the following advice, “Never argue with your wife if she is tired or rested.” While referring to his endorsements he said, “I didn’t bring any samples, it’s hard carrying around Pepsi’s in your pockets.” He discussed his life experiences with his physical therapists who are, as he described, “in the pain and torture business.” He talked about our upcoming meetings with our Members of Congress and our Senators and advised us not to get disheartened if we don’t get a chance to meet directly with our representatives because “sometimes it’s better to see the staff people who are working on the issues.” He then continued and spoke about the “enduring values of honor, duty, country, accountability, integrity, hard work, and honesty.” About being an American he said, “We are not perfect, but we are working on it.” After listening to Senator Dole, I was left with a greater sense of pride in my country, faith in the workings of our government, and a sense of responsibility to make a difference.

The day concluded with lectures by the APTA staff and representatives from the Center for Medicare and Medicaid Services (CMS).

April 30, 2002
The day began with a presentation from Senator John Ensign from Nevada. He is the sponsor of Medicare Access to Rehabilitation Services Act. He discussed just how important it is that physical therapists contact their Senators and members of Congress to get them to support this legislation. He stated that the $1500 cap discriminates against the Medicare beneficiaries, is unnecessary based on the physician fee schedule, and Congress has already placed the cap under a moratorium twice. He said, by “staying involved in the political processes, you can make a difference.”

The physical therapists then stormed the Hill to discuss these issues with their elected officials. I was able to speak with legislative aides from the offices of Senator Peter Fitzgerald, Senator Richard Durbin, and Congressman William Lipinski. I was pleasantly surprised to learn how receptive they were to my visit and how aware of the issues they were.

The day concluded with a “Direct Access Rally” on the east side of the Capitol in an area called the “Senate Swamp”. There, approximately 50 physical therapists rallied in support for Direct Access. Senator Specter spoke about how “physical therapy is an essential ingredient of medical care” and Senator Lincoln spoke on the fact that she is “not only a sponsor but a big consumer of physical therapy.”

It was truly comforting to know that there are dedicated physical therapists and members of the staff at APTA who are working diligently on our legislative issues. I had no idea that there are so many physical therapists who are passionate about physical therapy politics.

At the time of this writing, there is only one Representative who has cosponsored HR 3834, Lane Evans (D 17th) and three who have cosponsored HR 3363, Mark Kirk (R 8th), Philip Crane (R 8th) and my Representative William Lipinski (D 3rd). We need to contact these Representatives to thank them and we need to contact all the other Illinois Representatives to get them to co-sponsor this important legislation. Additionally, neither Senator Durbin nor Senator Fitzgerald are signed on to either issue (S 2386 and S 1394). Please take the time and visit the “Legislative Action Center” at the APTA website (www.apta.org) and contact your Representatives and our Senators immediately. It is easy to get involved. Let’s do what is right for our patients.

I thought this experience at the APTA Government Affairs Forum was remarkable and I wanted to share it with the IPTA membership. I would like to leave you with a quote by Illinois’ own President Abraham Lincoln,

“Those who choose to not participate in democracy are doomed to be controlled by those who do.”

Get involved today!

Ricardo Fernandez, MHS, PT, OCS
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From APTA...

State Health Facts Available Online
If you're interested in in-depth state health care information, visit the Kaiser Family Foundation's State Health Facts Online at www.statehealthfacts.kff.org. This new resource contains the latest state-level data on demographics, Medicare and Medicaid, managed care and health insurance, and provider and service use.

Handouts for PT 2002 Available Now
Handouts for PT 2002 educational sessions are available on the APTA Web site at www.apta.org/meetings/pt2002/handouts and will be available through September 30. Educational session handouts will be available electronically only.

July 31 Application Deadline for 2003 Specialist Certification Exams
Do you have at least 2000 hours of direct patient care in one of the following specialty areas: Cardiovascular and Pulmonary, Clinical Electrophysiologic, Geriatrics, Neurologic, Orthopaedics, Pediatrics, or Sports? If so, please consider applying for ABPTS certification. Information on additional minimum eligibility requirements and the application booklet can be downloaded from the Specialist Certification homepage at www.apta.org/Education/specialist or ordered by calling 800-999-2782, ext 8520, or emailing spec-cert@apta.org. The application deadline for the 2003 examinations is July 31.

APTA Highlighted in Association Management Article
APTA is highlighted in the May edition of the American Society of Association Executives' Association Management magazine regarding the Association's handling of the reserve fund during revenue shortfalls in 2000 and 2001. APTA leaders and staff, by reducing expenses and using its reserve fund balance to offset funding deficits, were able to continue priority projects and member services during this downturn. The reserve fund was built up over the years and allowed the Association to continue its activities. You can find the article at www.asaenet.org/am/article/l,1057,53356-feature,00.html.

Tenth Annual Fundraiser for APTA's Minority Scholarship Fund Diversity 2000 & Beyond: Commitment for the 21st Century
Fundraiser for the Minority Scholarship Fund is scheduled for Saturday, October 5, 2002 at the New York Marriott Financial Center. The Fundraiser is being co-hosted by the Academic Administrators Special Interest Group of the Section for Education, the New York Chapter of the APTA and New York University Physical Therapy Education Program. Single ticket prices for dinner/dance are $100. Contributions of any amount are welcome. Ad space in the souvenir book may be purchased at $500 for a full page, $250 for 1/2 page and $100 for a business card. For further information, please contact APTA's Department of Minority/International Affairs at 800-999-2782, ext 3144.

CALL FOR NOMINATIONS: IPTA 2002 Awards

It's time again to nominate individuals for the 2002 Illinois Physical Therapy Association Awards. The following awards will be presented at the IPTA Fall Conference in October:

Outstanding Physical Therapist
An individual who has demonstrated an exceptional level of support and dedication to physical therapy through his or her support and/or roles in the national and/or state association. Three letters of recommendation will be needed to nominate this candidate.

Physical Therapist of the Year
A PT who over the past year has demonstrated a significant contribution in the areas of practice, public relations, legislation, education or membership. Two letters of recommendation are needed to nominate this individual.

Physical Therapist Assistant of the Year
A PTA who over the past year has demonstrated a significant contribution in the areas of practice, public relations, legislation, education or membership. Two letters of recommendation are needed to nominate this individual.

Emerging Leader Award
Recognize active members who are developing leadership skills at the state or district level. The executive committee or district chairs can nominate this individual. Two letters of recommendation are needed to nominate this individual.

John Maselter Award
Given to an individual who is not a physical therapist who has supported the betterment of the practice of physical therapy. Two letters of recommendation are needed to nominate this individual.

Forward all nominations and letters of recommendation by July 19, 2002 to:

Rick Rausch, Selection Committee
c/o IPTA Chapter Office
1010 Jorie Blvd., Ste 134
Oak Brook, IL 60523
Fax: 630/571-1406
E-mail: ipta@ipta.org

For further information, contact the Chapter Office or reference the IPTA Web site at www.ipta.org
IPTA Call to Political Action!

One key element in maximizing the influence of IPTA in Illinois government is grassroots political action. Please complete the following:

Home Information

NAME: ______________________________________

STREET ADDRESS: ______________________________________

CITY: ____________________________

ZIP: ____________________________

PHONE: ____________________________

EMAIL: ____________________________

FAX: ____________________________

Work Information

EMPLOYER: ______________________________________

STREET ADDRESS: ______________________________________

CITY: ____________________________

ZIP: ____________________________

PHONE: ____________________________

EMAIL: ____________________________

FAX: ____________________________

I am willing to (check as many as apply):

_____ Write Letters

_____ Work on candidate campaigns

_____ Contribute to and attend fundraisers

_____ Meet with legislative candidates/legislators

_____ Help organize events

_____ Travel to Springfield during the work week

List any current house or senate members, house or senate candidates or statewide candidates you currently have a relationship with:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Please fax or mail form to the IPTA Chapter Office:

1010 Jorie Blvd., Ste 134, Oak Brook, IL 60523

Fax: (630) 571-1406
Walter Cronkite signed off for many years with the famous line, “That’s the way it is.” The ‘it’ today in the Illinois political scene is the potential for a sea change in the elected officials and the way of doing government business in the state. It is a critical time for physical therapists to make political activity a professional responsibility and a part of every day life.

Once every ten years, a new legislative district map is drawn. This year the Democrats won the opportunity to create the map in their favor. The potential sea change is to have Democratic control of the Illinois House of Representatives, in an even larger number, a Democratic controlled Illinois Senate (has been under a Republican control for the past 10 years), and a new Governor, in a hotly contentious race. This provides Illinois physical therapists with a unique opportunity to have their collective voices heard across the state by participating in key legislative races. By being involved, you can provide the foundation for understanding of the physical therapist role in the delivery of health care services, show your strength in numbers, and become a resource for health policy development in Illinois.

Grassroots political action is no more than the art of negotiation and persuasion. Something physical therapists do every day in various patient care settings. Effective political action is dependent on several factors: collectivity, coalition building, communication, collegiality, and commitment.

Collectivity: encourage membership in the Illinois Physical Therapy Association (IPTA). The more members, the louder the collective voice. Increasing numbers, increases the power of influence.

Coalition building: seek others who will support your ideals. Various professions need not be in competition with each other for policy issues that affect access to quality health care delivery services. Look to consumer groups to add their voice to the cause.

Communication: Get to know your state legislators. Log onto Lobbyillinois.com and click on the link to the Illinois State Board of Elections web site to find names, numbers, and addresses of elected Illinois officials. Always identify yourself, indicate you are a constituent (can vote), a physical therapist (expert in health care), and a member of IPTA (hundreds of others share your view). Keep in regular contact, not just when there is a critical issue.

Collegiality: support your peers in their endeavors to further IPTA policy ideals.

Commitment: follow through with action, not words. Get involved in campaigns (phone calls, walking precincts, hosting coffees), keep in regular contact with your representatives in the Illinois General Assembly, and contribute to the PAC (political action committee). Money is needed to have a successful outcome in any candidate race. Candidates work for those organizations that have given them the dollars needed to get them elected.

And finally, challenge. It is up to each physical therapist to take the steps necessary to become politically active so IPTA can successfully challenge and overcome the opposition in the political and policy-making arena. Imagine the possibilities if all PTs jointed together to develop legislation that reflects your ideals. Will Rogers said, “Even if you are on the right track, you’ll get run over if you just sit there.” So, the challenge is to get up and start running to share your expertise with Illinois lawmakers and candidates. Make political action a part of your professional life!
Update on Student Services and Medicare Reimbursement

In recent months there have been many questions in the clinical education community about Medicare reimbursement for services furnished by physical therapy students. The Academic Coordinators of Clinical Education in Illinois want to address these questions and highlight a recent APTA publication. The Centers for Medicare and Medicaid Services clarified the policy in November 2001 and has described some circumstances in which a student physical therapist can be involved with patient care and the facility can receive reimbursement through Medicare Part B. The APTA published a nice summary of the issue in the April 2002 issue of the PT Magazine entitled “Student Services and Medicare Reimbursement” (for article, contact APTA at 800/999-APTA.) We recommend that you read this article and invite you to call any of us if you have questions about how to apply these regulations to your practice.

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John Connolly, PT
Brendan Cullen, PT
Lauren Freimer, PT
Caslista Heinz, PT
Carrie Hessel, PT
Nancy Johnson, PT
Emilie Kopperman, PT
Cheryl Ann Krafft-Mealle, PT
Alison Lee, PT
Nancy Lukes, PT
Stanislaw Maravilla, PT
Barbara Parda, PT
Kimberly Peters, PT
Laura Phillips, PT
Gina Rooney, PT
Anna Claudia, PT
T Brendan, Shea, PT
Laura Wegemann, PT
Jamie Workman, PT

Physical Therapist Assistant
Rebecka Brinkmann, PTA
Wendy Gruber, PTA
Melody Wilcox, PTA
Jadwiga Zamiechowski, PTA

Students
Angela Blair, SPTA
Michele Dukes, SPT
Robert Goldstein, SPT
Danelle Higgins, SPT
Emilie Jones, SPT
Megan Kosman, SPT
Despina Kotsapouikis, SPT
Sheena Ninan, SPT
Amanda Perrone, SPT
John Phillips, SPT
Ranae Renner, SPT
Lydia Schapira, SPTA
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Member Spotlight

News About
NIU Physical Therapy Students

NIU Graduates Its First MPT Class

The Physical Therapy Program at Northern Illinois University made the transition to the entry-level master's degree in 1999. On May 11, 31 students made up the first group of MPT graduates. Four of the 2002 MPT graduates, Steve Dorigan, Sara Taylor, Jake Slusser, and Jen Wuori, were honored on April 21st with induction to Alpha Eta, the national allied health honorary organization. Nomination to Alpha Eta requires the attainment of at least a 3.5/4.0 GPA and outstanding clinical performance.

NIU Physical Therapy Students Present at IPTA's Fall Meeting

Two students in the MPT program delivered presentation at the Fall Meeting of the IPTA in Galena. Christine Filip, working with faculty advisor Ken Olson, presented a talk on the Education and Practice of Physical Therapy vs. Chiropractic Medicine. Jenny Kass presented a poster, "The Effectiveness of Aquatic Physical Therapy in Children with Neurological Disorders." Jenny's faculty advisor on the project was Dr. Nancy Nuzzo.

Physical Therapy Students Expand Their Education Through Independent Projects

Students in the fall semester of their third year in the professional program explore an area of interest in physical therapy. Students from the graduating class of 2002 did projects that included a research study on chest expansion in different positions, advanced manual therapy techniques, the development of a Web site for individuals with back pain, translation of protocols and patient information into Spanish, and investigating the effects of different therapeutic approaches, such as the use of restraint for motor retraining. Students in the class of 2003 have begun to develop their projects, with topics ranging from management of lymphedema, complex balance problems, the impact of changing physical education requirements in high school, insurance practices, and the development of an orthopedic evaluation procedure.

Congratulations are due!

New Associate Director of Research Services

David Scalzitti, PT, MS, OCS, of APTA will be joining the Research Services Department as the Associate Director this summer. David will take the primary lead for managing Hooked on Evidence on a day-to-day basis as well as working on other department and division projects. David is currently the Academic Coordinator of Clinical Education in the Department of Physical Therapy at the University of Illinois at Chicago and is completing his doctorate in disability studies at that institution. In addition to 15 years of experience as a physical therapist, ABPTS certification, and a graduate degree in kinesiology, David comes to APTA with a strong background in evidence-based practice and clinical guideline development, topics on which he has published in Physical Therapy and PT Magazine.

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HELP! I'm Trapped Inside a Semi-Functional Shell

Sarah Markham, SPTA

I explained to family and friends that for two hours I would have to put myself in someone else's shoes—someone whom I will more than likely encounter when working as a PTA. I explained that this activity would give me a better appreciation of how the person with hemiplegia feels and what they are going through. A few of those feelings may be helplessness, shame, and regret. Some of my friends thought it would be interesting to see me act this out. A few others didn't see the point; they didn't see how I could acquire full appreciation of the patient role with this with the exercise.

The scenario is for my non-dominant side to be physically limited because of hemiplegia. This means that I would not be able to perform activities that I have usually taken for granted, such as walking independently and shopping without help. I would not be able to use my left side for anything... No bike riding and no aerobics. Even large amusement parks would be no fun. I could not run through the yard, chase my dog, jump on our trampoline, or play with the girls on the swing set.

Of course, two hours as a hemiplegic did not make me an expert on disability, nor did I claim to fully understand. But one thing I gathered from the experience was that you quickly found out who your real friends were, especially when I demanded assistance and moral support.

I did cheat one time. When my husband was helping me off the couch, he took my paralyzed arm, draped it around his neck, and did not support it throughout the activity. If I were really paralyzed, my hand would have slipped and fell off his shoulder because of flaccidity. This particular activity was hard for me because I was extremely conscious of my every move. I felt like I was on stage.

My children were very good helpers, although I don't believe that they had full comprehension of what was going on. The whole situation was very humorous to my husband. He was laughing and making light of the experience. This made me very upset; I started to cry. I again had to explain to him that this was an assignment, but he was still making jokes.

So I tried a different approach. I asked him, “What if I were really paralyzed?” I explained to him that we take our young healthy lives for granted, and that there are people our age that live with paralysis and hemiplegia. I doubt they take their paralysis lightly. I continued to explain to my husband that although most individuals in these situations have learned to deal with their disability, it should not be a matter to take lightly. I don't think my husband meant any harm. He just really did not understand what it meant to be paralyzed.

I have learned a great deal from this experience. I know that I would not want to live like that. Although a person with hemiplegia could live a productive life, there would still be many tasks that may not be accomplished without assistance. Needless to say, a person would not be able to engage in many fun activities with friends and family.

I'd like to think that the exercise has given me a small glimpse into the challenges of people with hemiplegia. Their lifestyles would have to be greatly modified. They would need a wheelchair, a sliding board, and a bedside commode or raised toilet seat. They would need a sturdy ramp to get in and out of the house. Their vehicles would need to be modified to accommodate assistive devices. From a personal standpoint, if they have kids, their children would definitely need to keep objects such as toys and shoes off the floor.

I have learned that it would take patience, love, encouragement, time, understanding, will, strength, and many more wonderful qualities to assist with and attend to someone who is paralyzed. After finishing my two-hour experience, I realized that my family are just these type of people.

- Sarah Markham is a 2002 graduate of the Physical Therapist Assistant Program at Kaskaskia College in Centralia, Illinois.
Call for Nominations

The IPTA Nominating Committee is seeking endorsements for the following positions:

\[\text{President} \]
\[\text{Vice-President} \]
\[\text{Secretary} \]
\[\text{Nominating Committee} \]
\[\text{Ethics Committee} \]
\[\text{Delegate At Large} \]

All terms are for two years. Responsibilities, eligibility requirements, and selection criteria used by the Nominating committee are in the IPTA Bylaws, which appear in the 2002 Membership Directory. Please return this endorsement form by June 28, 2002 to the Chapter Office, attention Casey Holmes, Nominating Committee Chair.

The slate of candidates and ballot will be mailed to each member in September. Please identify qualified members in your district and encourage them to consent to serve if nominated.

**IPTA Endorsement for Nomination Form**

**Instructions:** Complete this form when endorsing a person as a nominee for election. The endorsed person must have been a member of the Association for at least two (2) years prior to the election date of October 11, 2002. He/she must be qualified to execute the duties and responsibilities of the elected position(s). You may endorse a person for more than one elected position on this copy of the form.

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NAME: ___________________________
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NAME OF PERSON SUBMITTING FORM: ___________________________

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**DISTRICT ENDORSEMENT**

District Office and District: ___________________________

**INDIVIDUAL ENDORSEMENT**

District: ___________________________

**SELF ENDORSEMENT**

This form must be received no later than June 28, 2002 by mailing or faxing it to:

Casey Holmes, Nominating Committee Chair
c/o IPTA Chapter Office
1010 Jorie Blvd., Ste 134
Oak Brook, IL 60523
630-571-1400
Fax: 630-571-1406
Using the Patient Management Model to Start a Specialty Clinic

Amy Maxiener, PT, MEd

Starting a specialty program in the Physical Therapy Clinic seems to be the thing to do these days. Physical Therapists are looking for their marketing niche and hope to find ways to bring more clients into the clinic. Often during staff meetings the ideas flow, but the question would always linger- Where do we start? The answer to this question is to follow the principles found in the patient/client management model in Guide to Physical Therapist Practice. This model includes examination, evaluation, diagnosis, prognosis, intervention and outcome.

Examination of the patient includes taking a history, a system review, and tests and measures for data collection. When investigating a specialty program start with taking a history. This should include information about the client you are starting this program for, how they operate, what programs were started in the past, and the amount of success prior programs have had. Next, investigate the community to determine the need for the service that you are proposing. If there are three other clinics in a 20-mile radius with the same program, are there enough patients to support another clinic.

A system review follows, as a brief examination of legal issues involved with this program- a good place to start for this is the state practice act and rules and regulations. What regulatory agencies does the clinic need to comply with- JCAHO, CARF, etc, and are there any conflicts. You must also look at reimbursement at this point. Know the approximate mix of payer sources that your clinic has and what the reimbursement is for each of the sources. It also helps to know the patient population that this program may serve, for instance, if the program is targeted at the geriatric patient then most of the reimbursement will be Medicare.

Finally, in tests and measures you need to start looking at operational measures.

- How much space will be needed for this program?
- What is the budget for this program?
- What type of specialty training might staff need to get the program started and how much does it cost?
- How much can the program afford to lose prior to showing a profit?

Although these are just a few of the areas that need to be addressed for the examination, as good clinicians, we always add more tests and measures or questions during the history taking as the situation dictates.

Now, we are ready to evaluate the specialty program. During the evaluation, we interpret the findings of the examination to determine if the program is a viable option. Now it is time to look specifically at human resource issues regarding staffing levels, quantity of patients to be seen in this program, quality of the program and client satisfaction, risk associated with starting this program, expected outcomes, and the need to have additional external accreditation agency involvement. Is the program appropriate for the clinic, community, etc.?

Diagnosis is the next step. This is the time for strategic analysis and planning for survival of the new program. The way to accomplish this can be through SWOT analysis (Strengths, Weaknesses, Opportunities and Threats). A gap analysis is also helpful at this time (where are we and where do we want to be). Prognosis is the long term plan to have the program thrive and goals that the clinic would like to obtain. Remember that similar to patient care, the goals need to be specific, measurable, attainable, and realistic. Interventions of the specialty program start further implementation. At this point we are offering the service and need to assess the quality of the program (QA&I or CQI) and begin marketing the program to the referral sources. Other interventions can also include personnel management, facility planning, and cost management. Finally you look at outcomes, and ask did we meet the goals set forth in the prognosis. If yes, new goals need to be set. If no, return to the examination and reassess the new data collected.

The patient/client management model is a tool that is often used by physical therapists for patient care. I hope that you are now able to see how this model can serve us in other endeavors within the profession.

References


Community Physical Therapy is a practice that specializes in the delivery of home health and skilled nursing facility therapy services. We employ physical, occupational and speech therapists throughout the seven county Chicagoland area on a full-time, part-time and prn basis and offer competitive salaries and benefits.

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**Continuing Education for the PTA**

**Current Clinical Concepts in Shoulder Rehabilitation**
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Instructor: Ricardo Fernandez, MHS, PT, OCS, CSCS

Eight Wednesdays
September 4 to October 30, 2002
(no class September 11)
6:00-7:50 PM
More Information: 847-635-1686 or email maryd@oakton.edu
Registration Assistance: Jo Cohen (847-635-1743)
Registration Deadline: August 30, 2002

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www.gottliebhospital.org  eoe mf dv

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**Health care**
**CALL FOR PRESENTERS**

The IPTA Conference Committee is seeking members who are interested in presenting at this year's Fall Conference, scheduled to take place October 25-27 at Collinsville, Illinois. To receive consideration, all proposals must be received in the Chapter Office by June 15, 2002. Please type or print legibly.

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**SESSION TYPE**

- [ ] 2 hour workshop
- [ ] 1 hour technical session

**CONTENT AREA(S)**

- [ ] Academics
- [ ] Administration
- [ ] Geriatrics
- [ ] Home Health
- [ ] Industry
- [ ] Neurology
- [ ] Orthopedics
- [ ] Pediatrics
- [ ] Research
- [ ] Other

**TARGET AUDIENCE**

- [ ] Entry-level
- [ ] Intermediate
- [ ] Advanced

**Title of Presentation** (8 words maximum)


**Program Description** (30 words or less for conference brochure)


**Abstract** (300 words or less for committee decision; please use a separate page.)


**Audio-Visual Needs**

- [ ] Overhead projector
- [ ] Flip Chart
- [ ] Slide projector
- [ ] TV/VCR
- [ ] Other (describe):

**Please note:** LCD projectors, such as those used for Power Point presentations, are NOT available from IPTA or the conference facility for presentation use. Presenters needing LCD projectors are asked to provide their own or work with other presenters who may have projectors to loan them.

**PLEASE RETURN THIS FORM WITH ABSTRACT BY JUNE 15 TO:**

Illinois Physical Therapy Association
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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**

4  Reception Honoring Jim Milder at APTA Conference  
   **Location:** Hyatt  
   Cincinnati, OH

5 - 8  PT 2002: Annual APTA Conference & Exposition  
   **Location:** Cincinnati, OH

7  Chapter Alumni Party at APTA Conference  
   **Location:** Omni Netherlands Plaza  
   Cincinnati, OH

14  IPTA 6th Annual Golf Classic  
   **Location:** Maple Meadow Golf Club  
   Wood Dale, IL

**JULY**

18  Southern District Meeting  
   **Location:** St. Elizabeth Hospital  
   Belleville, IL

27  IPTA Board of Directors Meeting  
   **Location:** Bloomingdale, IL

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