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## "He Who Must Not Be Named" Exploring the Relationship Between Clinical Decision Making and Reimbursement

Bill McGehee, MHS, PT

Imagine you are driving in a busy metropolitan area, on a crowded interstate interchange, and you're involved in a serious car accident. Thankfully some expert, caring medical professionals are attending to you. They take you to the nearest emergency room. This is where your journey through the medical system begins.

You have been a relatively healthy person all your life. Other than a few colds, an occasional ache and pain, or an elective surgery you haven't given much consideration to who your doctor is, which hospital in your area is the best, or how much you might have to pay for your medical care. But you *have* considered how much your health insurance premium is every month.

Your experience through the medical system is going to be greatly affected by your consideration of the health insurance premium you pay. In fact, your journey really began when you selected the health insurance coverage at your last enrollment period, if you had a choice. It may have begun when your employer decided what type of health insurance coverage they were going to purchase for you. Unless you pay the entire portion of your medical bills a third party will be involved in your patient-provider relationship. This third party *WILL* influence the decisions made about your health care.

The incident I just described provides the backdrop for the points I wish to make. The issues are much more complex than a simple story can tell. I believe that health care consumers are not being taught the value of the service they receive. As long as a service is covered by their insurance, many feel cost is irrelevant. Do we, as physical therapists, serve as strong advocates for the service we provide?

Are we confident enough to convince our patients that our services are valuable enough for consumers to pay for them, even when their insurance will not? Furthermore, I believe we must begin to discuss and debate how payment policies affect the clinical decisions we all must make. It seems to me this topic is like Voldemort in the Harry Potter novels, "He who must not be named."

I would like to challenge you to serve as agents of change in our current health care culture. As we strive for direct access and autonomous practice, we have a responsibility to examine the provision of our professional services, how those services will be paid for, how that payment influences the clinical decisions we make, and how those decisions impact the relationship between provider and patient. I suggest that payment policies influence how clinical decisions are made. While we must make responsible decisions on how much care to provide, I fear that patient care may be compromised when those decisions are made based on reimbursement concerns, often without the patient's knowledge. It is time for a thorough self-examination. Certainly, consumers have a responsibility to educate themselves on these matters, but health care providers also have a responsibility to acknowledge payment influences on clinical decision making. I am not suggesting that life and death decisions are influenced by payment method, but some routine, daily decisions in physical therapy and other health care arenas certainly are. It is absolutely necessary for these decisions to be made our health care payment system can not provide every treatment for everybody.

*Continued on page 6*

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LETTERS TO THE EDITOR are welcomed and must be accompanied by the name and telephone number of the author.

**RULES FOR SUBMISSION OF MATERIALS FOR PUBLICATION IN PT PRIORITY**

1. Topics should be of interest and/or assistance to physical therapists and physical therapist assistants.
2. Articles should be submitted to the Chapter Office via facsimile, e-mail, or on diskette using Microsoft Word or in ASCII format. Photos are also welcomed.
3. Quotations and references should be properly identified. A bibliography should be identified as appropriate.
4. Name of author with address and brief biography should be included.
5. The editor reserves the right to accept, reject, or edit all materials for grammar, spelling and legibility. If after editing the content or thrust of the article appears to have been substantially altered, the author will be consulted before publication.

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# Campaign 2002 Update

IPTA Board of Directors has decided to formally endorse the candidacies of Rod Blagojevich for Governor and Lisa Madigan for Attorney General.

**Rod Blagojevich**, leading in all polls throughout the State, has sound health policy proposals that IPTA can support. He specifically calls attention to the fact that Medicaid does not provide coverage for therapy services for children with developmental disabilities and proposes funding to bring providers into the home to teach motor skills. In addition, he will request a federal waiver to expand the same type of assistance to 1,500 non-Medicaid eligible families. Blagojevich's complete health policy statements can be accessed by [www.rod4us.com](http://www.rod4us.com). In addition, his policy staff in Washington DC are keenly aware of HR3363 (eliminates referral requirements needed to access the services of physical therapists under Medicare Part B) and are doing an analysis for his support.

**Lisa Madigan's** health policy statement, due out soon, calls for direct access to health care providers, not just doctors. In addition, she supports curbing prescription drug costs for the elderly and other issues of interest to IPTA. The Democratic Party will be underwriting the cost of mailing letters to all physical therapists in Illinois urging support for Lisa. This puts IPTA in a positive position and a key player of political action.

**Beth Coulson** continues to fight a tough re-election campaign. Should she lose, it would be a significant loss as IPTA move forward with its aggressive legislative agenda. It is critical that each physical therapist find a way to help Beth: make a monetary contribution, volunteer to work on her campaign, or write letters to newspapers in her district. Her campaign office can be reached by calling 847-657-9068.

# President's Message

*Barb Sullivan, PT, MBA*



After this November election, we will see a dramatic change in the make up of the Illinois General Assembly. The results of the legislative redistricting, that are done every ten years after the US census is taken, will be in effect over the next decade! With the draw of a name, one republican, one democrat, the makeup of the legislative redistricting commission fell to the democrats.

With a legislative map drawn to favor the election of democrats and the current scandals plaguing the Republican Party, the Democratic Party is expecting a democratic sweep this fall.

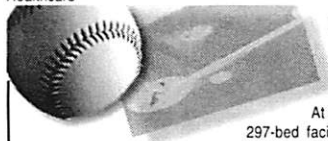
The Illinois Physical Therapy Association has the opportunity to play a pivotal role in the upcoming fall election. Listed on page 4 are the many candidates/legislators that have helped promote the goals of our profession. It is these candidates that need our help. You can help these candidates in a variety of ways; not just through monetary donations but by putting a sign in your yard, participate in dropping campaign literature off at houses, hold a meeting at your office or home and invite your candidate to come and meet the other physical therapists in their legislative district. If you would like additional ideas on how you can help or need to know how to contact your legislator/candidate please call the IPTA office.

The list of candidates on page 4 is not exclusive but is a guide to those candidates that we know need your help. It is very important; in fact it is your professional responsibility, to get to know your legislator. It is critical that these candidates know who we are and what role we play in providing high quality healthcare to the citizens of Illinois. I encourage all of you to get to know your legislators and to work on a campaign of any candidate that that you feel needs your help. The IPTA office will help you in any way that we can.



*Barb*

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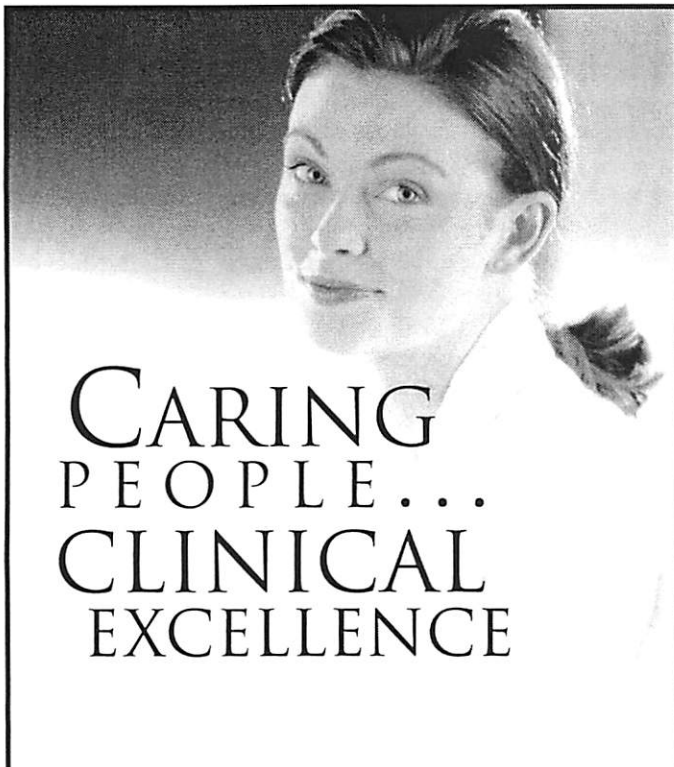
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**Continued from page 1**

However, in the broader debate on payment for health care in our country, I believe we have neglected the discussion of the provider-patient relationship and how payment influences this relationship.

**Patient-Provider Relationship**

Several authors have examined the relationship between health care providers (mainly physicians) and patients in terms of financial arrangements for the payment of health care services. In 1995, Emanuel and Dubler examined the physician-patient relationship in their article on this relationship in the era of managed care.<sup>1</sup> They identified six C's in the relationship: choice, competence, communication, compassion, continuity, and (no) conflict of interest. (Incidentally, I believe all six provide a strong case for direct access to physical therapy services.) Mechanic also examines the ideal provider-patient relationship.<sup>2</sup> He discussed five dimensions of trust between patients and physicians. Communication and competence appear in Mechanic's work as well as Emanuel and Dubler's, and are also evident throughout patient surveys regarding characteristics patients desire in their physicians. Patients want to know that health care providers are making sound clinical decisions that are in the patient's best interest and free from other outside influences (i.e., they want to trust their health care providers). We know trust is valuable in physical therapy, as it influences a patient's willingness to comply and adhere to our instructions, continue with intervention regimens, and respond to the challenges we place before them.

Some would argue that providers can have too much power<sup>3</sup>, that overly paternalistic tendencies are detrimental to patient well-being<sup>4</sup>, and that educated patients should be active seekers of information.<sup>5</sup> All of these statements are undeniable; however patients today are more informed, better educated, and increasingly aware of the uncertainties surrounding medicine and health care. The patient-provider relationship has evolved to a more level playing field from its earlier days of overbearing physicians making unilateral decisions. Patients have a greater desire for personal autonomy. They are less likely to submit to the will of a health care provider without being involved and informed about their treatment options. As Mechanic indicated, "the challenge is to differentiate between healthy skepticism and damaging distrust."<sup>2</sup> When the system focuses on cost issues, quality can become lost or neglected. Not only can quality of care be compromised but the quality of relationships can also be affected.

**Health Care Economics**

While classic market theorists would suggest that highly educated patients who seek out information, shop among providers, define their needs, and are willing to challenge authority can control costs and drive the system, it is important to understand that health care is not a "classic" market. Health care fails as a classic market for many reasons - not the least of which is unequal distribution and access to information.

Mechanic explored the economics of health care in terms of the rationing of health care.<sup>6</sup> The decisions of the government, health plans, and providers are designed to control the delivery of service; they are designed to ration health care. Decisions on types and levels of benefits, reimbursement schemes, financial incentives, procedures ordered, medicines prescribed, and utilization review all represent forms of rationing. Mr. Mechanic further separated rationing into explicit and implicit rationing. Explicit rationing involves existence (or nonexistence) of various technologies, location of facilities and programs, establishment of expenditure levels and benefit design. An authority imposes all these forms of rationing. The parties directly involved in the exchange of health care services, namely the patient and the health care provider, typically are not directly involved in this rationing decisions.

Implicit rationing may be more subtle. It involves decisions made closer to the patient such as reduction of service intensity, substitution of less expensive services, decisions on medical necessity, and utilization management. This type of rationing often directly involves the patient and the provider. Nevertheless, implicit rationing is still rationing. Cumbersome and onerous pre-approval processes are an example of implicit rationing and often limit the choices available to patients. Because of the time and frustration associated with appeals processes, providers often select those options they know will be approved. This type of rationing is employed in an effort to reduce cost and restrict service. Mechanic argues that rationing is inevitable as government seeks to control health care expenditures and I agree. Furthermore, in terms of market economics, Kenneth J. Arrow, in a classic work published in the *American Economic Review* on the welfare economics of medical care in 1963, noted that the process of production and the product are identical in health care.<sup>7</sup> Because medical care is so individualized, the reputation of a provider is not necessarily indicative of the outcome of one's own care. Once again, health care delivery fails as a classic market. Trust is needed in the system because the consumer (patient) cannot know the product before experiencing it.

**Trust**

Although a widely accepted empirical understanding of trust does not exist, much has been written about trust in society and the trust between providers and patients.<sup>4</sup> "Trust is the expectation that individuals and institutions will meet their obligations to us."<sup>2</sup> Trust can be divided into social or institutional trust and interpersonal trust. The two are often interdependent and related but not necessarily directly proportional. People can have distrust for particular institutions or organizations, while maintaining high regard for individuals associated with the institutions or organizations. Likewise, trust in an organization can be transferred to individuals simply by the fact that individuals are associated with the organization we trust.

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**Continued on page 7**

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By its very nature trust leaves us vulnerable. Certainly, we are no more vulnerable than when we are sick and in need of expert help. We trust our health care providers to provide that expert assistance. Often, we transfer interpersonal trust of our providers to the institutions or organizations they are associated with such as a hospitals or health plans. When these institutions or organizations place the interest of the patient and the interest of the provider in conflict, it undermines health care decisions and violates the trust relationship. The most fundamental "caring" aspects of medicine depend on the sort of personal bonding that is only possible with those we trust. Conversely, patient-provider relationships that are characterized by mistrust and suspicion often lead to costly defensive medicine practices and foster litigation.<sup>8</sup> Patient-provider trust relationships are strongest when patients have confidence in the competence of their health care providers, are engaged in effective communication, when they know the provider has control over the decision-making process, and when they believe that no conflicts of interest exists in their relationship with their provider.

**Trust and Financial Incentives**

Medicine has long been a highly respected social institution. In fact, the medical profession recognized early on that this trust was a strong asset that allowed it to define its scope of practice and increase its clinical and political autonomy.<sup>3</sup> Recently, like most social institutions, the profession of medicine has lost some of the public trust, but it still ranks above education, television, major companies, and government in terms of perceived trustworthiness.<sup>9</sup> Recent and rapid changes in the health care system, however, have many concerned that pressures are being placed upon this trust.<sup>4</sup> As efforts continue to ration care and control costs, the resultant effects on trust needs to be examined. For-profit corporations increasingly dominate health care. While most are responsible companies, some have been engaged in unethical business practices and financial arrangements that place the interest of the patient and the interest of the providers in competition.<sup>10</sup> As more is done to limit patient choice, these arrangements need to be examined. The effect on patient cynicism cannot be overlooked. We must engage consumers in health care payment decisions.

**Conclusion**

Beginning with the first day of physical therapy education, we have been taught the importance of educating our patients, the importance of helping them to become independent, and the importance of providing them with the tools they need to effectively manage their problems. I believe we have several other important roles to play. We need to begin to change the culture of health care economics in our society. We must strive to provide a valuable service with our patients' best interests in mind while imparting the value of that service to them. Making them more accountable for the cost of health care is as imperative as making them accountable for complying with our instructions.

There is no doubt something needs to be done about the escalating cost of medical care in our country. I would like our profession to be a part of that "something." We need to examine how managing costs influences managing care, and we need to examine how managing costs influences the relationships we have with our patients. Finally, I challenge all of us you to examine professional our role in the overall health care delivery system and the prudent use of health care resources. While we examine how the changes we seek in the delivery of and access to physical therapy affect physical therapists, we must also examine how these changes will affect our society and our health care system. I hope you will accept the challenge.

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 STATEMENTS OF FINANCIAL POSITION  
 DECEMBER 31, 2001 and 2000

<b>ASSETS</b>		
<b>Current Assets</b>	<b>2001</b>	<b>2000</b>
Cash and cash equivalents	\$ 204,920	\$ 172,350
Investments	59,613	75,828
Receivables	34,513	42,460
Prepaid expenses	9,318	5,617
Total Current Assets	<b>308,364</b>	296,255
<b>Security Deposits</b>	<b>1,240</b>	1,240
<b>Property and Equipment</b>		
Office furniture and equipment	38,880	37,119
Less: accumulated depreciation	30,778	27,302
Property and Equipment, Net	<b>8,102</b>	9,817
<b>TOTAL ASSETS</b>	<b>\$ 317,706</b>	<b>\$ 307,312</b>

<b>LIABILITIES and NET ASSETS</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 2,201	\$ 7,294
Deferred revenue	19,480	9,160
Accrued salaries and wages	781	4,006
Total Current Liabilities	<b>22,462</b>	20,460
<b>Unrestricted Net Assets</b>	<b>295,244</b>	286,852
<b>TOTAL ASSETS and NET LIABILITIES</b>	<b>\$ 317,706</b>	<b>\$ 307,312</b>

# Rock Valley Physical Therapy Announces the Opening of its Newest Specialty Services

*Mary Wilson, PTA*

Rock Valley Physical Therapy was established in Moline, IL in 1984 by two physical therapists. It was the first therapist-owned private practice in the Illinois Quad Cities. In 1999, we began providing services in Iowa as well as Illinois. Since inception, Rock Valley has grown to employ 34 physical therapists, seven occupational therapists, 12 physical therapy assistants, one occupational therapy assistant, one athletic trainer, and one certified strength and conditioning specialist. We have 11 Certified Orthopedic Specialists, and four Certified Hand Therapists on staff. Rock Valley currently has three out-patient clinics, two occupational medicine/out-patient clinics, and contracts the therapy services to a local hospital which includes in-patient, out-patient, long term care, and home health.

In October 2002, we will have the grand opening of our 7<sup>th</sup> location. Located in Moline, IL, this clinic will house our Administrative Offices, a Women's Health specialty clinic, an

Orthopedic and Sport Rehab clinic, and a sport-specific training program called Quad City Sport Performance.

Quad City Sport Performance utilizes specificity of training principles to help improve sport specific function. Athletes are evaluated prior to their training program to identify strengths, weaknesses and establish specific goals for the athletes. Training sessions are customized for each athlete based on the above information. This program has also been used as to bridge the growing gap that exists secondary to third party reimbursement between outpatient treatment and return to sport. After only eight months of full operation this program has been enjoying great success with close to 100 athletes participating in the individualized programs. Other services provided by QCSP include team speed and agility camps, outreach education for coaches and athletes on injury prevention, and training program development inservices.



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### Central and Southern Illinois

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## Welcome New Members

### Physical Therapists

Kristina Besich, PT	Benjamin Kervin, PT
Krista Boba, PT	Bryan Krueger, PT
Karen Bomar, PT	Elizabeth Krupa, PT
Lori Brockmann, PT	Nerissa Tan Lim, PT
Charles Clark, PT	Marguerite Kasperczyk, PT
Steven Dulak, PT	Cheryl Moffett, PT
Yvonne Gagliano, PT	Heather Moky, PT
Melissa Gaither, PT	Christy Murray, PT
James Gaynor, PT	Ronald Rivera, PT
Allison Gordon, PT	H. Steven Sadowsky, PT,
Melissa Hampton, PT	RRT, MS, CCS
Karen Hansen, PT	Susan Sio, PT
Carly Harris, PT	Mark Sleeper, PT
Timothy Hoerner, PT, MA	
Mary Holt, PT	

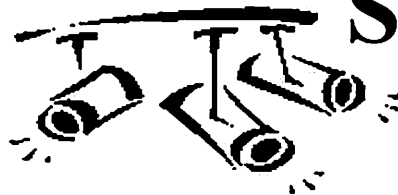
### Physical Therapist Assistants

Josh Coram, PTA  
 Brenda Jordan, PTA  
 Alma-Vanessa Lumabas, PTA  
 Julie Scott, PTA

### Students

Dena Akkawi, SPT	Mia Magsombol, SPT
Emily Brennehan, SPT	Mary Mazik, SPT
Jennifer Carroll, SPT	Douglas McCabe, SPT
Yoo Chung, SPT	Melissa Munoz, SPT
Denise Chyette, SPT	Brooke Munton, SPT
Kristin Coons, SPT	Katherine Nelson, SPT
Melissa Egler, SPT	Nadia Ori, SPT
Kristen Flynn, SPT	Dean Papadopoulos, SPT
Amy Fong, SPT	Patricia Povilaitis, SPT
Jared Gibb, SPT	Leonid Reznik, SPT
Brooke Giovannetti, SPT	Bertha Rivera, SPT
David Guinan, SPT	Michael Ruiz, SPT
Cherry Hinog, SPT	Julia Schlichter, SPT
Anita Hussain, SPT	Jennifer Skutta, SPT
Yu Kim, SPT	Sara Stephen, SPT
Chrysoula Kokkalas, SPT	Tiffany Stingle, SPT
Caryn Kolodziej, SPT	Hillary Wala, SPT
Genevieve Lebbin, SPT	Ginger Weber, SPT
Tammy Lee, SPT	Cristy Weinblatt, SPT
Debra Lenschow, SPT	Julie Vasel, SPT
Tammy Li, SPT	Elizabeth Yerly, SPT

# Member Spotlight



Congratulations to **Colleen McQuillan**, who has been selected to represent the Illinois Chapter on the APTA Annual Conference Program Committee until June 30, 2004!

Announcing the newly-created Continuing Education Approval Committee:

<b>Michelle Bulanda</b>	<b>Amy Maxeiner</b>
<b>Donna Cech</b>	<b>Patti Naylor</b>
<b>Jeff Damaschke</b>	<b>Steve Sadowsky</b>
<b>Paula Eppenstein</b>	<b>Steve Tippett</b>
<b>Jay Lamble</b>	<b>Alyson Totten</b>
<b>Mary Massery</b>	<b>Ann Vendrely</b>

A HUGE thank-you to the other members of the Continuing Education Workgroup - **Paula Eppenstein, Jay Lamble, and Mary Massery** - for your assistance in the development of IPTA's continuing education recommendations to the Physical Therapy Licensing and Disciplinary Committee of the Illinois Department of Professional Regulations!

- PHYSICAL THERAPISTS

- PHYSICAL THERAPY ASSISTANTS  
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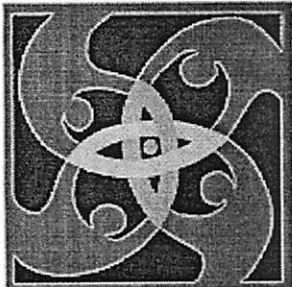
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NATIONAL PHYSICAL THERAPY MONTH

## OCTOBER IS NATIONAL PHYSICAL THERAPY MONTH

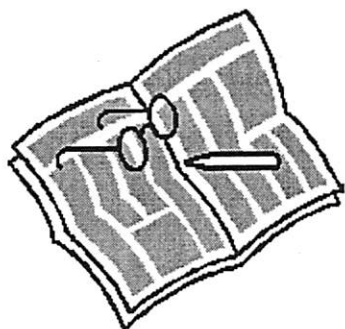
Its still early...link to the **National PT Month 2002 online catalog** ([http://www.apta.org/Meetings/NPTM/nptm\\_productline](http://www.apta.org/Meetings/NPTM/nptm_productline)) to read about and order specialty items from the "Connect with Physical Therapy!" product line.



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### *Seeking employment?*

### *Need to hire?*

IPTA's Web site Job Listings can assist you in finding that right person or that right position.

For more information, check us out online at [www.ipta.org](http://www.ipta.org) and click on Listings.

# Physicians and Physical Therapists

The faculty and students in the Department of Physical Therapy and Human Movement Sciences in the Feinberg School of Medicine at Northwestern University are seeking individuals who are interested in participating in a research study to determine the effects of neuromuscular electrical stimulation on upper extremity function and impairment post stroke.

## Criteria for Participation:

- \* History of CVA at least 6 months ago
- \* Hemi paresis with upper extremity involvement
- \* Preserved cognitive and communicative ability
  - \* Medically stable

## Criteria for Exclusion:

- \* Cardiac arrhythmia or pacemaker
  - \* Diabetes
- \* Bilateral neurological involvement

If you know anyone who meets these criteria and would be interested in participating in this study, we would like to speak with you.

Please Contact: Jane Sullivan at  
312.908.6789, [j-sullivan@northwestern.edu](mailto:j-sullivan@northwestern.edu)

## Call for Member Information Updates

### IPTA Membership Directory 2003 in Preparation

The IPTA's annual Membership Directory is in the early stages of production for 2003. An invaluable resource tool, the Directory includes contact information for current members, listings for PT and PTA Academic Programs in Illinois, the Illinois Physical Therapy Practice Act, the APTA Guide for Professional Conduct and much more! The Directory is provided to members free of charge as a benefit of membership.

Please assist us in optimizing the precision of the upcoming Directory. Members are responsible for the accuracy of their listing; please provide any updates if you suspect your information in our database is incorrect and/or you have any changes to report. For your convenience, you may complete the form below and submit to the Chapter Office. You may also submit updates online at [www.ipta.org](http://www.ipta.org) or by contacting the IPTA Chapter Office.

### MEMBER INFORMATION

Name \_\_\_\_\_

APTA Membership Number \_\_\_\_\_

### HOME INFORMATION

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

### WORK INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Please indicate if we may publish your information in the 2003 directory.

PUBLISH     DO NOT PUBLISH

Please return to:

**Illinois Physical Therapy Association - Chapter Office**

1010 Jorie Boulevard, Suite 134

Oak Brook, IL 60523

**(630) 571-1400    (800) 552-4782 (IL only)**

Fax: **(630) 571-1406**

E-mail: [ipta@ipta.org](mailto:ipta@ipta.org)

IPTA's Official Web site: [www.ipta.org](http://www.ipta.org)

# Student SIG Bulletin

## Jennifer Wanserski, Executive Chair

Jennifer is a student of physical therapy at Northwestern University, Feinburg School of Medicine, and entering her second year of NUPT's first DPT program.

Jennifer is originally from Racine, WI and lived in Milwaukee for a few years before heading down south to Chicago. She graduated from University of Wisconsin - Milwaukee with a BS in Kinesiology and a certificate in Clinical Nutrition.

She first became involved with the IPTA and APTA upon entering Northwestern in August, 2001. Her interest in becoming the chair of the Student SIG came from the encouragement of fellow IPTA members and student mentors, as well as the steep competition of being the only first year student from her school to attend the IPTA conference and SSIG meeting in Galena in October 2001. It boggled her mind to find that a fellow first year student colleagues weren't interested in sparking their involvement in the state

chapter at the impressionable beginning of their PT graduate school student career. The excitement of having the opportunity to become involved in her profession, contributing to future career, and engaging fellow impressionable future physical therapists was unsurpassable.

Jennifer's goals as chair are to ultimately increase involvement of students in the IPTA and APTA, stress the value that these organizations have to offer their members, and spark interest and desire in maintaining membership beyond school and into a successful and fulfilling career. She hopes to engross students in meetings and seminars targeted toward the beginning practitioner of physical therapy, as well as learn to take advantage of the mentors available to us within our communities and across the country. At the same time, she anticipate students meeting, interacting, and learning from their future colleagues from other schools in their area.

You can look forward to in the near future: Student Winter Conclave, implementation of a mentoring program, working alongside the membership committee to get students interested and involved in the National Student Conclave in Birmingham, Alabama, and volunteer opportunities in your area.

If you have any questions, comments, ideas, interests, or a need for student volunteers for your upcoming event, please feel free to contact Jennifer Wanserski. She looks forward to hearing from you and appreciates this wonderful opportunity to serve as executive chair of the IPTA SSIG.

Jennifer Wanserski, SPT  
3415 N. Elaine Pl., 3<sup>rd</sup> Flr.  
Chicago, IL 60657  
H: (773) 665-8744  
M: (773) 206-0096  
j-wanserski@northwestern.edu

## Kristi Walker, Secretary

Originally from northeastern Ohio, Kristi graduated from Haverford College with her B.A. in English. She then spent a year traveling around the United States and Europe with *Up with People*, playing keyboard, doing community service, and living with host families. After returning, she moved to Chicago and worked for two consulting firms before beginning graduate school for physical therapy. Kristi is currently finishing her first year of the University of Illinois at Chicago's DPT program.

## Krista Ferguson, Event Coordinator

As events coordinator for the student SIG Krista plans to organize activities that interest students and involve them in the IPTA. As a student it can be difficult to understand what a professional organization offers prior to actually being in the professional world. However, in physical therapy school we are already participating in and contributing to the profession through our research, our clinical activities, and our influence on the direction that education takes. By providing educational and social activities for students, more will become involved and stay involved in the future.

Krista currently is a second year student at Northwestern University. After graduating from Augustana College in Rock Island, Illinois in 2000, Krista spent a year teaching English at a university in Wuhan, China. She looks forward to working with the SSIG of the IPTA this year.

# **Outpatient/Acute and Rehab PTs and PTAs**

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(Eric Bihl, PT; Tim Coleman, PT, MS, OCS; Tim Semlow, PT)

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## **NORTHWESTERN UNIVERSITY PHYSICAL THERAPY PROGRAM CELEBRATES 75 YEARS!**

The physical therapy education program at Northwestern University's Feinberg School of Medicine celebrating its 75<sup>th</sup> year with an alumni weekend on November 8-9, 2002. Several hundred alumni are expected to attend the weekend, which will feature educational seminars, research posters, tours, and social activities including a gala celebration on Saturday evening.

Initiated in 1927, the Northwestern program is one of the oldest in the United States and the only one remaining of the eight originally accredited in 1928. A certificate in PT was offered until 1953, when graduates became eligible for the degree of Bachelor of Science in Physical Therapy in addition to the Certificate. Effective with the class of 1980, the BS degree was the sole entry-level credential. Northwestern began offering the Master of Physical Therapy (MPT) in 1990. Beginning with the class that entered in the fall of 2001, graduates will earn the Doctor of Physical Therapy (DPT) degree. Northwestern's physical therapy graduates work in 49 of the 50 states and 12 foreign countries.

For more information about the PT alumni weekend, contact Sally Edelsberg in the Department of PT and Human Movement Sciences at 312/908-8239 or [s-edelsberg@northwestern.edu](mailto:s-edelsberg@northwestern.edu)



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## IPT-PAC Seeking Items for Silent Auction – Can You Contribute?

The Illinois Physical Therapy Political Action Committee (IPT-PAC) is planning a silent auction to be held in conjunction with the IPTA Fall Conference in Collinsville, IL on Friday, October 25, 2002 during the Recognition Dinner. We need your help in the form of donated auction items!

**What can you contribute for the auction?** Items popular in past auctions have included art work, jewelry, admission tickets, handmade items, a stay in a vacation home, gift certificates, equipment or books. Or consider a contribution of services, such as babysitting, an in-service, or a catered dinner. A monetary donation directly to the IPT-PAC is also welcome. Your participation is greatly appreciated.

If you are willing to donate, please contact the IPTA Chapter Office for additional information.

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Fax: 773-736-3546

### PT / ATC or PT

Sports Medicine & Occupational Orthopedic Clinic, a private-practice facility, has an immediate opening for a full-time or part-time Physical Therapist. The clinic is located in central Illinois, midway between Chicago, St. Louis, and Indianapolis. Physical therapy is provided to Decatur and the surrounding communities, Athletic training services are furnished to thirteen area high schools near Decatur. The applicant must have a keen interest in orthopedics. Experience preferred but new grads will be considered.

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Letters of interest may be sent to:

Robert Hill, MS ATC/L  
1900 E. Lake Shore Dr. Suite #100  
Decatur, IL 62501  
(217) 428-6222  
Fax: (217) 428-2617  
E-mail: [smc@sports-med-clinic.com](mailto:smc@sports-med-clinic.com)  
Website: [www.sports-med-clinic.com](http://www.sports-med-clinic.com)

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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.

Date	Meeting/Course Name	Location	Contact	CE Credits	IPTA Approved
<b>OCTOBER</b>					
19	<b>Pilates for Rehab</b> <i>Sponsor:</i> O'Regan Rehab Services	Holiday Inn Express Joliet, IL	Lisa O'Regan, PT (319) 472-6372	8	YES
19-20	<b>Aquatic Therapy: Making the Most of Your Therapeutic Pool</b> <i>Sponsor:</i> Schwab Rehabilitation Hospital	Schwab Rehabilitation Hospital	Claudette Richards Director of PT (773) 522-2010 ext 5125	13.25	YES
20	<b>Introduction to Aquatic Therapy Workshop</b> <i>Sponsor:</i> Decatur Memorial Hospital Rehabilitation Dept	Decatur Family YMCA Decatur, IL	Chrissy Horve, PT (217) 872-3835 ext 151	4	YES
20-21	<b>Therapeutic Intervention with Infants: Implication for Treatment in the NICU</b> <i>Sponsor:</i> Therapeutic Services, Inc.	Northeastern Illinois University	Amy Lowenthal, PT (718) 692-1929	12	YES
25	<b>IPTA Board of Directors Meeting</b>	Holiday Inn Collinsville, IL			n/a
25-27	<b>IPTA Fall Conference</b>	Holiday Inn Collinsville, IL			n/a
25-26	<b>The Test of Infant Motor Performance: From Research to Practice</b> <i>Speaker:</i> Suzanne Joseph, OT	Presbyterian Homes Westminster Place Campus Evanston, IL	Melinda Pierce (847) 492-4838		pending
<b>NOVEMBER</b>					
3-4	<b>Knee &amp; Shoulder: Evaluation &amp; Treatment Strategies</b> <i>Sponsor:</i> The Dogwood Institute, Inc	La Grange, IL	Heather G. Black (770) 751-9571	15	YES
6	<b>Eastern District Meeting</b>	Thorek Hospital Chicago, IL			n/a
12	<b>Northern District Meeting</b>	St. Alexius Medical Ctr Hoffman Estates			n/a
15-16	<b>Shoulder Update: An Evidence Based Perspective</b> <i>Sponsor:</i> Carle Foundation Hospital	Urbana, IL	Rachel Spaide, MS, OTR/L (217) 383-3360	7.25	YES
15-16	<b>Strain/Counterstrain: Focus on Geriatrics</b> <i>Sponsor:</i> The Dogwood Institute, Inc	La Grange, IL	Heather G. Black (770) 751-9571	15	YES
15-16	<b>Clinical Instructor Education Credentialing Program</b> <i>Sponsor:</i> St. John's Hospital	St. John's Hospital	Noelle Sublett, PT (217) 544-6464 x44500	13.25	YES
16	<b>Evaluation &amp; Treatment of Sacroiliac</b> <i>Sponsor:</i> IPTA Central District	Carle Therapy Services Bloomington, IL		7	YES
16	<b>IPTA Central District Meeting</b> <i>Topic:</i> Direct Access <i>Speaker:</i> Peter McMenamin <i>Time:</i> 12:00 pm - 1:30 pm	Carle Therapy Services Bloomington, IL			n/a
16-17	<b>Current Concepts in Motor Control &amp; Motor Learning in the Neurologic and Geriatric Client: Examination &amp; Treatment Interventions</b> <i>Sponsor:</i> The Dogwood Institute, Inc	St Louis, MO	Heather G. Black (770) 751-9571	15	YES
<b>DECEMBER</b>					
6-8	<b>CORE in Action</b> <i>Sponsor:</i> Spherica, LLC	Rosemont, IL	Tanya Weiker, PT—CEO (216) 221-9500	2	YES
7-8	<b>Cardiopulmonary Rehabilitation for the Geriatric Patient</b> <i>Sponsor:</i> The Dogwood Institute, Inc	St. Louis, MO	Heather G. Black (770) 751-9571	14	YES
13-15	<b>Alternative &amp; Complementary Medical Therapies: What's the Evidence and How Do We Use Them?</b> <i>Sponsor:</i> The University of Chicago Pritzker School of Medicine	The Drake Hotel Chicago, IL	Marlene Golberg Director, CME (773) 702-1056	16	YES

# 2002 Fall Conference

COLLINSVILLE, IL - OCTOBER 25 - 27

IPTA

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*and*

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