Health Care: Expenditures/Premiums, Economics, Cost Drivers, Trends, Models, Direct Access

James Gillette PT, PHD, MHA, OCS

Expenditures/Premiums

As 2003 begins health care costs are approaching crisis proportions for employers, employees, and government funded programs. (2, 6) Historically, the United States has significantly outspent other industrialized nations. In 2001, per capita health care expenditures were $5,035 equaling 14.1 % of the Gross Domestic Product, with total health care expenditures of $1.4 trillion. Germany had the second highest per capita expenditure for 2001, at $2,754, and the United Kingdom the least at $1,676, being equivalent to 10.7% and 7.4% of their GDP's respectively. Despite a per capita spending essentially twice that of any other industrialized country, the US has the poorest population-based outcome measures of health. These include, but are not limited to, a shorter life expectancy at birth, higher infant mortality, and a higher rate of premature deaths (3). Moreover, in 2001 approximately 41.2 million people, or 14.6% of the population in the US lacked health insurance while in the other industrialized nations essentially everyone had health insurance (7). Interestingly, of the 41.2 million in the US without health insurance 19 million or 46.1% were employed full-time (8). For the 53.9% full-time equivalents with health insurance the average annual premium nationally per employee for 2001 was $4,778 (9).

During the 1990's increases in health care spending and health insurance premiums slowed for all countries compared to the previous three decades with the US averaging 6.5% for spending and 5.3% for premiums (3,5,10). Individual states also experienced several years during which their Medicaid spending grew at the relatively modest rate of 5.5 % between 1996 and 1999.

Beginning with the new millennium, however, health care costs in the US have begun to rise significantly with national health care spending increases of 6.8% and 8.7%, Medicaid spending increases of 9% and 11%, and annual private insurance premium increases of 9.4% and 10.2% for 2000 and 2001 respectively (5,11,19).

Economics

The tools of supply and demand analysis are understood to be the most powerful in economics. The underlying concept is that sellers recognize that one way to encourage people to buy more of their product or service is to offer it at a lower price, requiring less of the consumer's disposable income. By the same token, purchasers have known that one way to get more of the goods or services that they value is to offer to pay more of their disposable income for them. If the demand for services exceeds the supply there is a shortage creating an upward pressure on the price. If the supply of services exceeds the demand creating a surplus there is downward pressure on prices.

The present organizational structure and characteristics of health care financing and delivery in the US does not allow the economic principles of supply and demand to be truly tested in the marketplace. This may be, at least in part, the reason for the rate of inflation for medical care to have ranged from 16% to 200% above the overall inflation rate from 1991 thru 2000. This statistic is even more astonishing considering this was a period of slow growth in healthcare spending in the US (12).

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President's Message

Barb Sullivan, PT, MBA

As this is my first message of 2003 I would like to extend my wish to each and every one of you for a healthy, happy and prosperous New Year.

We, as Illinois Physical Therapists, are embarking on an exciting phase of our direct access campaign. By the time this issue reaches you, a bill will have been introduced for consideration to the Illinois legislature. The goal of this bill is to increase the access of physical therapy services to the public. A summary of the bill can be found in Peter McMenamin’s article “Access to Physical Therapy” on page 8. It is imperative that each of us help to educate the public, state legislators and the medical community to the benefits that the increases in direct access to our services will attain. Every person makes a difference so please help us obtain our goal.

Your IPTA district chair and legislative committee member are involved, want your input and are eager to share their thoughts and information. Each IPTA district is putting together a database, matching IPTA district members to each legislative districts. It’s a big job—but needs to be done if we are going to be successful. If you’d like more information or to help, give them a call.

Keep informed day to day of the progress of our bill through your district leaders and through the IPTA list serve and website. The exact wording to the bill can be found through the following website www.consulting4biz.com which is the website of our lobbyist, Consulting4Biz. The language is found in the Legislative Clients Only section where a login and password is required. Currently, you would need to obtain this information from the IPTA website (www.ipta.org/ipta_legislative.html). From here, you will need to fill in the form and provide your Name, Email and APTA membership number. You will then receive by email the information to access the Lobbyist website. You may also contact the Chapter Office by phone or fax.

Working together we can obtain this professional goal.

Barb Sullivan, PT, MBA
Consumer expectations have been suggested as a principal driver of escalating health care costs (13). In some measure, it is suggested that healthcare consumers expect: (1) the best that health care has to offer, (2) immediate access, and (3) insurance to pay for the goods/services delivered (13). These expectations are not surprising considering the evolution of the socio-cultural definition of health and illness whereby patients have often relinquished personal responsibility for their health and recovery to a health care system (15). As a result, however, those who would stand to benefit the most from the good(s)/ service(s) rendered, bear little or no financial responsibility making it difficult for them to judge the true value of the good(s) or service(s).

The delivery system of health care also has been identified as a significant driver of rapidly rising costs. Specifically, healthcare resources are not being efficiently allocated. There is an oversupply of expensive and high technology services that include specialty hospitals/procedures, imaging centers, and pharmaceuticals and shortages of affordable, low technology services that include growing shortages of primary care physicians, nurses, and ancillary health professionals. Moreover, the belief that consolidation of hospitals and providers would result in improved efficiency has led to higher reimbursements rather than lower costs. The fact that the health care market is not responding to pricing differences is believed to be linked to patients not having access to price information, limited choice of providers, and many health plans providing little or no incentive for consumers to exercise discretion when purchasing care (14).

Trends

The Centers for Medicare and Medicaid Services projects that health care costs will rise at an average annual rate of 7.3 percent over the next decade and, by 2011, will reach per capita and total expenditures of $9,216 and $2.8 trillion equaling 17% of the GDP, while the uninsured population grows to an estimated 55 million. It is suggested that as health care costs rise, consumers may be asked to contribute more towards existing coverage, or alternatively, their choice of plans, providers, and benefits may be narrowed.

States are expecting budget shortfalls that could reach an aggregate range of $40 to $100 billion in 2003. Recognizing the resurgence in Medicaid spending growth and Medicaid’s large share of state budgets, on average 15%, it is highly probable that Medicaid will be a principal focus for legislators in forty-four states who are contemplating freezing or reducing Medicaid eligibility, benefits, and reimbursements for 2003 (20,22).

Annual private health insurance premiums increased 15.6% in 2002 and 2003 premium increases are projected to range from 14-25% (9). Many employers believe that current health care premium increases are just the beginning of a longer trend. In an attempt to hold down skyrocketing health care costs companies are beginning to shift more medical expenses to employees by reducing the level of benefits coverage, increasing premiums on coverage for dependents, raising employee contributions to personal premiums, or raising co-payments/deductibles (17). Many employees will be offered a novel kind of coverage that combines substantially higher deductibles with a fixed-contribution from the employer called defined-contribution or consumer-driven plans. As an example, the insurance plan would be required to cover the first $1,000 of a family’s medical costs. The employee would be responsible for the next $1,000, with subsequent costs divided between the employee and the insurer (1). To further facilitate discretion of health care utilization insurers are offering web sites to allow members to track spending and compare costs of local providers (17).

Models

Previous attempts to control costs through managed care and vertically integrated delivery systems have not yielded the promised cost savings and efficiencies (21). Even though these delivery systems function in a free enterprise system, they are only partially governed by free-market forces. In a free market, there are multiple buyers (patients) and sellers (providers) with patients choosing to receive services from any provider. Prices are controlled by the unfettered interaction of supply (open, direct access) and demand. Demand is influenced by the prices in the free market (23).

Most patients are enrolled in private or government-sponsored health plans that offer their enrollees a limited choice of providers rather than open access. This results in the health plans, rather than the patient, becoming the true buyers in the health care services market. For the health care market to be free, there must be unrestricted competition among providers allowing patients to choose based upon price and quality (23).

Conclusions

Rapidly increasing health care costs are, and will remain, a major concern for consumers, employers, payers, legislators, and providers. In a struggling economy, state and federally funded programs and private employers will no longer be able to absorb the higher costs and will pass them on to the consumer. If the cost of coverage continues to go up even more individuals will become uninsured because they will be priced out of the market (6). Health care cost containment will be of great importance as benefits managers and legislators take on the difficult tasks of balancing budgets and remaining competitive in a global market. To effectively respond to this daunting challenge a more free market approach to health care delivery is essential and would include:

1. Disclosure of information about the availability of services
• Patients may utilize less expensive treatment options
2. Disclosure of information about price and quality of services
• Patients may consider cost of treatment
• Patients may consider quality and service
3. Patients directly bear a portion of the cost of services received
• Patients may utilize health care with greater discretion
4. Open/Direct Access
• Patients may choose to receive services from any provider based upon expertise, quality, and cost

Aspirations for continued health insurance benefits funded by private industry and state/federal governments will require significant changes in the present system. The aforementioned market forces are considered to be the most efficient methodology for allocating resources and creating competition. Competition will lower costs, enhance quality, and facilitate innovation among consumers, providers, and public/private health plans.

References

**ILinois Physical Therapy Association**

2003 **Spring Meeting**
Starved Rock Lodge, Utica, IL
Saturday, April 26, 2003

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**Course Offering**

**Date:** Saturday, April 26, 2003  
**Title:** Documentation and Reimbursement  
**Speaker:** Cathy DeMartinis

*Course Description:* This workshop will serve to guide you through Medicare regulations and Local Medical Review Policies to develop a thorough understanding of documentation requirements. Differences between Medicare Part A, Medicare Part B, and other providers will be discussed. The power of documentation will also be demonstrated as a tool to advocate for your patients and to defend your clinical decisions.

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**Schedule of Events**

**Friday, April 25, 2003**  
6:00 pm—8:00 pm Board of Directors Meeting  
(Schedule to change)  
Location: TBA

**Saturday, April 26, 2003**  
8:00 am—11:00 am Documentation and Reimbursement  
12:30 pm—1:00 pm New Representative Orientation  
11:30 am—12:30 pm Chief Delegate's Forum and Lunch  
1:00 pm—4:00 pm Representative Assembly

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**Accommodations**

*Starved Rock Lodge*  
PO Box 570  
Highway 178 & 71  
Utica, IL 61373  
800-868-ROCK  
www.starvedrocklodge.com

*Room Rate:* East Wing: $85-single; $95-double  
West Wing: $95-single; $105-double

*Deadline:* March 25, 2003  
*Block #: 236

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**2003 Spring Meeting Registration Form**

Please complete the registration form if you plan to attend any activities during the 2003 Spring Meeting. Lunch is not provided on Saturday; however, those attending the Chief Delegate’s Forum or otherwise wishing to eat onsite can order the box lunch at a cost of $15. Lunch orders are due by April 29; payment must accompany registration form. No box lunch reservations will be accepted onsite.

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- [ ] Documentation and Reimbursement—$50.00  
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  - [ ] I am an Assembly Representative  
  - [ ] Attend the New Representative Orientation  
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Help Needed for Legislative Division

With the submission of direct access legislation this spring, the IPTA needs to build a strong grassroots network to pass this legislation. If you feel that patients in Illinois should have direct access to physical therapy services, we need you to get involved. There will be many opportunities for active involvement in the next several months at many different levels. We need volunteers to call their legislators at the appropriate time to discuss the proposed legislation. A fax also works well when the timing is right to express your view of a piece of legislation. The most effective means of communication is a personal face-to-face visit with your legislator either in their home office or in their Springfield office. The legislative division will be planning a legislative day in Springfield for late March or early April. Please consider participating in the legislative process. The following members of the legislative division are coordinating and tracking their respective IPTA districts legislative network. This is a great opportunity to make a difference for the physical therapy profession. Please contact your district legislative representative or the IPTA office if you are interested in participating in this exciting legislative process.

West Central – Sandy Eisenmann
Central – Dick Kruckeberg
East Central – Jim Milder/Laura Voruz
Eastern – Ricardo Fernandez
Southern – Jay Pardus
Northern – George Wolff
Western – Tricia Saylor
North Central – Ken Olson

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“Access to Physical Therapy”

Proposed Amendment to the Illinois Physical Therapy Practice Act

The four words “Access to Physical Therapy” describe and summarize the proposed 2003 amendment to the Illinois Physical Therapy Act. If passed, this amendment would represent the most significant change in the practice act since 1988 when Illinois achieved its current partial direct access status. Every proposed change in the Act has to do with enhancing and protecting the public’s access to licensed physical therapy services. The proposed bill entered the legislative process on January 23. It must go through the Reference Bureau, and is then sent to the leadership for assignment to the appropriate committee(s) that will consider the bill.

The proposed amendment to our act includes the following provisions:

- The main provision involves several deletions which together provide the public with “Direct Access” to a physical therapist. Direct Access will be achieved (if the bill is enacted into law) by deleting most of Sec. 17.V, that requires a physical therapist to have a diagnosis or referral in order to treat a person with a human ailment. Also deleted are the definitions of “referral” and “current and relevant diagnosis” appearing in Sec. 1, as these definitions would no longer be needed.

- Section 2 is amended to make the initials “PT” and “PTA” the legal designations for a PT and PTA. This is to protect the public’s access to physical therapy by reducing the confusion that may be present if different licensees—all with identical privileges—use different initials.

- The definition of Physical Therapy in Sec. 1 is enhanced to include the concepts of a physical therapy diagnosis and prognosis. Physical therapy diagnosis is specifically distinguished from a differential medical diagnosis.

- Paragraph L of Sec. 17 which deals with conflict of interest is enhanced by expanding the protection of the public to include prohibition of potential conflict of interest in the area of physical therapy referrals. Successful enactment of this provision would represent fulfillment of a goal set by the IPTA Assembly in 1991, and specifically supported by the Assembly since 1988.

- Sec. 31 and 32.2 of the act are strengthened by clarifying the legal protection of the terms “physical therapy” and “physiotherapy”, by identifying sham initials that could be misconstrued as representing physical therapy, and by making it illegal to advertise “physical therapy” without a physical therapy license.

Some proposed changes have been reviewed by APTA general counsel. Others are based on the Model Practice Act or on recent improvements in physical therapy practice acts in other states.
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Kate Buchheit, PT
Steven Crowe, PT
Neil Davis, PT
Jose De Jesus, PT
Mesi Goehringer, PT, MHS, CCS
Mark Gratton, PT
Benedicte Hanquet, PT
Sarah Hanshaw, PT
Barbara Jerry, PT
Stephanie Kelwick, PT
Marissa Maaske, PT
Patricia Alekiec, PT
Amber Miller, PT
Kristina Neher, PT
Elizabeth Romadka, PT
Jenel Sanford, PT
Melissa Stevens, PT
Gregory Storzurn, PT
Kristina Strand, PT
Michelle Veumax, PT
Corinne Webb, PT
Christine Wheeler, PT

Physical Therapist Assistants
Patrice Lassa, PTA

Students
Alison Augustine, SPT
Tammy Burton, SPTA
Kelly Clayton, SPTA
Kristin Corcy, SPTA
Elizabeth Dawson, SPT
Nicole Dunch, SPT
Sherry Easley, SPTA
Amber Eastin, SPTA
Salena Garland, SPT
Sommer Guadini, SPT
Matthew Hartel, SPT
Trinity Hipsas, SPTA
Juliette Hopkins, SPTA
Donald Howard, SPTA
Dennis Howell, SPTA
Julie Jung, SPT
Laura Johnson, SPT
Don Kehn, SPTA
Linda Marshbuhl, SPTA
Anitra Placecki, SPT
Jenny Poyer, SPTA
Chelsey Renschen, SPTA
Camilla Riston, SPTA
Mike Runyon, SPTA
Krista Sandness, SPTA
April Seines, SPTA
Carrie Sophia, SPTA
Terry Spencer, SPTA
Chi-Hsuan Su, SPT
Jeremy Sullivan, SPT
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You're feeling a little down? You locate a licensed psychologist, clinical social worker, professional counselor, a marriage/family therapist, or... an unlicensed "life coach"—all directly accessible to the public—and you get a little help.

To prepare your taxes, you meet with your accountant.

You bring your car problem directly to the licensed mechanic to get it diagnosed and repaired.

You see your medical physician for a differential diagnosis and treatment of your chest pains.

You have a crick in your neck? You can see a chiropractor to get an immediate "adjustment". And while you're at it, nothing in your chiropractor's practice act prohibits her from also diagnosing and treating your heart, liver, kidney, and lung ailments!

For advice on vitamins you ask the health food store clerk, who may have a degree.

At the gym you hire an unlicensed personal trainer, who may have a degree.

At your convenience you can soothe your aching body with a massage from a massage therapist, who may have a degree.

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All so straightforward...

Then... You discover your 75 year old mother is having trouble negotiating the stairs to her apartment. You call a physical therapist. and you ask him to see your mother... to help mother improve her balance and control on stairs, or... to make recommendations on environmental changes to reduce the risk of a fall.

But the therapist declines: mother must have a current and relevant medical diagnosis or a doctor's referral before receiving the services of a physical therapist. That's the law.

But... what if the family is willing to pay out of pocket—to bypass the insurance?

"Sorry...It's not the insurance. It's the law. If I see your 75 year-old mother for a few sessions to teach her to negotiate the stairs properly and give her some exercises she can do at home, I am violating Illinois law, and I can lose my license to practice my profession..." says the therapist.

Well... perhaps the service economy is not so simple or accessible after all!

Illinois law trusts the consumer to choose their licensed doctor, lawyer, accountant, hairdresser, psychologist, optometrist, podiatrist, chiropractor, barber, real estate professional, insurance broker, dietician, veterinarian, private detective, architect, engineer, land surveyor, social worker, and firearms trainer.

But consumer... Beware the physical therapist!!

Protect the public from the physical therapist!!

What makes the physical therapist different in Illinois law?

Is it that physical therapy is perceived as some kind of Johnny-come-lately, minor profession?
- This profession that was mandated into existence by the War Department during World War One to treat the injuries, disabilities, and movement dysfunctions of our soldiers and veterans.

- This profession that had one of its first professional schools at Harvard University.

- This profession that, three quarters of a century ago, formed a professional association governed by a national house of delegates, created a professional journal, a code of ethics, a defined professional curriculum and training program, and a unique body of applied scientific knowledge.

- This profession whose national association (APTA) has been a registered corporation in the state of Illinois since 1930!

- This profession whose oldest existing professional school in the nation opened in 1927 at Northwestern University!

- This profession that will graduate 90 Doctors of Physical Therapy and 80 Masters of Physical Therapy in Illinois this year.

Are these accomplishments the reason the public cannot be trusted to choose a physical therapist without the prior approval of a middle man?

Does the public really need more protection from physical therapists than from lawyers and accountants?

Physical Therapy is the only profession wholly dedicated to scientifically examine, evaluate, and treat movement dysfunction from cradle to senior center.

For over 80 years Illinois physical therapists have proved themselves to be professionals devoted to the public good and to scientific practice within the medical model. For 53 years, physical therapy has served the public's needs as a respected licensed profession in Illinois.

Isn't it time for a change in Illinois law to allow the consumer to receive services from a physical therapist... when the consumer chooses to do so?

PJM
Illinois Physical Therapy Association

7th Annual IPTA Golf Classic

Friday, June 27, 2003
Maple Meadow Golf Club
Wood Dale, IL

Everyone is invited to attend!

8:30 AM - Shot Gun Start Scramble Format

PTs, PTAs and Students are encouraged to participate in this outing to help ensure the vitality of the profession as well as the quality of patient care.

Net proceeds from the event will benefit the IPT-PAC.*

For details on the hospital and clinic challenges and/or sponsorship opportunities, contact:

Tim Caruso: (630) 628-8176 or CarusoPT@ameritech.net.
Phil Bartkiewicz: (630) 834-4337 or p.bartkiewicz@worldnet.att.net

Note: No ATM/Cash Station on the premises.

For more information:

IPTA Chapter Office
Phone: 630/ 571-1400
Fax: 630/ 571-1406
Email: ipta@ipta.org

*PAC contributions are not deductible for income tax purposes. A copy of our report will be filed with the State Board of Elections and is/will be available for purchase from the State Board of Elections, Springfield, Illinois.
NORTHERN UNIVERSITY PHYSICAL THERAPY PROGRAM CELEBRATES 75 YEARS OF EXCELLENCE

The physical therapy education program at Northwestern University celebrated its Diamond Jubilee with an Alumni Weekend November 8 – 9, 2002. Alumni from 19 states representing graduates from 1943 – 2001 gathered to attend educational seminars, view research posters, tour the facilities and participate in several social activities. Current students and the alumni of the future participated in education and social events. Clinicians (non-NUPT graduates) from 17 clinical facilities providing clinical education experiences to students attended the education sessions.

The weekend ended with a gala celebration on Saturday evening, filled with good food, great company, and reminiscing with classmates and faculty. A video capturing the history of the physical therapy education program from 1927 – 2002 brought back memories of classmates, school, and special moments; laughter at fashions; and a retrospective look at the development of physical therapy education at NU.

VISION 2020: PREPARING THE NEXT GENERATION OF PTS

Sponsors:
Accredited Illinois Physical Therapy Programs
Chicagoland Physical Therapy Director’s Forum
IPTA Clinical Education Special Interest Group

Location:
Midwestern University
555 31ST Street
Downers Grove, IL 60515

Dates: March 28 & 29, 2003
**Member Spotlight**

**NORTHWESTERN UNIVERSITY**

**Distinguished Alumnus 2002**

Congratulations to Donna Frownfelter of Glenview. Donna was the first recipient of an award intended to honor alumni of NUPT who have made a distinguished contribution to the profession of physical therapy. A reception was held on December 10, 2002 to honor Donna. Former students, colleagues and faculty joined in the celebration.

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Mettler Center, LLC Receives National Award

ADVANCE magazine recently selected Mettier Center, LLC of Champaign, IL as the Honorable Mention recipient of the “Best Physical Therapy Practice Award.” The award was announced at the American Physical Therapy Association Private Practice Show last October. The winner was Jack D. Close and Associates of Las Vegas, Nevada. According to ADVANCE magazine’s associate editor Marci Landsmann, the Mettier Center came within one point of the first place winner.

The Mettier Center was one of over 100 physical therapy practices in the nation that were nominated. Kirsten Bollinger, a physical therapist who works at the Mettier Center, submitted the Mettier Center’s nomination. Each practice was judged on five areas, which included: customer service, staff growth/retention, practice growth, maximizing billing potential, and teamwork.

“The mission of the Mettier Center is to transform the lives of the people we serve. We strive to do that on a daily basis, with every patient,” said Paul Mettier, PT, owner and founder of Mettier Center, LLC. “We are pleased to be ranked highly with other well-known private practices on a national level.

The Mettier Center, LLC was established in Champaign in 1990 as a physical therapy practice. In 1996, fitness and wellness related components were added. Today, the Mettier Center has three locations in Champaign providing physical therapy two of which also provide fitness.

DAVID BUTLER, PT

Mobilization of the Nervous System
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ASK YOURSELF.

Have you always been INTERESTED in owning and running a private practice?

Do you spend too much PASSION in your current position without enough of a return to you?

Are you ready to make a DIFFERENCE in your community but are unsure on how to get started?

Would you love to be an OWNER of a private practice but fear the financial & administrative commitment?

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Larry Briand
3915 30th Avenue
Kenosha, WI 53144
Telephone 1.877.552.2996
Facsimile 262.657.7190
Email rms-lb@tds.net
rms-ct@tds.net
# 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting/Course Name</th>
<th>Location</th>
<th>Contact</th>
<th>CE Credit(s)</th>
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<td>Feb 6-9</td>
<td>FOI: Functional Orthopedics I</td>
<td>Rehab Connections</td>
<td>Sheryl Poremba (708) 301-7576</td>
<td>27.75</td>
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<td>Sponsor: Institute of Physical Arts, Inc.</td>
<td>Lockport, IL</td>
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<td>Feb 7-8</td>
<td>Aquatic Rehabilitation Series II</td>
<td>Calumet City, IL</td>
<td>Tom Tierney, PT (630) 960-0783</td>
<td>13.4</td>
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<td>Sponsor: Aquatic Physical Therapy Resources, Inc.</td>
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<td>Feb 15-16</td>
<td>Pediatric Aquatics: Enhancing Motor,</td>
<td>Edward Health &amp; Fitness</td>
<td>Jessica Lynn Training Coordinator</td>
<td>16</td>
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<td></td>
<td>Sensory and Cognitive Development</td>
<td>Naperville, IL</td>
<td>(803) 802-5400</td>
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<td>Sponsor: Motivations, Inc/ATRI</td>
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<td>Feb 15-16</td>
<td>Al Chi Intensive</td>
<td>Seven Bridges</td>
<td>Jessica Lynn Training Coordinator</td>
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<td>(803) 802-5400</td>
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<td>Feb 18</td>
<td>Principles of Pilates for Physical Therapy</td>
<td>Oakbrook, IL</td>
<td>Sheryl Poremba (708) 301-7576</td>
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<td>Orthopedic Rehabilitation of the Knee and Shoulder</td>
<td>Chicago, IL</td>
<td>Jeannie Evenson CE Coordinator</td>
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<td>(615) 331-4422</td>
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<td>Feb 20-21</td>
<td>The Cervical Spine-Research Based Clinical Practices</td>
<td>Holiday Inn Hotel and</td>
<td>Ron Rossetti CEO (603) 329-6117</td>
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<td>Suites Downtown Chicago, IL</td>
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<td>Sponsor: Northeast Seminars</td>
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<td>Principles of Pilates for Physical Therapy</td>
<td>Tinley Park, IL</td>
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<td>Feb 27 - Mar 2</td>
<td>PART A - MDT of the Lumbar Spine</td>
<td>Elmhurst, IL</td>
<td>Stacey Lyon Executive Director (315) 471-7612</td>
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<td>Feb 27 - Mar 2</td>
<td>PART D - Advanced Technique Workshop</td>
<td>Peoria, IL</td>
<td>Stacey Lyon Executive Director (315) 471-7612</td>
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<td>Clinical Update on Back Stabilization Exercises</td>
<td>Marianjoy Wheaton, IL</td>
<td>Melinda Keith-Singleton (630) 681-1188</td>
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<td>Mar 8-9</td>
<td>Aquatic Rehabilitation Systems II</td>
<td>Woodridge, IL</td>
<td>Tom Tierney (630) 960-0783</td>
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<td>Improving MDS Skills &amp; Performance</td>
<td>Chicago, IL</td>
<td>Jeannie Evenson CE Coordinator (615) 331-4422</td>
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<td>Mar 14-15</td>
<td>Use of Taping During Treatment of Children with</td>
<td>Chicago Suburbs, Illinois</td>
<td>Kids In Motion, Inc. Renee Rowley or Margie Mizera</td>
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<td>Neuromotor Impairments</td>
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<td>Mar 21-23</td>
<td>PART B - MDT of the Cervical/Thoracic Spine</td>
<td>Chicago, IL</td>
<td>Stacey Lyon Executive Director (315) 471-7612</td>
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<td>Mar 27-28</td>
<td>HIPAA, The Final Privacy Regulations and Medical Records</td>
<td>Schaumburg, IL</td>
<td>Jeannie Evenson CE Coordinator (615) 331-4422</td>
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<td>Apr 4-5</td>
<td>Electrical Stimulation (NMES/FES) for Children with Cerebral Palsy</td>
<td>Chicago Suburbs, Illinois</td>
<td>Kids In Motion, Inc. Renee Rowley or Margie Mizera (708) 371-7007</td>
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<td>Apr 26</td>
<td>Osteoporosis: An Update for Clinicians</td>
<td>Hotel Inter-Continental Chicago, IL</td>
<td>Martene Goldberg Director (773) 702-1056</td>
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<td>May 3-4</td>
<td>Manual Therapy Treatment of the Lumbar Spine and Pelvis</td>
<td>Chicago, IL</td>
<td><a href="http://www.gototss.com">www.gototss.com</a></td>
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<td>May 3-4</td>
<td>Implementing Therapy In the Classroom</td>
<td>Chicago, IL</td>
<td><a href="http://www.gototss.com">www.gototss.com</a></td>
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<td>May 17-18</td>
<td>An NDT Key to Baby Treatment</td>
<td>Chicago, IL</td>
<td><a href="http://www.gototss.com">www.gototss.com</a></td>
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<td>May 17-18</td>
<td>How to Treat Chronic Wounds</td>
<td>Chicago, IL</td>
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<td>Jun 6-8</td>
<td>PART C - MDT Problem Solving</td>
<td>Chicago, IL</td>
<td>Stacey Lyon Executive Director (315) 471-7612</td>
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<td>Jun 28-29</td>
<td>Evaluation and Treatment of Balance</td>
<td>Chicago, IL</td>
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<td>Jun 28-29</td>
<td>How to Use Observations to Guide Sensory Integration</td>
<td>Chicago, IL</td>
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<td>Jul 17-20</td>
<td>PART A - MDT of the Lumbar Spine</td>
<td>Springfield, IL</td>
<td>Stacey Lyon Executive Director (315) 471-7612</td>
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<td>Jul 19-20</td>
<td>How to Evaluate and Treat Children with Sensory</td>
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<td>Jul 19-20</td>
<td>Intervention in the Classroom: Pre-K - 12</td>
<td>Chicago, IL</td>
<td><a href="http://www.gototss.com">www.gototss.com</a></td>
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<td>Jul 25-27</td>
<td>PART C - MDT Problem Solving</td>
<td>Bloomington, IL</td>
<td>Stacey Lyon Executive Director (315) 471-7612</td>
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<td>Sept 6-7</td>
<td>How to Evaluate and Treat Individuals with Cognitive</td>
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<td>How to Increase Function Through Lumbar Stabilization</td>
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<td>Oct 18-19</td>
<td>How to Treat Children with Cerebral Palsy Using NDT</td>
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<td>Oct 18-19</td>
<td>School-Based Therapy Solutions: K-12</td>
<td>Chicago, IL</td>
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<td>Oct 23-26</td>
<td>PART A - MDT of the Lumbar Spine</td>
<td>Peoria, IL</td>
<td>Stacey Lyon Executive Director (315) 471-7612</td>
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<td>Nov 8-9</td>
<td>Motor Learning and the Neurologic Patient</td>
<td>Chesterfield, MO</td>
<td>Heather G. Black (770) 751-9571</td>
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<td>Nov 8-11</td>
<td>PART D - Advanced Technique Workshop</td>
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<td>Dec 12-14</td>
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Save The Date

February 12-16, 2003
APTA Combined Sections Meeting
Tampa, Florida

April 26, 2003
IPTA Spring Assembly
Starved Rock Lodge
Utica, IL

June 18-21, 2003
PT 2003: Annual Conference & Exposition of the APTA
Washington, DC

June 27, 2003
7th Annual Golf Classic
Maple Meadow Golf Course
Wood Dale, IL

October 17-19, 2003
IPTA Fall Conference
Holiday Inn Crowne Plaza
Springfield, IL

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