Elder Abuse and Neglect Program in Illinois

Physical Therapists and Physical Therapist Assistants are required by state statute, to report suspected elder abuse, neglect and exploitation to the Department on Aging's Elder Abuse and Neglect program. Effective January 1, 2004, any mandated reporter who willfully fails to report as required is subject to penalties.

Research indicates that about 4 to 5% of persons aged 60 and over are subjected to some form of mistreatment. It is estimated that only about one in 13 cases of elder abuse in the community are reported to the Elder Abuse and Neglect Program.

Elder abuse takes many forms, and in most cases victims are subjected to more than one type of mistreatment. In Illinois, over 50% of elder abuse reports allege financial exploitation; approximately 25% allege physical abuse; 45% allege active or passive neglect; and 45% allege emotional abuse.

Physical Abuse - inflicting physical pain or injury upon an older adult.

Sexual abuse - touching, fondling or any other sexual activity with an older adult, when the person is unable to understand, unwilling to consent, threatened or physically forced.

Emotional abuse - verbal assaults, threats of abuse, harassment or intimidation. Emotional abuse is often coupled with other forms of abuse.

Confinement - restraining or isolating an older person, other than for medical reasons.

Passive neglect - the caregiver's failure to provide an older person with life's necessities, including, but not limited to, food, clothing, shelter or medical care.

Willful deprivation - willfully denying an older person medication, medical care, shelter, food, a therapeutic device or other physical assistance, thereby exposing that person to the risk of physical, mental or emotional harm - except when the dependent person has expressed an intent to forego such care.

Financial exploitation - the misuse or withholding of an older person's resources by another, to the disadvantage of the elderly person and/or the profit or advantage of someone else.

How to Report
- Contact the Illinois Department on Aging's Senior HelpLine, 8:30 a.m. to 5:00 p.m. Monday through Friday, 1-800-252-8966
- After hours, on weekends and holidays call the Elder Abuse After Hours Hotline at 1-800-279-0400.
- You may also call your local Elder Abuse...
President’s Message

Barb Sullivan, PT, MBA

Having just returned from the IPTA Spring Representative Assembly, I just wanted to thank all of our Assembly Representatives and District Leadership for attending and making your voice heard. We had some great discussion on our bylaws changes and other motions on the Illinois practice act rules. In addition to our important work concerning the governance of our Association, we also hosted two great continuing education sessions. The first, an all day seminar on Reimbursement in the Outpatient Setting, presented by Helene Fearon, received rave reviews from those attending. The second, a special CE course was presented free of charge to those attending the Representative Assembly. That course, Informed Consent: PT Practice, presented by Patti Naylor, was also very well received by the attendees. We’re working hard to provide high quality continuing education at a reasonable cost to our members, and especially our volunteers, who work hard on your behalf to ensure that IPTA is a strong and relevant organization for its members.

As we continue to move forward, I wanted to report to you on our successes since the last representative assembly meeting. Our 2003-2004 Strategic Priorities were the Legislative Division and the Education Division. In our Legislative Division our goals were to Develop/Execute campaign to achieve Direct Access.

• We have led the Direct Access campaign to develop support in these target audiences: PT Community, Physician Community, Illinois Legislature.

• We continue to:
  Promote/protect the practice of PT and the public.
  Monitor proposed legislation that affects PT practice.
  Pursue liaisons with other professional health associations to achieve objectives.

• We are supporting the efforts of the IPT-PAC, with our contributions and membership in the Lincoln Society.

— continued on page 5

IPTA 2004 Election Schedule

The offices up for election this year are:
President, Vice President, Secretary, Ethics Committee Member (2 members), Nominating Committee (1 Member), At-Large Delegates (3 delegates), and Alternate Affiliate Representative.

Call for nominations published ........................................April 2004
Deadline for close of nominations .................................June 11, 2004
Deadline for consent to serve .........................................July 16, 2004
Deadline for preparation of slate ......................................July 31, 2004
Ballot package to printer .................................................August 20, 2004
Ballot in mail to membership ............................................September 10, 2004
Ballot return deadline .....................................................October 15, 2004
Results published ..........................................................December 2004
Physical Therapy Department Embraces Name Change at Rosalind Franklin University of Medicine and Science

Earlier this year, members of the faculty and staff of the Department of Physical Therapy at Finch University of Health Sciences/The Chicago Medical School were very excited to witness a stirring ceremony announcing a new name for the university. The ceremony took place January 27, 2004, and the new name became effective officially on March 1, 2004. Please share our excitement as we inform the Illinois physical therapy community that our university is now known as Rosalind Franklin University of Medicine and Science.

Finch University of Health Sciences/The Chicago Medical School formally changed its name to Rosalind Franklin University of Medicine and Science to champion the scientific contributions of Rosalind Franklin, Ph.D., the woman whose research led to the discovery of the structure of DNA. The University also unveiled new research, clinical, educational and community service initiatives that reflect Dr. Franklin's life's commitment to discovery. The University is the first medical institution in the United States to recognize a female scientist through an honorary namesake.

Dr. Franklin's thorough research, meticulous data collection and analytical nature brought substantial contributions to the study of DNA. Dr. Franklin's Photo 51, which depicted DNA unmistakably as having a double helix structure, was never attributed to her during her lifetime, even though the photo led James Watson and Francis Crick to develop the DNA model for which they were awarded the Nobel Prize in 1962. Sadly, in 1958, at the age of 37, Rosalind Franklin died from ovarian cancer, possibly from radiation exposure from her work, or her own genetic history, but most certainly without ever knowing the true magnitude of her contribution to science.

The Department of Physical Therapy at Rosalind Franklin University has found several reasons to celebrate. "Not only have our faculty, staff and students been energized by the legacy of Rosalind Franklin, we have also been actively involved in several initiatives that further the University's new mission to educate health professionals in an integrated model," said Dale Schuit, PhD, PT, Department Chair. "We have a new University name, a new College name as the College of Health Professions, a new role model in Dr. Franklin, and reinvigorated teams of health professionals. We have always provided outstanding education to future physical therapists. Now we're doing even more."

The University also recently set forth its new vision, "Life in Discovery," that both alludes to the life's work of Rosalind Franklin and reestablishes the school's commitment to creating an educational environment that provides the next generation of health and biomedical professionals with skills focusing on predictive and preventive medicine, new integrated models of education and healthcare delivery, as well as opportunities to conduct cutting-edge biomedical research and serve the community in innovative ways.

About Rosalind Franklin

Rosalind Franklin was born July 25, 1920, in London. By the early age of 12, Dr. Franklin excelled in math and science and knew that she was destined to become a scientist. In 1945, Rosalind Franklin completed doctoral study at Cambridge University (London) and spent 1947-1951 in Paris working on X-ray diffraction, where she used an X-ray to create images of crystallized solids. Because of her dedication and tolerance for extreme working conditions, she was one of the world's most capable practitioners of X-ray diffraction at the time.

In 1951, Dr. Franklin was invited to join a team of scientists at King's College in London to work on the study of living cells, specifically the structure of DNA. She worked persistently at the high humidity necessary to take clear pictures to ultimately reveal that there are two forms of DNA. Dr. Franklin literally illuminated "the secret of life," leading to one of the greatest discoveries of her time. Her photo and research led James Watson and Francis Crick to develop a model of DNA that was recognized with the Nobel Prize in 1962.

In 1953, Dr. Franklin transferred her fellowship from King's College to Birbeck College at the University of London, where she continued to perform innovative work studying viruses and laying the foundations of structural virology. She worked extensively on the tobacco mosaic virus, as well as the polio virus. In 1958, at the age of 37, Rosalind Franklin died from ovarian cancer.

About Rosalind Franklin University of Medicine and Science

Rosalind Franklin University of Medicine and Science educates medical doctors and health professionals in a personalized atmosphere. The University is located at 3333 Green Bay Road, North Chicago, IL 60064, and encompasses Chicago Medical School, School of Graduate and Postdoctoral Studies, College of Health Professions, and Dr. William M. Scholl College of Podiatric Medicine. Visit at www.rosalindfranklin.edu. For more information about our name change, visit www.lifeindiscovery.com.
Provider Agency. A list is available in the Directory of Agencies and Organizations Serving Seniors. This is available on the internet at the following link: http://www.state.il.us/aging/1directory/elder_abuse.pdf

The reporter should be prepared to answer the following questions to the best of their ability...

- The alleged victim's name, address, telephone number, sex, age and general condition;
- The alleged abuser's name, sex, age, relationship to victim and condition;
- The circumstances which lead the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
- Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if there is any danger to the worker going out to investigate;
- Whether the reporter believes the client could make a report themselves;
- The name, telephone number and profession of the reporter;
- The names of others with information about the situation;
- If the reporter is willing to be contacted again; and,
- Any other relevant information.

Confidentiality

All reports and records of the Elder Abuse and Neglect Program are subject to strict confidentiality provisions, except as provided by law or court order.

Call for Nominations

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

President • Vice President • Secretary • Ethics Committee (2 members) • Nominating Committee (1 member) • At-Large Delegates (3 Delegates) • Alternate Affiliate Representative

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 IPTA Membership Directory. Please return this endorsement form by June 11, 2004 to the Chapter office, attention, Patricia Naylor, 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 (see related article on p. 18 for more information).

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 September 10, 2004. 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 form.

Name: ____________________________
Position to be endorsed for: ____________________________
Address: ____________________________

Name: ____________________________
Position to be endorsed for: ____________________________
Address: ____________________________

Name: ____________________________
Position to be endorsed for: ____________________________
Address: ____________________________

Name: ____________________________
Position to be endorsed for: ____________________________
Address: ____________________________

Name: ____________________________
Position to be endorsed for: ____________________________
Address: ____________________________

Name of person submitting nominations:

District Endorsement (List district office and name)

Individual Endorsement (List district name)

Self Endorsement

This form must be received not later than June 11, 2004 by mailing or faxing it to:

Patricia Naylor, Nominating Committee Chair
Illinois Physical Therapy Association
1010 Jorie Blvd., Suite 134
Oak Brook, IL 60523
630-571-1400 phone • 630-571-1406 fax

Illinois Physical Therapy Association
Presidents Message

Our Education Division Priorities included:

- Promoting quality educational offerings,
- Maintain a timely, user friendly, credible CE approval process.
- Collaborate with IDPR to implement mandatory CE process for licensure renewal.
- Plan educational programming supporting chapter goals and priorities
- Assist districts in program planning and coordination
- Plan social aspects of IPTA meetings to enhance networking opportunities.

- Publish materials that support IPTA goals
  PT Priority & IPTA Web Page
- Promote communication among divisions, Board and PT/PTA schools
- Maintain liaison between schools and Education Division

We could not have accomplished these goals without the dedication and involvement of many people. These include Legislation Division: Bambi Penny, Division Director; Peter McMenamin; Direct Access Task Force (Jim Milder, Babette Sanders, Bambi Penny); Bill McGehee; PAC Chair and Committee; Legislative Committee; Tim Hennessey, Sue Clark, Consulting 4Biz; Education Division: Patti Naylor, Division Director; Amy Maxeiner, Conference Chair; CE Approval Committee; Nancy Nuzzo and Meri Goehring Priority Editors; Chapter Office Celeste Kirschner, Executive Director and staff; Board of Directors; IPTA Members and District Leaders.

What's next? We continue to refine our strategic plan and examine our effectiveness on many fronts. This spring and summer, we continue our Board review of Board Structure and Roles and Responsibilities. We will also be moving forward into Strategic Planning and the 2005 Budget cycle. Coming up in January, we will begin our work on the Illinois Practice Act & Sunset Legislation.

We look forward to reporting even more progress at our next Representative Assembly meeting. We hope to see you there!

A Day Lobbying for Direct Access

Jodi Carpenter, SPTA Kaskaskia College

The March 3rd Illinois Physical Therapy Association’s March on Springfield was a highly enjoyable experience and I am very thankful to have had the opportunity to attend. Before this experience, I was very unsure about what Direct Access entailed. However, now I feel like I have a good working knowledge of it. In addition to this, I also feel like I learned a good deal about the legislative process.

During my experience, the group I was with had the opportunity to meet with several political leaders. The first person my group had the pleasure of meeting was State Representative Mike Bost of the 115th District. We met up with him while he was on his way to the House floor. As a result, we did not get to spend a lot of time talking to him. However, during the conversation Representative Bost was very personable and was more than happy to offer his opinion on Direct Access.

During the visit, we also had the pleasure of meeting with State Senator David Luechtefeld of the 58th District. Of all the people we met, Senator Luechtefeld was probably the nicest. When he heard we wanted to talk with him, he actually left the Senate floor to meet with us. He gave us a tour of the old Supreme Court Room. Afterwards, we then proceeded to his office where we discussed Direct Access. Listening to him and Jean Kestner, a PT in my group, discuss the benefits of Direct Access helped to further my knowledge on the subject. While we were discussing Direct Access, Senator Luechtefeld treated us with respect and made us all feel like we were equally important.

The last Senator we met was Senator William Haine of the 56th District. He was also nice enough to leave the Senate floor to meet with us. Although we didn't talk with him as long as we did with Senator Luechtefeld, I still feel like I gained some knowledge about Direct Access by talking with him.

In all, through listening to the comments made by the legislators and through the members of my group discussing the subject in detail, I now feel very comfortable when it comes to the subject of Direct Access. In addition to this, I also learned just how busy Senators and Representatives really are, and I am very grateful that they took time out of their busy schedule to discuss this subject, which is very important to my future profession.

Jodi Carpenter is a student physical therapist assistant at Kaskaskia College in Centralia, Illinois. Jodi's projected graduation date is May, 2005.
HHS Awards $15.7 Million to Help People with Disabilities Return to Work

HHS Secretary Tommy G. Thompson announced the award of $15.7 million in grants to 28 states and the District of Columbia to help people with disabilities find and keep work without losing their health benefits.

With today's announcement, HHS has given $57 million in Medicaid Infrastructure grants to 42 states and the District of Columbia under this program. The grants advance the goals of the Ticket to Work and Work Incentives Improvement Act of 1999, a law passed by Congress to encourage people with disabilities to work without fear of losing their eligibility under Medicare, Medicaid or similar health benefits.

"These grants will help states to develop programs for working people with disabilities enabling them to go to work and receive health coverage through Medicaid," Secretary Thompson said. "Fear of losing access to health coverage is a major obstacle for people with disabilities who want to work, and this program helps reduce that concern. With the help of these grants, states are making great strides in helping people with disabilities who are able to work with the proper supports."

Under this program, states use the grants to help people with disabilities retain their Medicaid coverage when they become employed, to help provide appropriate personal assistance services for those who need help bathing, dressing and other necessary activities, and to support other improvements to help people with disabilities to remain successfully employed. To date, more than 59,000 working people with disabilities have received health coverage under such programs.

The states receiving the funding in 2004 include: Alabama, $500,000; California, $500,000; Illinois, $500,000; Indiana, $500,000; Kansas, $500,000; Louisiana, $500,000; Maine, $500,000; Maryland, $500,000; Minnesota, $566,293; Nebraska, $500,000; Nevada, $500,000; New Hampshire, $1,385,041; New Mexico, $499,575; New York, $500,000; North Carolina, $500,000; North Dakota, $500,000; Ohio, $500,000; Oklahoma, $500,000; Oregon, $500,000; Pennsylvania, $500,000; South Carolina, $500,000; South Dakota, $500,000; Utah, $500,000; Vermont, $500,000; Virginia, $500,000; Washington, $500,000; West Virginia, $500,000; Wisconsin, $761,692; and the District of Columbia, $500,000.

The grants are part of President Bush's New Freedom Initiative, which aims at eliminating barriers that unnecessarily hinder Americans with disabilities as they seek to participate fully in the life of their communities.

"Any program that supports the efforts of those with disabilities to be productive, gainfully employed individuals is good both for the people involved and the economy," said Dennis Smith, acting administrator of the Centers for Medicare & Medicaid Services. "We encourage the business community to seek out this pool of workers."

More information on this Medicaid Infrastructure Grant program may be found on the CMS Web site: www.cms.hhs.gov/twwiia/. More information about President Bush's New Freedom Initiative is available at www.hhs.gov/newfreedom/.

Welcome New Members

**Physical Therapists**
- Maria Rose C. Ariston, PT
- Heather Bava, PT
- Katherina Elizabeth Bernardi, PT
- Leah Winifred Boente-Hu, PT
- Kristin Lynn Hagedorn, PT
- Timothy Michael Komazec, PT
- Erica Smith Religioso, PT
- Waldemar Sadurski, PT
- Michele Lynn White, PT
- Teresa Ann Williams, PT

**Physical Therapist Assistants**
- Andrea L. Didenko, PTA
- Paul Joseph Goldman, PTA

**Student Physical Therapists**
- Matthew Caleb Beary, SPT
- Jamie Riva Brouse, SPT
- Dawn Lynnette Garcia, SPT
- Erin Bridget Gaughan, SPT
- Anthony Marc Gianpetro, SPT
- Cassandra Fallon Gorham, SPT

**Physical Therapists**
- Kristin R. Hayes, SPT
- Katrina Rose Hird, SPT
- Matthew Shane Kelly, SPT
- Kathryn Mary Koren, SPT
- Anna M. Lapinski, SPT
- Michelle Larsen, SPT
- Heather Marie Lossau, SPT
- Bryan Joseph Piantek, SPT
- Adrienne Leigh Quitno, SPT
- Angela Sue Thiel, SPT
- Melissa Lyn Vickers, SPT
- Megan Colleen Wise, SPT
What Your Patients Are Reading
Ward Glasoe, PT, ATC, Northern Illinois University, Physical Therapy Program

What Hurts? Knee Pain
RUNNER'S WORLD
June 2004

The knee article provides a simplistic overview of anterior knee pain associated with overuse running injury. The information presented is concise and easy to understand.

Four syndromes of the knee are described: patellofemoral pain, iliotibial band syndrome, patellar tendinopathy, and osteoarthritis of the patella. For each syndrome, the article describes location of pain and the types of running activity that typically make pain worse. The article then gives basic guidelines for treatment. This information is not complete and not always correct. For example: guidelines for treating patellofemoral pain assert that it's okay to run through pain, and discusses wearing a knee brace or taping arches as options for treatment. Pain should be respected and never ignored, and the application of orthosis should be considered only when recommended by a trained health care professional.

Athletes should be aware that chronic overuse injuries associated with running predispose the knee to early onset joint arthritis.

Balance of Power
TENNIS MAGAZINE
May 2004

The demands of tennis require strength in all major muscle groups. Muscles of the shoulder, forearm, and wrist swing the arm but it is the large muscles of the trunk and legs that produce the power of the stroke.

This is well described in the article. Dr Paul Roetert and Physical Therapist Todd Ellenbecker provide a complete overview of the muscles involved in tennis, and introduce specific exercise that tennis players should use to improve balance and strength.

Following the regimens of exercise described in this article has potential to improve your tennis game.

Learn... Cervical-Thoracic Myofascial Release

This fascinating seminar will give you the confidence and skill to successfully treat cervical pain and restriction of motion, headaches, reflex sympathetic dystrophy, carpel tunnel, TMJ pain and to decrease pain of the hand and upper extremities while increasing functional mobility.

Learn Specific Cervical-Thoracic Techniques for:
- Thoracic-Lumbar Junction
- Sternum
- Rib Cage
- Anterior/Posterior Cervical Areas
- Atlas/Axis Complex
- Thoracic Spine
- Craniofacial Mechanism
- Upper Extremities

Develop Your “Hands-On” Expertise... Call 1-800-FASCIAL
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John F. Barnes, PT, considered to be a teacher of the highest caliber will guide you into Mastery.

Chicago, Illinois
Cervical-Thoracic Myofascial Release
August 27, 28, 29, 2004
Prerequisite: MFRI

Illinois Physical Therapy Association
PT PRIORITY - June/July 2004
Education in focus
What Makes a Good Clinical Instructor?

Rachel Steiner,
PTA Student, Illinois Central College

What makes a good clinical instructor? Different students have different answers based on the clinical instructors they have encountered. Maybe even you are wondering the answer to that question as you strive to be a good example to the students you undertake. The truth is that you are influencing the way we treat and care for our patients and in turn influencing what kind of physical therapist assistants we will become.

There are three key areas that every clinical instructor needs to incorporate when they have a student. The first is feedback, which is something that every student needs.

We ask two things of you.
One, give us our feedback privately. It does not have to be in a separate room with no one around, but do it in a discreet manner so the whole physical therapy department does not know what we did wrong.

Two, make our formal evaluation a constructive process. As much as we may not like being critiqued, we still need it in order to better ourselves as professionals entrusted to the care of many patients. Give us some encouraging words as well, because they can be a beautiful ending to a tough and hectic day.

Availability is another key area. We need one on one time with you sometime during the day in order to ask questions, run treatment ideas by you, and go over the day's events. The meeting time we have with you is valuable because it lets us know what you expect from us, as well as lets you know what we are ready to do. That in turn helps you give us the progressive independence that we need.

The last and most important key area is leading by example. We are watching virtually every move you make to see how you do things. We gather treatment ideas from you, and we learn our professionalism from you.

What does this mean to you? Respect each and every patient even if they are your worst nightmare, and respect your co-workers. If you do not, it hinders the way we treat those same people.

Finally, thank you to all the clinical instructors out there because without you we have no real experience with patients until we acquire our first job. When you genuinely care about the patient's wellbeing, we notice and are grateful.

Thank you for the tours of your facilities and the icebreakers, whatever they may be, for both make us feel more comfortable.

Hopefully these three key areas will help give you some insight into your next student, so that the clinical can be a wonderful learning experience for both of you.

Dominique Bonnette,
PTA Student, Illinois Central College

Intelligent. Approachable. Encouraging. Compassionate. Teacher. Professional. Leader. Confident. These words describe one thing to which all of us can relate. That one thing is an instructor. A good clinical instructor can have a major impact on a student's life and how he or she values him or her career.

Many factors help to make a good clinical instructor. First, the instructor must have considerable knowledge of the field. If the instructor does not have this, he or she can not properly teach a student.

Next, the instructor must be approachable.

The student must feel like he or she can go to the instructor at any time to ask questions and not feel that he or she is stupid for asking such questions. The instructor should also verbally encourage the student, whether it is about asking questions, after a treatment, or at the end of the day. The instructor should make sure to tell the student what he or she did right, along with what could have been done differently. Since the instructor was once a student, he or she should be compassionate not only to the patients, but also the student.

The instructor should be a teacher to the student. Have the student continue to learn while at the clinical site by encouraging him or her to do research about a certain subject and relating the information to the CI and staff. The instructor can be effective by continually teaching and showing the student things he or she does not know yet. The instructor should also be professional in everything done at the work place. This would include dress, attitude, paperwork, and giving feedback. Being professional will rub off on the student and he or she will respect the instructor more because of it.

Finally, a good clinical instructor should be confident and a leader. These two things go hand in hand. If an instructor is confident, then he or she will not second guess themselves and this will allow the patients and the student to be confident in the instructor. If the instructor is confident, then he or she will be respected among the faculty and also be a leader.

I feel all these things have impacted me, because I have seen these qualities in my previous clinical instructors. It makes me aspire to be a better physical therapist assistant by combining all of these positive qualities. I hope one day to impact my student's life as much as my instructors have changed mine.
The Chicago Area Clinical Educators Forum (CACEF) is dedicated to improving physical therapy clinical education. The CACEF welcomes clinical instructors, center coordinators of clinical education, and academic coordinators/directors of clinical education. Through their monthly meetings, the Forum facilitates communication among those involved in clinical education and assists members to answer questions and solve problems related to clinical education.

CACEF meetings are the first Wednesday of the month at area clinical facilities or academic institutions.

CACEF activities include offering continuing education, providing grants for clinical education-related research, sponsoring members to attend APTA Conferences, and recognizing outstanding Clinical Instructors through the CACEF CI Recognition Program.

Each year the CACEF solicits nominations for outstanding clinical instructors from physical therapist and physical therapist assistant students in Illinois. Students are instructed that outstanding clinical instructors (CIs) demonstrate all of the following characteristics:

- They model continued professional and personal growth and development;
- They exhibit outstanding professional behaviors;
- They facilitate your development as a critical thinker and problem-solver; and
- They exhibit enthusiasm for clinical teaching.

Congratulations to the clinical instructors for being nominated in the past year! The members of the CACEF appreciate the time and energy you spend preparing the next generation of physical therapists.

For more information about the CACEF and its activities, contact one of the officers:

Kathie Chapman, Co-Chair kchapman@marianjoy.org
Julie Whalen, Co-Chair jwhalen@enh.org
Julie Loos, Secretary julie.loos@advocatehealth.com
Carol Miller, Treasurer camiller@uchospitals.edu

The Illinois Physical Therapy Association has recently lost three members of the Association.

Mary V. Deaska, PT Life Member from Oak Lawn, Illinois
Elisabeth Minnigh, PT Life Member, residing recently in the Netherlands
Carol A. Bein, PT Active Member, of Wheaton, Illinois

IPTA member, Carol A. Bein, 37, of Wheaton IL was memorialized in a May 11, 2004 Chicago Tribune obituary.

Ms. Bein was employed at Marianjoy Rehabilitation Hospital. Her husband, David, said, “She built relationship with people, not patients, with a style that was very simple and direct, but also very personal.” Kathie Chapman, another IPTA member, said of Carol, “We deal with people who are going through some very rough times, but Carol helped them see past their present situation. Her upbeat and positive approach gave them hope for the future.”

Our sincere sympathies are with the families and friends of our faithful members.
Illinois Physical Therapy Political Action Committee

8th Annual

IPTA Golf Classic

FRIDAY, JUNE 11, 2004
 Maple Meadow Golf Club
 Wood Dale, IL

Everyone is invited to attend!

8:30 AM - Shotgun Start Scramble Format
Includes: Golf fee, cart, breakfast, on-course beverages, dinner & gift pack!

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.*

Entry Fees: Individual Golfer ..........$110.00
Student............................$85.00
Dinner Only .......................$30.00

For details on sponsorship opportunities, contact:
Tim Caruso: (630) 628-8176 or CarusoPT@ameritech.net
Phil Bartkiewicz: (630) 834-4337 or p.bartkiewicz@sbcglobal.net

NOTE: NO ATM/CASH STATION ON THE PREMISES.

*IPT contributions are not deductible for income tax purposes. A copy of our report will be filed with the State Board of Elections and is available for purchase from the State Board of Elections, Springfield, Illinois

For more information:
IPTA Chapter Office
Phone: 630-571-1400
Fax: 630-571-1406
Email: ipta@ipta.org
Member Spotlight: Tom Dibadj

The Member Spotlight section is pleased to announce that it will be highlighting district chairs who agree to be interviewed. We hope that all district chairs will agree to allow us to share information so the IPTA can better know these most valued volunteers. We would like to thank Tom Dibadj, Southern District Chair, for agreeing to be interviewed for this issue.

Tom Dibadj is the Southern District Chair for the IPTA. Although he is originally from Peoria, Illinois, he graduated with his bachelor’s degree in biomedical engineering at University of Iowa and received his master’s degree in physical therapy from Duke University in 1989. He is currently the manager of inpatient-acute rehabilitation for Professional Therapy Services at St. Elizabeth Hospital in Belleville. Tom enjoys being a physical therapist and also enjoys the opportunity to interact with PT students. Although Tom does not currently have any PT students, he has been an active clinical educator in the past.

Tom became interested in physical therapy when his younger brother, Tony, who has Down syndrome, received physical therapy services. He was further drawn to physical therapy when he had the opportunity to work in a group home for physically impaired adults. Tom then became interested in athletics and sports injuries. The physical therapy profession provided a natural course of study allowing him to pursue his varied interests in movement disorders.

Geriatrics is the field of physical therapy that Tom likes most, although he admits to having had a wide variety of practice experiences. He finds that the geriatric population offers him a challenging patient population who are most appreciative of the care provided. He has considered becoming a Geriatric Clinical Specialist and states that this is one of his goals for the future.

Outside of physical therapy, Tom has an active family life. Tom and his wife Shannon have four children; Meara age 13; Bennett age 10, Cade age 8 and Tommy age 1. Tom’s family is quite involved with school and parish activities. With so many activities, Tom admits he has a busy schedule with various sports and school functions. This makes finding a balance between personal and professional life difficult at times. However, Tom indicates that his wife and family provide him infinite joy and constant support. In fact, Tom credits his wife Shannon for encouraging him to become more active in the IPTA.

Tom is an active APTA member and sees much benefit from membership. He points out that the APTA/IPTA are the only groups out fighting for our profession. He doesn’t deny questioning the value of membership earlier in his professional career. However, he states that he now recognizes that the APTA/IPTA make PT’s more respected professionals. The IPTA/APTA keeps us up to date with important legislative issues and enhance our professionalism. The APTA/IPTA is meeting the challenge of changing the image of PT to a doctoring profession.

Tom would like IPTA members to know how easy it is to be involved with the profession. He reminds us there is a lot to do and that the IPTA needs participation from many members. It doesn’t necessarily mean a great commitment of time or energy if many members are willing to help in small ways. Involvement can provide a great sense of accomplishment and will help the APTA and the IPTA to reach its professional and legislative goals.

Thanks Tom, for letting members get to know you and for encouraging our members to participate in the IPTA. If you would like to be more involved, please contact the IPTA office.

PAC Silent Auction

Your help is needed now to make our Fall Silent Auction a success! Each year we hold a very successful silent auction to raise money for our Political Action Committee. This year, more than ever, we are counting on meeting our fundraising goals to further our legislative agenda. Please consider donating one or more items for our Silent Auction. It’s easy and fun! Please let us know if you’re able to donate by completing the following information and fax or mail to the IPTA office. We’ll contact you with more details!

Name: ____________________________
Phone: ____________________________
Email: ____________________________
Item(s) to be donated: ____________________________

I can volunteer to help during the Silent Auction _______

Mail to IPTA:
1010 Jorie Blvd. Suite 134, Oak Brook, IL 60523
Fax to: 630-571-1406

Illinois Physical Therapy Association
PT PRIORITY - June/July 2004
**District News**

**East Central District**
The East Central District sponsored a Continuing Education Course preceded by a short business meeting on March 13, 2004. The course, “Use of Electrical Stimulation as Treatment/ Intervention with Post-CVA Patients” was presented by Lois Hedman PT, MS and Jane Sullivan PT, MS and was very well attended. Thank you again, Lois and Jane for an excellent presentation, all the course evaluations were glowing. The participants each received 3 Continuing Education Hours.

May will be busy with a district meeting on May 5th from 7:00 - 9:00 pm at Central DuPage Hospital Conference Center where a representative from Lifetec will present on new equipment and products available in rehabilitation and the spring conference in Lisle. Our next scheduled district meeting is September 1.

**Southern District**
Last meeting 4/1/04 at St. Elizabeth’s Hospital, Belleville, IL. The meeting was well attended, with many new faces.

Business meeting:
Reviewed Legislative issues. Bylaw changes approved for compliance with APTA guidelines. Also bylaw change approved to charge nonmembers $10 for each hour of continuing education provided at district meetings.
Assembly Reps: Tom Dibadj, Dale Pape, Patti Naylor, Cris Doeding, Tina Tebbe, Cindy Trentman, Tom English, Patti Naylor.

Barb Sullivan was the guest speaker. Topic: Legislative issues and process.
Thank you Barb.

Next meeting: Tentatively June 3rd, 9th or 10th in Nashville, IL.

**Northern District**
Our last meeting was on Tuesday, March 23 at 7:00-9:00pm. We met at St. Alexius Medical Center, Hoffman Estates with the educational program on Bariatrics.

We started the meeting with a review of items from January meeting and board meeting items, then discussed upcoming issues for the HOD at PT 2004 in Chicago, and finally reviewed district finances briefly.

Attendees of the meeting were again encouraged to look at the Chapter website to keep up with meeting schedule and other items specific to our district. The next meeting for our District is as follows:
Wednesday, May 19 - 7:00pm
RIC Northshore, Northbrook Educational program: Musculoskeletal pain classification.

**Eastern District**
IMPORTANT: Future Eastern District meeting notices will not be sent via regular mail.
All future meeting notices will be via e-mail reminders on both of the IPTA and the IPTA-Eastern District list-serves. Please contact the IPTA office at (630) 571-1400 to be added to these list-serves. If you would not like to be added to these list-serves, you may also obtain future meeting notices via the IPTA website at www.ipta.org or via phone by contacting the IPTA office at (630) 571-1400.

If you are interested in becoming involved in the district, have any questions or would like to give feedback, please contact: Dawn M. Piech, Eastern District Chairperson, E-mail: dmpiech@earthlink.net, phone: 630-308-0130.

**North Central District**
The North Central District IPTA meeting was held April 27th at LaVigna’s Restaurant in Oregon.
Bethany Wiltshire, District Chair, introduced all members.
A lively discussion was held regarding issues that the North Central delegate, Ed Kapper will be considering during the APTA annual conference.

We are seeking nominations for district delegate, treasurer and corresponding secretary to be elected sometime this fall. We will be notifying district members this summer about our next fall meeting.
Anyone interested in becoming more involved in the North Central District IPTA is encouraged to contact Bethany Wiltshire by email at bwiltshire@swedishamerican.org

**Western District**
Next meeting June 8th, in Peoria.
6:30 Food and Social
7:00 Presentation by Stacie Bertram on HOD issues
8:00 District meeting
Western District members:
Are you looking for more ways to become involved and/or help in district activities.
We are looking for individuals to help with the Continuing education committee and to be the Legislative representative for the district.
We are also looking for ideas for upcoming district meeting presentations, PT month, and Student Day for next year. If you are interested in helping out or have any ideas, contact Tricia Saylor, Chair at dntsaylor@hotmail.com or (309) 692-8296.

**West Central District**
West Central District
Our West Central District Listserve is up and running. Thanks to Celeste and the IPTA staff for helping us to get this established. Currently we have 50+ members on the list. Anticipated uses include: district news, legislative updates, clinical queries, local

Continued on Page 13
District News, continued

resource information or other topics of relevance. If you have not yet received a message via the listserve, then your email address is not currently on our list. Please contact the IPTA office to have your name and address added.

Jane Winders and Sandy Eisenmann attended the Critical Skills Shortage Initiative Consortium held in Springfield on April 22.

Physical therapy had been identified by the central economic development planning region as an occupation in "critical shortage." Issues related to a shortage were discussed with possible solutions forthcoming.

The primary areas of need identified were: recruitment to central Illinois and shortage of PTAs locally. The Workforce Investment Board is responsible for acting on these areas.

Our next meeting will be scheduled for June and is to include a focused discussion on the potential dues increase and other pertinent HOD RCs. Date, time, and location TBA.

CORRECTION
The article that appeared in the April issue regarding Oak Forest hospital was missing the name of the author. We would like to thank Lisa Bronson, PT, MS for her article and regret the omission.

IPTA Calendar

JUNE
8 Western District Meeting
Location: Peoria, IL
Time: 6:30 Food and Social
7:00 Presentation by Stacie Bertram on HOD issues
8:00 District Meeting
27- APTA HOD and National Convention
July 4 Location: Chicago, IL
28-29 IPTA Pre-Conference Course at PT in Chicago

JULY
31 Board of Directors Meeting • Delegation Meeting
Location: TBA

AUGUST
12 Central District Meeting • Business meeting
Time: 7:00 PM
Location: Bloomington, IL (specifics TBA)

SEPTEMBER
1 East Central District Meeting
10 Northern District Meeting
16 Western District Meeting
17 Board of Directors Meeting
Location: Collinsville, IL
17-19 Fall Conference
Location: Collinsville, IL

NOVEMBER
13 Central District Meeting, District CE Course/Business meeting
Time and location TBA

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Marianjoy Rehabilitation Hospital
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Thank You TO OUR SPONSORS!
IPTA Fall Conference Poster Preview

The Illinois Physical Therapy Association Fall Conference will be held September 17-19, 2004 at the Holiday Inn in Collinsville, Illinois. We are pleased to present in this month’s PT Priority, abstracts of poster presentations that will be exhibited at the conference. Look for more information on the conference coming in the next issue of PT Priority.

FACTORS WHICH FACULTY PERCEIVE TO FACILITATE SCHOLARLY ACTIVITY Stoecker, J; Rosalind Franklin University of Medicine and Science, North Chicago, IL

PURPOSE: Identifying factors which facilitate scholarship may assist physical therapy faculty to meet recent increased expectations for scholarly activity. The purpose of this research was to indentify factors which faculty perceived to be instrumental in developing their scholarship activity.

SUBJECTS: Three hundred fifty physical therapy faculty were surveyed. Thirty-one percent of the sample responded to the first mailing of the survey. Eighty-four percent of the respondents were Caucasian female, with seventy-eight percent holding a Master of Science or higher degree.

METHODS AND MATERIALS: A comprehensive survey of physical therapy faculty work was designed. Field tests were conducted with 15 local faculty and following review, alterations were made in the survey. The final survey was mailed to a random, national sample of 350 faculty. Survey design and mailing procedures were performed according to the method of Dillman. Faculty responded to questions on teaching, research and professional activities, as well as, academic and personal background. For this analysis, the respondent was asked to consider discovery, application, integration and teaching forms of scholarship, including presentation, publication and grant activities over their entire career. ANALYSES: Data were analyzed using frequency distributions. RESULTS: Sixty-five percent of the respondents reported that having designated time to do scholarly activity greatly facilitated their work. Having a mentor and having a collaborator were considered to have greatly facilitated scholarly activity by 59% and 53% of respondents, respectively. Laboratories and clinical space were considered important by less than 25% of the respondents.

CONCLUSIONS: A majority of professional faculty see time and collaboration opportunities as key elements in facilitating their scholarly activity. Physical resources appear important for a smaller group. Physical therapy department chairs developing scholarship initiatives for their faculty may find efforts to establish collegial linkages are more productive to the development of physical resources.

THE ASSESSMENT OF CORE MUSCULATURE FUNCTION IN A CLINICAL SETTING del Rosario, L I; Stevens, K; Rosalind Franklin University of Medicine and Science, North Chicago, IL

PURPOSE: To evaluate physical therapists’ knowledge, experience and examination methods of core stability in a clinical setting.

DESCRIPTION: A current clinical trend is addressing a patient’s core stability. It has been suggested that core stability is important in preventing and treating a wide variety of patients. A universal method for evaluation core stability, however, has not been described. METHODS: Sixty-seven physical therapists (52 female and 15 male) participated in this study. Therapists were chosen randomly. A 15-question survey was developed that focused on physical therapists’ experience and knowledge on core stabilization. RESULTS: Most physical therapists agreed that endurance, proprioception and neuromuscular control of the tonic muscles involved are components of core stability. Respondents felt that core stability needed to be evaluated in patients with conditions ranging from cardiopulmonary to lumbar dysfunction. Eighty-two percent of physical therapists felt pain limited their ability to evaluate core stability; 86% felt posture should be included when evaluating core stability; and 95% used the patient’s ability to maintain a position during activity when evaluating core stability. Therapists identified a wide variety of procedures used in evaluating core stability.

SUMMARY: The task at hand was to determine physical therapists methods of determining core muscle function. Physical therapists were able to agree on types of patients needing core stability and key components of core stability, but did not select the same procedures for examining it. More research is needed in this area in hopes of creating criteria for measuring core stabilization on a more objective scale.

INTERRATER RELIABILITY FOR DETERMINATION OF UPRIGHT LUMBAR SPINAL POSITION. Schuit, D.; Petersen C; Troke M.; Stoecker J; Rosalind Franklin University of Medicine and Science, North Chicago, IL; Concordia University, Mequon, WI; York St. John College, York, England, UK

PURPOSE: The purpose of this study was to determine the reliability of measures of lumbar spinal position in the upright posture for subjects without low back pain when measured by three different examiners. Measurement of the position of the lumbar spine in the upright standing posture has not been documented using the apparatus in this investigation. In order to conduct further collaborative research at different sites, the reliability of measures obtained by the examiners needed to be determined.

SUBJECTS: Twenty two volunteers (aged 22-38 years; mean 26.7) without present history of low back pain were enrolled as subjects. METHODS: One examiner instructed each subject to stand in a relaxed upright position, and a recording of the position of his or her lumbar spine was made. Measures of position of the lumbar spine were obtained with the use of transverse plane indicators of degrees of spinal motion from a reference point.

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Analysis of variance were used to determine if the history of ankle or knee dysfunctions impairs future balance when measured by sway velocity during unilateral stance on a NeuroCom Balance Master System in individuals, ages 20-35. The results of the Balance Master will be compared to the results of the Functional Reach Test, performed by all subjects, to determine if the Functional Reach Test is a good clinical indicator of impaired balance. Subjects will complete a Medical Information Form prior to participation. Twenty subjects will then perform a Functional Reach Test and unilateral stance on each leg using the NeuroCom Balance Master System. Using the Medical Information Form, the results from these tests will be categorized into groups. Subjects with no prior injury to the knee or ankle will be one group and subjects with a prior knee or ankle dysfunction will be in another group. To determine if there is a statistically significant difference between the results of each group, the independent t-test will be performed. A Pearson Product Moment Correlation Coefficient will be used to compare the results of the NeuroCom Balance Master and Functional Reach Test.

The purpose of the study is to determine if a history of ankle or knee dysfunctions impairs future balance when measured by sway velocity during unilateral stance on a NeuroCom Balance Master System in individuals, ages 20-35. The results of the Balance Master will be compared to the results of the Functional Reach Test, performed by all subjects, to determine if the Functional Reach Test is a good clinical indicator of impaired balance. Subjects will complete a Medical Information Form prior to participation. Twenty subjects will then perform a Functional Reach Test and unilateral stance on each leg using the NeuroCom Balance Master System. Using the Medical Information Form, the results from these tests will be categorized into groups. Subjects with no prior injury to the knee or ankle will be one group and subjects with a prior knee or ankle dysfunction will be in another group. To determine if there is a statistically significant difference between the results of each group, the independent t-test will be performed. A Pearson Product Moment Correlation Coefficient will be used to compare the results of the NeuroCom Balance Master and Functional Reach Test.
STANDARDIZATION OF A BIOFEEDBACK DEVICE IN SPINAL STABILIZATION: CAN THE BLOOD PRESSURE CUFF REPLACE THE PRESSURE BIOFEEDBACK UNIT?

Glasoe, W; Marquez, R; Miller, W; Placek, A. Northern Illinois University, DeKalb, IL.

Spinal stabilization exercises have been shown effective in the treatment of spine dysfunction. A Pressure Biofeedback Unit (PBU) is the device commonly used to provide feedback to a patient performing spinal stabilization exercise. This study will investigate whether a standard blood pressure cuff can be used as a replacement for the PBU in providing feedback during exercise. A standardized application of the pressure cuff will follow established PBU lumbar and cervical spine stabilization protocols described in the literature. Ten subjects will be instructed and assessed for their ability to perform PBU and pressure cuff isometric stabilization exercise. PBU and pressure cuff feedback is recorded in mmHg units of measurement. Data will be statistically analyzed using independent t tests to assess difference between lumbar and cervical isometric stabilization exercise pressure values targeted when using the PBU as compared to pressure values generated with pressure cuff. Significance will be set at P<0.05. This research has potential to describe guidelines for use of a blood pressure cuff in the performance of spinal stabilization exercise for the lumbar and cervical spine.

STANDARD PROTOCOL AND RELIABILITY OF A GONIOMETRIC LOWER TRUNK ROTATION MEASUREMENT Goehring, M; Hasten, H; Vanatta, T. Northern Illinois University DeKalb, IL.

Lower trunk rotation is currently a popular treatment technique for patients with low back pain. However, there is currently no standard measure of objective gains for lower trunk rotation that could be performed in the average clinic. A literature review revealed that current imaging studies to monitor segmental trunk rotation using x-ray, MRI, and CT imagery proved time consuming, expensive, and impractical. Hook-lying hip abduction and lateral rotation movements are already used in many practices to improve mobility, and can easily be used as a measurement of global lower trunk rotation. The purpose of this study is to establish a standard protocol for a goniometric measurement of lower trunk rotation, and to determine inter-intrarater reliability of such a measurement. It is believed this measure will provide a simple, accurate, and efficient way to quantify objective gains in lower trunk mobility. Fifty physical therapy students from Northern Illinois University will be screened using the proposed protocol. Each student will be measured a total of 3 times by two different examiners. Results will be processed using Pearson Product Moment and paired t-test measures for inter-rater reliability. Intra-rater reliability will be examined through repeated measures ANOVA.

RELIABILITY OF MEASUREMENTS OF SINCERE AND INSINCERE EFFORTS TO PRODUCE MAXIMAL GRIP STRENGTH Tappert S., Rosalind Franklin University of Medicine and Science, North Chicago, IL.

PURPOSE: The purpose was to examine the test-retest reliability of the Jamar dynamometer when measuring both sincere and insincere efforts of producing maximum grip strength. SUBJECTS: Thirty-seven healthy volunteers (mean age 25.6) participated in this study. METHODS AND MATERIALS: Sincere grip strength is defined as 100% of the maximum strength that the subject is capable of producing. Insincere grip strength is defined as an attempt by the subject to make the grip strength appear less than it actually is. On two separate days, the sincere and insincere grip strength, in pounds, was measured for each subject at each of the five handle positions of a Jamar Dynamometer. ANALYSES: The test-retest reliability was evaluated with Intraclass Correlation Coefficients (ICC). The difference between Day 1 and Day 2 for each subject at each handle position and each sincerity condition was calculated. Paired t-tests were used to compare sincere effort and insincere effort % difference at each handle position. RESULTS: ICCs for sincere efforts at each handle position ranged from .94 to .98. The paired t-test comparing sincere % difference with insincere % difference at p<.01. DISCUSSION: The results confirm the test-retest reliability of the Jamar dynamometer as a measure of grip strength. The best indicator of falsification of maximum grip strength was the % difference between day 1 and 2. Physical therapists may use this when making clinical decisions about the falsification of grip strength.

RELIABILITY OF CIRCUMFERENTIAL MEASUREMENTS OF LIMBS OF CLIENTS WITH LYMPHEDEMA Tappert S., Hurt, A. Rosalind Franklin University of Medicine and Science, North Chicago, IL.

PURPOSE: The purpose was to determine the interrater and intrarater reliability of the circumferential measurement of limbs with lymphedema using the JUZO™ measurement board with tape measures. SUBJECTS: Thirteen individuals with lymphedema in either their upper extremity or lower extremity participated in the study. METHODS AND MATERIALS: Two investigators took two sets of circumferential measurements at five predetermined points using the JUZO™ measurement board with tape measures. RESULTS: ICCs for sincere
three sets of measurements were taken. Measurements were marked on the covered (blinded) side of the tape measure and read at a different time by a separate recorder.

ANALYSIS: Intraclass Correlation Coefficients (ICC) were calculated for both intrarater and interrater reliability for measurements at each point for all measurements (n=23), for measurements of the lower extremities (n=13), and for measurements of the upper extremities (n=10).

RESULTS: The intrarater reliability at each point for total limbs measured for investigator 1 was .99 at point 1 and 1.00 at the other 4 points. For Les the ICC for investigator 1 ranged from .99 to 1.0. For UE ranged from .91 to 1.0. For investigator 2 for total measurements the intrarater reliability was 1.00 at all points, for LE and UE measurements the ICCs ranged from .98 to 1.0. For interrater reliability, the ICC for the mean measurement for total measurements at each point ranged from .98 to 1.0. The ICC for interrater reliability for LE measurements at each point ranged from .96 to .99 and for UE ranged from .73 (only ICC under .99) to 1.0.

CONCLUSION: Results suggest that circumferential measurements of limbs with lymphedema using the JUZO™ measurement board with tape measures are reliable.

SKILL DEVELOPMENT USING A NESTED CURRICULUM IN CLINICAL EDUCATION
Barredo, R D, Kaskaska College, Centralia, IL

PURPOSE: The purpose of the study was to determine the efficacy of the nested model of curriculum integration in developing communication, problem-solving, and case related skills among physical therapist assistant students during their part time clinical education.

DESCRIPTION: The program faculty engaged in a three-phase action research design to address the purpose of the study. The first phase involved brainstorming and open-coding of the requisite skills that the program faculty believed were important in the part time clinical education experience. Toward this end, the program faculty identified the following three skills: communication skills, problem solving skills and case related skills. The second phase involved the used of the nesting model of curriculum integration in order to embed the identified skills during patient therapist interactions. The third phase involved the development of structured experiences using clinical cases and standardized patients that required the students to perform the identified skills while being assessed by the instructor, their peers, and the students themselves. OBSERVATIONS: The use of the nested model of curriculum integration yielded multiple benefits to the skill development of physical therapist assistant students in their part time clinical education experience. First, there was increased faculty engagement in the teaching and learning process, especially in the development of clinical cases that highlighted the fundamental skills. Second, there was appreciable improvement in the performance of the skills, in part because of clinical education experience, and in part because of the focus afforded by the structured clinical cases and standardized patients. Third, there was greater awareness among the program faculty of the utility and efficacy of the nested model of curriculum integration in achieving multiple skill development prior to full time clinical education.

CONCLUSIONS: This study underscored the importance of and need for a pedagogically, clinically and curricularly sound framework for clinical skill development among physical therapist assistant students. Future research may well consider the applicability of the study in professional physical therapist education.

THE SHOWER OF KNOWLEDGE – EDUCATION AT THE WORKSITE Chapman, K. Marianjoy Rehabilitation Hospital, Wheaton, IL

The Shower of Knowledge is an annual event held during October at Marianjoy Rehabilitation Hospital for all physical therapy staff in our network. It was started 10 years ago as a way to improve staff morale, upgrade the skill level of the physical therapy staff and create a vehicle for staff to share the knowledge and information gained at the outside continuing education courses they had attended over the past year. The Shower of Knowledge was designed on the APTA conference model. There are four ninety-minute presentations with a thirty minute break in between. In following the conference model, there were two opposed offerings divided into a neurological and orthopedic focus. We use the hospital for our location and the culmination of the event is a social gathering held at one of the therapists’ homes. We have always had continuing education through the department but often the subject matter would limit the attendance. We felt be offering something that would appeal to staff at all levels of care we would improve turn out as well as build morale, unity and cohesiveness in a large department with staff working at several different sites.

The clinical educators are responsible for organizing the Shower of Knowledge. They begin in February with the needs assessment and from there, topics are decided upon and speakers identified. The speaker are contacted and through a consensus of availability of speakers and staff, a date is chosen. We have consistently planned it during October to celebrate Physical Therapy Month. Once the topics and speakers are named, the clinical educators request the necessary information form the speakers to get IPTA approval for containing education hours. Flyers and posters are emailed to off sites and distributed through out the PT department. The physical therapy departments pays the fee for the CEUs and there is no cost to the staff, other than their time. The Shower of Knowledge is a win-win situation for the staff and the organization.
Elected Officers of the IPTA: A Brief Summary of Duties and Responsibilities

Chapter Officers are nominated and elected by the IPTA membership. The Chapter Officers are: President, Vice President, Treasurer, Secretary, Chief Delegate, Speaker of the Assembly and Affiliate Director. The immediate past President serves for one year as the Director at Large and as a Chapter Officer.

Other positions that are elected by the IPTA membership are: Ethics Committee members, Nominating Committee members, At-Large Delegates and the Alternate Affiliate Delegate.

The following summary of each position's responsibilities and qualifications for election is presented to assist the membership in identifying appropriately qualified individuals for nomination. Nominations are solicited from Chapter members during the Spring Representative Assembly and through the Call for Nominations in the IPTA Priority. The slate of candidates is determined by the Nominating Committee and presented to the membership for elections in the fall according to IPTA Bylaws. NOTE: The information presented here is not all inclusive but was summarized from the IPTA Chapter Bylaws and Chapter Resource Manual.

PRESIDENT
The President is the official leader of the IPTA and serves as the Chapter's spokesperson. The President's responsibilities include: preside at all meetings of the Chapter, the Board of Directors and the Executive Committee. Is an ex-officio member of all committees of the Board of Directors. Is one of the delegates representing the Chapter in the APTA House of Delegates and is a Representative to the IPTA Representative Assembly. Appoints Board Committee Chairmen and Division Directors and makes Task Force recommendations. Responsible for regular communication with District Chairmen, Committee and Task Force Chairmen, other appointees, legal advisors, APTA national office and officers and the Chapter Executive Director. Attends APTA component meetings and represents the Chapter at these and other meetings. Must be an APTA Active member.

VICE PRESIDENT
The Vice President officiates in the absence of the President. Is an officer of the Representative Assembly and assumes the duties of the Speaker if the Speaker is absent or incapacitated. Performs other duties as assigned by the President or the Board of Directors. In the event of a vacancy in the office of the President, succeeds to the Presidency for the unexpired portion of the term. Must be an APTA Active member.

TREASURER
The Treasurer conducts the financial business of the Chapter and serves as a member of the Finance Committee. Keeps financial records for the Chapter, has accounts audited annually. Prepares financial reports as required. Is a Representative to the Assembly. Must be an APTA Active member.

SECRETARY
The Secretary keeps the minutes of all meetings of the Chapter membership, Representative Assembly, Board of Directors and Executive Committee. Prepares reports as required. Carries on the official correspondence of the Chapter in conjunction with the President and Chapter office. Maintains the membership records of the IPTA in collaboration with the Chapter office. Serves as an Officer of the Representative Assembly. Must be an APTA member.

CHIEF DELEGATE
The Chief Delegate is the chairman of the Illinois Delegation to the APTA House of Delegates (HOD). Is responsible for organizing and coordinating all pre- and post-HOD meetings and communication as well as activities during the HOD. Prepares reports as required. Is a Representative to the Assembly. Must be an APTA Active member.

SPEAKER OF THE ASSEMBLY
The Speaker conducts the business of the Assembly of Representatives. Sets the agenda for the Assembly in consultation with the Board of Directors. Is responsible for registration of Assembly Representatives. Prepares reports as required. Must be an APTA Active member.

AFFILIATE DIRECTOR
The Affiliate Director acts as liaison to the Chapter’s Affiliate membership. Is the Affiliate Delegate representing the Chapter to the Representative Body of the National Assembly for Physical Therapist Assistants (RBNA). Is a Representative to the Assembly. Prepares reports as required. Must be APTA Affiliate member.

ALTERNATE AFFILIATE DELEGATE
The Alternate Affiliate Delegate represents the Chapter to the RBNA if the Affiliate Director is unable to do so. Must be APTA Affiliate member.

NOMINATING COMMITTEE
The Nominating Committee prepares a list of nominees for all IPTA elected positions. Responsible for preparing the slate of candidates, preparing and distributing election ballot (with assistance of Chapter office) and reporting the election results. Must be APTA Active or Life members.

ETHICS COMMITTEE
The Ethics Committee interprets ethical standards of the Chapter. Investigates complaints against members of the Chapter. Conducts disciplinary action proceedings in accordance with APTA procedures. Must be APTA Active or Life members.

AT-LARGE DELEGATES
At-Large Delegates to the APTA House of Delegates serve as representatives of the Chapter. Are involved in determination of the policies and positions of the APTA and elect APTA Officers. Must be APTA Active or Life members.
CALL FOR NOMINATIONS
IPTA 2004 Awards

Please take a few moments to nominate individuals for the 2004 Illinois Physical Therapy Association Awards. The following awards are annually presented at the IPTA Fall Conference. There are new awards this year! Please take the opportunity to nominate deserving individuals in all of these categories.

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.

OUTSTANDING PHYSICAL THERAPIST STUDENT AND PHYSICAL THERAPIST ASSISTANT STUDENT AWARDS
Given to an outstanding Physical Therapy and/or an outstanding Physical Therapist Assistant Student to recognize those students who exhibit superior scholastic ability and potential for future professional contribution.

Student nominees should be in one of the following phases of their educational program:

A. Physical therapist assistant education program students must be enrolled in the final year of study. For physical therapist assistant education programs that have a part-time curriculum, all nominees must be in the final year of the curriculum of that institution. Each institution must determine the minimum number of credit hours required for final year status. Based on this, all nominees must be in the final year of the curriculum to be nominated.

B. Physical therapist professional education program students, including entry-level doctor of physical therapy degree (DPT) students, must be within 12 months of completing all requirements for graduation from the entry-level program.

C. Post-professional masters students must have completed at least one (1) term in the program and be enrolled at the time of nomination.

Documents required for nomination:

For Post-professional Masters Education Students Only:

E. Current curriculum vitae.

F. Current transcript of graduate study (through the last completed term). If the nominee’s transcripts are not based on a grading scale of 1-4, a written explanation of that scale’s equivalence to a 1-4 grading scale must be provided.

G. Plan of study for attaining the graduate degree, signed by the student nominee’s faculty advisor.

Continued on Page 20
CALL FOR NOMINATIONS
IPTA 2004 Awards

Continued from Page 19

When appropriate, include dates of the comprehensive examination, approval of overview of research project, and defense of thesis or equivalent requirement.

CLINICAL EDUCATOR OF THE YEAR

Awarded to recognize a clinical educator who has consistently demonstrated significant contributions to the quality of clinical education. Nominations may be submitted only by the IPTA Clinical Education SIG and clinical education academic faculty members of the IPTA Clinical Education SIG. The individual nominated must be a CI/CCCE for at least one year; have worked with at least 3 full time students in the past for yours as a CI or CCCE, have consistently received outstanding performance evaluations of clinical education responsibilities by their supervisor, CCCE and/or students; have served as a role model for further development of clinical education via scholarship and/or professional activities; is a member of IPTA.

Forward all nominations and letters of recommendation by July 31, 2004 to:

Rick Rausch
Awards Committee
c/o Illinois Physical Therapy Association
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.

CALL FOR AWARD NOMINATIONS

Name of Nominee: ________________________________

Explain why you feel this person best fits the criteria for this award. Nomination will not be considered complete without these details.

____________________________________

____________________________________

____________________________________

Submitted by: ________________________________

Behalf of (check one):  □ District □ Personal

Award for Nomination (check one):

□ Outstanding Physical Therapist

□ Physical Therapist of the Year

□ Physical Therapist Assistant of the Year

□ Emerging Leader Award

□ John Maselter Award

□ Outstanding

Physical Therapist Student

□ Outstanding Physical Therapist Assistant Student

□ Clinical Educator of the Year

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Illinois Physical Therapy Association
<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Location</th>
<th>Contact</th>
<th>CE Credit</th>
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<tr>
<td><strong>JUNE 2004</strong></td>
<td></td>
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</tr>
<tr>
<td>Jun 3</td>
<td>Developing and Implementing Restorative Programs</td>
<td>Chicago, IL</td>
<td>Jeannie Evenson 615-331-4422</td>
<td>6</td>
<td>yes</td>
</tr>
<tr>
<td>Jun 5</td>
<td>Coming from the Core: Activation and Control of Spinal Stabilizing Muscles</td>
<td>Edwardsville IL</td>
<td>Cynthia Trentman 618-792-0041</td>
<td>7</td>
<td>yes</td>
</tr>
<tr>
<td>Jun 5</td>
<td>Yoga for Health Care Professionals</td>
<td>Chicago, IL</td>
<td>John Norton 440-933-3890</td>
<td>11.5</td>
<td>yes</td>
</tr>
<tr>
<td>Jun 5-6</td>
<td>Hands On Tendon Trauma: Flexor and Extensor Injuries</td>
<td>Atlanta, GA</td>
<td>Patricia Roholt 952-906-1983</td>
<td>15</td>
<td>yes</td>
</tr>
<tr>
<td>Jun 5-6</td>
<td>Mulligan Concept-A Follow-up Course in Mobilization</td>
<td>Glenview, IL</td>
<td>Ron Rossetti 603-329-6117</td>
<td>13.5</td>
<td>yes</td>
</tr>
<tr>
<td>Jun 5-6</td>
<td>The Hand, Wrist &amp; Elbow Complex</td>
<td>Virginia Beach, VA</td>
<td>Andrew Schrodt 800-785-1855</td>
<td>15</td>
<td>yes</td>
</tr>
<tr>
<td>Jun 5-6</td>
<td>The Lumbopelvic Region</td>
<td>Downers Grove, IL</td>
<td>Meghan Woods 800-300-5512</td>
<td>15</td>
<td>IDPR Approved Lic# 216000074</td>
</tr>
<tr>
<td>Jun 5-6</td>
<td>Dizziness and the Cervical Spine</td>
<td>Chicago, IL</td>
<td>Meghan Woods 800-300-5512</td>
<td>15</td>
<td>IDPR Approved Lic# 216000074</td>
</tr>
<tr>
<td>Jun 5-6</td>
<td>Anatomical Review &amp; Clinical Synopsis of the Forearm &amp; Hand</td>
<td>Chicago, IL</td>
<td>Beth Carpenter 770-973-3466</td>
<td>14.75</td>
<td>yes</td>
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<tr>
<td>Jun 5-11</td>
<td>LE Deformity Management for Children with CNS Dysfunction: Developmental/Closed Chain Biomechanics; Implication for Orthoses &amp; Wrapping</td>
<td>Chicago, IL</td>
<td>Sheila deArmas 773-467-5669</td>
<td>44.5</td>
<td>yes</td>
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<tr>
<td>Jun 7</td>
<td>Clinical Wound Care</td>
<td>St. Louis, MO</td>
<td>Pat Prescott 888-448-9907</td>
<td>7</td>
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<tr>
<td>Jun 8</td>
<td>Professional Continuing Education Series</td>
<td>Regency Healthcare and Rehabilitation Center</td>
<td>Nancy Richman 847-945-1917</td>
<td>2.5 for each module</td>
<td>yes</td>
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<tr>
<td>Jun 10</td>
<td>Keeping Your Center of Gravity Over Your Base of Support</td>
<td>Chicago, IL</td>
<td>Jeannie Evenson 615-331-4422</td>
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<tr>
<td>Jun 12-13</td>
<td>Pediatric Myofascial Release Treatment</td>
<td>Los Angeles, CA</td>
<td>Antoinette Kent 877-439-9700</td>
<td>13</td>
<td>yes</td>
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<tr>
<td>Jun 12</td>
<td>Evaluation and Treatment of Shoulder Complex</td>
<td>Orlando, FL</td>
<td>Mr. Khan 773-761-6184</td>
<td>7</td>
<td>yes</td>
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<tr>
<td>Jun 12-13</td>
<td>LE Deformity Management for Children with CNS Dysfunction; Part 2 Casting and Splinting</td>
<td>Chicago, IL</td>
<td>Sheila deArmas 773-467-5669</td>
<td>17</td>
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</tr>
<tr>
<td>Jun 16-19</td>
<td>Primary Care Orthopaedics</td>
<td>Drake Hotel</td>
<td>Mellie Smiley 773-702-1056</td>
<td>25</td>
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<td>Date</td>
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<tr>
<td>Jun 22</td>
<td>Keeping Your Center of Gravity Over Your Base of Support</td>
<td>Schaumburg</td>
<td>Jeannie Evenson 615-331-4422</td>
<td>6</td>
<td>yes</td>
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<tr>
<td>Jun 24-27</td>
<td>Integrative Prescriptive Exercise</td>
<td>Various</td>
<td>Cindy Crunk 302-239-8512</td>
<td>24</td>
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<tr>
<td>Jun 25</td>
<td>Comprehensive Clinical Evaluation and Treatment for the Shoulder</td>
<td>Chicago, IL</td>
<td>Scott Benjamin 517-675-3105</td>
<td>15</td>
<td>yes</td>
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<tr>
<td>Jun 25-26</td>
<td>Dynamic Splinting Workshop for Pediatric Practitioners</td>
<td>Oswego, IL</td>
<td>Elizabeth A Taylor 630-554-6156</td>
<td>12</td>
<td>yes</td>
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<tr>
<td>Jun 26-27</td>
<td>Holistic Treatment of the Foot and Ankle</td>
<td>Chicago, IL</td>
<td>Ann Crandall (419)3865-4690</td>
<td>15.5</td>
<td>yes</td>
</tr>
<tr>
<td>Jul 8-11</td>
<td>Program of Certification in Mechanical Diagnosis and Therapy-Part A</td>
<td>Springfield, IL</td>
<td>Stacey Lyon 315-471-7612</td>
<td>28</td>
<td>yes</td>
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<tr>
<td>Jul 9-11</td>
<td>Program of Certification in Mechanical Diagnosis and Therapy-Part C</td>
<td>Chicago, IL</td>
<td>Stacey Lyon 315-471-7612</td>
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<td>Jul 13</td>
<td>Professional Continuing Education Series</td>
<td>Regency Healthcare and Rehabilitation Center</td>
<td>Nancy Richman 847-945-1917</td>
<td>2.5 for each module</td>
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<td>Jul 14</td>
<td>The Aging Brain/The Rejuvenated Brain</td>
<td>Springfield, IL</td>
<td>Richard Colman, PhD 925-609-2820</td>
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<tr>
<td>Jul 15</td>
<td>The Aging Brain/The Rejuvenated Brain</td>
<td>Peoria, IL</td>
<td>Richard Colman, PhD 925-609-2820</td>
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<tr>
<td>Jul 18-19</td>
<td>Pediatric Myofascial Release Treatment</td>
<td>Boston, MA</td>
<td>Antoinette Kent 877-439-9700</td>
<td>13</td>
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<tr>
<td>Jul 21</td>
<td>Weight Loss: What Works, What Doesn't</td>
<td>West Des Moines, IA</td>
<td>Richard Colman, PhD 925-609-2820</td>
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<tr>
<td>Jul 21-25</td>
<td>Functional Capacity Evaluation Modalities</td>
<td>Reno, NV</td>
<td>Catherine Schlichting 800-443-7690</td>
<td>32</td>
<td>yes</td>
</tr>
<tr>
<td>Jul 22</td>
<td>Weight Loss: What Works, What Doesn't</td>
<td>Omaha, NE</td>
<td>Richard Colman, PhD 925-609-2820</td>
<td>6</td>
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<tr>
<td>Jul 22-26</td>
<td>Mia Segalis advanced training in the Feldenkrais Method</td>
<td>Franklin Park, IL</td>
<td>Ellen Soloway 504-895-5196</td>
<td>22.5</td>
<td>yes</td>
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<tr>
<td>Jul 24-25</td>
<td>Integrating the Mulligan Concept and the Functional Approach to Enhance Golf Performance</td>
<td>Boston (Norwell), MA</td>
<td>Gary Austin 203-393-2446</td>
<td>13</td>
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Dateline

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<tr>
<td>Jul 29-</td>
<td>Mia Segalis advanced training in the Feldenkrais Method</td>
<td>Franklin Park, IL</td>
<td>Ellen Soloway 504-895-5196</td>
<td>45</td>
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<td>Aug 2</td>
<td>Sponsored: Ellen Soloway</td>
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<tr>
<td>Jul 31-</td>
<td>Aquatic Therapy in Physical Medicine &amp; Athletic Rehabilitation</td>
<td>Mokena, IL</td>
<td>John Strieker 800-383-5113</td>
<td>15.5</td>
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<tr>
<td>Aug 1</td>
<td>Sponsored: Strieker and Associates</td>
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Chicago, IL 60611
Phone: 312-926-9572
Fax: 312-926-0653
Email: stuchten@nmh.org

www.nmhomehealth.com

EOE

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2004 Schedule of Illinois Courses

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February 19-22 ......................................................Lockport, IL
May 20-23 ..........................................................Elgin, IL
December 2-5 .........................................................Lockport, IL

LPI: Lumbo-Pelvic Integration--$595
(3.75 days / 30 contact hours)
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May 13-16 ..........................................................Lockport, IL
Sept 30-Oct 3 .......................................................Lake Forest, IL

IMD: Introduction to Motion Diagnostics--$495
(3 days / 24 contact hours)
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August 20-22 .........................................................Lockport, IL

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