

# PT Priority



The Official Magazine of the Illinois  
Physical Therapy Association

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### Inside:

**CONTINUING  
COMPETENCE:**  
The Who, What and Why

**IPTA ELECTIONS**  
to Chapter Office

*...and more!*

*This year's National Physical Therapy Month (NPTM) focuses on sports injury prevention across the lifespan. Whether it's Little League or the Masters, participating in sports helps promote physically active lifestyles...During NPTM (and throughout the year), we must educate others about the fact that our education and expertise allow us to offer what consumers are looking for; an individualized rather than a 'one size fits all' approach that is safe and appropriate and addresses personal needs and pre-existing conditions. Have a terrific National Physical Therapy Month and let's keep "moving forward!"*

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# CONTENTS

## Columns and Departments:

From the Editor	3
Reflections of IPTA Past Presidents	20

## Features:

Continuing Competence: The Who, What and Why	5
Time for a Career Move?	8
How to Identify a Worthy CE Class	17

## Community:

I Never Heard of the ACAPTA	4
Celebrating PTA Education in IL	14
Quick Glance Guide to CE Hours	15
IPTA Elections to Chapter Office	16
IPTA Spring Assembly	
Welcome New Members	17
Dateline	18
IPTA Calendar of Events	21



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## INDEX OF ADVERTISERS

AthletiCo Physical Therapy & Occupational Therapy	23
ATI Physical Therapy	2
Genesis Rehab Services	7
Klose Training	4
Myopain Seminars	9
Premier Physical Therapy	22
Rosalind Franklin University	6
Supplemental Health Care	5



# From the Editor

By Jennifer Ryan, PT, MS, DPT, CCS

**Y**ou are receiving this letter in the middle of Physical Therapy Month – how are you celebrating? Some departments set up health and fitness screens, some host athletic events, some offer education courses, etc. All of these examples, and the many others not mentioned, are wonderful ways to help people in our professional and personal communities understand the great impact of physical therapy profession on the health and wellness of the population. We need to be vocal to these communities as healthcare is being reformed. Healthcare reform will be unique to each state, each state’s plan designed by legislators with input from their constituents. If we do not educate them about our skills, we will not have the role that we can and should serve in the future healthcare system.

Part of what makes us great is our history. This issue has an article that celebrates the anniversary of Morton College’s Physical Therapist Assistant program. The article brings forward much information to help us all see the evolution of PTA education here in Illinois. Don’t forget to read it to the end-there is an invitation to a great event in the last paragraph. Don’t skip to the end either; the information is too good to miss.

One of the other things that make us great is that we plan ahead. As an association we know that we will likely experience changes in how our continued competence is measured and who measures our competence as evidenced by what other professions have gone through. Rather than waiting passively, we are actively addressing the issue at an educational level, a policy level and watching for legislative concerns that we will need to act upon. Our APTA Board of Directors liaison contributed a great article to help us all understand the issue of continued competence as well as know what resources are available to us through APTA.

The last example I have of our greatness is by no means our last, it is our members willingness to share their knowledge with others to better the whole profession. Though many people may think that the article on career moves does not apply to them, you may find that you start to reflect differently on your present career plan when you read the thought-provoking questions that all professionals should ask of their employers and themselves as they plan their professional development. This lengthy article is worth the read and will serve as a continued resource to you for a long time-make sure that you give it the time that it deserves.

As Physical Therapy Month continues, take the opportunity to celebrate the profession in creative ways. We have much to be proud of when you consider that we can address a diverse number of needs for all ages using cost-effective and efficient ways to better the overall health of the population of Illinois. Celebrate PT month and make your voice heard. ■

“One of the other things that make us great is that we plan ahead.”

## I Never Heard of the ACAPTA...

By Jennifer Ryan, PT, DPT, MS, CCS

Most people have not, but you will want to know more. The Academic Council of the American Physical Therapy Association (ACAPTA) is a subgroup of APTA created by the APTA Board of Directors in August 2010. The group intends to bring forward a motion to the APTA HOD in 2012 to consider that the ACAPTA be considered a component member.

The council was formed in order to, “advance the enterprise of academic physical therapy by promoting the highest standards of excellence. For the purposes of the council and its activities, academic physical therapy includes all aspects of PT education, including clinical education and post professional education.”<sup>1</sup> This council intends to serve a leadership role in establishing a direction of physical therapist education for both the academic and the clinical physical therapist education communities. Clinical education includes: entry-level clinical experiences, post professional education, as well as continuing education.

One potential outcome of this group is to serve to interconnect faculty at various institutions to share effective and innovative education strategies for teaching, mentoring and research. At present, there are 195 academic institutions represented by one designee per institution. The mission, vision and goals of the council overall speak to the intent to foster and maintain academic excellence in physical therapy education at all levels. This entity solely devoted to oversee that excellence is emphasized at all levels of education is different than the Committee of Accreditation of Physical Therapy Education (CAPTE). CAPTE’s intent is to make sure that all pro-

*“One potential outcome of this group is to serve to interconnect faculty at various institutions to share effective and innovative education strategies for teaching, mentoring and research.”*

grams of physical therapy education meet a necessary minimum threshold, whereas ACAPTA hopes to promote excellence through collaboration amongst programs and addresses both entry-level and post-professional issues.

While still in its infancy, the ACAPTA has potential to help us all as we prepare for whatever measures of our continued competence will be required by state licensing boards in the future. Since we already have an excellent process in CAPTE that allows us to defend the quality and breadth of entry-level education, the concern is not whether our programs are preparing graduates sufficiently to meet the criteria to acquire a license. We need an entity to help to measure the quality of post-professional education to know that people are sufficiently meeting criteria to maintain a license. ■

1. [www.acaptaonline.org](http://www.acaptaonline.org)



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## Continuing Competence: The Who, What and Why

By Aimee B. Klein, PT, DPT, DSc, OCS  
*APTA Board of Directors' Liaison to IPTA*

**“Continuing Competency” (CC) is a phrase that we as Physical Therapists (PT) and Physical Therapist Assistants (PTA) have heard for the past 20 years. But what is it and why is it important?**

The health care debate and passage of health care reform has placed the issue of CC in the attention of society. According to the Citizen Advocacy Center<sup>1(p.3)</sup> *“Patients have every right to assume that a health care provider’s license to practice is the government’s assurance of his or her current professional competence, and clinicians themselves would like assurance that those with whom they practice are current and fully competent. Unfortunately this is not the case.”* At this time the primary mechanisms of assuring CC are continuing education (CE) courses and the inclusion of continuing education units (CEUs), as a component of licensure renewal. However are these mechanisms the best course for assuring CC?

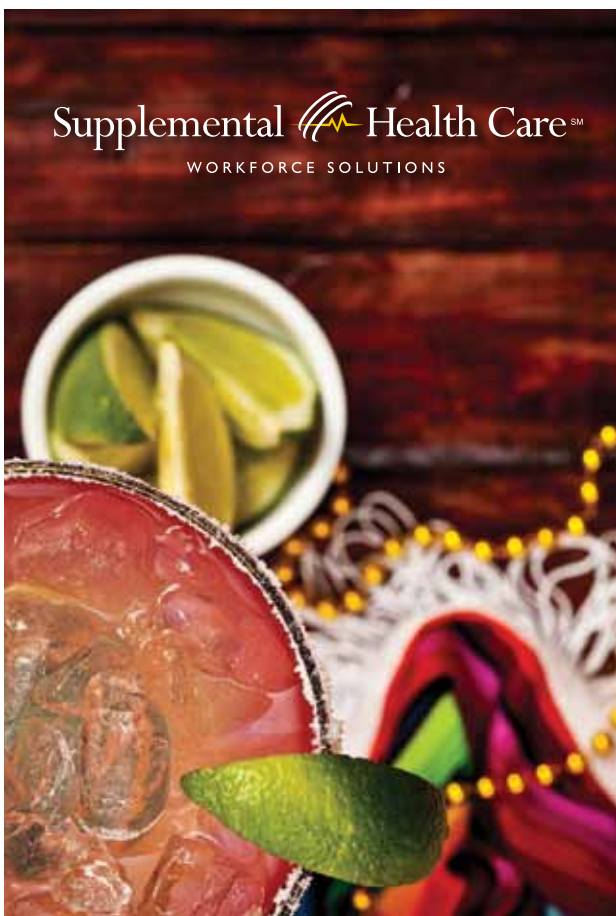
Over the past decade, a variety of definitions of CC have been proposed. The National Organization for Competency Assurance (NOCA)<sup>2</sup> has suggested that any definition for CC should include three key elements: purpose, responsibility, and approach. Using this framework the American Physical Therapy Association’s (APTA) House of Delegates<sup>3</sup> passed the following two definitions:

**Competence:** The possession and application of contemporary knowledge, skills, and abilities commensurate with an individual’s (physical therapist or physical therapist assistant) role within the context of public health, welfare, and safety.

**Continuing Competence:** The ongoing possession and application of contemporary knowledge, skills, and abilities commensurate with an individual’s (PT or PTA) role within the context of public health, welfare, and safety and defined by a scope of practice and practice setting.

So how does one determine their competence? The determination of initial competence lies in the domain of each state’s licensing board based on successful passage of the licensure examination. The Federation of State Boards of Physical Therapy’s (FSBPT) mission includes promoting safe and competent physical therapy practice.<sup>4</sup> However, each jurisdiction has different rules and regulations for maintaining licensure. The State of Illinois’ Rules for the Administration of the Illinois Physical Therapy Act, Section 1340.61: Continuing Education states at each PT must complete 40 hours of CE, while a PTA is responsible for completing 20 hours. The rules articulate the expectations of the licensing body: *All CE activities shall be relevant to the advancement, extension and enhancement of providing patient/client management, including but not limited to physical therapy*

*Continues on page 6.*



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**CONTINUING COMPETENCE** from page 5.

examination, evaluation, intervention, and prevention and providing physical therapy services or fulfilling the other professional roles of a physical therapist or physical therapist assistant.<sup>5</sup> The rules further describe the variety of activities to achieve CE hours. But the question remains is CE the best way to achieve CC?

In 2007, the Josiah Macy Jr. Foundation hosted a conference of leaders in medicine, nursing and education to discuss this question. They found CE should not be the only activity used to assess CC. The conferees identified a number of problems associated with the present CE model. Those appropriate to our CC include CE do not focus adequately on improving clinician performance and patient health; and, the increased use of lectures versus assisting health professionals to enhance their competence and performance in their daily practice.<sup>6</sup> Additionally, the group acknowledged the ability of a clinician to ask and answer clinical questions utilizing the advances in technology, e.g. internet, however CE has not embraced this type of activity.<sup>6</sup> Finally they noted that in its current form CE does not promote inter-professional collaboration and feedback or efforts to improve systems of care, activities that are important to improved performance by health professionals.<sup>6</sup>

There were a number of recommendations that we should consider in our acquisition of CC. The mode of delivering CE should change from a lecture-based to a practice-based learning utilizing information technology. This would allow for point of care learning and enable individuals and/or group practices the ability to compare themselves

to best practices and use this information to make plans for improvement and the promotion of lifelong learning beginning in the early, formal stages of professional education.<sup>6</sup> The next question is what is the best regulatory model to assess CC?

The Citizen Advocacy Center suggested a change in the model for assessing CC that goes beyond CE activities. Based on their April 2006 study *Implementing Continuing Competency Requirements for Health Care Practitioners*, they took the bold step of recommending the elimination of CE requirements and mandating the use of professional development plans.<sup>7</sup> These plans should include (a) assessment; (b) development, execution, and documentation of a learning plan based on the assessment; and (c) periodic demonstrations of continuing competence. The incorporation of this model would allow the state licensing boards greater flexibility in the types of CC activities. Upon review of the Illinois regulatory model, although it provides for a variety of CC activities, there is no recognition of the role of a learning plan or individual assessment of that licensee's CC needs.

Although there are many stakeholders who have a role or interest in the CC of PTs and PTAs, the APTA's focus has been on the advancement of the Profession. In order to meet this role, the APTA has taken a multi-faceted, proactive approach regarding the issue of CC. The 2nd goal of the APTA's Education Strategic Plan (2006-2020)<sup>8</sup> is to develop systems to promote and measure continued competence. In addressing the goal, the APTA has developed resources located in the Career Management and Development sections of the

*Continues on page 7.*

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**CONTINUING COMPETENCE** from page 6.

APTA website for the PT and PTA to assess their present competence as well as tools to evaluate CE programs. Additionally we have been in on-going discussions with the FSBPT regarding each organization's role in area of CC and the relationship / role of the regulatory agencies. This collaboration led to the background paper, *Continuing Competence in Physical Therapy: An Ongoing Discussion*, which can be found at <http://www.apta.org/ContinuingCompetence>. Part 4 of the paper discusses which portion of the scope of PT practice lies under the auspice of licensing boards, e.g. entire scope of PT practice versus entry-level practice, and the need for a common set of knowledge, skills and abilities consistent with contemporary practice that all PTs should be able to demonstrate as a part of CC.<sup>9</sup> Four options were developed based on the relationship between the scope of practice of the Profession, current entry level practice, and the scope of an individual who limits his or her practice to a specific practice area in mind. They range from very narrow, only entry-level scope, to very broad, individual scope of practice and entire entry-level scope. I encourage you to review and discuss these options with your colleagues as well as at the state and national level.

In conclusion, although there are many stakeholders who have a role and responsibility in assuring our CC, ultimately it is the individual PT's or PTA's responsibility to possess and apply contemporary knowledge, skills, and abilities commensurate with their role within

the context of public health, welfare, and safety and defined by a scope of practice and practice setting. ■

**References**

1. Center CA. Maintaining and Improving Health Professional Competence: The Citizen Advocacy Center Road Map to Continuing Competency Assurance April 2004; <http://www.cacenter.org/files/MaintainingImprovingCompetence.pdf>. Accessed August 8, 2011.
2. Henderson JP. Practices and Requirements for Renewal Programs in Professional Licensure and Certification. 2009; [http://www.nbcma.com/downloads/COR/Recert/NOCA\\_Article\\_JHenderson.pdf](http://www.nbcma.com/downloads/COR/Recert/NOCA_Article_JHenderson.pdf). Accessed August 8, 2011.
3. Association APT. Professional Development, Lifelong Learning, and Continuing Competence in Physical Therapy. (HOD P05-07-14-14). <http://www.apta.org/AM/TemplateRedirect.cfm?template=/CM/ContentDisplay.cfm&ContentI>. Accessed August 8, 2011.
4. Federation of State Boards of Physical Therapy. FSBPT Mission. <https://www.fsbpt.org>. Accessed August 16, 2011.
5. Illinois Government JCoAR. Title 68: Professions And Occupations, Chapter VII: Department Of Financial And Professional Regulation, Subchapter B: Professions And Occupations, Part 1340 Illinois Physical Therapy Act, Section 1340.61 Continuing Education <http://www.ilga.gov/commission/jcar/admincode/068/068013400000610R.html>. Accessed August 16, 2011.
6. Fletcher SW. *Continuing Education in the Health Professions: Improving Healthcare Through Lifelong Learning* 2007; Bermuda.
7. Center SDCA, Center LRCA, R M. Implementing Continuing Competency Requirements for Health Care Practitioners. 2006; [http://assets.aarp.org/rgcenter/health/2006\\_16\\_competency.pdf](http://assets.aarp.org/rgcenter/health/2006_16_competency.pdf). Accessed August 8, 2011.
8. Association APT. APTA Education Strategic Plan (2006-2020). [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/BOD/Plans/APTAEducationStrategicPlan.pdf#search=%22continuing%20competence%22](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Plans/APTAEducationStrategicPlan.pdf#search=%22continuing%20competence%22). Accessed August 16, 2011.
9. Association; APT, Therapy; FoSBoP, eds. *Continuing Competence in Physical Therapy: An Ongoing Discussion* April 2010.

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# TIME FOR A CAREER MOVE?

By Peter J. McMenamin, PT, MS, OCS

**A**re you a new grad preparing to make your first career move? Or a seasoned professional who just moved to Illinois? Did you spend a few years raising some kids and now you're jumping back into practice? Or did you devote time to research or academia but now yearn for a career change to treat patients again? Just looking for a change of professional scenery or better salary? Read on, this article is for you!

Lots of scenarios! Lots of career moves! Our profession is known for that. During 58 of the last 60 years there has been a shortage of physical therapists. This has given therapists tremendous mobility. Except for facing the inconvenience of applying for licensure in a new state, a therapist can typically move to almost any location, change practice setting or clinical focus, or take a few months or years away from the profession, all without risk to career or employability. Can we expect this professional mobility to persist?

The current high demand for physical therapists is astonishing when considering our almost dire national and global economic circumstances: (1) We are living during the period of greatest sustained economic uncertainty in half a century. (2) Well over 10% of the U.S. population is unemployed (counting those "no longer seeking a job"). (3) Healthcare economists are in almost universal agreement that the financial sustainability of our current healthcare system is gravely at risk—regardless of whether the Affordable Care Act ("Obamacare") is deemed unconstitutional, upheld, or repealed by Congress. (Economists, however, do not agree on the solutions!) Despite all this, a PT can currently leave one position and secure a new position almost instantly. Daily, we receive voice mails, emails, and snail-mail urging us to call a recruiter to look at a "fabulous PT opportunity right in your back yard!", or halfway across the continent!

Is this resilience of the physical therapy profession sustainable in the face of universal economic uncertainty compounded by the oncoming freight train of health care reform? One vice president at a major Illinois hospital told me he expects to cut his rehab budget by 5% next year, and then by 5% in each of the coming 5 years! Is this hospital an outlier, or a harbinger of things to come? I cannot predict that. Each will have to make his or her own predictions and assessment of risk as to the future of our physical therapy marketplace.

At the very least however, these daunting challenges may be a warning sign to our profession. Any physical therapist contemplating a career move should at least consider that a time may come when we will have significantly less professional mobility. Thus the choices one makes today should be taken with perhaps greater seriousness and with at least a measure of caution and appreciation for the depth of the uncertainty in the economic sea in which we all swim!

Continuing competence is a vital component of being a serious clinician and professional. So too, continuing competence in selecting one's professional work environment (or employer) is a vital component of personal success and satisfaction in one's professional career.

In this series on career moves, we hope to give you some tools to add a little extra depth, and help you increase your competence, in your next career move. Whether looking for your first position after graduation, or making a move designed to fulfill your highest professional development aspirations, or simply initiating a strictly economically-motivated search to increase your earnings, you owe

it to yourself to make decisions wisely, with eyes wide open, i.e., competently.

Questions and analysis for your consideration, and questions to be addressed to a potential employer, are organized by topic area (human resource vs. professional), and also according to the depth of the analysis: Basic questions. Advanced questions. Vision 2020 questions! Only you can decide how far and how deeply you want to pursue your due diligence for your next career move!

## BASIC DUE DILIGENCE

### Human Resource Issues

#### 1. Salary

Salary may be the first item you think of when considering a career move (which is the only reason why it appears first in this list), but it should not drive the career bus! Except for some entry-level positions where salary is advertised up-front, salary should generally be enquired about last, unless you want a potential employer to think you care more about money than you do about other key issues such as the mission of the practice or institution, your personal professional goals and development (do they match the institution's?), work-satisfaction, and professionalism.

However, through "back-door sources", you may be able to find out the salary range within an institution enabling you to avoid applying there if there is a major perceived mismatch. If making such a back-door inquiry, never ask for a particular salary, but a range. After all, salaries often are not established in a logical order of seniority or skills, but based on historical factors including

supply and demand. If someone tells you their salary you probably will not know whether that number is at the high-end or low-end of the range for that company.

#### 2. Benefits

Ask for full description and for any special conditions attached to any benefits of interest to you. If the employer is a large institution, you may consider asking to speak to the Human Resources (HR) department to get answers to detailed questions about benefits so you do not muddle "professional issues" with "economic issues and benefit details" when talking to the professional department director who is interviewing you. Some of the questions below may be more appropriately answered by performing your basic due diligence reviewing HR brochures, rather than appearing to obsess about details in the interview.

Basic areas of inquiry include:

- Work hours
- Paid Holidays: how many and which are they?

## DUE DILIGENCE

...the act of performing a reasonable investigation into the facts and circumstances of a transaction to ensure a full and complete understanding of the transaction \*

\*J.S. Nogara, What Is the Meaning of Due Diligence? [eHow.com](http://eHow.com)

Continues on page 9.

**...CAREER MOVE** from page 8.

- Sick days, personal days, bereavement days: How many, and under what conditions?
- Vacation days:
  - When do you start earning vacation?
  - When do you become eligible to use earned vacation days? For example, if you get 3 weeks vacation, are you eligible to take all 3 weeks during your first year, or must you earn them during your first year and take them during the 2nd year?
- What is your ability to take special religious holidays not typically on the “paid holiday” list. Will such a holiday be paid or unpaid?
- Health insurance:
  - What is the wait-time to get on health insurance?
  - What plans are available?
  - Is there a choice between HMO and PPO plans?
  - What portion of premium does employee pay?
  - Are spousal and dependent coverage available?
  - What is the premium split for spousal and dependent coverage?
  - If applicable to you and you do not mind asking, what is the availability of coverage for “civil unions”?
- What maternity benefits and policies are in place?
- Other insurances:
  - With regards to the following insurance plans, ask:
  - Is this insurance an available benefit? If so, automatic or optional?
  - Who pays the premium?
  - What are the key features? (Ask for the plan brochure if interested.)

- Dental insurance
- Optical Insurance
- Life insurance
- Disability insurance
- Long-term care insurance
- What opportunities exist for salary advancement?

**Professional Issues**

- Is professional development valued in this practice or institution?
  - What professional development opportunities exist internally (within the institution)?
  - Are there weekly or monthly staff meetings?
  - How often do case conferences occur, or case presentations?
  - Are there regular journal club meetings?
  - Is a mentor assigned to new employees?
  - Are professional development activities on salary time or personal time?
- Payment of professional dues:
  - What is the allowed reimbursement for dues?
  - Are APTA Section dues paid?
  - Will employer pay for dues of other associations of interest, such as AAOMPT or other professional societies?
- Continuing education:
  - What is maximum annual financial support for continuing education?

*Continues on page 10.*

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**...CAREER MOVE** from page 9.

- Does financial support include only tuition? Can those funds be used for travel and lodging?
- Is continuing education counted as salaried work-time or personal time? What is the limit?
- Enquire about the work culture by engaging in conversation concerning relationships within the physical therapy department, whether the culture is friendly, professional, collaborative or hyper-competitive, etc.
  - Do you sense that the culture is that of a “professional practice” within this clinic?
  - Or do you observe that an “employee mentality” prevails?
- If you do not already know a therapist in that practice, ask to talk with a “staff therapist” in the department so you can get a feel for the culture and work environment independent of the director or supervisor hiring you.
  - Do you observe that physical therapists carry themselves with professional dignity, and the authoritative air of a professional? Or do they seem to act more like technicians?
- What mentoring is given to a new graduate PT?
  - Is there a structured program?
  - Ask to see the mentoring program description.
  - If answers are vague, ask about how many hours of mentoring will be available to a new grad (on paid time).
  - This is a good question to ask even if you are not a new grad, as the answer will reflect on the professional culture and values of the department.
  - In other words is this department or clinic a money & productivity machine?
  - Or is it a collegial professional community striving to advance each clinician’s personal and professional development while providing quality service to patients, with expectation of fair reimbursement for services rendered.
  - Over the course of a new grad’s first year, how do productivity expectations change?
  - If as a new grad you are promised a one-year break-in period during which you will never be double booked and you will not have to supervise the patient load of assistive personnel, you may want to put this promise to writing. See sidebar: “If it’s not documented it doesn’t exist.”

**ADVANCED DUE DILIGENCE**

These Advanced Due Diligence questions are “advanced” because they dive deeper into the same issues already covered under Basic due diligence. Most new professionals and new grads, may be quite capable of interviewing at this level. The key is that more advanced due diligence requires more in-depth preparation! Because these questions go deeper, in some case they may be more appropriate for a second interview with the prospective employer—you will be the judge of that based on particular circumstances.

**Human Resource Issues****1. Salary:**

- Know thyself! Two key self-analysis questions will help set some sensible salary goalposts for your search:
  - What is the lowest full time salary I could accept to be in my absolutely ideal, profoundly stimulating professional environ-

ment, working with perfect colleagues, interacting with physicians who understand and respect physical therapy, and treating patients who deeply appreciate my skills and talent?

- How high must my salary be to justify being completely miserable in a position because of a terribly negative professional and work environment?

Once you have established those two end-brackets on your personal income-vs-satisfaction continuum, you can start the inner negotiation that will lead your search towards a reasonable and pragmatic compromise somewhere between these two extremes. As you perform the rest of your Advanced Due Diligence your findings will be assessed partly in relation to this continuum.

**• Salary Incentives**

Salary incentives need to be analyzed with advanced due diligence. A correct understanding of incentives being offered to a physical therapist requires time away from the employer, quiet math time to sit down with a calculator to work out various scenarios, and quiet “conscience time” to critically examine what, if any, (intended or unintended) hidden, perverse, or beneficent consequences might result from these incentives.

- Do financial incentives reward excess daily patient treatment loads?
- Do incentives reward excessive delegation to assistive personnel?
- Do incentives reward conflict of interest behavior with referring physicians?
- To what extent may incentives reward excess billing practices or unnecessary treatments?
- Based on your self-knowledge, are the incentives even relevant to you? Would they motivate you or merely make you feel pressured. You must be the judge. Nothing prevents you from proposing different incentives that make more sense to you.

**2. Benefits**

The key “advanced” area of inquiry related to benefits is the area of pension plans, 401-(K) plans, or other retirement savings programs such as IRA, SEP-IRA, etc. This is deemed “advanced” because asking the intelligent questions about these benefits requires that the prospective employee educate him or herself as to the options and varieties of such plans. The relative value of these plans cannot be appreciated unless the prospective employee first self-educates regarding these plans.

Even a new grad who is paying down student debt should take advantage of any retirement savings plan to establish a life-long habit of always investing first in one’s future. Key questions to be asked in relation to each of the possible retirement plan vehicles:

- What is the eligibility waiting period?
- Is there a withholding plan (simple IRA) that does not require a waiting period?
- Is there an employee matching program? What is the maximum matching amount?
- When does the employee become fully vested in the employer-matched contributions? (If the employee leaves the company prior to reaching the fully vested milestone, the matched contributions will stay with the employee only according to the vesting schedule defined in the plan.

*Continues on page 11.*

**...CAREER MOVE** from page 10.

- What are the maximum-allowed employee contributions?

**Professional Issues**

- Ask for a description of the medical culture.
  - What is the relationship with referring physicians?
  - Is there a medical culture of respect for physical therapists as professionals?
  - On a scale from 1 to 10, do the referring physicians view physical therapists more as technicians (the low end of the scale), or as professionals whose clinical opinions are expected and valued, and who are expected to make recommendations (high end of the scale).
- What is the policy regarding clinical affiliations for student physical therapists? The answers to these questions say a lot about the clinic's professional values.
  - To what extent are student therapists expected to handle a full patient load for Clinical Experience affiliations I, II, and III?
  - Are Clinical Instructors sent for training to the APTA CI-course?
  - What mentoring is available for Clinical Instructors?
  - What is the policy and procedure for choosing CIs?

**VISION 2020 DUE DILIGENCE**

Vision 2020 due diligence is the “super-advanced” level of inquiry. This level is not for the faint of heart or the PT who pays mere lip-service to Vision 2020 but is doing nothing to become a more autonomous practitioner of choice, or leaves it to others to worry about moving towards direct access. This level of inquiry may be quite appropriate for a new grad, a seasoned pro, or anyone in between. But this level will only make sense for a physical therapist who has truly internalized the values and key elements of Vision 2020. If you feel your vision of your profession is almost a perfect match for Vision 2020, and if you are capable of articulating that vision this level of pursuit is for you. This level is for the PT who truly believes that Vision 2020 can be your reality and wants to continuously strive to turn the vision into reality. This is for the person who has the courage and intellectual fortitude, who wants to expend the extra effort, and who is willing to take the risks associated with being at the frontier of our profession and professional aspirations. If this describes you, please read on!

**Human Resource Issues****Salary**

If the offered salary is unusually high there may be a good reason, and the more the salary deviates from the regional norm, the more penetrating your questions need to be. Profit margins in the current healthcare environment tend to be razor-thin, thus an unusually high salary offer is suggestive of either (1) the clinic is in a tough market with few therapists interested in their practice setting; or (2) atypical financial arrangements.

- Challenging markets include areas in which the shortage of physical therapists is particularly acute and recruitment is difficult. Examples are: rural areas, underserved urban areas, and more challenging patient populations or work settings such as nursing homes. One can expect higher salaries to be associated with such PT-shortage market areas. In such a case one's skepticism may not need to be heightened, as the higher salary may be a logical supply-demand phenomenon.

- Higher than usual salaries in clinically desirable environments in which there is less of a shortage of therapists, however, may suggest atypical financial arrangements, and thus a need for heightened skepticism. Possible arrangements that may be fostering the unusually high salaries include:
  - Extremely high “productivity” expectations (how many patients are treated in an 8-hour period?).
  - Major patient loads are being carried by aides or trainers with minimal PT supervision. If so, the true PT patient load (medically) may be much higher than stated, if the employer is counting only the patients you treat yourself every day, and omitting patients of aides you are legally bound to supervise. If trainers are fully scheduled with their own patient load a PT is legally signing off on those patients. Thus the true PT patient load may include all your own patients plus all the patients of one or more aides or trainers. This may require very detailed questioning on your part to get to the truth. See side-bar article, a true story: “The offer that was too good to be true”.
  - Another possibility is that referrals are being fueled by financial incentives given to referring physicians (via POPTS ownership or kickback arrangements). Many practices involved in “management contracts” with physician groups deny that these are physician-owned physical therapy services (POPTS), when in fact they are. If a physician practice is billing patients and health insurers for the therapy under their tax ID number, then they own the PT practice and are merely hiring contract labor from a PT company to treat the patients. Therapists must not shy away from penetrating questions related to these arrangements, and if answers are not transparent and clear, that should be considered a red flag. The fact that financial conflict of interest in physical therapy referrals was legalized by the Illinois legislature in 2010 when IPTA lost its hard-fought battle to end fee-splitting, does not remove the ethically challenged nature of such arrangements or the strong opposition against such arrangements by IPTA, APTA, and AAOMPT.

**Professional Issues**

- Does the practice offer a residency or fellowship program? If so:
  - Is the program APTA-credentialed or on a path towards such credentialing?
  - What are the conditions of participation? Open to new grads?
  - Does participation involve taking a lower salary during the time of the residency?
  - What is the typical schedule for residents?
  - Is residency mentored-time paid or unpaid?
  - What is the expected employee status upon completion of the residency?
  - Upon completion of the residency or fellowship can graduates expect a higher salary than before?
- If the practice is part of a major medical center where medical residents are being trained, is PT attendance at some medical or surgical grand rounds encouraged?
- Re: the website: What is the presence of physical therapists on the institution's website?
  - Is the Vision 2020 concept of physical therapy in evidence on the website?
  - Are physical therapists named?

*Continues on page 12.*

**...CAREER MOVE** from page 11.

- Are PT professional biographies featured so that patients have the opportunity to seek out their physical therapist practitioner of choice?
- Are PT clinical specialists featured?
- Or, as is so often the case, is PT presented as a generic service provided by unnamed technicians?
- If PT is not properly featured in a professional manner on the website, consider asking the Director of PT whether he or she would support a movement in that direction if you accept an offer to work there.
- If you are applying to a small or large private practice, or a corporate practice, find out who owns the practice. There should be no secrecy about this. If ownership is a big secret, that is a red flag, because ownership has the power to influence professional practice and your professional practice is under your 100% responsibility as a licensed physical therapist. Thus you have the right to know to whom you are ultimately responsible within this company.
  - Is it owned by PTs, lay persons, a private equity firm? Who has the majority of shares (thus the ability to control policy)?
  - The APTA position on autonomous practice calls for physical therapists to exercise “governance and control of physical therapy practice in all settings”. You may want to be assured that if there are owners who are not physical therapists, they will not be making policies or decisions that directly affect clinical practice. In other words, is there a clear policy to ensure that physical therapist practice is under the control of physical therapists? This can be achieved by establishing a professional/clinical practice chain of command which is separate from the business management chain of command.
  - Is this practice fully committed to Vision 2020, and not just paying lip-service to it?
  - Does the company publicly support Direct Access and is it willing to support its physical therapist employees playing an active role in advancing that agenda politically?
  - Does the company oppose conflicts of interest in PT referrals and POPTS, including management contracts with POPTS?
  - Is the company willing to make public its opposition to POPTS and to contribute to the profession’s efforts and campaigns to secure legislative or regulatory changes needed to eliminate these conflicts of interest? ■

**“If it’s not documented, it didn’t happen!”**

We have all hear it. “If it’s not documented, it didn’t happen!” We know it pertains to treatments performed: the insurer will not pay if the treatment was performed but not documented. It also pertains to malpractice: If you did not document that you gave hands-on assist with a gait belt, it cannot be verified, and if there is an accident, you may be defenseless against a charge of malpractice.

Documentation is just as necessary when promises are made by an employer during an interview. If you are promised more than the usual continuing education reimbursement or some other special condition, make sure this is documented at the time. If the letter containing the offer of employment does not contain these items (or if there is no letter) but you were verbally assured that “of course we agree on that,” here is the suggested response: Send an email to at least two persons within the organization which says:

“Thank you for meeting with me on dd/mm/yyyy to discuss the terms of my employment.... I am writing to confirm the verbal agreement we reached during the interview that (1) my continuing education reimbursement will be \$xxx; (2) ....; (3) ....., etc. Please confirm that this accurately reflects our discussion and that you approve of these agreements, by replying to this email. I greatly look forward to becoming part of the clinical team at XYZ-PT, Inc. Sincerely, xxx, PT.”

This is the polite and business-like way in which to convert a verbal agreement into a written agreement. Even better than an email, is a signed printed letter. But in this day and age, an email coming from the responsible party’s own email address is a strong form of verification. Any verbal promises should be converted to written agreements in this manner or through a formal letter of agreement signed by both parties.

**The Offer That Was “Too Good To Be True”**

This is a true story. Six years ago, a PT student from a highly regarded DPT program who was on his final affiliation in our practice started bragging over lunch about the \$84,000 salary offer he had just received for his first position upon graduation. His boasting was of course infuriating to everyone in our office because of the cockiness with which it was delivered, and because the salary was higher than that enjoyed by even experienced therapists in our office. On the other hand, my colleagues were not naïve, and immediately smelled a rat—telling me that they suspected their student was about to go to work for a POPTS after graduation. He was given a gentle warning about POPTS, but he was uninterested in further dialogue on the subject, and never divulged details about this extraordinary offer for a new grad.

Eighteen months later this now-licensed PT stopped by to visit and ask for a reference letter. As I mentally (but not physically) smiled cynically to myself, I asked him why he was looking for a new position so soon. His head slowly lowered as he avoided eye-contact and explained that his high-paying position had been in a physician’s practice. He had been promised that he would have a close working relationship with the physician-owner and would enjoy full autonomy to practice as he thought most appropriate. However, he related to me, those promises had never been kept. Patient volumes were extraordinarily high. From day one he was expected to treat multiple patients at a time, despite his protests. Aides were carrying their own patient loads. The physician-owner was refusing to discharge patients who no longer needed therapy, and was demanding that the therapists continue to treat these patients. The “director of physical therapy” was a hapless PT who was going along with this entire scenario. My former student then straightened up proudly and announced that he had resigned from this unethical practice, and that he felt terrible that he had not thought more critically about the “too good to be true” offer he had accepted right out of school. Finally, he told us, adding insult to injury, he was now having to hire an attorney to fight a “breach of contract” law suit filed against him by his physician employer.

After 18 months this therapist had concluded that a salary over 50% above the mean at that time, was not worth the “misery index” he had to suffer to continue working there—let alone the ethical conflict this position had put him in.

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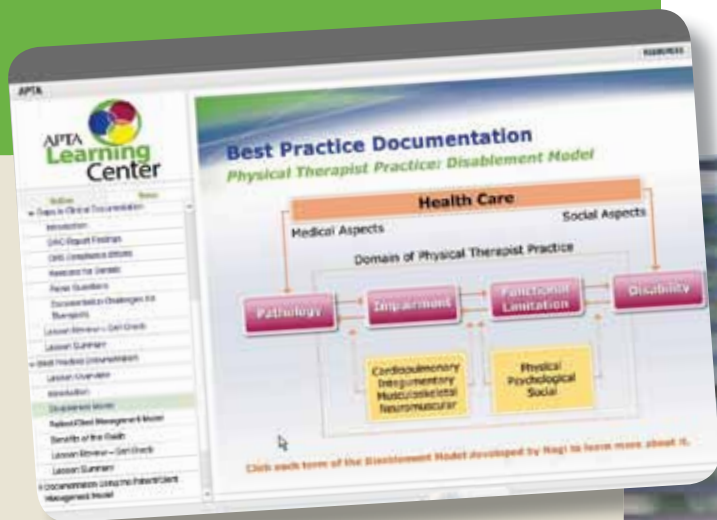
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## Celebrating PTA Education In Illinois

By Fran Wedge PT DScPT GCS

This year marks 40 years since the PTA program at Morton College received accreditation from the American Physical Therapy Association (APTA). Accreditation for all PT and PTA education was later to be managed by the Commission on Accreditation of Physical Therapy Education (CAPTE). To celebrate this anniversary the program faculty (Melissa Mendoza PT DPT NCS ACCE, Jennifer Reft PT MS NCS and I) decided to undertake some research into the history of the program and at the same time look at the growth of the PTA as a valued member of the profession.

In 1967 the House of Delegates (HOD) adopted a Policy Statement that focused on the training and utilization of physical therapy aides and assistants. Prior to this event there had been no formal education for “support workers” in the field of physical therapy, nor had there been any clear delineation of duties for individuals supporting PTs in their work. The HOD policy statement changed this state of affairs by describing the relationship between the PT and the PTA and clearly identifying that the PTA should be a graduate of a two year college level program that would lead to an associate’s degree. Immediately two colleges accepted students into newly developed PTA programs. Miami Dade Community college in Florida and the College of St. Catherine in Minnesota opened their doors to students in the fall of 1967. These two pioneer programs received accreditation in 1969.

In Illinois the first PTA programs opened in 1968 at Illinois Central College (ICC) in Peoria and Southern Illinois University, (SIU) Carbondale. ICC received accreditation in 1970. Two other colleges quickly followed suit: Morton College in Cicero, and Southwestern Illinois College, Belleville (formerly listed as Belleville Area College) accepted the first students to their respective PTA programs in 1969. SIU, Morton College and Southwestern Illinois College received accreditation in 1971. All four of these programs are still in operation, having weathered many challenges along the way. Currently Illinois has 12 accredited programs and one program in the development stage<sup>2</sup>.

Janet Rogers, PTA PhD provided some interesting facts about SIU. In the 40 year history of the program there have only been three program directors: Ted Okita, PT who founded the program, Dale Pape, PT and Janet Rogers. Ted Okita apparently collaborated with the early pioneers of PTA education as he planned the development of the program at Southern Illinois. Jan also provided an interesting “fun fact”: she is a graduate of the program as are faculty members Julie Freeman PT and Regina Brown PTA, MS. An SIU graduate is also the program director at another well established PTA program. Kim Snyder PTA, MEd is program coordinator at Southwestern Illinois College. Kim noted that the program at Southwestern Illinois College was founded by Don Cortial PT and Wally Stritmatter PT, the first program coordinator. Both Wally and Don worked with faculty at SIU as they developed material for the new program at Southwestern Illinois College. Stability of faculty also appears to be a cornerstone at Southwestern Illinois College. In 40 years the program has only had four program coordinators and, like SIU, two of the core faculty members, Jane Miller PT MHS and Lisa Stejskal PT MAEd are alumni of Southwestern’s PTA program.

Julie Feeny, PT MS is the current program director at ICC and

*“Educational programs have clearly had to adapt and change over the years to make sure that they provide their graduates with the knowledge and skills needed to practice safely and efficiently.”*

is also a graduate of the program. Julie noted that the first program supervisor was Marjorie Martin PT and that 16 students entered the program in 1968 with nine graduating in 1970. Julie also provided a “fun fact”: early PTA students at ICC wore either knee length, gold cotton dresses to clinicals (females) or all white pants and tops if male. The PTA program at Morton College started in the fall of 1969 under the direction of founding program coordinator, Virginia Daniel PT BA MA. As with the other colleges, alumni of Morton College have returned to teach in the program. Carol Fawcett PTA MEd was a faculty member and then program coordinator, and has now gone on to develop and lead one of the newest PTA programs in the state at Fox College in Tinley Park.

Looking back to 1969 when the program at Morton College took in the first class of PTA students and comparing that program to the one that we have today, we can start to appreciate the growth of PTA education and the increasingly important and vital role that the PTA contributes to the field of Physical Therapy. Something that needs to be considered in these times of change both inside and outside of our profession.

The syllabus at Morton College in the early years was a far cry from the syllabus of today. In the Morton College Catalogue for 1969 – 1970 there were only four courses with a PHT designation: PHT 101 Fundamentals of Physical Therapy; PHT 102 Physical Therapy Techniques; PHT 201 Advanced Physical Therapy and PHT 202 Physical Therapy Clinical Practice. These courses totaled 20 credit hours. Total credit hours required for an Associate’s in Applied Science Degree were 71 credit hours. While 71 credit hours are still required for the AAS degree there are now 19 courses, providing 45 credit hours, with the PHT designation and all are required for graduation. PTA courses today include instruction in pathology, kinesiology, therapeutic modalities, neurology, orthopedics, geriatrics and pediatrics, cardiopulmonary, Integumentary, understanding research and professional practice. In addition the students complete three clinical education experiences totaling 640 hours of supervised practice.

PTA education prepares graduates to work under the supervision of the physical therapist. This relationship has not changed since the original directive from the HOD. What has changed is the role that the PTA must undertake in clinical practice where they are faced with complex medical situations and increasingly may be left with day to day management of patient care. The PTA must be able to recognize when it is safe to treat a patient and when it is not. They

*Continues on page 15.*

**CELEBRATING PTA EDUCATION...** from page 14.

must be able to recognize signs and symptoms of adverse events and be able to report these findings to their supervising PT, who may not even be on site in the State of Illinois. The PTA must be able to demonstrate sound problem solving skills and so must have the knowledge to make appropriate decisions in all manner of clinical settings. Educational programs have clearly had to adapt and change over the years to make sure that they provide their graduates with the knowledge and skills needed to practice safely and efficiently. Much greater emphasis is placed on education that is directly related to physical therapy and our professional body of knowledge than was apparent in some of the early programs. Students at Morton College frequently comment on the demanding nature of the program, something that they had not expected as part of an education that leads to an Associate's Degree. Despite the rigors of the academic and clinical

components of the program students are committed and work hard towards achieving their goal of becoming a PTA.

At Morton College we will be celebrating 40 years of accredited PTA education. We look forward to welcoming alumni, faculty and friends of the program to slightly belated celebrations on November 18th. If you have been associated with Morton College over the past 40 years please contact either Jen Reft or me ([fmwedge@sbcglobal.net](mailto:fmwedge@sbcglobal.net)) for more information. We would be happy if you could join us for a guest presentation and social event. ■

**References:**

1. Bradford B. The history makers: Celebrating 40 years of PTAs. Part one of four *PTinMotion* 2009;10:60-63
2. Commission on Accreditation in Physical Therapy Education . Located at <http://www.capteonline.org/About/> accessed 8/10/11

**Quick Glance Guide to Continuing Education Hours**

<b>PT License Expire 9/30 of even numbered years 40 hours required in a 2 year license renewal period</b>	<b>PTA Licenses Expire 9/30 of odd numbered years 20 hours required in a 2 year license renewal period</b>
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TYPE OF CE	CE HOURS ALLOWED	MAX HOURS OF CE FOR	
		PT	PTA
CE Course (face to face)	1 CE hr for 50 minutes instruction	40	20
Post-professional Academic Coursework	15 CE hrs for each semester hr or 10 CE hrs for each quarter hr	40	20
ABPTS Clinical Specialist Certification	40 CE hrs for renewal period in which initial certification is awarded	40	NA
Teach Approved CE Course or for CE Sponsor	1 <sup>st</sup> time = 2 CE hrs each 1 hr 2 <sup>nd</sup> time = 1 CE hr for each 1 hr 3 <sup>rd</sup> time or more = 0	20	10
Clinical Residency or Fellowship	1 CE for every 2 hrs in clinical residency up to 20 CE hrs	20	NA
Professional Research/Writing: • each refereed article • each non-refereed article, abstract, book review • each textbook chapter • each poster or platform presentation or review article	15 CE hrs 3 CE hrs 5 CE hrs 5 CE hrs	20	10 from options in this category
Self-study Activities: • Correspondence or web based course • Teleconference or audiocassettes/video • Published test/quizzes	Up to 20 CE hrs Up to 5 CE hrs Up to 5 CE hrs	20	10 From options in this category
Journal Club	Up to 5 CE hrs	5	5
IPTA District Meeting CE Program	Up to 5 CE hrs	5	5
Departmental Inservices	Up to 5 CE hrs	5	5
Professional Leadership	Up to 5 CE hrs (1 CE hr per 3 months service)	5	5
Clinical Instructor	Up to 5 CE hrs (1 CE hr per 120 student hrs)	5	5

This chart is a summary of the requirements of the State of Illinois Department of Financial and Professional Regulation. Each type of CE above may have more specific details so be sure to check the State of Illinois' continuing education requirements for PTs and PTAs; see the Rules for the Administration of the Illinois Physical therapy Act for a complete listing. This chart is provided as a convenience, but the user should consult the Rules for a full description of the CE requirements. The PT Act and Rules are subject to change.

## IPTA Elections to Chapter Office

The IPTA Chapter elections are currently underway. Those seeking election are:

**PRESIDENT** (1 year as President-Elect, 3 years as President):

Mary Keehn

**TREASURER** (2 year term):

Christine Conroy

John Gee

**SPEAKER OF THE ASSEMBLY** (2 year term):

Amy Maxeiner

**CHIEF DELEGATE** (2 year term):

Vicki Lynn Lee

**PTA DIRECTOR** (2 year term):

Angela Wallace

**NOMINATING COMMITTEE** (3 year term):

Tina Tebbe Frank

Claudia Ann Morehead

**ETHICS COMMITTEE** (3 year term):

Christopher M. Egizio

### DELEGATE-AT-LARGE

*(The three candidates receiving the most votes will be elected to two-year terms. The remaining candidates will serve one-year terms as Alternate Delegates in order of votes received):*

Christine Dillon

Jeannette Elliott

Paula Eppenstein

Efosa Guobadia

Casandra (Casey) Holmes

Jean Kestner

Peter J. McMEnamin

James C. Milder

Patricia Y. Naylor

Miriam Rafferty

Jenner M. Ryan

Blake Stahl

To learn more about the candidates, visit [www.IPTA.org](http://www.IPTA.org) and click the election link from the homepage to access the candidate profiles.

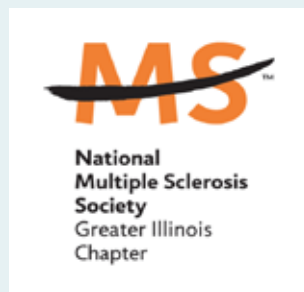
If you haven't already done so, take a few moments to exercise your membership right and privilege by voting in this year's election. Voting ends Friday, October 14, 2011.

District elections will begin November 21, 2011. Watch for additional information on the IPTA website and to be delivered to you via email soon. ■

## IPTA Spring Assembly Planning is Underway

Do you have concerns about PT practice in Illinois? Do you want to change the way that things happen? Use your voice – talk to your District Assembly Representative!

The actions of the IPTA Assembly of Representatives are the mechanism to strengthen and advance the ethical and professional best practice of physical therapy in Illinois. Everyone: Members, Assembly Representatives, and Districts should review the bylaws, discuss issues and collectively develop bylaw amendments and other motions to bring to the 2012 Assembly of Representatives. The Speaker and Assembly Officers are available to help develop your ideas, or offer assistance/specific recommendations. The deadline to submit proposed bylaw amendments is January 1, 2012.



## Researchers In Patient Rehabilitation – *We Need You!*

The National Multiple Sclerosis Society offers funding for research projects dealing with rehabilitation, bioengineering and other topics related to improving the quality of life for people with multiple sclerosis. Fortunately there are additional funds available exclusively for Illinois MS researchers. These funds target research encompassing the understanding, techniques, and modalities effective for maintaining function, mobility, and strength of persons with Multiple Sclerosis through preventive/maintenance physical therapy. It is important that the research include non-ambulatory participants.

Please consider applying for a grant.

**We need your creativity,  
your dedication and your passion!**

For more information, contact Maureen Linehan  
Howard [advocatems@ameritech.net](mailto:advocatems@ameritech.net) or 773-297-4572.

# How to Identify a Worthy Continuing Education Course

## What should I look for in a CE?

In general, the CE must contribute to the advancement, extension, and enhancement of professional clinical skills and scientific knowledge in the practice of physical therapy. A quality CE course should:

- Provide experiences that contain scientific integrity, relevant subject matter and course materials
- Be developed and presented by persons with education and/or experience in the subject matter of the program
- Provide for a mechanism for evaluation of the program by the participants

## Who Should I take my CE courses from?

CE must be provided by an approved or licensed CE sponsor. Approved sponsors are APTA and its components including IPTA, academic institutions with CAPTE accredited PT or PTA programs, and all regionally accredited colleges and universities. A licensed sponsor is any person, firm association, corporation, or group that has been approved and authorized by IDFP to provide continuing education courses.

## What Counts as CE?

There are many ways to earn CE credit ranging from taking traditional continuing education courses to performing self-study activities; completing a clinical residency to becoming ABPTS certified; completing post-professional coursework to teaching in PT/PTA programs or CE courses; publishing articles or other scholarly works to participating in a journal club; attending IPTA district educational programs or departmental inservices; and serving as a clinical instructor or in a leadership role for selected professional organizations.

## What Does Not Count as CE?

- CE credit is not awarded for the following and is not limited to:
- Entry-level PT or PTA coursework
- Committee work
- Work experience
- Estate planning
- Financial planning
- Investments
- Personal health
- Employee orientation programs
- Training completed as a condition of employment

When it comes to choosing a worthy continuing education course, remember to choose a CE that has appropriate evidence and is taught by person(s) with expertise on the topic. Also, consider your learning style and the level of instruction. Make sure it fits you and meets your professional development needs. ■

## Welcome New Members...

Kristin Allen, PT, DPT  
Nicole Amsberry, SPTA  
Diane Baldemor, SPT  
Genevieve Berent, SPT  
Kaitlin Bradley, PT, DPT  
Anthony Cali, SPT  
Jenna Chavka, SPT  
Lisa Conrad, SPT  
Felisha Contreras, SPT  
Jessica Curran, PT  
Larissa Dobrowolsky, SPT  
Allison Edlund, SPT  
Lauren Espe, SPT  
Leanne Farley, PT  
Joseph Ganske, SPT  
Jan Gappa SPT  
Kathryn Garber, SPT  
Joseph Hanley, SPT  
Gina Imperial, SPTA  
Melanie Jarvis, SPT  
Valery Kharina, SPT  
Molly Knoblett, SPT  
Meagan Kravat, SPT  
Andrew Loeffelholz, PT  
Christine Marchinski, SPT  
Taylor McDermott, SPT  
Charles Meehleib, PT  
Jonas Molina, PT  
Lauren Moser, PT  
Amy Petraglia, PT, DPT  
Victor Prati, PT, DPT, OCS  
Lauren Prokopp, PT  
Kelsi Putnam, SPT  
Sara Randall, SPT  
Kaitlin Roy, SPT  
Katherine Samaniego, PT  
Stephen Shaffer, PT, FAAOMPT  
Meghan Simonetti, SPT  
Dale Skrzypchak, SPT  
Brooke Slatten, SPT  
Sydney Steininger, SPT  
Jessica Stroup, SPT  
Ashley Triolo, SPT  
Thomas Van Ornum, SPT  
Bradley Allison, PT  
Reid Baltikauski, SPT  
Michael Barone, SPT  
Bailey Baumann, SPT  
Brittany Belrichard, SPT  
Yelena Berman, SPT  
Ronda Berry, SPTA  
Thomas Bierma, SPT  
Pawel Bronkowski, SPT  
Taryn Cocallas, PT  
Gretchen Corcoran, PT  
Jennifer Craig, PTA  
Sinead Cross, SPT  
Alan Dachman, SPTA  
Renee Danielson, SPT  
Kelly Deatsch, SPT  
Jonathan Dharamsy, SPT  
Reinelda Diaz, SPT  
Michelle Dietrick, SPT  
Deborah Dubrow, SPT  
Cassandra Fahey, SPT  
Jaime Ferrante, SPT  
Darius Franche, SPT  
Kristina Frederking, SPT  
Erin Galligan, SPT  
Stacie Gartelos, SPT  
Jenna Georgacakis, SPT  
Melanie Goldstick, SPT  
Brittany Gurgel, PT  
Erin Hannemann, SPT  
Staci Hartung, PT  
Holly Harvey, SPT  
Amy Johnson, SPT  
Vinod Kalayil, SPT  
Nora Kelly, SPT  
Valerie Kramer, SPT  
Alyssa Krucek, SPT  
Tracy Kurshinsky, SPT  
Samantha Lendi, SPT  
Sean Leninger, SPT  
John Linden, SPT  
Beth Ludovissy, SPT  
Hoai Luu, SPT  
Kelly Manso, SPT  
Valerie Martyka, SPT  
Erin McDonald, SPT  
Stefanie Metka, SPT  
Margaret Morrissey, SPT  
William Nash, PT  
Paul Naujokas, SPT  
Lindsay Newbold, SPT  
Julie Norton, SPT  
Nicole Oddo, SPT  
Rebecca Oliver, SPT  
Seanna O'Malley, PT  
Michael Palmieri, PT  
Kaitlyn Pasquinelli, PT  
Jennifer Pate, SPT  
Elizabeth Peipert, SPT  
Ray Peregrino, PT  
Kristin Pergander, SPT  
Tara Permenter, SPT  
Lars Petersen, SPT  
Rachel Pollock, PT  
Loretta Price, PTA  
Gregory Rakers, SPT  
Kaitlin Reilly, SPT  
Samantha Roberson, SPT  
Michelle Rosa, SPT  
Nikita Sanghrajika, PT  
Alexandria Sarti, SPT  
Amanda Sikkema, SPT  
Jessica Snyder, SPTA  
Hollie Stone, SPT  
Sarah Thompson, SPT  
Kelli Tipple, PT  
Aneta Tomdio, SPT  
Alicia Toussaint, SPT  
Nazia Uddin, SPT  
Vladimir Villafior, PT  
Jake Virgo, SPT  
Kelsey Wipper, SPT  
Ashley Worden, SPT

# D A T E L I N E

Date	Course Title	Location	Contact	CE Credit	Specialty
10/1/2010-10/1/2011	<b>Therapy in Spanish</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	6	Education
10/1/2010-10/1/2011	<b>Pilates: Clinical Applications</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	4	Orthopedics
10/1/2010-10/1/2011	<b>Research Based - Yoga Interventions for Multiple Sclerosis</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	3	Neurology
10/1/2010-10/1/2011	<b>Yoga Therapy for Health Professional: Increase Cardiopulmonary Capacity Bone Strength, and decrease Kyphosis in Older Adults</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	2	Geriatrics
10/1/2010-10/1/2011	<b>Evidence Based Wound Management Course</b> <i>Sponsor: WoundEducators.com</i>	Self study, Continuous Offering	Laurie Swezey 800-637-5526 lswezey@woundeducators.com	27.5	Acute
10/1/2010-10/1/2011	<b>Basic Wound Management Certification Course</b> <i>Sponsor: WoundEducators.com</i>	Self study, Continuous Offering	Laurie Swezey 800-637-5526 lswezey@woundeducators.com	57	Acute
10/1/2010-10/1/2011	<b>Advanced Wound Management Certification Course</b> <i>Sponsor: WoundEducators.com</i>	Self study, Continuous Offering	Laurie Swezey 800-637-5526 lswezey@woundeducators.com	57	Acute
11/1/2010-11/1/2011	<b>Maximizing Communication and Connection between Health Professionals and Older Adults</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	2	Geriatrics
11/1/2010-11/1/2011	<b>Memory Fitness - What you Need to Know</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	2	Geriatrics
11/1/2010-11/1/2011	<b>The Cervical Spine: An Application to Patient Care</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	2	Orthopedics
12/1/2010-12/1/2011	<b>Sitting as a Healing Tool for Hip and Spine related Pain</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	4	Orthopedics
2/1/2011-2/1/2012	<b>Yin Yoga and Relief of Chronic Low Back Pain</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	4	Neurology
2/1/2011-2/1/2012	<b>Nutrition &amp; Wound Healing: Tools doe Working in the Trenches</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	1	Geriatrics
2/1/2011-2/1/2012	<b>Effective Examination of the Shoulder Complex</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	4	Orthopedics
4/1/2011-4/1/2012	<b>The Cervical Spine: Foundations in Anatomy, Biomechanics and Interviewing</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	1	Orthopedics

Continues on page 19.

# D A T E L I N E (continued from page 18)

Date	Course Title	Location	Contact	CE Credit	Specialty
4/1/2011-4/1/2012	<b>Maximize Attention, Overcome Common Psychological barriers, and Develop a Cognitive Rehabilitation Program that Works</b> <i>Sponsor: HealthLinkRx Institute</i>	Self study, Continuous Offering	Candice Seigel 214.987.1600, x 241 cseigel@careerlinkinc.com	4	Geriatrics
Multiple Dates	<b>The Neuro-Vestibular Complex</b> <i>Sponsor: Therapy Network Seminars</i>	Multiple Locations Chicago, IL Multiple Locations	Andrew Schrodtt 1.800.785.1855 www.TNSeminars.com www.tnseminars.com/home/courses/neuro	15	Neurology
Multiple Dates	<b>Manual Therapy of the Upper Extremity</b> <i>Sponsor: Therapy Network Seminars</i>	Multiple Locations Chicago, IL Multiple Locations	Andrew Schrodtt 1.800.785.1855 www.TNSeminars.com www.tnseminars.com/home/courses/manual	15	Orthopedics
Multiple Dates	<b>The Shoulder Complex</b> <i>Sponsor: Therapy Network Seminars</i>	Chicago, IL Multiple Locations	Andrew Schrodtt 1.800.785.1855 www.TNSeminars.com www.tnseminars.com/home/courses/manual	15	Orthopedics
10/7/11 - 10/8/11	<b>Applied Functional Science Symposium</b> <i>Sponsor: Gray Institute</i>	Chicago, IL	Cindy Coburn 866.230.8300 accoburn@grayinstitute www.GrayInstitute.com	17	Education
10/12/11 10/13/11 10/14/11 Multiple Dates	Specialty Producats for Home Accessibility and Independence <i>Sponsor: Cross Country Education</i>	Madison, WI Appleton, WI Milwaukee, WI Multiple Locations	Heather Smith 615-331-4422 coned@crosscountryeducation.com www.crosscountryeducation.com/cce/	6 * Pending Approval	Other
10/12/11 10/13/11 10/14/11 Multiple Dates	<b>Inspiratory Muscle training and Pulmonary Rehabilitation: An Evidence Based Approach</b> <i>Sponsor: Cross Country Education</i>	St. Louis, MO Kansas City, MO Wichita, KS Multiple Locations	Heather Smith 615-331-4422 coned@crosscountryeducation.com www.crosscountryeducation.com/cce/	6 * Pending Approva	Other
10/21/11	<b>GemEd with Sharon Host: Dementia - Past &amp; Present</b> <i>Sponsor: GEM Educational Foundation, NFP</i>	Chicago, IL	Maria Gruszka info@gemeducation.org	7* Pending Approva	Education
10/22/11 - 10/23/11	<b>Spinal Manipulation</b> <i>Sponsor: International Spine and Pain Institute</i>	Roscoe, IL	Colleen Louw 866-235-4289 colleen@ISPIInstitute.com	15	Orthopedics
10/28/11 - 10/29/11	<b>Treatment of Infants, Children and Teens with Brachial Plexus Injuries</b> <i>Sponsor: Education Resources, Inc.</i>	Chicago, IL	Barbara Goldfarb 508.359.6533 bgoldfarb@educationresourcesinc.com www.educationresourcesinc.com	15* Pending Approva	Pediatrics
11/4/11 - 11/5/11	<b>The Functional Movement Symposium</b> <i>Sponsor: Northeast Seminars</i>	Chicago, IL	Nicole Thistle 800-272-2044 www.neseminars.com nicolethistle@neseminars.com	14	Sport
11/18/11 - 11/19/11	<b>Explain Pain</b> <i>Sponsor: International Spine and Pain Institute</i>	Davenport, IA	Colleen Louw 866-235-4289 colleen@ISPIInstitute.com	15	Neurology
11/19/11 - 11/20/11 Multiple Dates	<b>The Hand, Wrist and Elbow Complex</b> <i>Sponsor: Therapy Network Seminars</i>	Chicago, IL Multiple Locations	Andrew Schrodtt 1.800.785.1855 www.TNSeminars.com www.tnseminars.com/home/courses/wrist	15	Orthopedics

## Reflections of a Past President...

**As we celebrate our 60th Anniversary, this month we revisit the 1990's as recalled in 2000 by former IPTA President Babette Sanders.**

As I review this article, I am struck with how different some things are, yet how familiar other issues are. Change is still a common word in our vocabulary and I suspect it will be for some time. The future is unpredictable right now. Health care reform will impact what we do and how we do it. However, we must continue to commit to providing excellent, personalized care as licensed professionals or we will be completely lost in the shuffle. If we cannot demonstrate that we make a difference, we will be left behind.

In 2000, I wrote about six intertwined areas; practice, education, research, technology, employment and management. These are still priorities but it is important to specifically focus on legislative advocacy and payment policy in the practice arena. There is still much work to be done. Our minds need to open even wider than they currently are as we think about meeting the needs of our patients. PT in the emergency department is a growing area. Are we willing to stand by our colleagues and work from 11-7?

PT Education has continued to move forward. There are now almost 215 PT programs, almost all granting the DPT degree and 276 PTA programs. Many of our colleagues have returned for the tDPT degree. Technology has exploded. 12 years ago, there are few of us who could have imagined that we would have instant access to a wealth of information in the palm of our hands, 24/7. Our challenge is to use this advancing technology to advance patient care, and not let it hinder us.

I congratulate the IPTA leadership, past and present on their willingness to tackle difficult issues. Each of us has the responsibility to support the IPTA and APTA in whatever way we can. Only through our collective efforts can we be successful facing the challenges that are before us.

### **Babette Sanders, PT, MS**

*IPTA President (1993-1996)*

I had the privilege of serving as IPTA President from 1993-1996. It is an honor to be elected by one's peers to serve in a leadership role. It is an equal honor to serve in a role that had been held by your mentors. Those who came before me paved the way and left an IPTA strong and poised for a decade that can be marked by its ups and downs. If there is one word I can use to summarize the 90s, it is CHANGE.

I can easily identify 6 areas that changed dramatically during the 90s: practice, education, research, technology, employment and management. In many ways, the IPTA reflected what was going on nationally in the health care arena. As I tried to write separately on each of the areas, I found I could not. They have been, and always will be carefully intertwined. All segments of Physical Therapy are interdependent on each other and survive and thrive only out of mutual respect for the contributions and challenges each of us face on daily basis.

The 1990s started with PT in its glory days. Jobs were plentiful. Do you remember when the PT Bulletin from APTA and the PT Priority from IPTA came out weekly in print? They were filled with job announcements. The exhibit halls at the local and national level were filled with recruiters. Both of these were important sources of revenue to the association and helped support our programs. Applicants to

PT and PTA programs continued to soar in size and qualifications. Students arrived in school with scholarships to fund their education, promises of employment on graduation and lucrative sign on bonuses. We appeared on the "hot jobs" list in many major publications. In 1990, there were a total of 129 PT programs (97 baccalaureate, 1 certificate, 31 masters). To meet the demand for PTs and PTAs, new schools were developed. Some became concerned that quantity was more important than quality, but collectively, we felt needed to meet the demand. We also saw our role changing in the health care system and as many programs were moving to the masters entry level, others talked of the DPT. The decade ended with 195 programs (11 baccalaureate, 170 masters, and 14 DPT). PTA programs also grew at an enormous rate. There is virtually no growth in number of schools and for the first time, PT and PTA schools are closing. Applications have dropped in number. But the quality is here and our future is bright.

During this time, the IPTA leadership recognized that we were not in this alone. A Tri-Alliance consisting of the Presidents of IPTA, IOTA and ISHA was developed. We held regular meetings to exchange information on legislative, practice and membership issues. These meetings were helpful to me as President. These contacts enabled me to broaden my understanding of the issues facing the health care system and to ensure that we took every opportunity to be where we needed to fulfill our mission.

But, as we were enjoying this boom period, managed care was emerging as a force in the delivery system. Economists predicted that health care spending could not continue to escalate at the current rate. We were unsure of how changes in the system would impact PT. APTA's Vector Study was an alert. Downsizing, re-engineering and patient focused care were terms with which we became very familiar. We knew that a \$500 cap on OP PT services was not reasonable for our patients. We saw many of our friends closing their practices or selling them to large corporations because the independent practitioner had more trouble surviving alone. Networks were developed. But who knew what a "Bubba" was? Today we know that it refers to the Balanced Budget Act (BBA) of 1997. We did not anticipate the devastating effect that BBA would have on our profession. For the first time, we saw PTs and PTAs being laid off or leaving the profession out of frustration, lack of opportunity or concern about who was making health care decisions.

We have always known the importance of research in Physical Therapy, but most of us thought that the responsibility for doing research should be left to the "researchers". During the 90's, third party payors challenged us to prove that our interventions do make a difference and to show that in order for our interventions to be effective, they needed to be performed by or under the direction of a PT. We have made strides in this area. We haven't come far enough. During the decade, "evidence-based practice" became a buzz word. As PTs and PTAs, we need to do more than talk about evidence; we need to internalize it. We need to question old paradigms and each other and not be willing to accept "because it works" and "I don't have time to publish the data". Reimbursees won't and neither should we.

In 1990, few of our members had computers at home. The computers we had at work were dedicated for specific work related programs. Very

*Continues on page 21.*

**...PAST PRESIDENT...** from page 20.

few of us had e-mail addresses. We all know how technology has changed our lives. How has technology changed the IPTA? Communication with the membership was difficult, time delayed, expensive and on an individual basis. Today we know that most of our members frequently use e-mail and the internet. We can communicate efficiently and effectively, sharing information, calling to action and broadcasting our legislative victories. We use bulletin boards and chat rooms to ask for advice and feedback from our peers. These changes have allowed the IPTA to be even more responsive to member needs than we had been in the past.

The IPTA started the decade with an office manager and a very small office in Chicago. As the years progressed, our membership grew and the needs became more complex. During my tenure as President, the Executive committee recognized that the volunteer leadership had less time to devote to running daily operations. It was time for a change. We hired our first executive director. Since then, our chapter staff has continued to gain responsibility and size and is able to help us launch into a successful 21st century.

During the 4 wonderful years I served as IPTA President, I traveled around the state. I met and worked with many terrific, dedicated individuals. As I left the IPTA Presidency, I felt there was more work to be done. I was elected to the APTA Board of Directors in June, 1997 and have served in that role since then.

My commitment and vision for the future is brighter than ever. Change will always be a part of who we are and what we do. This quote from Lyndon Johnson helps summarize where we've been, and where we can go: "Yesterday is not ours to recover, but tomorrow is ours to win or lose." ■



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## Calendar of Events

### October

- 18 Northern District Meeting
- 25 Central District Meeting
- 21 - 23 National Student Conclave (Minneapolis, MN)

### November

- 12 IPTA Board of Directors Meeting (Naperville, IL)
- 24-25 Chapter Office Closed (Holiday)

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Extend your right hand at  
a slightly downward angle.

Pump your hand up and down  
to convey sincerity.

Always be sure that the thumbs and values  
of your employer align with your own.

Grasp the other person's hand firmly  
and squeeze gently once.



As surely as limp, "dead fish" handshakes  
are off-putting, anyone trying to apply excessive  
pressure is not to be trusted.

But few maladies are more dreaded than the  
lingering pain caused by a hasty, poorly-executed  
handshake. The congratulatory handclasp should  
mark a decision well-made—not a painful first  
step on the road to lasting regret.

Even if you're long out of school, you still  
have homework to do. Explore your opportunities.  
Search for a good fit. You should always be  
welcomed into a job, never pressured into one.  
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