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PT Priority



The Official Magazine of the Illinois Physical Therapy Association



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From the Editor

By Jennifer Ryan, PT, MS, DPT, CCS

Illinois' Got Talent

The theme of this issue of *PT Priority* is professionalism and I am proud to say that we have a great issue for you. There are so many glowing examples of people who exemplify the many pillars of professionalism in their daily practice that this publication will only supplement what you are privy to on a daily basis. One person who fits this example time and time again is Peter McMenamin, PT, MS, OCS. As our Chapter President, Peter has written a thought-provoking and educational President's message for each issue on topics impacting the future of our profession. I would like to thank him for his consistent high-quality contributions to this publication for the sake of the membership. His leadership has been superb and, keeping with his commitment to excellence, Peter offers his last President's message with the same fervor of his first.

As we transition on January 1, 2010 to our new Chapter President, Sandra Levi, PT, PhD, we look forward to how she will employ her unique strengths and abilities to further IPTA and the physical therapy profession. To introduce you to some of her skills, we asked Sandy to comment on the potential challenges before us with healthcare reform. She will be a great resource to us all during her term as Chapter President. We anxiously await her guidance.

This issue has so much, I feel like an infomercial: "But wait, there's more". The staff at the IPTA office assembled a summary of the successful Fall Conference that took place in Bloomington back in September, as well as a thorough summary of the results of the last legislative session. We had the opportunity to interview a colleague who recently published a book on how to manage persons with Parkinson's disease. She wrote it because she knew that resources needed to be compiled into a succinct resource for better patient care. We have a case report from a physical therapist who exhibits the comprehensive conviction that a good clinician demonstrates with each patient encounter. One of our colleagues was recognized by the multidisciplinary journal *Hypertension* for his clinical research, helping to put the physical therapy profession in the forefront of healthcare. The Manipulation Task Force of APTA Chair is Illinois member Ken Olsen, PT, DHSc. He reports on the ongoing role that the taskforce serves in defining our scope of practice in manipulation, and how that taskforce has protected our interests on many occasions. And, last but certainly not least, IPTA member and State Representative Beth Coulson, PT is running for US Congress. With this historic event we wanted to give you an opportunity to get to know her better.

APTA is constantly bringing us new information and resources. We wanted you to know that the new Code of Ethics and Standards for Ethical Conduct are available for you to read so that you can prepare for July 2010 when they go into effect. We also included other news including a summary of the settlement agreement between APTA and NATA.

There are always changes on the horizon of a vibrant and forward thinking profession like ours. We look forward to the changes ahead because we have so many talented professionals here in Illinois. Please share your thoughts and ideas with us with letters to the editor. Please contact me at rushptjen@aol.com or reach the IPTA office at ipta@ipta.org. ■

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President's Message

By Peter McMenamin, PT, MS, OCS

On January 1, Sandra Levi, PT, PhD takes office as your IPTA President. In this my last "President's Message" to the membership, I would like to extend a hearty welcome and best wishes to Sandy, and to reflect on the past five years.

IPTA members elected Sandy as President-Elect in 2008. Based on our 2004 bylaw amendment, she automatically moves to the office of President (2010) after serving one year as President-Elect (2009). The governance task force which proposed the 2004 bylaw amendment envisioned a longer and more planned period of transition from one President to the next, rather than the immediate transfer of leadership without organized mentorship. Sandy is the first person to go through this transition from President-Elect to President.

Sandy and I agree that the President-Elect system has served us well. As the bylaw stipulates, the President-Elect is a voting member of both Executive Committee and Board. As a result Sandy has been involved in all the key decisions made during the past year, and she and I have been consulting each other regularly all year long as a way to make her transition to the Presidency as seamless as possible. Sandy led our strategic planning process this summer, titling it "From Strength to Strength" to emphasize our commitment to continuity in mission and direction. Sandy has in turn asked me to continue to play a leadership role in IPTA government affairs during the coming year. Come January 1st, Sandy will hit the ground running as the best-prepared IPTA President in our history!

As I leave office, I want to thank the entire Illinois Chapter for your incredible support during these five years. IPTA has forged boldly ahead in moving toward Vision 2020, and I am immensely proud of the way our members have come together in support of that effort. I cannot overemphasize how important that support has been to me personally, or how important such support is to any leader, when representing an organization to a larger audience or the world at large. Having strong Executive Committee, Board, Assembly and member support gives your President confidence and strength in representing the positions and priorities of the Chapter. Whether communicating with other APTA leaders and components, or bringing IPTA professional concerns to the attention of the Governor or other state officers or committee chairs of the General Assembly or legislators, or discussing issues with the Department of Financial and Professional Regulation, it is vitally important for the IPTA President to speak as one voice on behalf of the membership and feel the strength that comes from their backing. I always felt I had that backing.

The closer APTA gets to accomplishing the goals of Vision 2020, the greater the external resistance we can expect to encounter. It is a natural human phenomenon to resist change, and when certain professional groups fear (mistakenly, I believe) that APTA's movement toward Vision 2020 represents a threat to their power or financial position, that resistance is bound to stiffen. Therefore it is no surprise

that we (like other Chapters) have encountered increasing resistance to our efforts to achieve consumer direct access to physical therapists, and to protect the public from financial and professional conflict of interest in referrals to physical therapists. But such resistance will eventually break down by historical necessity as the economics of limited access and conflict of interest become more apparent under our increasingly strained national healthcare budget.

As we pursue the agenda of physical therapy professionalism, we are gradually being recognized as a significant force in healthcare. We are recognized by legislators and policy makers as trustworthy players and as a truly professional voice on healthcare issues. Our top-flight IPTA lobbyists and recently added legal counsel contribute mightily to our presence in Springfield as one of the key healthcare groups to be included in conversations about healthcare policy and legislation.

During these past five years we have strengthened our foundation in a way that will eventually lead to our success in achieving public direct access and elimination of both profit for referrals and referral for profit. (1) Our IPTA Board and Executive Committee, following initiatives started by my predecessor Barb Sullivan, have raised the bar in terms of focus, communications, strategic planning, and association leadership. (2) IPTA staff, under the capable leadership of Executive Director Colleen Flannery, has increased in numbers but also, and more importantly, in sophistication and know-how in the operations of association management. Major changes in our website, electronic communications, and use of resources, and the upgrading of our PT Priority to a full color magazine, are indicators of this progress. (3) The addition of expert legal counsel to our governance, operations, and government affairs activities has been a major improvement. John Myers from the Springfield law firm of Rabin, Myers, Schuering & Hanken, PC has become an expert in physical therapy professional issues and has brought insight, strength, and strategic focus in our government affairs initiatives. John also brings a strong presence to the table in legislative negotiations. John's talents combined with those of our lobbying team of Sue Clark and Tim Hennessey (over 25 years with IPTA), make IPTA a more respected voice and stronger force in Springfield. Sue Clark is perhaps the most respected healthcare lobbyist in Springfield and we benefit from her extensive knowledge and experience. (4) Illinois continues to be respected as a major source of past, present, and future leadership and innovation at the national level of APTA and we continue to foster the development of new leadership talent, as demonstrated by the "new professional" Board liaison position. (5) IPTA is also initiating a new effort to raise the bar on clinical practice, to facilitate and promote collaboration among PT schools and practice entities in the development of advanced clinical practice opportunities such as residencies and fellowships.

Once again, I thank the entire Illinois Chapter for the honor and privilege of representing you these five years. With great confidence I now pass the leadership baton to Dr. Levi whose incisive intelligence, keen insight, and profound professional commitment will be critical assets in moving Illinois physical therapy forward to the next level.

Professionally yours,

Peter J. McMenamin, PT,MS,OCS
President, IPTA



From the Executive Director...

By Colleen Flannery

"Lobbying is a credible and valuable mechanism for sharing key information with policy makers and getting them intimately involved in supporting the work you do."

Did you know that there are about two dozen coffee shops in Springfield? Unless you are a resident or frequent visitor to the State Capitol, probably not.

Issues potentially impacting the physical therapy profession have given cause for many visits to legislators this year, and we anticipate many more visits (and coffee) to come as health care reform moves forward in Illinois.

Important actions taken by the Illinois General Assembly in 2009 included:

The addition of a physical therapist to the State Board of Health (Public Act 096-0455).

Appointed by the Governor with the advice and consent of the Senate, some of the duties of the Board include:

- To advise the Department of ways to encourage public understanding and support of IDPH, and to evaluate all bodies of the IDPH.
- To advise on public health emergencies, control of health hazards, and health policy.
- To make recommendations about public health issues and coordination of activities with other agencies.
- To report on the health of the residents of Illinois to the Governor, the General Assembly, and to the public each year.
- To review administrative and other rule changes, and recommend candidates for Director of Public Health to the Governor when requested.

Safe patient handling (Public Act 096-0389).

The amendment of the Mental Health and Developmental Disabilities Administrative Act, the University of Illinois Hospital Act, the Nursing Home Care Act, and the Hospital Licensing Act to require that facilities must adopt and ensure implementations of policies that:

- Analyze the risk of injury to residents, nurses, and health care workers, taking into consideration the populations and physical environment in which the resident handling and movement occurs.
- Educates nurses in the identification, assessment and control of risks of injury to residents, nurses and other health care workers, and evaluates alternate methods, including equipment and environment.
- Restrict, to the extent feasible with existing equipment and aids, manual resident handling or movement, except under special circumstance.
- Develop strategies to control risk of injury.

Fee splitting (Public Act 96-0608).

The amendment of the Medical Practice Act:

- Allows two or more licensed health care workers to each receive adequate compensation for concurrently rendering services to a patient and to divide the fee for such service whether or not the worker is employed.
- Makes changes in the provisions describing the entities that may pool, share or divide professional fees and other revenues.

The IPTA lobbied successfully to have language read on the floor that speaks to the intent of these changes.

Physician delegation of authority (Public Act 96-0618).

The amendment of the Medical Practice Act provides that:

- No physician may delegate and patient care task or duty that is statutorily or by ruled mandated to be performed by a physician.
- A physician may delegate patient care tasks or duties that are within the educating, training or experience of the delegating physician, to an unlicensed person who possesses appropriate training, provided that a health care profession who is practicing within the scope of his/her licensing Act, is on site to provide assistance.

The 2010 Spring Session of the 96th General Assembly begins in January, and IPTA will continue to monitor and participate in matters that impact the physical therapy profession, but we need your help to ensure success in our endeavors.

We all know how overwhelming work and daily life can be. Whether it is through e-mail, television, radio, internet, or twitter, we are exposed to a huge amount of news and information. Legislators are no different, and they struggle each day to manage these huge amounts of information and make the best public policy decisions possible. Ultimately they base these decisions on the positions and opinions they have heard from their constituents. So, the bottom line is, speak up!

Lobbying is a credible and valuable mechanism for sharing key information with policy makers and getting them intimately involved in supporting the work you do.

I encourage you to follow the news on IPTA's website, sign up to receive updates, and get to know who represents you in the Illinois General Assembly. Maybe even make time to have a cup of coffee with one of them, either in Springfield or in your hometown.

It is your right, and, some would argue, your duty, as an American citizen. By doing so, you can help bring about policy change that advance the physical therapy profession, and can make people's lives better.

Best,
Colleen Flannery
 Executive Director

PT BETH COULSON RUNS FOR CONGRESS

By Laurel White,
IPTA Intern and North Central College, English Major



Elizabeth Coulson is an even-keeled sort of person. Her seven terms in the Illinois General Assembly have been defined by a “smart, honest, and independent” attitude, according to the *Chicago Tribune*. The *Tribune*’s endorsement of Coulson included a citation of her ability to reach “across the aisle.” She is, in nearly all senses of the word, “moderate.”

When talking with Coulson one immediately notices her measured cadence and cool demeanor – her “moderate” nature. Even while sifting through some of our state’s most heated and complex political issues Representative Coulson’s tone doesn’t waver. That is, until you mention physical therapy.

A bubble seems to burst on the other end of the telephone line as she declares, “I’m still at PT – don’t ever dare say I’m not!”

A graduate of Northwestern University’s Medical School and holder of an Advanced Certificate in Physical Therapy, Representative Coulson (of Illinois’ 17th district) sticks strongly to her history as a physical therapist – a history that has defined much of her legislative career.

Coulson began her practice as a physical therapist at Lake Forest Hospital, moved to the University of Kansas’ Watkins Health Center, and finally settled in the Maine Township Special Education and Early Intervention program, providing therapy to children with special needs.

She began her professorial tenure at the Chicago Medical School (now Rosalind Franklin) in 1981, eventually becoming the Department Chair for the physical therapy school.

“I taught almost everything over those 21 years,” she said, but her main focuses were healthcare policy and ethics.

Coulson earned a Masters in Business Administration (MBA) from Northwestern’s Keller Graduate School of Management during her tenure at the Chicago Medical School. She decided to earn her MBA because she “saw healthcare changing to a more bottom-line approach.”

Ever the scholar, Coulson is currently pursuing a PhD in Health Policy and Administration from the University of Illinois at Chicago.

Despite the twists and turns of profession and scholarship, Coulson has maintained a deep sense of connection to her roots as a PT. Her scholarly efforts have always had ties to therapy.

Ever the scholar, Coulson is currently pursuing a PhD in Health Policy and Administration from the University of Illinois at Chicago.

In a way, Coulson’s path represents the vast diversity of the physical therapy profession itself – she has engaged education, economics, and policy, all elements that affect every PT every day.

She reiterates, “I’m still a PT – I’ve just chosen to take the route of public service.” She hopes to revive her practice after her career in public life is over.

“You work very hard to get a license,” she says. “You don’t want to give it up.”

Since her election to the Illinois General Assembly in 1997, she has continued to teach in a plethora of Illinois universities’ PT programs and to cultivate her relationship with the Illinois Physical Therapy Association (IPTA) and American Physical Therapy Association (APTA).

“I’m still very involved on a legislative level,” she says. Indeed, Coulson has served as the keynote speaker at the APTA’s yearly conference, spoken at IPTA Eastern District meetings, and has served as an IPTA Chief Delegate and on the IPTA’s Ethics Committee.

Representative Coulson also serves as a welcoming presence each time Illinois’ PTs descend on Springfield to lobby her fellow legislators.

“When [PTs] come, I help them figure out how to [most effectively] lobby,” she says.

While Coulson reminds us that she is first and foremost a representative of her district, the issues of PTs and other health care professionals are never far from her heart (and her apparent work ethic).

As one of only two health care professionals in the Illinois General Assembly (the other is a dentist), Coulson has input on every health care bill that passes through Springfield.

Two points of legislative pride for Coulson this year represent efforts to improve health care for younger Americans. The first challenged insurance companies who began to deny coverage for habilitative care for infants and toddlers unable to perform motor functions due to immediate-onset illness. Thanks to Coulson’s efforts, insurance companies will now cover PT, OT, and speech therapy for these individuals.

Coulson cites her years of experience as an Early Intervention professional in the passage of this legislation, asserting the simple truth, “probably, no one else could have understood the issue,” she said.

Her second point of pride is legislation that allows the most uninsured population in the state (18-24 year olds) to stay on parents’ health insurance until they are 26, regardless of full-time student status. This was, as Coulson described, a “win/win situation” for Illinois’ young adults and insurance providers.

If elected to the U.S. Congress this coming fall (primaries will be held Feb. 2), Coulson will become the first licensed physical therapist to sit on Capitol Hill. If elected, she intends to utilize the skills she cultivated as a practicing PT to combat some of Washington’s most complex and weighty issues - of course, her first battle will be health care reform.

Though the issue is too immense to weigh here, Coulson’s general belief is that sweeping health care reform is not the solution to our nation’s systematic afflictions.

“I think there is a need for some reforms,” she says, “but I think this bill [the bill currently in the Senate] overreaches.”

What Washington needs, Coulson says, is a little PT problem solving. “I can use those skills,” she says. “I know how to fix things, instead of rehauling them.”

And it seems as if there is one thing our country can agree on, it’s that we need a little therapy. ■

One great resource is a person who you will get to know much better over the next months and years because she will be your new chapter president as of January 1, 2010, Sandra Levi, PT, PhD.

Interview with IPTA's Incoming President: Sandra Levi, PT, PhD



In the past few issues we have published resources for you to access information regarding pertinent healthcare reform issues. While the informative resources available through APTA and other organizations are pivotal, we also wanted you to know that we have great resources right here in Illinois. One great resource is a person who you will get to know much better over the next months and years because she will be your new Chapter President as of January 1, 2010, Sandra Levi, PT, PhD. We recently asked Sandy the following question knowing that it is a concern of many members. In addition to the more generalized information available through websites people will need real-time, individualized answers. As your Chapter President, Sandy will be a great resource to the membership on this and many topics. We look forward to her insights and perspectives that we learn of through her writings here in *PT Priority* in addition to the many avenues in which we all will encounter her over the years.

How do you foresee IPTA's role in helping members prepare for healthcare reform?

Being prepared for healthcare reform means being prepared for uncertainty. As physical therapists we live with uncertainty everyday. We utilize evidenced based practice, which means making excellent clinical decisions based on the best available research, clinical experience and patient preference. The term "best available evidence" says it all. Research constantly evolves and so we constantly perfect our clinical reasoning capacities. Most of us are comfortable with evolving change in our clinical knowledge.

Many of us are less comfortable living with the uncertainty associated with healthcare reform. First, we simply don't know if or when we will face healthcare reform. We may fear specific changes in areas such as payment policy. We may fear that we will have a short lead-time in which to enact fundamental change in the practice of physical therapy. Physical therapists may fear that they come out as "losers," whereas another group of health professionals come out as "winners." Physical therapist assistants may fear that physical therapists will look out for their own interests, to the detriment of physical therapists assistants.

One of the random listservs to which I subscribe is called Knowledge at Wharton. Wharton School is the business school associated with the University of Pennsylvania. An article in the July 22, 2009 online newsletter provides guidance for embracing uncertainty. In the article, Paul J. H. Schoemaker discusses three strategic postures. These are the zero-future option, the particular future option and the scenarios option. Those selecting the zero-futures option make no major changes until the future is better known. The particular future group works hard to predict change and positions the organization for the anticipated change. The scenarios option group embraces uncertainty by deliberately and specifically separating what is known

from what is not known and then creating a wide range of potential scenarios. The difference between the latter two groups is that the particular futures group puts its resources into prediction, whereas those embracing uncertainty puts resources into agility and options.

As a physical therapist, I particularly appreciate Schoemaker's use of the word "posture" in relationship to preparation. Rigid postures are generally ineffective in the face of strong environmental perturbations. Changing one's posture in preparation for specific environment tasks prepares the client for those specific environmental tasks. A fundamental principle of motor learning is that stimulus variation improves motor performance including the maintenance of upright posture in the face of environmental challenge. To prepare for uncertainty, physical therapists need to carefully consider what they would do under various scenarios of healthcare reform, including that of no enactment of healthcare reform legislation.

It is hard to prepare when we do not know what we are preparing for. Without knowing what we are preparing for, we need to think about what might be. What would a public option mean for physical therapy in Illinois? What would national regulation of health insurance companies mean for physical therapy in Illinois? What would tort reform mean for physical therapy in Illinois? We need to ensure that our desire to stay with what we know and like about our practices does not prevent us from developing and dealing with a wide variety of potential health care scenarios.

To get more specific about what IPTA can do for its members...

We can disseminate information about changing demographics and utilization of physical therapy services. We can sort out what we know and about the strengths and weaknesses of various business structures and strategies among physical therapy practices. We can educate members about the how to acquire business skills to place in their professional toolbox. We can educate members to think about new practice areas. Most importantly, we can help our members to embrace change in physical therapist practice and to envision their own futures under different healthcare system scenarios.

I believe the greatest threat to the physical therapy profession is apathy. Although we do not know exactly how the body of knowledge that guides physical therapy will grow, how the prevalence of disease and injury will vary over time, how the social and economic structures supporting physical therapist practice will change, we do know that we need to prepare. As George Bernard Shaw appropriately stated,

"The future belongs to the unreasonable man, who looks forward not back, who thinks the unthinkable, and is certain only of uncertainty."

The future of physical therapy belongs to those who can embrace change and prepare for an uncertain future. ■

CASE STUDY:

West Nile Virus in a 53 Year Old Female

By Jon DeBord, PT, MS, ATC, SCS
Kewanee Physical Therapy & Rehab Specialists, LLC
Kewanee, Illinois

DEMOGRAPHICS AND REFERRAL

This patient was a 53 year old white female referred to physical therapy by her Nurse Practitioner with a diagnosis of right-sided weakness. The patient's chief complaint was difficulty with ambulation and decreased functional use of the right upper and lower extremities.

PHYSICAL THERAPY EXAMINATION

The patient stated that her symptoms began 2½ years prior for no apparent reason. She reported that she was speaking at a seminar when she suffered a "neurologic event." She noted difficulty with speech, a severe and intense left sided headache, neck stiffness, and nightmare when sleeping. The patient reported that when she woke from sleeping that day she noticed significant weakness on the right side of the body. She described increasing weakness on the right side over the next few weeks.

Patient reported that she had been referred to two neurologists, an internal medicine physician, and a family practitioner, none of whom had been able to diagnose the disease. She reported that one of the neurologists diagnosed her with Atypical Parkinson's Disease. The patient had undergone an MRI of her head, which was read as negative. Patient also had blood work including tests for scleroderma and Lyme Disease, both also being interpreted as negative.

The patient's complaints during the evaluation included tremors and weakness in the right upper extremity, dragging in the right lower extremity, and a cold sensation in the right upper and lower extremities. She reported significant difficulty with the cold sensation at night. She stated that blankets and electric heated blankets did not help. The patient also complained of "pain in the heart" when the tremors were severe in the upper extremity. She also noted shortness of breath and lightheadedness. The patient reported that her symptoms were improved by drinking Gatorade or taking potassium and magnesium supplements. The patient stated that she may have been exposed to a pesticide around the same time as the onset of her symptoms. She described working to clean a house that had been donated to her charitable organization. She reported that the exterminator working in the environment used something to kill the insects and clean the remains off of the walls, but she was unsure what chemical or chemicals may have been used. The patient reported that another person with whom she was working in the house developed similar symptoms, was hospitalized and treated with anti-viral medications, and recovered completely.

Her past medical history was significant for urinary tract infection, pneumonia, migraine headaches, anemia, arthritis, and "thyroid problems." She was taking no prescription medication at the time of the initial evaluation.

The patient lived in a 2-story home with her spouse. Patient was a prolific writer and public speaker, but had significant difficulty with both due to her symptoms. She stated that she also enjoyed sculpting and playing the piano, but had increasing difficulty with both due to right upper extremity symptoms. The patient denied tobacco or alcohol use.

The patient ambulated to the clinic without assistive devices. Her gait pattern was fairly symmetrical, although anticipatory. Noted decreased heel strike and decreased toe-off on the right. Gait was anticipatory with shortened stride length and slow cadence. The patient tended to drag the toes of the right foot and scissor her feet occasionally. No leg length or pelvic asymmetry was noted. Patient exhibited normal ROM in bilateral upper and lower extremities with no significant limitations or abnormalities. Lumbar and cervical spines were also within normal limits for all ROM. Mild to moderate edema was noted in bilateral lower extremities from the calf to the foot. The patient exhibited right scapular winging and substitution patterns during abduction and flexion to end-range in the right shoulder. Skin color was normal bilaterally, but the hand and foot were significantly cooler than the left. No tremor or abnormal tone were noted. The patient exhibited normal strength in the left lower extremity. Strength was limited to 4/5 in right hip flexion, hip abduction, hip adduction, knee flexion, and knee extension. All other motions in the right lower extremity tested at 5/5.

Functional reach was measured at 4" in bilateral stance. The patient was able to assume and hold Romberg position with eyes open, but not with eyes closed. The patient was easily challenged posteriorly in both positions. Single leg stance was normal on the left, but the patient is unable to maintain single limb support on the right. The patient was able to tandem walk, but only with hands-on assistance. No deviations were noted in straight-line walking. The patient's Tinetti Balance and Gait Assessment was scored at 21/28. Timed Up-And-Go was measured at 12 seconds. Sensation intact to sharp/dull. Light touch was intact. Proprioception was intact. Monofilament testing with 5.07g monofilament revealed no loss of sensation.

PHYSICAL THERAPY EVALUATION

A physical therapy diagnosis of abnormality of gait with right side weakness and loss of coordination was established. While purely descriptive and not based on an accurate medical diagnosis, the current physical therapy diagnosis was discussed with and agreed upon by the patient. The prognosis was initially quite guarded as her symptoms did not match any current medical diagnosis. The plan of care was established to include balance, coordination, gait, strengthening, and other functional activities to return her to her prior level of function.

PHYSICAL THERAPY INTERVENTION AND OUTCOME

With the signs, symptoms, history, and examination findings not matching the most current diagnosis of Atypical Parkinson's Disease and the patient's desire to know more clearly what the disease affecting her body was, it was determined that further testing was indicated. The evaluating physical therapist had previously evaluated and treated a patient with West Nile Virus, a mosquito-borne neuro-invasive disorder documented to cause similar symptoms to what the current



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A New Book on Parkinson's Disease is on the Shelves

Physical therapist and Certified Health/Fitness Specialist Miriam Boelen, an Illinois PT, recently published *Health Professionals Guide to Physical Management of Parkinson's Disease*. The text is for physical therapists and physical therapist assistants who want a comprehensive guide on the latest research-based evaluation and intervention tools that exist when treating people with Parkinson's Disease (PD). We recently interviewed her about her experience.

What is unique about your new book on PD?

It is a "how-to" comprehensive clinical guide. It walks the therapist through the steps of how to evaluate and how to perform interventions. Although people with PD, or People With Parkinson's (PWP) may appear similar, in reality each person demonstrates a unique combination of symptoms that are not always appreciated by the gold standard measure of PD progression, The Modified Hoehn & Yahr Scale.

The Modified Hoehn & Yahr	
Stage 1	= Unilateral disease
Stage 1.5	= Unilateral + axial involvement
Stage 2	= Bilateral disease, balance intact
Stage 2.5	= Mild bilateral disease with recovery on pull test
Stage 3	= Mild to moderate bilateral disease; some postural instability; physically independent
Stage 4	= Severe disability; still able to walk or stand unassisted
Stage 5	= Wheelchair bound or bedridden unless aided

Hoehn & Yahr staging is important in research to measure responses to and effectiveness of interventions. Generalizations regarding interventions can be inferred from these stages as a clinician. For example; Stage one focuses more on prevention and education. Stage 3 will have greater focus on fall prevention. Stage 4 may have greater emphasis on the caregiver. Within each stage however, unique problems and symptoms will be present. This book sifts through both the global and unique problems and helps the clinician make sense of it all.

From the initial evaluation to discharge, the book has a variety of the informational tools necessary to understand and effectively treat this population. Precautions and contraindications regarding patients with deep brain stimulators are discussed. Included are documentation samples for the initial evaluation, goal setting and progress notes which are unique to this population. Patient handouts are included targeting compensatory strategies. All are reproducible without requiring permissions. Since PD symptoms vary from one individual to the next, chapters are written as independent units to address discrete problem areas. This can be helpful for clinicians who typically need information quickly.

What prompted you to write the book?

When I started to treat PWP in 1990 there was scant research regarding the physical management of PD. Research primarily addressed medical management and neuropathological processes. From the mid 1990's forward there was a growing body of evidence addressing the physical management of PD. However, limited infor-

mation regarding PD was available in textbooks. As a clinician, I wish I had a reference which would cover all the aspects of physical management relative to the physical therapy profession in addition to a global understanding of symptoms, medical management and its limitations. I felt such a reference would be a valuable resource and would fill the existing void. The result is this book.

How will this impact physical therapist practice with patients with PD?

Even though research indicates the effectiveness of interventions for PWP, these interventions have not been consistently translated into clinical practice. There continues to be a chasm between the advances in research and daily practice in our profession for evaluating and treating this population. In addition to general exercise and conditioning, greater emphasis needs to be placed on compensatory strategies, education and self management. This publication will help to guide therapists to target interventions with improved efficacy. The economics of this approach is necessary and possible.

Do you practice specifically with persons with PD?

Yes, I specifically work with people diagnosed with PD but also with other Parkinsonisms which include: Progressive Supranuclear Palsy (PSP), Multiple Systems Atrophy – Shy Drager, Striatonigral Degeneration (SND), Olivopontocerebellar Atrophy; and Lewy Body Disease (LBD). PD is the most prevalent and therefore constitutes approximately 90% of my caseload. The primary source of referrals comes from Movement Disorder neurologists who are best equipped to medically manage symptoms.

There are many ways to advance your professional practice, how do you think writing this book added to your professional development?

Professional development, I believe is a continuum and started prior to writing this book. Becoming an effective clinician with this population was my initial professional goal. In writing this book my professional development had a broader scope and that was the hope of developing others professionally. It is my opinion however that developing professionally is not only acquiring clinical skills. It has also encompassed the development of a greater appreciation for the concerted effort of many people to help others in need. And with that I walk away enriched and humbled.

(Health Professionals Guide to Physical Management of Parkinson's Disease. Boelen M. Human Kinetics, Champaign, IL; ISBN: 9780736074926). It is available through the publisher, Amazon or Barnes & Noble websites. ■



The Brand Guidelines Reference Book

The APTA's effort to help you understand how to "move forward"



Since the American Physical Therapy Association (APTA) introduced the physical therapy community's new "branding effort," you may find yourself swimming in a sea of incomprehensible recommendations for how to best represent the field. Indeed, the APTA has introduced a plethora of new goals for the already hard-at-work PT or PTA. The "new" PT has a new message, a new look, and a new philosophy – if you're unsure just what those are, the APTA's *Brand Guidelines* reference book is your most valuable resource.

The *Brand Guidelines* reference book, a 27-page document available for download from the APTA's website, provides a wealth of knowledge not only on the APTA's branding effort, but branding in general. Understanding "the art of branding," as the book deems it, is crucial to understanding the APTA's unique effort.

The APTA hopes to draw you away from the notion of branding as a dry marketing strategy. Instead, PTs are encouraged, via the *Brand Guidelines* reference book, to see the APTA's branding effort for what it really is – a complex process built upon vested inquiry in the daily practice and inherent value of the field of physical therapy.

"Brands are not built in a pristine vacuum," the reference book tells us. "Brands are established inside-out."

The new "move forward" branding of physical therapy does three things (three things which all branding efforts should): establishes the field as credible, differentiating ("does the organization provide a unique service?"), and sustainable.

Armed with an understanding of branding and its purpose, the reference book then leads us to its primary objectives: to define the

PT field succinctly and positively, to establish general rules for professional behavior to reflect those definitions and, finally, to provide a set of general marketing tools and guidelines so that the professional may present a unified front to the consumer, each PT using the same logo, color scheme, and message.

The definition of the field and prescription of professional behavior include elements of the reference book entitled, "Brand Personality: How We Behave," "Key Messages: What We Say," "Tone of Voice: How We Say It," and "Brand Vocabulary." Finally, the sections touch on the role of the "Brand Champion," individuals who exemplify all of the new goals of the "branded" PT or PTA, and who help and inspire their peers to live the brand in their professional lives.

Color schemes, logos, font, and web page layout may seem like a superficial means of representing a profession's values, but the *Brand Guidelines* reference book stresses the importance of PTs presenting a united front. If each PT and PTA is consistent in their marketing materials – including the new color scheme, logo, and messages prescribed by the reference book – the consumer will be more likely to absorb the new, positive image of the PT. It takes an entire profession to advance a new image.

The *Brand Guidelines* reference book is a valuable tool for the PT or PTA navigating the new waters of the APTA's branding effort. Questions about branding, professional definition, behavior, and marketing standards are all at your fingertips – just visit www.apta.org and remember – it takes an entire profession to advance a new, positive image of the PT, a professional who is always "moving forward." ■

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2009 IPTA Fall Conference

RACING FORWARD TOGETHER

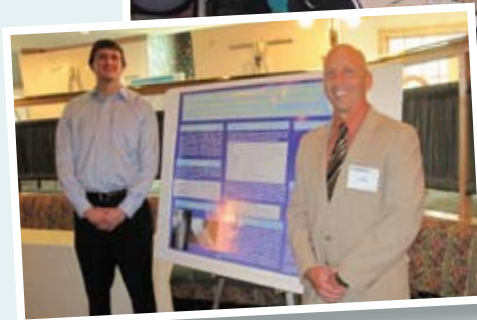
Over the course of two days, the annual fall conference provided an educational program for PT/PTA professionals to discuss ideas and information. Topics relating to neuroanatomy, pilates, concepts in strain/counter-strain, licensure and case management were included.

More than 80 people attended this year's town hall meeting presented by Peter McMenemy, current IPTA President and Sue Clark, IPTA Lobbyist. This year's town hall focused on legislative issues including referral for profit, direct access, student loans, 2010 Illinois elections and much more.

Friday night social activities included a meet and greet of candidates running for Chapter office, and "the Roast of Peter McMenemy", proceeds benefitting IPT-PAC.

Thank you to our event sponsors for graciously underwriting the 2009 Fall Conference:

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Palos Community Hospital
Physical Sciences Institute
Provena St. Mary's Hospital
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Today in PT



Thank you to all our poster presenters for your research and the wonderful posters that the attendees of the conference had the opportunity to enjoy.



**See you at the 2010 Fall Conference
September 24-25th in Naperville, Illinois
Watch for more details on www.ipta.org**



We would like to express our gratitude to the following individuals who contributed to the event's success:

Stacie Bertram, PT, speaker
 Ellen "Mickey" Bonk, PT, speaker
 Sue Clark, Lobbyist, speaker
 Julie Francis Cook, PT, speaker liaison
 Kevin Cronin, PT, speaker
 Diane Davis, PT, speaker
 Louise Dolvig, PTA, registration
 Jeanette Elliott, PT, Conference Committee, registration
 Lee Everett, PT, speaker
 Stephanie Farney, PT, registration
 Julie Feeny, PT, speaker liaison
 Colleen Flannery, Executive Director, everything
 Alyssa Flannery, staff, everything
 Evan Flannery, staff, manpower
 Meri Goehring, PT, speaker liaison
 Tom Groves, staff, everything
 Casey Holmes, PT, Conference Chair, speaker liaison, registration
 Mary Jonas, PT, Conference Committee, registration
 Mary Keehn, PT, speaker
 Sarah Keller, PT, registration
 Gina Kerwin, staff, everything
 Jeanette Knill, PT, Conference Committee
 Stacey Knowles, Assistant to Kevin Cronin
 Peter McMenamin, PT, speaker
 Linda Miller, staff, everything
 Claudia Ann Morehead, PT, speaker
 Patti Naylor, PT, speaker
 Melissa L. Peterson, PT, speaker
 John Pohlschneider, DJ
 Jennifer Ryan, PT, speaker, Roast coordinator, MC
 H. Steve Sadowsky, PT, speaker, session moderator
 Alice Salzman, PT, speaker
 Lora Sayles, PT, registration
 Edythe Strand, CCC-SLP, PhD, speaker
 Barbara Sullivan, PT, speaker
 Barbie Tuncil, PT, speaker liaison
 Michael Vogel, PT, speaker liaison
 Laurel White, Intern, program brochures
 Rebecca Wojcik, PT, speaker
 Michael Zumpano, staff, everything

CHAPTER ELECTION RESULTS

The following IPTA members will assume their newly elected positions on January 1st, 2010.

Treasurer:	Jim Milder (Incumbent)
Chief Delegate:	Patricia Naylor (Incumbent)
Speaker of the Assembly:	Rebecca Wojcik (Incumbent)
PTA Director:	Lisa Stejskal

Ethics Committee:	Marjorie Johnson Hilliard
Nominating Committee:	Indira Dubskey

Delegates at Large:
 Peter McMenamin
 Jim Milder
 Jennifer Ryan
 Jeannette Elliott
 Christopher Egizio
 Bambi Penney (alternate)

Thanks to all for their commitment to serving the Illinois Physical Therapy Association.

Certified election results are retained by the Chapter office for a minimum of 1 year. This information is available to members to review by request. Please contact IPTA for more information.

The 2009 IPTA Assembly of Representatives took an important step by approving changes to our bylaws to provide for use of electronic ballots to conduct Chapter and District elections.

The electronic voting system is a cost-effective use of our valuable resources – it is estimated that the Chapter and Districts will save a total of over \$8,000 annually in supplies and postal expenses. It will also provide for a timely electronic tabulation of the votes and greatly minimize our use of other valuable resources – the IPTA staff and volunteers.

The Chapter election was held through associationvoting.com, and provided for both electronic and paper ballots to be cast, although no one opted to use a paper ballot. The Chapter saw an increase in member participation this election cycle of approximately 35%. Why? Many members commented that they liked the "quick and easy" access to the ballot from the link in the voting notification versus the traditional mail ballot which required a postage stamp. Rick Rausch, former IPTA President, commented that the voting process "was very impressive. I especially like how I could click on the bio info and can read several on the same screen."

The annual Chapter election was kicked off in September at a Candidate Meet and Greet Social held in conjunction with the Annual Fall Conference in Bloomington. This provided members with an opportunity to learn more about 12 of the 21 slated candidates who opted to participate.

In November, six of the eight Illinois Districts implemented electronic voting for their election process. All District election results will be posted on the IPTA website in the coming weeks.

Special thanks to the Chapter's Nominating committee, the Board of Directors, and the staff who helped to implement this new and cost-saving efficiency in IPTA governance. ■

Welcome New Members...

Marisa Ann Alcaro, SPT
Rufino Pangilinan Aquino, PT
Sarah Marie Arndt, SPT
Temitope Adedamola Awakan, PT
Jenelle Marie Behnke, SPT
Giovanni Berardi, SPT
Jessica Helen Berg, SPT
Steve Charles Beverley, SPT
Sarah Nicole Blatti, SPT
Danielle Marie Bordenave, PT
Amanda Nicole Chiovaturo, SPT
Jonathon C. Crowley, SPT
Holly Audrey Davis, SPT
Lane David Dieckow, PT
Leslie Ann Dunn, SPT
Takara Alesia Ebbin, SPT
Karen G. Ednalino, SPT
Jason William Ferris, SPT
Karen Lynn Foss, SPT
Catherine Giannakopoulos, SPT
Lucas James Greenwell, SPT
Gina Terese Guide, SPT
Rachael Dawn Huske, SPT
Eric J. Infante, SPT
Luisa Rose Janus, SPT
Lauren M. Johnston, SPT
Adam Robert Ketterhagen, SPT
Justin I. Kim, SPT
Rachel Kowalczyk, SPT
Kevin Joseph Kuhn, PT
Linda Lai, SPT
Heather Lynn Lawdenski, SPT
Angeline Fey Maloney, SPT
Erik F. Martinez, SPT
Morgan Marie Meehan, SPT
Erin Michele Meyerhoff, SPT
Daniel Patrick Murray, SPT
Adrienne O. Musick, SPT
Bradley J. Myers, PT
Michelle Lynn Nendza, SPT
Kimberly L. Norton, PTA
Maureen Elizabeth O'Connell, SPT
Kevin Takashi Ogawa, SPT
Joshua Paul Ohliger, PT
Nicole F. Olaya, SPT
Michelle Elizabeth Olson, SPT
Raakhee N. Patel, SPT
Sapna Khodubhai Patel, SPT
Stephanie Elizabeth Penny, PT
Carolyn D. Plou, SPT
Amy Marie Pope, SPTA
Matthew Joseph Ranieli, SPT
Michaela Read, SPT
Kacey Jo Robinson, SPT
Elise Robustelli, SPT
Allison Marie Rushing, SPT
Tiffany Lynn Sabo, PT
Eric Daniel Sanderson, SPT
Lauren Ann Scott, SPT
Haviva Batsheva Siegel, SPT
Kali Marie Smith, SPT
Jacqueline Danielle Spies, SPT
Megan Ann Staehlin, SPT
Leah M. Timmerman, SPT
Amy Lynn Trzcinski, SPT
Jason Patrick Walsh, SPT
Jenna L. Walters, SPT
Judy Jue Wang, PT
Vanessa Warner, SPT
Heidi Lynn Wulff Plumb, SPT
Katherine Clare Zmolek, SPT
Edith Areli Amaya, SPT
Laura Marie Anderson, SPT

Kaitlin M. Andres, SPTA
Heather Alyse Avery, PT
Catrina Lyn Bowen, SPT
Antonio Gozun Buena, PT
Timothy K. Carey, PTA
Emily Diane Case, PT
Jason Chi, SPT
Darla Kay Crane, PTA
Malgorzata Debowski, SPTA
Anand Deshpande, SPT
Allison Ann DeWitt, SPT
Adam Dola, SPT
Colleen Marie Dolan, SPT
Raquel Ana Eguia, SPT
Allison Nicole Ernt, SPT
Katelyn Jeanine Fairburn, SPT
McKenzie Loose Fauth, SPT
Idelem M. Fernandez, SPTA
Carriza Lyn Manalo Fetalino, PT
Holly Lynn Froelich, PT
Cara A. Garmon, PTA
Tyson Andrew Goken, SPT
Theresa Ann Grandt, SPT
Brian David Grondin, SPT
Aileen Marieke Hoyne, SPT
Monica Hurtado, SPTA
Sonia Hussain, SPT
Nitin Jain, PT
Cara Marie Jaye, PT
Heather N. Karstens, SPT
Daniel R. Keating, SPTA
Benjamin Hak-Sun Kim, SPT
Jonathan Yates Knipping, SPT
Amy Christine Knox, PT
Catherine M. Kranz, PT, DPT
Richard H. Markle, SPT
Amy Suzanne Maxwell, SPT
Sara Mazanet
Liza D. Meiksins, SPT
Piriya P. Metcalfe, SPT
Katherine Mary Mihevc, PT
Victoria C. Montgomery, SPT
Marissa Rose Mortensen, SPT
Sarah Nicole Partridge, SPTA
Disha S. Patel, SPT
Louis Christopher Petrelli, SPT
Mocha Lee Robinson, PT, MPT
Molly Elizabeth Ruano, SPT
Maureen A. Sabri, SPT
Christopher M. Sbertoli, SPT
Emily P. Schill, SPT
Heidi Elizabeth Schmidt, PT
Mallory Eilene Scholze, SPT
Sarai Shacklett, SPT
Lorraine Hoffmann Shelmerdine, SPT
Lily Elizabeth Shen, SPT
Jennifer Lynn Specht, SPT
Jennifer Lynn Spihlman, PT
Dustin Donald Stephens, SPT
Megan Christine Surufka, SPT
Ben Svarczkopf, SPT
Jona Mae Catapusan Tan, PT
Sharon Marie Thoma, PTA
Lisa Grace Van Der Bill, PT
Kirsten von Zychlin, SPT
Bryce Murray Waddell, SPT
Jessica Marie West, SPT
Sara Whalin, SPT
Sarah Whiteside, SPT
Hanna Woldemariam, SPT
Jori N. Zimmerman, SPT
Brian P. Zimmermann, SPT

News from the APTA Manipulation Task Force

Ken Olson PT, DHSc
Chair, APTA Manipulation Task Force

The APTA manipulation task force has recently published a “white paper” titled, “Position on Thrust Joint Manipulation provided by Physical Therapists”. The purpose of a “white paper” is to provide information to the public and policy makers on an issue. The APTA has also developed a website devoted to providing resources such as the “white paper” on Manipulation, a power point slide presentation on the topic, and other resources related to legislative and regulatory issues on manipulation at www.apta.org/manipulation. The hope is that physical therapists faced with regulatory and legislative issues related to manipulation can use the website resources to assist in educating the public and legislators on this issue.

Below is a re-print of the Executive Summary of the “white paper” on Manipulation.

An American Physical Therapy Association White Paper Position on Thrust Joint Manipulation Provided by Physical Therapists.

Executive Summary

Introduction

Although Thrust joint manipulation (TJM) has been provided by physical therapists since the inception of the profession and physical therapists have published the majority of the research to demonstrate TJM effectiveness, the chiropractic profession has mounted legislative and regulatory strategies to prohibit physical therapist use of these procedures. Although chiropractors use arguments of patient safety and education as arguments against physical therapists use of TJM, it is quite evident the primary purpose of these legislation and regulatory assaults is driven by economic motives.

TJM and Physical Therapist Practice: Historical and Current Overview

The history of manipulation in recorded history can be traced back to the days of Hippocrates, the father of medicine (460-355 B.C.), and documentation of manipulation being a part of physical therapist practice dates back to the beginning of the profession., With early influence of internationally recognized leaders in manual physical therapy plus new research findings, physical therapists have assumed leadership role as the practice of TJM and associated education continues to evolve.

TJM and Physical Therapist Training

Physical therapist TJM training starts in professional education (entry-level) programs. Entry-level program curricula design and implementation are primarily directed by A Normative Model of Physical Therapist Professional Education (Normative Model) and the Evaluative Criteria For Accreditation of Educational Programs for the Preparation of Physical Therapists (Evaluative Criteria) used by the Commission on Accreditation in Physical Therapy Education (CAPTE). Both the Normative model and the CAPTE evaluative criteria are very specific that both thrust and non-thrust manipulation

techniques for the spine and extremities must be taught in physical therapist entry-level curriculum.

TJM and Patient Safety

Chiropractors claim that manipulation provided by PTs place the public at risk for serious injury. The majority of the injuries and deaths from cervical spine manipulation have occurred at the hands of a chiropractor, while PTs were involved in fewer than 2% of the injury cases, and no deaths have been attributed to PTs. PTs have an excellent medical-legal track record of patient safety and the use of TJM. HPSO, the primary liability insurance carrier for physical therapists in the United States, has confirmed that there are no higher claims losses for PTs who utilize TJM than for those who use other types of treatments.

Research Supporting the Use of Manipulation

Physical therapists are leading the effort to establish the evidenced-based framework for safe and appropriate use of TJM in treating movement disorders. The fact that physical therapist researchers and clinicians are leading the way in demonstrating the effectiveness of TJM further illustrates that PTs are safe and effective providers of TJM for treatment of spinal disorders.

Summary

Based on the coordinated, strategic chiropractic legislative activities during the past 20 years, it is clear the chiropractic profession has established a national agenda to prevent PTs from using TJM. Their claims that PTs are not adequately trained and that patients are at risk receiving TJM from PTs have no factual basis. ■

Save the Date...

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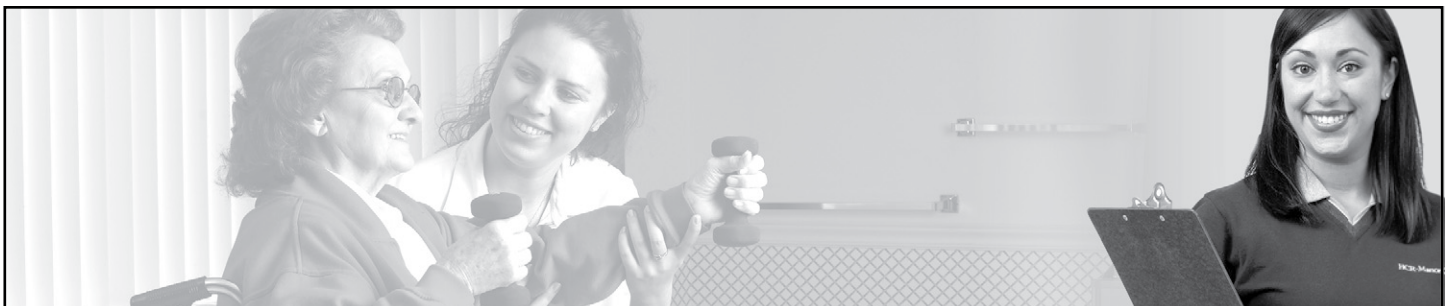
YOU have a voice – talk with your District Assembly Representative TODAY or contact the Speaker and Assembly Officers to develop your ideas or get assistance/specific recommendations. Contact an Assembly Officer at Becky Wojcik, Speaker of the Assembly (r-wojcik@govst.edu), Jeannette Elliott, Secretary (jelltt@aol.com) or Mary Keehn, Vice-Speaker (MKeehn@uic.edu).

Through the IPTA Assembly of Representatives you have opportunities to strengthen and advance the ethical and professional best practice of physical therapy in Illinois. Everyone should review the bylaws, discuss issues, and collectively develop bylaw amendments and other motions to bring to the 2010 Assembly of Representatives in order to MOVE FORWARD.

IPTA Spring Assembly will be here before you know it!

Saturday, April 24, 2010

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State Government Affairs Forum Offers Lessons in Preparedness

“Expect the unexpected” was a common recommendation made by speakers at APTA’s 2009 State Government Affairs Forum. Hosted in Phoenix by the Arizona Chapter, this year’s forum attracted more than 150 attendees – a new record – from across the country to discuss issues that chapters are facing in their state houses and to share the lessons learned from experience.

Being prepared for the unexpected in state legislative affairs is not only a good idea, it’s critical. Chapters cannot afford to be caught off guard when there is so much at stake. Recognizing that chapters need information and support, APTA’s State Government Affairs Department coordinates this annual forum so that chapter members, staff and lobbyists can network with colleagues and enhance their awareness of both ongoing and emerging issues.

The forum opened with an update from APTA State Government Affairs staff on the state legislative issues APTA chapters faced in 2009 and anticipate in 2010. This was followed by a discussion of health care reform including an up-to-the-minute briefing from APTA’s Vice President for Government and Payment Advocacy, Justin Moore, on reform efforts in Congress, and an open forum with APTA’s Government Affairs Committee on the association’s federal health reform priorities. Two Arizona state legislators – Rep. Kyrsten Sinema (D) and Rep. Nancy Barto (R) – presented opposing viewpoints on the direction health reform should take. On the state level, the Health Care Home model of primary care being implemented in Minnesota was described in its current point in development by Minnesota chapter member Kathleen Picard.

Kentucky chapter member Dave Pariser informed attendees about the outcome of a recent legal proceeding pursued by the Kentucky Board of Physical Therapy. The Board took legal action against an orthopedic practice that offered “P.T. services” provided by an athletic trainer and billing 97001 and 97002 CPT codes; however a ruling by the Kentucky Supreme Court went in favor of the orthopedic practice. This discussion of statutory protection of the term “physical therapy” revealed how exemption clauses in statute can expose the risk of threat to term protection.

In support of chapters’ efforts against the ongoing attempts by chiropractors who seek to make manipulation unlawful for physical therapists, the work of the APTA Manipulation Task Force was highlighted by the task force’s chairman, Ken Olson, and Bob Rowe, President of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT). The multi-faceted approaches of the task force serve to help defend the scope of physical therapy practice and promote thrust manipulation training.

Wisconsin chapter member Bill Boissonnault shared the results of that chapter’s physical therapy workforce survey which looked at the various practice settings as well as geographic areas within the state. APTA’s Research Department’s support in addressing workforce issues was discussed by department director Marc Goldstein, and assumptions about causal factors were explored. Various solutions such as increasing class sizes in PT and PTA programs were critiqued and each state was challenged to collect employment data on all licensees.

Three workshops were held that highlighted potential areas of legislative action relating to emerging technology and scope of practice. Diagnostic sonography by physical therapists was discussed by Massachusetts chapter member Doug White in the context of legislation that may prohibit the use of therapeutic ultrasound by physical



The Illinois Chapter was represented by Peter McMenamin (IPTA President), Colleen Flannery (Executive Director), Sue Clark (Chapter Lobbyist), Patti Naylor (Chief Delegate), and Daphne Scott (Chapter Government Affairs Committee Member). Peter McMenamin was the recipient of a Legislative Leadership Award for his commitment and dedication to advancing the profession of physical therapy in Illinois.

therapists as states attempt to define qualified sonographic providers. The workshop on animal rehab, presented by Nebraska chapter member Kirk Peck, raised issues around the regulation of physical therapists and others who provide these services including scope of practice and term and title protection of physical therapy. Vic Vaughan of the Connecticut chapter discussed his chapter’s experience in protecting the use of low-level lasers by PTs in that state. This workshop highlighted the need for chapters to examine related and little known statutes that impact physical therapy scope of practice as newly developed technologies emerge.

Being prepared and vigilant as chapters seek elimination of referral for profit is more important than ever. While chapters research and debate legislative and legal approaches to address this issue, the American Academy of Orthopedic Surgeons (AAOS) is actively pursuing a strategy of inserting language into physical therapy practice acts that would guarantee a physician’s right to own a physical therapy practice.

Once again, this year’s forum included a half day of programming specifically on the issue of referral for profit, with an update on recent activities of APTA’s Referral for Profit Committee and case studies of two approaches to this issue being pursued on the state level. Iowa member Kevin Rippey discussed his chapter’s efforts to curtail physician referral for profit through the rulemaking process, which Richard Wright discussed his lawsuit Washington against a physician owned physical therapy practice. These differing approaches and their risks were examined and followed by small group discussions and an open forum.

In light of the notion that referral for profit affects the practice of physical therapy in all settings beyond private practice, participants generated ideas and strategies to increase awareness of RFP among members and non-members. Compliance issues were identified that expose PT practices to the same criticism by regulators as are being leveled against POPTS and our own practice and referral arrangements were examined as they relate to referral for profit.

Consider attending next year’s forum in Portland, Oregon or helping to sponsor a student or another member to attend. Much is at stake and it pays off to be prepared!

Kathleen Picard, PT, contributed to this article. She is vice president of OSI Physical Therapy in Stillwater, MN, and can be reached at kpocard@therapypartners.com. ■

APTA NEWS

NATA SETTLEMENT: APTA and NATA Reach Agreement to Settle Lawsuit

APTA and the National Athletic Trainers Association (NATA) have reached agreement to settle the lawsuit that NATA filed last year and to issue a joint statement.

APTA is pleased to have reached this agreement as it means the association will avoid a protracted, time-consuming, costly, and unnecessary legal battle and will be able to return its full attention to its true purpose -- serving members and achieving APTA's goals as laid out in the association's strategic plan. Although APTA is confident it ultimately would have prevailed in this lawsuit, the association has chosen to put the dispute behind us in the quickest, most efficient manner possible.

It is important to note nothing has changed as a result of this agreement. There are no winners here. The settlement acknowledges a few indisputable truths concerning what physical therapists and athletic trainers do. APTA will continue as before to advocate on behalf of the profession and those it serves.

The joint agreement and a list of frequently asked questions can be found on APTA's Web site at www.apta.org.

New Ethics Standards Passed

The 2009 House of Delegates passed new ethics standards documents for both physical therapists and physical therapist assistants. Though the new standards will not take effect until July 2010 the new documents are available for all members to study. We will have ongoing resources for you to access in order to be ready for the transition. For more resources, please access www.APTA.org.

International Summit Reaches Agreement: Patient-Self Referral to Physical Therapy Improves Public Health

This fall in Washington, DC, physical therapists from around the world heard that direct access and patient self-referral to a physical therapist is proven to be safe, and results in improved health outcomes, more timely care, higher patient satisfaction, and lower costs, says the American Physical Therapy Association (APTA), co-host of the International Summit on Direct Access and Advanced Scope of Practice.

"We were very pleased to host this event," says APTA President R. Scott Ward, PT, PhD. "This weekend we heard evidence from around the world that clearly demonstrates that direct patient access to physical therapists is appropriate for all Americans. The findings of this conference confirm that the legislation allowing patients to access physical therapists without a referral -- legislation that currently exists in 44 states -- is worth pursuing in all states and at the federal level."

Leaders from 18 countries attending the Summit endorsed the results of research that demonstrate that patient self-referral to physical therapy is best for all health systems, whether public or private. Direct access and patient self-referral allows patients to access physical therapy as their first choice for rehabilitation and wellness programs. A physician referral is not required.

"Physical therapists are able to act as first contact practitioners, and patients may seek direct services without referral from another health care professional," says Marilyn Moffat, PT, DPT, PhD, FAPTA, president of the World Confederation for Physical Therapy (WCPT). "The results of this wide body of research are clear: patients benefit from self-referral and direct access. We encourage legislators and health administrators around the world to consider these findings."

The Canadian Physiotherapy Association (CPA) shared its successes with direct access during a symposium, panel discussion, and breakout sessions.

"Canada has been a world leader in legislating direct access so that patients can self-refer to physiotherapy," says Alice Aiken, PT, PhD, president of CPA. "Patient self-referral is legal in all provinces of Canada."

Approximately 150 physical therapists from around the world attended the meeting, which was co-hosted by APTA, WCPT, and CPA. For more information, visit APTA's Web site at www.apta.org/internationalsummit. ■

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D A T E L I N E

Date	Course Title	Location	Contact	CE Credit	Specialty
1/1/09 - 1/1/10	The McKenzie Case Manager Sponsor: The McKenzie Institute USA	Self study, Continuous Offering	Stacey Lyon 315-471-7612 nancy@mckenziemdt.org www.McKenzieMdt.org/EduCourseCM.cfm	10.5	Orthopedics
1/1/09 - 1/1/10	Treatment Strategies in the Acute Care of Stroke Survivors Sponsor: International Clinical Educators, Inc.	Self study, Continuous Offering	Jan Davis 888-665-6556 www.StrokeHelp.com christineshaw@strokehelp.com	15	Acute Care
1/1/09 - 1/1/10	Functional Treatment Ideas and Strategies in Adult Hemiplegia Sponsor: International Clinical Educators, Inc.	Self study, Continuous Offering	Jan Davis 888-665-6556 www.StrokeHelp.com christineshaw@strokehelp.com	15	Neurology
2/1/09 - 2/1/10	Lipedema: Often Confused with Lymphedema Sponsor: Gannett Healthcare Group	Self study, Continuous Offering	James F Ross, PT, DPT, CSCS 914.489.0669 800-866-0919 ce@gannetthg.com jfross@gannetthg.com	1	Other, Self Study
2/1/09 - 2/1/10	Teaching Independence: A Therapeutic Approach to Stroke Rehab Sponsor: International Clinical Educators, Inc.	Self study, Continuous Offering	Jan Davis 888-665-6556 www.StrokeHelp.com christineshaw@strokehelp.com	15	Neurology
10/1/09 - 10/1/10	Wound Management Certification Course Sponsor: WoundEducators.com LLC	Self study, Continuous Offering	Laurie Swezey 800-637-5526 lswezey@woundeducators.com www.WoundEducators.com	50 Subject to self study limitations for IL license renewals	Acute Care
12/5/209 - 12/6/09 Chicago, IL Plus other dates and cities	Repetitive Stress Injuries of the Upper Extremity Sponsor: Therapy Network Seminars	Multiple Cities	Andrew Schrodt 800-785-7855 www.TNSeminars.com tnseminars@aol.com	15.5	Orthopedics
12/9/09 Schaumburg 12/10/09 Bloomington 12/11/09 Chicago	Suspected Apraxia and Early Intervention Sponsor: Cross Country Education	Multiple Cities	Heather Smith 615-331-4422 coned@crosscountryeducation.com https://www.crosscountryeducation.com/cce/	6	Pediatrics
12/9/09 - 12/10/09	Dementia Therapy: Achieving Positive Outcomes for the Person with Dementia Sponsor: Dementia Care Specialists	Oak Brook, IL	Kris Palazzi 919-245-3447 www.DementiaCareSpecialists.com Kris@DementiaCareSpecialists.com	13	Geriatrics
12/11/09 Indianapolis	Part C: Mechanical Diagnosis and Therapy, Problem Solving Workshop Sponsor: The McKenzie Institute USA	Multiple Cities	Stacey Lyon 315-471-7612 nancy@mckenziemdt.org www.McKenzieMdt.org/EduCourseCM.cfm	20.5	Orthopedics
12/04/09 - 12/06/09	MT-ST: Stabilization Training Seminar Sponsor: Maitland Australian Physiotherapy Seminars	Chicago, IL	Joanne Showalter 631-298-5367 www.ozpt.com joanne@ozptcom	20.5 Traditional plus 5.5 Self Study	Orthopedics

Date	Course Title	Location	Contact	CE Credit	Specialty
12/15/09 Schaumburg 12/16/09 Peoria 12/17/09 Naperville	Keeping Your Center of Gravity Over Your Base of Support Sponsor: Cross Country Education	Multiple Cities	Heather Smith 615-331-4422 coned@crosscountryeducation.com https://www.crosscountryeducation.com/cce/	6	Orthopedics
1/21/10 Kansas City, MO 1/22/10 St. Louis, MO	Evidence-Based Strengthening and Conditioning Sponsor: Cross Country Education	Multiple Cities	Heather Smith 615-331-4422 coned@crosscountryeducation.com https://www.crosscountryeducation.com/cce/	6	Sport
2/18/10 - 2/21/10	Spinal, Pelvic, and Scapular Stabilization: RMR1 Sponsor: Elements in Motion Education	Chicago, IL	Robin Edwards 773-681-4846 education@elementsinmotion.com www.elementsinmotion.com	24	Education
2/27/10 St. Louis 4/10/10 Chicago	Doctors Demystify Upper Extremity Muscles and Tendons for OTs and PTs Sponsor: Doctors Demystify	Multiple Cities	Roy A Meals, MD 310.824.1262 www.doctorsdemystify.com rmeals@ucla.edu	6	Orthopedics

Make an Investment... Consider Participation in the IPTA's Employer Sponsored Membership Program

The Illinois Physical Therapy Association's Employer Sponsored Membership Program is an excellent opportunity for employers to become more competitive in a challenging market. Physical therapists are in high demand and short supply – by participating in the Employer Sponsored Membership Program, employers strengthen their recruiting tools and benefit packages for current employees.

In addition to the positive support of an association which encourages a progressive, professional culture, employers will enjoy discounts on Illinois Physical Therapy Association (IPTA) advertising opportunities, recognition and a link to their workplace from www.ipta.org, publicity in the IPTA's annual IPTA Directory and a subscription to the bimonthly PT Priority magazine. Employers must support 100% of at least three employee's memberships to secure these excellent benefits.

IPTA membership assists employees in gaining the expertise needed to produce great outcomes for patients and great results for the organizations they represent. Employers can count on IPTA members to have an awareness of the issues and trends facing physical therapy on the local and national front, the resources to stay at the forefront of the therapy industry with respect to practice, compliance, and reimbursement, and access to key program development and enhancement resources. An investment in the IPTA's Employer Sponsored Membership Program is an investment in a strong, confident, and competent staff. For more information and registration form please go to www.ipta.org. ■



Q & A

May I still keep my Illinois licensure active even though I no longer live in Illinois?

Yes, just renew the same way you would if you lived in Illinois and meet all CE requirements. Remember to give IDFPR your current address so you get your renewal documents every two years.

May physical therapists evaluate patients in Illinois without a medical referral?

Yes, patients have direct access to physical therapists for evaluation.

The Illinois Physical Therapy Act includes evaluation within the scope of practice for the physical therapist. Although the Act includes referral and notification requirements for treating persons with human ailments, these requirements do not apply to examining, evaluating, and testing individuals who many have mechanical, physiological, or developmental impairments, functional limitations, disabilities, or other health and movement-related conditions, classifying these disorders, determining a rehabilitation prognosis and plan or therapeutic intervention, and assessing the ongoing effects of the interventions. ¹

Note:

1 Excerpt from *The Illinois Physical Therapy Act*, Sec. 1. Definitions as used in this Act.

WEST NILE... from page 8.

patient was experiencing. A discussion with the patient's primary physician was well-received with the explanation of the physical therapist's prior experience, and a blood test to detect the West Nile Virus antibody was performed. The test was positive, indicating the presence of active West Nile Virus.

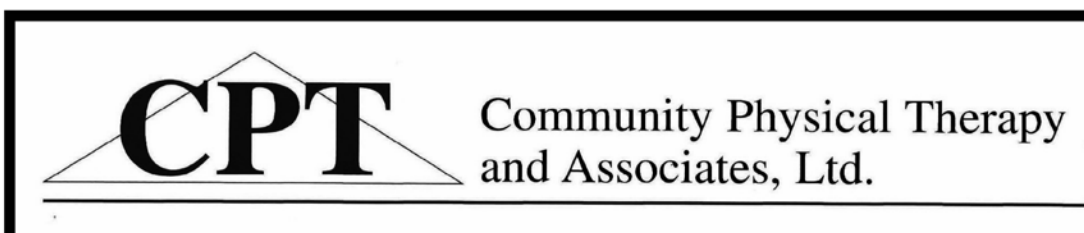
ANALYSIS

While finding an accurate diagnosis did not change the plan of care or the eventual outcome for this patient, it did allow for a clearer prognosis and comfort for the patient. The prognosis remained guarded as there were few cases in the current literature of patients with long-standing disease from which to draw an expected outcome. The patient's mental status with regard to her diagnosis changed when a positive test was found. While not looking forward to an uncertain future living with West Nile Virus, she at least had a diagnosis.

While hind-sight is always 20/20, there are many things that the health care community can learn from cases like this. Had a more

complete battery of tests been performed at the onset of her symptoms, perhaps she could have had the same speed and degree of recovery as her colleague who received anti-viral medication soon after the onset of her symptoms. We have a responsibility to our patients not to force the proverbial square peg into a round hole as was done in this case. Simply adding "atypical" to the beginning of a diagnosis does not make the diagnosis accurate. When the results of our testing do not reveal the answer, we must ask more questions.

As physical therapists we are faced with patients suffering from any number of symptoms and conditions. It is vital that we obtain an accurate and detailed history of the present illness including any environmental considerations necessary to formulate an accurate prognosis and plan of care for our patients. Accepting the "diagnosis" from the referral source as Truth has the potential to turn our attention in a direction of symptom-only treatment. Perhaps the most important lesson from this case report is communication – from the patient to the physical therapist to the physician and through the cycle again as many times as is necessary to insure that providers and patients have the best information from which to make good clinical decisions. ■



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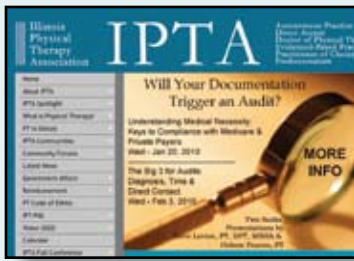
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Keeping You Connected... 5 Things You'll Find Online this Month

1. IPTA Event Calendar. With a click, enter events to your personal Outlook calendar. Don't miss any National, Chapter or District events in 2010!
2. Find your match. Join a community that shares your interest to exchange information and dialogue about issues that challenge you in your field.
3. Career Center. Ready for a change? Check out job openings and post your resume through the Career Center.
4. Get involved. Read up on the IPTA committees and choose where you would like to make a difference. Send the chair a message or email to learn more about how to participate.
5. What's happening. Stay current on issues at local, state, and national levels by checking IPTA news every week. Sign up to receive legislative and reimbursement updates through twitter today! ■

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Dr. Carole Lewis, PT, DPT, GTC, GCS, MSG, MPA, PhD, FAPTA

Bristol, TN	Feb. 26-28, '10
Hawthorne, NJ	May 21-23, '10
Silver Springs, MD	Sept. 24-26, '10
Los Angeles, CA	Nov. 12-14, '10
Jacksonville, FL	Dec. 3-5, '10

Clinical Geriatric Neurology

Dr. Carole Lewis, PT, DPT, GTC, GCS, MSG, MPA, PhD, FAPTA

Hartford, CT	Jan. 22-23, '10
Savannah, GA	March 19-20, '10
Dallas, TX	April 23-24, '10
Louisville, KY	June 26-27, '10
Kansas City, KS	July 23-24, '10
Tacoma, WA	August 20-21, '10
Akron, OH	Oct. 15-16, '10

Geriatric Therapeutic Exercise

Mark Traffas, PT, GTC

Springfield, IL	March 13-14, '10
Newport News, VA	April 24-25, '10
Hershey, PA	May 21-22, '10
Salt Lake City, UT	Sept. 24-26, '10
Dubuque, IA	Oct. 15-17, '10
Sacramento, CA	Dec. 3-5, '10

Comprehensive Rehabilitation Strategies

Doug Dillon, PT, GTC, CSST

Freehold, NJ	March 20-21, '10
Chicago, IL	May 15-16, '10
Minneapolis, MN	Sept. 25-26, '10
Amarillo, TX	Dec. 4-5, '10

Rehabilitation for the Frail Elderly

Robert Thomas, MS, PT

Las Vegas, NV	April 24-25, '10
Madison, WI	June 26-27, '10
Chicago, IL	Oct. 16-17, '10
Winston Salem, NC	Nov. 6-7, '10

Safe Steps

Dr. James Wall, BSc, MSc, MEd, PhD

Birmingham, AL	Feb. 27-28, '10
Carson City, NV	May 22-23, '10
Milwaukee, WI	July 24-25, '10

Rehabilitation for Persons with Dementia

Susan Staples, PT, GCS

Baltimore, MD	Feb. 27-28, '10
Kona, Hawaii	April 24-25, '10
Miami, FL	May 22-23, '10
South Bend, IN	TBA
New Rochelle, NY	Oct. 22-23, '10

Intensive Orthopedics

Sandy Shelton, PT, GTC

Raleigh, NC	April 23-24, '10
San Antonio, TX	June 25-26, '10
Cherry Hill, NJ	July 23-24, '10
Oklahoma City, OK	Oct. 15-16, '10

Home Health Rehabilitation

Dr. Carol Schunk, PT, PsyD

Bronx, NY	March 20-21, '10
Green Bay, WI	April 24-25, '10
Little Rock, AK	May 22-23, '10
Toledo, OH	Nov. 6-7, '10
Lexington, KY	Dec. 4-5, '10

Put Some Muscle Into Ther Ex

Dr. Wendy Anemaet,

PT, PhD, GCS, CWS, GTC, COS-C	
Omaha, NE	May 22-23, '10
New Orleans, LA	June 12-13, '10
Indianapolis, IN	August 21-22, '10
Austin, TX	Nov. 6-7, '10

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Acute Care Rehabilitation

Mark Neson, MS, PT

Phoenix, AZ	Feb. 27-28, '10
Idaho Falls, ID	May 22-23, '10
Urbana, IL	June 26-27, '10
Richmond, VA	August 14-15, '10
San Francisco, CA	Sept. 25-26, '10
Miami, FL	Oct. 16-17, '10

Taking Balance to the Limits

Janene Barber, PT

San Jose, CA	March 20-21, '10
St. Louis, MO	June 26-27, '10
Des Moines, IA	August 21-22, '10
Las Vegas, NV	Oct. 16-17, '10
Lincoln, NE	Nov. 6-7, '10
Seattle, WA	Dec. 4-5, '10

Rehabilitation of Persons with Common Medical Pathologies

Dr. Steven Tepper, PhD, PT

Portland, OR	Feb. 27-28, '10
Fresno, CA	April 24-25, '10
Washington, DC	May 15-16, '10
Rapid City, SD	May 22-23, '10
Nashville, TN	June 26-27, '10
Oxford, MI	August 14-15, '10
Atlantic City, NJ	Sept. 25-26, '10
Jefferson City, MO	Oct. 16-17, '10
Philadelphia, PA	Dec. 4-5, '10

Cancer

Rehabilitation

Using Evidence to Get Results

Nicole Stout, MPT, CLT-LANA

Seattle, WA	January 23-24, '10
Davenport, IA	May 1-2, '10
Atlanta, GA	May 22-23, '10
Charleston, SC	July 24-25, '10
Boise, ID	Oct. 16-17, '10
Stony Brook, NY	Dec. 4-5, '10

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Member Spotlight

Cedric Peoples



Cedric Peoples, a second-year Physical Therapy Assistant student at Morton College, decided to become a PTA after he sustained an injury to tendons in his ankle and received therapy from a capable and inspiring PT, Danita Nixon.

"I felt very vulnerable," Cedric said. "She encouraged me, and worked with me – and I thought, 'That's what I want to do for people'."

Cedric calls Ms. Nixon a sort of "miracle worker," and believes that all PTs and PTAs are, on some level, workers of miracles - inspiring individuals to recuperate, recover, and develop their physical abilities.

Therapy is also "integrated into" his family, Cedric claims, sharing that his wife is an Occupational Therapist. And Cedric is finding that that very integration has increased exponentially after beginning his clinicals on Sept. 27.

Clinicals have been an inspiring experience for Cedric, who says he is absorbing the experience "like a child." After just a few weeks, he believes that he's matured immensely. Clinicals represent the type of "real world," professional experience that he thinks should be passed on to all PT and PTA students. In fact, Cedric believes that mentorship's that expose current students to "real world" PT and PTA situations should be a staple of the IPTA's goal set.

A student "interview" program should be implemented, he believes, that allows students currently in clinicals – or new professionals in the field – to share their experiences with students. More experienced students or professionals could share problem solving strategies and patient skills, Cedric says.

"It's an opportunity to say, 'Hey, it's okay, this is what you're going to deal with, and here's how to handle the situation,'" he says. Interviews would provide those in the classroom with a sort of "heads up" for what to look toward and prepare for during professional practice.

Cedric also believes that seasoned therapists should foster solid relationships with PT and PTA students. The opportunity to talk with seasoned professionals, he says, is one of the main benefits of being a student member of the IPTA.

"There needs to be a blend of old and new ideas," he says, encouraging knowledge sharing between current students and practicing PTs and PTAs.

Knowledge sharing is a major incentive for a student member of the IPTA, Cedric asserts, pointing out that he has access to a "wealth of knowledge" that his non-member friends don't.

He looks up treatment strategies and evidenced-based research information on the IPTA and APTA websites, information that he says allows him to complete schoolwork "twice as fast" as non-member peers.

"I've always believed that if you want to be a part of your profession you need to be a member of the professional association," he says. "You need to be able to know how to network, who to network with, and how you can take advantage of those resources."

Cedric will continue his clinical experience this fall and winter, continue to serve as the Student Delegate to the Illinois PT House of Delegates from Morton College, and – undoubtedly – continue to spread the good word about being an IPTA student member. ■

St. Jude's Children's Research Hospital Spaghetti Dinner

The students in the Northern Illinois University Physical Therapy Program under the guidance of adviser Nancy Nuzzo, PT, PhD promoted Physical Therapy month by hosting their second annual spaghetti dinner and silent auction for St. Jude's Children's Research Hospital on October 17, 2009. Each of the three classes of the program had a different role in making the event successful. This year surpassed last year by \$800 raising a total of over \$3300.

Illinois PT Earns Highest Award from Hypertension

Shane A. Phillips, PT, PhD from the University of Illinois Department of Physical Therapy was recently awarded for his research related to endothelial health. The editors of the journal Hypertension recently established an award to recognize the most significant original papers published in the Journal in the categories of basic, clinical, or population sciences. Dr. Phillip's paper "Benefit of Low Fat Over Low Carbohydrate Diet on Endothelial Health in Obesity" was selected as the top paper for 2008 in the category of clinical science.

It is great accomplishments like these that help our profession gain awareness amongst other professions. The Illinois Physical Therapy Association applauds Dr Phillips contribution to the body of literature and the advancement of physical therapists and physical therapist assistants.

Shane A. Phillips et al. Benefit of Low-Fat Over Low-Carbohydrate Diet on Endothelial Health in Obesity. *Hypertension*. 2008;51:376-382.



Calendar of Events

December

- 1 Member Services Conference Call
- 8 Executive Committee Conference Call
- 9 District Chair Conference Call

January

- 13 Deadline to register for Audio Conference: "Will Your Documentation Trigger an Audit: Understanding Medical Necessity: Keys to Compliance with Medicare and Private Payers."
- 20 Audio Conference: "Will Your Documentation Trigger an Audit: Understanding Medical Necessity: Keys to Compliance with Medicare and Private Payers."
- 27 Deadline to register for Audio Conference: "Will Your Documentation Trigger an Audit: The Big Three for Audits: Diagnosis, Time, and Direct Contact."
- 30 IPTA Board of Directors Meeting (Naperville, IL)

February

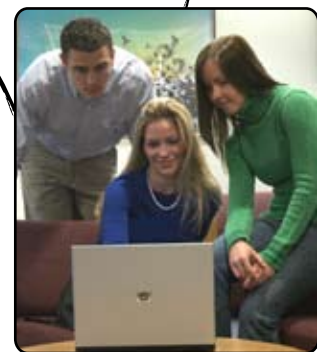
- 3 Audio Conference: "Will Your Documentation Trigger an Audit: The Big Three for Audits: Diagnosis, Time, and Direct Contact."
- 17-20 APTA Combined Sections Meeting (San Diego, CA)

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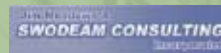
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2009 / 2010 CEU SCHEDULE

DATE	INSTRUCTOR(S)	COURSE TITLE	CEUs	INTENDED AUDIENCE	LOCATION
11/21/2009	Paul Thomas PT, DPT, MTC, OCS	OMPT of the Lumbar Region	8.0 CEUs	PT, MD, DO	Willowbrook, IL
12/12/2009 - 12/13/2009	Kris Cooper PT, DPT, MTC, OCS, FAAOMPT	Biomechanical Approach to Lower Quarter Strengthening	12.0 CEUs	PT, PTA, ATC	Willowbrook, IL
02/06/2010	Ivan Huergo MPT, MATcs	Pelvic Obliquities	8.0 CEUs	PT, PTA, MATcs, ATC	Willowbrook, IL
02/20/2010	Paul Thomas PT, DPT, MTC, OCS	Introduction to Manipulation	8.0 CEUs	PT, MD, DO	Willowbrook, IL
03/13/2010 - 03/14/2010	Kris Cooper PT, DPT, MTC, OCS, FAAOMPT	OMPT & Exercise for Cervical Spine Disorders: Upper & Mid Cervical	14.0 CEUs	PT, MD, DO	Willowbrook, IL
04/10/2010 - 04/11/2010	Tom Ockler PT	M4 Rotten to the Core MET Evaluation & Treatment of the Rib Cage & Thoracic Spine	17.0 CEUs	PT, PTA, LMT, ATC	Willowbrook, IL
04/24/2010	Paul Thomas PT, DPT, MTC, OCS	OMPT of the Thoracic Cage	8.0 CEUs	PT, MD, DO	Willowbrook, IL
06/11/2010 - 06/13/2010	Jim Meadows PT, MCPA, FCAMT	Peripheral Manipulation	20.0 CEUs	PT	Willowbrook, IL
08/21/2010 - 08/22/2010	Tom Ockler PT	M3 MET All External Evaluation & Treatment of CPPS (Chronic Pelvic Pain Syndrome)	21.0 CEUs	PT, PTA, LMT, ATC	Willowbrook, IL

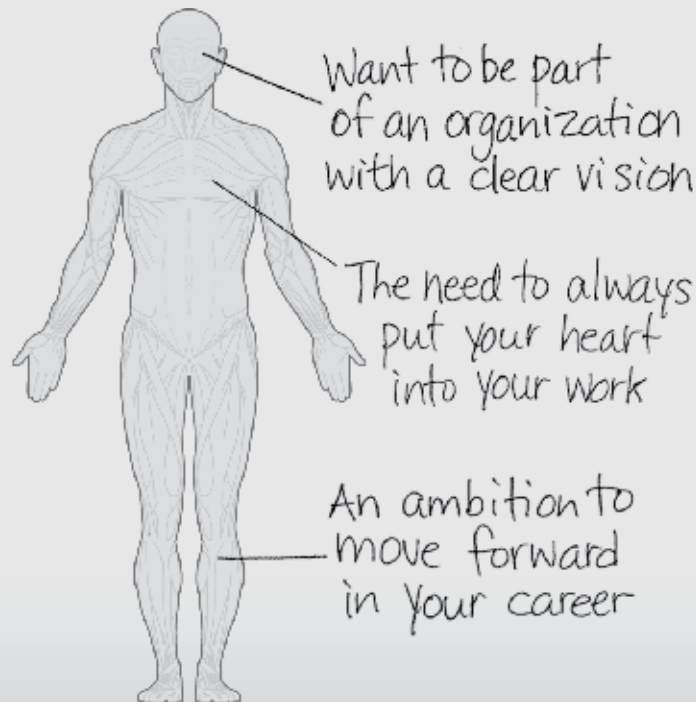
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