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Session Celebration

Brought to you by the MNPT PAC

Join us in kicking off the 2013 Legislative Session at our annual Session Celebration the evening before legislative day. Everybody is welcome—appetizers and refreshments will be served.

Tuesday, February 5th, 6:30pm-8:30pm
MNPTA Office

Contributions of all amounts are welcome
Suggested Contribution $40
RSVP to info@mnapta.org

Not able to make it in person? You can give online (and register for legislative day) at www.mnapta.org!
A Message From the President

Position for Change

Submitted by Craig Johnson, MNPTA President (APTA Member Since 1978)

This article includes excerpts from the talk I gave at Fall Conference in October 2012. I firmly believe that our profession holds great promise for the health consumer and the health care delivery system as we begin to deliver value. Our patients and the health care system will benefit the most when we reposition physical therapy, the physical therapists, and physical therapist assistants in the delivery of health care here in Minnesota.

What will this effort look like? There are four main action points where we must place our efforts.

- Upward pressure
- Taking risk
- Deploying knowledge
- Closing the loop

This article is about the second point: Taking Risks.

What do you see when you look across the health care delivery landscape today? Risk sharing. Everybody is either talking about, or piloting, or merging his or her company to share risk. Our government (CMS) is involved in risk sharing; they even started it. Currently payers are looking to providers that are willing to share risk; they even started it. Currently payers are looking to providers that are willing to share risk. Hospitals and health systems are getting into the act. Along with payers, physicians are

piloting new care delivery models that include patient group visits and e-visits. Mergers are taking place between health systems and health plans, the most recent example being the merger of Courage Center and Sister Kinney Institute of Allina and prior to that, Park Nicollet and Health Partners. Doctors are forming ACO’s to partner and share risk with payers.

What are we doing in physical therapy? In the ACA legislation, PTs are not able to form ACO’s, or share risk in the Medicare Shared Savings programs. Even so, I don’t mean to offend anybody, but I believe our profession is risk averse. It is important to realize that in this time of change, payers and other providers are willing to pilot demonstration projects that can solve their problems.

At Fall Conference in October, we heard about new programs that are being offered by physical therapists in institutions and independent practices such as a pre-diabetic program; a new care delivery model of cardiac rehab; and a health care home for persons with disabilities, to name just a few. With outcomes based on research, demonstration of downstream savings because of early access to physical therapy is gaining traction in discussions between physical therapists and payers.

By taking risks, I mean piloting studies or
demonstration projects, or creating a new program that addresses a significant health need. If we just continue to think only about the demand for our services, and not about a strategic repositioning of our services, we will never demonstrate the value of physical therapy. We must think outside the department.

Position means a space or place that one occupies. Harvard Business School Professor and strategy guru, Michael Porter, writes about “strategic positioning” in an article titled *What is Strategy?* He states that “strategy is the creation of a unique and valuable position, involving a different set of activities” and that “most commonly, new positions open up in times of change.” Is there a bigger time of change than right now? I will never know a bigger time of change in my professional career than during the next 1-5 years of health care reform! As we seek this repositioning of physical therapy, taking risks, even small risks is required if we want to create our own future.

A Message from Tim Adams, MNPTA Executive Director

MNPTA Launches New Website, Logo and New Benefits

I want to take a few moments to tell you all about some very exciting initiatives that will be undertaken over the coming weeks and months that we believe will further enhance your membership in MNPTA.

Perhaps the biggest change you all will notice will come on January 11th, when we will be launching a new MNPTA web page. All of the information you currently find on our webpage will still be available but the new webpage will be easier to navigate, more concise and feature a more modern design. The web page address will not change; you will still find the web page at www.mnpta.org.

Some of you may have heard about the branding campaign during President Craig Johnson’s remarks at dinner during the Fall Conference in Rochester. This campaign will bring a new logo and updated name to MNPTA. As our Board of Directors continue their work to strengthen the practice of physical therapy in Minnesota, we feel that the branding of our profession and professional association sends a strong message. The Board of Directors and staff of MNPTA have worked closely with an art director from a local advertising agency to create a new logo. This logo is based on our values of movement, progress and professionalism. After reviewing several options, the Board of Directors selected a logo that provides a clean, modern design and invokes physical therapists and physical therapists assistant’s role as movement specialists. Here is the logo you will see beginning on January 11th.

In addition to the new logo, we will be updating
the association’s name to The Minnesota Physical Therapy Association (MNPTA). Few state physical therapy associations around the country refer to themselves as a chapter in their name; most simply call themselves the state’s physical therapy association. Our new name is easier to remember and is a more concise way to say who we are and what we do. As we continue our work to develop relationships with both private and public payers and as we begin our work in the 2013 Legislature, the name and new logo will reinforce physical therapy as independent practitioners and experts in musculoskeletal issues. I want to make it very clear that in no way are we attempting to distance ourselves from our national office. Minnesota benefits from a very close and positive relationship with APTA. Their support to our state association is invaluable and we work hard to maintain that close relationship.

However, with all of the exciting things that are happening here in Minnesota it is important that we create a strong identity for our members and our professional association. The new logo and name will become official along with our website launch on January 11th.

There are many additional initiatives that we will be undertaking over the coming months that will directly enhance your membership. In the spring of 2013, we will be launching an online learning center offering category 1 CEU’s. The Learning Center will allow you to watch MNPTA courses on demand while earning CEUs. We will be hosting a Leadership and Professional Development Workshop at Spring Conference to help you advance your professional skills and connect with potential employers. The workshop will be available at no charge to members. We are excited to invite members to join us at Legislative Day on February 6th at no cost. As we continue to empower the next generation of PTs and PTAs, we have developed new benefits for students and new professionals. New professional members are invited to attend their first CE with MNPTA at the student price. Members in their first year of practice will now be able to attend Spring and Fall Conference at 50% of the normal cost; second and third year members will be able to attend for 40% of the normal cost. Student members are invited to attend one MNPTA conference free of charge during their academic career as well as one MNPTA evening series CE free of charge during their academic career.

MNPTA has now grown to over 1,800 PT/PTA/SPT/SPTA members. Thank you! All of the new initiatives that we will be launching over the coming weeks and months are done to make your experience as a member of your professional association as rewarding and valuable as we possibly can. Your membership is greatly appreciated and all of your work on behalf of your profession is truly amazing. I have had the opportunity to work with other professional associations and I have never experienced the level of commitment and devotion as I have while working with MNPTA. I am truly grateful for the opportunity to be a part of MNPTA.

Annie and I always appreciate any and all feedback from our members. I encourage you to contact me directly with any ideas, thoughts or concerns at timadams@mnapta.org.

Sincerely,

Tim Adams
Program Spotlight: College of St. Scholastica

The Value of Attending CSM: Two Perspectives from College of St. Scholastica Students

Submitted by Allyson Broberg, SPT, MN SSIG PT Liaison (APTA Member Since 2010)

As a second year DPT student at the College of St. Scholastica (CSS), I began to get excited after hearing stories from our professors and previous students about attending the APTA’s Combined Sections Meeting (CSM). I would have never imagined the impact that CSM would have on me. It was at CSM 2012 in Chicago, IL that women’s health physical therapy became my ultimate focus for my future in the physical therapy profession. My experience at CSM has uncovered some wonderful opportunities for me as a student, such as increased APTA involvement and a women’s health internship. Combined Sections Meeting will continue to influence my journey towards specializing in women’s health physical therapy.

While in Chicago, I attended every course I could fit into my schedule that the Section on Women’s Health (SoWH) had to offer. At one of the classes, speakers lectured about vulvodynia. At this advanced class, everything was over my head, but this only intrigued me to use this as the topic of a literature review for my final cumulative project which explores evidence based practice. Doing so allowed me to learn about diagnoses, such as vulvodynia, and different interventions that women’s health PTs use that may not have been addressed in the didactic portion of our PT school program.

Another session at CSM, whose targeted audience was students and new professionals, included a panel of speakers addressing the basic role of a women’s health physical therapist. One of the speakers, Darla Cathcart, PT, encouraged students to seek out an internship in women’s health prior to graduation. When I arrived back at school, I was ecstatic to be able to work with our internship coordinator to set up an internship in women’s health. I never dreamed I would end up in Shreveport, LA interning under Dr. Darla Cathcart herself. This internship brought on a whole new set of opportunities that I never imagined, such as writing a literature review and aiding in the development of a differential diagnosis algorithm, which we hope to eventually have published.

At several different social events during CSM such as the MNPTA social and the SoWH meeting, I took advantage of multiple opportunities to do some networking. Initially, networking was daunting, but it would soon lay the foundation for the direction my career would begin to take. The importance of becoming actively involved in the APTA was emphasized during interactions with APTA committee representatives between seminars at CSM. After giving it some thought, these exchanges led me
to run for the position as the PT Liaison for the MNPTA SSIG and to assist in multiple marketing and advocacy projects for the SoWH SSIG.

Our professors in the DPT program at CSS not only encouraged us to attend CSM and other state and national APTA events, but also highly encouraged us to network with many students, new professionals, and experienced clinicians. It is because of these encounters that I have been able to strengthen my path to a profession in women’s health, roles in leadership, and the courage to participate on projects that I may not have thought achievable. Any conscientious student can gain these experiences on his or her own, but attending CSM can greatly accelerate the process. Overall, I feel that my personal experiences as a student at CSM led to greater professional development.

Submitted by Caitlin Lynch, SPT, MN SSIG Special Events Coordinator, Student Assembly MN Co-Core Ambassador (APTA Member Since 2010)

Through my experience in attending CSM 2012, I found that there is not only tremendous learning in the lectures and exhibit halls, but also in networking with new people and gaining new perspectives on physical therapy. With the number of ways to get involved and special interest groups to be a part of, it is impossible to have access to all of these areas at once unless you attend CSM. As a student, this is a great way to network, learn from others’ experiences, and explore the opportunities available to you in your career as a student and physical therapist. There are endless ways in which you can meet new people at CSM. On the shuttle bus back to the hotel after one session, I sat next to a woman who gave me valuable career advice. I told her that I was unsure about the area I’d like to practice in upon graduation. She said not to worry and that keeping my options open could actually be beneficial. She also recommended that as a new professional I keep up my skills in a couple of different practice settings by working on-call at a hospital or by taking a variety of continuing education courses.

In the exhibit hall I learned of opportunities for students to get involved on the national and state levels even though at the time, I was already involved in the MN chapter’s Student Special Interest Group. I was informed about the process by which candidates are chosen and elected for the various positions within Student Assembly and the workload and time commitment associated with these positions. I was also introduced to the Core Ambassador position that each state has, and this is a position that I currently share with another MN PT student.

The courses I attended at CSM gave me new ideas and direction for my research project topic which was interprofessional education. By attending courses relating to this topic, I learned about survey tools and research design methods I had not previously considered. I also got ideas about follow-up research to examine different interprofessional education models currently being used. By the end of the week I found myself very motivated and energized by the incredible ways in which PTs across the country are making a difference in our profession and saw the various possibilities for me to do the same.
Health and Wellness SIG

Submitted by Debbie Hanka, PT (APTA Member Since 1993)

Are you interested in joining with PTs and PTAs in Minnesota to discuss, brainstorm and share ideas about health and wellness and the role of physical therapy in this important area in our communities?

During a recent meeting of the Health & Wellness Special Interest Group, we discussed many topics that may be relevant and of interest to you in your practice. For example, motivational Interviewing was discussed and the article below might stimulate your thinking on this topic. In future issues of this newsletter, we hope to share more with you about health and wellness practices, initiatives, and programs.

Consider joining The Health & Wellness SIG. We meet on the first Wednesday of every other month at 6 pm at the MNPTA chapter office. You can join the meeting in person or by conference call. The next meeting is February 6th, 2013.

For more information, please contact Mary Sue Ingman at: msingman@stkate.edu.

Enhance Your Practice with Motivational Interviewing

Submitted by MarySue Ingman PT (APTA Member Since 1983)

Consider the following scenarios. You are treating a patient with a recent diagnosis of COPD who has told you that she/he is a cigarette smoker. Or perhaps you are treating a patient for an orthopedic condition who has a strong family history of CAD. This patient informs you that she/he is not getting much if any physical activity. Imagine that you have established a strong therapeutic relationship with these patients so you decide to have a conversation with her/him about their smoking and/or sedentary lifestyle.

How would you start the conversation? What kinds of things would you say to the patient? Who would do more of the talking in this conversation – you or the patient? Who would likely be the one stating the reasons why she/he should quit smoking?

Most of us would respond to the last question by stating that we, the health care expert, would be the one to state all the reasons why our patient should quit smoking. After all, we are well-educated and know the negative consequences of tobacco use. Now consider how successful you think this conversation would be in actually helping the patient quit smoking. Perhaps there is a different approach that we could take when talking to our patients about making some changes in their lifestyle behaviors.

Motivational Interviewing (MI) is a technique for communicating with a person about changing a specific health behavior. William R. Miller developed MI as a counseling tool that he used with patients with alcohol addiction. MI is based on a number of assumptions:

⇒ Change comes from within rather than from others
Negative messages and confrontation are usually ineffective.
Knowledge and encouragement to change is not enough.
Reducing ambivalence is the key to change.

Motivational interviewing is a guiding style of assisting a patient in changing a behavior. It is the opposite of a directive style which is the approach that many PTs/PTAs take with their patients when advising them to change health behaviors. With a directive approach we assume the role of the expert and tell/educate/advice our patients why they should change. And as we know, the expert approach doesn’t always work…if fact it rarely works.

With MI an opposite approach is used. Rather than an “expert” telling a patient why they should change, the goal of a MI session is to get the patient to express their own arguments for change. In MI language this is called change talk. MI is effective with patients who are ambivalent about changing. These are the patients who say…”I want to change….BUT…”. They express a lot of “yes, but” statements. They are able to express reasons why they should change but can just as easily or maybe more easily, express their reasons why they can’t change.

With a patient who is ambivalent, if the PT/PTA takes on the expert role and points out all the reasons TO change (a pro-change stance), the natural response is for the patient to assume the anti-change position. This approach actually helps the patient argue AGAINST changing. The MI term for this is resistance talk. Think about yourself for a moment, when someone tells you why you should do something; our natural response is to state reasons why you can’t or shouldn’t change. We hear and believe what we say. So, we want the patient to express their reasons for changing. With effective MI we want the patient to do more change talk rather than resistance talk. In an MI session, it would be the patient rather than the practitioner doing more of the talking.

Key concepts of MI

Express empathy – attempt to understand without judging or blaming. See the world through their eyes. By accepting the patient’s position regarding a health behavior, it is NOT condoning or accepting the behavior.
Support self-efficacy – clients have it within themselves to make the changes they desire. Practitioners can support self-efficacy by focusing on the client’s previous successes and strengths.
Roll with resistance – approach your MI encounter more like a dance rather than a wrestle. When your client states reasons why they can’t change (resistance talk), just roll with their resistance instead of “arguing” with them by telling them why they should or can change. After all, it is not our job to make our patient’s change.
Develop discrepancy – motivation for change occurs when one perceives a mismatch between what they are doing and their personal values; in other words between what they are doing and what is important to them. The role of the practitioner in an MI encounter is to gently point out to the client how their current behavior may be in conflict with their goals and values.

Specific MI Techniques

Ask open ended questions – “tell me about your smoking”; or “what concerns do you have about your lack of regular physical activity?”
Ask about pros and cons of current behavior – “what are the good things about smoking/about not being physically active?” “What are the not so good things about smoking/ not being physically...
active?”
Demonstrate reflective listening – “so it sounds like you have been active in the past and now you are having a hard time fitting it into your life, is that right?”
Look forward – “if you were 100% successful in making the changes you want, what would that look like?” “If you were to continue doing what you are currently doing, what would your life look like 5 years from now?”
Assess importance – “On a scale from 1 to 10, with 1 being not important and 10 being extremely important, how important is it for you to quit smoking/increasing your activity level?” Then ask “Why are you at a ____ and not a ___ [select a number 2-3 lower than the number the client selected]?” This approach will facilitate more change talk rather than resistance talk.
Assess confidence – ask the same questions you did for importance.
Wait to give advice until asked to do so – “Are you ready to make a goal for yourself?” “Would you like some advice on how to do this?”

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<thead>
<tr>
<th>Instead of doing this</th>
<th>Try this</th>
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<tbody>
<tr>
<td>Explaining WHY patient should change</td>
<td>Listen to patient with goal of understanding the dilemma - give no advice until asked</td>
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<tr>
<td>Describing the specific benefits of changing</td>
<td>Ask: “What might be the benefits of changing?”</td>
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<tr>
<td>Telling the patient HOW to change</td>
<td>Ask: “How might you do this so it fits into your life?”</td>
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<tr>
<td>Emphasizing how important it is to change</td>
<td>Ask: “Why is it important for you to change?”</td>
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<tr>
<td>Telling or inspiring the patient to change</td>
<td>Ask: “How would making this change enhance your life?”</td>
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If you are interested in learning more about motivational interviewing or other topics on behavior change please consider going to the following APTA website: [http://www.apta.org/PatientCare/BehaviorChange/](http://www.apta.org/PatientCare/BehaviorChange/).

References
http://www.kphealtheducation.org/roadmap/roadmap.html
http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf
www.motivationalinterview.org


Minnesota PT Program Accepts 2012 Challenge to Raise Funds for Research

Submitted by Natalie Fuerst, SPT and Rachel Sand, SPT

A total of 68 schools participated in the 2011-2012 Pittsburgh-Marquette Challenge to raise $240,552 in support of the Foundation for Physical Therapy. The Foundation wishes to thank the students of the Mayo School of Health Sciences for their strong support of the Challenge. Congratulations to the Mayo School of Health Sciences for earning an Award of Merit for raising over $6,000. Since the Challenge began in 1989, students have raised a grand total of $2,315,752!

The annual Marquette Challenge is a grassroots fundraising effort coordinated and carried out by physical therapist and physical therapist assistant students across the country to support the Foundation for Physical Therapy’s mission of providing funding opportunities to outstanding physical therapist researchers. Jill Heathcock, PT, MPT, PhD, an assistant professor at The Ohio State University, is the recipient of the 2011 Pittsburgh-Marquette Challenge Research Grant. Her project, “Transcranial Magnetic Stimulation (TMS) on Children with Hemiparesis,” will study the effects of TMS, a new intervention in which a gentle electrical signal is sent to areas within the brain in order to relax tight muscles in children with cerebral palsy. The Challenge also funded a PODS II
Scholarship in 2012 which went to Miriam Rafferty, PT, DPT, NCS, of the University of Illinois at Chicago. This scholarship is helping to fund Miriam’s PhD studies in neuroscience.

The first place winner of the 2011-2012 Pittsburgh-Marquette Challenge was, for the third straight year, the University of Pittsburgh, whose students raised $50,000. We welcome back the University of Pittsburgh as co-host for the upcoming 2012-2013 Challenge. Virginia Commonwealth University won second place, raising $14,288. Sacred Heart University students raised $13,822 and earned the third place title this year.

The Foundation for Physical Therapy was established in 1979 as a national, independent nonprofit organization dedicated to improving the quality and delivery of physical therapy care by providing support for scientifically-based and clinically-relevant physical therapy research and doctoral scholarships and fellowships.

Students of all PT and PTA programs in the State of Minnesota are encouraged to support the Foundation for Physical Therapy and physical therapy research. Help us reach an overall goal of $2.5 million raised during the 25th anniversary of the Marquette Challenge! To learn how you can support the Challenge, please visit the Foundation’s Web site at www.Foundation4PT.org, or email Marquette student coordinators at meredith.loveless@marquette.edu or lisa.m.miller@marquette.edu. Contributions for the 2012-2013 Pittsburgh-Marquette Challenge should be submitted by April 22, 2013.

For more information, e-mail marquettechallenge@foundation4pt.org or call 800/875-1378.

Call for Posters: Spring 2013 MNPTA Conference

Submitted by the MNPTA Research Committee

We encourage clinicians, students, and faculty to submit a case report or research project for poster presentation at the MNPTA Spring Conference. Posters are to be presented on Saturday, April 20th, during the conference. All submissions are welcome, including work that has been presented at other conferences, symposia, or inservices. Deadline for abstract submission is midnight Friday, March 8, 2013.

Applications may be submitted online via the association website (www.mnapta.org). For more information, please see the contact the MNPTA office, or e-mail Jen Sherman. (Jennifer.Sherman@allina.com).

Alaina Bosze, SPT, presents a poster at MNPTA's 2012 Fall Conference.
Membership News

Welcome New MNPTA Members

The MNPTA is a professionally stimulating association of over 1,750 members. MNPTA membership is an invaluable investment that will pay dividends throughout your future. We welcome the following new members who joined MNPTA in November 2012!

Andrew Bernstetter
Rebecca Greenstein
Brian Lehr
Tori Palony
Mardel Sherk
Dawn Stover
Paul Youngberg

December Student Spotlight, Jennifer Halvorsen, SPTA

What is your current setting?

I am currently in my final year of the Physical Therapist Assistant program at St. Catherine University. Currently, I work as an Occupational Health Specialist at Honeywell Inc. through HealthFitness Corporation. I have been employed with HealthFitness Corporation for two and a half years including experience in Health Coaching, Health Screening, Fitness, and Wellness. My upcoming clinical rotations include Presbyterian Homes of Roseville – Langton Place and Summit Orthopedics - Eagan.

What are some special interests/special accomplishments in your career?

Prior to acceptance into the PTA program at St. Catherine University, I completed my Bachelor of Arts in Health & Exercise Science at Gustavus Adolphus College. Once I began the PTA program, I was blessed with several incredible opportunities. I am currently Co-Chair of the Physical Therapy Club at St. Catherine University where we provide opportunities for students to get involved as well as volunteer in the community. Fellow classmates and I recently published an article (Appropriate Degree Level for PTA Education – Associate or Bachelor’s Degree?) in the MN Moving Forward July 2012 Newsletter. Most recently I was the Mary McMillian Scholarship Nominee for St. Kate’s PTA Program. I have had excellent clinical experiences in the acute care and geriatric physical therapy settings. My current PT interest is in the inpatient acute care setting.

How are you involved with MN APTA?

I have been a MNPTA member since 2011. I currently serve as one of the PTA Liaisons for the MN Student Special Interest Group (SSIG). I have attended all fall and spring MNPTA Conferences
over the past two years. I recently attended the National Student Conclave (NSC) in Arlington, VA where I attended several seminars and networked with fellow students and professionals. I will be attending Combined Sections Meeting (CSM) in San Diego, CA having received a Student Mentorship through the Health & Policy Administration Section. During the month of December, I plan on joining the State and Government Affairs Committee, and will be participating in Legislative Day in February.

**Why are you a member of APTA?**

I became an APTA member through support and encouragement of a mentor of mine, Holly Clynch, PT. She persistently expresses the value and importance to join our professional organization, and inspired me to become a proactive member. I knew joining the APTA was crucial to advocate for our profession. If we do not advocate for ourselves, who will? APTA is also vital in utilizing evidence-based practice to provide the best treatment for our patients. My membership has allowed me to network with fellow students and professionals not only around the state but the country. I am grateful for the opportunities that APTA has provided, and cannot wait to see what the future has in store!

**What other hobbies or special interests do you have?**

My personal interests include traveling anywhere life allows, dancing, fitness, reading, MN sports teams, family/friends, and playing/training my 8 month old yellow lab – Cudi!

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**January New Professional Spotlight: Sarah Vandenberghe, PT**

**What is your current setting?**

I work on a neuro team in an outpatient setting where I treat various neurological disorders including brain injury, stroke, spinal cord injury, vestibular and balance disorders. I also work in an aquatic setting treating orthopedic clients.

**What are some special accomplishments in your career?**

I had the privilege to complete the Kaiser Neurological Residency Program in 2011. After this I was able to sit for the biggest accomplishment of my career, the APTA neurologic clinical specialist examination. I become certified in 2012.

**How are you involved with MN APTA and why are you a member of APTA?**

I have been a member of APTA since I was a first year grad student. I realized how important the Association is at keeping the profession growing. When I was a PT student, I was involved as a leader and member of the Student SSIGS. At the state capitol, I got to watch the legislature give physical therapists the right to direct-access care. The future of our profession depends on my determination and that of my peers. I have recently joined the MN State Government Affairs Committee, so that I can make a direct contribution to the profession and my career.
What other hobbies or special interests do you have?

Outside of work, I love to travel, exercise, hike, camp, rock climb, cook, and garden. I was able to travel to Brazil and the Dominican Republic for mission trips, which included physical therapy work. This fall, I had the opportunity to go to Spain and Italy with my family. I have backpacked to the top of a glacier in California. I have been rock climbing in New York, California, Montana, Nevada, and Minnesota. My friends call me Sarah Lee because I'm always trying to figure out new recipes, especially in the fall when I have an abundance of vegetables.