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Volunteer Newsletter Editor Needed

We are seeking a new volunteer to act as newsletter editor for this publication. After six years of editing the MN Moving Forward Newsletter, Mary Weddle, PT, will be stepping down as editor. MNPTA would like to thank Mary for her many years of service and for her dedication to keep our membership informed. We wish her well as she retires from the DPT Program at St. Catherine University this June.

If you are interested in learning more about the newsletter editor position, please contact Annie Krapek at info@mnapta.org.

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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 upon which we must place our efforts.

1. Upward pressure
2. Taking risk
3. Deploying knowledge
4. Closing the loop

This article is about the fourth point.

Closing the Loop

Here’s some very interesting data. One large national payer has analyzed the whole episode of care for patients with low back pain (all the costs for that patient) and found a trend. If the patient goes to, on average, more than 2.5 different provider disciplines, the costs for treating that condition trends upward into spiraling costs. Of the providers they included in their data - which excluded surgeons but included chiropractors, primary care, ER/urgent care, neurology, PM&R, ortho/sports, or multispecialty groups - physical therapy patients saw the most number of other providers. What does that mean for us? If a patient goes to their doctor and is referred to a physical therapist, the patient sees 2 different providers. Then what? What happens if we can’t solve the patient’s problem? If we are not a final solution for patients by helping them safely exit the health care system and close the loop, we will not reposition ourselves for success.

We must position ourselves to be the final solution for our patients and close the loop. We must use our knowledge, training and condition management skill to be accountable and responsible professionals that are able to close patient cases. For example in the musculoskeletal area, I hear payers say there is a need for someone to manage care and costs. For patients who have life-long conditions, like cerebral palsy, there is also a need for managing care and costs. Last year at the Saturday noon lunch at Spring Conference, we had a very moving patient testimonial by one of Joan Bohmert’s patients, Jake. We heard how Joan and the football coach served as Jake’s primary care team for the past 4-5 years. Doctor interventions were very infrequent for Jake. He
moved away from using a wheelchair, decreased use of medications, was taken off antidepressants and was mainstreamed in school. Joan and the football coach closed the loop and had a positive impact on the patient, the health system and society.

The vision of repositioning physical therapy continues. The MNPTA Board of Directors is establishing a “Guiding Coalition” to lead the change. You can find out more by reading “Leading Change – A Guiding Coalition” in this newsletter.

Leading Change - A Guiding Coalition

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

It has been said by leading providers in health care that health care is fundamentally changing. Atul Gawande, MD says “the medical profession can no longer be a profession of craftsmen individually brewing plans for whatever patient comes through the door.” In his 43rd Annual Mary McMillan Lecture, Dr. Alan Jette, PT, PhD, FAPTA asks “have we in physical therapy fallen into the same trap as has medicine with our focus on autonomous, independent, self sufficient practice ….are we focused on practice models better suited for the 20th and not the 21st century? Are physical therapists ready for models such as accountable care organizations, medical homes and other methods of bundling services that are focused on more coordinated, interdisciplinary, cost-contained care? Are we playing a leadership role in creating and evaluating these models of care? If not, why not.”

MNPTA has achieved great milestones over recent years such as:

- Direct access to physical therapy for 90 days for undiagnosed conditions
- Direct access to physical therapy beyond 90 days in the case of previously diagnosed conditions
- Direct access to physical therapy for prevention and wellness

All of these examples are legislative in nature. Much has also been achieved in providing benefits to members in education, networking, collegial professional relationships and practice issue resources.

But our practice remains stuck in the past. Consider this:

- Though direct access to physical therapy is up to 90 days, most of us continue to practice as a referral based provider
- Though we are able to be providers of health and wellness services, we have not integrated these services into most of our practices
- Though we have worked hard to establish our professional identity and autonomy, we have not looked outward to address societal health needs
- Though we have professional values as providers, we rarely move outside the clinic walls and live out those values in service to the community

This time of huge change in health care provides therapists and assistants an opportunity to better position physical therapy in the community and in the health care delivery system. The urgency of the opportunity is driven by the speed at which health care is changing. Since the passage of the Accountable Care Act (ACA) in 2010 and the Supreme Court’s upholding of the
ACA, implementation is full speed ahead (see http://healthreform.kff.org/timeline.aspx). This means many of the decisions that will set the stage for health care delivery have been made, making change more difficult.

In March 2013, the MNPTA Board of Directors established a Guiding Coalition to:

- Gather member input
- Create a vision for the desired change
- Focus on points of change in the strategic plan for short term successes

The Coalition will be made up of MNPTA members and board members. See the all member email sent the week of April 22nd which invites your involvement by responding to the questions in the email and sending them to Tim at timadams@mnapta.org.

2013 APTA Federal Advocacy Forum: A Student’s Perspective

By Kimberly Redlin, SPT, Co-Chair Student Special Interest Group (APTA Member since 2010)

I recently attended the 2013 APTA Federal Advocacy Forum in Washington D.C. I had a phenomenal experience and am energized to share what I learned. I met many students, therapists, and other professionals from around the nation who share a passion for physical therapy.

The forum consisted of three days of national networking and learning about current legislative issues that affect our patient access, care, and reimbursement. Focus issues included sustainable growth rate reform, repealing the Medicare therapy cap, and adding physical therapists to the Loan Repayment Program offered through the National Health Service Corps.

I also had the opportunity to learn lobbying strategies from individuals who have been actively advocating for physical therapy for many years. I then took these advocacy tips to Capitol Hill where I met with Minnesota leaders to explain how sponsorship of certain legislation would affect our patients, our practice and the
overall health of the nation. The Minnesota group and I worked as a team while paying visits to Senator Al Franken, Congressman Erik Paulsen, and to the offices of Congresswoman Michelle Bachman and Congressman Keith Ellison.

The Federal Advocacy Forum was a truly exceptional opportunity to gain knowledge and awareness of important legislative issues affecting the physical therapy profession. This experience has added depth and dimension to my professional development. I would like to thank the Minnesota Physical Therapy Association both for sponsoring my attendance at this forum and for all they do to support Minnesota physical therapy students.

Evidence in Action: Chronic Low Back Pain

Submitted by Jena Ogston, PT and the MNPTA Research Committee

Clinical Question: Chronic low back pain is one of the leading causes of disability and presents an immense challenge for physical therapists and other healthcare providers. Clinical practice guidelines may be the evidence-based resource of choice for evaluation and management of various pathologies. Clinical practice guidelines incorporate evidence from research, clinical expertise and patient perspectives.

What is the current evidence regarding the most effective physical therapy evaluative measures and interventions for persons with chronic low back pain?

Evidence: Content experts were appointed by the APTA’s Orthopaedic Section to develop and author clinical practice guidelines for musculoskeletal conditions of the low back region. Recommendations regarding classification, differential diagnosis, outcome measures and various interventions were described based on clinical expertise and peer-reviewed literature. Highlights from the guideline included chronic pain and disability, subgroup responder categories and interventions to prevent recurrence. Interventions specifically supported by strong evidence included manual therapy, trunk strengthening, exercises for directional preference and progressive endurance and fitness activities.

Clinical Decision: Physical therapists should be familiar with current guidelines in their area of clinical practice and should consider sharing these clinical practice guidelines with other healthcare providers to enhance communication and provide the most effective interventions for persons with chronic low back pain.

Additional relevant clinical practice guidelines for physical therapy can be accessed through the National Guidelines Clearinghouse at guideline.gov.

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 February and March of 2013.

Jenee Dehn
Erin Flann
Juli Groath
Allison Hager
Kristian Knutson
Philip Knutson
Kayla Lemke
Megan Line

Katelin Ludwig
Jillian Mondry
Deborah Murphy
Morgan Nelsen
Kathleen Rudgers
Sarah Spear
Melissa Supan

Congratulations to our 2013 Award Winners

Congratulations to the winners of our 2013 Outstanding Student Award (from left to right, last two not pictured): Shawna Anderson (Anoka St. Catherine University PTA Program), Nikki Tomczky (Anoka Ramsey Community College PTA Program), Kim Redlin (St. Catherine University DPT Program), Alaina Bosze (Mayo DPT Program), Ally Broberg (College of St. Scholastica DPT Program), Elizabeth Lauer (University of Minnesota DPT Program) and Jen Peterson (Lake Superior College PTA Program). MNPTA wishes you all the best of luck after graduation!

Congratulations to Jan Haley, PTA (pictured in the center with family and colleagues), recipient of MNPTA's 2013 Marilyn Woods Long-Term Service Award. Thank you for all of your work on behalf of MNPTA and best wishes for your retirement.
Congratulations to Eva Norman, recipient of the 2013 Corinne Ellingham Outstanding Service Award. Eva was not able to join us at Spring Conference since she was at the Federal Advocacy Forum and would like to share the following message:

Thank you so much for this honorary award! I feel deeply honored and humbled, but also unworthy of such a prestigious award. I look back at the list of recipients and I am honestly & truly WOWED to even be included upon their ranks. For those that know me, receiving awards always embarrasses me. I only feel as though I am doing what I love to do and giving back to a beautiful profession that gave me my life back after a horrible accident when I was 13. I am blessed to be on this journey that I set out for myself due to the loving support of my husband, Dan, my family, and my wonderful friends and mentors. I have to say although I am very appreciative, my rewards come from my advocacy efforts and helping my patients and clients.

Thank you again to my husband, my family, the MNPTA BOD, the awards committee, as well as all those who participated and contributed to my nomination. Thank you for awarding me the 2013 Corinne Ellingham Outstanding Service Award!

I want to end with my advocacy signature statement: LEARN, EDUCATE, ADVOCATE. Our Patients & Physical Therapy are Counting on It!