PTA Education—Associate or Bachelor’s Degree?

House of Delegates Takes Action on Use of Support Personnel

Lead From Where You Are
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MN APTA is always looking for new contributors to the MN Moving Forward Newsletter!

We would love to include your article about new research, PT in the news, initiatives at your clinic or school, success stories or member news. There are many ways to contribute and get involved. Feel free to contact Mary Weddle, Newsletter Editor, at mlweddle@stkate.edu with any question or ideas!

Calling All Writers!
A Message From the President
Position for Change

By Craig Johnson, MN APTA President (APTA Member Since 1978)

The good work we do for our patients and the value we provide to stakeholders in health care is widely recognized. I can’t think of a more opportune time to better position physical therapists and physical therapist assistants in the care pathway, no matter the setting, to bring the most benefit to our patients and stakeholders. It is time for us to “Position for Change!” This is the important message we need to embrace as members of MN APTA.

What do we know since June 28, 2012

- The ACA has passed the constitutionality test
- The ACA will be a hot political issue this election
- In Minnesota the Health Insurance Exchange and Medicaid expansion will move forward
- The current reforms will continue for providers, payers, and patients
- Most importantly, we will continue to position physical therapy to maximize the benefits for our patients and society

How do we make sure we position ourselves to best benefit our patients and the health system? It happens in four areas:

- **Payment for services**: Ensure that payment does not keep patients from accessing medically necessary services. CMS has included physical therapy in the list of essential health services. We need to make sure the level of coverage does not prohibit access to or adequate payment for our services.

- **Access**: Physical therapy is an essential service and should not be restricted by any regulatory barriers. We as a profession need to advocate being an access point for entry to care where we demonstrate benefit to the patient and reduce the total cost of care.

- **Health promotion**: This model includes promotion of healthy behaviors and services that are focused on optimization of movement, physical activity and the prevention/mitigation of disability. Primary and secondary prevention are within the current scope of physical therapist practice. We should all adopt the model of primary prevention with current patients and offer such services in our current setting. Secondary prevention and chronic disease management is well within the training and patient management skills of the physical therapist. We should be asserting our role to the highest level that is reasonable within our practice settings.

- **Value**: Triple aim value is woven throughout our message on positioning for change. Reform should result in improved care, a better patient experience, and lower overall cost. We add
value to health care delivery when guided by the concept of the triple aim. When we follow these concepts and move into the proper role, the proper position, and the proper decision making level we will deliver the high level of value that is of benefit to the patient and other providers and is rewarded at a level higher than current standards.

What is MN ATPA doing to help the profession move forward and position for change?

- The board of directors is working on new objectives and metrics for 2013 and beyond that will drive us to meet the large pillar goals of our strategic plan.
- Committees and workgroups are focused on specific purposes that are aligned with the strategic plan. Each committee and workgroup is being asked to write a purpose statement that reflects how the work of the committee or workgroup moves the plan forward. Some have accomplished this and others are working on it.
- There are two workgroups that are focused on strategy and message to move us forward. There is at least one workgroup that is focused on prevention and wellness and wants to position physical therapists better in the delivery of these services within the emerging health delivery model.
- Active members on workgroups are not the only leaders in positioning physical therapists and physical therapist assistants in this time of health care reform. We are fortunate to have many members who are leaders within their own organizations, advocating for access, payment, prevention services, and the value that we bring to our patients and the health system.

A coordinated effort is in process. In addition, what do we need to do differently?

- Move our message out to patients, other providers, legislators, payers, and other stakeholders and not wait to be asked for our opinion.
- Grow relationships with payers as we started doing with our spring conference payer panel. We need to be at the table where policy and benefit plan decisions are made.
- Give testimony at hearings and government workgroups. We want the opinion of physical therapists and physical therapist assistants to be heard.
- Have a dedicated portion of our educational offerings, through CE and conferences, focused on the topic of health care reform and the role of physical therapists and physical therapist assistants.
- Become a stronger voice in the APTA House of Delegates in order to shape the profession.
- Support members who are leaders of health care reform within their practice settings and places of employment.
- Schedule out-reach sessions to non-members to inform them of our message and bring them into our association.

I can’t think of a better time to be a member of MN APTA, an organization that is moving forward, leading change within the profession and health care delivery system. Of course I’m biased, but I welcome those with differing opinions – our board members would love to talk to you. We have a great opportunity to be part of a huge change and shift in our profession and the future of health care.

It’s time to get connected and stay connected. We are moving Minnesota forward!
The 2012 House of Delegates was once again filled with passionate discussion and lively debate. A number of motions were passed, but two motions are of particular significance. The first motion is important because of its potential for significantly changing the way we deliver physical therapy services. The second motion, brought forward from your Minnesota delegation, has the potential to influence how physical therapist assistants are educated to support the delivery of those services. A summary of each motion is included below.

**Use of Support Personnel:** After hours of discussion at this year’s House, the APTA passed RC 2-12, an amendment to the controversial RC 3-11, Physical Therapist Responsibility and Accountability for the Delivery of Care, which had been approved last year. The new motion, which replaced the bulk of last year’s version, contains both a position and a charge to the APTA. Instead of the position stating that the APTA recognizes a PT’s ability to utilize other support personnel, the "Resolved" statement in the motion now reads that "the APTA recognizes that physical therapy is provided by, or under the direction and supervision of a physical therapist", without any reference to specific support personnel. It furthermore states, "Evaluation remains the complete responsibility of the physical therapist." There is a new proviso stating that this "Resolved Clause" won’t come into effect until after "implementation of necessary initiatives in education, practice, payment, regulation and research," and adoption of other policies and procedures. The proviso also requires interim reports on this work to the House starting in 2013.

The second portion of RC 2-12 is a charge to the APTA to “explore practice models that are responsive to the needs of society and adaptable to our changing health care environment.” It then lists necessary steps for any of these models to be adopted in the future, which again include changes to current APTA policies and procedures, determination of the “scope, feasibility, time and other resources required” and approval of any new models by the House of Delegates. An interim report on this work will be due in 2013 and a final report in 2014.

What does this all mean? The House recognized that significant investigation needs to be done to determine the full impact of any changes to our current practice model. Until further notice, this keeps the PT and the PTA (under the direction and supervision of a PT) as the only providers of skilled physical therapy services. Any other support personnel must still be utilized only in the role of an aide during the provision of physical therapy, consistent with Minnesota law.

**PTA Education:** The Minnesota delegation had submitted two potential motions regarding the future of PTA education. The first, RC 19-12, encouraged the House of Delegates to set a date by which an entry-level bachelor’s degree for
PTAs would be required. The second motion, RC 20-12, asked the APTA to work with other stakeholders to develop guidelines for this transition, which would identify required content/curricula, strategies for implementation (especially in the community college setting), development of transitional AS to BS programs for current PTAs, and needs for any practice act changes (many currently define a PTA as a graduate of an associate degree program). RC 20-12 was actually discussed first, and we were extremely happy that it passed with very minor amendments (instead of “guidelines,” the work will be framed in the format of a “feasibility study”), and with a very clear majority "yes" vote!

After RC 20-12 passed, Minnesota’s delegation had to make an immediate decision regarding RC 19-12. Based on the discussion already held during the debate on RC 20-12, we decided to withdraw RC 19-12 from consideration at this year’s House. While we were somewhat disappointed that the House did not appear ready to make such a bold visionary move in terms of PTA education, we also recognized that it again had expressed a need for additional information before making a decision on such a major change.

However, we consider the passing of RC 20-12 to be a huge success – in fact, many people with long histories in the House of Delegates told the Minnesota delegates that they considered it to be an historic event, as it was the first time that the House had taken a clearly proactive step toward advancing the skills and capabilities of the PTA!

A national task force will most likely be formed to begin the tasks outlined in RC 20-12 which also requires an interim report to the 2013 House and a final report in 2014. As the makers of the original motion, we anticipate that members of Minnesota’s delegation will be asked to participate in this very important work. The information that is presented in the reports due back on RC 2-12 and RC 20-12 over the next two years will certainly have an influence on if/when a version of RC 19-12 comes back to the House.

The actual minutes of the House have not been approved yet, so the language of any motion is not official. However, members can view a preliminary report on all of the motions passed at the APTA website (on the House of Delegates Communities page, go to Reference Materials → Archives→ 2012.)

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**State Fair Volunteers Needed**

Each year, the MN APTA booth provides fairgoers education on the benefits of physical therapy. This year’s booth will use videos and hands on activities to educate the public on the role of PT in the treatment of concussions. This is a great way for volunteers, new and old, to get involved with MN ATPA and promote physical therapy! Volunteers will receive a t-shirt and admission to the fair. Register today at [www.mnapta.org](http://www.mnapta.org)!
Program Spotlight
St. Catherine University PTA Program: Appropriate Degree Level for PTA Education- Associate or Bachelor’s Degree?

By Molly Madich SPTA, Sam Wegner SPTA, Shawna Anderson SPTA, Jennifer Halvorsen SPTA, Cindy Faerber SPTA, St. Catherine University PTA Program (Members since 2011)

St. Catherine University (SCU) developed one of the first associate degree PTA programs nationwide. St. Kate’s is a highly competitive Minnesota private university rooted in Catholic tradition and recognized for their notable healthcare curricula. St. Catherine students strive to make a difference not only on an educational level but also within their professions, communities and worldwide. While the undergraduate programs at St. Kate's are for women, the associate and graduate programs are open to both men and women.

As current students of St. Kate’s PTA program and after completing a year in our program, we feel strongly that the PTA program should be expanded to be a bachelor’s degree program, rather than an associate degree program. Our program currently consists of 30 credits of liberal arts requirements and supporting coursework in addition to 36 credits of PTA course material. With our liberal arts background this provides us a unique opportunity to develop advanced professional skills and behaviors in critical thinking and advocacy. Our dedication to community outreach has also supplemented our personal growth and maturity during the PTA program. With this extensive coursework, we believe that the current PTA curriculum exceeds the associate degree level.

We support the motion (RC 19-12) presented at the APTA House of Delegates Annual Conference this past June in Tampa, Florida to extend PTA education from an associate degree to a bachelor’s degree to allow PTAs to better support the PT profession. As the profession has developed, the PT has increased their level of education from a bachelor’s degree to a master’s degree and currently transitioning to a doctorate degree. In order to better assist the PT and provide our patients with the highest quality of care, we feel that it is necessary to increase our education level in this demanding field. Currently there is a significant gap between the education of a PT and a PTA; increasing our education level would bridge this gap. We, along with a large number of our classmates, already have a bachelor’s degree in exercise physiology, biology or biomedical-related fields. PTAs are not a risk to the physical therapy profession. Since PTs are becoming increasingly interested in the use of other support personnel aside from the PTA, we believe it is crucial to extend our program in order to gain more knowledge and be better able to support our fellow PTs, allowing them to work at the top of their license.

The increase in education would allow us to study topics such as general health, wellness, and exercise physiology as well as to add more breadth and depth to the current PTA coursework. Providing more research opportunities and other educational opportunities would further enhance our PTA profession. Transitioning to a bachelor’s degree may also help prevent future reimbursement decreases for the PTA. Currently, we are seeing more reimbursement problems involving the PTA. This could lead to a decreased need for the PTA and therefore limit the high level
of care and efficiency of the PT profession as a whole.

Some of our older classmates feel that it would be difficult for older adults who are making a career change to become PTAs if the years of schooling were extended due to the extra time and costs involved. While we understand the difficulties that this change might entail, we believe that this change is necessary in order to stay up-to-date in our demanding field. Our older classmates are also concerned that more general education classes would be required if the PTA program became a bachelor’s degree, which may be true. We believe that the additional costs of the bachelor’s degree would provide us with more depth in our PTA courses. The PTA bachelor’s degree could provide a smoother transition for a PTA to enter a DPT program in the future, as is the model in other healthcare professions.

We plan to continue to serve as advocates and remain involved in this highly debated topic.

An Opportunity to Serve:
Phillips Neighborhood Clinic

By Katie Pelto, SPT (APTA Member since 2011)

When physical therapists are asked what they learned the most from throughout their education, almost everyone will respond with the same answer- their clinical experiences. The Phillips Neighborhood Clinic (PNC) is a clinical learning experience that most students can only dream of early in their education. This clinic allows students of all health care professions at the University of Minnesota, to start developing their clinical reasoning skills early in their education, while working with preceptors to deliver quality patient care.

Not only does the PNC allow students to get direct patient contact, it functions using an interprofessional model that helps students of eight different health care professions learn how to work with each other to get the best possible patient outcomes. In addition, the PNC is located in one of the most underserved areas in Minneapolis. This allows students and preceptors to provide pro-bono health care in a very culturally diverse environment, which only helps them become better, more compassionate clinicians in the future.

As in all aspects of healthcare, the need for physical therapy services is growing at the clinic. We see an average of three patients each night the clinic is open. The clinic is currently in need of more licensed physical therapists to act as preceptors one night a month. There are currently not enough preceptors to have physical therapy available at the clinic every night and on occasion, we are unable to provide physical therapy to patients who need it. Bottom line: to adequately serve our patients, we need more preceptors!

If you are interested in volunteering at the PNC by acting as a preceptor for second year DPT students at the University of MN, please contact the PNC PT Preceptor Coordinator: Katie Pelto at pelto047@umn.edu. The clinic is open Mondays and Wednesdays from 6:00pm-9:00pm and is located at Oliver Christian Ministry Center, 2647 Bloomington Avenue South, Minneapolis, MN 55407. More information is also available at the clinics website: www.phillips.neighborhoodclinic.com.
Evidence in Action

Reliability of Three Measures of Ankle Dorsiflexion Range of Motion
Reviewed by Peter Bzdusek PT (APTA Member Since 2000) and the MN APTA Research Committee

Clinical Question: Is a novice clinician able to reliably measure ankle dorsiflexion range of motion in weight bearing?

Evidence: There are many methods to objectively measure ankle dorsiflexion range of motion (ROM). Konor et. al. recently compared a goniometer, digital inclinometer, and metric tape measure to quantify dorsiflexion in a lunge position. Twenty healthy subjects without ankle pathology participated. Subjects were tested in a single session using three measurement techniques. The novice evaluator was a fourth year exercise science student with three hours of training with an experienced rater. Subjects rested 10 minutes, were tested again and the data were analyzed. The within-session intrarater reliability, intraclass correlation coefficient, estimates ranged from 0.85 (goniometer) to 0.99 (tape measure). The standard error of measurement (SEM) for the goniometer and inclinometer ranged from 1.3 to 2.8 with a minimal detectable change (MDC) of 3.7 to 7.7. The SEM for the tape measure ranged from 0.4 cm to 0.6 cm and the MDC was between 1.1 cm and 1.5 cm.

Clinical Decision: Weight bearing measures are important functional objective measures. A novice evaluator can obtain reliable measures of weight bearing ankle dorsiflexion ROM in healthy individuals using a goniometer, digital inclinometer, or tape measure. The inclinometer may be the preferred method when measuring changes in ROM due to its low MDC, ease of use and high reproducibility.

Reference:

Call for Posters: Fall 2012 MN APTA Conference

We encourage clinicians, students, and faculty to submit a case report, research study, or special interest project for poster presentation at the MN APTA Fall Conference in Rochester, MN. Posters are to be presented on Saturday, October 27th, 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 on Friday, September 14, 2012.

Applications may be submitted online at www.mnaptap.org. For more information, please contact the MN APTA office, or e-mail Jen Sherman at Jennifer.Sherman@allina.com.
Leadership development is an important aspect of MN APTA’s strategic plan. While working with the board to develop our policy governance model and strategic plan, Barbara Raye, a prominent figure in board development, emphasized the importance of leadership development initiatives, saying they are essential in moving an organization forward. MN APTA is excited to offer you a chance to lead this fall. In partnership with the Health Policy Administration Section and the Wisconsin APTA, MN APTA will offer “Lead From Where You Are, Becoming a Personal Leader” the first course in the LAMP series.

Why is leadership important now? Leadership is important because change is all around us. From health care reform, to exploration of new models of the delivery of physical therapy, to moving MN APTA’s strategic plan forward, to directing and managing a clinic or treatment program; change is ever present. Each of these important areas of change requires leadership on a large and small scale to be successful. Besides the challenges presented by change, all of these areas include tight timelines. It seems to be the new normal—large degrees of change packed into a short time by impending deadlines.

I believe we are all able to lead, not by being born a “natural” leader, but through education. Success in any endeavor takes both big picture and small, task focused leadership. We don’t need to be a big “L” leader in all areas; leading in small ways is just as important. Lead From Where You Are will provide you with the skills and confidence to lead in any situation, big or small. Past attendants have called this course a “professional life changer,” and I am confident that the skills you will learn will be invaluable. Investing in this weekend course is truly an investment in your future. The lessons from this conference will be valuable in your work, in your community, and in your MN APTA involvement.

I hope to see many of you down at Rochester on September 29th-30th. You can learn more about this course and register here.

From Past Participants

“The course is a great opportunity for physical therapist to share their leadership skills and learn from others. Physical therapists are recognized leaders in health care. Physical therapists have opportunities to make changes in health care reform and to improve the health of our communities. We need to continue to gain skills and demonstrate competence in leadership where ever we are: at work, at home, and in the community!”

- Joan Purrington, PT

“Being a PT or PTA is not just about clinical skills. As with all of our gifts—leadership can be developed and needs to be nurtured. LAMP courses are a way to do just that—develop and nurture our leadership qualities. I had the privilege to attend the first LAMP courses that were held in Milwaukee. I learned a ton, reaffirmed a few things, and opened my eyes to where I might learn more. Most of all, it was about connecting and networking with others with similar interests. LAMP helped me personally and I believe it is helping the profession move forward.”

- Judy Hawley, PT
You Can Elect a Pro PT-Majority

Efforts to elect a pro-PT majority are underway!

The MN PT PAC is an essential tool in electing a pro-PT majority, and we need your contribution. This November all members of the Minnesota House and Senate are up for election and it is vital that our voice is heard at the state capitol.

2013 is a critical year for physical therapy in Minnesota.

- MN APTA is focused on access to physical therapy and building upon our success in discontinuing prior authorization for MA by permanently ending prior authorization for MA services.

- We are steadfast in our dedication to protecting physical therapy’s scope of practice from threats posed by other providers.

- Important developments in health care reform will take place in 2013, and MN APTA is working tirelessly to ensure physical therapy is recognized as a health care cost saver and considered an essential benefit in our health care exchange.

In addition, MN APTA’s legislative leaders are developing a progressive agenda to move physical therapy forward in Minnesota. Your support is more important than ever!

Remember the days before direct access? Your support of the MN PT PAC made direct access a reality. The 2013 session has once again presented us with the opportunity to move PT forward in MN! We need you now more than ever.

The MN PT PAC is an essential tool in electing a pro-PT majority, and we need your contribution. MN APTA’s goal is to raise $6,000 for the MN PT PAC by election day. In 2011, each chiropractor in the state contributed 20 times that of the average PT/PTA. The record setting PAC fundraiser at this year’s spring conference made it clear that PTs are not satisfied with this disparity. Like our direct access victory in 2008, your financial support is critical in passing pro PT legislation in the coming year.

Please support the PT PAC by making a contribution today. You can participate in our August 12th Saint Paul Saint’s fundraiser. If you aren’t available for this event, you can make a contribution today. Checks can be made out to MN PT PAC and send to: MN APTA, 970 Raymond Ave Ste. 205, Saint Paul, MN 55114. Thank you!

Join your colleagues in the S.S. Porkchop, an inclusive suite complete with hot dogs, beer and ball caps, to watch the St. Paul Saints on Sunday, August 12th with a PAC contribution of $75 or more. Register by emailing info@mnapta.org.
Member News

Membership Survey Results

MN APTA would like to thank everyone who participated in our 2012 membership survey. The results provided us with insights we are using to shape future initiatives and increase the value of your membership.

Overall, the survey results were very positive. Results indicated that members saw great value in their MN APTA membership and were largely happy with MN APTA’s direction. We learned that 95% of participants felt that the online registration process was average or above average. This met an objective in our strategic plan which aimed to increase online registration satisfaction. Participants had a strong sense of professional duty, which they cited as a leading reason for their MN APTA membership. Respondents valued MN APTA’s advocacy for PTs at the state capitol, as well as promotion of physical therapy to the public. Access to high quality continuing education and conferences was also seen as an important benefit of belonging to MN APTA.

We are excited to put the information from this survey to use. 70% of participants were likely or very likely to participate in online courses if offered by MN APTA. We’ve been working to create the infrastructure necessary to provide online continuing education courses, and are excited to bring you this new member benefit in 2013! The survey results showed that our legislative agenda is resonating with members. We are excited to pursue a progressive agenda in the areas of access, payment, and health care reform next year, each of which was identified as an important issue in the membership survey.

Thank you for supporting your professional association. Your support is what makes MN APTA possible. While the membership survey is a good resource for feedback, we want to hear from you year round! If you have any comments, ideas, or just want to get more involved, please feel free to contact the MN APTA office at info@mnapta.org.

Welcome New MN APTA Members

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

- Brian Ellingboe
- Alayna Hamilton-Newton
- Christine Harlander
- Alyssa Henkel
- Jenna Hersant
- Samantha Kobriger
- Jaqueline Lang
- Peter McGrath
- Emma Stayduhar
- Eric Stokes

Congratulations!

Congratulations to Stephanie Vandover for receiving the 2012 APTA Emerging Leader Award for the state of Minnesota. She was one of over 30 award winners from chapters and section of APTA. Stephanie has been involved in Government Affairs Committee, Conference Committee and programming for conferences. Members can read about her along with all the other award recipients in the October issue of PT in Motion. Please congratulate her when you see her at work or at MN APTA activities.
What is your current setting?

This summer I will complete my second year in the U of M DPT Program. My third year will begin with a clinical internship at Sister Kenny Abbott Northwestern followed by one with the Minneapolis Public Schools. My last two rotations are still unknown.

What are some special interests and accomplishments?

I have not narrowed down an area of interest. Thus far, my interests are in orthopedics, pediatrics, and women’s health. Some special accomplishments thus far include being nominated for the Margarie Gardner scholarship by my classmates and being awarded the scholarship by faculty. I was elected as class secretary my second semester in the program. Throughout this last year, I held a board member position in SSIG, Student Special Interest Group.

How are you involved with MN APTA?

I am a member of SSIG, which is a student run group within the MN APTA. I am also on the Conference Committee and help to run the silent/live auctions at the fall and spring conferences.

Why are you a member of APTA?

I initially joined because it provides great student discounts for attending conferences. However, I have come to appreciate APTA for its relentless efforts in promoting physical therapy within the health care system and for the invaluable friendships I have made with other members.

What other hobbies or special interests do you have?

During the warmer months, my husband and I enjoy camping and spending weekends at my cabin. We have been to the Boundary Waters Canoe Area about 7 times and spent 2 weeks traveling through Yellowstone and the Grand Tetons last summer. During the colder months, I enjoy knitting, baking,

August New Professional Spotlight: Jennifer Peterson, SPTA

What is your current setting?

I am currently a student at Lake Superior College starting my second year of the physical therapist assistant program. I am excited to start my clinical experiences in the spring of 2013 along with a mission trip to Mazatlan. I have years of medical experience on the administrative side, six years as a certified nursing assistant, and have volunteered many hours with the military.

What are some of your special interests?

As I am continuing with school and learning so much, I find myself leaning toward the wound care aspect of physical therapy and geriatrics. I am also a veteran and want to give back to my fellow brothers and sisters in arms by working with wounded soldiers. I am also very interested in kinesiotaping. I am interested in home care, as I believe that a being functional in the home environment is the greatest key component of physical therapy.
How are you involved with MN APTA?

I am involved with the MN APTA as a member of the Student Special Interest Group (SSIG). I have also been a part of ‘Move MN Forward’ and a student advocate for the Lake Superior PTA Class of 2013, encouraging all new or graduating students to become members of MN APTA.

Why are you a member of MN APTA?

I believe that as a student it is a very important channel for continuous education and support. As the class president for the Lake Superior College PTA class of 2013, I have promoted the importance of being a part of the MN APTA. It is a great way to network with new and seasoned physical therapists and physical therapist assistants in order to share experiences and tricks of the trade. It is a great way to become more involved in the community and to support our profession.

What other hobbies or special interests do you have?

I am a very busy body - working out at the gym and visiting with family and friends. I love to go camping and hiking with my husband and had two adventurous tours of duty in Iraq.

2012 Fall Continuing Education

MN APTA is excited to bring you affordable, high quality, MN BPT Category 1 Continuing Education opportunities this fall. Visit the links below for more information and to register today!

**Ligamentous Knee Injuries: Rehabilitation and Return to Sport**
Saturday, September 22 - Sunday, September 23, 2012 (University of Minnesota)
Speakers: Peter Bzdusek PT, ATC, Jason Lunden, DPT, PT, SCS and Jill Monson, PT, CSCS
Contact Hours: 16 contact hours (MN BPT Cat. 1)

**LAMP: Lead Wherever You Are: Becoming a Personal Leader (C1)**
Saturday, September 29 - Sunday, September 30, 2012 (Mayo Clinic, Rochester)
Contact Hours: Approximately 11 contact hours (MN BPT Cat. 1)

**The Headache Series: A Holistic Approach to the Patient with Headache**
Tuesdays, October 2 and 16, 2012 (Bethesda Hospital, St. Paul)
Speakers: Frederick R. Taylor, MD FAAN FAHS; Rebecca Vogsland DPT, OCS & Mandy Smoot OTR/L
Contact Hours: 2.5 contact hours each (MN BPT Cat. 1)

**Lower Quarter Course Spinal and Peripheral Manual Therapy Treatment Techniques of Brian R. Mulligan**
Saturday, November 17, 2012 - Sunday, November 18, 2012 (University of Minnesota)
Speaker: Rick Crowell, PT, MS, GDMT, MCTA, FAAOMPT
Contact Hours: 13 contact hours (MN BPT Cat. 1)

**Diagnosis and Management of Pediatric Low Back Pain from a Movement System Impairment Perspective**
Saturday, December 1, 2012 (Shriner's Hospital, St. Paul)
Speaker: Suzanne L. Cornbleet, PT, DPT
Contact Hours: 7 contact hours (MN BPT Cat. 1)