In This Issue

- Position For Change: Upward Pressure
- Representative Betty McCollum Supports the Physical Therapist Student Loan Repayment Act
- Save The Date: Legislative Day Scheduled for February 6th
- Volunteers Support Marathon Runners
- Evidence in Action: Role of Physical Therapy in Smoking Cessation
- Program Spotlight: Mayo
  - Service Learning
  - Honduras Medical Trip
  - APTA Involvement
  - Research Opportunities
  - The Marquette Challenge
- Student Special Interest Group (SSIG): A Report from the Executive Board
- Member News

Publication Schedule Change

Beginning in 2013, the publication schedule for MN Moving Forward will change. MN Moving forward will now be published on the 15th of January, March, May, July, September and November. This change will allow the newsletter to better reflect current MN APTA news. All members are invited to submit articles, which are due one month before the publication date. Please contact Mary Weddle, news letter editor, at mlweddle@stkate.edu with any questions.
I have been listening to colleagues, legislators, payers, and other health care providers, not just the past few months, but over the past few years. This is what I have heard:

“Physical therapy is not the problem.”

“Physical therapy is doing what we want other providers to do.”

“Only 1% of patients receiving treatment for musculoskeletal conditions directly access physical therapy.”

“Physical therapists are comfortable with using data.”

“Physical therapy is where health care reform is going.”

What conclusions can one draw from these statements? We are not in the correct position! We need to reposition physical therapy. 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 focus on value. Repositioning physical therapy is the only way we will provide the highest value. We must first understand what this repositioning will look like. This is not some new vision for our association. It is in line with our current vision.

**Vision**

Consumers will choose and directly access physical therapy for the prevention, evaluation, and treatment of movement dysfunction, complex conditions and disabilities as performed only by physical therapists and physical therapist assistants. The profession of physical therapy will be valued for its specialized body of knowledge, evidence-based practice and compassionate, client-centered care.

**Mission**

As a volunteer/member-led and mission-driven organization, the MN APTA leads its membership in advocating for and securing the future of the profession of physical therapy for the benefit of those we serve.

This is a call for urgent change. What do I mean by “position for change”? 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 entitled What is Strategy?. “Strategy is the creation of a unique and valuable position, involving a different set of activities. 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!
I see my role in the association to be that of a “change agent.” In that role I am committed to repositioning our profession here in Minnesota. It will take all of us, including all members and physical therapy colleagues, in every setting, to properly position the profession in Minnesota. We are not providing the maximum benefit to our patients and the health care system unless we are in a different position than we are in today. Our patients and the health care system will benefit the most when we reposition physical therapy, 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:

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

This article deals with the first point—upward pressure.

**Upward Pressure**

It will take upward pressure to reposition physical therapy. In many institutions our services are several notches down the list of services or providers that are valued by that institution. Don’t misunderstand me, I’m not complaining. This is a rational decision, yet we need to understand why. I have talked to physical therapy leaders in some of these institutions and this is what I have heard:

“We have a small voice, but a big solution.”

“We don’t own an organ or a body system that brings significant revenue to the institution.”

“We play a support role to many medical providers and medical services.”

“Unless we can tie our role and services to drive down the length of stay or hospital readmissions, we can’t really get the ear of administration.”

Exerting upward pressure means applying pressure through the demonstration of the value of using physical therapy to solve the organization’s problems. These problems include reducing the cost of care, efficiently managing patients with chronic conditions, reducing hospital readmissions, shortening hospital stays, and other measurable and valuable actions. Upward pressure is demonstrating to decision makers that we play a role in helping the institution solve its biggest problems.

Another form of upward pressure is direct access. From the data of a large national payer, just 1% of patients receiving physical therapy for musculoskeletal spinal conditions start their care with a physical therapist. Another sobering fact: only 10% of patients accessing medical care for any musculoskeletal condition are ever referred to physical therapy. Upward pressure is positioning physical therapy higher in the care delivery chain by demonstrating we are the primary provider for certain medical conditions. This preference must become institutionalized in payer policies and health systems care delivery pathways. We must seize this opportunity to position physical therapy higher in the care delivery chain. We must take control of our future.

There are many things our association can do, but your association cannot come into your organization or your practice setting and dictate a new care delivery program. It cannot negotiate contracts with payers for you. The association cannot attain this new strategic position on your behalf. You will have to do it yourself with the help of institutional peers and your member colleagues. Your work in the clinic and your volunteer service must be in sync with one another. We need a partnership between your work side and your professional side. We must align our daily work actions with our association’s vision and mission. If we do not unite our association vision with our work activities, we will disappoint ourselves in both areas.
Applying upward pressure will take some “out-of-the-department” thinking, as well as self-promotion of our ability to successfully treat certain conditions as a first portal of entry into the health care delivery system. Join your member colleagues in moving the physical therapy profession forward to the position that will bring the highest value to your patients and the health care delivery system. Together we can make this happen.

Representative Betty McCollum Supports the Physical Therapist Student Loan Repayment Act

Submitted by Kellen Feeney, SPT (APTA Member Since 2010)

On September 17th, 2012 I had the opportunity to attend a fundraiser for US Congresswoman Betty McCollum. Others in attendance included physicians and hospital administrators, with whom I was able to discuss how the Patient Protection and Affordable Care Act will affect the way hospitals deliver care. It was very interesting to hear viewpoints from people in other parts of the healthcare world.

I was also able to speak with Representative McCollum about student loan debt. She was very receptive and understanding of the debt that many physical therapy students face. An APTA survey estimated that the total average debt for recently graduated physical therapists is $96,149. This overwhelming loan debt affects where many new physical therapists choose to work. There are currently 105 health professional shortage areas in Minnesota serving a total of 408,672 people. Clinics in these areas often cannot afford to offer a salary that is attractive to a physical therapist with that much loan debt. The Physical Therapist Student Loan Repayment Eligibility Act will offer up to $30,000 in loan forgiveness per year for two years of working in an underserved area. Passing this bill would not only benefit physical therapists, but would also help provide better services to the people who live in these areas. Recognizing the significant value of improved health care access, Representative McCollum has agreed to be a cosponsor of this very important bill.

Attending the fundraiser was not only a great educational experience for me, but it was also an opportunity to advocate for the needs of our profession and the needs of our patients. I am glad that I was able to make a difference.
Save The Date: Legislative Day
Scheduled for February 6th

Be sure to mark your calendars: the Minnesota Physical Therapy Association’s annual Legislative Day has been scheduled for February 6th, 2013. With 65 new legislators and a new majority in both the House of Representatives and Senate, it is incredibly important that we reach out to our elected officials to speak with them about the value of physical therapy.

Our legislative team is hard at work shaping our 2013 agenda. We will continue to protect our scope of practice, advocate for access to physical therapy, work toward fair reimbursement policies and position physical therapy in the health care reform discussion in the next legislative session. However, we cannot do this without your support.

Please save the date and join us for Legislative Day on February 6th. We are excited to announce that everyone is now invited to join us at Legislative Day free of charge. Registration information will be provided toward the end of the year, when the newly elected officials have settled in.

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Volunteers Support Marathon Runners

Submitted by Deb Roberts, PT (APTA Member Since 1975)

It was another exciting year for physical therapists and students who volunteered at the 2012 TC 10-mile and Medtronic Twin Cities Marathon on October 7. Physical therapists Joni Vanselow, Nancy Appel, Kelly Roberts, Erin Olson and Laura Gueron worked in the medical tent and Megan Cahill worked in the aid station at mile 20.75. Jake Foley, Elisabeth Wieneke, Kelsey Leeman, and Alisse Indrelie were our hard working physical therapist students in the tent. I know that many more were involved in positions such as triage at the finish line and as first responders.

It was a great day for the racers with the weather starting out and staying cool. About 9,000 runners started the race and 97% finished which certainly reflects the great running conditions. Sixty runners were treated in the medical tent and all were discharged home.

Joan Purrington, PT, was one of the first responders at the scene of the cardiac arrest that occurred at mile 4 during the 10-mile race. Credit can be given to Joan, several altruistic runners, and our Mountain Bike Patrol for saving this runner's life. Joan organizes the National Ski Patrol each year to work as first responders for medical operations during both races. Members of the Mountain Bike Patrol are also first responders and carry AEDs, often being able to find a downed runner very quickly. The TC Marathon was one of the first races to use bike patrol and it has now spread nationwide. These volunteers and hundreds of others spent their day keeping runners safe and making it a fun experience for all.
Clinical Question: What are physical therapists’ views regarding addressing smoking cessation in practice and self-efficacy in completing smoking cessation counseling?

Evidence: In a cross-sectional survey study by Bodner et al, 738 licensed Canadian physical therapists completed a 12-page composite survey consisting of 67 questions in four sections: sociodemographics, knowledge and views about smoking, barriers and facilitators, and self-efficacy regarding smoking cessation counseling. Of the physical therapists surveyed, 76.9% agreed or strongly agreed that physical therapists should be involved in helping patients/clients quit smoking. However, only 56.8% of physical therapists agreed or strongly agreed that the cessation programs should be provided by physical therapists. Of those physical therapists surveyed, 71.6% reported not being prepared to provide smoking cessation counseling to patients/clients. Therapists identified a lack of time and resources as major barriers in providing smoking cessation counseling. Therapists also pointed to a stand-alone seminar/workshop as key in helping to facilitate smoking cessation counseling. Limitations identified by the authors included response bias, social desirability bias and a limited sample of Canadian physical therapists.

Clinical Decision: The findings from this study indicate that many physical therapists agree that providing counseling on smoking cessation is a clinical responsibility and there should be greater involvement by physical therapists in smoking cessation. Physical therapists may benefit, however, from targeted training to improve self-efficacy in providing smoking cessation counseling. This study was conducted using Canadian physical therapists, so practice standards may vary from those of physical therapists in the United States.


Program Spotlight: Mayo

PT Students at Mayo School of Health Sciences Program in Physical Therapy, class of 2013, shared the following reflections about their experiences as students at Mayo.

Service Learning

Submitted by Crystal Whitmarsh, SPT

Service learning provides an opportunity for growth through an integration of learning with community involvement. The project that I participated in this past year was adaptive skiing through an organization known as SEMCIL - Southeastern Minnesota Center for Independent Living. Each
Wednesday evening during the months of January and February a group of my classmates and I would venture to Coffee Mill Ski Area to provide skiing/snowboarding assistance to a variety of people within the community who have disabilities that limit their ability to ski/snowboard independently. Participants in the program may have diagnoses such as spinal cord injury, cerebral palsy, brain injury/stroke, visual impairment or autism. The goal of the program is for each skier to develop the necessary skills to be able to manage the ski hill independently in the future. These skills include donning and doffing appropriate attire and ski equipment, mastering the chairlift, and skiing/snowboarding down the hill safely.

Being involved in SEMCIL opened my eyes to the possibilities rather than the limitations of the skiers. It allowed me to realize that even though a person may have severe physical limitations, if they have the desire and motivation to learn and have access to necessary equipment, they can achieve far greater than you or I could possibly imagine. This program was not only about teaching someone to ski - it was about developing relationships, providing hope and empowerment, overcoming obstacles and believing in dreams. Believing in someone may be all it takes for them to believe in themselves and it is amazing to witness that change when it happens. I will never forget the smiles at the end of the night when skiers realized that they had overcome what used to seem like an enormous mountain that could not be moved.

Honduras Medical Trip
Submitted by Elisabeth Murphy, SPT

Each year since 2007, between 4 and 10 Mayo PT students have traveled to Honduras as part of a service-learning project. In conjunction with Honduras Outreach Inc., students have teamed up with Mayo School of Health Sciences faculty member Nathan Hellyer, PT, several physiatrists from the United States and Honduras, as well as functional therapy students from Universidad Nacional Autónoma de Honduras to provide physical therapy care to the citizens of the state of Olancho. In preparation for the trip, students collect donations of medical supplies and durable medical equipment to bring to Honduras. Items most needed have typically included wheelchairs and walkers, especially for pediatric patients.

While in Honduras, students work in teams with physiatrists and functional therapy students. Students have the opportunity to treat patients in a Honduras Outreach Inc. clinic located in Olancho, as well as travelling to more distant communities or individual patient homes. The large majority of patients encountered in Honduras present with musculoskeletal complaints that are similar to what a physical therapist would encounter in the United States (i.e., low back pain, osteoarthritis, tendinopathies). In addition, students have opportunities to interact with patients with unique problem sets, such as patients with injuries due to weapons or violence, children with severe untreated congenital conditions and persons with chronic spinal cord injury.

Overall, students have reported that their time in Honduras was incredibly rewarding and allowed for them to become increasingly creative and culturally sensitive. It has also increased understanding and awareness of the disparities in medical care and has allowed students to contemplate how to best serve their community and the world at large as future physical therapists.
APTA Involvement

Submitted by Blake Stephens, SPT

I was initially a skeptic about the APTA and was reluctant to join. I didn’t know the purpose, benefit, or legitimacy of the APTA. However, over the past two years, I have moved from being a skeptic to being an active member who sought and was slated to run for SPT Delegate in the Student Assembly this fall at the National Student Conclave. This drastic change was initially stimulated by my professors who all advocate for the APTA and its professional and advocacy functions. It was my program director who initially recommended I seek the delegate position but it was the unified support of my program that helped me get to this point. When it came time to become active in and educated about the APTA and its inner-workings, I was surprised and impressed that I could accomplish this by visiting APTA.org. Information about policy, advocacy and sections was available on the website. Entering the final stretch of my academic experience as a student, what have I received from Mayo and the APTA? Infrastructure to build upon; resources and personnel that advance my clinical and professional knowledge-base; and a plethora of opportunities that challenge me to excel and explore my opportunities. Not only has the Mayo Clinic provided an unparalleled foundation to build upon, but this institution has delivered financial, professional and emotional support. Whether it was having the opportunity to serve in multiple leadership roles within the program and College of Medicine, having the chance to attend the Combined Sections Meeting, National Student Conclave, or Fall/Spring conferences free-of-charge, the Mayo Clinic’s DPT program always places the student in a position to succeed and grow. Would I choose the Mayo Clinic again for my education? Without a doubt!

Research Opportunities

Submitted by Hannah Subich, SPT

At Mayo Clinic the needs of the patient come first, which is the foundational concept behind everything at Mayo - including research. Mayo Clinic’s unique culture of collaboration and teamwork, along with its extensive facilities, make it possible for researchers to unravel and solve complex research questions. This close integration makes it possible to quickly bring new research in technology and therapeutics to patients and share this knowledge with the next generation of medical professionals. The results create fresh answers, renewed hope, improved patient care and better health. 

As DPT students, we have extraordinary opportunities to collaborative and work under the mentorship of our professors to help develop, implement, and analyze research. This past year, my classmates and I were divided into various groups and were able to be part of multiple research projects. Some of us worked with patients who had Parkinson’s disease or ALS, while others focused on refining physical therapy procedures such as EMG and manual muscle tests. Each year, research projects are chosen to be poster presentations at both the MN APTA conference and also the Combined Sections Meeting. Mayo Clinic’s DPT Program provides students with innovative, challenging and rewarding opportunities to be involved in research. The opportunities given to me as a student have allowed me to develop my skills as not only a future researcher, but as an evidence-based practitioner who looks to the latest evidence in order to offer patients the best care possible.
The Marquette Challenge

Submitted by Alaina Bosze, SPT

The Mayo PT Program feels strongly about contributing to research and advocacy in order to advance the profession of physical therapy. Each year the second-year class, supported by the first-year class, participates in the Marquette Challenge. The Marquette Challenge is a national fundraising competition among physical therapy schools that raises money for the Foundation of Physical Therapy which supports various research projects.

In order to raise money for the Marquette Challenge, the Mayo PT Program hosts the annual Rochester Race for Research, a 5K Walk/Run and 10K Run on the trails through downtown Rochester. Runners look forward to this race since it signals the unofficial early spring start of race season in the area. Each year this race draws more and more participants; last year alone we doubled the registrations to 170 people! We raised money not only from the registration fees, but also from generous corporate and personal donations. As a result, $7,000 was donated to the Marquette Challenge!

Student Special Interest Group (SSIG): A Report from the Executive Board

Submitted by Kimberly Redlin, SPT, SSIG Co-Chair, Membership Committee, CE Committee (APTA Member Since 2010)

As a new school year gets underway and many new students join MN APTA, the Student Special Interest Group (SSIG) has begun working on a variety of projects to increase student involvement in the organization. The SSIG has been revamped this year with a revised mission statement and bylaws, in order to better serve DPT and PTA students statewide. According to Kelsey Leeman, Vice Chair of the SSIG and a third-year DPT student at St. Catherine University, the SSIG plans to "increase student awareness of our group by utilizing technology and social media networks, actively recruiting volunteers with fresh ideas for new projects, and collaborating with other MN APTA committees for support and additional opportunities".

Many positive changes have already taken place in the SSIG, including growing the executive board to include two PTA liaisons; formation of a collaborative relationship with the Membership and New Professionals Committee; development of a Facebook page with frequent updates on meeting times, upcoming events and volunteer opportunities; and the use of Google+ Hangout for member meetings to increase attendance. Google+ Hangout has already significantly impacted attendance: during the first open meeting, 15 students were present at the chapter office and an additional 12 students virtually joined the meeting via Google+ Hangout. This option has enabled the...
SSIG to reach out to students at schools outside of the Twin Cities, as well as students who are out of town on clinical affiliations. The executive board members have also given presentations to all state DPT and PTA programs explaining how involvement in the SSIG can lead to new connections and opportunities within the MN APTA. The SSIG Executive Board is very excited about the upcoming year and plans to “think big” by offering lectures and volunteer opportunities that will be impossible to pass up. Meetings are held on the second Tuesday of every month at 7 pm at the MNAPTA Office. Meetings are casual and open to all students who would like to socialize, discuss ideas, and plan for future events. For a full list of current projects, meeting details, and upcoming events, please visit the SSIG Facebook page by searching “MN APTA SSIG”. Thank you and we look forward to a great year!

Member News

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 September and October 2012!

Kaitlin Bauer
Katherine Beed
Katherine Bilse
Tyler Bradley
Ethan Brinkmann
Kristina Dahl
JonPaul Dragseth
Katherine Fandrey
Rebekah Foelker
Justin George
Deanna George
Jacqueline Giese
Darren Hackey
James Hartman
Molly Hertzfeld
Ashley Holm
Melanie Horn
Jeffrey Judd
Danielle Kline
Laura L'Abbe
Christine Lash
Kait Lorsbach
JeremyMatvey
Erin McGinnis
William McMartin
Donna Menne
Jessica Mohrbacher
Stefanie Morland
Atfeh Orandi
Amy Pederson
Kassandra Pichler
Jonathan Sampson
Charlene Schlenvogt
Kristi Simon
Eric Smoyer
Sara Sokolowski
Elizabeth Steiner
Derek Swenson
Michelle Teigland
Anna VanWechel
Michelle Vaske
Robin Viele
Brandon Weideman
Lindsey Weyer
Hilary Young

November New Professional Spotlight: Kim Redlin, SPT

What is your current setting?
I am currently a third year DPT student at St. Catherine University. I am also the Co-Chair of the MN APTA Student Special Interest Group (SSIG). I have worked as a Rehabilitation Aide through Fairview's Institute for Athletic Medicine since 2011 and I have worked as a restaurant server since I was sixteen years old.

What are some of your special interests?
During my time in physical therapy school at St. Catherine University, I have enjoyed being a student ambassador for our DPT program and serving as a student coordinator for the Indian Health Board of Minneapolis Native American Diabetic Foot Clinic. I have had excellent clinical experiences in the subacute, outpatient and acute care physical therapy settings, where I have developed a passion for seeking out and utilizing evidence-based practice to provide the best treatment for patients. I will
continue to develop my skills throughout the remainder of my clinical experiences in all areas of PT practice and I hope to further enrich my professional development in an orthopedic residency program upon obtaining my DPT degree. My goal is to be the skilled practitioner of choice for any and all patients with musculoskeletal complaints.

**How are you involved with MN APTA?**

I have been an APTA student member since September of 2010 and have since joined the Research and Orthopedic sections. I have attended all of our state conferences over the past three years, where I have made great connections with other MN APTA members. I have been a leader in the SSIG since 2010, where I have held the positions of Treasurer and now Co-Chair. I am also a member of the Membership Committee and the Continuing Education Committee. I am currently working with two of my classmates and the MN APTA office to develop a leadership and professional development workshop for students and new professionals that will be offered as a concurrent course at the 2013 MN APTA Spring Conference. I am also collaborating with one of my professors, MarySue Ingman, PT, to produce a podcast about the use of motivational interviewing in physical therapy practice.

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

I am a member of the APTA because I recognize that my support and contribution to our professional organization is what will keep physical therapy practice and research moving forward. I was inspired to be a proactive member within the first week of physical therapy school when I was introduced to the APTA's Code of Ethics, Practice Guidelines and Vision 2020. Through partnering with other inspired APTA members, I want to take part in working towards the goals our professional organization has set out to achieve. I am also a member of the APTA because of the opportunities I have been given through my membership; I serve on various boards and committees to develop my leadership skills, make connections with individuals from all practice areas and attend conferences and workshops to add to my education. I greatly appreciate all of the support and encouragement our professional organization has given me as a student and I will continue to be a proactive member, in order to ensure that future student members have the same great experiences I have had.