MN Moving Forward

September|October 2012

Democracy Is Not a Spectator Sport: Get Involved!

Community Engagement and Participation: My Personal Story

Big Stone Therapies Raises over $3400 for MN Physical Therapy PAC
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FURTHERING PHYSICAL THERAPY. ADVANCING CAREERS.

Find the best jobs and highly qualified physical therapists Minnesota has to offer.
By Craig Johnson, MN APTA President (APTA Member Since 1978)

How will we position physical therapists and physical therapist assistants in the delivery of health care so the patient will benefit the most from our services? I think we understand why we want to do this, but we might not understand how. Internally it takes a vision for the future in which patients routinely access physical therapists directly as their first choice for certain conditions where we provide effective care at a lower cost than the alternative. There is something to be said about having a strong image of what that would look like in your practice setting. I ask you to envision your future in your practice setting! The mission of the organization should be aligned with the vision and focus the energy and efforts to achieve the vision. The strategic plan should provide goals and objectives against which we can measure our progress. I think you will find that through the work of the board we have short-term objectives and metrics that will lead us to the proper steps to achieve our vision.

Externally, it takes building relationships with key decision makers. Leaders in the association are doing this now. If you read the article in the last newsletter entitled “Position for Change”, you will find there are meetings with payers and legislators going on throughout the year. One such meeting was on September 7, 2012 between MN APTA member/leaders that are part of a Health Care Reform Workgroup, and the Vice President of Policy and Legislative Affairs at BCBS. This was an initial face-to-face meeting as a follow up of the presentations by local payers at the 2012 MN APTA Spring Conference. Members of this workgroup are trying to hold meetings with all the payers represented at the conference. At the meeting with BCBS we established a good relationship at a high level that will lead to future meetings with other executives at BCBS. We received an overview of the health insurance exchange from a payer’s perspective and the challenges and issues they face in providing a qualified health plan in the exchange. At the end of the meeting we agreed that it would be beneficial to collaborate on areas of mutual interest with members of the legislature. Though we spent much of the meeting listening to the BCBS vice president, we also delivered our message about greater access to physical therapy services and the value and saving we deliver to patients as effective conservative care providers. If you have more questions, please contact Tim or myself.

We continue our message of repositioning as described in the MN APTA Position Statement on the Role of Physical Therapists and Physical Therapist Assistants in Health Care Reform (see www.mnapta.org):

1. Physical therapy is an essential health care service;
2. The health promotion model in physical therapy practice focuses on prevention and healthy behaviors;

3. The health care delivery system does require reform that includes the removal of barriers to medically necessary care and use of effective, lower cost providers;

4. Payment reform policies must be designed to protect access to care and should reward effective, evidence-based care.

Relationships with key legislators, payers, corporate executives, businesses, community leaders and others is the way we move forward and change our current place in the delivery of health care services. Because we have a broad-based membership, these relationships are going on in many different locations at the same time. Relationship building is a strength of physical therapists and physical therapist assistants. We are communicators, teachers, developers, collaborators, learners, relators, and restorers to name some of our characteristics. Due to our natural tendencies, we should be effective in building these relationships. Thank you to those who invest in these relationships on behalf of all of us. Yes, it takes time and our lives are full already. If each one of us would advocate for our profession and open up channels of communication with legislators and decision makers within your organization and community our progress will be quickened.

There are so many ways to promote physical therapy to others. By doing so, you would be advocating for the profession, securing its future and helping us position ourselves so we can provide optimal care to our patients and reduce overall health care costs.

Get involved, stay involved. We can make this happen!

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Big Stone Therapies Raises Over $3400 for MN Physical Therapy PAC

The Minnesota Physical Therapy Association would like to extend a huge thank you to Big Stone Therapies for raising over $3,400 for the MN Physical Therapy PAC (MN PT PAC)! Over 53 employees donated individually to the PAC and Big Stone’s owner matched over $1,500 in contributions. MN APTA applauds Big Stone Therapies’ dedication to the advancement of physical therapy in Minnesota.

The idea for this initiative started in January at MN APTA’s legislative day. During legislative day a Big Stone employee, Jeffrey Donatelle, learned about legislative issues facing physical therapy, including a bill introduced by the chiropractic association that sought to prevent physical therapists from performing manual therapy of any kind. Jeffrey knew that, if passed, this legislation would significantly harm the physical therapy profession.

Jeffrey worked closely with Debbie Hibbard, a Marketing Representative with Big Stone Therapies, to come up with a plan that would motivate employees to donate to the MN PT PAC. Big Stone’s owners, Paul Treinen, Wade Vandover, and Roman Taffe agreed to match up to one hour’s wage of each employee that was donated to the MN PT PAC. Along with the match, Debbie and Jeffrey’s message to donate one hour’s wages to the MN PT PAC struck a chord with employees. Many employees generously donated more than one hour’s wages.

The MN PT PAC is a critical tool in MN APTA’s legislative tool belt. Along with a strong grass roots network, dedicated volunteers and strong leadership from our lobbyist and executive director, MN APTA depends on the MN PT PAC to protect physical therapist’s scope of practice, advocate for reimbursement, and advance access to physical therapy in Minnesota. The MN PT PAC is a way to support legislators who have been advocates for physical therapy, including Rep. Gottwalt who helped stop the chiropractic bill limiting manual therapy and Rep. Thissen who has been a tireless advocate for physical therapy over the years. Jeffrey and many Big Stone employees understood just how important this tool is to advocating for physical therapy. As we continue to work to improve the prior authorization system and position physical therapy in health care reform, this tool will only become more important.

Thank you to Jeffrey, Debbie, Paul, Wade, Roman, and all of the Big Stone employees who stepped up to support MN APTA. If your company is raising funds for the MN PT PAC, please contact Annie Krapek, MN APTA Program Manager, at amkrapek@mnatpa.org.
Democracy is Not a Spectator Sport: Get Involved!

By Kathleen Picard, State Government Affairs Committee Chair (APTA Member Since 1977)

In addition to presidential and congressional election, all members of Minnesota’s legislature are up for election this November. The results of this election will have a large impact on health care reform and other issues important to physical therapy. It’s not too late to get involved! Say “I Will....”

- **Pay attention to local elections.**

Find out what district you live in and who is running for election. District lines have been redrawn and you may live in a new district! This year all of the MN State House and Senate seats are up for grabs, all of the U.S. Representatives are up for re-election and there is one U.S. Senate race. You can find your district by visiting [http://www.gis.leg.mn/OpenLayers/districts/](http://www.gis.leg.mn/OpenLayers/districts/).

- **Work on a campaign.**

Before you work or vote for a candidate, find out their stand on issues important to you. Contact his/her campaign headquarters to find out what you can do. Make a realistic commitment.

- **Donate money to a campaign.**

The cost of running a successful campaign is ever-increasing and money makes a big difference. When you donate as an individual, you get to choose who you donate to.

- **Make a donation to the MN PT PAC.**

The MN PT PAC pools donations to give to individual campaigns and/or to caucuses in the House and Senate of both parties. Candidates who support physical therapy issues and who are likely to be serving on committees and hearing bills of interest to us are targeted for these donations.

Checks can be made out to MN PT PAC and sent to 970 Raymond Ave Ste 205, St. Paul, MN 55114

- **Join a conversation outside my comfort zone.**

Share your views, AND listen and seek to understand views that are different than yours. It is easiest to talk with people who see the world the way we do, yet others’ perspectives can add to our view.

- **Vote on November 6.**

Never loose faith in our system of democracy. One person, one vote.

- **Get someone else to vote, too.**

Every vote counts.
"PT Can Help" Message Reaches Over 350,000 People

By Ann Ryan, PT, State Fair Committee Chair (APTA Member Since 1977)

Concussion is a hot topic and physical therapy is part of the discussion as evidenced by our booth at the 2012 MN State Fair KARE 11 Health Fair building this year. Our featured message was "Concussion? It’s a no-brainer - PT can help!" From volunteers to sponsors to getting the message out to fairgoers, we had great success. Here are the numbers.

Our goal: get the word out to the greatest number of people that physical therapy can help. It started with discussions about concussion but most volunteers will tell you we covered all aspects of PT!

Direct interactions/activities with the public: 5,800.
People who came through the building and picked up literature, fans and pencils with brain erasers: over 10,000.

Viewers who saw our 2 spots on KARE 11: estimated 350,000.
And what was our investment?
KARE 11 booth and tickets for volunteers: free to us with an estimated value of $50,000.
Sponsorships to cover give-aways and booth costs: $4,000.
Volunteers donating time for everything from planning to execution: priceless.
This is a huge return on our investment of time and resources!
KARE 11 has stiff competition for space in their building but we made the cut again because we always staff the booth, bringing timely topics and fun! Thank you KARE 11 Heath Fair for choosing us for this great opportunity!

APTA Geriatric Section CEEAA
Course offered in Minnesota

The APTA Geriatric Section is sponsoring the Certified Exercise Experts for the Aging Adults course in St. Louis Park, MN. Past participants in this course state it prepares them for the GCS exam as well as improving their practice. This course requires three weekends spread out over the year. The first course in MN was held in June, 2012, but is still available in Seattle, Washington.

Sessions 1 and 2 do not need to be taken in sequence, but must both be completed prior to session 3. Limited spots are still available.
Consider joining your colleagues to improve your practice with older adults.
Session 2 is scheduled in MN on Dec. 1-2, 2012.
For more information, visit the Section on Geriatric website at: www.geriatricspt.org
A Word from
MN APTA
President,
Craig Johnson,
PT
Numerous health policy and advocacy organizations recognize the disparity and inequality in health status and in access to health care for individuals from minority groups and those whose socio-economic status is low. Studies prior to the passage of the ACA and tenants of the law point to the need to address the disparities.

Health disparities were discussed by the board of directors in the process of determining the objectives and metrics of the 2013 strategic plan for MN APTA. Physical therapists and physical therapist assistants can go beyond just recognizing these disparities and can be involved in bridging this health care gap. We want the strategic plan to have new language that sets the direction and objectives for addressing health disparities. It is about more than just putting this issue in our plan, but reflects our values of compassion, caring, and social responsibility.

Please read the following important article which is an example of leadership and personal involvement in a solution at the local level.

Since 2005 I have been a faculty assistant in the DPT and PTA programs at St. Catherine University. I can proudly say that I love my work. I have always enjoyed working with students and sharing my passion for physical therapy. Two years ago I was given the opportunity to teach a local service learning course for PT and PTA students. It was then that my interest in community work began. Each year the students and I spend two weeks in the Twin Cities visiting different neighborhoods and learning about the diversity that exists in our own backyard. We learn about cultural and socioeconomic diversity. One experience we have is visiting the Cedar Riverside neighborhood which is part of the community in which our campus is located.

Even though the St. Kate’s Minneapolis campus and Cedar Riverside neighborhood is in such close physical proximity, our two communities were worlds apart. Over the past two years, I have started feeling a sense of “us” versus “them”. This was the start of my interest in becoming more involved with the East African population in Cedar Riverside.

I want to be clear that what I am writing is from my personal experience, reflections and feelings. It is not based on any formal research, only on what I have done and the people I have met.

I have had the privilege of working with and being mentored by Katie Clark, RN, who is a nursing instructor at Augsburg College and the Coordinator of the Health Commons where I currently volunteer once a week. I asked her to describe the Health Commons and she provided the following information.

The Health Commons at Dar Ul-Quba is a
drop-in center focused on health and healing while building lasting relationships. The center offers a welcoming space where people can gather for group activities, such as nutrition classes or exercise groups, as well as offer one-on-one consultations where discussions around health concerns, medication reviews, or community resources occur. The care is focused on preventive health and incorporating indigenous wisdom with health practices. We believe that our work is important to provide a community where people can work together to reduce health disparities and find a place to belong. All the services offered are free of charge. The center is supported by a collaboration effort between Augsburg College, Fairview Health Services, and the East African Health Project, which is funded by a grant from UCare.

I participate with the Health Commons by leading a walking / exercise group. We have started calling ourselves the “fit and friendly” group. I am not providing physical therapy. I am simply building relationships and exercising with the women and children of the East African community. During the last few months I have learned a lot about their health needs. I have met many great people including Roda Hassan, College Health Corps VISTA / Community Health Intern and Hiba Sharif, Community Health Outreach Coordinator for Fairview, and Dr. Osman Ahmed, Director of the East African Health Project. All three work at Health Commons and are East African. They graciously shared some of their insights with me in preparation for this article.

They have taught me that in Somalia, exercise is part of the lifestyle. They walk everywhere. Upon moving to Minnesota, however, their physical activity significantly decreases because of all of our modern conveniences. The East African community has been experiencing an increase in diabetes and obesity, as well as other chronic diseases because of this decrease in physical activity and the change in their diet. According to Roda and Hiba, many East Africans suffer from significant musculoskeletal pain because of the manual labor jobs many of them have in Minnesota and the lack of knowledge and education on proper body mechanics. East Africans tend to be very reliant on pain medication which can lead to other health problems. They also have a fear of surgery and many are unaware of other options to deal with...
their musculoskeletal issues, such as physical therapy.

East Africans are often challenged by the complex healthcare system in Minnesota. They may encounter language barriers, transportation issues and financial constraints. As many of us know, physicians typically don’t have a lot of time to spend with patients on health education. For a culture that likes to share through stories and verbal dialogue, this lack of one-on-one time can be discouraging. It becomes hard to follow through on what the physician is telling them. They may not understand what he or she is saying and why they need to follow-up on recommendations or referrals. This usually leads to worsening of their conditions.

This is where I think physical therapy can help. We often have more time to spend with our patients. We can get to know them on an individual basis. I see a need for increased education and participation. I think we have an opportunity to engage and educate. We need to be careful though, about how we engage with the community. There is a phobia amongst East Africans about "nonprofit organizations" that drop into a community and claim that they are the experts. We need to learn from them; they are the experts about their own bodies. Trust needs to be built. I spent the first several weeks and months of my experience just getting to know people in the community and what their needs are. I was not the expert; I was the listener and learner.

I am including some tips I have learned that may be helpful in treating East Africans. It is important for East African women to be treated by and exercise only with women. They need a private space for exercise; an open gym in a physical therapy clinic would be extremely uncomfortable for them. Most do not exercise with or in the presence of men. Family is very important to them but one should ask the patient if they are comfortable performing exercise or receiving other PT interventions in front of family members of the opposite sex.

My goal is to continue to learn about this community and their health needs. I see an opportunity for PTs and PTAs to join me in this work. We can encourage exercise and healthy habits. We can educate about proper body mechanics. We can educate about physical therapy in general: what physical therapy is, how to access our services and typical treatments that might be provided. There is also an opportunity to educate and mentor the young people about physical therapy as a career choice. The opportunities are endless but it all starts with being present, listening and building relationships.
Clinical Question: The push to improve health care quality while reducing cost has never been greater. As a rehab services manager in an acute care hospital, what evidence can you present to justify the cost of an increased therapy presence in intensive care units (ICUs)?

Evidence: Schweickert et al examined the effect of daily interruption in sedation combined with physical (PT) and occupational (OT) therapy in the earliest stages of critical illness. Subjects (n =104) in this multi-center randomized controlled trial were adults who had required mechanical ventilation for less than 72 hours with baseline functional independence. They were assigned into the intervention (immediate daily PT and OT) or standard (PT and OT consulted per primary team) group. Patients in the early intervention group had significantly greater Barthel Index scores indicating a higher level of independence with mobility and activities of daily living at hospital discharge, a shorter duration of ICU-associated delirium by two days, and spent 2.4 more days breathing without assistance as compared to the control group. There was also a trend toward improved discharge rate directly to home for the early intervention group. Interestingly, there was no statistical difference between the groups in overall muscle strength. One serious adverse event occurred in 498 therapy sessions (SpO2 < 80%). Discontinuation of a therapy session due to patient instability occurred in 19 of the sessions (4% overall).

Clinical Decision: Daily PT and OT intervention when combined with interruption in sedation at the early stages of critical illness improved return to independent functional status and increased discharge rate to home when compared to standard care. Further research investigating the financial impact of these interventions is needed.


Orthopedic Physical Therapy Residency Program is Credentialed

By Paul Breyen, PT (APTA member since 1995)

Fairview Health Services and the Institute for Athletic Medicine (IAM) are proud to announce that we have successfully achieved credentialing of our Orthopedic Physical Therapy Residency Program. The American Board of Physical Therapy Residency and Fellowship Education has evaluated and granted our residency a full five year credentialed status. Currently, there are a total of 51 credentialed orthopedic PT residencies in the United States. The Fairview Orthopedic Physical Therapy Residency has now become the first and only
Orthopedic Physical Therapy Residency in the state of Minnesota. We are joining the Fairview/IAM Sports Physical Therapy Residency and the University of Minnesota Geriatric Physical Therapy Residency as the only credentialed residencies in Minnesota.

This Fairview Orthopedic Physical Therapy Residency is a planned postgraduate program designed to provide advanced didactic and clinical training in the specialty area of orthopedic physical therapy. The program will provide the opportunity for physical therapists to develop advanced clinical competency through one-on-one mentoring with a clinical instructor; clinical practice; didactic learning; shadowing and co-treating with content experts across a wide array of orthopedic physical therapy practices; surgical and specialty clinic observation; lecture and laboratory teaching opportunities; clinical research; community service and more. By the end of the one year curriculum, the resident will be prepared to practice as a specialist in orthopedic physical therapy, and will be further prepared to take the orthopedic clinical specialist board exam.

More detailed information about the residency can be found at [our website](#) or by contacting:

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The Institute for Athletic Medicine
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Burnsville, MN. 55337
Office: 952-892-2650
Voicemail: 612-672-1984
Email: pbreyen1@fairview.org

Safe Patient Handling Instructors Needed

Would you like to put your physical therapy skills to use in a whole new way? As part of Minnesota’s recently enacted Safe Patient Handling (SPH) regulations for clinics, dental offices are now required to have a safe patient handling plan and provide staff training to manage patients who require assistance with transfers. Training of this type is best done by experts like you!

The Minnesota Dental Association (MDA) is currently developing a directory of physical therapists willing to provide transfer training for dental offices in their area. This is a wonderful opportunity for you or your colleagues to work with local dental practices to provide skilled transfer training in the dental setting.

Please consider submitting your name and preferred contact information for the MDA’s state-wide listing of Safe Patient Handling Instructors. If you have any questions, please contact Becky Olson-Kellogg, PT, at the University of Minnesota (olso0184@umn.edu or 612-624-6591).

To be entered on the MDA’s Safe Patient Handling Instructors list, as well as for further information on Minnesota’s SPH regulations for clinics and available educational materials, please contact Bridgett Rassett at the Minnesota Dental Association (BRassett@mndental.org).
Welcome New MN APTA Members

The Minnesota Physical Therapy Association warmly welcomes 63 new members who joined during July and August of 2012! Many of these new members are PT and PTA students who are choosing to invest in their career early on. MN APTA membership is an invaluable investment that will pay dividends throughout your future. As the sole organization advocating for the professional of physical therapy in Minnesota, MN APTA is helping to move Minnesota forward!

Rachel Ahn   Katelyn Fier   Katelyn Ley   Jennifer Pratt
Christa Ahrens   Andrea Fossum   Breanna Lohn   Jennifer Pulscher
Kellie Alberts   Kalli Gilbertson   Brianna Ludtice   Kristen Reed
Samantha Alschlager   Mikaelyn Guerriho   Brooklyn Mallo   Amanda Rickabaugh
Brittany Beyer   Lacey Hatland   Kelly Maloney   Matt Rollag
Jane Bieniek   Lang Ho   Timothy Mann   Chelsea Schmidt
Ryan Bouslog   Danielle Honnette   Jeremy Martin   Sarah Schmitz
Jacqueline Braemer   Jennifer Ihbe   Stephanie Mathiowetz   Sarah Stump
Liana Braun   Kate Jacobson   Elizabeth McMillan   Katherine Tonsager
Bergen Butala   Briana Jones   Carly McQuillan   Katlin VanOrt
Elena Campera   Allison Kirkvold   Stephanie Meschke   Karla Wallner
Amy Carlson   Alison Larkin   Cheyenne Oyen   Elisabeth Wienke
Johnathan Cicchese   Callie Larsen   Anna Payne   Kelsey Wirtenen
Susan Cofer   Brie Lashinski   Vanessa Pearson   Caitlin Wooldridge
Samantha Dahlstrom   Maria Leider   Charles Peterson   Kathleen Picard Awarded APTA’s 2012 Recognition of Legislative Commitment
Alice Fasnacht   Sarah Lepley   Krista Polding

Kathleen Picard, a Minnesota Member, has been awarded APTA’s 2012 Recognition of Legislative Commitment, an acknowledgement of her long-term dedication to advocating physical therapy legislation at the state level and years of work on behalf of MN APTA’s legislative efforts. MN APTA extends its congratulations for this well deserved award and thanks Kathleen for her work on behalf of PTs and PTAs in the state of Minnesota!

September New Professional Spotlight: Chad Morlock, SPT

What is your current setting?
I am entering my 3rd year of school in the University of Minnesota’s DPT Program. I will be heading into my clinical rotations starting this August and graduating in June 2013.

What are some special interests in your career?
I certainly plan to stay involved in the APTA in some shape or form. I have recently become a Key Contact and would like to continue this role. I am also interested in becoming a certified specialist in whatever area I choose to work in and would like to give back to the student life by teaching someday in some way.
How are you involved with MN APTA?
I have tried my best to become involved in more than one way. I am my class’s APTA Representative and am a SSIG member. I attend and present at conferences such as MN APTA Conferences, CSM, and student conclaves when I am able to. I have also recently had the opportunity to write an article on the behalf of the University of Minnesota's program for the MN APTA Newsletter, and also headed the MN PT-PAC Fundraising Challenge in which we were fortunate to win.

Why are you a member of APTA?
I believe in support of our profession, and I acknowledge the importance of advancing it. I also believe in doing my part, and to be a member is definitely a component of that for me. I believe it is important to be unified as a profession, and the APTA allows us to do this. It helps us move forward towards a brighter future and stay connected with the profession and clinicians.

What other hobbies or special interests do you have?
I have always been a sports person and love being active, running, and enjoying the outdoors in any way possible. Spending time with family and friends is always great and doing anything to have fun and get some good laughs in the process.

October New Professional Spotlight: Anne Johnson, PT

What is your current setting and what are some special accomplishments in your career?
I currently work for Mayo Clinic Health System in a general practice setting primarily seeing patients in the outpatient setting although I do see acute care and swing bed patients. We see a wide variety of patients: orthopedic, geriatric, neuro, vestibular, aquatics, and sports medicine. I have always had a special interest in sports medicine and enjoy working with athletes. However, I enjoy the variety of patients that I am able to see in this setting. In our hospital, I have taken the lead on implementing the FIM (Functional Independence Measure) as an outcome measure for our swing bed patients.

How are you involved with MN APTA?
As a student I jumped on the opportunity to be involved in our association. I started as a "fly on the wall" at the Consumer Access Board meetings and am now a Co-Chair of our Athletic Training workgroup, a member of our State Government Affairs Committee and a member of the Grassroots committee. I represented our MN chapter at the APTA State Government Affairs Forum in 2010 and 2011. I try to attend the Spring and Fall APTA conferences when able.

Why are you a member of APTA?
Through my exposure to APTA in a variety of levels I have found that it truly allows me to network within our profession. I thoroughly enjoy my involvement with the government affairs committees as we have the ability to actively make a difference to improve the access to physical therapy services for our patients. It is a great way to promote our profession. This was evident in this legislative session when our association led a coalition to meet with DHS regarding MA prior authorizations and the prior...
authorization requirement was lifted for the rest of 2012. This is one example of the success of our association efforts.

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

I enjoy traveling, skiing, running and time outdoors. In my time at St. Kates, I had the opportunity to travel to the Dominican Republic. I studied Spanish in Chile for a semester while at St. Benedict's and traveling to the DR was an excellent capstone to merge physical therapy and my Spanish language skills. I look forward to continuing to use this Spanish with patients here in MN and in future service trips abroad.

**Fall New Professionals Networking Event Draws Over 50 Participants**

MN APTA’s fall new professional event at Fulton Brewery in Minneapolis drew over 50 SPTs, SPTAs, PTs and PTAs and over 30 guests! Participants enjoyed socializing with fellow students and new professionals from different programs and workplaces. Attendees also had the chance to meet with MN APTA board and committee members to learn about ways to get involved with MN APTA.

New professional networking events are hosted by MN APTA’s membership committee. The membership committee works to enhance membership benefits and to recruit and retain members. Throughout 2012, the membership committee has been working to create new benefits for members that may be of particular interest to new professionals. We are excited to bring you the following new benefits for 2013:

- Student members are invited to attend one MN APTA conference free of charge during their academic careers
- 1st year professionals are invited to attend Spring and Fall Conference at 50% of the normal cost
- 2nd-3rd year professionals are invited to attend Spring and Fall Conference at 40% of the normal cost
- New professionals are invited to attend their first CE with MN APTA at the student price
- Everyone is invited to join legislative day at no cost
- MN APTA will be launching an online learning center offering category 1 CEUs
- MN APTA will be hosting a Leadership and Professional Development Workshop at Spring Conference to help you advance your career

If you have an idea of how to enhance membership, we would love to hear from you! Please email Annie Krapek at amkrapek@mnapta.org and consider joining the membership committee.