We are looking for new contributors! If you are interested in writing an article or have an idea for an article topic, please contact Mary at mlweddle@stkate.edu.

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A Message from the MN APTA President
Submitted by Craig Johnson, PT (APTA Member Since 1978)

I wish everyone a Happy New Year! The New Year gives us all a chance to put some things behind us and have a new start in other areas. For the chapter, there was the move to a new suite in the same building on Raymond Ave. The staff now has a larger space in Suite 205 with real windows, a larger meeting room, bright fresh paint, all for less per square foot than our previous space.

Prior to the New Year, the board did some planning within the strategic plan for 2012. Now the challenge is the execution of the objectives of our strategic plan. There are four pillars to our plan:

• Standards of practice: Physical therapists and physical therapist assistants will practice in accordance with APTA’s core values of professionalism: accountability, altruism, compassion / caring, excellence, integrity, professional duty and social responsibility.

• Scope of practice: MN APTA will lead the profession in advocacy efforts related to scope of practice. Statutory, regulatory, and health care policy barriers to accessing physical therapy will be minimized and wherever possible, eliminated.

• Payment for physical therapy services: MN APTA will advocate for payment policies in the public and private sector that reflect the value of physical therapy.

• Professional development: MN APTA will provide opportunities for life-long learning to enhance independent clinical decision-making and to support evidence-based practice.

These pillars are built on a solid foundation of members, a highly functional website, adequate financial resources, and an effective working staff and board. At the November board meeting, board members adopted the 2012 objectives of the strategic plan and the 2012 budget. Along with members, Tim Adams and Annie Krapek will play a significant role in implementing the objectives of the strategic plan.

These are large and long-term goals for the chapter. None-the-less, it is important to reassess from time to time whether the goals are still important and worthwhile to achieve. We should be thinking 3-5 years out when setting our large pillar goals. We then need to align our mission to the vision. That is exactly what the board is doing during February and March; assessing our vision, mission, and pillar goals. Your role as a member is to bring to the attention of board members your questions, ideas, and suggestions for our long-term goals.

MN APTA’s new office allows the Board to meet at our office rather than offsite.
PT Community Mourns the Passing of Richard (Rick) DiFabio

The University of Minnesota and the greater PT community mourn the passing of Richard (Rick) DiFabio, PT, PhD on December 9, 2011. Rick (known as “Dr. D” by his students) was on faculty in the U of M PT Program for over 20 years and distinguished himself as a wonderful teacher and researcher. He also served many roles in the APTA over the years, including Editor-in-Chief of the Journal of Orthopaedic and Sports Physical Therapy (JOSPT), and member of the Editorial Board of the Physical Therapy Journal. He was a past recipient of the Golden Pen Award, a prestigious award for scientific publication in physical therapy; received Excellence in Research awards from the Geriatric and Orthopaedic Sections of the APTA; and was a past Fesler-Lampert Chair in Aging Studies.

While Rick was passionate about research, teaching, and his students, he was even more passionate about his family. We extend our deepest sympathy to Rick’s wife Betsy and his daughters Danielle and Diana. Rick’s family is directing all memorial gifts to establish a scholarship in his name for future

New Professional Spotlight: Ali Fisher, SPT

Submitted by Beth Stegora, PT, MN APTA Membership Committee (APTA Member Since 2006)

Ali is starting her third year at St. Catherine University’s DPT program. She has special interests in health, fitness, and disease prevention in pediatric and adult populations, as well as manual therapy and neurological rehabilitation. Outside of school, Ali’s hobbies include fitness activities such as running, biking, and weight training. She also enjoys learning to cook healthy, and traveling with friends and families. Ali maintains an active membership in the APTA in order to promote the benefits of physical therapy as a frontline health care option while helping move our profession towards being leaders in health promotion, not only rehabilitation.

Do you know of a stand out PT/PTA student or New Professional that is a member of the MN APTA? Nominate them for our Student/New Professional Spotlight! They will be featured on our website and in the MN APTA Moving Forward newsletter. Email Annie at info@mnapta.org to nominate someone today!

Opportunity for MN-licensed Physical Therapists! Volunteer at The Center for Victims of Torture in St. Paul: help survivors rebuild their lives; work with refugees from around the world; train leaders to promote healing within their communities. Flexible schedule. Contact Erin Mehta for more information: (612) 436-4841 or visit www.cvt.org.
State Government Affairs Committee Sets Legislative Priorities
Submitted by Kathleen Picard, PT, State Government Affairs Committee Chair (Member since 1977)

With the start of the 2012 Minnesota Legislative Session on January 24, the MN APTA State Government Affairs Committee has identified three specific areas of advocacy that are important to our members and to the patients we serve.

First, ACCESS to physical therapy services. While the public enjoys expanded access to our services as a result of our 2008 direct access legislation, there is still work to be done. There still remain regulatory barriers and financial barriers to the access to PT.

For example, some insurance plans still require a physician’s order for physical therapy and included in those plans are state funded plans. The recently published study on cost comparing physician initiated episodes of care vs. direct access episodes of care will be of help in support of our efforts.

Pre-authorization processes can also be an access barrier and as the MN Department of Human Services develops their online process, MN APTA stands ready to assist so that medically necessary services can be provided to Medical Assistance patients. Until then, however, that prior authorization process has posed some challenges for physical therapists. The response time has grown beyond the statutory 10 working days to, in some cases, months and there is great concern over what will happen on March 1, when there will no longer be thresholds after which prior authorization is required. Instead all services will require prior authorization.

As the state develops the Health Insurance Exchange, we continue to monitor the workgroups with an eye on the essential benefit set, the extent to which physical therapy services are covered and what barriers might exist to access.

An example of financial barriers to our care is the co-payment requirement for every visit. Given that our services are provided on a multiple-visit basis, the co-payments have become cost-prohibitive for some patients. As a result patients are unable to complete their episode of care and in some cases wind up costing the system more as they receive more expensive services as an alternative.

Our second priority is REIMBURSEMENT for physical therapy services. Rehab is an easy target and we continue to monitor legislation that may signal an increased pressure for payment reductions.

The Injured Golfer: Clinical Implications and Considerations with Maurie Steinley, PT, DSc, SCS, CGFI- 3/3, University of Minnesota

This course is designed to familiarize participants with a working knowledge of the biomechanics of the golf swing, including its relationship to injury. Participants will be able to provide sports specific rehabilitation to the injured golfer and approach this highly motivated group of patients with new found confidence.

Register today at www.mnapta.org or 651-635-0902.
Physical therapy services are currently subject to a 3% reduction under Medical Assistance as a result of the budget negotiations in 2011. Depending on the February forecast, we may be looking at further cuts. The MA workgroup, headed up by Peter Polga, is focusing on assuring access for patients enrolled in state programs. We are also monitoring the transparency issue within the PMAP program under which the state pays HMOs to cover MA services. There has been a recent push for an independent audit of these programs.

Our Workers’ Compensation workgroup is watching the MN Medical Services Review Board (MSRB) for any legislation that would impact access and reimbursement under that system. Dan Wolfe serves on the Worker’s Compensation Advisory Council whose role is to advise the MSRB.

An additional area of reimbursement concern is under the No-Fault auto insurance system. In response to what the auto insurers believe is abuse by some providers, legislation has been considered that would fix reimbursement at the same rate as for Workers’ Compensation. Physical therapists would be subject to this policy and we expect further consideration of this type of legislation in 2012.

MN APTA’s third area of legislative priority is LICENSURE. There are a couple of bills that we have been watching; however, Health Committee chairs are signaling that they do not want to hear bills that are controversial and that haven’t been worked out by all interested parties.

Last session, the MN Chiropractic Association (MCA) introduced SF1065/ HF1334, a bill that redefines chiropractic. MN APTA opposes the bill based on concerns that the language would restrict physical therapists from practicing mobilization/manipulation. The bill was heard but was then laid aside without a vote.

The MN Athletic Trainers’ Association (MATA) has a newly drafted bill that they hope to move forward this session. It will provide for licensure and an expanded scope of practice that would allow athletic trainers to treat non-athletes. MN APTA has met with MATA several times over the past few years to discuss our concerns and we continue to oppose what we believe to be an expansion of their scope of practice without a commensurate expansion of their education and clinical training.

Understanding the Pros and Cons of Implementing Patient Reported Outcomes into your Practice with James W. Matheson, PT, DPT, MS, SCS, OCS, CSCS

The Centers for Medicare & Medicaid Services, HealthPartners, and other third party payers are requiring the use of patient-reported outcome measures (PROs) such as FOTO, Oswestry Disability Index, Lower Extremity Functional Scale, and Disabilities of Arm, Shoulder, and Hand (DASH). This 3 hour evening lecture course will provide participants with a comprehensive understanding of how PROs can be integrated into clinical practice to assist clinical decision-making and improve patient care as well as meet requirements. Attendees will leave the course with new ideas and examples to immediately begin integrating PROs into their clinical practice.

Register today at www.mnapta.org or 651-635-0902.
Change in MN Work Comp Provider Fee Levels Effective October 2011

Submitted by Barb Baum, PT (APTA Member Since 1961)

Reimbursement in the Minnesota Workers Compensation system changed as of October 1, 2011. The system is still based on Medicare’s RVU system, which assigns a relative value unit (RVU) to each treatment procedure or modality. Maximum fees continue to be based on the multiplication of the assigned RVU and the conversion factor; however, as noted below the conversion factor has increased.

“Pursuant to M.S. § 176.136, subd. 1a, which provides for annual adjustments of the medical fee schedule conversion factor by no more than the change in the statewide average weekly wage, the conversion factors will be increased by 2.4 percent, which is the percent change in the producer price index for offices of physicians (PPI-P) developed by the U.S. Department of Labor, Bureau of Labor Statistics.”

“Effective Oct. 1, 2011, (for dates of service from Oct. 1, 2011 through Sept. 30, 2012) the new conversion factors will be:

- Medical/surgical services $68.84 (2010 factor was $67.23)
- Pathology/laboratory services $40.55 (2010 factor was $39.60)
- PM & R services $53.61 (2010 factor was $52.35)
- Chiropractic services $54.76 (2010 factor was $53.48)"

Reimbursement for physical therapy services will now be calculated with the relative value of a modality or service multiplied by $53.61.

It should be noted, that although the RVU system is used, the Minnesota Department of Labor & Industry (DOLI) medical fee schedule does not use the current relative values used by other reimbursement systems. Note that the fee schedule in effect prior to Oct. 1, 2010 used 1998 Medicare RVUs. In 2010, pursuant to Minn.Stat. § 176.136, subd. 1a, paragraph (h), the Department of Labor and Industry (DLI) updated the workers’ compensation medical fee schedule by incorporating by reference the 2009 Medicare RVUs. At that time the conversion factors for all four categories were adjusted to maintain the same overall payment for services covered by both sets of RVUs.

Oct. 1 of the indicated year

For additional information regarding the DOLI medical fee schedule, contact the Workers’ Compensation Division of the Minnesota Department of Labor & Industry at 651-284-5005 or 1-800-DIAL-DLI (1-800-342-5354) or via e-mail (DLI.Workcomp@state.mn.us). See also the State Register for an official notice of the medical fee schedule conversion factors.

Questions? Please contact Barbara Baum, PT, at bbaum1@fairview.org

1. Minnesota Department of labor & Industry COMPACT publication August 2011, page 9 (For a copy go to COMPACT at www.doli.state.mn.us/wc/Compact.asp)
Clinical Question: The diaphragm muscle (DIAm) is the primary inspiratory muscle and arguably the most important skeletal muscle in our body. Have you ever wondered if there is evidence to support exercise to strengthen the DIAm? Is there evidence to support training intensity?

Evidence: Inspiratory muscle training (IMT) uses an external airway resistance device to increase the DIAm workload and the depth of inspiration. Enright, Unnithan and colleagues published two randomized control trials on IMT in healthy individuals in the Physical Therapy Journal. The first report in 2006 demonstrated that an 8 week program of IMT at an 80% maximal effort significantly increased maximal and sustained inspiratory pressures, diaphragm thickness, vital and total lung capacity and exercise capacity. Control subjects did not change from baseline. The second report in 2011 demonstrated that an 80% effort was superior to 60% and 40% efforts in terms of increasing inspiratory pressures and lung capacities, although 80 and 60% efforts both demonstrated improved work capacity and power output.

In patients with inspiratory muscle weakness, such as those with COPD, there is also solid evidence supporting IMT. A meta-analysis that included 32 randomized control trials investigating IMT training in patients with COPD (Gosselink et. al., 2011) ascertained that in patients with COPD, IMT significantly improves maximal inspiratory pressures, endurance time, 6- or 12- minute walking distance, and quality of life. Since the diaphragm muscle may be at a mechanical disadvantage with the hyperinflation changes that commonly occur with COPD, strengthening of accessory inspiratory muscles may be a contributing factor for improvements seen with IMT.

Clinical Decision: In healthy individuals and in individuals with inspiratory muscle weakness, the literature supports the use of IMT for improving inspiratory muscle strength and exercise capacity.

Enright SJ, Unnithan VB, Heward C, Withnall L, Davies DH. Effect of high-intensity inspiratory muscle training on lung volumes, diaphragm thickness, and exercise capacity in subjects who are healthy. Phys Ther. 2006 Mar;86(3):345-54.


Join MN APTA for our Spring Conference! You'll have a chance to earn over 16 Category 1 CE's, visit our sponsors at the exhibit hall, and network with your colleagues at the Celebrating Our Profession Awards Dinner and Toasting our Profession Wine Reception.

- The Art and Science of Medical Screening for Physician Referral with Bill Boissonnault, PT, DPT, DHSc, FAAOMPT
- Benign Paroxysmal Positional Vertigo (BPPV): Etiology, Testing and Treatment with Becky Olson-Kellogg, PT, DPT, GCS
- Payment Reform Models: A Panel of Payment Reform Experts, with Craig Johnson, PT, MBA, Kathleen Picard, PT, and Erin Simunds, PT

Register today at www.mnatpa.org or call 651-635-0902.

Call for Posters: Spring 2012 MN APTA Conference

We encourage clinicians, students, and faculty to submit a case report or research project for poster presentation at the MN APTA Spring Conference. Posters are to be presented on April 21st, during the conference. All submissions are welcome, including work that has been presented at other conferences, symposia, or inservices. Deadline for abstract submission is 4:00 pm Friday, March 2, 2012.

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

University of Minnesota Students present their poster at the 2009 Spring Conference.
Access to Physical Therapy: Our Message on Legislative Day
Submitted by Kathleen Picard, PT, MN APTA Government Affairs Committee Chair (APTA Member since 1977)

More than 75 legislative visits were held during MN APTA’s 2012 Legislative Day on January 31. This advocacy event drew over 160 PTs, PTAs, and student PTs and PTAs, who carried the association’s message that access barriers to physical therapy should be eliminated.

Representative Gottwalt, Chair of the House Health and Human Services Reform Committee, addressed the crowd during the briefing session. He talked about removing regulatory barriers so that people can receive physical therapy and avoid other more costly and sometimes ineffective treatments.

Gottwalt’s comments provided the backdrop for the key message that participants delivered in their meetings with their own legislators. MN APTA’s handout for legislators on physical therapy and health care reform supported our position that physical therapy should be considered an essential benefit and that access to that benefit should not be arbitrarily limited by administrative, financial, or regulatory barriers.

Legislative Day participants were also briefed on the two licensing bills that MN APTA is watching. The athletic training licensing bill provides for treatment of non-athletes for “injury and illness” and is opposed by MN APTA. The chiropractic scope of practice bill continues to concern MN APTA because as written, the bill would restrict physical therapists from providing manual therapy including manipulation.

The MN APTA State Government Affairs Committee thanks those who helped plan and execute the 2012 Legislative Day and those who attended the event. The Committee will continue to move our access agenda forward during the rest of the legislative session and our success depends on the participation of many. Stay tuned as our message gets traction among legislative leaders.

Welcome New MN APTA Members!
The MN APTA is a professionally stimulating association of over 1,700 members. There’s never been a more important time to be a member of MN APTA. We are recognized as a leader in national and state-level health care debates and we need the power of your voice in the regulatory and legislative arenas. Your APTA membership benefits your career as well as your profession — an invaluable investment that will pay dividends throughout your future.

We welcome the following new members who joined APTA in November and December 2011!

Ashley Bjornstad
Janelle Evens
Jacey Leann Janz
Megan Koelln
Lauren Kratzer
Jessica Myhre
Brandon Voth
Minnesota PT Program Accepts 2011 Challenge to Raise Funds for Research

Submitted by Natalie Fuerst, SPT, Marquette University

A total of 63 schools participated in the 2010-2011 Pittsburgh-Marquette Challenge to raise a record-setting $264,270 in support of the Foundation for Physical Therapy. The Foundation wishes to thank the students of Mayo School of Health Science for their strong support of the Challenge, and to congratulate them on earning an Honorable Mention for raising over $3,000. Since the Challenge began in 1989, students have raised a grand total of $2,075,200!

The annual Marquette Challenge is a grassroots fundraising effort coordinated and carried out by physical therapist and physical therapist assistant students across the country to support the Foundation for Physical Therapy’s mission of providing funding opportunities to outstanding physical therapist researchers. In the latest funding cycle, funds raised by the Challenge helped fund a $40,000 research grant to Daniel White, PT, MSPT, ScD, of Boston University for his research “Factors Associated With Day-to-Day Walking in Older Adults With Knee Osteoarthritis.” The Challenge also partially funded a $40,000 research grant to Cory Christiansen, PT, PhD, of University of Colorado Denver for his research “Improving Function After Total Knee Arthroplasty With Weight-Bearing Biofeedback.”

The first place winner of the 2010-2011 Pittsburgh-Marquette Challenge was, for the second straight year, the University of Pittsburgh, whose students raised $56,800. We welcome back the University of Pittsburgh as co-host for the upcoming 2011-2012 Challenge. For the second year in a row, Sacred Heart University won second place, raising $31,560. Emory University students raised $23,820, earning the third place title this year.

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

Students of all PT and PTA programs in the state of Minnesota are encouraged to support the Foundation for Physical Therapy and physical therapy research. To learn how you can support the Challenge, please visit the Foundation’s Web site at www.Foundation4PT.org, or email Marquette student coordinators at mallory.fetta@marquette.edu or amanda.theisinger@marquette.edu. Contributions for the 2011-2012 Pittsburgh-Marquette Challenge should be submitted by April 12, 2012.

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

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Today's Athlete and the Science of Sports Performance Meet on the Field with Stacy J. Ingraham, Ph.D., 3/31, Bethesda Hospital

Through lecture and discussion, this course will address the specifics of today’s model of training athletes and the relationship of injury causation and return to action.

Register at www.mnapta.org or call 651-635-0902.