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 mlwedde@stkate.edu.

In This Issue

Message from the President - Full Steam Ahead!

A New Way of Doing Things

Advocacy Efforts Result in Resolution of the MA Prior Authorization Delays as Session Wanes

MN APTA Takes on Capitol Hill

The Drugs that Our Patients Are Taking: What Don’t We Know?

Evidence in Action: Physical Therapy for Diabetic Peripheral Neuropathy

Member News
You will receive this message within weeks of the MN APTA Spring Conference. Conferences are a big part of the annual calendar of meetings for members. We are all busy in our work and family lives, but I encourage you to attend! I am pleased to announce the first (in my memory) “Payer Panel” as part of the Friday afternoon presentation on: “Payment Reform Models: A Panel of Payment Experts”. We will have executives and chief medical officer representatives from the large Minnesota health plans. Payment models are changing from a quantity-based to a quality-based model. The financial incentives to provide care are moving us towards providing therapy services at a lower total cost of care and doing so in collaboration with multiple providers. This includes the reporting of patient outcomes as a tool to demonstrate the value of our services. This very important presentation should not be missed by therapists in any setting or at any level of service or management within your organization.

We always hold our annual membership meeting at Spring Conference. This year we are asking members to come on Saturday morning, April 21 to attend the meeting in which we will vote on a position statement of MN APTA on “The Role of Physical Therapists and Assistants in Health Care Reform”. We need a quorum of between 135-140 members in attendance so we can take action on this position statement. The rest of the meeting will include a financial report and reports about key committee work.

A huge benefit of APTA membership is the large discount given to members when they attend chapter sponsored continuing education (CE). I want to congratulate the work of the CE Committee and the Conference Committee for bringing high quality speakers to present on timely topics. The first three CE’s in 2012 were very well attended! Check out the list of courses at www.mnapta.org to find out what you might be missing!

The MN APTA board of directors has focused its work on large issues in the chapter, which includes the strategic plan. The board recently re-adopted the vision, mission, and pillar goals that we enacted in 2010. The board will review these parts of the strategic plan annually to set a long term direction for the chapter for the next 3-5 years. In June the board will set objectives and metrics for the following year. This keeps the plan relevant and helps move us forward throughout the year. Foundationally, we have adopted a policy governance model that has provided clearer understanding of roles, responsibilities, delegation of tasks, and the freedom to consider and act on larger issues of the members and of the profession in Minnesota. See Article on Governance in the newsletter.

Legislative activity has been lead by a passionate, knowledgeable and skilled team of your members, lobbyist, executive director and staff. A huge thank you goes out to attendees of Legislative Day in February, our legislative prime contacts and everyone else that took personal lobbying action on our issues. See the legislative article in this newsletter.

We have many activities going on within the chapter. Each one is lead by passionate volunteers who go the extra mile for each of us. There is great momentum building towards reaching our annual objectives and moving forward towards our larger pillar goals of the strategic plan. Your involvement is needed for us to continue to sustain this momentum and move us forward on this exciting journey.
The board began to restructure its governance in 2010 as a new chapter president and new executive director came on board in July 2010. The impetus for restructuring was a desire to become the most effective board that we could be by using a governance model that 1) more clearly defined the roles of the board, executive director and staff, and committees; and 2) would facilitate the delegation of operations in order to achieve our strategic plan. This is not to say that previous leadership had missed the mark, but rather to say that the changes in health care have required that a professional association be even better organized, well managed, and clear about its goals and objectives. This is why we changed our model of governance.

The board adopted a thorough, well-documented and historical governance model called “Policy Governance” which was developed by John Carver. We were fortunate to use the services of a consultant who was the executive director of a non-profit organization that as a beta-site, helped develop this model thirteen years ago. Through a series of meetings that were initially internally lead and then brought to closure during a half-day retreat lead by the consultant, we were able to work through the process of crafting and finally adopting policy statements. These statements are about our vision, mission and goals (the ends we are trying to achieve) and about the roles, responsibilities, and proper delegation (the means) needed to achieve the ends.

The results thus far have been absolutely refreshing for the board and executive director. The immediate effect on the board was to move the work of the board to a higher level where it can lead the chapter in setting the goals and direction, without having the majority of its time spent on micromanaging operational issues or trying to problem solve in areas where it may not have expertise. This could not have happened without hiring a very capable executive director who came from a non-profit organization that operated in much the same way as we were moving towards.

Adopted “ends” statements are mainly about the strategic plan and “means” statements are mainly about executive limitations, board delegation and board governance process. In each of the “means” areas the policies are written from general to specific and based on the level of control the board wants to have in a particular area. For instance, the concept of executive limitations states that the executive director’s role is to lead the chapter in achieving its strategic plan by whatever means he/she chooses that do not violate the law, our professional ethics, values and standards, or that do not follow proper business practices. There are additional statements found in about seven other subgroups within the executive limitation policies. In other words, the board sets the goals and direction, and the executive director leads the charge and answers to the board. This means the executive director is given great freedom to act as long as he/she does not violate any of the policies.
What is the role of the board? A governing board is accountable for the organization it over-sees and it exists on behalf of MN APTA members who morally own the organization. Thus the board is accountable to the members of MN APTA and obtains its authority from the members as stated in the bylaws. The board is responsible to see that MN APTA achieves its strategic plan and over-sees the means it uses to achieve that plan. What is the role of committees? Committees work on the actions and operations necessary to achieve the strategic plan of MN APTA. As volunteer members on a committee of MN APTA, we are all to work effectively and efficiently to achieve MN APTA’s goals and objectives.

Our board governance restructuring is like many changes we face - it has its challenges and opportunities, its delights and misgivings. I hope you have found it fresh, new, and exciting. The board, staff, and committees have accomplished much and continue to work on many things. I encourage you to talk with board members this April. You will find them eager to listen to you at the chapter booth or anywhere at Spring Conference!

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**RehabCare has Great Opportunities Available for Physical Therapists and Physical Therapist Assistants!**

We currently have openings across the state of MN including:

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<td>Fergus Falls: up to $38/hr</td>
<td>Fergus Falls: management potential</td>
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For more information, go to [www.rehabcare.com](http://www.rehabcare.com)
Advocacy Efforts Result in Resolution of the MA Prior Authorization Delays as Session Wanes

Submitted by Kathleen Picard, PT, State Government Affairs Committee Chair (Member since 1977)

Wait times for prior authorization of physical therapy services for MA patients have been leaving patients without timely care. Since July 1, 2011, when a new state vendor started providing the prior authorization services under contract with the MN Department of Human Services (DHS), wait times for a decision increased well beyond acceptable time frames and have left patients without the benefit of a covered service.

Polling a cross-section of our member practices, MN APTA found that at one point nearly 1000 Physical Therapy patients were waiting for care, some of them up to 90 days and more. Those numbers include what we found and do not account for those we did not hear about.

The story was no different for members of the MN OT Association (MOTA) and the MN Speech and Hearing Association (MSHA). Together they had similar data.

MN APTA met with the Department separately about this issue and on several occasions we were joined by the other two associations. After nine months the problem was not resolved. The vendor was been able to comply with the contractual performance standards and Minnesota MA patients were left to wait.

On behalf of the patients we serve, MN APTA felt compelled to go to the legislature. Randy Morris, our lobbyists led a growing coalition of providers in drafting language and lobbying the issue. An amendment was put on the House Omnibus Health Finance Bill on Thursday, March 29. Offered as an author’s amendment by Representative Jim Abeler, the language provided for an automatic authorization if a decision was not made within 10 working days. That’s when the Commissioner of DHS got involved.

The coalition of providers was invited to meet with the Commissioner to discuss the problem. At the end of the meeting we were told that among other measures to alleviate the problem, PT, OT, and SLP would no longer be required to pre-authorize treatment under MA through the end of the year.

MN APTA considers this action by the Commissioner a significant outcome of our advocacy efforts and underscores the benefits of belonging to the association where membership dues help support the office functions and allow us to contract with effective lobbying services.

MNAPTA has had a longstanding working relationship with the Department of Health Services and sought only to enforce the contract terms between DHS and the vendor. In fact, members representing MN APTA, joined by MOTA and MSHA, meet on a regular basis with DHS policy consultants and managers. Together work is done to support providers. An example of a project that was taken on by this group was the revision of Chapter 17 of the MA provider manual that was completed in 2010,

Now the group is discussing some potential changes in the processes around MA, including the certification of the Plan of Care and the 30-day limitation on the lifetime of a physician’s orders or referral.

So at the time of this writing, the Minnesota Legislature is a flurry of activity as it attempts to adjourn ahead of the constitutional deadline.
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In addition to the Prior Authorization, MN APTA continues to monitor another important issue to the practice of physical therapy under Minnesota’s No Fault Auto Insurance system. The ongoing effort on behalf of the auto insurance companies to address what they see as fraud and excess was primarily being negotiated with the Minnesota Chiropractic Association. When agreement was not reached, two discussion sessions was moderated by Representative Abeler and included all parties to the issue. A future session is scheduled in a good faith effort to reach consensus.

Randy Morris been vigilant, tracking and monitoring nearly fifty bills that were of interest to us. They included bills having to do with health care reform in its many stages here in this state, a bill impacting the work of our licensing board, and an insurance mandate bill to cover orthotics and prosthetics, and the two bills that involve policy and finance related to the Department of Human Services.

The two main licensure bills of interest to MN APTA are dead for this session. The athletic trainer’s bill was introduced but no action was taken before the policy committee deadline. Likewise there was no action on the chiropractic bill that was laid over last session.

MN APTA was very active and responsive this session, thanks to the team effort our lobbyist, our chapter staff and our grassroots members who participated in our Day on the Hill and those who stepped up to make contact with legislators when asked to do so.

Our advocacy team invites you to find us at our booth at Spring Conference where we’ll be on the web identifying members’ new legislative districts and potential representatives. In case you haven’t noticed, there’s an election coming up!
Last summer, approximately 1,000 physical therapists, physical therapist assistants, and students of physical therapy rallied on Capitol Hill before meeting with their members of Congress as part of PT Day on Capitol Hill 2011.

MN APTA will again join forces with our colleagues from across the country to promote the physical therapy profession on Capitol Hill as part of the 2012 Federal Advocacy Forum.

While in Washington DC, this dedicated group of professionals, including three DPT students, will be advocating on behalf of three very important pieces of legislation that affect our profession and our patients. Those pieces of legislation include:

1. Physical Therapist Student Loan Repayment Eligibility Act (H.R. 1426/S. 975)
3. Protecting Student Athletes from Concussions Act (H.R. 469)

In order to increase the strength of our message and gain support for these pieces of legislation, we need your assistance. Below are a few basic facts about each bill which will provide you with a better understand of how they would impact you practice.

**Physical Therapist Student Loan Repayment Eligibility Act (H.R. 1426/S. 975)**

- Bill would encourage physical therapists to practice in rural and urban underserved communities by helping to address the rising student loan debt load of physical therapists who might otherwise not be able to afford to practice in these areas
- Addresses the health needs of 7 million underserved individuals across the nation through the National Health Service Corps (NHSC)
- NHSC Loan Repayment Program will help to ensure that underserved communities have adequate access to important physical therapy services
- There are many underserved communities in Minnesota. A map showing underserved areas can be found at: [http://www.health.state.mn.us/divs/orhpc/shortage/](http://www.health.state.mn.us/divs/orhpc/shortage/)
- In 2010, the average total costs of tuition and fees for a doctor of physical therapy student attending an in-state public, out of state public, or private institution are $43,600, $78,500 and $84,800, respectively. These costs do not include undergraduate education.
- The maximum loan repayment through the NHSC Loan Repayment Program during the required initial two-year contract period is currently $30,000 each year. These payments can make a big difference in addressing the student loan debt load of physical therapists.
- This is a ZERO cost bill for Congress. What this means is that the money is already allocated to the National Health Service Corps. Physical therapists are just not included as one of the health care providers eligible to receive the NHSC money.
Medicare Access to Rehabilitation Services Act of 2011 (H.R. 1546/S. 829)

- Bill would repeal the cap on therapy services for Medicare beneficiaries once and for all.
- If Congress does not take action by December 31, 2012, the therapy cap will again be imposed on Medicare-covered physical therapy, occupational therapy, and speech language pathology services.
- Not all patients exceed this cap, but Medicare beneficiaries who have a stroke, have Parkinson's disease, osteoporosis or multiple episodes of care are very likely to need more treatment than the cap allows.
- We cannot force our patients to choose between learning how to walk and learning how to talk. It is not fair to force those who need care the most to choose between paying out of pocket for care, traveling to an outpatient hospital setting, or, the most likely scenario, forgoing care altogether.

Protecting Student Athletes from Concussions Act (H.R. 469)

- Bill would allow for the development of concussion management guidelines that address the prevention, identification, treatment, and management of concussions in school-aged children.
- In this legislation, physical therapists are explicitly listed in the definition of "health care professional" involved in concussion care management and removal-from-play/return-to-play decisions, along with physicians, nurses, certified athletic trainers and neuropsychologists.

Now that you know more about the bills, it is time to take action and support your fellow APTA members in promoting the physical therapy profession on Capitol Hill!

Here are some ways to get involved:

- Call your members of congress at 202-224-3121 and ask them to sign onto the three bills listed above. Ask the operator to direct you to your member of congress.
- Utilize APTA’s Legislative Action Center & Patient Action Center which can be found under the Advocacy tab on APTA’s website.
- Tell your story. Contact MN APTA’s chapter office and contribute your story on how any of these pieces of legislation will have, or have had an impact on your practice and on patient care.
The Drugs that Our Patients Are Taking: What Don’t We Know?
Submitted by Joan Purrington, PT (APTA Member Since 1989)

Facts
Americans spend more money on over the counter medications (OTC) and supplements than the total cost of health care each year. Most of the OTC medications and supplements are out of pocket expenses and are not covered by health care insurance. Many of the OTC medications and supplements do not require Federal Drug Administration (FDA) approval. In 2010 pharmaceutical companies spent nearly $4 billion on television, print, and radio ads. FDA requires a drug company to list the most serious side effects in the ads. The next time you are watching your favorite television show, count the number of advertisements for drugs during the time before, during, and immediately after the show. Do you catch (hear or see) the side effects listed for the advertised drug? What is it that physical therapists do not know about the impact of the prescribed and OTC medications and supplements that our patients are consuming?

Check This Out
Below is a quiz for you to take to check out your knowledge of some of the drugs that are often advertised in the media. Match the drug with the possible side effects. The answers to the quiz are listed below. The majority of the information for the quiz was taken from the March 2012 issue of Consumer Reports.

Drugs
A) Advair Diskus 250/50 (salmeterol/fluticasone): asthma COPD
B) Chantix (varenicline): smoking cessation
C) Cialis (tadalafil) and Viagra (sildenafil): erectile dysfunction
D) Cymbalta (duloxetine): depression, generalized anxiety disorder, chronic osteoarthritis or lower back pain, fibromyalgia, diabetic neuropathic pain
E) Humira (adalimumab): rheumatoid arthritis, plaque psoriasis
F) Lipitor (atorvastatin): high cholesterol
G) Lyrica (pregabalin): fibromyalgia, nerve pain due to diabetes or shingles
H) Reclast (zoledronic acid): osteoporosis

Possible side effects
1) Severe fungal infections, tuberculosis, cancer
2) Weight gain, swelling in the hands and feet, severe allergic reactions, suicidal thoughts and actions
3) Severe or fatal worsening of asthma symptoms, reduced adrenal function, decline in bone density, weakened immunity, slowing of growth in children
4) Muscle pain or weakness, liver damage, kidney problems and/or kidney failure
5) Strange or vivid dreams, increased risk of heart problems, increase in hostility, agitation, depressed mood, suicidal thoughts
6) Severe kidney problems: loss of bone in jaw; extreme pain in bones, joints, and muscles

Answers to the quiz: A3, B5, C7, D8, E1, F4, G2, H6
Questions and More Questions!

Physical therapists are responsible for obtaining information about the medications that our patients are taking. There are questions that we need to have answered to ensure the safety of our patients. Do you have answers for the following questions for each of your patients?

- What medications are you taking including all over the counter (OTC) drugs and supplements?
- Why do you take the medication?
- What is the dosage that you are taking for each drug?
- When do you take your medications?
- Do you take all the medications that are prescribed for you?
- Do you take the medication with food?
- Do you ever take medications prescribed for someone else?
- Do you ever give your medication to someone else?
- Do you use out dated medications?
- Do you keep taking medication after the physician states that you no longer need it?
- Do you ever just stop taking medication because you do not think that you need it any longer?
  - Patients with a diagnosis of high blood pressure often stop taking medication when the individual believes that he/she no longer has high blood pressure. This is a red flag and should be followed up on with the patient and physician.
- Do you take alcohol when using your medications?
- Do you notice anything different about your body after you take your medication? If you do, what do you notice and how long after you have taken the medication do you notice a change?
- Does that medication that you take help you?
- Did the physician prescribe all of the medications?
- Does the physician know all of the medications that you are taking?
- Did more than one physician prescribe your medications?

Education

Look up medications that you are not familiar with that your patients are taking (including OTC and supplements). Learn the adverse effects of the medications along with the adverse interaction effects of taking multiple medications. Teach your patients about medication safety. Contact the physician when you have concerns regarding your patient and possible adverse reactions. At each appointment, review the patient’s chart and note changes in medications. Listen and observe your patient for hints about changes in their body they are experiencing that may be due to medication.

Encourage patients to obtain their medications at one pharmacy so that the pharmacist can teach and guide the patients regarding their medications. Pharmacists often recognize when there may be a problem with the prescribed medications and dosage.

Encourage your patients to keep, update, and carry with them a list of all drugs that they are taking (including OTC and supplements). Work with patients’ families to assist them with safe medication administration for your patients.

Physical therapists working with physicians/providers can educate their patients about non-medication strategies for some conditions.
The Drugs that Our Patients Are Taking Continued...

Resources
http://www.fda.gov/ForHealthProfessionals/default.htm?
utm_source=fda&utm_medium=website&utm_term=ForHealthProfessionals&utm_content=Hpro&utm_cam
paign=HealthProf
http://www.mayoclinic.com/health/red-yeast-rice/NS_patient-redyeast
www.ConsumerReports.org (March 2012 issue)

Evidence in Action: Physical Therapy for Diabetic Peripheral Neuropathy

Reviewed by John Schmitt, PT (APTA Members since 1986) and the MN APTA Research Committee

**Background:** With the growing epidemic of diabetes in the US, physical therapists need to be aware of common complications and potential treatment options. Diabetic peripheral neuropathy (DPN) affects up to 70% of patients with diabetes. Symptoms may include numbness, paresthesias, pain and sensitivity to touch. Local nerve damage is associated with diminished reflexes, position sense and balance, leading to increased fall risk.

**Clinical Question:** For a patient with diabetic peripheral neuropathy, are physical therapy interventions effective to improve balance and reduce fall risk?

**Evidence:** In the July/September 2011 Journal of Geriatric Physical Therapy, local Minnesota authors reported on the results of a systematic review on the effectiveness of physical therapy to address balance deficits for patients with DPN. An exhaustive search of CINAHL, EMBASE, Medline, and the Cochrane Review databases yielded 6 relevant articles, of which only one was a randomized controlled trial. Interventions included Monochromatic Infrared Energy (MIRE), vibrating insoles, exercise, and use of a cane. Study quality was assessed by two independent raters using the Delphi criteria. Studies were of low or moderate quality, with 3 out of the 6 studies achieving a score of 4 or higher on the 9 point Delphi scale. Overall there was insufficient evidence to confirm or refute any particular intervention. The strongest evidence, labeled “fair” by the authors, supported the use of lower extremity strengthening and balance exercise to significantly improve functional balance measures compared to a placebo controlled exercise group in a non-randomized cohort study.

**Clinical Decision:** There is a dearth of studies on the effectiveness of physical therapy interventions for balance deficits for patients with DPN. There was a “fair” level of evidence for lower extremity balance and strength exercises which is consistent with clinical reasoning for patients with DPN.

New Professional Spotlight: Nicholas Maiers, PT
Nicholas currently works for the Sister Kenny Rehabilitation Institute in an outpatient sports and physical therapy center affiliated with a community critical access hospital as the lead acute care therapist managing primarily orthopedic patients. He is particularly interested in the neurophysiological pain sciences and how we can best manage pain. Additionally, he has a strong desire to develop his manual therapy skills and integrate them with a functional/movement based approach. Nicholas is the chair for the MN PT Political Action Committee (the sole fundraising organization aimed at securing and advancing the physical therapy profession in the state of Minnesota) and a member of the State Government Affairs Committee. He is a member of MN APTA because he believes it is an important way to keep our profession relevant and moving forward.

New Professional Spotlight: Megin Sabo, PT
Megin is a Doctor of Physical Therapy and licensed massage therapist that graduated from the University of Mary in Bismarck, ND May 2011. She works with Reynolds Rehab specializing in dance medicine and performance arts physical therapy, with a strong emphasis in manual therapy. Her doctoral research, "Physical Therapy Strategies for Dancers: A Qualitative Study", was presented at the 2011 Performance Arts Medical Symposium and the International Association of Dance Medicine and Science Conference, and has been conditionally accepted for publication in the Journal of Dance Medicine and Science. She recently became the MN State Rep for the APTA Sports Section Resource Network and has been an active APTA member since 2008 encouraging her clinical instructors to maintain membership in the APTA. Her personal interests are lindy hop swing dancing, her new found love of running, and traveling to as many places as life allows.

New Professionals Networking Event
PaddleBoarding
June 3, 2012

Join your fellow students and new professionals for an afternoon of paddleboarding in Minneapolis! This casual event is geared toward connecting new professionals. You'll have a chance to meet PT/PTA Students and PT/PTAs in their first 5 years of practice. The day will include a relaxed paddleboarding trip around Lake Calhoun and Lake of the Isles, followed by a picnic lunch.

Registration:
$15 for APTA members | $25 for Non-members
Register at www.mnapta.org or 651-635-0902
New Professional Spotlight: Justin Vandenberg PT

Justin’s practice setting is in outpatient neuro and orthopedics. He began his career working between acute care and inpatient rehabilitation. He was recently hired and transitioned into the role of clinical lead therapist for outpatient neuro degenerative diseases at Mayo Clinic. Justin sees a vast array of patients with neuro-degenerative diseases as well as general musculoskeletal problems. In the recent past, he has been working on the development of an outpatient neuro degenerative disease clinic along with several other members of the Physical Medicine and Rehabilitation team. When not in the clinic, Justin enjoys golfing and playing basketball as well as spending time with his wife and family. Being a member of the APTA provides a great opportunity to stay connected with the profession at both a state and national level.

Sympathy

MN APTA extends its condolences to the family and friends of Anne Crystal who has passed away. She was a member of MN APTA from 1995-2001.

MN APTA also extends its condolences to the family and friends of Jan Flint who has passed away. She was a member of MN APTA from 1977-2012.

True Experts are Closer Than You Think

Congratulations and thanks to Chris Kramer and Bill Koch as contributors to the Low Back Pain: Clinical Practice Guideline, recently published by the Orthopedic Section of APTA. JW Matheson was a reviewer of the Guideline, and has been a reviewer on the previous guidelines published by the Orthopedic Section. Thanks for the devotion you have to your area of expertise!

Thank You

Thank you to the University of Minnesota PT Program for raising $500 for the MN Physical Therapy PAC. Your contribution is a great asset in helping to move Minnesota forward.

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 January and February 2012!

Shawna Anderson Ryan Buus Benjamin Gerads Melissa Haehnel Kristy Hall Erica Hengel Amy Ilioff Michael Kenitz Molly Madich Terri Munson Tara Rushing Courtney Scherr Jenna Shaughnessy Monica Shoberg Macailia Warner