



**December 2004**

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It's hard to believe that it has been a year since I started my term as President of NHAPTA.

Time has flown by as we have been busy with our many tasks and accomplishments throughout the year. There have been many victories by APTA in this past year. I believe the biggest gain has been in the "incident to" CMS regulation. For those not familiar, a physician could bill for physical therapy services under Medicare if the service was provided in his/her office. This was true no matter who provided the service. A CNA level person, a receptionist, or office worker could perform a modality, teach someone basic exercise and charge it as a physical therapy session under the Medicare regulations. This has been changed so services which are billed by a physician's office as physical therapy need to be provided by a physical therapist (qualified as having a license) or some specifically identified practitioner such as a nurse practitioner.

In New Hampshire we have been protected from these circumstances since the state legislature passed our new practice act. The practice act only allows physical therapists and physical therapist assistants working under the direction of a physical therapist to provide (and therefore bill) for physical therapy services. This means that no other person regardless of training can bill services they provide (even under the direction of a physical therapist) as physical therapy.

In New Hampshire, we have seen a revitalization of the Chapter. Our November elections were contested with qualified candidates. Our volunteer base grew over the year and continues to grow. Gone are the days when most of the committees were made up of 1 person who was the chair and also a board member. Groups of people are working together to accomplish more and

## The President's Column

Marc Lacroix PT, MBA, NHA  
President, NHAPTA

more for all of us as physical therapists and physical therapist assistants.

Even with this good news, there is much work left to be done. Our profession continues to fight against others who would infringe on our profession or place arbitrary limits on our scope of practice. Therapy is enjoying a resurgence as shown by the number of job openings and staffing shortages. Superficially this is good as therapist and assistants can command a higher level of salary. However we need to realize many insurances have not provided a rate increase in years. This combined with salary pressures threatens the profession. We need to band together and work to demonstrate our worth as a profession and that our unique body of knowledge and skills makes us valued and needed. This challenge takes on many fronts and the profession needs even more volunteers to insure its future, our future.

The best thing you can do to insure your future is to remain or become members of APTA. When we meet with legislators, government officials and insurances it is embarrassing to admit APTA members are less than half of the licensed therapists and assistants in New Hampshire. We need you to remember and educate non members the true value of APTA is not in the subscriptions, not in the discounts on materials but in the knowledge you can gain by accessing the resources of APTA and in the advocacy which occurs through APTA. Give yourself a holiday present - join APTA. As always, I am available to meet with any group of therapists and or assistants to discuss issues pertinent to the profession. I will continue to discuss current issues 15 minutes before the start of the evening lecture series and of course at Chapter meetings.

Lastly I am wishing everyone peaceful and joyous holidays for you and your family.

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**SCHEDULE**

February	Legislative Bulletin / Calendar of Events
April	Nominations Call / Caucus Reminder / Academic Update Benefits of Membership (Circulation: All PT/PTAs in NH)
August	Reports: Caucus / National / HOD / Legislative

## Two Scholarships Awarded to NH Men

Concord, NH 11/6/04 History was altered today for the first time in a quarter century when men received both scholarships awarded annually by the New Hampshire Chapter of the American Physical Therapy Association. Named the Mary F. Stanton Scholarships, after a N. H. pioneer in the field of physical therapy, and awarded to a student in the final year of a physical therapy, or a physical therapist assistant program, a male student has on occasion been one of the two winners. Today's ceremony reflects the growing numbers of men entering the profession.

Ian T. McDonald, 26, of Goffstown, will receive a Masters in Physical Therapy in June, 2005 from Franklin Pierce, whose physical therapy program is lodged at the Concord satellite site. McDonald worked as a physical therapist assistant and chose to pursue an MPT, the present entry level degree, and hopes, ultimately, to earn his doctorate in the field.

Christopher A. Moore, 40, of Dunbarton will receive his PTA from Hesser College, Manchester in June of 2005. An Air Force retiree, Moore demonstrated superior abilities throughout his twenty year career, and was recognized as Non Com of the quarter, or year, in numerous units wherein he served. While seeking advice and direction for his retirement, he spoke with representatives of many fields. "I was particularly struck by every (physical therapy team's) dedication to their patients and their profession. A major part of my professional goal is to be part of a team with such dedication and focus."

Information about the scholarship program is sent to all northeast schools of PT/PTA in February and is available from the office after that time.

The American Physical Therapy Association represents 70,000 physical therapists, physical therapist assistants and students.



We ran out of space before we could give you the election results. Be sure to check the column to the left in the February issue for the up-to-date holders of the offices listed.



**American Physical Therapy Association  
New Hampshire Chapter**



## KNOW THE LAW!

*Susan Abis, PT*

It is important in our everyday lives to know the law of the state we practice in as it relates to our professional lives. I am certain that many of us have copies of our "practice act"- yet this may be filed someplace we can't quite remember- or worse yet, in the "circular" file. It is critical that all of us know the law as it relates to our daily practice.

Senate Bill 65 was passed in 1993 by our legislature- an act requiring health care practitioners to disclose an ownership interest in any entity to which they refer patients. This bill mandates "any health care practitioner who has an ownership interest in an entity providing diagnostic or therapeutic services, or receives compensation or remuneration for referral of a patient to an entity which provides diagnostic or therapeutic services, shall disclose such interest and the total number of referrals of those diagnostic or therapeutic services to the division of public health services regardless of whether such referrals are provided to the health care practitioner's entity or any other entity. Further, any entity in which a health care practitioner has an ownership interest shall report quarterly to the division the total number of referrals that such entity has received AND the total number of referrals by each individual provider, who shall be identified by name, having an ownership interest in such entity. This information is to be disclosed on a form provided by the division and is due 30 days following the end of each quarter."

So, what does this mean? In short, any practitioner referring patients to an entity which he has any financial interest in (direct or indirect), is mandated by law to disclose the number of patients referred there vs other facilities for every quarter of the year. They are also required to clearly disclose this ownership interest in writing to the patient on their prescription and offer them an alternative referral if they so choose. The facility to which they refer is ALSO mandated to disclose to the state the total number of referrals each practitioner with ownership interest has sent on a quarterly basis. Any therapist with an ownership interest in a facility which has physician interest (direct or indirect) is therefore mandated to comply with this law and report such interest as well as volume of referrals on a quarterly basis. Forms for this reporting may be obtained from the Department of Health and Human Services in Concord.

House Bill 1377 was passed in 2002 by our legislature- revising our practice act and eliminating our old 2 tiered licensure system to be one of direct access for all physical therapists. One of the elements of this new practice act was that ALL physical therapists are responsible for informing patients in writing of any financial relationships which might exist with their referring practitioner. Specifically, HB

1377, section 328-A:15, section III states "If a referring practitioner is deriving direct or indirect compensation from the referral to physical therapy the physical therapist shall disclose this information in writing to the patient prior to the initial evaluation. It says the "physical therapist" in this bill- not the owner of the practice. Clearly, it would benefit all of us to know whether these relationships exist, but more importantly to comply with this statute of our practice act.

Where does APTA stand with all of this? Clearly, the issue of physician ownership of physical therapy services is an age old battle and this is not an "illegal" practice in our state (provided you comply with the above disclosure laws); however, the ethics are clear in referral for profit. Further, our Association Guide for Professional Conduct has been recently amended to address this issue- stating in Section 4.4/ B " A physical therapist shall not offer or accept kickbacks in exchange for patient referrals."

In summary, if you choose to engage in physician ownership (directly or indirectly via "kickbacks"), be aware of and comply with the laws governing this practice in the arena of disclosure- both to the patient as well as to the state of your practice statistics. Also, be aware, that APTA has strong ethical position statements regarding this issue, and potential enforcement of disclosure violators may come to your doorstep someday!

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Take from August issue.



### Newsletter to publish electronic edition

Take notice, members, you are reading the penultimate edition of the Newsletter in its hard copy version. The February edition will be the last.

But do not despair. In 2005 the Newsletter will emerge as an electronic publication that you can read on your computer screen at any time you find convenient, or download in whole or part to serve as a reminder of something you might want to do.

But, how will you know, you say, when to look for it? Easy! That's one of the many features of the Chapter's Member-only Listserv (that we have been gently urging you to subscribe to for the past three years).

Listserv also contains emergency information about snow dates for evening courses, bills in Concord or Washington of close concern to PTs and PTAs, changes in Medicare rules and interpretations that affect your practice. Furthermore, it's interactive! You can ask your colleagues for guidance on complex issues of treatment; or seek referral for patients moving to parts of N. H.

Subscribing is easy, and free. Navigate to the Chapter Website via Internet Explorer, it's [www.nhapta.org](http://www.nhapta.org) and click on the Listserv button at the top center of the homepage. Scroll down past two columns of instruction to the three choices "To subscribe..." "To send a message..." and "To Unsubscribe..." Click on "To Subscribe..." and you will get an email form. List your true name, APTA # and then Send. We can not verify membership status from an email address. You will shortly receive a "welcome" email, then just navigate to the homepage, Listserv, and click on "To send a message..." sit back and wait for mail.

## PTA Education

The mission of PTA education is to graduate individuals who are knowledgeable, self assured, adaptable, and service oriented. (1) PTA education is designed to meet both the needs of the institution, as well as the clinical setting. The Normative Model of PTA education is a collaborative effort from experts to establish performance expectations and objectives for PTA education. It is “a collective voice” for our profession.

The purpose of the Normative Model for PTA education is to;

Reaffirm the philosophical and educational underpinnings of the profession’s commitment to PT education

Serve as an expression of the profession’s preferred prerogatives, perspectives, and values relative to PTA education

Provide a consensus-based mechanism for existing, developing, and future physical therapy education programs to evaluate and refine curricula, integrate aspects of the profession’s vision for education into their mission, and offer a foundation for the development of innovative programs and curricular designs that reflect institutional mission

Minimize the risk of achieving a level of programmatic diversity in physical therapy education that could fragment confuse and leave uncertain the professions identity (1)

In most institutions, the curriculum is based on 65 credit hours earned over two years, of which 9 credit hours, the PTA program has no control (computers, English, etc). The remaining, lecture and lab courses encompass general education such as math, physics, biology, chemistry, life-span growth and development, applied sciences including anatomy and physiology, kinesiology, pathology, and neuroscience, technical and clinical education with performance expectations in communication, cultural differences, clinical problem solving, data collection, plan of care and interventions, outcome measures and administration.

In the area of technical education, a PTA must demonstrate a level of competency in the areas of; use of modalities, wound care (excluding sharp debridement), manual therapeutic techniques such as soft tissue mobilization, neuromuscular techniques, ROM, including peripheral joint mobility and integrity, gait and assistive device training, self-care and home-management, including training and instruction in ADLs , posture and body mechanics, airway clearance, therapeutic exercise including aerobic capacity, RPE, dyspnea scales as well as pain scales.(the above is not a complete listing of PTA competencies, see the Normative Model of PTA education for a more comprehensive overview).

Appropriate delegation of PT interventions, will be determined by the PT using such criteria as the PTA’s skill, clinical experience and continued **training**.

(1) Normative Model for PTA education, version 99

## Genesis ad

### Spectacular CSM 2005 Events to Benefit the Foundation

Bring your dancin’ shoes and get ready to party! Celebrate with the *Cardiovascular and Pulmonary Section* at their 30<sup>th</sup> Anniversary “Pearl Jam” Dance at the Hilton Riverside Grand Salon, on Wednesday, February 23, 9:30 pm–1:00 am. Part of the proceeds will benefit the mission of the Foundation.

Mardi gras over? Never! Keep your dancin’ shoes on and join the *Sports Physical Therapy Section’s* “Mardi gras Krewe of Karnival” and Silent Auction at the Hilton Riverside Grand Ballroom A & B, on Thursday, February 24, 8:00 pm – 1:00 am, to keep the fun going! Meet the King and Queen of Karnival, catch beads while watching the parade, dance and celebrate while bidding on sports memorabilia and other great auction items. The proceeds will benefit the Foundation’s Clinical Research Network.

Each event is \$20 per person (\$10 per student) and tickets may be purchased through the Service Center at 800-999-2782, ext. 3395 or during CSM at each Section’s booth and at the door. Come support the Foundation while having a great time celebrating with your friends and colleagues!

# Advanced Recognition for the Physical Therapist Assistant

Stacy L. Thrall, PTA, BA

As the APTA moves toward vision 2020, the physical therapist assistant continues to play a strong role in providing high-quality services to our patients/clients. While the vision statement and APTA policies and positions support the preferred relationship of the PT/PTA team, over the years there have been complex and confounding issues related to the role of the assistant. In an attempt to move our association forward on such matters, the APTA along with the National Assembly undertook a study to determine the role of the assistant to include education level, scope of work, and employment and market factors.

Upon completion of a web-based survey and numerous statewide forums, the final report of the study, The Future Role of the Physical Therapist Assistant (RC 40-01) was presented to the 2002 House of Delegates (HOD). The report reflected a consensus from both PT and PTAs on PTA advancement beyond entry level skills. "There was recognition that the assistant becomes more proficient with experience, and that he/she continues to learn skills beyond entry-level education. There was also agreement that a credential or certificate would be the most appropriate way to recognize this advanced proficiency." (1)

As a result, the APTA formed a task force to develop the policies and procedures for the implementation and evaluation of the process of recognition. This task force (for which I had the privilege of being part of) was comprised of five members, two physical therapist assistants, two physical therapists and a member of the Board of Directors.

The goals included developing a process to recognize (and re-recognize) advanced proficiency, and to develop a selection process, and marketing strategy for the newly developed program. The benefits include enhanced patient care, external recognition from the APTA, re-enforcement of life-long learning and documentation for marketing yourself. A final report (that passed unanimously) was submitted to 2004 HOD.

Physical therapist assistants are now eligible to receive advanced recognition at the national level in the areas of: **cardiovascular/pulmonary, musculoskeletal, neuromuscular and integumentary systems**. Recognition includes a certificate and lapel pin, and public announcement in the Voice, PT Magazine, and at APTA Annual Conference.

Application packets can be submitted on-line and must be received by **February 1<sup>st</sup>** and **August 1<sup>st</sup>** of each year. **Applications are now being accepted for recognition at the 2005 HOD.** Questions regarding the application process should be directed to Janet Moffitt Crosier, PT, MS Associate Director, Professional Development 1.800.999.2782 ext. 8514 or janetcrosier@apta.org.

(1) The Future Role of the Physical Therapist Assistant (RC 40-01). (2002). Report to the 2002 House of Delegates.

## Annual Honors

Seven Board members and a surprised guest were honored at the Chapter's annual meeting, Nov. 6.

Retiring from the Board of Directors, but ready to serve on a committee: Catherine Gilbert, PT MS.

Patty Larkin-Upton, PT MS, seeking election as Treasurer after one year on the Board.

Judy Thackaberry, MPT, seeking election as Secretary, after a partial term on the Board.

Laurie Clute, PT MS, seeking a seat on the Board after two terms as Treasurer.

Josh Brooks, MPT, seeking a second term on the Board after chairing the PT Wellness Workout.

Stacy Thrall, PT BA, seeking a second full term as PTA Liaison.

Mary K. Blevens, PT, concluding three years on the Nominations Committee, 2004 Chair.

In a break with tradition, the Chapter recognized Marci Hendrick, SPT of the Franklin Pierce MPT program as Outstanding PT Student of 2004 for her efforts in organizing the FP student body to participate in the PT Wellness Workout.

Congratulations to all!