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The President's Column

Susan C. Abis, PT
President, NHAPTA



It can't seem possible that a little over a year has passed since the fateful day of September 11, 2001. We all have our stories to tell of that day, waiting to hear news- even receiving bad news of loved ones who may have perished in the events of that morning. Like our parents' stories before us of Pearl Harbor and even the day President Kennedy was assassinated, we will all have vivid memories of the events of September 11- where we were, who we were with, what we did.

In healing our nation, many would say we have come together as a country and become united in our cause. Anyone can see the flags in windows, on cars, adorning homes and flagpoles everywhere- where there were none before. A fond memory for myself last September was of listening to the football games at our local high school (I live very near), and hearing the band play the national anthem- followed by a recorded broadcast of "Proud to be an American"- to which the entire stadium would sing along loudly and proudly.

Many would say that while the events of September 11 were horrific to say the very least, they

have done little to unite our country.

Still others feel that the current conflict in Afghanistan has done little to further our country's agenda in the war on terrorism. Some are concerned about the financial impact that the war will have on our economy- while others are concerned that if we do not continue to address our war on terrorism, the economy will not improve. Does anyone agree about the state of our country?

What about our profession? Have we become united in our goals over the past year or not? The answer is unclear to me at this time. Nationally, APTA membership stood at 62,376 members at the end of August of this year. While this represented a 1.83% decrease in overall membership, there was a .72% increase in PT membership. On a state level, APTA membership stood at 363 overall members at the end of August- an overall 6.20% drop from August of 2001, while PT category increased 5.08%. Unfortunately, PTA membership dropped 16% over the past year. In addition, we sustained major losses in student membership as Notre Dame closed its doors.

What are we in agreement about?

(Continued on page 5)

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SCHEDULE

February	Legislative Bulletin / Calendar of Events
April	Nominations Call / Caucus Reminder / Academic Update Benefits of Membership
August	Reports: Caucus / National / HOD / Legislative
December	Election Results / Annual Meeting Report

Paperless Communication

by Jim Bradley, APR

The day is here, members, when “techies” and tree huggers have something in common to celebrate. Your NH APTA has been working on upgrading our communication methods for several years, and sees light at the end of the tunnel.

Pressed, as are most volunteer organizations, to seek more and more ways to reduce costs, we recognize that e-mail is a highly efficient and relatively cheap means of communicating.

When we began using e-mail to send “Susan Sez” we cobbled together a system that would do the job, which it did, but for the growing list of members’ names that preceded the message.

Now we have a way to eliminate that nuisance: a professionally designed Listserv that will enable any message to be broadcast to each member’s e-mail address without the aggravating long list of names.

Moreover, members can use the service at will. Post a position opening, query an interpretation of rules, seek suggested treatment options, locate a physical therapist in another part of the state for referral. The uses are limited only by the imagination of the user. And it’s free! It’s a service to members.

There is also a special listserv for non-members that is not “interactive.” We can inform them of storm cancellations of courses, courtesy messages from the Board of Allied Health Practitioners, bills both in Concord and Washington, DC that they should back or oppose, for the good of the profession.

It starts with your initiative: go to the Chapter website on Internet Explorer: www.nhapta.org and click on the Listserv navigation button, top right of the home page. On the Listserv page, scroll down past the two columns of instruction to three choices:

To Subscribe... (click here*)

To send a message...

To unsubscribe... That’s it. Your click* will trigger a membership check and you will receive an e-mail welcoming you. After that, any message from the Chapter will look like an e-mail just to you. As more and more members join the NH APTA Listserv, we will eliminate them from the old process, and long lists will end. It’s in your hands!



CHIEF DELEGATE REPORT

Marc M. Lacroix, PT, MDA, NHA

This is the time of the year when RCs begin to be discussed and formatted in preparation of bringing them to the House of Delegates in June. An RC is similar to a bill passed in Congress. It can make a statement of a position which APTA would take on almost any subject. Last year, there was an RC which was not heard on wanting APTA to take a position on stem cell research. An RC which was heard was for APTA to support physical education in public schools. This is not earth shattering but if the school which your child attends wants to cut back PE for budget reasons, you can point to the benefits of PE in schools and be backed by your professional organization. That is way cool!!!!!!

With this in mind, I would love to hear from anyone who believes APTA should take a stance on an issue. Perhaps APTA has already taken a stance and I would be happy to research it and to go over it with you. What are you passionate about in your professional life? How can APTA support that passion? This is the time to dream of what can be in the future. This is the time to think, "If I would make this better, it would be good". What is it that you want to make better? Your job? Your profession? The health care system? Let's work together using the resources of APTA to take a step in the right direction.

In this page, the results of the election held Nov 2 are reported. I am offering you an opportunity to give us, your board, some direction in goal setting for the year 03. Often we feel so out of control with the 'system'. This is your chance to regain some control over the environment. All it takes is for you to call or email and get involved. Help us help you to set the course of therapy. My telephone and email numbers are elsewhere in this newsletter. Please do not hesitate, contact me today.



NH CHAPTER 2002 ELECTION RESULTS

As voted at the annual meeting, November 2, 2002

These individuals assume office 1 Jan 2003.

SECRETARY: Patty Larkin-Upton

TREASURER: Laurel Clute*

DELEGATE: Beth Swanson*

BOARD OF DIRECTORS:

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Stacy L. Thrall*

NOMINATING COMMITTEE

Jennifer Corbeil
Mary K. Blevens
Denise N. White

* Incumbent

< Feldenkrais 1/4 Ad >

National Legislation of Local Interest

Charles S. Evans, MPT

Until I agreed to take on the role of Vice-President from Eric Morin, I must admit that issues of pending legislation seemed far away and confusing, what with all those numbers and titles that didn't mean anything to me. What I find, now that I'm supposed to be paying attention, is that there is a lot of legislation that is **very** important to all of us. I've tried to break this down to language that I can understand (I have not been completely successful) from the information I could find. The problem with placing this in the newsletter is that in a way, I am preaching to the choir. What we as members need to do with our non-member colleagues is to pass on this information and point out that there is value to membership above and beyond the continuing education offerings. This is also an infomercial for people who would like to serve our greater community by being on the Government Affairs committee. We need help.

Stark II

Named after the congressman who introduced the original bill. Prohibits physicians from referring patients on Medicare and Medicaid for "designated health services" to clinics in which they have a financial interest. APTA argued against weakening this law, and called for stronger language attempting to remove the "in-office ancillary" exception. The new regulations have been issued as an interim final rule. They are divided into two phases. The Centers for Medicare and Medicaid Service (CMS) stated that the new rules were focused on controlling referrals that might result in abuse, while trying to avoid blocking effective treatment.

\$1500 Therapy Cap

APTA is supporting the repeal of the cap on physical therapy and speech therapy services. There was a 2-year moratorium of the cap on PT services, which was extended until January 1, 2003. There has been legislation introduced in both the Senate and the House (S. 1394, HR 3834) to "repeal the cap". The APTA successfully lobbied to have a repeal of the cap included in the 2003 Budget Resolution.

Physician Status Under Medicare for Physical Therapists

A bill has been introduced in the House of Representatives to eliminate the physician referral under Medicare. This is H.R. 3363 (S. 2386). The APTA has been working on obtaining direct access in all 50 states. As you all know New Hampshire passed legislation which became effective July 1, 2002 giving PTs direct access and doing away with the 2 tiered system. The American Association of Orthopaedic Surgeons is opposed to this legislation on the grounds that PTs are not qualified to diagnose patients for those services provided by PTs.

Medicare Payment Policies

The APTA opposes the Medicare requirement that PTs be in the same room with PTAs they are supervising in the private practice setting. The proposed physician fee schedule kept the in-room supervision rule based on an analysis, which the APTA believes to be inaccurate. Congress required a report of the effect of the "in-room" supervision of PTAs on the therapy cap, which the APTA objected to, fearing it might give CMS a reason to lower physical medicine codes when PTAs were involved with patient care. The language was retained despite the objection.

The CMS issued AB-00-14, a document about the Prospective Payment System (PPS) for outpatient rehabilitation. This document answers questions about outpatient therapy policies and guidance regarding coding.

Billing – one unit of therapy, according to AB-00-14 is equal to or greater than 8 minutes but less than 23 minutes of care. Two units are equal to or greater than 23 minutes but less than 38 minutes and so on. Billing for

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The President's Column

(Continued from page 1)

One of the most frequent responses I hear on this issue is the value of APTA membership. There is NO other organization which is out there addressing the ongoing needs of the physical therapist. Whether it be lobbying efforts on a national or state level, answers to clinical questions, educational seminars, networking opportunities via annual meeting/ CSM or the internet, reimbursement issues, and even help with insurance and investment issues. Still others among you would disagree saying APTA offers little for your dollar and that these goals would be accomplished anyway without our help.

What has APTA done lately? A primary concern for all remains the status of the Medicare Give Back Bill. Incorporated into this bill is legislation to remove the \$1500 cap once and for all, as well as direction for a cost analysis to study effectiveness of direct access to physical therapy. Unfortunately, Congress has adjourned at this time with no passage of Medicare reform legislation. Fortunately, a lame duck session will likely be undertaken to address this; however, the price tag of the entire legislation is \$41 billion. The White House has expressed that they wish for it to be \$15 billion. Unfortunately, many cuts will therefore need to be made. Without passage of legislation, the moratorium on the \$1500 cap will expire 1/1/2004- and we will be looking at situations similar to those in 1997 when it first became a reality. Job and wage cuts were epidemic in medicare settings- not to mention the cost to our patients who were unable to access our services! Please take a moment to call your legislators and express how dire the consequences of the \$1500 cap are to patients and therapists alike. Include personal stories of just how patients have been impacted by this arbitrary cap.

What about on a local level? As I'm sure you're aware, our new practice act was signed into law and became effective on 7/1/02- effectively eliminating the old PTI/ PTII designations. We are now ALL PTs, and all of us have privileges of direct access- just like most other states. Physical therapy can now occur through direct access with ANY therapist, and can continue for up to 25 days – provided the patient is making progress (longer, if there is documented improvement). Many thanks to the Allied Health Board for sponsoring this legislation, as well as to its sponsor, Representative Pierre Bruno (Republican) of New Boston! Updated rules and regulations are still being worked on, and if any questions arise, the 2000 rules and regulations should be utilized in event of confusion. Although I have received 2 disagreeable emails regarding this legislation that it is “not necessary”, most have been grateful. I would encourage any of you with further questions regarding the practice act to contact the Allied Health Board. To reach them, go to vsoucy@nhsa.state.nh.us

It is with great relief that we welcome Franklin Pierce College into our physical therapy family here in New Hampshire. The college has adopted the physical therapy program previously housed at Notre Dame in Manchester. I had the pleasure of meeting their new Dean, Bob Goddard this summer. Although he is not a physical therapist, he has extensive experience as an educator and has planned some excellent faculty and programming. Their new facility in Concord should be finished in the next few months, and APTA has been welcomed to utilize the space for meetings and/or educational forums. Bob has also expressed a desire to have practicing physical therapists possibly audit advanced clinical courses, with a benefit being CEUs for the therapist and exposure to a working PT for the students. I am sure that we all agree an active physical therapy program in our state is good for all.

Unfortunately, we said good-bye to Eric Morin this fall. Eric and his wife Melissa were both graduates of Notre Dame college, and Eric served for the past nine months in the capacity of NH APTA Vice President. He has relocated to Cape Cod, and will bring his experience and enthusiasm to the Massachusetts chapter. Best wishes to them both! Fortunately, we have the good luck of having Charles Evans step into his place. Charlie is a 2000 graduate of Notre Dame- although as a “non-traditional” student- having had several active careers in

The President's Column

(Continued from page 5)

the United States Navy, working at UNH, serving as a town selectman, and even having a cabinet making business! He brings his interest in animal physical therapy to the chapter, as well as strong background in government. Welcome to our new vice president!

In closing, while we have many areas where we can certainly become more united in addressing our profession and patients, we here in New Hampshire might actually be a little more unified than some. I wish you and your families good health and peace during the upcoming holiday season and New Year.



Congratulations!!

Laurel Clute, MS PT

Congratulations to Shelia Cardamone, PT, (Academic Coordinator of Clinical Education, at NH Community Technical College in Claremont), along with

Jim Smith, PTA program director at Naugatuck Valley Community College (CT) and Betsy Fuller, PTA program director at Becker College (MA). They were recently presented with the "Best Practices Hallmark Award for Excellence in Education" from the College Board, New England Community College Advisory Committee and the New England College Council.

These three educators presented a workshop in October as part of a conference on best practices and innovations at two year colleges. Their workshop, titled "Efficiency and Improvement Through Collaboration: The Benefits of a Multi-College Consortium", described the seventeen-member Physical Therapist Assistant Consortium of New England that represents all the PTA programs in the region. The presenters described the benefits of such a collaborative forum for sharing resources and expertise to enhance performance within common professional and academic areas.

Our congratulations go out to all of them!

Scholarship Winners Announced

Students from Gilford and Dover, NH, have been awarded the Mary F. Stanton scholarships in physical therapy for 2003 from the NH Chapter, American Physical Therapy Association.

Heather Bean, of Gilford, a student of Notre Dame College, completing her degree under the auspices of Franklin Pierce College, will receive \$1,000 toward her final year's tuition. She expects to receive a Master's degree in Physical Therapy in May, 2003.

Matthew Signorello of Dover, will receive \$500 toward his final year's tuition at North Shore Community College – Danvers, Massachusetts, where he expects to graduate in May 2003.

The Mary F. Stanton Scholarships commemorate a Manchester resident who was a pioneer in the field of physical therapy, and a founding member of the NH Chapter, APTA in 1949. The awards were announced at the Chapter's annual meeting at Southern New Hampshire Medical Center in Nashua on November 2.

< **Genesis 1/4 Ad** >

Annual Meeting—2003
Sn NH Medical Center—Nashua
Reports will be found throughout this issue.

Finding Time to Get Involved

Brad Thuringer, PTA

Your year's in PTA school was probably the most intense, grueling, and rewarding time in your life...at least it was for me anyway. How on earth did we have time for any other responsibilities? I know my wife had to take on most of the parenting responsibilities of our two daughters during the 2 years that I was in school. With that thought in mind, I ask how many of you responded as I, when approached by an instructor encouraging involvement in the APTA? I know many times, I started that I was just too busy. As a student I'll admit, I wasn't very active in the association either at the local or national level, read much of PT Magazine or surfed the APTA web site. I was just too overwhelmed with school, reading assignments and studying for exams. I, too, passed on attending many district and chapter meetings because of family commitments. But I did always say to myself, that once I'd graduate and find a job, I'd put more time into the association and get involved.

Does any of this sound familiar? Where are you at today in your association involvement, 1, 3, 6 or even 10 years since graduation? Are you involved in the one and only national organization that represents you as a physical therapist assistant?

Today, as a colleague and as a national leader, I want to remind you of your national organization, the National Assembly and its dedication to you and all PTAs.

The Beginning. The APTA's House of Delegates approved affiliate (PTA) membership in 1973. In 1989, the House approved assemblies as a new type of component within the APTA, hence creating the Affiliate Assembly of the American Physical Therapy Association. The mission of the Affiliate Assembly back in 1989 as well as today's National Assembly of Physical Therapist Assistants is to foster the personal and professional development and to meet the needs and interests of the physical therapist assistant. The past Affiliate and National Assembly leadership has done a remarkable job in advocating for the PTA, through policy making and developing the National Assembly into a well-structured organization. The National Assembly has also developed an outstanding web site that serves as the primary mode of communication between the National Assembly Board of Directors, PTAs and PTA students.

The Present. Today the National Assembly is an organization that is truly the voice of the PTA and this is much in thanks to past Affiliate Delegates to the House and the past and present Affiliate and National Board of Director's.

Every year during APTA's Annual Conference and Exposition, the National Assembly Board of Director's and the Representative Body of the National Assembly (RBNA) meets and discusses important issues for the PTA, the National Assembly and its future. Every PTA throughout the country should not hesitate to contact their chapter representative to the National Assembly (RBNA) if they have an issue they believe needs to be addressed. The National Assembly and RBNA is the voice of the PTA, and so it will remain, if you continue your membership, become active and participate in the process.

The Future. The future of the National Assembly and the Association also represents the future of our profession. As PTAs, we all must take an active role and constantly strive to improve our profession.

If you are uncertain about becoming involved at the national level, then start with your affiliate special interest group by serving on a committee or regularly attend meetings at the district or state level. Overall, there are multiple avenues through which you can become involved, and it is essential to take advantage of opportunities to help improve our profession at the local and national level.

I encourage you to find time to get involved. My life may not have slowed down much since graduating from PTA school six years ago, but I am at least striving to honor my word and initial intent by becoming more involved in the association.

Membership Pays Off

Marc M. Lacroix, PT, MDA, NHA

I have just finished attending the NHAPTA annual meeting in Nashua. Before the meeting I attended the educational class by Helene Fearon. She discussed CPT coding with billing and reimbursement. Throughout her discussion it was clear that her work along with APTA has made reimbursement of physical therapy continue to be profitable.

All of us who work in this field need to understand that despite the benefits physical therapy provides our patients few if any of us would be able to practice if we did not receive a paycheck at the end of the week. For us to receive that paycheck, we need our employers to be paid. This is almost always done by an insurance company. Insurance companies generally know how much they are going to pay in benefits in a given year. What is unknown from year to year is who is going to receive the money. Will it be MD specialists, hospitals, clinics, family practitioners, physical therapists, chiropractors, podiatrist, massage therapist, and many others.

APTA with people such as Helene leading the way has enabled physical therapy to receive their share of the pot. We often hear and see others who are trying to ride on the coat tails of physical therapist. This can include other recognized disciplines such as OT, exercise physiologists, Athletic Trainers and those more in the fringe such as massage therapists, kinesiologists, therapeutic touch clinicians. The reason is that APTA has been successful at securing reimbursement for its members and non members alike. It is becoming more difficult to accomplish this. The best way each one of us can help is to join APTA and for those who are members to renew on a timely basis.

Most of you will remember 4 years ago when physical therapists and assistants were being laid off in great numbers. Employment for the first time did not seem guaranteed. Wages and benefits were reduced. We now have seen the pendulum swing the other way. Each week there are numerous ads for physical therapist. In my experience of hiring therapists, salaries are on the rise. This has not been by chance. This is because of the work of APTA. Each time you cash your paycheck, you should take a moment and thank APTA. The best way to say thank you is to join.

< **Dellegrotte 1/4 Ad** >

Finding Time to Get Involved

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My question to you, how are you honoring your earlier intents as a student? Are you involved in the APTA? Have you been to a district or chapter meeting lately? Have you volunteered to assist on a committee? No one can answer that these questions but you, but now may be the time to fulfill your earlier desires. For the people you'll meet and the things you'll learn are priceless.

National Legislation of Local Interest

(Continued from page 4)

less than 8 minutes of treatment is not allowed.

Pre- and post- delivery services are not counted in determining treatment service time. In other words the clock starts when treatment begins, the patient should be in the treatment area for treatment to begin. The APTA has been working with a coalition of other associations to address any impacts of this policy.

The CMS has clarified the issue somewhat with the following statement “We generally consider time for set up activities that are part of the face-to-face encounter with the patients, such as patient positioning, to be countable. However, the time for activities typically done prior to face-to-face encounter, such as record review, telephone calls with the patient or family, are not of course, countable. We include these activities as part of the pre and post work.”

In 1998 the CMS considered revising the 30-day physician recertification requirement for outpatient physical therapy services to 60 days. Two physician groups objected and the proposal was rescinded back to the original 30 days. The APTA continues to work on revision of this policy and is working with the American Academy of Orthopedic Surgeons for their support in eliminating the 30-day requirement.

REIMBURSEMENT

Marc M. Lacroix, PT, MDA, NHA

The reimbursement committee has been active over the past quarter. We will be meeting with Anthem BX-BS the carrier for Medicare for most providers in NH. The results of this meeting will be posted in the next newsletter.

At the November Chapter meeting a motion was passed for the NH Chapter of APTA to meet with the common private insurer payors of physical therapy service. The purpose of these meetings will be to educate the payors in the policies of national APTA in terms of payment. This includes making certain that those who bill for physical therapy are actually physical therapists or physical therapists assistants working under the direction of a physical therapist.

In the Medicare program, there is suspicion that up to 47% of the CPT codes that are primarily utilized by therapists are billed by non therapists. How can this occur you may ask? It is because MDs are allowed to provide “physical therapy” incident to. This may be a receptionist/aide person who is providing an Ultrasound, Diathermy or some other modality. The statistics are staggering. When physical therapists provide therapy the most common procedure billed is therapeutic exercise followed by other hands-on therapy. When “physical therapy” is provided by a non physical therapists, the top 3 procedures billed are modality treatment.

I hope you are as outraged about this as I am. We need to educate our payors about what physical therapy is all about. The reimbursement committee needs your help. We need you to tell us which payors you would like us to contact and if you have a contact name at that payor to provide us with that contact name. A phone number or email would also be helpful. The reimbursement committee can be reached by contacting the NH office or if you would prefer, you can email me directly.

As I write this, the HCPC schedule has not yet been released. Once it is , we will see where physical therapy lies in terms of reimbursement for the year. We still do not have a moratorium on the \$1500 cap. This will have an effect on our patients and on our wallets. If the \$1500 cap is not lifted, we will once again see unemployment rise in our profession. This coming year will be a busy one for the reimbursement committee. We will keep members informed of important information via the listserv and also through this newsletter.

Continuing Education 2003

Evening Series; Jennifer Bottomley lined up for November

“A terrific schedule!” - Carla Bickford, PT **“How can they do it?”** - Sal Hepatica, SPT **“Once again, the Continuing Education Committee has pulled off a season to be proud of.”** - Jennifer Brooks, PT, MEd.

Comments coming in echo those of the Committee, since the announcement at the Annual Meeting of a new schedule for the popular, two-hour, two units evening courses held throughout the year at the Concord Holiday Inn.

Here's the lineup for 2003:

Jan 23 Cardiac Rehabilitation, Bill Dooley, PT and Mary Macklin, ARNP, MSN
Concord Hospital's Cardiac & Pulmonary Rehab Manager and the Heart Failure Program Coordinator talk Therapeutic Interventions and Home Exercise.

Feb 20 Tai Chi, Trudy Goldstein, PT
Founder and Director of QUEST Seminars, Trudy introduces the use of an ancient martial art to seek pain free function.

Mar 20 PT in Wound Healing, Rohini Moholkar, PT A Clinical Specialist at Elliot Hospital, Rohini is the only certified wound specialist PT in the state.

Apr 24 Aquatics Lecture, Ron Fuller, PTA, BA
The national aquatic specialist for HealthSouth Corp., Ron lectures internationally, teaches, and has written several articles on aquatic therapy.

May 15 Total Shoulder Replacement, David Edson, PT and John Nutting, MD
Orthopedics in the Sports Clinic at D-HMC keep Dr. Nutting and David Edson busy; their presentation on replacement will provide much to think about.

Sep 11 Animal Physical Therapy, Charles Evans, PT
NH APTA's vice president spent over eight years in the veterinary field as a technician; his views on the anatomical differences between quadrupeds and bipeds may surprise some.

Oct 16 Body Weight Support Gait Training, George Fulk, PT, MS

George was the Chapter's Research Chair; today he is an Instructor in the Physical Therapy program at Clarkson University, and is Primary Investigator for a pilot study on the effects of body weight support gait training on individuals who have neurological dysfunction.

All of the above courses will be held on Thursdays. Snow dates are arranged for January and February; be sure to subscribe (free) to the Chapter Listserv to learn of class night changes for winter storms.

Jennifer Bottomley, back by request

Jennifer holds a bachelor degree in physical therapy from the University of Wisconsin, and an advanced master's degree in PT from the MGH Institute of Health Professionals. She has a combined intercollegiate doctoral degree in Gerontology and Health Science and Service Administration as well as a second PhD with a specialty in Gerontology.

She has practiced since 1974 in acute care, home care, outpatient clinics and long term care facilities. She serves on advisory boards for the Office of the Surgeon General and the Office on Women's Health in the Department of Health & Human Services.

Jennifer is a nationally known speaker and educator, with research in areas of nutrition and exercise, foot care in the elderly, wound care, diabetes and PVD interventions, balance and falls in the Alzheimer's population.

She has authored many chapters and articles on geriatrics and co-authored a geriatric text.

February Newsletter Deadline
January 1st

“I can’t afford to belong to APTA. . .”

This is the most common “reason” non-members offer for not joining their professional organization. But it is not a reason, it is an excuse! Non-members benefit from the state and national lobbying efforts of APTA, which YOU, the members, pay for.

Non-members regularly call the office for information about the Practice Act, Ahb Rules and Regulations, and receive courteous, friendly service as an example of what they can expect as members. But YOU are paying for this service.

Some people are unemployed, or underemployed, and it may be the case that they can not afford dues on their present incomes—this is not the case for full time employees or for private practitioners.

The truth is: ONE CAN NOT AFFORD **NOT** TO BELONG. They are using you, the member, to pay for the benefits APTA negotiates for all. Think about this the next time you see a non-member “splurge” on some non-essential, which your hard-earned dues payment has made possible for them to afford.

Jim Bradley, APR (whose salary is paid by Members)