

NEWSLETTER



In This Issue...

Page 2
PTA Clinical Ladder

Page 5
Chief Delegate Article

Page 5
Reimbursement Article

Page 6
Celebrating 30 years



**See the information
on subscribing to the
Members' Listserv
on page 3.**



**Watch your mail for
information on a one
day course in
SI Dysfunction:
Concord, 11 April 03**

The President's Column

Susan C. Abis, PT
President, NHAPTA



The holidays are over- but the Christmas tree remains (complete with the menorah I forgot to put away), the Christmas dinner leftovers are still here, and there's still Christmas cookies (albeit, a little stale...). What have you accomplished this season? Found that perfect gift? Received just what you wanted from Santa? Pulled your back out on shoveling the Christmas day blizzard?

I actually accomplished something this past week (aside from eating too much...)- I watched White Christmas from start to finish without changing channels or falling asleep. You know the one- Bing Crosby, Danny Kaye, Rosemary Clooney? The setting is a picturesque inn in Vermont which is owned by the commanding officer of Bing and Danny from WWII- but is not succeeding due to the lack of snow and poor business. Well, everyone pulls together to get all the troops there for Christmas eve to show the "old man" they love him. A favorite scene for me is of Bing singing to Rosemary the song about "I fall asleep...counting my blessings...". What a better world it would be if we all could do that! Too often in these crazy times we hear complaints about the economy, the weather, our government, you

name it. We never stop to see the good in things at all!

A bright spot for me has always been my professional life. Seeing a difference in patients from day to day as a result of the care I've provided is always a blessing for me. I truly believe there is value in what we do- from the smallest patient success in gaining a few more degrees of range of motion to teaching someone to walk again. The ability to restore function is, and always will be, a blessing for me. I confess, that in 20 years of practice, that ability is perpetually ever more challenged by legislative and insurance obstacles- which make the blessings my patient successes grant me ever more difficult to achieve. These obstacles and frustrations are what eventually led me to the APTA and working toward accomplishing their objectives in this arena.

What, you may ask ARE the goals of APTA?

Goal I: Physical therapists are universally recognized and promoted as the practitioners of choice for conditions that affect movement, function, and health.

Goal II: Academic and clinical education prepares doctors of physical therapy who are autonomous practitioners.

(Continued on page 4)

**NH APTA
Board of Directors**

PRESIDENT <i>Allied Health</i>	<i>Susan Cuthbertson Abis, PT</i> 13 Waterview Drive Amherst, NH 03031 susan.abis@prodigy.net	978/649-2592 w 603/673-6118 h 978/649-4620 Fax
VICE PRESIDENT <i>Gov't Affairs Membership</i>	<i>Charles S. Evans, MPT</i> 26 Lamprey Lane Lee, NH 03824 Charles.S.Evans@Hitchcock.org	659-1983 h 629-1822 Fax
TREASURER <i>Finance Scholarship</i>	<i>Laurel Clute, MS PT</i> PO Box 1015 Lempster, NH 03605 lclute@nhctc.edu	542-7744 x2554 w 863-9049 h 543-1844 Fax
SECRETARY <i>Academic Relations Nominating</i>	<i>Patricia Larkin-Upton, PT MS</i> 201 Paquette Ave Manchester, NH 03104 plupton@attbi.com	669-2341 H 771-4351 pager
CHIEF DELEGATE <i>Bylaws Federal Affairs</i>	<i>Marc M. Lacroix, PT, MBA, NHA</i> Genesis ElderCare 200 Brookstone Square Andover, MA 01810 malacroix@aol.com	978/247-5142 w 978/474-7526 Fax 225-2177 h
DIRECTOR <i>Quality Assurance</i>	<i>Cheryl Veldhuis, PT</i> 55 Indian Rock Road Merrimack, NH 03054 cheryl.veldhuis@hitchcock.org	424-2985 h 695-2845 w 695-2885 Fax
DIRECTOR <i>Gov't Affairs Ethics</i>	<i>Anthony J. Eberhardt, PT</i> NH Sports Med & Knee Surgery 20 Washington Place Bedford, NH 03110 kamaje@attbi.com	566-6230 h 625-0553 w 623-4349 Fax
DIRECTOR <i>Continuing Education Reimbursement</i>	<i>Carla Bickford, PT</i> 230 White Oak Road Ctr Barnstead, NH 03225 c.bickford@fmhospital.com	335-8435 w
DIRECTOR <i>Public Relations Research/Practice</i>	<i>Joshua D. Brooks, MPT</i> 21 Brigham Street Laconia, NH 03246 josar@metrocast.net	528-6669 h 524-2852 w
DIRECTOR <i>Research/Practice</i>	<i>Beth Swanson, PT MS</i> PO Box 377 New London NH 03257 swansonb@FPC.edu	927-4072 h 389-0209 w
PTA LIAISON <i>PTA SIG Academic Relations</i>	<i>Stacy Lashell Thrall, PTA</i> 9 Crosby Lane Londonderry NH 03053 stacy_thrall@hotmail.com	893-2900 x720 w
NOMINATING COMMITTEE	<i>Jennifer L. Corbeil, PT, MHA</i> <i>Mary Blevens, PT</i> <i>Denise N. White, PT</i> Allied Health Board	207/438-9182 h 471-0648 h 465-7799 h 603/271-8389

NEWSLETTER

Editor
Greg Woodsum, PT
603/226-9866 w
gwoodsum@attbi.com

Publisher
James H. Bradley, APR
603/627-7970; 627-3970 Fax
Office@nhapta.org

New Hampshire Chapter APTA
Post Office Box 978 · Manchester NH 03105

Display Ads:

1/8.....\$45
1/4.....\$65

Classified Ads:

1/2.....\$100
Full.....\$165
\$15 per ad, six lines or less. We reserve the right to reject any ad.
For more information, contact the Publisher

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
December	Election Results / Annual Meeting Report



PTA Clinical Ladder Model

Stacy L. Thrall, PTA

Northeast Rehabilitation Hospital (NRH), Salem NH hosted the initial meeting of the **PTA clinical ladder model review panel**, a grassroots effort

to develop professional consensus on a draft clinical ladder model that could potentially be used as a tool for PTA career advancement. The meeting was held on December 11, 2002 and its members consist of 14 clinicians, both PT and PTA, from various settings. The panel reached a consensus on the model and is preparing to increase awareness and present the draft at the state level later this year.

I would like to thank the following members of the panel who were present:

- Keren Griffin, PT Director of Inpatient Rehabilitation, NRH
- Danielle Powers, PT Supervisor, NRH
- Joanne Desmarais, PT Clinical Specialist 3 SCI/RESP, HRH
- Joseph Gallo, PT PTA Program Director Hesser College
- Paula Hould, PT ACCE, Associate Director, Hesser College
- Dawn Calautti, PTA Outpatient, NRH
- Ron Fuller, PTA Aquatics Specialist, HEALTH-SOUTH

I would also like to recognize and thank the members who were not present due to inclement weather:

- Laurie Clute, PT PTA Program Director NH Community Technical College
- Judith Cote, PTA
- Joann Moriarty-Baron, PT Hesser College
- Wendy Farrycy, PTA, Manual Lymphatic Drainage Specialist, HEALTHSOUTH
- Elaine Tummino, PT SNF, NRH
- Brian Frechette, PT Outpatient Supervisor, NRH

Reviewer: Marc M. Lacroix, PT Chief Delegate NHAPTA

If you would like more information on this model or on how to get involved please contact Stacy L. Thrall, PTA NH Chapter Affiliate Delegate at stacy_thrall@hotmail.

How to get involved in 3 hours or less

Susan Snow PTA -Northeast Regional Director of the National Assembly

It's simple: **GET EDUCATED!** Choose just **ONE** topic concerning you and your practice, PTA supervision regulations in your state, direct access to PT services in your state, or the Medicare direct access bill. It could be licensure laws or restrictions, reimbursement rulings, or even rules of other professions in your state. Whatever your interest or concern... get educated. Use the APTA web site, the legislative action center, your National Assembly Representative, or your place of employment. Understand the issue from all points of view. We can't move forward not knowing where we have been. With everyone educated on the issues, we can move forward together with a stronger unified VOICE.

Registration Form

(duplicate as needed)

Designation :
PT, PTA, etc

Name _____

Address _____

Tel. No. _____

E-mail _____

Lic. No. & State _____

APTA No. _____

- February 20—*Tai Chi*
- March 20—*Wound Healing*
- April 24—*Aquatics*
- May 15—*Total Shoulder*
- September 11—*Animal PT*
- October 16—*Gait Training*

Cost:

APTA member **non-APTA**
\$25.00 per lecture \$40.00 per lecture
Student (with ID) \$12.00

It being understood that a student has not attained an entry level physical therapy degree.

Cost is \$5.00 more at the door.

Refund Policy:

No refunds, however a substitute will be welcome if NH APTA is notified 36 hours in advance—which is the deadline for telephone reservations.

Make checks payable to NH Chapter APTA

Send registrations to:
NH Chapter APTA
PO Box 978
Manchester NH 03105
603/627-7970

PLEASE ACCEPT MY SUPPORT

for all the good work the chapter accomplishes:

SPONSOR	\$500.00
SUPPORTER	\$100.—\$499.00
FRIEND	\$50.—\$99.00
CONTRIBUTOR	\$25.—\$49.00

Donor name and address:

Your donation to a Chapter 501 (c) 6 organization is not tax deductible, but may be deductible as an ordinary business expense. Send to:

Treasurer
NH Chapter APTA
P. O. Box 978

Have you subscribed to the Members only Listserv?

It's free, it's pretty easy for most who try, and it will be the only way members will get timely news vital to their profession.

Navigate to www.nhapta.org on Internet Explorer; click on the Listserv button, top right of home page. Scroll down past two columns of instruction to the three options. Click on the first: To subscribe... That's it. You'll get a welcoming message in 24 hours or so.

President's Column

(Continued from page 1)

Goal III: Physical Therapists are autonomous practitioners who are reimbursed for all elements of patient/ client management in all practice environments.

Goal IV: Research advances the science of physical therapy and the clinical practice of the physical therapist.

Goal V: Physical Therapists and physical therapy assistants are committed to meeting the healthcare needs of patient/clients and society through ethical behavior, continued competence, and advocacy for the profession.

Goal VI: Communication throughout the Association effectively enhances participation of and responsiveness to members and promotes and instills the value of belonging to APTA

Goal VII: American Physical Therapy Association standards, policies, positions, and resource documents are promoted and used in practice, research, and educational environments.

Wow- that's a lot to do! How about if we break it down a bit? Putting Goals I and II together, we could all realize that we should be recognized as the practitioners of choice for conditions within our scope of practice and that we should have privileges of autonomy. Unfortunately, this is difficult in today's environment. More and more, patients are turning to other disciplines for care - including acupuncture, massage therapy, athletic training. That's a scary thought for anyone- both patient and therapist alike. Further, there has been a proliferation of non-therapist owned services in this state- leading one to wonder if autonomy has gone right out the window. How can we work to accomplish these goals here in New Hampshire? First, our practice act legislation has been successful- in that all physical therapists are autonomous now and have privileges of direct access. Second, we can actively work together to educate students, therapists, other health care disciplines, and the public about the perils of non-therapist owned services. In these settings, autonomy is definitely at risk- further, the financial gain realized in these situations may in fact overshadow the health care needs of the patient and the ethical behavior of the therapist working there.

How about putting Goals IV and V together? Clearly, we must all work to further the cause of research in our own state and nationally. Our profession needs to prove its effectiveness (over some of those listed above) to both patients and insurers. The Foundation for Physical Therapy

is an excellent place to begin (just check the national Web Site for information on how to contribute...). Another excellent avenue is the Hooked on Evidence project on the national Web site for APTA- where by just keying in key words/ phrases about your patient's condition- you can receive excellent research references on the most effective standards of care and research- INSTANTLY! Unfortunately, this is not a service available to you non-members, but perhaps you'd like to join and give it a try?

What about your continued competence in your field? We are fortunate to have this legislated to us here in New Hampshire via mandatory continuing education for licensure. Currently, non-members to APTA pay a significantly higher cost for this service than members at APTA sponsored events as well as national conferences. In addition, non-members do NOT have access to our chapter list serve and the ability to network with colleagues when difficult and challenging situations arise in the clinic. In this crumbling economy- can you justify paying almost the cost of a membership to get those continuing education hours in? Can you afford NOT to belong?

A sad note accompanies the start of our new year- in that the odious \$1500 cap (combined PT / Speech benefit) on Medicare Part B services will be re-instated as on January 1, 2003, due to the inability of congress to act upon Medicare reform legislation. My thanks to all of you who may have contacted your legislator (that would be Jeb Bradley, Judd Gregg John Sununu, and Charles Bass- for those of you who DIDN'T) to voice your support for this legislation. Hopefully, this issue will be addressed in the January session of Congress. Unfortunately, without the continued support and efforts of APTA to address this- any hope of seeing Medicare reform for rehabilitation benefits is quite dim. This means your membership is ever more important to us to secure this legislative initiative! These efforts cost money- money which your professional association DOES NOT HAVE without a strong membership base! Think about that next time you have to turn away a patient who has reached their cap!

Finally- aside from my home, my family, my practice and patients, my friends- let me say that I count APTA membership as a definite blessing in my life and the privilege to be your elected president for the past 3 years an even bigger blessing. Perhaps you would do well to think about how membership could indeed be a blessing for YOU!



Chief Delegate Article

Marc M. Lacroix, PT, MBA, NHA

As I write this article, I am preparing to participate in a chief delegate forum at CSM in Florida. Part of the cost savings for the Chapter this year are the expenses associated with CSM for the chief delegate will not be reimbursed. This is largely because being a small chapter, the expenses of the chapter continue to grow while the revenue has been flat. Some of you may ask why I am taking on the expense.

The House of Delegates, which is the highest policy making body of the APTA, has extreme value and I am honored to participate in the process. The house works to protect and advance our professional future, it provides direction and facilitation for development of the profession. This year the RC's (bills heard by the house) will revolve around vision 2020 and be grouped into 6 major categories. These categories are: autonomous practice, practitioner of choice, doctor of physical therapy, direct access, evidence based practice and professionalism.

I will hear at CSM some of the initial thoughts and concepts as to how we can advance our profession toward these goals. I would like to bring the views of New Hampshire down with me so I can share with the other Chief Delegates and the elected board of Directors of APTA. Remember the vision of the house is the future of your profession. I remember my first job where MD's ordered Ultrasound at $2.0W/cm^2$ for 5 minutes followed by 10 reps of ROM exercises. Without the vision of the house in the 60's and early 70's we would still be at that level. Where is it that you want the profession to go? How do you want to be treated by MD's in 10 years. How about by nurses? Dentists? How would you like to be reimbursed? This is your chance to input and impact your future. I would appreciate all thoughts and comments and can be reached via email or phone. I look forward to reporting back from CSM.

Reimbursement Article

Marc M. Lacroix, PT, MBA, NHA

The reimbursement committee has submitted a plan designed to educate payors around the state to physical therapy and the concerns of physical therapy. These concerns revolve around having physical therapist provide services for which physical therapy is reimbursed and also in providing consumer protection in enabling them to choose where to have physical therapy. I would be happy to forward you a complete plan is interested.

CMS has had all non hospital based physical therapist in a whirlwind re: the \$1500 cap. I want all to know that largely due to a threat of litigation by APTA CMS did hold off in implementing the cap. We have yet to see the end result of this action but with continued grassroots efforts, we have opportunity to do away with the cap once and for all to allow our patients access for needed physical therapy care. We will continue to monitor this closely and I urge all to respond to the action plan of the "Susan Sez" messages which come by our list serve.

Anthem has placed a power point presentation on its web site concerning denials. I wanted to share with you some statistics I found interesting. These statistics are for April 1, 2002 through Sept 30, 2002. 2 of the 5 top reasons for denials were either not sending documentation or sending incomplete documentation. All denials totaled \$2.3 million dollars. Of this \$1.5 were reversed. Anthem gave some time frames for review of a denial, 45-60 days after receipt of the medical records. It is the providers responsibility to fill out a payment inquiry form, submit the medical records, copy of UB92, and to submit the complete request. It has been my experience a letter summarizing the case helps the appeal. Other items needed may be MD orders, therapy logs, certs/recerts (700 forms), and other supporting documentation such as nurses notes.

A full copy of the power point presentation can be obtained at <http://www.bcbsnh.com/medicare/main/index.asp>

Celebrating 30 years of the Physical Therapist Assistant

Stacy L. Thrall, PTA

As we begin a new year and celebrate 30 years of the birth and growth of the physical therapist assistant, it is important that we reflect on our history and the initiatives that have shaped the role of the PTA. Through reflection, one is able to clarify the professional opinions and initiatives that are best left in the early era of their creation and which ones could be used as a strong foundation to shape the future role of the PTA. As clinicians and leaders at the setting, state and national level, both PT and PTA, we have a responsibility to begin each New Year with a period of reflection within our departments and our profession. This will allow us to set new goals and work collaboratively toward the APTA Vision Statement for Physical Therapy 2020.

A review of the history of the APTA shows us that the PTA has come a long way since the enactment of the Hill Burton Act of 1946. As a direct result of a changing healthcare environment, this act created a new need for an educated technician to assist with the delivery of physical therapy. Since that time, the PTAs role has expanded and been further defined by APTA policy, positions and the professional consensus of its members. The PTA has become a vital and necessary component for providing high-quality, cost-effective physical therapy services {under the direction and supervision of a physical therapist} and we serve as a vital link between our patients and other members of the healthcare team. The APTA has demonstrated its commitment to the growth of the assistant's role by developing and adopting such policies as:

- The APTA Vision Statement for Physical Therapy 2020
- (HOD 06-01-18-19) Distinction Between the Physical Therapist and the Physical Therapist Assistant in Physical Therapy
- The Preferred Relationship Between the PT and PTA {published as Appendix C in the Normative Model of Physical Therapist Assistant Education}

These documents provide a strong foundation to continue to define the future role of the physical therapist assistant for the next thirty years.

Profession history tells us that there continues to be unsettled issues and a lack of consensus in the areas of the direction and supervision of the physical therapist assistant, the education/scope of work and governance of the PTA. One cannot look back and celebrate where we are today without further looking into these historically unsettled areas. The level of PTA education and curriculum has a well-documented history. During the 1960's as the use of supportive personnel in physical therapy continued to grow, the APTA recognized the need to set a standard and stepped in to define the criteria for physical therapist assistant education. While there continues to be variables due to state practice acts and lack of consensus, the profession has addressed this issue by developing and adopting:

- Normative Model of the Physical Therapist Assistant Education, Version 99
- (HOD 06-95-21-12) Continuing Education for the Physical Therapist Assistant
- (HOD 06-95-21-12) Continuing Education

Further, the National Assembly in collaboration with the APTA continues to study this issue and move the PTA forward with such grassroots efforts as the study of The Future Role of the Physical Therapist Assistant RC 40-01. With the final report due to the 2003 HOD, these findings will provide a strong foundation for future studies and provide a new basis for addressing these age-old issues.

The Scope of Work of the PTA presents a true challenge within our profession at the setting, state and national level. It takes a mutual respect, trust and understanding of our distinct roles as physical therapist and physical therapist assistants to begin to discuss this issue. It takes sensitivity and acknowledgement of the "encroachment" issue, and it takes an understanding of current APTA policies, positions and initiatives.

(Continued on Page 7)

Celebrating 30 years ...

(Continued from page 6)

Our profession has addressed these challenges by adopting such policies and positions as:

- (HOD 06-00-30-36) Procedural Interventions Exclusively Performed by Physical Therapist
- The Preferred Relationship Between the PT & PTA {Appendix C, Normative Model of Physical Therapist assistant Education Section IV Factors that May or May not modify the Preferred Relationship}
- The analysis results of the study The Future Role of the PTA RC40-1

These documents clarify our distinct roles and provide the basis for continuing to expand the PTA scope of work for the purpose of recognition and career advancement.

A look into the governance issues of the physical therapist assistant brings us back to the years of 1973 and 1988. In 1973 the HOD amended its by-laws to grant affiliate membership to the physical therapist assistant and in 1988, the APTA voted for a reorganization of the Association essentially removing the PTA from the House of Delegates. While it is easy to trace the negative impact of these actions, it is just as easy to see the cause for celebration. These actions were a pivotal point in the history of the PTA and they essentially gave birth to the Affiliate membership category, the National Assembly and its Representative Body. We now have a core foundation, a unified voice and new leadership opportunities through the National Assembly which consist of 11 board members, a decision making body (RBNA) made up of 1 PTA per state chapter, 2 delegates to represent the NA at the HOD in addition to 3 consultants who sit on the house floor to debate and amend motions. The Voice, a quarterly newsletter that represents assistants and a National Assembly Bulletin Board that serves as a national forum for communication. Never before has there been such a powerful vehicle to bring the PTA's voice into the mission and goals of the APTA.

The direction and supervision of the physical therapist assistant is in part defined by insurance. This adds another dimension and challenge to the growth of the PTA. The APTA and the National Assembly work tirelessly to keep its members informed through committees, bulletin boards, journal publications and legislative/ reimburse-

ment efforts. Further, the APTA has developed positions and policies regarding levels of supervision:

- (HOD 06-00-16-27) Direction and Supervision of the Physical Therapist Assistant
- (HOD 06-00-1728) Provisions of Physical Therapy Interventions and Related Tasks
- (HOD 06-00-31) Provisions of Physical Therapy Services by Student Physical Therapist Assistants

These initiatives help to define terminology, clarify Medicare supervision requirements and ensure PTAs remain the only individuals authorized to provide selected PT interventions. However, the cause for celebration cannot solely be found in these initiatives, but in the efforts of "the common man", our colleagues and pioneers of the profession who went against the grain to define the role of the PTA. In the early 1960s, after an adhoc committee studied the utilization and training of nonprofessional assistants, PTs Viola Robins (Ranchos Los Amigos, CA) and Charles Dorando (Director of PT Department, St. Joseph Mercy Hospital, MI) were recognized for their progressive approach to supervising the nonprofessional assistant and providing PT services with the team approach of PT/"PT Aide" ultimately resulting in an improved quality and quantity of PT services. In 1971 Nancy T. Watts, PhD proposed a theoretical model of practice in an article entitled "Task Analysis and Division of Responsibility in Physical Therapy". In the 1970s PTA educators became known as strong advocates of the assistant, addressing the controversial issues of supervision, education, licensure and accreditation. They included pioneer speakers and supporters Bella May, Nancy Watts and Helen Blood (to name a few). In 1983, PTAs Virginia May, Cheryl Carpenter and Tricia Garrison were credited with the development of ASIGs and Assemblies and in 2003, it is the same "common man", your colleagues, who continue to secure the future of the PTA within our profession. Colleagues serving in volunteer positions at the setting, state and national level. We celebrate you!

As we begin the New Year and a celebration of 30 years of the PTA, let us reflect on our history. Let us begin to replace old professional opinions with a new or greater understanding of state and national policy, positions and initiatives. For it is through this action that one can begin to see the possibility for change.