As the end of 2013 draws near, it seems timely to reflect on our achievements over this busy year.

We continue to be a strong chapter with a strong presence nationally. We are often recognized as a forward-thinking bunch, this year was no different. Our Chapter has continued to upgrade and streamline processes which has resulted in a significant positive change. We have also adjusted our management model while continuing to review contractual needs for outsourced services.

Delegates authored and promoted four successful motions to the APTA House of Delegates this past June. Currently, they are working on two more motions for presentation to the House in 2014, both of which are sure to stimulate discussion among our profession. Watch for updates from our dynamic group as details continue to be defined.

Our financial picture has turned around over two years’ time from operating in the red, to nearly break-even, to a solid black with significant surplus. We look forward to expanding advertising for current programs and implementing a few ideas to boost committee projects. We are continuing with a successful educational strategy which brings our larger programs to members closer to where they live and work. Using established schools as venues has also skyrocketed our student participation and membership. It has also enabled use of resources such as gross anatomy lab and gym space for practical application of techniques. Expansion of tracks at meetings has successfully incorporated offerings for groups/techniques that are often overlooked such as students, aquatics, oncology, and imaging. We have also begun the process to branch out into online education. It is our plan to continue to expand as long as there are speakers and attendees to corroborate this effort. Keep your ideas coming!

Despite all these efforts and successes, times are tough for recruitment. These days, there are increasing economic and time pressures within the profession and society as a whole. Overcoming these obstacles, our Nominating committee continues to gather a nearly full slate for elections. There are still many positions open for Committee chairs and general committee members. Task forces continue to be formed and successful. One task force that has been particularly active is the Dry Needling task force. Members submitted over 1000 pages of documentation to the AZ Board of PT Examiners this year and made personal appearances at a number of public meetings. This effort continues into the New Year as we head toward Sunset Review. Please participate in assisting renewal of the AZ Board as they regulate our licensure.

As we close out 2013, it is clear that we have succeeded due to the efforts of volunteers like you. Everyone can be proud of their membership in this organization. There are many opportunities coming forth for any member that would like to contribute in a small or large way. Some ideas that have been generated are for study groups, athletic events, educational presentations, and the like. This organization is member directed and a reflection of our values and resources.

Linda Duke, AzPTA President
The vision of the Arizona Physical Therapy Association is to:

* Influence the healthcare environment,
* Encourage membership growth and development, and
* Increase and promote public awareness of physical therapy and related health care issues.
Thank you for letting me share the recent happenings in the Physical Therapy Department at A.T. Still University. I’ve been in the Department Chair role for just over 1.5 years and the faculty and I have been quite busy with our residential DPT program, the transitional DPT program, the Orthopedic Residency, and other faculty achievements.

- Respectfully submitted by Jim Farris, PT, PhD

The Orthopedic Residency began the Fall quarter by hosting the new class of residents and the recent graduates for group interaction, words of wisdom from the old to the new residents, and a great dinner for residents and mentors. Shortly after that, the PT Department hosted the Fall Arizona State Physical Therapy Association Meeting which was well attended and well received by all who showed up. Also, the Friday eve of the state meeting, we held our Annual Fall Alumni Event on campus and a number of alumni showed up to network and visit with faculty. During this same weekend, the DPT Program’s ACCEs (Dana & Robyn) and I attended the APTA Educational Leadership Conference in Portland and we were able to join the Alumni Event via Google Hangout for a few minutes. The DPT Program is a member of the Academic Council of the APTA and the faculty and I are active participants on task forces that are beginning to redefine physical therapy entry-level education. While in Portland, we were also able to attend a monthly gathering of the Oregon PT Association and were fortunate to get to meet some great folks and PTs who serve as clinical instructors for our students in the Portland area.

Speaking of Alumni events, we have received confirmation of our annual alumni reception at CSM which will be held on Wednesday, February 5, from 6:30 – 8:00 (Las Vegas time) in the Venetian Hotel. Be on the lookout for email announcements and please RSVP so we can have a great time for all who attend. Alumni can also join the ATSU Physical Therapy Department group on LinkedIn to stay connected and up to date with ATSU PT happenings.

Tammy, Jennifer, and Christianne have been very busy with the start of the Transitional DPT courses this term and are looking forward to working with the new therapists who have made the decision to pursue the DPT degree and those who will be graduating from the Program in March.

Our residential DPT students have completed a number of service-learning opportunities this fall by helping with the FunFitness Testing for the Healthy Athletes Program during the Winter Arizona State Special Olympics in Surprise (along with students from all 3 other PT schools in the Valley!). Currently, our students are participating in the MOVEMBER initiative for men’s health so there is a lot of facial hair around campus showing support for improving men’s health. The students were also excited to receive the Golden Goniometer award which they share this year with students from NAU. They have laid down a friendly APTA membership challenge now that the award is in their possession, “Go Ahead, Try to Take It”.

**Faculty Achievements:**
For the upcoming APTA Combined Sections Meeting in Las Vegas, we have 13 faculty members and 24 recent graduates who are authors on presentations (poster & platform) and two educational sessions.

**Cecelia Sartor-Glittenberg, PT, PhD, NCS** recently defended her dissertation for the completion of her PhD and also had a paper published with recent graduates and colleagues: Cecelia Sartor-Glittenberg, PT, PhD, NCS; Sara Lehmann, PT, DPT; Mari Okada, PT, DPT; Danielle Rosen, PT, DPT; Kathryn Brewer, PT, MS, GCS, Med, CEEAA; R. Curtis Bay, PhD. Variables Explaining Health-Related Quality of Life in Community-Dwelling Older Adults. Journal of GERIATRIC Physical Therapy, 2013 (e-pub ahead of print)

**Tara McIsaac, PT, PhD** presented a poster at the World Parkinson Congress 2013 in Montreal which was highlighted on the Poster Tour for the meeting. She recently had a paper published: McIsaac, T. L. and F. Porciuncula (2013). "The type of secondary task matters in dual task walking during the Timed Up and Go." Journal of Parkinson’s Disease 3(Supplement 1): 151. She also has a paper in-press: Gallo PM, McIsaac TL, Garber CE (2013). Walking economy during cued versus non-cued treadmill walking in person with Parkinson’s disease. Journal of Parkinson’s Disease.

**Cory Manton, PT, DPT, OCS, CSCS** and the DPT students are doing great work with the Mesa Fire Department. This has been a great experience for our students and the makings of a great relationship between ATSU and the City of Mesa. In case you missed the story in the Republic, it can be read at: http://www.azcentral.com/community/mesa/articles/20131104mesa-school-fighters-collaboration-helps-treat-prevent-injuries.html

**Jim Lynskey, PT, PhD** and his collaborators at Cadence Biomedical (Seattle, WA) were awarded 2 grants from the U.S. Army Medical Research and Materiel Command in 2013. The first grant is entitled “A Prosthesis to Train the Proprioceptive Capabilities of the Residual Limb of Military Personnel Recovering From Lower Limb Amputation”. It is a $500,000 award with a goal of improving standing balance and locomotion in lower limb amputees. The second grant is entitled “An Exotondon Orthosis to Improve Mobility for Military Personnel Recovering From Combat-Related Injuries”. It too is a $500,000 award with the goals of adding outcome-tracking technology to the Kickstart kinetic orthosis and further study the use of the technology with people with disabilities.

**John Heick, PT, DPT, OCS, NCS** held a great vestibular rehabilitation CEU that was attended by over 50 therapists. He also recently received the Shenandoah University Physical Therapy Outstanding Alumnus Award.

**Amisha Klawonn, PT, DPT, OCS, FAAOMPT** was recently recertified as a Fellow of the American Academy of Orthopedic Manual Physical Therapists for 2013-2023.

**Deanne Fay, PT, DPT, MS, PCS** recently had a commentary published: Fay, D., and Fetters, L. (2013), Commentary on “Comparison of measures of physical performance among young children who are healthy weight, overweight, or obese.” Pediatric Physical Therapy, 25(3): 297.

**Jim Farris, PT, PhD:** served on the Academic Council Task Force on Exercise Physiology and Nutrition in DPT Programs. The Task Force’s Report was presented to ACAPTA at ELC in Portland (October).

**Lori Bordenave, PT, DPT, Med** was appointed to the APTA Credentialing Clinical Instructor Program Workgroup. This group oversees the overall functioning of the 2 clinical instructor education programs offered by the APTA. One of the focuses of the group in the coming year will be the transition of the basic credentialing course to an online format which she has been involved with for about 7 years.
We are well into our second year of offering the entry-level doctor of physical therapy degree at the Phoenix Biomedical Campus. It has certainly been a fun and at times, hectic experience starting a new program. As we again start to look at applicants for the class of 2017, I am amazed at the significant interest in physical therapy as a career choice. Last year we had approximately 1100 applications to our program and this year we will likely exceed 1200. Although this has made the admission selection extremely challenging, the end result has been the selection of very well qualified individuals who are passionate about becoming a physical therapists.

Now I would like to take this opportunity to highlight one particular activity by two of our faculty. Dr. Meghan Warren and Dr. Dirk deHeer recently obtained funding from the American Physical Therapy Association and the Institute for Private Practice Physical Therapy to analyze Medicare data to assess outcomes relevant to physical therapy. Although it will be a while before the analysis is completed, we are excited for Dirk and Meghan and feel that their research will significantly benefit the profession and those who receive our services.

**Midwestern University Physical Therapy Program Update**

In October, 2013, Christy Boehmer and Alicia Williams attended the APTA National Student Conclave (NSC) in Louisville, Kentucky. They will be creating a presentation to share on campus at a future meeting for physical therapy students. Christy and Alicia enjoyed the experience and hope that more students will be able to attend NSC in the future.

Students are gearing up to organize and participate in the 2014 Optimism Race for Parkinson’s disease, which is set for Saturday, January 25th at Midwestern University, Glendale, AZ. Volunteers are needed! Join our students for a morning of fun. Registration is online at apdaarizona.org

**Franklin Pierce University**

Franklin Pierce University students earn Platinum Recognition from the American Physical Therapy Association during the Student Membership Challenge with 100% student membership in 2013.

In keeping with the university mission, students from Franklin Pierce University have been engaged in a variety of community service and health promotion projects during the past two months.

Make a Difference Day in Goodyear found students joining other local volunteers to spruce things up around the city. Physical therapy students were responsible for clearing and painting a fenced area along a nearby wash.

Class of 2015 students have been engaged in health promotion and injury prevention projects with the City of Goodyear firefighters as well as groundskeepers at the Goodyear Ballpark.

Yes, this did involve students suiting up and running the fitness test to demonstrate their understanding of the physical requirements of the job.

**Other Community Health Projects Included:**

- Interventions addressing childhood obesity with a select age group at the Boys and Girls Club as well as a local community group.
- Assessing the need for a local pro bono clinic with recommendations.
- Modifying the home exercise packet to accompany the Fun Fitness Screening for Special Olympics Athletes.

Finally, Franklin Pierce University students participated in the Walk to End Alzheimer’s Disease and joined many local physical therapy volunteers to assist in the Special Olympic Athlete Screening Event.
FALL CONFERENCE HIGHLIGHTS

Legislative Award – Rep. Heather Carter

40-Year Pin – Karen Disbrow, PT

40-Year Pin – Judith Neigoff, PT

Ortho Track

PTA SIG Shoe Drive

Outgoing Board Member – Michael Lebec, PT, PhD

Wampler Award – Cynthia Driskell, PT

Legislative Award – Rep. Heather Carter
Dignity is: achieving great victories, together

Dignity Health is the fifth largest hospital provider in the nation. Our Arizona region is comprised of Chandler Regional Medical Center, Mercy Gilbert Medical Center and St. Joseph’s Hospital and Medical Center. Within each of these facilities, teamwork is critical to our patients’ success; and it’s just as important for our employees. Our compassionate, supportive professionals work together in an environment designed to maximize your success.

Physical Therapists enjoy challenging, inspiring and gratifying careers at Dignity Health. Learn more about opportunities in Arizona and apply to the facility of your choice:

http://careersatdignityhealth.com/chandler4
http://careersatdignityhealth.com/mercy4
http://careersatdignityhealth.com/stjoseph4

Follow us on Twitter at @dignityhealthaz. EOE.
The Arizona delegation had all 4 of our motions pass at the 2013 House of Delegates in Salt Lake City, Utah. I want to personally thank the Arizona delegation for all of their hard work over the past year in preparing, lobbying, and pursuing perfection for these important issues. Here is a quick breakdown of those 4 motions that passed. For a thorough review go to the APTA website, Leadership and Governance, House of Delegates, 2013 motions post-house packets.

RC-17. Amendments to the Standards of Practice for Physical Therapy (HOD S06-10-09-07), Section III. Patient/Client Management was approved. The biggest point of this motion is changing the language of a discharge to a conclusion of an episode of care in section G.

RC-18. Adoption of the amendments in RC-17 will be added to all physical therapy documents passed.

RC-24. PHYSICAL THERAPY DOCUMENTATION REFORM
The American Physical Therapy Association shall pursue documentation standards for physical therapy services that primarily focus on clinical reasoning and decision-making.

RC-27. Access to Durable Medical Equipment (DME).
That the APTA supports physical therapists as authorized prescribers of durable medical equipment, which is integral to the physical therapist management of the patient; and,
That the APTA supports patient’s/client’s access to high-quality durable medical equipment and services by advocating for choice, access, quality, cost-effectiveness, and adequate funding to allow patients/clients to live active and productive lives in their homes and communities.

The delegation has started our preparation for the 2014 House of Delegates in Charlotte, North Carolina and look forward to another successful year! Please consider approaching any of the delegates if you have questions regarding the 2013 motions or suggestions for future motions as the Arizona delegation represents you!

Respectfully submitted by:
John Heick, PT, DPT, OCS, NCS
Chief Delegate, Arizona

Please visit apta.org/StopTheCap
Last Week, the Senate Finance and House Ways and Means Committees released a legislative framework on the sustainable growth rate reform (SGR) formula. This framework did not include a repeal of the Medicare therapy cap, but it did say that the Committees are continuing to look at priorities such as the therapy cap to reach a bipartisan, bicameral agreement on these issues.

The Senate Finance and House Ways and Means Committees are currently accepting comments on the discussion draft, therefore NOW is the time to act and impress upon your legislators the importance of including a permanent fix to the therapy cap in the SGR reform package.

Contact your members of Congress TODAY, and tell them to include a long term solution for the Medicare therapy cap in the SGR reform legislation. APTA members can take action using the Legislative Action Center and non-members/patients can use the Patient Action Center. Ask your legislators to contact their colleagues on the Senate Finance Committee and the House Ways and Means Committee, and tell them it is essential to repeal the therapy cap in the SGR legislative package.

MESSAGE:
• Repeal the Medicare therapy cap in the SGR reform legislation being drafted by the Senate Finance and House Ways and Means Committees.
• The flawed SGR formula and the therapy cap were created together in the Balanced Budget Act of 1997. Since 1997, Congress has repeatedly addressed the SGR formula and the therapy cap together through annual extensions in the SGR/Medicare extenders package. If Congress passes legislation addressing the SGR formula, but does not include a repeal of the Medicare therapy cap, it is very likely that patients will face a hard cap on outpatient therapy services in 2014.
• If Congress does not complete a permanent fix of the SGR and therapy cap this fall, ask your legislators to extend the therapy cap exceptions process for a minimum of one year.
• Finally, ask your legislators to show their support for addressing the therapy cap and protecting patient access to rehabilitation by cosponsoring the Medicare Access to Rehabilitation Services Act (H.R. 713/S.367).
Legislation to Repeal Self-Referral Introduced While GAO Finds More Evidence of Abuse

On August 1, 2013, Representative Jackie Speier (D-CA) introduced the Promoting Integrity in Medicare Act (H.R. 2914). This legislation would remove physical therapy and other health care services from the in-office ancillary services (IOAS) exception from the federal Stark laws, also commonly known as self-referral. This effectively eliminates financial incentives from the physician referral process.

The self-referral law generally prohibits physicians from referring Medicare patients to entities in which they have a financial interest. It seeks to ensure medical decisions are made in the best interest of the patient on the basis of quality, diagnostic capability, turnaround time, and cost without consideration of any financial gain that could be realized by the referring physician. Originally intended for same-day services such as x-rays and blood draws, the IOAS exception allows physicians to bill the Medicare program for procedures that are meant to be integral to the physician’s services and offered for patient convenience. This legislation will address this issue by removing physical therapy, advanced imaging, radiation oncology, and anatomic pathology from the IOAS exception.

Also released on August 1st was a Government Accountability Office (GAO) report looking at self-referral in the radiation therapy setting. This report, the third released by the GAO since November 2012, covered prostate cancer–related intensity-modulated radiation therapy (IMRT) services between 2006 and 2010. Among the findings are that self-referred services grew by 46% annually, from 80,000 in 2006 to 366,000 in 2010, while non-self-referred services decreased by 1% each year, from 490,000 to 466,000. In 2009, providers who self-referred Medicare patients with prostate cancer were 53% more likely to refer the patients for IMRT than for other less costly treatments. GAO estimated that, even including a $91 million decrease in expenditures by the non-self-referring provider groups, the higher rate of IMRT by self-referrers led to an overall increase in IMRT Medicare costs of $47 million between 2006 and 2010. The report also suggested that financial interest in one type of treatment over other less costly procedures may negatively affect a provider’s decision-making process and, ultimately, patient care. Additional findings and conclusions are in the report.

Legislation Introduced to Allow Use of Temporary PTs When Absent

Physical therapists in private practice (PTs) may be able to provide Medicare patients the continuity of care they deserve if a recently introduced bill is successful. The Prevent Interruptions in Physical Therapy Act of 2013 (H.R. 3426) would make it possible for PTs to bring in other licensed physical therapists during absences to avoid gaps in care and costs to practice.

The bill was introduced on October 30, 2013 by Representatives Ben Ray Lujan (D-NM) and Gus Billirakis (R-FL), and seeks to expand so-called locum tenens arrangements to include PTs. This arrangement would allow a physical therapist to bring in another licensed physical therapist to treat Medicare patients and bill Medicare through the practice provider number when he or she is temporarily absent due to illness, pregnancy, vacation, or continuing medical education. Current law only extends locum tenens to doctors of medicine, osteopathy, dental surgery, podiatric medicine, optometry, and chiropractic. Because locum tenens arrangements are not granted to PTs under current law, PTs in private practice are forced to risk gaps in patient care should they be absent, or must avoid such absences altogether. The need for locum tenens for PTs in rural areas is particularly great, where a small private practice may be the only source for physical therapy for miles. Should a PT in such a setting need to be absent, the entire practice could be forced to shut down temporarily, leaving Medicare patients with limited choices for nearby care.

This legislation came from a collaborative effort between APTA and the Private Practice Section (PPS) of the American Physical Therapy Association to provide relief for private practitioners and continuity of service for Medicare beneficiaries. APTA has advocated for this issue to be linked to larger Medicare reforms that may be moving through Congress, particularly the efforts to find a solution to the flawed sustainable growth rate (SGR) formula that determines Medicare payment rates. Congress has until December 31 to act to avoid a 24.4% decrease in Medicare reimbursement though it is possible they will continue to address these reforms in 2014.

APTA will monitor the progress of the bill, and will post updates to its locum tenens website. Resources on the website include a podcast on the importance of this legislation, and information on how PTs can get involved in advocating for its passage.
If You Want More Clinical Instructors, Pay Them

By APTA Staff  
November 2013

I am a third-year student at Rocky Mountain University in Provo, Utah. I have had great clinical instructors, for which I am very thankful. In Viewpoints in the August issue of PT in Motion, Melissa Wolff-Burke, PT, EdD, MS, points out, "over the past 3 years fewer and fewer practitioners are making themselves available for PT and PTA student education." This may be the case; I do not know for sure. Unfortunately, her essay focuses on the practitioners themselves being at fault. I definitely do not agree.

In doing the math, I found that I will pay roughly $17,000 to my school to have clinical experiences. Not a penny of this is ever given to the wonderful clinical instructors I’ve had. Is something wrong with that?

You decide.

Yes, it is true that most schools I’ve learned about provide incentives to potential clinical instructors in the form of a certain amount of free credits offered for each student they take on. I would like to see a study of how many of these clinical instructors actually redeem those credits.

The way I see it, if Wolff-Burke and other university professionals seek more clinical instructors, they should offer better incentives in the form of cash. Potentially use part of the plethora of money that they are collecting from students and disperse it to clinical instructors. Let’s not place blame on physical therapists who are not accepting students. Rather, let’s look at the system we have set up now and see how it can be improved. This is the conversation that needs to be had with potential clinical instructors.

Kyle Charles Anderson  
Provo, UT

Upcoming Events

January 25, 2014  
Clinical Practice Update – A Potion for Locomotion  
Speaker: Kay Wing, PT, DPT, NCS, GCS  
GateWay Community College

February 12, 2014  
Legislative Day at the Capitol

DATE TO COME  
AzPTA Spring Conference