Greetings, MOTA members!

It has been a busy spring. There is so much to attend to that's a priority. It is challenging to think about what is most important to discuss with you. What is most important to you?

For professional activity, there is much that has been going on.

In April the American Occupational Therapy Association (AOTA) held its annual conference in Philadelphia, PA. I attended the conference as did many of our colleagues and students from Minnesota. I attended the annual meeting of the Affiliate of State Association Presidents (ASAP) in which I met many great people and was able to discuss some of our shared issues. Prior to this event the members of ASAP had participated in a weeklong online meeting in which we expressed our responses and weighed in on the motions being put before the Representative Assembly (RA). Karen Sames, at that time Vice Chair of ASAP, communicated the sentiments of ASAP to the RA who then voted on the motions. Our responses seemed to influence the ultimate vote of the RA. Our AOTA representative to the RA, Nancy Scott, was there and contributed her vote. 27 motions were adopted by the RA. Some of the motions adopted that stand out include the following:

• a revision of the statement of the philosophical base of occupational therapy,

• a statement in support of graduate education,

• establishing the Gary Kielhofner Emerging Leader Award,

• establishing specialty certification in school systems,

• developing a document on the Specialized Knowledge and Skills in Complex Seating and Wheeled Mobility,

• developing a Policy Fact Sheet on Complex Rehabilitation Technology.

Seven motions were defeated. Some examples of the defeated motions include the following:

• revising the AOTA Code of Ethics and Ethics Standards

• revising the AOTA organizational governance structure, and

• expanding the level of education for the OTA.

You can see the outcome of the motions that were passed and defeated on the AOTA website via the following link: http://www.aota.org/Governance/RA/PastMeetings/Minutes/April-2011.aspx?FT=.pdf and look at more detailed descriptions of the motions. Participating in this process was intense yet exciting. There was much to read to be best informed on the content, and clear articulation of an argument was necessary to explicate the rationale for a point of view or weighting. It all points to the fact that being at the table or the discussion is so important. Decisions will be made whether you are present or not and clearly good decision making is based on the most accurate information in consideration of what is valued. I think it is important to become involved so you develop confidence in being a part of the conversation.
Gender Disparity in the OT Profession
by Moira Olson, OTS, St. Catherine University

The dynamic nature of occupational therapy encourages ongoing recognition of, and active response to, key professional issues. Others quietly persist, garnering notice – even action – but ultimately not desired change. This edition’s featured MOTA OT represented the only male student in his class 30 years ago. His experience would not be unusual today. As healthcare professionals, should this concern us?

Historical perspectives. The healthcare field carries a long history of gender division, with men clustered in traditionally higher-status, higher-paying jobs, such as medicine and dentistry, and women pursuing vocations associated with caretaking (Adams, 2010). Drawing from Taylor, Jones posited that early emphasis in occupational therapy on valuing and caring “about” clients associated our profession with stereotypical feminine qualities; in contrast, the practice of medicine assumed a masculine identity of curing, or caring “for” patients (1998, p. 62).

Today’s numbers. AOTA’s 2010 Workforce Study showed that from 1990 to 2010, the percentage of male OT respondents grew from 5.7 percent to 8.1 percent, an increase of 1.4 percent. The percentage of male OTA respondents dropped nationally from 8.2 percent to 8.1 percent during the same period, showing balanced gender ratios of OTs and OTAs for the first time. While the profession appears to be attracting more men, with women making up 47 percent of the total U.S. labor force (USDL, 2010), the balance is clearly skewed.

Entry point to OT. For the academic year 2009-2010, AOTA (2010) reported that males represented 9 percent of master’s OT students and 12 percent of OTA students. Minnesota’s OT/OTA programs largely mirror national trends. Two program directors in Minnesota discussed the gender gap in personal communications with the author (2011). Kathleen Matuska, Ph.D., OTR/L, FAOTA, reports that St. Kate’s OT program gets approximately one male applicant for every 30 female applicants. Meanwhile, she acknowledges that OT education programs may not be marketing or recruiting to effectively attract male applicants. Diane Anderson, Ph.D., MPH, OTR/L, of St. Scholastica agrees, observing that OT program marketing materials mostly use images of white, middle class women or “clearly staged” men.

Male therapist perspectives. While scant, OT literature does examine the male OT experience. Topics addressed include gender-based discrimination, unique on-the-job challenges, and career or practical working advantages perceived by male OT personnel. Four male MOTA therapists, James J. Bauer, MA, OTR/L, John Fleming, Ed.D., OTR/L, Frank Maixner, OTR, and Rick VandenDolder, OTR/L, shared their experiences and thoughts on gender disparity in the OT profession via personal communications with the author (2011).

While largely agreeing that OT carries lesser status among healthcare professionals and remains marked as a female profession, the men also feel that public association with OT work as limited to crafts or ADLs deters men from exploring OT. Bauer notes that “Never once have I heard or seen industrial arts skills mentioned as being important…skils paramount to the success of our profession. I use my industrial arts skills nearly every day in constructing adaptive equipment.”

The men agree that the issue affects clients served by OT. Maixner believes that as modalities have evolved, therapist gender seems to be less of a factor in treatment. Fleming, who has experienced resistance by female clients to his assistance with their morning cares, observes that male clients tend not to raise gender-related objections. VandenDolder has seen many male patients who “expressed reassurance when they saw they would be working with another male” – preferences unrelated to competency, but simply to feeling at ease. He feels that clients’ therapy participation and performance might be enhanced by providing them the choice to work with male or female therapists.

Some of the men described workplace incidents ranging from miscommunication to outright sexist statements, attributing gender disparity as a factor creating the unwelcome circumstances. VandenDolder thinks that while everyone carries bias in some areas, it is important to continually “recognize it in ourselves and grow beyond it.” Alternatively, each of the men has found ways to use his position advantageously. Bauer notes that earlier in his practice, he received a larger share than female OTs of case referrals involving clients considered “complex” or with “behavioral” problems. Eventually, such cases became his specialty.

Solutions and actions. Published solutions to the gender disparity issue include increasing advancement opportunities, ascribing greater recognition or status to male OTs, raising salaries (Turgeon and Hay, 1994; Rider and Bradshear, 1988), and promoting OT as a dynamic, exciting career choice for men (Helm, 2002). AOTA has formed occasional conference groups to plan strategies for attracting more men to OT; currently, it links “Students” webpage visitors to a NPR broadcast featuring an upbeat 2010 interview with male OTs. MOTA has followed suit with its own panels on the subject. Grassroots support counts as well. MOTA men once maintained a light-hearted “men’s group” and today Facebook features the “Misters of Occupational Therapy.”

Aiming to admit a higher percentage of male students, St. Kate’s will admit a male OT program applicant over a female applicant of approximately equal qualifications. The University of Minnesota’s OT program also considers male gender a positive factor in admission decisions. Anderson, of St. Scholastica,
Other aspects of the AOTA conference for me included attending the American Occupational Therapy Foundation Gala of Dancing with the Stars. Of the many contestants participating in the dance competition two of the dancers, Kristi Haertl, Ph.D., OTR/L and Kathleen Matsuska, PhD, OTR/L, FAOTA, were from Minnesota. Needless to say, we cheered them on and they were fabulous. Additional events included Breakfast with a Scholar, with speaker Ruth Purtilo, Ph.D., PT, FAPTA discussing the topic of moral dilemmas in healthcare. Her talk got us all thinking about the match of our values with situations we face in healthcare environments and the effect on our decision-making. I attended the Special Interest Sections (SIS) Networking Reception which was lots of fun and a great way to connect with those of similar professional practice areas. The Eleanor Clarke Slagle Lecture was given by a well respected colleague, Beatriz C. Abreu, PhD, OTR/L, FAOTA with the title, Accentuate the Positive: Reflections on Empathic Interpersonal Interactions. We worked together in California and the topic was so consistent with how Betty operated as a clinician and administrator. Emphasizing the positive is so helpful and empowering. She gave an energetic and engaging talk. I also attended the Research Colloquium and Tea which was incredible – on the topic of current research on sensory processing. These were only a few of the highlights of the conference for me.

All in all it was a wonderful experience. I always enjoy going to AOTA, though I do come home exhausted, yet professionally energized. I enjoyed a classic Philadelphia cheese steak with a special friend and a ride on the rail with Nancy Scott, OTR/L. Philadelphia was a great town and I wish I could have seen more. I encourage you to attend the AOTA national conference as you are able in your future. You will not regret the experience. The next conference is scheduled the end of April in Indianapolis, Indiana.

On the home front we are working to strengthen MOTA and its voice. We continue to try to advocate for OT services in the state of Minnesota. During this time of wanting to balance the state budget, some of the services provided through OT may be on the chopping block. We have been encouraging letter writing and communication of our position. MOTA is the voice for OT in Minnesota and unfortunately its membership is less than 25 percent of the licensed OTs and OTAs in the state. We definitely need to increase our membership. Perhaps you could help make that happen!

We feel very positive about the reinstatement of the continuing education opportunities through MOTA. We have resumed the Physical Agent Modality (PAMs) course and hope to offer it consistently two times per year. Each time we have offered it, the sessions have been well attended suggesting that they are meeting a professional need. Plans are moving ahead for the MOTA State Conference in November. It will be in the metro area and should be great! In addition the membership committee is putting together a survey to distribute this summer. We would like to know what members find important for MOTA. Make sure you complete the survey when it comes your way.

There are many great opportunities to be involved in MOTA as a volunteer in the organization. Please let us know if you would like to be involved. We can make a difference for the OT profession in the state of Minnesota. I look forward to seeing you in the future. Please feel free to contact me regarding what we can do to make MOTA what we want it to be!

Best regards and have a safe and wonderful summer!

Linda Buxell, MA, OTR/L
MOTA President ’10-‘12

Know the Numbers:

- Approx. 60 percent of licensed SLPs in MN are members of MN Speech Language Hearing Assoc.
- 24 percent of licensed Chiropractors in MN are members of the MN Chiropractic Assoc.
- 18 percent of licensed OTs in MN are members of MN Occupational Therapy Assoc.
- 11 percent of licensed OTAs in MN are members of MN Occupational Therapy Assoc.

Part of being a professional is supporting the organization that fights for you.

Thanks for your continued support; now, encourage others to join MOTA!

Information was provided by:
Nicole E. Borgen, Membership and Marketing Rep for MN Chiropractic Assoc.
Laurie Krueger, CAE, for MN Speech Language Hearing Assoc. and MN Occupational Therapy Assoc.
Nepal is a beautiful, mysterious country nestled between India and China. Many know it for housing the highest peak in the world, Mount Everest. In fact, it seems to have no natural flat places in the entire country excluding the valley where Kathmandu, the capital, resides. I traveled with fellow OT and PT students from Concordia University Wisconsin, lead by Professor Wendy Goldbach and Professor Michael Borst, to this country for a two week medical mission trip in May 2010. Although the medical personnel we met in Nepal had never heard of our profession, they welcomed our skills with open arms. Indeed, every day was filled with opportunities, leaving us satisfactorily exhausted by the end of the trip. During our stay we lead a self-esteem group for a women’s prostitution prevention program, directed stimulation activities for children with disabilities, and observed and provided informational lectures to therapy staff at the Tribhuvan University Teaching Hospital. The most exciting experience for me was visiting the READ Leprosy Clinic in Kathmandu, Nepal.

Although the Nepali government has been increasing efforts to eradicate leprosy, citizens continue to struggle with seeking early medical help. Nepal is one of six countries that have not completed the elimination of leprosy goal set by the World Health Organization (WHO, 2006). Leprosy is caused by bacteria that result in peripheral nerve and skin damage, it is completely curable with medication.

The owner of the READ Leprosy Clinic, Raj Kumar Shah, was extremely excited to have us. He gave us space for splinting and administering adaptive equipment and allowed us to participate in wound debridement. I was surprised that even our western style of clothing was adopted by a majority of people in the clinic which meant our adaptive equipment for dressing was still useful to people even here on the other side of the world. One man in particular was so extremely excited about a button hook and elastic shoelaces that he beamed from ear to ear the entire time he was with us.

We educated on contracture management through translators and designed splints for both radial and ulnar palsy. These splints were difficult to make as many patients had long standing palsy resulting in severe contractures. Also, many of the patients’ fingers had been worn away, leaving various sized digits. As a result of these combined deformities, our adaptive equipment was very useful.

I learned more in these two weeks than I had in months, but the most important thing I gained was the understanding that our profession is beautiful in its versatility. Throughout the world, people practice occupation, though usually a little differently than we do. This commonality indicates similar need, resulting in our global profession.

Resources:

Nepal and Leprosy: OT as a Global Profession
by Kristen Weber
Rick has worked in various health care settings for more than 29 years, including acute care, rehabilitation centers, long term care, home care, and outpatient treatment. Earning his certificate in Occupational Therapy from the College of St. Catherine (now St. Catherine University) in 1991, today Rick is the senior OT at Struthers Parkinson Center in Golden Valley, Minnesota. As a member of Struthers’ interdisciplinary team, Rick primarily works with patients with Parkinson’s disease, providing assessment, treatment, home evaluations, job site evaluations, and much more. He also represents OT as an Allied Team Training for Parkinson faculty member. In this National Parkinson's Foundation initiative, Rick both collaboratively develops curricula and teaches interdisciplinary person-centered best practices relevant to this target population. Rick can be contacted at vander@parknicollet.com or 952-993-2253.

MOTA asks Rick the Eight Questions inquiring OTs want to know:

1. How did you choose your career as an OT?
   It resulted from the process of elimination. Originally studying the arts in college, I took a commercial arts internship. Meanwhile, paying my way through school, I worked as a nursing assistant. In this role, I found it rewarding to help people struggling with their health. Ultimately, I realized that I much preferred helping people. Having learned about occupational therapy as a NAR, I redirected my efforts to becoming an OT.

2. Briefly tell us how you made an impact on someone’s life in the realm of OT.
   I once worked with a man with progressive supranuclear palsy. I helped him with ADLs such as wheelchair positioning and feeding. He also joined the ceramics program I developed for Struthers’ Club CREATE, and soon grew to love doing ceramics! As he declined, he became ever more invested in finishing his projects. Unable to verbally talk, he expressed his needs or interest in communicating with others by raising his little finger to signal. I brought his ceramics projects to him as he spent his last days in a nursing home, and he wished to have them set up all around his room. The person truly impacted in this story was me. This man set an incredible example—despite his challenges, he would NOT stay down. He shared joy and caring with those around him; he chose life!

3. What are you currently reading?
   I like reading historical books, and most recently read Fastest On The River: The Great Steamboat Race Between The Natchez And The Robert E. Lee, by Manly Wade Wellman. I also regularly read the Smithsonian magazine.

4. What motivates you?
   I gain energy through helping people, especially in meeting evident needs. The satisfaction of helping other people continuously confirms my choice of work as an OT.

5. What is your biggest pet peeve?
   This is easy to answer! It’s people who talk in public on cell phones so loudly that everyone around them can hear the conversation.

6. What do you do for fun?
   Raising a family, there’s not enough free time to meet the OT balanced life ideal! However, when I find time, I enjoy photography, biking, crafting things with my hands (such as model ships), and travelling. I’ve even had the opportunity to travel abroad in my OT work – an enjoyable experience.

7. What is your favorite pizza topping?
   Mushrooms—yes, even cheap canned ones!

8. Who is your favorite cartoon character?
   Bugs Bunny

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**Save the Date**

**MOTA Annual Conference**
November 4-5, 2011
DoubleTree Hotel Minneapolis – Park Place
MOTA Board of Directors Minutes  
June 13, 2011

Voting Members Present
Linda Buxell, President
Cathy Brennan, VP of Advocacy
Ann Lund, Treasurer
Allison Naber, Secretary (ph)
Elin Schold Davis, Member at large
Nancy Scott, AOTA Representative
Tammy Vig, VP Promotions (ph)

Voting members absent/excused:
Barb Gilbertson, VP of Professional Development

Members/Guests Present:
Kelly Anderson, Student Rep
Kristen Weber, Newsletter

Staff Present: Laurie Krueger, Ewald Consulting

1. Meet Called to Order at: 5:35 PM
   a. Established Quorum at: 5:35 PM
   b. Agenda Approved with minor additions as included below.

2. Treasurer's Report:
   a. The Board reviewed the checking, savings, and money market balances. A $4000.00 savings was noted over this past year through “Going Green” with online newsletters.
   b. The 2011-2012 budget was discussed. If membership rates remain steady, $51,000 should be earned, with an additional $38,000 in revenue anticipated through the annual conference. This will allow us to stay on track. A membership drive will be discussed later in the meeting. A motion was made and seconded (Brennan/Schold Davis) to approve the Treasurer's report as presented. All in favor, motion carried.

   ACTION ITEM: Ann will send out the 2011-2012 budget to voting Board Members for review.

3. Consent Agenda approval (written Board reports and April minutes)
   a. No comments or questions were raised on the board reports that were submitted prior to the meeting. A motion was made and seconded (Lund/Brennan) to approve the consent agenda which consisted of the written Board reports and the Treasurer's report.
   b. Board Reports: Linda Buxell presented her report verbally and is sending this out via email to those not onsite for the meeting. Linda will provide links to several items presented.

4. New Business
   a. NBCOT 2001 State Regulatory Conference in Virginia was discussed. A motion was made and seconded (Schold Davis/Brennan) to approve that MOTA funds transportation and travel expenses, registration, and lodging for a MOTA representative to attend the conference pending review of finances and selection of the representative at the discretion of the President. All in favor, motion carried.

   ACTION ITEM: Laurie to send out preview of survey to voting Board members to approve prior to sending out to all MOTA members.

5. Promotions
   a. Membership Update: current members=719; new since July 1, 2010=131
   b. Membership Survey: updates and most recent version of the survey were discussed. Final approval of the survey will be obtained at upcoming Board phone call in six weeks. The results of the survey will be presented in the next issue of the newsletter.
   c. Newsletter: an online movie link will be included in the next newsletter.
   d. Power Point is in development.
   e. Obtaining Facebook password/access.

   ACTION ITEM: Cathy will alert members via email regarding changes.

6. Professional Development
   b. Upcoming CE Events: see website for upcoming SIG events, planning for PAMs courses for the upcoming year.

7. Advocacy- Legislative Update
   a. The report from Cory Bennett was reviewed.
   b. Ramifications of the looming Government shutdown were discussed.
   c. Contract for MA prior authorization has been given to the IF agency out of Iowa. No authorizations will be given after June 17, 2011. IF agency will take over beginning July 1, 2011.

   ACTION ITEM: Cathy will alert members via email regarding changes.

Board Minutes continued on Page 7
8. Unfinished Business
   a. AOTF Scholarship: Sunja Klein Forde Scholarship
      i. Pamela Spears, Director of Development for AOTF joined via phone for review of the scholarship. $12,500 is needed in order to receive a match for a $25,000 endowment. Once established, it would need to be in place for about 1 year, then $1000 annual scholarships would be available. A pledge can be made to commit to obtain minimum amount ($25,000) within a time frame (i.e. 3-5 years), then the endowment would begin. Donations made to the fund would be eligible for deductions for tax purposes. The benefits of endowment of scholarship funds were discussed.
      ii. Currently MOTA has $3000.00 from the Sunja Klein Forde family.

   ACTION ITEM: Solicit students and possible retirees or volunteers to spearhead fundraising efforts.

   b. Executive Board manuals: defer to next meeting.

9. Other Business
   a. Election Results: Ann Lund was re-elected as Treasurer. Karen Sames will succeed Nancy Scott as the AOTA representative.

   b. Board Positions
      i. Review positions and contact list
      ii. District Coordinator and Membership Committee Chair are open

10. Adjourn – 8:23 PM.

Mark Your Calendar
The next MOTA board meeting will be held via teleconference on Monday, July 25, at 4:45 pm.
The fall board meeting will be held at the MOTA office Monday, September 12, at 5:30 pm.
The deadline for newsletter submissions is Friday, September 9.

Gender Disparity continued from Page 2
believes face-to-face meetings can boost percentages of non-traditional applicants to OT programs. She adds that sharing success stories may help those considering OT to connect on a more emotional level.

Our male MOTA informants agree that male OTs hold a special role in promoting the profession to men. Maixner mentions the importance of looking for “opportunities to be visible…at such events as job fairs and career classes.” Bauer wishes to promote OT as a primary, not a “complementary” health care service. He adds that high school and vocational counselors should be educated on key OT skill qualifications, and that recruiting efforts should target students excelling in the industrial arts. As an educator, Fleming feels a need to encourage male students entering the field, and to use classroom events for pointing out and dispelling gender-related stereotypes. He also projects that emerging OT practice in low vision and driving may especially attract male interest.

Conclusion. Gender disparity in the OT profession impacts practitioners differently and to different degrees, and yields numerous effects impossible to clearly identify. Nonetheless, its potential to impact client outcomes may mark it worthy of thoughtful reflection and opportunistic action within our spheres of influence.

Author Moira Olson, OTS, is a 3rd year OT student at St. Catherine University. You may contact her at: moira.olson@gmail.com

References:
The Occupational Therapy Assistant Program and its student organization, TECOTA, celebrated National OT Month this April. As part of this celebration they challenged the faculty, staff and students to provide 150 Jared Boxes for children at Children’s Hospital, Mercy Hospital and Unity Hospital. Occupational Therapy helps people perform their daily life occupations, and for children, their main occupation is play. When a child is chronically ill, or has frequent hospitalization, there is typically an interruption in their play, and potentially in their development. At the end of the month, over 190 Jared Boxes had been collected with OTA and Medical Assistant programs producing 53 and 49 boxes respectively. Thank you to all who created boxes for this cause, and thank you to Student Senate for providing their support and for sponsoring a pizza party for the winning department. For more information regarding the Jared Box Project please visit www.thejaredbox.com

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“The assignment of AOTA CEU’s does not imply endorsement of specific course content, products, or clinical procedures by AOTA.”
**Question:**
I know that the licensure statutes regarding renewal of licensure four years or more after the licensure expiration date have recently changed. Does this change also affect physical agent modalities (PAMs)?

**Answer:**
Actually, the statutes licensure renewal four years or more after licensure expiration (MN Statutes 148.6425) were changed in 2008. These changes reflected the need to assure the competency of therapists who have been out of practice for four years or more. Please refer to [https://www.revisor.mn.gov/statutes/?id=148.6425](https://www.revisor.mn.gov/statutes/?id=148.6425) for renewal information requirements.

Since this change was made we realized that some therapists with late renewals after four years could have had certifications for PAMs. This generated discussion about the need to renew their certifications for PAMs to assure competency. This change will require a licensure statute change which must be done legislatively. With all the budget issues this session, MOTA decided to wait until the next legislative session to address the issue of recertification of PAMs for this group of therapists.

**Question:**
Can we take orders from chiropractors?

**Answer:**
Occupational Therapy Licensure Statutes: [https://www.revisor.mn.gov/statutes/?id=148.6440](https://www.revisor.mn.gov/statutes/?id=148.6440). Statutes require a physician order for PAMs. A chiropractor is not a physician and could not write orders for PAMs.

Medicare states: “Chiropractors and doctors of dental surgery or dental medicine are not considered physicians for therapy services and may neither refer patients for rehabilitation therapy services nor establish therapy plans of care.” (Reference: CMS Manual Publication 100-02 Medicare Benefit Policy).

Medical Assistance states: “Physician’s (or practitioner of the healing arts) current order/prescription: the date of the order/prescription must not be more than 30 days from the requested start of care.” The definition of practitioner of the healing arts states, “Practitioner of the Healing Arts: For the purposes of this section, practitioner of the healing arts includes any person who engages in, or holds out to the public as being engaged in, the practice of medicine or surgery, the practice of osteopathy, or other practitioner of the healing arts whose scope of practice under state law includes diagnosis of disease or health condition and prescribing treatment; e.g., physician assistant, nurse practitioner, podiatrist, oral surgeon, dentist, optometrist.” (Reference: MHCP Provider Manual, Chapter 17 Initial Authorization)

Other Payers: The therapist must check with payers to see what their policy is regarding chiropractic orders for therapy.

Please direct questions regarding reimbursement and regulatory issues to Cathy Brennan at cbrennanotr@aol.com. Look for responses in future columns.

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Have you moved or relocated?

You can update your own record online.

This will update the member directory as well as MOTA’s records. Many new practice areas have been added, so please choose as many practice areas as are appropriate for you.

All members can search the directory by practice area, so updating this area will help everyone to locate OTs. Also, please fill in your legislative district as this will really help the Government Affairs Committee when issues come up in the field! Direct any questions to lauriek@ewald.com.

Have you visited our website lately?

www.motafunctionfirst.org

- Stay updated on upcoming events
- Visit the MOTA online store
- Post or view job listings
- Use the searchable member directory
- And much more!

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