Get Ready to VOTE!

The Federal Physical Therapy Section will have an election in January 2015. The poll will open on Monday, January 5th and close on Friday, January 30th. It’s important for you to vote! Watch for emails and a direct mail post card reminder or use the link below to VOTE beginning January 5th, 2015!

http://election.federalpt.org

Federal Physical Therapy

info@federalpt.org
www.federalpt.org

FALL 2014

Inside This Issue

President’s Message
CSM 2015
Student/New Graduate Affairs
Advanced Clinical Operational Course
National Prosthetic and Sensory Aids Service Week
Federal Section Delegate
Army
Dept. of Veterans Affairs
Public Health Service

Federal Physical Therapy

SECTION

Quality physical therapy care across federal medical facilities.

Service Representatives

Veterans Administration
Rebecca Vogsland PT, DPT, OCS
Ru Gakhar DPT, PT

Public Health Service / Coast Guard
Eric W. Bradford PT, MBA, GCS
Pat McAdoo, PT, MEd

United States Army
Holly Roberts PT, DPT, GCS, NCS
Lisa O’Block PT, MPT, OCS

United States Navy & Marines
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Deborah Carr PT, DPT, OCS

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Jonathan Glasberg PT, DPT

Secretary
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Treasurer
Alice D Holder PT, DPT, MHS, GCS

Section Delegate
Andrea Crunkhorn, PT, CSCS, OCS

APTA Board Liaison
Nicole Stout PT
In January 2015, we will be announcing results of elections for three board positions (Vice-President, Secretary, and Section Delegate) and a Service representative for each service in the section. The positions include representatives from the Veterans Health Administration, all the military uniformed services (Army, Navy / Marines, and Air Force), and the US Public Health Service (Indian Health Service, Bureau of Prisons, Coast Guard, and others). Please consider to submit your self nomination. Information on the above positions, as well as, self-nomination forms can be found at: www.FederalPT.org.

Involvement in leadership positions for the Section is a great way to stay involved in our profession and our professional organization. As we continue to move forward, it will be our membership that helps “bridge the gap” in knowledge, communication, and professionalism among our Services. We look forward to progress how we define “Value” to our membership and to the stakeholders we interact with each day.

I would like to thank all presenters for the Federal PT Section that offered their time, expertise, and experience to the education program for CSM 2014 and look forward to the excellent programming in 2015. I am very thankful to Jonathan Glasberg for coordinating the education sessions.

The APTA Combine Section Meeting (CSM) is the primary focus for the section to provided continued education, networking, and social opportunities. On behalf of the board, we are looking forward to the Business meeting, programming, and the Social Networking event. Please see the conference schedule for details.

If you have received this newsletter, and are a PT employed in the Federal government and not a member, please consider joining the APTA Federal Physical Therapy Section. If you are a member please consider participating in section activities. Much of funding for Section programming at CSM comes from membership and members that attend CSM. I look forward to see you at CSM 2015 in Indianapolis, Indiana.

The Federal PT Section includes all the physical therapists who work for the Federal government. Please see the home page of our website: www.FederalPT.org

See you in “Indy”

Mark Havran
President, Federal Physical Therapy Section, APTA
Federal Section Sponsored Educational Sessions at CSM 2015
The Federal section is proud to sponsor interesting and relevant programming for CSM 2015, Indianapolis. As always, these sessions are For Us and By Us! Please review the session outlines below, and plan to attend. See you at the Crossroads of America!

Jonathan Glasberg DPT, Vice President and Program Chair, Federal Section

THURSDAY FEB. 5 2014 8-10AM

TITLE: Urotrauma: A Pelvic Floor Therapy Approach to Military Trauma and Sexual Abuse
AUTHORS: C. Siracusa Majzun, M. McVearry
DESCRIPTION: Pelvic floor physical therapists deal with increasing numbers of patients that have sustained urogenital trauma in various forms. From active duty military sustaining combat-related pelvic and urological injuries to survivors of sexual abuse and genital mutilation, pelvic floor physical therapists must navigate the complex process of helping these patients cope with physical and emotional trauma. During this session, physical therapists will learn how to assess and treat these physically and emotionally complex patients.

THURSDAY FEB. 5 2014 11AM-1PM

TITLE: Prediction, Prevention, and Preemption: Screening for Sports and Training Injuries
AUTHORS: D. Rhon, K.B. Kiesel, D.S. Teyhen, R.J. Butler
DESCRIPTION: What can you do to predict, prevent, and preempt injuries for athletes, soldiers, fire fighters, factory workers, or CEOs? The objective of this session is to bridge the gap between the literature and practical applications for screening tests. This session will explain the components of a population-specific musculoskeletal screening, the role of pain and past injury in predicting injury risk, and how to prevent and preempt injury. This session will provide greater insight into musculoskeletal screening and guidance for practical application.

THURSDAY FEB. 5 2014 3-5PM

TITLE: Virtual Reality and Serious Game–Based Rehabilitation for Injured Service Members
DESCRIPTION: Virtual reality (VR) and serious game (SG) technologies combine hardware, software, and human-computer interfaces to promote interaction with simulated environments. This presentation will highlight clinical cases and empirical results from VR- and SG-based rehabilitation programs at 4 military treatment facilities. These facilities utilize systems ranging from low-cost, video gaming consoles to expensive, fully immersive platforms like the computer-assisted rehabilitation environment (CAREN).

FRIDAY FEB. 6 2014 8-10AM

TITLE: Therapeutic Adventure: A Complementary and Alternative Approach for Military Personnel and Veterans
AUTHORS: B. Springer, D. Scheinfeld, A. Leonard
DESCRIPTION: Psychosocial issues among military personnel and veterans remain high, yet the rate of those seeking help remains low. One innovative approach that shows potential, but has received limited scholarly attention, is therapeutic adventure (TA) approaches. TA aligns well with veteran and active duty personnel's attraction to adventure sports. These activities often heighten their sense of accomplishment, because they involve a mixture of challenge, safe risk-taking, and physicality. This session will highlight 3 distinct therapeutic adventure interventions, Outward Bound for Veterans, Ride 2 Recovery, and Porter S. Garner Jr Warrior Resiliency Training Program for Army.

FRIDAY FEB. 6 2014 11AM-1PM

TITLE: Advanced Rehabilitation and Technology for Enhancing Function
AUTHORS: J. Wilken, J. Owens
DESCRIPTION: A range of novel rehab strategies and technologies are currently being used at the Center for the Intrepid, a military advanced rehabilitation center, to speed the rate of recovery and maximize function. These efforts target areas to include promotion of bone healing, reduce scarring and loss of motion, and improving strength, power, and agility. The speakers will provide an overview of how leading-edge rehabilitative techniques are developed, tested, and assessed within the Center for the Intrepid.

FRIDAY FEB. 6 2014 3-5PM

TITLE: Evidence-Based Amputee Rehab to Maximize Prosthetic Performance
AUTHORS: R. Gailey, I.A. Gaunaurd, M. Raya
DESCRIPTION: Justifying specialized treatment for a lifetime of prosthetic care for people with limb loss has made rehabilitation centers around the world begin to debate how to measure quality of care and cost effectiveness, and how to answer
the question: "What is good enough?" This session will focus on standardizing physical therapy treatment, implementing outcome measures to identify physical limitations, and determining target exercise programs for people with limb loss.

SATURDAY FEB. 7 2014 8-10AM

**TITLE:** Physical Therapy in the Patient-Centered Medical Home (PCMH): What Is Our Role in This Primary Care Setting?

**AUTHORS:** D. Rhon, S. Travers, B. Hatler

**DESCRIPTION:** A physical therapist in place in a PCMH clinic model looked at his influence on outcomes and health care utilization. In this session, he will discuss practical lessons learned, rationale, and initiatives that helped make him successful in this setting. With the growing popularity of integrated patient care models, and the increasing scope of the physical therapist as a primary care provider for musculoskeletal complaints, finding optimal models implementation is key for the physical therapy profession.

SATURDAY FEB. 7 2014 11AM-1PM

**TITLE:** Educate, Train, Treat, and Track: State of the Art Care to Our Military With TBI

**AUTHORS:** A. Crunkhorn, S.N. Maxfield-Panker, T. Cozzarelli, S.B. Goldman, L.M. Lowe

**DESCRIPTION:** An expert panel will discuss the US Army Traumatic Brain Injury (TBI) program within the context of clinical and research initiatives and program design. Additional topics include capabilities and services in the deployed and garrison environments within the context of Department of Defense (DoD) and Army policies for TBI care. Present specific tools and resources developed to support the TBI mission to include patient education handouts, educational videos, and slide decks, the TBI Rehabilitation ToolKit, and the Progressive Return to Activity clinical recommendation.

If you interested in becoming a federal physical therapist and attending CSM 2015, please attend our student Q&A session. We will have a panel of federal PTs from the VA, Army, Air Force, Navy, and Public Health Service (PHS) who will help answer your questions about employment in their respective components. For information on the time and date of this event, please "Like" our Facebook page at [www.facebook.com/federalptstudents](http://www.facebook.com/federalptstudents) and look for upcoming posts.

**POSTER CORNER**

Please take some time at CSM Indianapolis to peruse the interesting Poster Presentations being offered under the Federal section banner:

<table>
<thead>
<tr>
<th>TITLE</th>
<th>PRESENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Novel Return to Duty Screening Tool for Military Clinicians</td>
<td>Casey Shutt</td>
</tr>
<tr>
<td>Use of Mirror therapy for the Reduction of Phantom Limb Pain in a Patient After Bilateral Transfemoral Amputations</td>
<td>Faye Bronstein, Jennifer Eftychiou</td>
</tr>
<tr>
<td>Management of a patient with critical illness polyneuropathy (CIP) who presented with an unexpected functional decline.</td>
<td>Christopher Meachem, Miriam Rafferty</td>
</tr>
</tbody>
</table>
1LT Katie Finn, PT, DPT
Student/New Graduate Affairs Coordinator
Undergrad: University at Buffalo, 2011
DPT: Temple University, Philadelphia, 2014
For the past 2 years, I served as the FPTS student liaison where I learned the importance of professional community, mentorship, and innovation. I look forward to continuing to serve the section in a new role, as we enhance membership value for students and new graduates.

1LT Ryan Lynch, SPT
Student Liaison
Undergrad: Iowa State University, 2012
DPT: Bradley University, 2016
Through the Federal Section, I hope to guide others towards taking care of service men and women. They deserve the best and that is what I intend to give them.

2LT Robert Martinusek, SPT
Student Liaison Assistant
Undergrad: Kennesaw State University, 2013
DPT: Mercer University – Atlanta campus, 2017 I became a member of FPTS to practice my professional duty, learn more about Army physical therapy, and provide valid and timely information about future careers in government service organizations.

1LT Samantha Morgan, PT, DPT
Army New Graduate Representative
Undergrad: UC Santa Barbara
DPT: Army-Baylor University, 2014
I am currently serving as a staff PT at Fort Bragg. I’m looking forward to promoting APTA and Federal Section involvement among my recently graduated and commissioned Army colleagues.

1LT Bridgette Griffiths, DPT
Air Force New Graduate Representative
Undergrad: Air Force Academy, B.S. Biology
DPT: Army-Baylor University, 2014
I’d like to reach out to the newest providers to promote networking among all branches, build mentorship with seasoned therapists, and provide avenues that promote continued learning within our professional field.

LT Sammi Letizio, PT, DPT
Navy New Graduate Representative
Undergrad: Simmons College, B.S. Health Science, 2010
DPT: Simmons College, 2012
During my time at Simmons, I served on APTA’s National Student Assembly Board of Directors as a liaison between APTA and more than 20,000 student members. I hope to help reach more students interested in pursuing careers within Active Duty Service, and help pursue the goals of New Grads in the Federal Section.

1LT Robert Whitehurst, SPT
Army-Baylor DPT Class of 2015 Liaison
Undergrad: BYU, B.S. Genetics and Biotechnology
DPT: Army-Baylor University, 2015
I am a member of the Federal section because I want to be more involved in furthering the PT profession, become more involved in the APTA, and encourage others to do so as well.

2LT Joshua Kniss
Army-Baylor DPT Class of 2016 Liaison
Undergrad: Regis University, B.S. Neuroscience, 2012
DPT: Army-Baylor University, 2016
I see the value of supporting our profession, having a strong unified voice amongst our profession, and bridging the gap between civilian and military physical therapists; I plan to accomplish each of these aims as the APTA liaison for my class.
Thank you for those who attended the Colonel Douglas A. Kersey Advanced Clinical and Operational Practice Course for Physical Therapy Officers, November 1-9, 2014.

The purpose of this course was designed to teach physical therapists to evaluate and treat patients with neuromusculoskeletal conditions involving the lumbar, thoracic, and cervical spine, the shoulder, hip, knee, and ankle. Course content included a review of the anatomy of the neuromusculoskeletal system to include the shoulder girdle, axial structure, and lower limbs. Subject matter experts discussed specialty areas of general medicine, pharmacology, orthopedics, and radiology as related to neuromusculoskeletal evaluation. Methodology included lecture, demonstration, and lab exercises. This course was a partial fulfillment for credentialing Army physical therapists as neuromusculoskeletal evaluators.

Sixty-eight physical therapists who attended the course in early November completed 15 hours of pre-course online education and 63 continuing education hours on-site. Course content focused on manual therapy, dry needling, sports medicine skills, comprehensive gross anatomy lab, interactive patient case scenarios and formal skills competency testing.

The break out below is of those Federal Physical Therapists who attended the course:

- 35 Army
- 9 Army Reserve
- 5 Air Force
- 2 Public Health
- 10 Navy
- 9 DoD/VA Civilians

The objectives for this course were:

- Identify pathologies of non-musculoskeletal origin which mimic musculoskeletal disorders.
- Apply the fundamental principles of evidence-based practice.
- Demonstrate a thorough understanding of the aspects of radiology that are relevant to PT evaluation and intervention.
- State the effects, contraindications and indications for those medications which military PTs may be credentialed to prescribe, as well as for those which may affect physical therapy intervention.
- Apply the current best evidence for examination of the knee region and state which diagnostic tests have the best sensitivity and specificity for selected knee pathologies.
- Given a patient with specific impairments related to dysfunction of the spine or lower extremity, select an appropriate manual therapy technique and correctly perform it to address the impairments.
- Apply the current best evidence for examination of the spine and to provide specific interventions for spinal pathologies.

Website: [www.baylor.edu/graduate/pt/index.php?id=28104](http://www.baylor.edu/graduate/pt/index.php?id=28104)
National Prosthetic and Sensory Aids Service Week
Ru Gakhar

At the end of World War II, no agency or method existed to provide quality prosthetics to America’s disabled soldiers. On November 1, 1945, in response to both Congress and Veterans, the Department of Veterans Affairs (VA) created the Prosthetic Appliance Service. In 2008, Veterans Health Administration (VHA) established the first National Prosthetic and Sensory Aids Service (PSAS) Day which evolved into National PSAS week in 2012.

VA’s third annual PSAS week was held on November 3-7, 2014. This year’s theme, “Touching Lives and Improving Outcomes” recognized the provision of equipment and services by VA in maximizing independent living for Veterans. Medical Center activities included product displays, open houses, and dissemination of information to staff, beneficiaries, and local communities.

Nearly half of all Veterans currently seen in the VA health care system receive prosthetic and sensory aid items and services. Using interdisciplinary health care teams and advanced systems of care to deliver rehabilitation and prosthetic services, VA provides all clinically appropriate and commercially available state-of-the-art prosthetic equipment and sensory aids and devices that cross the full range of patient care.
The Report from the APTA House of Delegates

Andrea Crunkhorn, PT, DPT, Colonel, US Army
LCDR Carrie Dreyer, USN, Alternate Delegate

Greetings from lovely Washington D.C.! Carrie and I would like to remind you that the Delegate vote is coming up shortly. It has been a pleasure to serve as your Delegates, and we look forward to working with the next team for a smooth transition and speedy ramp up. If you are interested in being the Section Delegate, or even just interested in the internal workings of the APTA, we highly recommend participation in the APTA Virtual Town Halls as they are marketed.

The final June 2014 Annual APTA NEXT House minutes were signed in SEP 2014. Updates from the conference are presented below as Passed on consent and Passed by vote.

Passed on consent is an administrative technique used to facilitate the work of the House on issues considered non-controversial. All of the following were considered as a package for approval in an up and down vote. The House approved language that:

- Adds gender identity and gender expression to list of attributes that should not cause discrimination in providing physical therapy services
- Creates an APTA position to define underrepresented minorities in physical therapy education
- Creates an APTA position that telehealth is an appropriate model of service delivery for the profession of physical therapy when provided in a manner consistent with other existing APTA documents
- Creates a position that the APTA endorses the 4 Interprofessional Education Collaborative Core Competency domains and their respective general competency statement. APTA and its members will endeavor to integrate these IPEC core competencies into practice and education initiatives, where feasible.

Passed on vote:
- Amends current position to state, “Physical therapists are entry point providers into the health care system”
- APTA shall begin to pursue a uniform change in the regulatory designation of physical therapists in all states to “DPT” by the year 2025
- APTA will create a plan for increasing the value of APTA membership for the physical therapist assistant (PTA) and present the plan to the 2015 House of Delegates by December 2014
- Creates an APTA position that supports practices that promote excellence in physical therapist education, including recommendations for:
  - Academic educators
  - Program directors
  - Programs
  - Clinical sites
  - The Commission on Accreditation in Physical Therapy Education (CAPTE)
- APTA will, in collaboration with relevant stakeholders, will identify best practice for physical therapist clinical education, from professional level through postgraduate clinical training, with a report to the 2017 House of Delegates
- APTA will explore new and innovative ways to increase membership recruitment and retention of early career individuals with a report to the 2016 House.
- APTA will identify and develop resources that equip PTs and PTAs to negotiate successfully in establishing an agreed upon conceptual framework of productivity and performance to ensure the provision of quality physical therapy care with a report to the 2015 House of Delegates
- Created a position that the APTA supports consumer access to mobility status certification by inclusion of physical therapists as able to make such determinations.
- That Michael J. Axe, MD, be elected as an Honorary Member of the American Physical Therapy Association

Amends the APTA Bylaws for qualifications for Student Assembly delegates, to allow students who have graduated at the time of the House of Delegates to be eligible to serve as Student Assembly delegates
- Creates an APTA position that, “the American Physical Therapy Association (APTA) positions, standards, guidelines, policies, and procedures are intended to communicate best practice for physical therapist practice. Acknowledging that these APTA documents are and should be used to inform state practice acts, these documents are not intended to limit the development of innovative approaches to physical therapist practice in the evolving health care system.”

June 2015 House of Delegates

Now that the 2014 House minutes have been signed, the cycle for new motions has begun. The only topic currently under discussion in the HOD Community for 2015 is whether APTA Retired or Life Members should be allowed to run for/hold any national level office. The discussion centers around the reduced fees they pay and whether the reduced fee equals a reduced right to participate in governance.

Key points of the debate are:
1. Does offering a retired physical therapist a discounted national membership preclude full membership and...
representation in that national organization?
2. Are we enhancing APTA participation by younger and more actively engaged therapists by disallowing retirees full participation?
3. What are we losing by doing this?

In the email discussions running parallel to the community discussions, retirees who have chosen to retain full membership at the full price stand strongly that the discounted membership should preclude holding national office (to include serving as a component delegate). Retired members on fixed incomes who take advantage of the discounted membership feel that they have earned a continued voice, and the discount should not “discount” their experiences and the time they now have to devote the profession at the national level. At this time the Federal Section has not taken a position on this issue.

In service around the world

The Federal Physical Therapy Section promotes quality across the continuum of care within federal medical services.

The Section provides opportunities for networking, continuing education, leadership, and professional development as well as experiences in a variety of settings that include clinical, educational, and research.

Section members include PTs and PTAs who are or have been employed by the federal government in civil service, as members of the uniformed services, as contractors, or as tribal hires, and PT students interested in federal service careers.
Army Update

Holly Roberts, PT, DPT, GCS, NCS

Army Medicine continues to shift from a system of healthcare to a System For Health. The System For Health MAINTAINS health through fitness and illness/injury prevention, RESTORES health through patient-centered care, and IMPROVES health through informed choices in the Lifespace. The Performance Triad, launched just over a year ago and discussed extensively in last year’s Federal Section newsletter, is the foundation for this transformation. The influence physical therapists have in affecting behavior change and the contributions that physical therapists make to the overall health of the military beneficiary population is widely recognized. In fact, the U.S. Army Surgeon General, LTG Patricia Horoho, published a guest editorial in the May, 2014, volume of the Journal of Orthopaedic and Sports Physical Therapy.

This summer, Fort Campbell opened a state-of-the-art treatment center for Service Members with concussions/traumatic brain injuries and post-traumatic stress disorder. The Fort Campbell Intrepid Spirit is a satellite of the National Intrepid Center of Excellence (NICOE), which is located in Bethesda, MD. The center is the third of nine facilities planned for opening over the next few years at military installations across the United States. Two Intrepid Spirit satellites at Fort Belvoir, VA, and Camp Lejeune, NC, opened in the summer of 2013. Satellites at Fort Bragg, NC, and Fort Hood, TX, are projected to open in 2015. An additional four satellites are projected to break ground at Joint Base Lewis-McChord, WA, Camp Pendleton, CA, Fort Carson, CO, and Joint Base Elmendorf-Richardson, AK.

The NICOE Intrepid Spirit satellites have the potential to provide an unprecedented avenue of collaboration among the services for the purposes of research and, more importantly, standardizing the care that Service Members receive based on the best evidence available. The rehabilitation sections of these centers are staffed and directed by active duty and civilian physical therapists from each of the services, to include U.S. Public Health officers. Therefore, there will be an opportunity for open dialogue and sharing of best practices from clinicians across the services.

While the NICOE Intrepid Spirit satellites offer an exciting opportunity for physical therapists working in concussion/TBI care, the opportunity is before us to operate in a collaborative manner in all specialties of federal physical therapy. One of the benefits of belonging to the Federal Section of the APTA is that it provides a formal and informal venue for networking, sharing ideas, sharing best practices, and sharing lessons learned for clinicians in a variety of practice settings in the federal government.

Army physical therapists continue to make relevant and timely contributions to research, and published in a broad spectrum of peer-reviewed medical journals this year. Students, faculty, and recent graduates from the Army-Baylor Doctoral Program in Physical Therapy, Army-Baylor Doctoral Fellowship in Orthopaedic Manual Physical Therapy, and Army-Baylor Doctoral Residency in Sports Physical Therapy published manuscripts investigating a wide variety of interventions from footwear to manual therapy to functional exercise. Clinicians at busy Army physical therapy clinics across the globe contributed an extensive range of research to include recently published results of a randomized controlled trial examining the one year outcome of subacromial corticosteroid injection compared with manual physical therapy for shoulder impingement syndrome that made national headlines.

1LT Samantha Morgan was appointed this month to be the Federal Section Army new-graduate representative. Samantha was the 2014 Army-Baylor representative to the Federal Section and is looking forward to continuing her service to the section. Her role will be to establish communication with new physical therapists (within 5 years of graduation) to educate new graduates about the benefits of belonging to the Federal Section of the APTA, and encourage membership. She will be using email contact and social media as venues to communicate with recent graduates. Additionally, she will closely communicate with the Army Service Representative(s) to ensure that Federal Section programing and planning are meeting the needs of recent graduates. Please email her at sammorgan@gmail.com if you would like to contact her directly.

As the Army Service Representative, it is my goal to help make the APTA Federal Section relevant to the needs of its members and improve communication among Army personnel (active duty, reservists, and civilians). It would be very helpful for me to have an email roster of APTA Federal Section members who are affiliated with the Army. Please take a moment to send me a short message (hollyroberts@yahoo.com) stating how you are affiliated with the Army (activity duty, reservist, national guardsman, DA civilian, retiree) as well as where you are employed. I will use this information to improve communication from the section leadership and to disseminate information in an efficient and timely manner. I will not release this information to anyone else without your permission.

Please do not hesitate to contact me directly with questions, concerns, and suggestions regarding the section’s activities. I look forward to hearing from you.
Pain Management in the VHA

Rebecca Vogsland DPT, OCS

The VHA National Pain Management Strategy has worked to promote a system wide approach for the management of acute and chronic pain. Each VISN has been charged with the implementation of a stepped model of pain care and the development of CARF accredited interdisciplinary pain treatment programs. The stepped model of care includes primary care clinics and providers at the initial level, consultation from specialty programs at the second level with tertiary centers providing CARF accredited interdisciplinary rehabilitation and advanced diagnostics. At this time there are 18 CARF accredited pain programs in 15 VISNs that include inpatient and outpatient programs with varying levels of intensity.

The Tampa and Minneapolis VA Health Care Systems are examples of CARF accredited intensive Chronic Pain Rehabilitation Programs (CPRP) within VHA. The CPRP in Tampa is run as an intensive inpatient program, in addition to their outpatient programming, while in Minneapolis the CPRP is run as an intensive outpatient day program. Interdisciplinary care within the CPRPs includes medical management, nursing, psychology, as well as physical, occupational and recreational therapy. Programming is comprised of both group and individual sessions focusing on education, functional rehabilitation and coping skills to improve the quality of life for Veterans with chronic pain.

The VHA Physical Therapy Field Advisory Council is overseeing the creation of a national, evidence based toolkit for physical therapy approaches to pain management. Areas covered within the toolkit are to include manual therapy, modalities, therapeutic exercise, and biopsychosocial approaches to patient care. The objective of the toolkit is to be a practical resource for physical therapists, across practice areas and patient populations, to assist in the provision of pain management services. The VHA will continue to collaborate with all services within the Federal Section to improve functional outcomes for those we serve.
Surgeon General Issues Call to Action to Prevent Skin Cancer

Eric Bradford

As part of the National Prevention Strategy, acting Surgeon General RADM Boris Lushniak, MD has issued a nationwide call to action to prevent deaths from and decrease the incidence of skin cancer. He cites an increasing incidence of skin cancer in recent years resulting in an annual cost estimate of $8.1 billion to treat nearly 5 million cases of skin cancer. Many of these cases are thought to be preventable.

Melanoma is the deadliest form of skin cancer and results in approximately 9,000 deaths annually. One of the most common cancers among adolescents and young adults, melanoma alone costs the nation about $3.3 billion per year.

Exposure to ultraviolet radiation is thought to be the major contributing factor in over 90% of melanoma cases. For this reason, the Surgeon General's Call to Action urges individuals and groups throughout the nation to redouble efforts to limit exposure to ultraviolet rays.

One recommended action is to avoid all indoor tanning, especially among adolescents and young adults. A recent meta-analysis suggests that over 400,000 cases of skin cancer may be linked to indoor tanning. Initiation of indoor tanning at a young age appears strongly associated with increased lifetime skin cancer risk. The call to action emphasizes the need to provide education on the risks of indoor tanning to all Americans, especially those under the age of 18. The FDA has recently reclassified indoor tanning devices to class II medical devices that have moderate to high risks to health. In the near future it hopes to include warnings on all new devices that those under 18 years old should not use indoor tanning equipment.

Effective autonomous physical therapy practice should include a thorough history and systems review. Outdoor occupational sun exposure, tanning history, history of past personal or family history of skin cancer, and recent skin changes should all be addressed during initial evaluation. While it may be tempting to evaluate a shoulder injury with a patient in a halter top and sweatpants or a knee injury in shorts and a long-sleeved sweatshirt, every effort should be made to inspect as much of the integumentary system as possible. Discussion of the common occurrence of skin cancers and the benefits of early detection will do much to allay patient concerns. A patient refusal of integumentary observation should be noted in the evaluation, otherwise a third-party observer may assume that this system was not evaluated.

Reference