2016 Elections

Nominate yourself or someone else! More information is available on the FPTS website. Nominations are open until **October 15** for the following 3 year terms which start in February 2017.

- President
- Secretary
- Section Delegate
- Air Force Service Representative
- Army Service Representative
- Navy/Marines Service Representative
- USPHS Service Representative
- VA Service Representative

The slate of candidates will be posted on the website in late October. Voting will begin **November 9**.
President’s Message
Mark Havran DPT, LAT, CSCS
President, Federal Physical Therapy Section, APTA

CSM 2016 was another success. It has represented a year of continued growth within the Federal Section. During the past year we accomplished many items that are building upon the foundation for future success. A few are highlighted below:

Improved web design at www.federalpt.org
- Hiring of Executive, Julia Rice
- Coordinating financial institution and IRS acknowledgement of Federal Physical Therapy Section
- Initiating Amputation SIG
- Continued Excellent CSM Programming

We have experienced a growth in members of 23.8%. We feel our expertise in practice, education, and outcomes, should lead to a larger increase in memberships as we get the word out. You all have expertise that can be shared globally.

As we move forward during 2016, we have moved our newsletter publication to be in the Spring. We hope to use this to reflect on the past but build upon our transformation for 2017.

There are a lot of events moving forward. We have elections, National Student Conclave, NEXT conference in June, and will be having Steven Spoonemore represent our section in the upcoming APTA Mobility Specialist movement. Our newsletter and CSM conferencing demonstrates the state of the art, evidence base training, but also the opportunities for students. This is in the form job and training opportunities, residencies, and a demonstration of practices like Direct Access, imaging, and dry needling can have immediate cost efficiency and improved outcomes.

As the year enfolds, we are excited about showcasing CSM 2017 in San Antonio, and will be looking for volunteers in future committees such as CSM 2018 education, marketing, and others. Please reach out to us if you are interested or we can answer your questions.

CONGRATULATIONS...

...to the Federal Physical Therapy Section members who were recognized at the Honors and Awards Ceremony at NEXT 2016 Conference and Exposition in Nashville for the following awards:

Karen L. McCulloch, PT, PhD, MS, NCS
Lucy Blair Service Award

John H. Seiverd, PT, DPT, CCCE/Ci
Signe Brunnstrom Award for Excellence in Teaching
NEW - Services/Affiliations Management

Members of the Federal Section are employed by multiple federal agencies and military services - each with their own unique need for resources. We want to provide our members with tailored resources and information but first we need to know the primary affiliation for each member.

Please visit and click under the “Services” tab, which will take you to the Service Affiliation/Interest sign up. This will allow you to check what branch you may work in currently, are interested in learning about, or notification that you are not a federal employee, but want to learn more (Amputee SIG members that do not work in the federal workplace, for example).

By doing this, it will allow our service reps to more efficiently tailor messages and other highlights of the section.

Amputation Care SIG
Andrea Crunkhorn
Leif Nelson

At the February 2016 Combined Sections Meeting, the Federal Section held the first business meeting of the newly formed Amputation Care Special Interest Group (SIG). This SIG has been a concept for several years, with variations considered in several different Sections across the American Physical Therapy Association. It is our privilege to host this SIG within the Federal Section. Our vision is to create an open forum for members from all Sections to come together to address current issues, research, clinical best practices, and future needs and initiatives. We are stronger together.

Amputation crosses all segments of our profession and across all of the APTA Sections. With a starting membership of 35, we have representation from Research, Orthopedics, Acute Care, Geriatrics, Sports Medicine, and others. As we pull together, we will be able to develop comprehensive, integrated and synchronized care concepts and plans to optimize amputation care across the lifespan. We will work towards restoring human function to the greatest extent possible, restore dignity and autonomy, and continue to push the envelope of development until we have achieved functional equivalence.

While these may appear to be lofty goals, we need to aim high in order to never be so comfortable with the fantastic gains made over the last two decades that we stop progressing.

In the upcoming series of virtual meetings for the SIG, we will discuss a routine meeting schedule, goals for the next year, and start planning meetings for Combined Section Meetings 2017-2020. We want to develop a deliberate plan for course offerings for future CSMs.

It is easy to get overwhelmed with the details of daily life, so we’ll also brainstorm ways to keep all of us communicating on a regular basis with the minimum number of barriers.

Looking forward to crafting our webpage, newsletter, listserv and collaboration for learning. If you are interested in joining the SIG go to the FPTS website – under About Us there is a sign-up portal where you can enter your name.
**Member Spotlight**

*Geneva Johnson & Pat McAdoo*

Geneva Johnson is a graduate of the Army Physical Therapy Program during WWII. She was trained at Lawson General Hospital near Atlanta, GA. She served two years at William Beaumont Hospital in El Paso before returning to civilian life—but not for long! She was recalled to active duty during the Korean Conflict and served two years at Fitzsimmons Army Hospital in Denver and an additional year in San Antonio. When she returned to civilian life the second time, she became involved in physical therapist education. Many will recognize her name as the founding director of one of the earliest entry level master’s programs which was at Case Western Reserve University in Ohio. She remained involved in the Army Reserve and in physical therapist education. In fact, the library at University of the Incarnate Word in San Antonio is named in her honor! She currently resides in Baton Rouge, LA, and the folks in the LA chapter are very proud of her.

Dr. Johnson continues to be an active member of our profession and regularly attends APTA Conferences! She has made an appearance at our Federal Section/Army Alumni Reception for the past several years and serves as an example and inspiration to many of us. She has also served as Vice President of the Army Alumni Association.

Pat McAdoo is a Vietnam era graduate of the Army Physical Therapy program and current member of the Federal Section. While living in Anchorage, AK, she works one week each month in Unalakleet, AK, on the shore of Norton Sound. She has served as President of the Alaska Chapter of the APTA, a member of the APTA Board of Directors and as President of the Army Alumni Association. She served with Gail Pearce on the committee that worked to transition the VA Section to the current Federal Section. She currently serves on the Federal Section Social Committee which coordinates our joint Federal Section-Army Alumni Reception at CSM each year.

In conjunction with her work in Unalakleet, Pat has completed VA training to enable her to serve as a VTR—Volunteer Tribal Representative—to facilitate veterans in rural Alaska successfully applying for and receiving their VA benefits.

**Results of the 2016 APTA House of Delegates Congress**

*Ian E. Lee, PT, DSc, MBA, MHA*

*Board Certified Orthopedic Physical Therapist*

Once a year the APTA House of Delegates (HoD) formally meet to discuss and vote on motions that guide the allocation of resources and shape the future of the physical therapy profession. The delegates considered 16 motions in June in meetings preceding the APTA NEXT Conference in Nashville, Tennessee. I serve as the Federal Section delegate, representing the Department of Defense, the Veterans Administration, and Public Health Service physical therapists and physical therapy assistants. While non-state delegates cannot vote, all delegates are able to sponsor or co-sponsor motions. This year the Federal Section leadership co-sponsored motions 2-16, 3-16, 8-16, and 16-16. Listed below are outcomes from the 2016 HoD. Note that RC 1-16 was rescinded, RC 6-16 was withdrawn, and the administrative motions with no impact on Federal Section members were not included.

**RC 2-16 (RC 3-16) AMEND: THE ASSOCIATION’S (PHYSICAL THERAPISTS’ ROLE IN ADVOCACY FOR PREVENTION, WELLNESS, FITNESS, HEALTH PROMOTION, AND MANAGEMENT OF DISEASE AND DISABILITY** - The Federal Section co-sponsored both motions, and both passed. These motions aligned with many initiatives across the Federal Section and codify the APTA’s and PT’s unique role in wellness as the movement experts.

**RC 4-16 AMEND: CONSUMER PROTECTION THROUGH LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS; RC 5-16 CHARGE: EDUCATIONAL CAMPAIGN REGARDING DESIGNATIONS; RC 6-16 CHARGE: RECOGNITION OF BOARD CERTIFICATION BY AMERICAN BOARD OF PHYSICAL THERAPY SPECIALTIES** - All three motions passed. The first motion creates guidelines for the standard presentation of credentials in a manner that improves both internal and external marketing. The second motion commits to APTA to market the recommended changes. The third motion commits the APTA to marketing certified clinical specialists to consumers and the healthcare community.

Below are the guidelines:
1. PT/PTA (the regulatory designation)
2. Highest earned physical therapy-related degree
3. Other regulatory designations
4. Other earned academic degree(s)

All other designations should be written out as I did above. The motion committee identified over 80 abbreviations creating a confusing “alphabet soup”. So this motion seeks to simplify use of abbreviations and encourage PTs to spell out less recognizable but clinically important designations.

**RC 7-16 ADOPT: DEFINITION OF PROFESSIONAL SCOPE OF PRACTICE** - The HoD sent this motion back to the Board of Directors (BoD). The BoD’s intent was to change the scope of practice from a prescriptive list of what PTs can and cannot do to a set of guidelines that would accommodate the evolving nature of the profession, like the inclusion of therapeutic dry needling into PT practice. This motion hit several snags, including what several believed to be a myopic focus on movement to the exclusion of pain management,

*continued on page 6...*
Recap of CSM 2016 Federal Section Programming

Jonathan Glasberg DPT, MA, ATP Program Chair, Federal Section

The Combined Sections Meeting (CSM) is always a highlight on the Federal Section programming calendar. CSM 2016 in Anaheim did not disappoint! Of the nearly 11,000 attendees, 82% cited educational programming as their main reason for attending. Our efforts to address this large group of knowledge-seekers included our tried-and-true methodology of providing quality Educational sessions, as well as our first forays into Preconference courses and Platform sessions.

Our Educational sessions spanned topics from clinical management to program development and research. APTA PR staff even reported on our Virtual Reality session for the daily CSM newsletter! The value of these sessions was made even more evident after reviewing the course evaluations. Suffice it to say they were very good!

Our decision to offer our first Federal Section Preconference course was borne from two identified needs: 1. Attendees clamour toward offerings on rehabilitation related to Limb Loss, and 2. Our section can always use additional funds to further our mission. The course met both objectives. Our room was filled with attendees who rated the offering very highly, as illustrated by the following comments: “I absolutely loved the course. It was very well presented, never boring and kept my interest” and “Great energy of the presenters. Already started using some of the techniques learned the day I went back to work.” We already have plans to offer a Preconference course for 2017.

The Platform sessions were extremely successful as well. This method of presentation is perfect for topics that can be shared in 30 minutes or less. This allows for several “like” presentations to be offered during a two-hour time slot. Not only does this allow for an increase in information to be delivered, but it allows for an increased number of speakers to be involved with our section. This is a literal win-win!

The Federal section will continue to sponsor interesting and relevant programming for CSM 2017, San Antonio. As always, these sessions are For Us and By Us! We look forward to seeing you in Alamo City!
Photos from CSM 2016 FPTS Business Meeting

Above (L-R) Stephanie McCorvey, Peter Glover, Ron West and Jean Anderson

Pictured left, Marc Weishaar

Social Chair Updates

Since CSM will be held in San Antonio in 2017, the Army Alumni Association will be sponsoring the current students of the Army-Baylor Program at CSM. Of course, we are going to strongly encourage the students to join us at our joint reception—and as several of you already know, I will be asking for private donations to allow us to have a more elaborate social function next year. This will be a great opportunity for us to meet “the younger generation.”

Upcoming Events

2022 will mark the 100th Anniversary of the Army Program—did you know that the first graduates were civilians attached to the Army? Yes, this was actually the beginning of Federal Physical Therapy. I am hoping to gather a group together to work on celebrating this event in style. Many of you remember several years ago in Cincinnati on the occasion of the 75th anniversary. Geneva Johnson worked with APTA to coordinate opening ceremonies in which all our veterans and civilian physical therapists and physical therapist assistants were acknowledged. As usual, she set a high bar and we will be working together to bring this to fruition.

Please contact me at mcadoo@alaska.net or by cell phone (907-229-8980) if you are interested in this project.

RC 8-16 ADOPT: ONCOLOGIC PHYSICAL THERAPY AS AN AREA OF SPECIALIZATION: Passed unanimously, oncology is now recognized as an area of specialization.

RC 10-16 CHARGE: ACCURATE REPRESENTATION OF PHYSICAL THERAPIST PRACTICE AND RESEARCH: The APTA will pursue strategies to support the fair representation of physical therapy practice based on evidence rather than a single or limited set of interventions. For example, this motion gets after non-PTs doing “physical therapy” and then declaring that physical therapy as ineffective.

RC 11-16 CHARGE: EVALUATION AND PLAN TO ADDRESS STUDENT DEBT IN PHYSICAL THERAPY: The APTA will investigate the potential effects of student loan debt on the PT profession and present a plan no later than June 2018.

RC 12-16 CHARGE: PLAN FOR ACHIEVING PRACTICE AUTHORITY FOR ORDERING AND PERFORMING IMAGING STUDIES: “That the American Physical Therapy Association develop and promote a plan to achieve practice authority for ordering and performing imaging studies across practice settings.”

RC 15-16 CHARGE: PRESERVING AND ACCESSING THE PAST, PRESENT, AND FUTURE HISTORIES OF THE PHYSICAL THERAPY PROFESSION AND ASSOCIATION: This motion committed the APTA to develop and implement a plan to preserve and the physical therapy profession history.

RC 16-16 AMEND: BYLAWS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION TO CHANGE THE DEFINITION OF A POST-PROFESSIONAL STUDENT: This motion passed giving APTA student status to post-professional students. Benefits include reduced membership and conference costs.

RC 18-16 CHARGE: PUBLIC STATEMENT ON LAWS PERMITTING DISCRIMINATORY PRACTICES: This motion was essentially “killed” by being “postponed” indefinitely. The APTA through the HoD chose not to issue a public statement highlighting the APTA’s non-discriminatory policy.

RC 19-16 ADOPT: ENDORSEMENT OF NATIONAL EFFORTS ADDRESSING THE OPIOID HEALTH CRISIS: This motion passed unanimously, and the APTA almost immediately issued a public statement. This motion in part references the identification of physical therapy as a pain management alternative to opioid medication.

It was a privilege to serve as the Federal Section delegate. The pace was frenzied and the experience humbling in the presence of such a talented and passionate group. The Federal Section is quite well respected and well aligned with many factions within the HoD. The Federal Section is looking to build a bench of alternate and future federal delegates. If you are interested in serving, please reach out. Additionally, if there is a motion you would like considered at a future HoD, please speak with any federal section leader.
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Air Force Update

David R. Poole PT, DPT, OCS, CSCS, Cert. SMT, Cert. DN

Consultant Vector for Air Force Physical Therapy

Strategy Map

Col Joseph Rogers

MISSION: Keeping Airmen in the Fight...we keep the Airmen in the “Fly, Fight and Win”.

VISION: Optimize Human Physical Performance Across the Spectrum of Operations; ‘Fit, Ready, Reliable’...ourselves and our Airmen.

SECONDARY MISSION: Healthy Family Members Keep Warriors Focused and We Honor Those Who Served.

Core Competencies to achieve Vision:

1. Establish local business practices that focus on ACCESS TO CARE that delivers the local mission. Goal is to get right patient, to the right provider at the right time. Take care of your mission!
2. Build a culture of clinical excellence. Goal is to recognize and reward clinical expertise and performance. Get back to basics. Excel in our core competency.
3. Improve clinical effectiveness. Goal is to capture outcomes metrics to identify and share best practices across the enterprise with a focus on those things we do that deliver rapid recovery and return to duty.
4. Medicine is a team sport. Goal is to integrate PT Services into PCMH (Patient Centered Medical Home) and leverage all available MTFs (Military Treatment Facilities), base and community resources to effectively manage our patients’ care.
5. Leverage technology to save time for you and your patients. Goal is to link IT/IM platforms to create a seamless system that encompasses the entire patient experience, from initial appointment to discharge, to eliminate wasted time on non-value added actions.
6. Communicate effectively. Goal is to have every therapist and technician an ambassador for the Air Force and Physical Therapy. Executable knowledge and communication is the cornerstone of “Trusted Care, Anywhere”.
7. Evolve our military PT practice to meet the needs of Airmen, today and tomorrow. Goal is to evolve our medical support to effectively deliver the mission; this will require us to provide PT services in different ways to expand the definition of ‘operators’ and step up our role as human performance practitioners, assuring Airmen stay in the fight.

The 1st Annual Embedded PT Symposium was held at the USAF Academy’s Athletic Department 11-13 Mar 2016. Eight embedded PTs attended: Lt Col Justin Theiss, Maj Mark McElroy, Maj John Wade, Maj Dani Schnitker, Maj Sean Wilson, Maj Mike Curtain, Maj Alden Taylor, and Maj Justin Gray. The course was hosted by Lt Col Eric Wilson and Lt Col Joel Dixon. The team received lectures/labs on Systemic Dry Needling, Concussion Management, Kettlebell Training, Return to Duty Criteria, Sports Vision Training, and PTSD.

Air Force Physical Therapy was successful in creating our first Special Experience Identifier (SEI) for our PTs embedded in Special Tactics units. This SEI becomes effective approx. 1 Nov 2016.

The Army-Baylor DPT program is expanding the AF class. Historically, we maintained 2 students per class. In January 2016 we started 3 students, and we just accepted 4 applicants to start in January 2017.

We have acquired at least 3 new PT positions in the AF Reserve and they are open for applications. Information can be found HERE. (click on Reserve Vacancies, then All Officer Vacancies, then 42XX - Biomedical Clinicians, then search the list). When going from active duty to reserve status, you must work with a recruiter to obtain a position. Please Lt Col Jodene Alexander at jodene.alexander@us.af.mil.

Please contact me at david.poole.2@us.af.mil if you have any questions.
Pain Management in the VHA
Rebecca Vogsland DPT, OCS, CSMT, CMTPT, TPS

The topic of chronic pain management is ever-present in discussions about healthcare and public health challenges facing the nation. The VHA has demonstrated leadership in addressing the multifaceted issues of chronic pain management through a National Pain Management Strategy established in 1998, the Pain Management Directive created in 2003 (revised in 2009) and the Opioid Safety Initiative formally launched in 2013.

Opioid Safety Initiative (OSI): Initially launched at the Minneapolis VA Health Care System (MVAHCS) in January 2012, the OSI is a primary care based population-level intervention aimed at decreasing high risk opioid use for patients with chronic (non-cancer related) pain and to establish guidelines for safer opioid prescribing. The Minneapolis VAHCS demonstrated success with this plan and by 2014 achieved an 80+% decrease in high-dose opioid use. As the OSI expanded to the VA nationally, the main focus was to provide education for providers, interdisciplinary teams, and patients about the risks of opioid use and to work toward decreasing high risk prescribing and overutilization of these medications. Patients were also educated about and guided toward non-opioid pain management strategies that include physical therapy, non-narcotic medications, mental health interventions and complementary and alternative medicine.

Pain Management Directive: The 2009 VHA Pain Management Directive defined the stepped model of pain care and established expectations for VHA facilities, regional VA networks and the National Program Office for pain management. The directive ultimately seeks to improve the quality of life for veterans through the use of a biopsychosocial approach to pain care. 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, advanced diagnostics and consultation for complex cases.

Additional Resources: Additional resources for both providers and patients were created as part of the overall Pain Management Strategy and include an on-line toolkit (for providers and patients/families), Pain Coach application for smart devices and Clinical Practice Guidelines for pain management. The Physical Therapy Field Advisory Council oversaw the creation of an 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. VA Specialty Care Access Network-Extension of Community Healthcare Outcomes (VA SCAN-ECHO) calls providing case-based pain education were implemented to help facilitate best practices throughout the system of care and allow collaborative learning. A number of other training materials have been created by various groups within VHA and facilities have brought in outside speakers to help educate their staff on pain management by creating a common language and framework based on pain science principles.

Physical Therapy within the VHA is poised to contribute to the goals of the Pain Management Strategy. The American Physical Therapy Association recently initiated (#ChoosePT) a national public education campaign developed in response to the opioid epidemic to highlight the important role PTs play in the treatment and management of pain and patient care. Find more information and resources at HERE.
FPTS Collaborating with the Orthopaedic Section to Develop Clinical Practice Guideline

Becky Vogsland is involved in the development of a Clinical Practice Guideline that is a joint venture between the Federal and Orthopedic Sections of the APTA. The guideline intends to describe the best available evidence in the scientific literature for identifying “Red Flags” in patients who present with seemingly common musculoskeletal problems who may need to be referred on for further medical management. The developers are involving PTs, chiropractors and physicians within academia, clinical practice and the Federal system as expert reviewers of the initial list of potential reviewers. A survey on this topic was recently sent to all Federal Section members.

Home Interdisciplinary TeleRehabilitation Team (HITT)

VA Office of Connected Care currently has a vision of improving access by information and communication technologies (virtual modalities) that effectively integrate into the daily activities of Veterans and VA staff. This includes the scope of telehealth services such as Clinical Video Telehealth (CVT), Home Telehealth, and Store and Forward telehealth.

Clinical video telehealth (CVT) is an innovative way to deliver therapy services into a Veteran’s home. The Veteran is able to see and hear the therapist in real time, just as they would during an in-person home visit. The VA Central Iowa Health Care System (VACIHCS) interdisciplinary rehabilitation team of Physical Therapists (PT), Occupational Therapists, Speech Language Pathologists, and Telehealth Coordinators use CVT to increase access to care for rural Veterans in central Iowa. At VACIHCS, the decision to use of telehealth technologies for rehabilitation services is determined on a case-by-case basis with selections based on multiple variables, such as practitioner’s clinical judgement, professional’s standards of care and ethics, Veterans consent, and available technologies and resources. Typically, each rehabilitation session is supported by a telehealth clinical technician (TCT) to train the Veteran or their caregiver on how to safely use the appropriate telehealth technology. The TCT is generally present with the Veteran during the initial exam and select follow-up visits to ensure safety during the tests.

Physical therapy is performed by replacing the PT’s hands with various assistive devices for the Veteran to self-treat pain and range of motion limitations in muscles and joints. The PT is also able to address balance issues with the Veteran through specific tests that do not require a PT to be physically present with the patient. Once the source of the balance issue is discovered, the PT develops a treatment plan specific to each Veteran, as would be with an in-person home visit. The Veteran is provided and instructed in an individualized home exercise program to improve and maintain gains during their time in therapy and after.

At the VA Central Iowa Health Care System in Des Moines, Iowa, the rehabilitation team (i.e., PT, OT, SP and Telehealth Coordinator) worked together to improve coordination, care and outcomes for Veterans. Initial outcomes concentrated on:

- Increased telehealth visits
- Decreased miles driven by providers
- Assisting in completion of home safety evaluations
- Assisting in reduction of facility hospital re-admissions

The next step is to share lessons learned and success stories with the rehabilitation community. The whole team participated in a two part series. The series can be viewed HERE.

Part I –
- telehealth technology for the home
- checklists and outcomes

Part II –
- home evaluation utilizing telehealth technology
- rehabilitation: case presentations

The CVT efforts at the VACIHCS are part of the Environmental and Physical Assessment and Assistive Technology Rehabilitation Collaboration project. The Rehabilitation and Prosthetic Services Office manages this project, which was funded in fiscal year 2015 by the U.S. Department of Veterans Affairs’ Office of Rural Health.
The Future of Physical Therapy in the VA
Renee Schroeder, PT, DPT, GCS

What is the direction of the physical therapy profession within the VA system? With every VA facility operating independently, many of us have difficulty answering this question. Each therapy department has a different focus, different staff specialties, and different leaders. How do we develop a cohesive vision for our profession within the VA system?

Physical therapists in the VA need to market our profession within our system. We need to develop new programs and prepare ourselves for direct access. We need to develop a system to assist our fellow employees with their professional goals. We need to hire and retain the best and brightest therapists to provide the best possible care to our Veterans.

Many opportunities exist to promote and advance our profession. The occasions where we are able to market our profession are only as few as we think. Are we serving all the Veterans that would benefit from our care? How do we ensure that Veterans are not being overlooked regarding therapy needs? What programs could be developed to make our department better able to provide the therapy our Veterans deserve?

Developing programs does not have to be complicated or difficult. It doesn’t have to involve man hours that cannot be spared. It can start with developing relationships with one physician, one nurse practitioner, one nurse manager. Discuss the limitations and problems they see in the Veteran population they serve. And problem solve. We are a highly trained profession of problem solvers. Let’s use that gift to show our facilities how valuable we are.

Direct access will come. Will we be ready? Can we provide the flexibility in scheduling and treating patients in a timely manner in the same way (or hopefully better) than our primary care or ER areas? Will credentialing come into play? Will our therapists need to be able to order imaging studies to expedite care? What education/certification will be required?

Finally, a common frustration from physical therapists is feeling as if the supervisor position is our glass ceiling. What if we think bigger as a profession? Physical therapists have much to offer the Veterans Administration outside of a physical therapy department. We need therapists to advance into hospital administration and VISN roles and be advocates for our colleagues. Let’s be the start of a movement where therapists are among the primary professions in hospital leadership.

Therapists looking for career advancement need assistance to access local LEAD programs and VISN Leadership Institute programs. Develop a career plan at mycareeratva.gov. Find mentors and make connections across the nation. Please market the benefits of joining the Federal PT Section to your colleagues both in and out of Federal employment. Let’s teach each other how to be active participants in our own success and lead others to find their success.

I don’t have the answer to the cohesive vision for our profession. It appears I have a whole lot of questions. I do see big things in the future and our focus should not be short term or narrow. We are a profession of leaders. Let’s find our way forward together.

April Was Limb Loss Awareness Month
More at: www.rehab.va.gov/asoc/

Almost 2 million Americans have experienced limb loss or were born with limb differences. This includes approximately 45,000 Veterans with major limb loss who utilize VA services each year. Another 28 million Americans are at risk of amputation due diabetes, sensory neuropathy and non-healing foot ulcers, including 1.8 million Veterans.

VA’s Amputation System of Care (ASoC) recognizes the importance of caring for Veteran’s with limb loss and delivers integrated clinical care and care coordination through interdisciplinary teams. ASoC teams integrate the latest practices in medical care, prosthetic technology, and rehabilitation management to assist individuals with amputations reach their highest level of functional independence.

In The News
National Disabled Veterans Winter Sports Clinic
30 years of mountainside miracles

After conquering a snow covered mountainside, everyday challenges of life seem much more surmountable for these participants who’ve lost a limb or sight, or endure paralysis. Our Veterans draw inner strength from this experience of a lifetime
and use it to overcome life’s challenges head-on when they return home. They also inspire those without disabilities to catch their spirit and go after their dreams.


Project Healing Waters brings fly fishing to disabled Veterans

Retired Navy Captain Ed Nicholson founded the organization in 2005 to help wounded Servicemembers recovering at Walter Reed Army Medical Center. An avid outdoorsman, Nicholson knew the fresh air and change of scenery would be a welcome relief for soldiers cooped up in a hospital. As his trips progressed, he noticed there was something therapeutic about tying a fly, casting a rod, the sound of the rushing water.

And he was right. According to psychologist Dr. Tamar P. Martin-Franklin, the therapeutic benefits of fly fishing include improved fine motor skills, eye-hand coordination, balance, range of motion, concentration, self-esteem and a more positive attitude toward the future.


#VABrainTrust: IBM teams up with VA to advance brain health for Veterans


VA is pulling together government leaders, clinicians, innovators, scientists, athletes and Veterans to discuss new ways to improve prevention, diagnosis, treatment and rehabilitation of individuals stricken with post-traumatic stress injury and mild traumatic brain injury.


SAVE!
On Insurance, Retail, Travel and More.

[www.apta.org/ValuePrograms](www.apta.org/ValuePrograms)
Step It Up! The Surgeon General's Call To Action
To Promote Walking And Walkable Communities

Being physically active is one of the most important steps that Americans of all ages can take to improve their health. Regular physical activity helps improve your overall health and fitness, and reduces your risk for many chronic diseases. The President’s Council on Sports, Fitness and Nutrition’s Facts and Statistics webpage states that “only one in three children are physically active every day.” They also report that “less than 5% of adults participate in 30 minutes of physical activity each day;” only one in three adults receive the recommended amount of physical activity each week.” Regular physical activity over months and years can produce long-term health benefits.

Fitting regular exercise into your daily schedule can prove to be difficult and time consuming for many Americans, but the 2008 Physical Activity Guidelines for Americans provide flexible standards and activities that give anyone the freedom to reach physical activity goals through different types and amounts of activities each week. An example of one of these activities is brisk walking. Walking is an aerobic activity in which people move their large muscles in a rhythmic manner for a sustained period. Over time, regular aerobic activity makes the heart and cardiovascular system stronger and fitter. Step It Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities seeks to get Americans walking and wheelchair rolling for the physical activity needed to produce long-term health benefits to include helping prevent and reduce the risk of chronic diseases and premature death. Getting outside to enjoy nature and socializing with others can also help to promote positive mental health as well. Unfortunately, serviceable and safe areas are not always readily available for people to accept this charge. This is where The Surgeon General’s Call to Action comes into play. The Call to Action targets strategies that communities can use to support walking, which in turn will hopefully result in long-lasting changes to improve the health and health care for many years to come.5

The main goal for the Call to Action is to encourage everyone to recognize their role in helping to build a community for Americans that provides easier access to spaces and places that are safe to walk or wheelchair roll. This in turn will encourage physical activity for those who are sedentary or increased physical activity for those who find it a challenge to gain access to safe and walkable communities. The Call to Action presents five goals to Americans to support walking and walkability in the United States:

1. Make Walking a National Priority
2. Design Communities that Make It Safe and Easy to Walk for People of All Ages and Abilities
3. Promote Programs and Policies to Support Walking Where People Live, Learn, Work, and Play
4. Provide Information to Encourage Walking and Improve Walkability
5. Fill Surveillance, Research, and Evaluation Gaps Related to Walking and Walkability

To learn more about The Surgeon General’s Call to Action and the strategies purposed to achieve the goals listed above please go to www.surgeongeneral.gov.

References
5. www.surgeongeneral.gov
Update on VA PT Residency Programming

- July 2009 Marquette University and Milwaukee VA PT Residency Program with one resident
  - May 2010 Milwaukee accredited 5 years by American Board of Physical Therapy Specialists (ABPTS)
- July 2016: 8 new programs at 6 Facilities
  - 34 Total Residents
  - Cleveland – 2 Ortho – 2 Geriatric
  - Gainesville - 2 Ortho – 1 Geriatric
  - Madison– 1 Cardiopulmonary
  - Denver– 1 Ortho
  - Tampa – 3 Ortho – 4 Neuro
  - Cincinnati - 2 Geriatric – 1 Neuro
  - Ann Arbor – 2 Cardiopulmonary
  - Durham – 1 Geriatric
  - Milwaukee – 3 Neuro
  - Salt Lake City – 2 Ortho
  - Boston – 1 Neurologic
  - Washington – 1 Ortho
  - Mountain Home – 2 Ortho
  - Palo Alto – 1 Geriatric
  - Minneapolis – 1 Neuro
  - St. Louis – 1 Cardiopulmonary

Outcomes:
- Total June 2009 to June 2015 – 81 Total residents
- 23 currently in program for AY 2016
- 55 completed (3 did not complete the program)
- 27 VA employed
- 28 not VA employed
- 31 board eligible
- 29 passed (28 passed on first attempt, 1 on second)
- 1 medically deferred
- 1 pending accreditation of program
- All programs Accredited – Milwaukee accredited a second time through 2025

Future:
- Organizing National PT Education Field Advisory Group
- Input to academic committees on clinical education
- Additional expansion of Residency and possible PT Fellowship education
- Collaboration with other Federal groups (DOD, USPHS)

If you have any questions, please contact William Wenninger at William.wenninger@va.gov.

Changes Needed In Clinical Education

There is a demand for change within physical therapy (PT) education. A recent questionnaire by a Veterans Administration (VA) committee of external stakeholders found that 85 percent of respondents believe the current model of clinical education is unsustainable and changes should be made.

The questionnaire, fielded at the end of 2015, of nearly 50 physical therapist students, over 65 directors of clinical education and about 50 PT education program directors was conducted by the VA Physical Therapy Field Advisory Council’s National Physical Therapy Education Committee. This committee was created to better understand the state of PT clinical education offerings within the VA.

As an indicator of just how real the desire for change is, 74 percent of PT education program directors who responded were willing to commit program resources in support of the 15 recommendations that came out of the 2014 Clinical Education Summit in Kansas City.

Another interesting point was that the majority of directors of clinical education were neutral when asked which student-instructor model (1:1 or 2:1) was ideal. However, when we asked students, the overwhelming response was that a 1:1 model was preferred. We also asked students if they liked rotating between clinical instructors or if they like to stick with just one. The majority of respondents want to rotate.

Students were also hungry for more structured education in the clinic. We had an overwhelming response from students that they value having in-services built into clinical internships; in addition, we had an overwhelming response from students that they want some form of lab time built into their clinical internships.

Additional highlights from director of clinical education responses:
- 57 percent agree that an ideal clinical would have a structured curriculum that blends clinical experience and didactic lectures
- 59 percent agree that consolidation of clinical sites into some form of a regional core network is the future of physical therapy clinical education
- 84 percent believe that an ideal clinical affiliation will have at least one APTA credentialed clinical instructor per site

The VA National Physical Therapy Education Committee is committed to leading innovative PT clinical education.

More info: Christopher Meachem, PT, DPT, GCS, at Christopher.Meachem@va.gov.

View the full questionnaire results with analysis HERE.
FPTS Student Liaison Report

1LT Ryan J. Lynch, DPT
Federal Section Student Liaison 2015-2016

Physical Therapy School really flew by quickly. It is hard to believe that I am finally graduated and will be moving towards active duty. The Federal Section has been of great assistance in helping me in my career planning and progression. Throughout this time, I had the privilege of meeting a number of mentors and experts that have been invaluable to my student experience. The best part about these last few years was getting to help other students that were interested serving veterans and service members. Some of the ways I was able to do so was at the National Student Conclave and the Combined Sections Meeting. Here, I told students how they could get involved in the Federal Section as well as the opportunities that are offered by this section. Such opportunities include residencies through our VA system, Scholarships for covering the cost CSM, and assistance in setting up clinical sites. I also was plugged into the classes offered by the Federal Section at CSM where I learned about clinically relevant issues pertaining to common injuries that service members are routinely being exposed to. Overall, being a Federal Section Member and Student Liaison was definitely the best decision I have made while in Physical Therapy School. The friendships and mentorship I have made throughout these past years are just a part of the many reasons why I recommend being a Federal Section Member.

I want to extend a warm welcome to Shane Harris who will be taking over my responsibilities as the FPTS Student Liaison. He will be at National Student Conclave in October!

Shane Harris
Miller School of Medicine | Department of Physical Therapy
University of Miami

Federal Physical Therapy Section

Combined Sections Meeting Scholarship

The FPTS is offering scholarships to cover the cost of early bird registration for Combined Sections Meeting 15 FEB – 18 FEB 2017 in San Antonio for (3) qualified students interested in pursuing physical therapy careers within the federal government and (1) for an early career section member.

Student Physical Therapist Scholarships (2)
- Student must be a FPTS member
- Student must be a second or third year DPT student
- Student should be seriously considering federal employment upon graduation
- Student must submit the following to federalptsection@federalpt.org
  - Brief statement (no more than 1 page) outlining why you wish to work as a federal PT
  - Professional resume
  - 1 letter of recommendation from a PT or professor

Post professional Student Scholarship (1)
- Student must be a FPTS member enrolled in a post professional graduate educational degree program or residency program for physical therapists
- Student should be seriously considering federal employment upon graduation
- Student must submit the following to federalptsection@federalpt.org
  - Brief statement (no more than 1 page) outlining why you wish to work as a federal PT
  - Professional resume
  - 1 letter of recommendation from a professor/residency director

Early Career Member Scholarship (1)
- Applicant must be a FPTS member
- Applicant must have graduated from a PT or PTA program no more than 5 years from Sept 1, 2016
- Applicant must submit the following to federalptsection@federalpt.org
  - Brief statement (no more than 1 page) outlining how attending CSM would enhance the applicant’s professional or clinical practice

Submission Deadline: 01 September 2016
Selection:
All applications will be submitted to the FPTS board of directors. Those with the most relevant qualifications will be selected and be notified via e-mail no later than 15 October 2016. Those selected will be given a check at CSM 2017 at the FPTS business meeting.