Get Ready to VOTE!

The Federal Physical Therapy Section will have an election in January 2012. The poll will open on Monday, January 2 and close on Thursday, February 1st. 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 2, 2012!

http://election.federalpt.org
President’s Message

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 2011. Jonathan Glasberg did a great job at coordinating the education sessions. The Federal Section has a full program for CSM 2012. Please read the following article as a preview for what the Federal Section will offer for educational programming during CSM 2012.

This year we are having elections for three board positions and the second set of Service representatives 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). The growth of the section leadership continues.

The APTA Combine Section Meeting (CSM) is the primary focus for the section to provide continued education, networking, and social opportunities. This is also the time we conduct our business meetings. This year during the business meeting I will present a strategic plan from the leadership of the Federal Section. This will be a living document that will continue to change from the input of the membership of the Federal Section. We plan on developing an electronic survey that we will send out to the membership for input and recommendations for future planning. The next few pages of this newsletter have the slides I will be using during the business meeting. The slides present the mission and vision of the section. The next few slides describe some of the initial strategic goals, objectives, accomplishments, and plans. I then created a slide that looks at the means (our recourses and assets), ways (our methods and processes) and our ends (outcomes and goals). I have also included a slide from the strategic plan for the APTA. A more detailed document of the APTA’s strategic goals is located at www.apta.org.

Our Business meeting will be at 7am on Friday February 10th. During CSM 2012, the Federal PT Section will continue to combine with the US Army Alumni Association for a social and networking event on Friday, February 10th from 6:30-9:00pm at the Palmer House in Salon 1.

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. I look forward to seeing you at CSM 2012 in Chicago IL.

The Federal PT Section includes all the physical therapists who work for the Federal government. Please see our first newsletter that may be downloaded from our website for an overview on the services that comprise the Federal Physical Therapy Section.
ASSOCIATION PURPOSE

The American Physical Therapy Association exists to improve the health and quality of life of individuals in society by advancing physical therapist practice.

APTA Vision 2020

By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health.

Mission and Vision Federal Section

Mission

The purpose of the Federal Physical Therapy Section is to Promote, Sustain, and Enhance the services provided by Federal Physical Therapists through rehabilitation, prevention, and wellness.

Vision

The Federal Physical Therapy Section will inspire and optimize participation in the APTA, Federal Section, and other sections of the APTA by becoming leaders in restoring and protecting the health of Federal physical therapy stakeholders through relationships that focus on Coordination, Communication, and Education.
Communication and Coordination

**Strategic Outcome**
Leverage Communication to impart knowledge and build meaningful, positive relationships between Federal services and the American Physical Therapy Association. (In support of the following APTA Strategic Goals)
- APTA Strategic Goal: Standards for Practice
- APTA Strategic Goal: Access to Physical Therapist Services
- APTA Strategic Goal: Public Awareness/Recognition

**Objectives**
- Improve Communication Systems
- Communicate Best Practices within each service
- Communicate methods in use by services for Access and Continuity of Care
- Relationships that Enhance Partnerships in Section
- Membership participation in positions within APTA

Communication and Coordination

**Accomplishments**
- Elected Service Representatives for communication and coordination between APTA and Services in Section
- Participated with APTA on Federal Service meeting with APTA Leadership
- Developed Education during CSM to communicate Best Practice within each service
- Developed newsletter to communicate new ideas and opportunities across each service

**Plans**
- Develop Federal Section Questionnaire for membership input on strategic planning
- Service Reps develop contacts in each service to communicate best practice examples across all services. (leadership contacts and facility contacts)
- Develop a membership meeting during CSM for Services to discuss issues within their service and with other services
Education and Knowledge Management

**Strategic Outcome**
Develop educational opportunities with the APTA and the Federal Services to share best practices for rehabilitation, injury management, and wellness. (In support of the following APTA Strategic Goals)
- APTA Strategic Goal: Research
- APTA Strategic Goal: Education

**Objectives**
- Coordinate Physical and Psychological Health Promotion and Prevention education
- Communicate with APTA on Federal PT services and practice
- Communicate Research from all Federal services

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Education and Knowledge Management

**Accomplishments**
- Established Education programming for Combined Section Meeting (CSM)
- Established Service Representative to work with key personnel in services to share research and education opportunities
- Established a database of membership for Service Reps

**Plans**
- Develop Section leadership to expand opportunities at CSM
- Develop a SharePoint with the APTA for knowledge between services in the Federal Section
- Service Reps develop key contacts and knowledge opportunities for sharing best practices
What is a Section Service Representative?

- There are two Service Representatives for each service in the Federal Section of the APTA. These services include the VA, Army, Air Force, Navy/Marines, and USPHS. The term lasts 3 years and cycles on different years as not to have the term limit of both representatives from a single service end at the same time. The election process for these positions is on the same election cycle as the board of directors.
What is a Section Service Representative?

- Serve as members of the Nominating committee
- Communicate and disseminate information to their service divisions.
- Assist with developing and obtaining contributors to the Federal PT Section newsletter
- Assist the secretary as needed in the voting process
- Maintain contact with key contacts within their respective Service Division. Obtain a membership list of PTs in your service. Assist the board in communicating with key leaders in each service. Work with leadership in each service to increase membership.
- Report to the Section Board of Directors any concerns of their Service Division personnel
- Participate with the Board of Directors meetings and the section’s strategic objectives
- Other duties as assigned / volunteered

What is a Section Service Representative?

- If able to attend CSM, attend the Section Business meeting. The section will provide a stipend to reimburse up to $500.00 of travel expenses for CSM if not covered by other means. All funded service representatives must attend the section business meeting, assist the program chair with programming events for the Federal Section during CSM, and serve as a representative at the section booth for at least one unopposed session.
Ways to get involved in the Section

1. Volunteer to assist the Program chair during individual sessions at CSM
2. Self nomination as a Service Representative in the Federal Section
3. Assist the Membership Chair with contacting membership
4. Represent the Federal Section for special interest groups in the APTA
5. Assist at the Federal Section booth during CSM
6. Assist the board of directors in their duties
7. Assist the Service Representatives on initiatives within each service of the Federal Section. Help develop contacts within each service.
8. Participate in the Federal Section Facebook site by communicating initiatives and ideas for involvement as a Federal PT in the Section
9. Communicate with the Federal Section Service representative about communication and education needs during CSM
10. Recruit other Federal PTs to join the Federal Section of the APTA

Promote, Sustain, and Enhance health care provided by Federal Physical Therapists through rehabilitation, prevention, and wellness
Federal Physical Therapy

CSM 2012

The Federal section is proud to sponsor exciting and relevant programming for CSM 2012. Please peruse the brief descriptions of the offerings below. Looking forward to seeing you in Chicago!

Jonathan Glasberg PT, DPT

Thursday, February 9, 2012

Feet, Shoes, and Injuries: Using Intrinsic and Extrinsic Risk Factors for Overuse Injuries
10:30 am–12:30 pm | See Program for Room

(Joint Program: Sports Physical Therapy)
Speakers: Deydre S. Teyhen, PT, PhD, OCS
Donald L. Goss, PT, DPT, OCS, ATC

Lower-extremity overuse injuries place a major burden on our medical system, accounting for approximately 50% of all the injuries among active populations. Navigating the evidence related to prevention and treatment of these types of overuse injuries can be daunting. This course will review the evidence related to the extrinsic and intrinsic risk factors for injuries, as well as the different clinical tools that assess static foot structure. Participants will learn novel techniques that use plantar pressure to assess the dynamic foot during gait. The speakers will also present the results of the Foot Assessment Algorithms for Soldiers in Training (FAAST) study. Participants will learn how to use this information as part of a well-rounded prevention and treatment program for overuse injuries to include the influence of running form, barefoot running, lower-extremity alignment, core strengthening, training programs, running shoes, orthotic devices, and terrain.

Upon completion of this course, you’ll be able to:

• Discuss the evidence for intrinsic and extrinsic risk factors for overuse injuries.
• Differentiate between different methods of foot assessment.
• Explain the typical plantar pressure and lower-extremity biomechanical differences observed between arch height extremes.

The Changing Face of American Veterans: Incorporating Women’s Health Issues Into Today’s VA Medical Centers
3:30 pm–5:30 pm | See Program for Room

(Joint Program: Women’s Health)
Speakers: Denise Jagroo, PT, DPT; Tejal Patel, PT, DPT
Deena L. Olson, PT, DPT; Sandra Diamond, PT

Women today make up a much larger percentage of Veterans and active duty military members than in any previous wars. Of the 1.7 million troops deployed in support of the wars in Iraq and Afghanistan, more than 190,000 are women. Unlike past wars, where women were not subject to actual combat, women deployed today serve on the front lines in combat zones and experience many of the same traumatic stressors that male combat troops do. Because of the military’s changing demographics, the Department of Veterans Affairs expects the number of female Veterans enrolled in the VA health system to double within 4 years. This course will discuss the many physical and psychological issues facing women Veterans. Female soldiers returning from deployment, as well as active military personnel overseas, have a multitude of health concerns, ranging from pelvic floor dysfunction and sexual assault to custody battles upon returning stateside. Attendees will gain insight into the lives of female soldiers and a wealth of knowledge to help better serve this dynamic population throughout their lifespan.

Upon completion of this course, you’ll be able to:

• Discuss physical and psychological issues that deployed and returning female soldiers face.
• Identify the wide range of services available for returning female Veterans throughout their lifespan.
Federal Section Business Meeting
6:30 am - 8:00 am | See Program for Room

US Army Musculoskeletal Action Plan and Strategic Initiatives, Part 1
8:00 am–10:00 am | See Program for Room

(Joint Program: Health Policy and Administration)
Speakers: Nikki Butler; Janet Papazis, PT; Barbara Springer, PT, PhD

The U.S. Army needs a proactive comprehensive approach to prevent injury, optimize performance, and hasten recovery of its soldiers. More than 1 million medical encounters resulted from injuries in 2009, and from 2003 to 2008, non-battle injuries accounted for 34% of medical evacuations while battle injuries accounted for only 19% of medical evacuations. The Musculoskeletal Action Plan (MAP) was developed through collaboration with subject matter experts throughout the Army, Department of Defense, and academic, civilian, and professional organizations. Part 1 of this session describes initiatives the Army has developed, either on its own or in collaboration with other entities, that look at physical performance outcome measures that increase soldier readiness.

Upon completion of this course, you’ll be able to:
• Describe current information on the MAP and ongoing strategic initiatives.
• Explain the incidence of musculoskeletal injuries in the US Army.
• Outline what the current Army injury prevention and human performance optimization programs and initiatives are, to include PTs in the Brigade Combat Teams.

US Army Musculoskeletal Action Plan and Strategic Initiatives, Part 2
10:30 am–12:30 pm | See Program for Room

(Joint Program: Health Policy and Administration)
Speakers: Nikki Butler; Janet Papazis, PT; Barbara Springer, PT, PhD

Part 2 of this session specifically discusses early identification and management of initiatives for injuries and for rehabilitation and reintegration. Early identification and management of injuries initiatives are support tools that provide point-of-care assistance in algorithm form to effectively and efficiently evaluate acute musculoskeletal injuries, recommend referral when necessary, and provide initial treatment and activity modification. Rehabilitation and reintegration initiatives assist in the critical tasks of appropriate rehabilitation and expeditious reintegration, and facilitating the soldier’s return to duty or transition into productive roles in society.

Upon completion of this course, you’ll be able to:
• Describe current initiatives for early-identification and management of injuries in the US Army.
• Identify current rehabilitation initiatives.

I Am Iron Man: Prosthetics and Orthotics meet Robotics.
3:30 am -5:30 pm | See Program for Room

AUTHORS: Leif M. Nelson, Madeline Kwok, Tatiana Lazo.

DESCRIPTION: Have you ever wanted to time travel in a DeLoren to the future? Well now is your chance and you don’t need a flux capacitor. The Department of Veterans Affairs is currently outfitting Veterans with the newest prosthetic and orthotic technologies. Clinically, Veterans are being fit with the Helix Hip, X2, Genium, Power Knee 2, iWalk BiOM, and iLimb. All of which are marvels in engineering, and the later incorporate robotic technologies. In the research realm, the Bronx VA is studying the effectiveness of the ReWalk, made famous in the hit TV Show Glee. This lecture will encompass these devices and more, and give feedback to the audience as to what “Iron Man” technologies are ready for use today and what is on the horizon.

OBJECTIVES
Upon completion of this course, you will be able to:
1. Provide an overview of existent robotic exoskeleton ambulation technologies and prosthetic devices
2. Identify potential benefits and limitations to Robotic Prosthetics and the ReWalk
3. Possess the clinical rationale for when to advocate for high technology devices over classic options.
4. Gain the insight as to how these technologies work, so you are able to teach your patients how to optimally function using the technology.
Redefining Normalcy for Wounded and Injured Warriors Through Exercise and Sport, Part 1
8:00 am–10:00 am | See Program for Room

(Joint Program: Sports Physical Therapy)
Speakers: Shana E. Harrington, PT, PhD, SCS, MTC; John Register; Diana Helt, CTRS; Melissa Stockwell

Lives of the individual, their family, and their community are turned upside down when an individual suffers a traumatic injury due to military service. What was once “normal” is no longer normal! “Normal” must be redefined. How does one who suffered traumatic injury go about redefining normal? What does this normalcy look like? Participation in sport can help these individuals regain that sense of normalcy. This program will investigate how sport enhances the rehabilitation of those who suffer traumatic injury while providing military service. The second part of this program will discuss military sports camp opportunities throughout the country, how Paralympic sport redefines normalcy for Veterans with disabilities, and the unique adaptive prosthetic devices that can assist these individuals with sport.

Upon completion of this course, you’ll be able to:
• Illustrate how sport enhances the rehabilitation of those who suffer a traumatic injury.
• Explain what sport opportunities are available for Veterans.
• Recognize, from hearing a Veteran’s perspective, how sport has affected her life after suffering a life-threatening injury during deployment.
• Identify what military sport camps are available.

Part 2 of the course will continue to address individuals who have suffered traumatic injury due to military service. In addition, Part 2 will discuss military sports camp opportunities throughout the country, how Paralympic sport redefines normalcy for Veterans with disabilities, and the unique adaptive prosthetic devices that can assist these individuals with sport.

Upon completion of this course, you’ll be able to:
• Differentiate the Paralympics from the Special Olympics.
• Provide an overview of the military division of the Paralympics.
• Recognize, from hearing a Veteran’s perspective, how sport has affected her life after suffering a life-threatening injury during deployment.
• Identify the variety of prosthetics that are used to aid sport performance for Veteran athletes.
This was my second experience serving as the Federal Section Delegate to the APTA House of Delegates. The HOD convenes just prior to APTA Annual Conference each year and is the highest policy-making body of the APTA. Each state chapter has a number of voting delegates determined by their APTA membership on June 30. Sections have one delegate each; the Student Assembly has two delegates and the PTA Caucus has five delegates. To avoid “double representation,” section/assembly /PTA Caucus delegates do not vote. Sections can, however, make and second motions, and participate in all discussions. Our role is very much as a subject matter expert. This is more straightforward for Sections formed around a practice specialty area. It is a little more difficult to represent a diverse section such as the Federal Section whose members are linked by where they work rather than their specialty.

This year, the HOD passed RC3-11, a new position that affirms the physical therapist as responsible and accountable for care, and helps support physical therapists practicing under new health care delivery and payment systems. Aimed at meeting the needs of patients and clients, the position recognizes that the physical therapist is responsible for the direction of physical therapy service and provides physical therapy service, or directs and supervises physical therapy interventions provided by appropriate support personnel.

The position will take effect July 1, 2012, following a thorough, collaborative investigation of models of service delivery, beyond the current model in which the PT and the PTA are the only providers of physical therapy and are assisted by the PT aide. This investigation will be conducted by a Task Force consisting of members of the 2011 House, members of the Board of Directors, appropriate chapter and section representatives, other experts, and APTA staff and will also address any associated changes in current APTA positions.

The Task Force was appointed at the APTA Board meeting in July and has begun work. If you would like to contact them with any questions or concerns, e-mail them at RC3-11@apta.org.

The writers of the motion offered the following rationale in their support statement for RC 3-11:

- Positions physical therapy so it can grow as a choice for the public under new health care systems;
- Reinforces autonomous practice of the physical therapist;
- Supports the physical therapist providing care under proposed new payment systems; and
- Is more consistent with the Standards of Practice of Physical Therapy, specifically noted in Section III Patient/Client Management: “The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care.”

continued....
The writers clarified that all interventions would be provided under the direction and supervision of the physical therapist.

A full detailed report of the HOD resolutions can be found on the APTA Policies and Bylaws webpage at www.apta.org/Policies/ (sign in first).

A simple overview of the House actions can be found on the same page, or at www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/2010HighlightsPolicies.pdf

My term of office as delegate is ending. If you are interested in running for delegate of the Federal Section, I encourage you to contact the nominating committee. It is a great way to serve the section and provides opportunities to see how the APTA is governed and policy is made.
Haze Grey and Underway:
Navy PT Aboard Aircraft Carriers

Denise E. Milton, PT, MS, ECS
Director, METC Physical Therapy Assistant

If you like a predictable schedule, you won’t take to life on an aircraft carrier. Ringing in your ear before sunrise is, “Reveille! Reveille! Reveille! All hands heave out!” and you never know when a patient evaluation will be interrupted by, “General Quarters, General Quarters! All hands man your battle stations.”

PTs have been on Naval aircraft carriers since 1999. Over the course of twelve years, PTs have deployed approximately 60 times for underway periods lasting 6-7 months. The PT is part of a diverse medical staff which includes 2 physicians, 1 surgeon, 1 PA, 1 Psychologist, 1 Nurse, 1 Nurse Anesthetist, 1 PT Tech, and about 30 other corpsmen who provide preventive medicine, laboratory, radiology, pharmacy, surgical tech, and optometry services.

Whether the ship is deployed or pier-side, the PT is aboard as the primary provider for neuromusculoskeletal injuries. Shipboard PTs provide care for about 5,000 active duty beneficiaries on a carrier when underway and they provide additional support as needed or requested by any of the other ships in the carrier battle group. Space is tight, equipment is limited, and schedules are unpredictable; however, sound clinical judgment, adaptability, and creativity result in substantial contributions to operational readiness, performance, and resiliency.

Patient conditions encountered include the usual musculoskeletal injuries and diagnoses seen in many outpatient orthopedic clinics, however patients are commonly seen within 1 to 48 hours of onset. Data collected from five carriers in 2009 showed the following frequency ranking of body regions treated: lumbar, knee, shoulder, cervical, thoracic, and ankle with exercise and manual therapy as the most frequent interventions. Additionally, PTs may provide casting and splinting services and frequently serve as the Health and Wellness Promotion Manager.

As the Health and Wellness Promotion Manager, PTs often find themselves directly providing or facilitating classes on stress management, smoking cessation, weight loss, and exercise. One example of the significant impact of Health and Wellness initiatives by PTs is the weight loss in excess of 2,000 pounds by personnel onboard CVN 75, USS Harry S. Truman, during the 7-month deployment in 2010.

Effectively returning personnel to full duty as soon as possible is paramount. There are limited personnel to man the 24-7 watchbills throughout the ship and on the flight deck, so each person unable to perform his or her job has a significant impact on the crew and the mission. PTs are vital for missions to be met. A recent example involved a pilot with acute cervical musculoskeletal pain and limited motion who was an integral part of a 15-plane Airwing strike, but he could not fly his plane. PT evaluation and intervention on the day of symptom onset enabled the pilot to carry out his mission, avoided alteration of the flight plan, and the air strike was carried out. Teamwork has no boundaries on a carrier.

In the evening, not long after hearing “Sweepers, Sweepers, man your brooms. Give the ship a clean sweep down both fore and aft!” you will hear “Taps! Taps! Lights out! All hands return to their racks and maintain silence about the decks. Taps.” This is your cue to go to bed and hope your sleep, which is conditioned to ignore the thunderous blares of catapults, arresting gears, and aircraft elevators during flight operations, is not interrupted by “General Quarters, General Quarters!...”
LTG Eric B. Schoomaker, the Army Surgeon General, stated, “…the medical community needs to transform American medicine from a sick-care paradigm to a health-care paradigm where disease and injury prevention become the foundation for American health care. We in the Army must be part of that transformation.” Many new initiatives in the Army PT Branch are occurring in support of the US Army Medical Command (MEDCOM) Surgeon General’s Soldier Medical Readiness Campaign Plan (SMR-CP). The SMR-CP will guide us for the next five years and encompasses three main efforts: identifying Soldiers not medically ready for deployment, Soldier readiness management programs and evidence-based Health Promotion (HP), Injury Prevention (IP), and Human Performance Optimization (HPO) Programs. The goal is to provide and promote health, resilience and fitness to improve readiness in our Soldiers through proper and timely care in an efficient and effective manner.

A key element to the SMR-CP is coordinating, synchronizing and integrating HP and IP programs across the Army. The PT Branch is ideally suited for this role and is moving forward, especially through its Rehabilitation & Reintegration Division (R2D). Created in 2007 by the Office of the Surgeon General, this organization leads policy, direction and oversight of Army rehabilitation and reintegration. Their endeavors include establishing and disseminating best practices and clinical protocols; implementing Traumatic Brain Injury and Pain Management Plans; and assisting development of a multi-disciplinary Comprehensive Transition Plan for Wounded Warriors. Their website is www.armymedicine.army.mil/prr/index.html.

In 2010, the Army analyzed warrior and battle tasks finding the 30-year old Army Physical Fitness Test did not predict successful physical performance across the Army’s full spectrum operations. Two new fitness assessment tests, the Army Physical Readiness Test and the Army Combat Readiness Test, were born through the Army Physical Fitness School. In concert with the APRT and ACRT, the “Soldier as Athlete” initiative began with focus on Musculoskeletal Action Teams (MATs) at the Training Brigade level, physical fitness, and the Soldier fueling program. MATs are led by a PT and include 1 PTA, 2 ATCs and 2 Strength and Conditioning Coaches. Their focus is on physical readiness and HPO at the unit level. One such team found a 50% drop in hip injuries in one year without decreasing performance. These teams are positioned at four training sites at this time.

To help meet the Surgeon General’s goal, the U.S. Army-Baylor University DPT program began a multi-center research study with Duke University, the University of Evansville, Indiana and University of Puget Sound, Washington to examine physical performance and processes for injury screening. Their study (the Military Power, Performance and Prevention or MP3) is supported by a $250,000 grant and seeks to develop specific computer algorithms to predict injuries in Soldier athletes, perhaps even military-occupation dependent. Such injury algorithms have proven useful in collegiate and professional athletics already. Initially, 247 participants were screened in the study, and 1500 Soldiers at Fort Lewis were enrolled last January. These Soldiers will be followed for a year to collect sufficient data. A separate $239,000 grant funds a study examining automation of injury prevention screening algorithms using handheld devices for real-time entry. These algorithms hold promise for earlier rehabilitation interventions, better outcomes and less mission impact. Outputs include reports for the Soldier, his or her record and unit. Contact LTC Deydre S. Teyhen, PT, PhD, at Deydre.teyhen@amedd.army.mil for more information.

Communication is opening to allow better one-site access to research by Army Specialty Corps members (PTs, OTs, PAs and Dietitians), thanks to senior leaders at this year’s Mary Lipscomb Hamrick Research Course. Future and past research by Army PTs can now be found using a software add-in called Zotero that lives within FireFox (an approved and FREE software program for government computers). Items in this library are all published and in the public domain.

Other communication and technology information is accessible through SmartPhone Apps. Check out the new Army Physical Readiness Training activities using apps titled ‘Army PRT’ and ‘GTA 07-08-003 Army PRT Card’. Physical exam tests and notes are available through apps titled ‘CORE-Clinical Orthopedic Exam’ and ‘Physical Exam Essentials’.

Stephen W. Seward PT, DPT, OCS, CSCS

Human Performance Optimization and Injury Prevention Rehab in the Forefront

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Stephen W. Seward PT, DPT, OCS, CSCS

Human Performance Optimization and Injury Prevention Rehab in the Forefront
Federal Physical Therapy
VETERANS AFFAIRS

Pilot Physical Therapy Residency Program

Bill Wenninger, PT
Rehabilitation Planning Specialist

The Department of Veterans Affairs (VA) Office of Academic Affiliations (OAA) is expanding the Pilot Physical Therapy Residency Program that is currently under way at the Milwaukee VA. The announcement for this new pilot was made by OAA in June 2011 and is soliciting development of physical therapy residency programs at additional VA facilities. Request for Proposals (RFP) will be submitted to OAA for consideration by the middle of September 2011. This RFP asks for a detailed proposal for stations that are considering beginning a Physical Therapy Residency Program. Residency programs can be started in any of 8 program areas: Cardiovascular and Pulmonary Physical Therapy, Clinical Electrophysiology, Neurological Physical Therapy, Orthopaedic Physical Therapy, Pediatric Physical Therapy, Sports Physical Therapy, Women's Health and Wound Care Management.

Residency RFPs will be a competitive process and each proposal will be scored to determine whether or not it will be funded. These are post professional residencies which are funded at about 2/3rds the starting PT salary. The residents who are licensed PTs will be full time VA employees for one year. Although the exact number of slots has yet to be determined, it is hopeful that the VA will have 3-5 new programs and up to 10 residents that can begin on July 1, 2012. These will be competitive positions so the application, interview and appointment process will need to be handled by the local facility. Accepted programs will be expected to apply for and gain accreditation from the American Board of Physical Therapy Specialists (ABPTS). It is possible for VA stations to partner with a local academic Physical Therapy program to submit a proposal. The goal of the program is to develop advanced clinicians in the area of their specialty, to further advance the knowledge of Physical Therapy Practice, to enhance the VA's mission to provide high quality care to the nations Veterans and to serve as a recruitment and retention tool for VA PTs.

VA has always been a leader in educational support for associated health disciplines. Currently, OAA is supporting nearly 200 pre-professional Physical Therapy students with stipends during their clinical training. The Physical Therapy Residency Programs is a natural next step as the Physical Therapy Professions completely transitions to doctoral degrees. For additional information, contact Mark Havran, DPT Mark.Havran@va.gov or Bill Wenninger PT Bill.wenninger@va.gov.

The Milwaukee Physical Therapy Residency is a Neurological Clinical Specialty (NCS) which is co-sponsored by the Program in Physical Therapy at Marquette University in Milwaukee. To date, the program has graduated 2 residents. One resident has passed the NCS exam and one will be taking the exam next spring. The Milwaukee Program received a 5 year accreditation from the ABPTS in May of 2010. At that time, the Milwaukee VA was only the 8th Neurological Physical Therapy Clinical Residency in the country and the first in VA. For the current academic year, which started in July 2011, Milwaukee has accepted 2 residents.

### PT Residency Review Outcome
**September 21, 2011**

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Specialist Helps Women with Pain from Sexual Trauma and Issues with Incontinence

Annette Fobbs, Veteran of the U.S. Marines, never realized that her ongoing muscular pain could be conquered. But, she knew things would work out after meeting NYHHS Denise Jagroo, DPT, a Physical Therapist at VA's Manhattan campus, who specializes in treating women.

Forceful and full of energy, Fobbs, who works in property management, had come to the point where muscular tension had become the defining part of her daily life. She just could not relax and make pain and tension go away. At the VA’s Manhattan campus, she worked regularly with Dr. Jagroo on pelvic exercises to relax muscles in order to reduce the tremendous pain Fobbs always felt during her periods. Dr. Jagroo helped Fobbs understand what was happening with her body by having her look at biofeedback information before and after exercise to understand the increased relaxation that resulted.

In her 9th week of treatment, Fobbs said, “I learned to relax and get in touch with my muscles. My body alignment is also much better. Now I can really relax, not just mentally, but physically and my periods are not that painful anymore."

Dr. Jagroo’s patients come to her for physical therapy for many different reasons. Many want to find relief from pain related to sexual abuse or sensitivity caused by other types of sexual trauma and are relieved to find that pelvic therapy often relieves the pain of intercourse. And, an astonishing number come because they pee when they laugh, cough or sneeze, a condition known as stress incontinence. “They are very embarrassed about this and even when the problem limits daily activities, women tend to think there is nothing that can be done about it and that it’s just part of aging. “This isn’t the case,” said Dr. Jagroo. “There are many specialized exercises that help strength pelvic muscles. It’s wonderful to see how surprised women are with how well the problem can be managed."

VA Physical Therapy Field Advisory Council

The Veterans Affairs (VA) Physical Therapy Field Advisory Council, met in Washington D.C. for the first inaugural face-to-face meeting September 14-15. The time was spent assessing the current state of affairs for Physical Therapy and discussing a number of important issues, including: tele-rehabilitation, productivity, education, recruitment and retention, strategic planning, and development of future leaders within the Veterans Health Administration.

In addition, the team focused on future collaboration with other federal therapists for education and training related to evidence-based intervention. Collaboration will be expected with other professions as the VA Patient Aligned Care Teams are being initiated to transform care for Veterans.

Participating council members included Jon Glasberg, Peter Glover, Ali Holder, Greg Krautner, Kris Valest, Bill Wenninger, Doug Bidelspach, and Mark Havran. During the two day event, the council had an opportunity to have discussions with the Chief and Deputy Chief Consultant for VHA Office of Rehabilitation Services. The outcomes of this meeting will enhance the mission of honoring America’s Veterans through professional leadership in physical therapy, providing exceptional service that improves functional independence, quality of life, health and wellness.

If you have any questions, please feel free to contact the VHA National Physical Therapy Lead, Mark Havran DPT.
On August 4, 2011 the Federal Bureau of Prisons (BOP) Health Services Division, issued a memorandum establishing a new practice agreement process for physical and occupational therapists practicing within the BOP. This new process is the culmination of efforts by the BOP Expanded Privileges Task Force. The task force addressed a number of local and national concerns to standardize a process for allowing expanded clinical practice that will bring more efficient, and cost-effective treatment to BOP inmates.

Expanded clinical functions will be requested on a local level using standardized guidelines. Therapists will be eligible to request expanded clinical functions through their local credentialing process. Expanded clinical functions will be granted in orthopedics, wound care, and electromyography (EMG) and nerve conduction velocity (NCV) testing. Therapists will be required to re-certify competency every two years.

**Wound Care Specialists**
Therapists requesting expansion of wound care clinical functions must be a Certified Wound Care Specialist (CWS) as awarded by the American Academy of Wound Specialists or be Wound Care Certified (WCC) by the National Alliance of Wound Care.

Expanded wound care clinical functions would allow therapists to order radiographs or magnetic resonance imaging to assess the extent of bony involvement of a particular wound. Laboratory testing including swab wound cultures can be ordered. Prescriptive authority would be allowed for silver nitrate, enzymatic debriding agents, anti-fungal creams, diluted acetic acid solution, silver-impregnated dressings, and cadexomer iodine dressings. Wound care specialists can order dressing changes to be performed by nursing staff in accordance with an established wound care plans of treatment.

**Orthopedic Specialists**
Orthopedic Occupational and Physical Therapy Specialists can have expanded clinical functions approved in two ways. The first is through proof of prior credentialing as a neuromusculoskeletal evaluator (NMSE) while serving on active duty in the United States Army, United States Navy, or United States Air Force. The second is through applicable specialist certification and additional documented training in orthopedic radiology.

Officers with prior experience as neuromusculoskeletal evaluators must provide documented proof of being credentialed in one of the armed services as evidenced by their DD Form 214 Certificate of Release or Discharge from Active Duty. The practitioner must have been actively practicing as an NMSE during the 18 months prior to requesting such privileges from the BOP.

Occupational therapists without prior armed services NMSE experience must be recognized as a Certified Hand Therapist (CHT) by the Hand Therapy Certification Commission. Physical therapists must be recognized as an Orthopedic Clinical Specialist (OCS) by the American Board of Physical Therapy Specialties. In addition to clinical specialty recognition, officers must demonstrate adequate training in orthopedic radiology.

Training in orthopedic radiology may be demonstrated in several ways.

1. Completion of the Douglas A. Kersey Advanced Clinical and Operational Practice Course for physical therapists sponsored by the United States Army.
2. Completion of the Evaluation and Treatment of Upper Extremities Conditions Course sponsored by the United States Army (for occupational therapists).
4. Completion of a residential or home study course in orthopedic radiology sponsored by the Orthopedic Section of the American Physical Therapy Association.
5. Completion of graduate-level course work in orthopedic radiology.

Expanded orthopedic clinical privileges shall include the ordering of radiographs, bone scans, magnetic resonance imaging, and other radiological testing as needed to prepare for Orthopedic Clinic. Required laboratory testing may be ordered including c-reactive protein, complete blood count with differential, sedimentation rate, and swab wound cultures. EMG and NCV testing may also be ordered in preparation for Orthopedic Clinic. Dexamethasone sodium continued....
phosphate may be ordered for iontophoresis.

**Clinical Electrophysiologic Specialists**

Local practice agreements may now be established for independent electromyography and nerve conduction velocity testing without physician co-signature. The following are accepted documentation to perform independent EMG/NCV testing.

1. Recognition as a Clinical Electrophysiologic Certified Specialist (ECS) by the American Board of Physical Therapy Specialties.
2. Successful completion of an EMG training course with documented clinical competency and documented proof of 100 studies done under direct supervision by a physician trained in EMG/NCV testing or an ECS certified PT.
3. Officers with 36 completed EMG/NCV studies over the past 18 months and documented training with documented clinical competency while serving in the United States Army, United States Navy, or United States Air Force.

Therapists with EMG/NCV training in either armed services or non-military training programs with less than 100 documented studies performed under the supervision of a trained physician or ECS-certified specialist can be credentialed to perform EMG/NCV testing with co-signature of the supervising specialist/MD. Therapists with documented independence in EMG/NCV testing in the armed services, who have completed less than 36 studies over the past 18 months will also require supervision and co-signature until meeting the criteria for independent testing.

**Conclusion**

Commissioned Corps officers are both honored and challenged by this recent expansion of the scope of our practice within the Federal Bureau of Prisons. We are thankful that leaders at the national level have recognized our increased knowledge and professional autonomy. It is our charge going forward to document initial competency and maintain ongoing excellence in these specialty areas. Continued documentation of safety, efficiency, functional improvement and cost effectiveness will continue to propel our profession toward fully autonomous practice.
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.