



Federal Physical Therapy SECTION

Quality physical therapy care across federal medical facilities.

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This Issue

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CSM

President's Message

The Federal Physical Therapy Section was created from the Veteran's Section about two years ago. This transformation is still in progress and will continue for awhile. The Federal PT Section now incorporates all the physical therapists that work for the Federal government. This includes the Veterans Health Administration, all the military uniformed services (Army, Navy, Air Force, and Marines), and the US Public Health Service (Indian Health Service, Bureau of Prisons, Coast Guard, and others).

The Federal Section is looking for volunteers to help the section grow and help network between the services. The APTA Combined 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. We are a small section, but hope to generate interest in the section through CSM, from this newsletter, and other opportunities.

This year the Army Baylor Physical Therapy program is providing a series of education sessions that are part of a short course offered to military and other Federal physical therapists. The full course is usually conducted at Fort Sam Houston, Texas. Please take a look at the program information in this newsletter for more information. The group of sessions is titled the Musculoskeletal Evaluator. Also during CSM 2009, the Federal PT Section will combine with the US Army Alumni Association for a social and networking event on Tuesday February 10th 2009 at 7:30pm.

Next year, Dr. Barbra Springer is coordinating a group of sessions on amputee rehabilitation. The sessions should provide the spectrum of rehabilitation for people with amputations from initial therapy to rehabilitation techniques that progress patients back to advanced functional activities.

If you have received this newsletter, I would hope that if you are a PT and an employee of the Federal government you would consider joining the APTA Federal Physical Therapy Section. If you are a member please consider participating in the section. I look forward to see you at CSM 2009 in Las Vegas.

President
Peter Clarke Glover, DPT

Secretary
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February 9-12

CSM 2009
LAS VEGAS

Combined Sections Meeting ■ American Physical Therapy Association

More information on page 10.



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Physical Therapists & the Department of Defense

Department of Defense Healthcare Background
The Department of Defense (DoD) has over 1.4 million men and women on active duty¹ and another 1.1 million who serve in the National Guard and Reserve forces.² Active duty military personnel, retirees, and their families are considered beneficiaries and are eligible to receive DoD health care benefits. When serving on active duty, Reserve and National Guard Service Members and their family members are also eligible for DoD healthcare. DoD civilian employees are not eligible to receive DoD healthcare except on an emergent basis. Although not technically in the DoD, the Department of Veterans Affairs (VA) provides health care benefits to eligible veterans and beneficiaries but will not be addressed in this article.

Currently, the DoD health care system includes 75 hospitals and 461 clinics serving an eligible population of 8.9 million. It operates worldwide and employs some 39,000 civilians and 92,000 active duty military personnel. DoD statistics on total medical spending indicate a growth from \$17.5 billion in FY2000 to an estimated \$39 billion in FY2007 (the latter figure includes an accrual fund for future retirees).³

To provide care for all beneficiaries, the DoD health care program provides services through direct care at military treatment facilities (MTFs) and the TRICARE network through a variety of programs.⁴ Direct care received in MTFs has no associated costs for the beneficiary. In the TRICARE program, premiums, deductibles, and co-pays may apply depending upon the program and services received. The primary focus of direct care in the DoD health care system is the health and fitness of active duty, Reserve, and National Guard members. When the direct care DoD health care system has the capacity, it services other beneficiaries to the greatest extent possible.

The DoD health care system provides comprehensive medical, surgical, and rehabilitative care for all beneficiaries either through direct care or TRICARE and functions much like a large Health Maintenance Organization (HMO). Service members and other beneficiaries are assigned a primary care manager (PCM) either at an MTF or within the TRICARE network.

The PCM addresses most medical needs for the beneficiary, manages overall care, and makes referrals to specialty services. Military facilities try to accommodate as many beneficiaries as possible, but when the demand for primary or specialty care exceeds the supply available in the DoD direct care setting, then referrals are made to a TRICARE network provider.

The DoD Health Care System During Time of War

During a time of war Warrior care is the priority. As a result, direct care resources are prioritized for treating injured or ill Service Members. Both direct care and TRICARE services may expand to accommodate the health care needs of all beneficiaries.

On March 1, 2007, the Department of Defense (DOD) reported that over 24,000 Service Members had been wounded in action since the onset of the two conflicts. In 2005, DOD reported that about 65 percent of the OEF (Operation Enduring Freedom) and OIF (Operation Iraqi Freedom) Service Members wounded in action were injured by blasts and fragments. More recently, DOD estimated in 2006 that as many as 28 percent of those injured by blasts and fragments have some degree of trauma to the brain. These injuries require varying levels of rehabilitation services to address complex cognitive and physical impairments. These multiple and complex injuries have resulted in a greater emphasis on, and expansion of, rehabilitation services in DoD health care.

Physical Therapists in the DoD

The military physical therapy community includes active duty, Reserve, National Guard, and civilian physical therapists. There are approximately 230 active duty physical therapists in the Army, 70 active duty physical therapists in the Navy, and 134 active duty physical therapists in the Air Force. Additional physical therapists serve in the Army Reserve/National Guard⁵, Air Force Reserve and Air National Guard⁶, and Navy Reserve⁷ who can be activated to serve at home or abroad, to include duty in combat zones. Approximately 30% of the physical therapists working in DoD facilities are civilians.





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Physical therapists in the DoD work in military treatment facilities at home and abroad, to include fixed and temporary facilities in the combat environment. In addition to maintaining their clinical skills, physical therapists on active duty and in the Reserves/National Guard must demonstrate leadership skills and maintain proficiency in military unique skills. Civilian physical therapists within DoD are expected to develop and maintain the same clinical and leadership skills as their active duty and Reserve / National Guard counterparts but do not have to train in certain military unique skills and do not deploy to combat environments.⁸ All DoD physical therapists work with more autonomy than physical therapists in a typical civilian setting. DoD physical therapists, with the appropriate training, credentials, and privileging, are allowed to care for patients without a physician referral and most are authorized to order diagnostic imaging and/or lab studies and prescribe medications from a limited formulary.⁹

Physical therapists can enter onto active duty through several routes. Upon graduation from the US Army-Baylor Doctoral Program in Physical Therapy students serve in the Army Medical Specialist Corps, Navy Medical Service Corps, the Air Force Biomedical Sciences Corps, or the Public Health Service usually starting at the rank of first lieutenant or ensign.¹⁰ Physical therapists may also join military service from the civilian sector. Physical therapists are selected for active or Reserve/National Guard service through a competitive selection process. Successful candidates are assessed at a rank commensurate with their training and experience. Physical therapists on active duty, Reserve status, or in the National Guard advance through their military career through a structured rank progression based on longevity and performance. Salary increases along with rank and time in service.

Civilian physical therapists (DoD and contract) working in DoD facilities are hired in a manner similar to hiring practices in civilian facilities. Like their active duty counterparts, civilian DoD physical therapists advance their career through a series of pay grades or pay bands based on their training, experience, performance, and longevity. Although DoD civilian physical therapists enjoy the expanded practice parameters and extensive career opportunities as do

their military member counterparts, recruitment and retention challenges within the DoD for civilian physical therapists reflect most of the same issues faced by the remainder of the civilian sector. Similar to many civilian settings, the DoD intermittently has position vacancies for civilian physical therapists that are difficult to fill, possibly due to geography, other job requirements, and/or pay considerations.

Salary differences between the public / military and private sector can sometimes influence recruitment and retention of health care professionals. The Department of Labor lists median annual earnings of physical therapists at \$60,180 in May 2004. The middle 50 percent earned between \$50,330 and \$71,760. The lowest 10 percent earned less than \$42,010, and the highest 10 percent earned more than \$88,580.¹¹ Officer salaries are based on rank and time in service. The monthly pay for an ensign/second lieutenant (O-1) upon receiving commission is \$2,416.20 plus allowances and benefits.¹² The military does, however, offer extensive benefits packages. The Congressional Budget Office (CBO) recently estimated that the average Active Duty service member received a compensation package worth \$99,000. Non-cash compensation represents almost 60 percent of this package. Non-cash compensation includes health care, retirement pay, childcare and free or subsidized food, housing and education.¹³ Salary ranges for DoD civilian physical therapists in the DoD's General Schedule pay system range from approximately \$48,200 to \$75,100 annual base pay without locality adjustments plus benefits.

Physical Therapists in the U.S. Army
Physical therapy began in the military with the treatment of war wounded service men during World War I. Due to the demand for rehabilitative services, the Army Medical Department recognized the need for a formalized physical therapy education during the early 1920s and began training at Walter Reed General Hospital. The students were civilians and worked as civilians in military hospitals after graduation.

In 1942, physical therapists were granted relative military rank and graduates could apply for commissions upon completion of the program. World War II increased the need for therapists and new programs were started at Fort Sam Houston, TX; Hot





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Springs, AK; Brigham City, UT; and White Sulphur Springs, WV.¹⁴

Following WWII, the need for therapists declined and the training of new therapists stopped. In 1947 physical therapists on active duty were assigned to the newly established Women's Medical Specialist Corps (WMSC). The Army's training program was reestablished in 1948 and trainees were commissioned as second lieutenants. The program moved to its current location at Fort Sam Houston, TX. In 1955, men were allowed into the Corps and the name was changed to the Army Medical Specialist Corps (AMSC). The program partnered with Baylor University in 1971 to become a master's degree training program. As a result of the shortage of orthopedic surgeons after the Vietnam War and their demonstrated performance, Army physical therapists took on a new role as physician extenders. As a physician extender, physical therapists are credentialed to evaluate and treat patients with neuromusculoskeletal conditions without physician referral. Since then, Army physical therapists have been providing expert musculoskeletal care and rehabilitative services to all beneficiaries in multiple care settings.¹⁵

Today, graduates of the Army-Baylor Program receive their doctor of physical therapy degree. The Army-Baylor program primarily educates physical therapists for the Army but has a small number of seats for Air Force, Navy, and /or Public Health Service. Students in this program are on active duty with their respective branch of military service while in the program and are obligated to 51 months for Army students and 60 months for Air Force students following graduation as a payback for their education and training.

In addition to the US Army / Baylor University Entry Level Doctoral Program in Physical Therapy, the Army sponsors some post-graduate level education in select fields on a competitive basis. Graduates of post-graduate level training are obligated to serve additional time following graduation as a payback for their advanced education. Although there are currently no special incentive programs for officers assessed directly from the civilian sector, once on active duty they can compete for advanced training opportunities.

Physical Therapists in the U.S. Navy

Navy physical therapists are members of the U.S. Navy Medical Service Corps. The Navy Medical Service Corps has its roots in the *Army-Navy Medical Service Corps Act of 1947* signed into law by President Harry Truman on 4 August 1947.¹⁶ Although Navy physical therapists were not the first members of this unique Corps, they followed soon after.

Physical therapists have the opportunity to practice comprehensive orthopedics for Sailors and Marines in Naval hospitals and clinics in

the U.S. and overseas, on aircraft carriers and in pediatric in-school settings overseas.¹⁷

The Navy recruits most of its physical therapists from the civilian sector to serve in the Navy since there is only one seat in the Army Baylor Physical Therapy Program for a Navy therapist. There are currently no loan forgiveness opportunities for physical therapists in the Navy.

Physical Therapists in the U.S. Air Force

Air Force physical therapists use state-of-the-art technology to practice comprehensive orthopedic and sports medicine in military hospitals and clinics throughout the world. They treat patients and engage in ergonomic evaluations and preventive medicine activities involving Airmen serving in every Air Force career from those working on the ground to those in the air. The majority of Air Force recruits are from the civilian economy as only two seats in the Army Baylor Physical Therapy Program are reserved for the Air Force. There are no dedicated ROTC physical therapist slots, but ROTC is another accession option. As in all military services, active duty physical therapists may be competitively selected to pursue advanced degrees with tuition and fees paid while incurring an active duty service obligation based on the program length. Opportunities exist for civilians to work in government service and contract positions and the Air Force is currently recruiting to fill those vacancies. At the present time there are no loan forgiveness opportunities for Air Force physical therapists.¹⁸

The Air Force is the youngest Service and shares its history with the Army from which the Army Air Corps and eventually the Air Force grew. The Air Force Medical Service was created in 1949.

In the Air Force, most physical therapists work in MTFs and care for patients with orthopedic problems. More generally, physical therapists evaluate, treat and prevent orthopedic (e.g., sprains, strains, fractures), neurologic (e.g., multiple sclerosis, spinal cord injuries, cerebral palsy), and cardiopulmonary disorders (e.g., heart disease). Finally, here's what the personnel command says a physical therapist does, "Plans, develops, and manages physical therapy programs and activities. Implements research activities. Provides and conducts training in physical therapy. Evaluates patients and treats disabilities requiring physical therapy."¹⁹

Current Issues and Challenges for PTs in the DOD

There are challenges faced by the Armed services and the physical therapists working with and for them. The balance of employing and managing physical therapists that are in the service, contracting, or

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civilian can be difficult especially during a time of war. Deployment is a major challenge for active duty physical therapists, especially due to the very diverse skill set necessary to serve the wide variety of patients he or she might see on a typical deployment. Improving scholarship and loan forgiveness programs may assist in recruiting and retaining physical therapists in the DoD.

References:

Additional Online Resources:

www.goarmy.com/amedd
<http://www.baylor.edu/graduate/pt/index.php?id=27028>
<http://www.usarec.army.mil/>
<http://www.armymedicine.army.mil/jobs/jobs.html>
<http://www.navy.com/careers/healthcare/>
<http://www.airforce.com/careers/healthcare/careers.php>

Additional Information:

Contact APTA's Government Affairs Department at 703/706-8533 or govtaffair@apta.org.

Special thanks to expert member consultants Colonel Horn-Kingery (Air Force), Captain Ziemke (Navy) Colonel Hammond (Army), LTC Kerrie Golden (Army), and Major Gail Dreitzler (Army).

(Footnotes)

- ¹"ARMED FORCES STRENGTH FIGURES FOR OCTOBER 31, 2007" Personnel & Procurement Reports and Data Files. Department of Defense. <http://siadapp.dmdc.osd.mil/personnel/MILITARY/ms0.pdf>
- ²*Special Edition* U.S. Armed Forces and Veterans" 2003. U.S. Census Bureau Public Information Office April 10, 2003 at 09:22:32 AM <http://www.census.gov/Press-Release/www/2003/cb03-ff04se.html>
- ³Richard A. Best Jr. Specialist in National Defense Foreign Affairs, Defense, and Trade Division "CRS report: Military Medical Care: Questions and Answers: Updated October 9, 2007" Congressional Research Service for Members and Committees of Congress.
- ⁴"TRICARE FACTS and FIGURES" TRICARE Management Activity, September 2006. http://www.tricare.mil/pressroom/press_facts.aspx
- ⁵Pfc. Matthew McLaughlin / 10th Mountain Division "Soldier Doubles as Physical Therapist" Defend America. <http://www.defendamerica.mil/articles/oct2004/a100104b.html>
- ⁶"Physical Therapists (42Bx)" Air National Guard. <http://www.goang.com/careers/detail.aspx?career=5c2273b3-a669-467d-8c7f-b1f513dfd9fa>
- ⁷"Clinical Care Providers, Physical Therapy" <http://www.navy.com/careers/healthcare/medicalservicecorps/clinicalcareproviders/physicaltherapy/>
- ⁸Statistics provided here from: Colonel Michael Hammond and staff of the Army, Captain Gregg Ziemke of the Navy, and Colonel Helen Horn-Kingery of the Air Force.

⁹"History" US-Army Baylor Graduate School.

<http://www.baylor.edu/graduate/pt/index.php?id=27028>

¹⁰"History" US-Army Baylor Graduate School.

<http://www.baylor.edu/graduate/pt/index.php?id=27031>

¹¹"Physical Therapist", US Department of Labor August 4, 2006,

<http://www.bls.gov/oco/ocos080.htm#earnings>

¹²"Officer Pay Chart"

<http://www.navy.com/benefits/financial/#officer-chart>

¹³"It's more than just salary." Army Recruiting July 2007.

http://www.goarmy.com/benefits/total_compensation_officer.jsp#chart

¹⁴"History" US-Army Baylor Graduate School.

<http://www.baylor.edu/graduate/pt/index.php?id=27028>

¹⁵"History" US-Army Baylor Graduate School.

<http://www.baylor.edu/graduate/pt/index.php?id=27028>

¹⁶www.wikipedia.org/wiki/Navy_Medical_Service_Corps

¹⁷"Clinical Care Providers, Physical Therapy"

<http://www.navy.com/careers/healthcare/medicalservicecorps/clinicalcareproviders/physicaltherapy/>

¹⁸Helen Horn-Kingery, Colonel, USAF, BSC Physical and Occupational Therapy

Consultant to the AF Surgeon General.

¹⁹"Becoming an Air Force Physical Therapist" Department of Biology, United

States Airforce Academy.

http://www.usafa.af.mil/df/dfb/bsc/bsc_pt_fa_q.cfm



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PUBLIC HEALTH SERVICE

Physical Therapists in the Public Health Service

Origins of the US Public Health Service

The Commissioned Corps of the US Public Health Service (PHS) is one of seven uniformed services along with the Army, Navy, Marine Corps, Air Force, Coast Guard, and Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA). The Army, Navy, Marine Corps, and Air Force are within the Department of Defense (DoD), and the Coast Guard, within the Department of Homeland Security. These five services compose the armed services of the military. The remaining two services also are uniformed, but not armed services, and are located in other federal departments. NOAA is within the Department of Commerce, and the PHS within the Department of Health and Human Services.

Although the US Public Health Service may be less familiar than our sister armed services, it can trace its origins back to 1798. It was in this year that Congress passed an act for the relief of sick and disabled seamen that formed the basis of the Marine Hospital Service. In 1889, the Commissioned Corps was formally established within the Marine Hospital Service. By 1912 this service became formally known as the U.S. Public Health Service when its mission expanded to include investigation and surveillance of disease. This important work in public health sustained the service when its original mission ended with the closing of the Marine Hospitals and Clinics in 1981.¹ The current mission of the Public Health Service is protecting, promoting and advancing the health and safety of the nation.

Originally an all physician corps, the PHS Act of 1944 added several disciplines including nurses and physical therapists to the corps.¹ Currently there are approximately 6,000 Commissioned Corps officers on active duty organized into 11 professional categories of health and public health-related disciplines². The Therapist Category is composed of 96 physical therapists and 43 others including occupational therapy, audiology, speech language pathology, and soon respiratory therapy.³ As one of the seven uniformed services, PHS physical therapists' pay and benefits are similar to those provided by the DoD services.

Opportunities in the Public Health Service

Commissioned officers of the PHS can be assigned to any of 12 operating divisions within the Department of Health and Human Services and elsewhere in the federal government (see box). Nearly all the uniformed health care providers serving in the U.S. Coast Guard are PHS commissioned officers. The relationship between the

two services dates back to the 1798 Act that created the Marine Hospital Service.¹

Indian Health Service. Nearly 60 percent of the physical therapists within the PHS serve in positions within the Indian Health Service (IHS).³ In the treaties of 1784, the Federal Government acknowledged

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Operating Divisions with PHS Commissioned Officers (and those including Physical Therapists*)

In DHHS

- Administration for Children and Families
- Administration on Aging
- Agency for Healthcare Research and Quality*
- Agency for Toxic Substances and Disease Registry
- Centers for Disease Control and Prevention
 - Including National Institute for Occupational Safety and Health*
- Centers for Medicare & Medicaid Services*
- Food and Drug Administration*
- Health Resources and Services Administration*
 - Including National Hansen's Disease Program*
- Indian Health Service*
- National Institutes of Health*
- Office of the Secretary*
 - Including Office of the Surgeon General*, Office of Disease Prevention and Health Promotion*, Office of the Assistant Secretary for Preparedness and Response*, and others
- Substance Abuse and Mental Health Services Administration
 - With details to DC Commission on Mental Health Services/St. Elizabeth's Hospital*

Outside DHHS

- Federal Bureau of Prisons*
- Central Intelligence Agency
- Department of Homeland Security
 - Including US Coast Guard*
- Department of Defense*
 - Including Tricare Management Activity, US Army Medical Research and Materiel Command
- Environmental Protection Agency*
- Department of the Interior
 - Including the National Park Service
- US Department of Agriculture*
- US Marshals Service



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certain responsibilities toward indigenous people, which included health care.⁴ In 1955, this responsibility for providing health care to American Indians and Alaska Natives was transferred from other programs to the newly created Indian Health Service within the PHS.¹ Today, the IHS provides health services to approximately 1.9 million Native Americans who belong to more than 562 federally recognized tribes in 35 states. IHS services are administered through a system of 12 Area offices and 163 IHS and tribally managed service units with a \$3.35 billion budget. The IHS also annually generates approximately \$780 million in additional revenue from third party collections for the health care they deliver.⁵

Most physical therapists assigned to the IHS serve on the Navajo Reservation, and in the Alaska, Oklahoma, and Phoenix areas. They are vital members of multi-disciplinary healthcare teams providing comprehensive care in both ambulatory and in-patient settings. Physical therapy services include specialty care in diabetes, geriatrics, wound care, pediatrics, hand and foot care, health promotion and wellness programs, NCV/EMG electrophysiological examination, orthopedic, neurological, cardiopulmonary, and amputation rehabilitation, pain clinics, and clinical education. New programs have been established in women's health and phase two cardiac rehabilitation. Rehabilitation departments in Indian Health also provide facility employees with wellness and fitness programs, back care education and ergonomic evaluations. Due to the unique settings in the IHS, practice opportunities also include non-traditional community outreach, preventative education and cultural appreciation.⁶

In addition to the pay and benefits available to all PHS officers, some additional programs may be available for officers serving in the IHS. Participation in the IHS Student Loan Repayment Program may be possible depending on eligibility and funding availability. Officers serving in more rural locations also receive special recognition for their service.

Bureau of Prisons. The next most common area in which PHS PTs practice (25 percent) is the Federal Bureau of Prisons (BOP).³ Located within the Department of Justice, the BOP was created by law in 1930, and it included a provision to assign PHS officers to the Bureau to provide medical care to inmates.¹ Inmates assigned to the BOP must be convicted of violating federal, not state or local laws. About half the offenses are drug violations, followed by a variety of other convictions. The total population in the BOP is just over 200,000. The typical inmate is male with an average age of 38 serving a sentence of 5-10 years.⁷ While serving their sentences, the BOP provides to inmates "essential medical, dental, and mental health services by professional staff in a manner consistent with acceptable community standards for a correctional environment."⁷ Annual health care costs in the BOP in 2004 were approximately \$624 million.

When inmates have health conditions that are expected to require substantial or ongoing care, they may be transferred to one of six specially designated medical centers within the BOP. These medical centers include the resources typical of many community hospitals including inpatient services which are adapted to the correctional environment, and all include physical therapists on their staff. The BOP also has physical therapists working at facilities one care level below the medical center. The inmates at these facilities often require physical therapy for chronic medical needs. BOP therapists evaluate and treat either male or female inmates with a wide range of musculoskeletal, neuromuscular, integumentary, and cardiopulmonary diseases and conditions. Physical therapy services include specialty programs such as NCV/EMG electrophysiologic evaluation, Back School, and clinics with focus on the shoulder, pain, orthopedics, or orthotics and prosthetics. PTs provide wound care, evaluation and management of insensate limbs, functional assessments, and cardiac rehabilitation. BOP therapists also host students through clinical education programs.

To support recruitment efforts, the BOP sponsors students through the Senior COSTEP scholarship program⁸ and has supported PHS students who completed their physical therapy degrees in the Army-Baylor education program. The therapists in the BOP receive special recognition for their service in a correctional environment.

Clinical Research. Another operating division to which a few PTs are assigned is the Clinical Center of the National Institutes of Health, the nation's premier research hospital for conducting clinical research to improve health. Physical therapists have contributed to clinical research in many specialty areas, including oncology, arthritis, cardiopulmonary, and movement disorders. In the past, physical therapists have supported clinical research efforts at the National Hansen's Disease Program in Louisiana. Discoveries made there not only have minimized the disability associated with leprosy, but electromyographic evaluation methods have expanded to many diagnoses, and practice models have been translated to the care of the insensitive diabetic foot well beyond the Program. Physical therapists also have served at the National Institute of Occupational Safety and Health, a part of the Centers for Disease Control and Prevention, contributing expertise in the assessment of musculoskeletal injuries and ergonomics to improve the health of workers at their job sites.

Applied Public Health. Throughout the PHS, physical therapists support or have performed clinical, research, regulatory, and administrative functions at various operating divisions to protect, promote, and advance the health and safety of the nation.

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These included assignment locations such as the Office of Disease Prevention and Health Promotion, the Centers for Medicare and Medicaid, the Agency for Healthcare Research and Quality, the Food and Drug Administration, other offices under the Secretary of the Department, and even sites you may not expect such as the US Department of Agriculture and the Environmental Protection Agency.

Other opportunities. During times of war, the Commissioned Corps has been militarized by the U.S. President. The first time was during World War I in 1917. PHS Officers were detailed to the Army and Navy primarily to help control the spread of disease during large troop movements, because disease had caused more war fatalities than wounds up through World War I.¹ Even though the PHS has not been militarized since the Korean War, PHS officers have continued to provide support for DoD health related activities, primarily in the States, so DoD officers can deploy overseas. Recently the PHS has participated in DoD humanitarian training missions in Latin America and the Pacific. In addition to supporting DoD missions, the PHS offers short term deployment opportunities of several weeks to a month for its own public health related missions. Physical Therapist Officers were honored to deploy with their PHS colleagues to missions such as Fort Dix, NJ to assist Kosovo refugees, the World Trade Center site, and many southeast hurricanes, including Katrina in 2005.³

As a Commissioned Corps, there are many opportunities for PHS physical therapists to serve our patients and our nation. Over the course of a 20 to 30 year career, a physical therapist's first assignment will typically be in an IHS or BOP clinic. Subsequent assignments may include increasing responsibilities in the clinic or take other directions into applied public health and program management. In a uniformed service, each assignment offers new challenges and opportunities while building seniority within a single personnel system that invests credit toward retirement. Short tours in the inactive reserve corps also may be available for physical therapists interested in making a smaller commitment to serve.

References

1. Mullan, Fitzhugh. *Plagues and Politics: The Story of the United States Public Health Service*. New York: Basic Books, 1989.
2. Commissioned Corps Information System website <http://dcp.psc.gov/> Accessed June 5, 2008
3. Therapist Category Website <http://www.cc.nih.gov/rm/pt/tpac.htm> Accessed June 5, 2008
4. *The First 50 Years of the Indian Health Service, Caring & Curing*, DHHS, IHS, 2005
5. IHS website <http://info.ihs.gov/Profile08.asp> Accessed June 6, 2008
6. IHS Physical Rehabilitation website <http://www.ihs.gov/NonMedicalPrograms/NC4/PhysicalRehab/Index.asp?mid=1> Accessed June 6, 2008
7. Federal Bureau of Prisons website <http://www.bop.gov/news/quick.jsp> Accessed June 6, 2008
8. Student Opportunities <http://www.usphs.gov/student/> Accessed June 5, 2008

Recommended Reading

- PHS Commissioned Corps website www.usphs.gov/
- Student Opportunities www.usphs.gov/student/
- Therapist Opportunities www.usphs.gov/profession/therapist/default.aspx (new category website will be accessible from this location soon)
- BOP Opportunities www.bop.gov/jobs/hsd/index.jsp

Contributed by CAPT Karen Lohmann Siegel with special thanks to CAPT Lois Goode and CDR Scott Gaustad (IHS) and CDR Jean Bradley (BOP) for contributions on their agencies.



Federal Physical Therapy

VETERANS AFFAIRS

Physical Therapists and the Department of Veterans Affairs

Who We Are

The Veterans Administration (VA) was established in 1930 to complete the mission set forth by Abraham Lincoln in his second inaugural address in 1865 - "to care for him who shall have borne the battle and for his widow and his orphan." This principle has continued to guide this organization through its transition to the Department of Veterans Affairs on March 15, 1989. Headed by the Secretary of Veterans Affairs, the VA is the second largest of the 15 Cabinet departments and operates nationwide programs for health care, financial assistance, and burial benefits for veterans and their families.

Department of Veterans Affairs is comprised of three branches: Veterans Benefits Administration (VBA), National Cemetery Administration (NCA) and the Veterans Health Administration (VHA). VBA provides financial and other forms of assistance to veterans and their dependents. These benefits include disability compensation, education, home loans, life insurance, and vocational rehabilitation. The NCA honors veterans with final resting places in national shrines and with lasting tributes that commemorate their service to our nation.

Perhaps the most visible of all VA benefits and services is health care. From 54 hospitals in 1930, VA's health care system has grown to 153 hospitals with more than 901 ambulatory care and community-based outpatient clinics, 135 nursing homes, 47 domiciliaries and 92 comprehensive home-care programs^{1,2}. VA health care facilities provide a broad spectrum of medical, surgical and rehabilitative care. Over 220,000 full-time employees provide health care to our Nation's veterans.

Who We Serve

In the United States today there are approximately 24 million living veterans, with over 80 percent having served in combat.

World War II	3.5 million veterans
Korean War	3.3 million veterans
Vietnam Conflict	8.1 million veterans
Gulf War	4.4 million veterans
Peacetime	6.2 million veterans ³

Of these, 7.9 million are enrolled in the VA Health Care System, making the VHA the largest provider of health care services in the nation. The face of the veteran population is constantly changing.

While our veteran population from earlier conflicts is diminishing, veterans from the Gulf War and the Global War on Terrorism encompass a new era of veterans for VA. In addition, the number of female veterans is increasing and currently comprises 7% of all veterans seen within VA.

In the past VHA has focused on the elderly population and issues associated with aging. However, the era of recently injured Gulf War veterans have caused a paradigm shift with a major focus now on the catastrophic injuries of returning service members. VA is seeing young men and women with severe wounds that will require lifelong care. Some of these complex cases involve the clinical presentation of traumatic brain injuries (TBI), amputations, or polytrauma (a combination of injuries).

PT in the VA

Over 1,100 physical therapists can attest that VA is one of the most dynamic environments for a career choice. With the vast continuum of care provided across the system, physical therapists have the opportunity to work in primary care, wellness, disease prevention and acute rehabilitation. Practice care settings can include:

- Inpatient acute care
- Primary care
- Comprehensive inpatient and outpatient rehabilitation programs
- Spinal cord injury centers
- Polytrauma centers
- TBI centers
- Amputation rehabilitation centers
- Geriatric/extended care

VA provides a freedom of practice that is not easily found elsewhere. Veterans or service members are seen from the onset of a condition through goal achievement, or until maximum benefit is achieved from the interventions. Physical therapists have the resources to provide state-of-the-art adaptive equipment to meet the needs of the patient. In addition, VA has one of the most comprehensive patient records system in the Nation which allows the clinician to have patient information at their fingertips.

There are many opportunities for advancement, with career ladders extending beyond the local VA facility. PTs can advance to regional

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Federal Physical Therapy

VETERANS AFFAIRS

and national positions to help enhance the care of our veteran population.

One License 50 States

A physical therapist may practice in any VA facility, with a current, active license to practice physical therapy from any State, Commonwealth, or Territory. As a result, a physical therapist in the VA can transfer to any location within the 50 states, District of Columbia, Puerto Rico, and the Philippines without loss of pay or benefits.

Benefits

The VA offers an extensive package of employment benefits. These include but are not limited to the following:

- 13-26 days of vacation
- 13 days sick leave
- 10 Federal holidays
- 15 days annual military leave
- Family and Medical Leave Act
- Health Insurance
- Life Insurance
- Retirement income
- Liability protection

There are also numerous educational opportunities available for career development. These programs include:

Upward Mobility Training Program – These programs offer, on a competitive basis, opportunities to advance to higher level positions

Employee Incentive Scholarship Program (EISP) - This competitive scholarship program allows selected VHA employees to further their education and obtain degrees qualifying them for positions for which recruitment and retention is difficult.

Education Debt Reduction Program (EDRP) – This program allows VA facilities to provide education loan repayments for newly appointed health care professionals in areas where they face recruitment difficulties. The educational loan must be for courses that led directly to qualifying for the appointed position.

Tuition Support Program – Employees in health care disciplines identified as VA shortage categories are eligible for funding to enroll in job related courses, continuing education courses and conferences.

Salaries within the VA vary depending on location. Facilities adjust their local salary scale to accommodate the competitive salary rates found in their community. It is therefore not possible to provide a typical dollar amount across the VA healthcare system. Starting salaries are based on local salary rates, professional education, training and experience.

The greatest benefit in the VA is the opportunity to care for our veterans. This population has a unique camaraderie not found anywhere else, forming strong bonds with one another and with their health care team. They openly display their gratitude for the care they receive. It is a privilege and an honor to serve those who have served for us.

References

1. "The Health Care System for Veterans: An Interim Report," Congressional Budget Office, Congress of the United States, December 2007.
2. "End of Fiscal Year Inventories," VHA Site Tracking (VAST) System: FY 2008, 2nd Quarter, VHA Office of the Assistant Deputy Under Secretary for Health for Policy and Planning
3. "Strategic Plan FY 2006-2011," Department of Veterans Affairs, Office of the Secretary, October 2006.



Federal Physical Therapy

CSM 2009

Federal PT Programming COL Kersey-Musculoskeletal Evaluator APTA Combine Section Meeting 2009

Topic: Screening for Medical Conditions that May Present as Musculoskeletal Conditions in Physical Therapy Practice

Tuesday 10 February 2009 10:30am – 12:00pm.

Location: CONTROL ID: 490921

Speaker(s): Michael D. Ross, PT, DHSc, OCS

DESCRIPTION: While the vast majority of patients with musculoskeletal conditions have signs and symptoms that may be attributed to mechanical dysfunction for which physical therapy may be indicated, the possibility of a serious underlying medical condition presenting as a musculoskeletal condition should always be considered. Therefore, physical therapists in today's practice settings should have a clear understanding of how to appropriately screen for underlying medical conditions that can present as musculoskeletal conditions so that appropriate medical evaluation and management can be initiated as necessary. This course will describe a medical screening process that can be immediately implemented by physical therapists that is designed for safe and efficient patient management. Emphasis will be placed on describing pertinent patient history and physical examination findings that may prompt the physical therapist to hypothesize about the existence of medical conditions presenting as musculoskeletal conditions and facilitate appropriate medical evaluation and management strategies.

OBJECTIVES:

- Efficiently screen for serious underlying medical conditions that can present as musculoskeletal conditions.
- Describe pertinent patient history and physical examination findings that would necessitate medical evaluation and management that is outside the scope of physical therapy practice.
- Describe and implement strategies that promote effective and efficient physician communication and referral.

Topic: Neurological screening and return to participation following mild traumatic brain injury.

Tuesday 10 February 2009 12:30pm – 2:15pm.

Location: CONTROL ID: 491058

Speaker(s): Scott W. Shaffer PT, PhD, OCS, ECS

DESCRIPTION: The purpose of this course is to provide the current evidence regarding neurological screening and return to participation guidelines for individuals who have sustained a mild traumatic brain injury (mTBI). Specifically, the presenter will discuss the pathophysiology, epidemiology, acute and chronic (post-concussion syndrome) symptoms, and psychometric properties of items used for screening cognitive, vestibular, and balance dysfunction following a concussive event. In addition, the impact and clinical utilization of physical exertion testing and return to participation guidelines for athletes and service members who have sustained a mild traumatic brain injury will be reviewed.

OBJECTIVES:

- Discuss the proposed pathophysiology associated with mild traumatic brain injury (concussions).
- Recognize the acute and chronic (post-concussive syndrome) symptoms of mTBI.
- Compare and contrast the signs and symptoms of post-concussive syndrome versus post-traumatic stress disorder.
- Accurately identify cognitive, vestibular, and balance disorders in patients who have sustained a mild traumatic brain injury and require further assessment and intervention.
- Discuss the utilization and impact of physical exertion testing on individuals who have sustained a mild TBI.
- Describe the return to participation criteria for patients who have sustained a mild TBI (concussion).

Topic: Evidence Based Patient Education: Overcoming Barriers to Health Literacy

Tuesday 10 February 2009 2:30pm – 4:30pm.

Location: CONTROL ID: 489711

Speaker(s): Stephen L. Goffar, PT, PhD, OCS

DESCRIPTION: The purpose of this course is to discuss the state of patient education as it relates to health and conventional literacy in medicine and to promote strategies that facilitate understanding in the broad spectrum of patients. The course will address all modes of patient education, verbal, written, imagery, and multimedia with specific interest in the evidence surrounding each with respect to clarity and effectiveness of message communication. Participants will see how technology can be used in the tailoring and assessment of written materials.

OBJECTIVES:

- Summarize the current evidence on the impact of Health and conventional literacy on healthcare outcomes and patient compliance.
- Evaluate patient education materials to determine grade level.
- Identify strategies appropriate to reduce barriers to therapeutic success associated with health and conventional literacy
- Develop patient education materials that optimize outcomes and adherence.

Topic: Incorporating Musculoskeletal Imaging to Enhance Your Physical Therapy Practice

Wednesday 11 February 2009 8:00am – 11:00am

Location: CONTROL ID: 478051

Speaker(s): Douglas M. White, DPT, OCS; Wayne Smith, DPT, SCS, ATC; Deydre Teyhen, PT, PhD

DESCRIPTION: The purpose of this course is to describe the application of musculoskeletal imaging in orthopaedic physical therapy practice. Three to five common conditions of the spine and extremities each will be presented. For each condition the clinical decision making process will be described centering on answering the questions: Is imaging indicated? What imaging modalities are indicated? What sequence of modalities should be considered? At what point in the management of the condition is imaging indicated? Additional elements of the course will include a discussion on the practical aspects of marketing imaging in physical therapy practice and reimbursement of imaging procedures.

OBJECTIVES:

- Identify the imaging modalities of choice for common conditions of the spine and extremities.
- Recognize when during the physical therapist management of a condition imaging is indicated.
- Understand what information can be derived from plain radiographs, CT, MR and US.
- Incorporate established imaging guidelines into physical therapist management of common musculoskeletal conditions.
- Familiarity with current reimbursement environment for imaging in physical therapist practice.
- Understand strategies for marketing imaging in physical therapist practice.

Topic: Evidence Based Guidelines for the Management of Patellofemoral Pain Syndrome

Wednesday 11 February 2009 1:00pm – 3:45pm

Location: CONTROL ID: 491507

Speaker(s): Thomas Sutlive, PT, PhD, OCS; Josef Moore, PT, PhD, SCS, ATC

DESCRIPTION: The purpose of this course is to discuss differential diagnosis, early intervention, and rehabilitation for service members (Soldiers, Airmen, Sailors, and Marines) with Patellofemoral pain syndrome (PFPS) based on the latest evidence. Specifically, this course will discuss the importance of musculoskeletal screening for individuals with knee pain, and the importance of differential diagnosis, imaging, and referrals as we practice in an interdependent yet autonomous role in direct access settings. An evidence-based treatment classification system will be presented to help guide clinical decision-making in the management of patients with PFPS. The foundation of this course is derived from the principle of "Sports Medicine on the Battlefield...operational readiness through injury prevention and early intervention" developed at the United States Military Academy, West Point, NY. The concepts for managing injured elite athletes and returning them to the playing field as quickly and safely as possible shares the same common goal of returning injured service members "tactical athletes" to a high level of military technical and tactical readiness whether in garrison or in combat.

OBJECTIVES:

- Determine which patients with knee/lower extremity pain require referral to their primary care manager, a specialty clinic, or for imaging studies.
- Integrate the current best evidence in the assessment and management of patients with PFPS.
- Accurately identify patients with PFPS who are likely to benefit from specific treatment.
- Summarize the current best evidence for rehabilitative exercise progression in patients with PFPS.

Topic: Clinical Decision-Making for Patients with Low Back and Neck Pain

Thursday 12 February 2009 8:00am – 11:00am

Location: CONTROL ID: 489623

Speakers: John Childs, PT, PhD; Deydre Teyhen, PT, PhD; Michael Walker, PT, DSc, OCS

DESCRIPTION: The purpose of this course is to discuss clinical decision-making for patients with low back and neck disorders. In particular, focus will be given to differential diagnosis and the use of decision-making aids such as prediction rules based on current best evidence. The foundation of this course is based on sub-grouping methodology in which patients with low back or neck pain are screened for for any red or yellow flags, after which a treatment that best matches the patient's clinical profile is selected.

OBJECTIVES:

- Incorporate medical screening tools to help rule out serious complications or identify psychosocial issues that require medical or psychological referral/consultation.
- Summarize current best evidence related to treatment for patients with low back and neck pain.
- Incorporate decision-making aids such as clinical prediction rules to guide decision-making and improve patient outcomes