

KPTA Newsletter

November 2004

Vol. 46 No. 3



www.kpta.org



MARK YOUR CALENDARS:

2005 KPTA SPRING CONFERENCE

MAY 20-21

MARRIOTT CINCINNATI AIRPORT HOTEL
HEBRON, KY

***NOTE: CEU'S WILL BE PROVIDED FOR ALL CONTINUING EDUCATION COURSES HELD AT SPRING CONFERENCE.**

Congratulations to our own Terry Brown, PT, who received APTA's Private Practice Section's Practice Award for Private Practice.

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Message from the President

By Cindy Hile PT, M.Ed.

Fall Conference

Thanks to all who participated in our Fall Conference held September 22-23 at the Greater Cincinnati Hilton in Florence, KY. For those who could not attend—a brief summary follows. The educational courses were exceptional. I'm sure those who attended Peter Kovacek's *High Power PT Management* or *Advances in Exam and Treatment of Patients with Selected Knee Conditions* with Speaker George Davies would wholeheartedly agree. For those PT's interested in clinical research, UK Faculty Anne Harrison PT, PhD and Tony English PT, MEd hosted an introductory session. *Foundations in Clinical Research* emphasized designs that can be easily incorporated in a practice environment.

The Business Meeting agenda on Friday evening included elections for KPTA President-Elect, 3 Delegates, RBNA Representative and Alternate. Congratulations to the winners: Bob Sellin as President-Elect, Delegates Ramona Carper, Deb Sallade-Janes and Daphne Ryan and to Sean Sullivan as RBNA representative. We also accepted nominations and voted on candidates for 4 upcoming openings on the Kentucky State Board (3 in January and 1 in April). Based on the voting outcomes, the KPTA President submits 5 names for each position to the Governor who makes the final selection for each of the 4 positions.

Another highlight of the Business Meeting was a special presentation led by Tony English and a panel of other Task Force members regarding the new Continued Competency regulations that will go into effect next year. Governor Fletcher signed into law on July, 2004, an amendment to the Practice Act KRS 327.040 enabling these continued competency changes. In effect, "*the board may promulgate regulations establishing a measure of continued competency as a condition of license renewal.*" The Task Force members represent both the KSBPT and KPTA Boards and have been meeting all year working on appropriate wording, getting input from members, and attending district meetings to share the information and facilitate roll out of this new regulation.

Foundation for PT

The Foundation for PT sponsors a variety of fundraisers throughout the year to support its mission: to fund and build a lasting future, to fund research critical to the profession and to build researchers. The Delaware Chapter is sponsoring a new initiative—to challenge all components to raise \$100,000 before CSM 2005. Delaware began the challenge by contributing \$5000 or \$15/member. They are asking each component to set a target of \$2/member. For Kentucky, that would amount to around \$2000. If you would like to assist us toward this worthwhile goal, please contact Lisa at the KPTA office.

PT Month

How did you celebrate PT Month? We'd like to know. Though your articles and photos missed this newsletter edition, we would like to share some of them in the first edition of 2005. Please forward to Lisa Langford at kpta@bluegrass.net or to Jill Juliot PT, Newsletter Editor at jillju@ulh.org.

Committees Need You

There are many opportunities to get involved in the Chapter. Committees such as Public Relations, Education, Bylaws and Membership still need members—to name a few. Sean Sullivan PTA is both Membership Chair and RBNA representative. He is doing an outstanding job wearing both hats, but would welcome some team members! At Fall Conference, Ethics Chair Chris Price requested new committee members and received 8 new recruits! If unsure where your interests or skills are needed most, call Lisa at the KPTA office for information. You can also go to our web site at www.kpta.org. Steve Marcum, Website Chair, has been doing a tremendous job overhauling, energizing, and making our web site more "member-friendly". Be sure to check it out!!

Last but not Least—Strategic Planning

At our first Board Meeting in 2005, KPTA will hold a two-day strategic planning session at Baptist Hospital East in Louisville. Jody Gandy PT, PhD, Director of APTA’s Department of Education, will facilitate the sessions. We have not reviewed our mission, vision, or revised our strategies since 2000. This important event will give chapter leadership the opportunity to develop a detailed plan and direction for the next three years. However, for our efforts to truly represent our members, we need your ideas and

priorities. Information went out recently on **kpta-talks** requesting your participation in a member survey. If you haven’t done so, please complete the survey (found at www.kpta.org) and forward it to jodygandy@apta.org. Don’t hesitate to contact me at chile@insightbb.com or (502) 727-4595 if you have questions about any of the items presented in this article.

Happy Holidays!

National PT Month

By Beth Rawlings

Let me tell you about an exceptional PT who can make all of us stand with pride in our profession! One of our colleagues, Dan Stopher, volunteered for the Mobility Project in Kabul, Afghanistan, this month. Dan worked with the Afghanistan government to identify citizens who had no means of mobility other than to be carried around by family or friends. These people have suffered debilitating loss of limbs and other injuries, from land mines or other explosives. The Mobility Project provided wheelchairs, walkers and crutches along with a loading dose of hope for some degree of independence.

We were proud to see him on WLKY-32’s Morning Show, as well as on the 6 pm news and ask you to join us in congratulating him on giving us an example of the kind of spirit and dedication that we can admire and hope to emulate during National PT Month.

Northern District Celebrates PT Month

As PT month approached, the Northern District was busy trying to decide upon an exciting event to have that would bring the members of our district together. For the past couple of years we had a bake sale fundraiser that was very successful. But this year we decided to do something a little bit different. Cathy Bookser-Feister suggested that we have a night out. Thus, the planning began. On October 5th, almost 30 members gathered for an evening of fun and fellowship. Old friends gathered to catch up as well as new ones were made. The food was delicious. There was a large raffle with donated items from gift baskets to a portrait sitting with a well known photographer. No one left empty-handed - there were gift bags for everyone. We would like to extend a thank you to everyone who worked to make this evening so wonderful and a special thanks to Cathy, who without her efforts we would not have been able to make it happen.

If you have any questions, give me a call: 859-331-4887

Scott Engelhard
Northern District Chair

APTA Holds Annual State Government Affairs Forum

by David Williams

The American Physical Therapy Association (APTA) held its 2004 State Government Affairs Forum in Lake Tahoe, California September 27-29. The event was co-hosted by the California and Nevada Chapters and was a huge success, with over 95 participants, including physical therapists, physical therapist assistants, students and lobbyists. The Forum has become a leading tool for those interested in state legislation, politics and advocacy. Attendees have the opportunity to hear influential public leaders, attend seminars, and participate in workshops that focus on issues affecting the practice of physical therapy. Participants leave the Forum with a greater sense of understanding of the issues, and subsequently use this knowledge to increase their involvement with policy initiatives at the state level.

The Forum hosted several workshops and lectures on important issues, including Athletic Trainer Licensure, Direct Access, POPTs, Medicaid, Fundraising for your State PAC, and more. Brett Altman, PT, OCS, SCS, LAT, CSCS, and President of the Iowa Chapter, gave a presentation along with Boyd Etter, PT, Cert. MDT, of the Nevada Chapter on ATCs. Both states had experienced legislative activity in 2004 regarding Athletic Trainers, and presenters gave background information, tips, and advice on how to deal with this type of legislation in other states.

Nancy Garland, J.D., CAE, Tom Caldwell, PT, MHS, SCS, and Carolyn Towner of the Ohio Chapter hosted a workshop on Direct Access. Ohio became the 39th state this past year to obtain direct access. Tom Caldwell and Nancy Garland outlined step-by-step how the chapter went about doing this, while Carolyn Towner offered advice from a lobbyist's perspective.

Peter McMenamin, PT, MS, OCS presented, "Strategies to Prohibit POPTs". Fran Welk, PT, DPT, MEd, and Director of the APTA POPTs Task Force, and Lisa Saladin, President of the South Carolina Chapter, followed up with a presentation on the "Legal Challenges to POPTs," which South Carolina has become very familiar with recently. Both presentations provided attendees with background information and strategies that could be used in other states confronting the POPTs issue.

A presentation on the current Medicaid Crisis was given by Patrick Johnson, Manager of Policy Research for the NCSL Health Policy Tracking Service (HPTS), published by NETSCAN iPublishing. The presentation included background information and analysis of cuts that have been made to the state Medicaid programs in the past few years. Mike Matlack, APTA Associate Director of Grassroots and Political Affairs, gave a successful workshop on fundraising for your state PAC, where he outlined steps and strategies for maximizing the potential of fundraising efforts in the states.

Other presentations included Exercise Physiologists, Tips for a Successful Lobby Day, Hiring and Managing Contract Lobbyists, and Public Relations: Tools for Your Legislative Efforts.

One of the highlights of the Forum each year is the presentation of the State Legislative Leadership Award. The Award is given to an individual who has demonstrated outstanding leadership in the area of state legislative issues and promoted initiatives that preserve, protect, and advance the practice of physical therapy. This year, because of the high volume of qualified candidates, the award was presented to two APTA members, Tom Caldwell, PT, MHS, SCS, of Ohio and Janet Shelley, PT, of South Carolina. The awards were given at a reception honoring this year's nominees. "These individuals exemplify the qualities and determination needed to help further the physical therapy profession through legislative efforts," said APTA President Ben F. Massey, Jr., PT, MA. "Their hard work proved paramount in successfully achieving their chapter's goals."

Caldwell, who currently is the vice president of the Ohio Physical Therapy Association (OPTA), was recognized for his valuable work and leadership in making Ohio the 39th state to achieve direct access to physical therapy

services. “Without Tom Caldwell, direct access would not have become a reality in Ohio,” said OPTA Executive Director Nancy Garland. Shelley, former president of the South Carolina Physical Therapy Association (SCPTA), was recognized for her leadership in obtaining support of anti-physician-owned physical therapy services (anti-POPTs) language in the state’s Physical Therapy Practice Act. She also was recognized for defeating chiropractic legislation that would have prohibited physical therapists from performing manual therapy. “Words cannot do justice to describe the significant impact of Janet Shelley on the growth and development of our association in all aspects of our mission,” said Lisa Saladin, PT, current president of SCPTA. “Few can match her effectiveness and accomplishments as a legislative advocate for the profession.”

Next year’s State Government Affairs Forum will be held in historic Annapolis, MD in September 2005.

Changes in First Steps – Another Perspective

Many changes have occurred recently in the First Steps program that have been difficult for providers to fully accept, as they have been implemented rapidly. In the last newsletter, our lobbyist wrote a brief piece with her suggestions, and I wanted to follow-up with another perspective, both as a provider and as your pediatric section representative.

Most providers know that First Steps was in financial trouble. This is not in dispute – we are serving many more children than were originally budgeted for, and many children are receiving multiple services for long periods of time. There are several components of the changes being implemented that I will attempt to address in this note – please remember that this is my perspective and I cannot speak for PT in general or DPH, the lead agency for First Steps.

First, the decrease in hours provided through First Steps can have several outcomes – we as providers need to allow families to prioritize their current needs, and realize that these needs will change, possibly rapidly, even during a six-month plan. While families do not need to become therapists, they do need to realize the impact of making life therapeutic as a benefit to their child. Even if we are seeing a child three times a week, that is still only three hours, out of 148 hours in that week. Rather than giving families lists of activities to do, adding to their already busy lives, we need to look at what they are already doing and how they are doing it. This will help us modify these activities to incorporate the skills we as therapists and the families feel are important to address into what they are already doing. Another aspect of this is that we as providers can often unconsciously make

families feel guilty for not “doing their homework.” We need to be very cautious not to do this – it is ok to miss a week of therapy or be too busy sometimes to include activities.

Second, transdisciplinary services provision has many people worried about practice act boundaries. As a good friend told me recently, “everything influences everything.” Therefore a speech therapist working on breath support and swallowing has to address posture, a physical therapist encouraging mobility needs to address vision and attention, and an occupational therapist working on distal fine motor skills has to deal with proximal stability issues. We do overlap, but cannot replace each other. This is where priorities have to be determined. However, I feel that listening to families to understand **their** priorities and determine the most appropriate services at that time. We need to realize that while we may be the experts in movement, the parents are the experts on their children and their lives.

Third, we need to take this opportunity to encourage third party payers to cover the services they have been denied due to EI coverage (and this may include Medicaid). To do this, we need to be able to support our effectiveness, and I am not sure that we do this well at all.

I will stop here, before I ramble further than anyone is willing to read, but would be happy to continue this discussion with any of you if you wish. Please contact me at eennis@bellarmine.edu.

Beth Ennis, PT, EdD, PCS

Attention! Attention! Attention!

Nominations are now being accepted for:

Physical Therapy Outstanding Service Award Outstanding Physical Therapist Assistant Service Award Richard V. McDougall “Fledgling” Award

DEADLINE FOR NOMINATIONS IS MARCH 1st, 2005! All winners will be honored at the KPTA Awards Ceremony at Annual Conference (Spring 2005). There are many PT's and PTA's deserving of these awards! Please consider taking a moment to nominate a co-worker or colleague who has exhibited outstanding service in the profession of physical therapy! (Nominees must currently be APTA/KPTA members).

Just send in a letter describing the contributions your nominee has made to:

Karen Thompson
Baptist Hospital East, Physical Therapy Dept.
4000 Kresge Way
Louisville, KY 40207
Or fax to Karen at 502-896-7259 or email kthompson@bhsi.com

Physical Therapy Outstanding Service and Outstanding Physical Therapist Assistant Service Awards:

Nominations will be judged on the following:

- Contribution and Participation to the KPTA/APTA
- Clinical Expertise, Educational (teaching) expertise or Administrative Expertise
- Commitment to Professional Development/Continuing Education
- Participation in promoting the profession of physical therapy to the community (through community service or public relations efforts)
- Commitment and Support for Physical Therapy Research

Richard V. McDougall “Fledgling” Award:

Criteria:

Nominee shall have been in practice as a licensed PT or PTA for at least 2 years but not more than 5 years.

Nominations will be judged on the following:

- KPTA activity on the District or State Level
- Participation in KPTA meetings/committees.
- Activity in the community as it relates to the profession of physical therapy.
- Demonstration of initiative in broadening their base of expertise in physical therapy.
- Demonstration of commitment to the profession and the ideal of service.

Please include in your letter:

Name, address, phone numbers, work location and job title of Nominee.

Name, address phone numbers of person making nomination.

Reimbursement Update by Kelly Dorsey

Summary of recent activities: Continue to monitor/respond to APTA surveys and questionnaires on the CMS Proposed Rule on the Medicare Fee Schedule Personnel Standards for “Incident To” Services, and its effect on reimbursement of services. Current proposed rule, of course, is to require physician’s offices that offer physical therapy services to be provided by individuals that meet personnel standards that include education requirements to ensure the safe and effective delivery of the services. Current rules allow for the delivery of physical therapy by a physician, or by any office personnel ranging from office staff to providers with distinct training in athletic training, massage therapy, exercise science, or physical education, etc. CMS plans to publish the final rule by November 1, with an effective date of January 1, 2005. The entire physician fee schedule proposed rule is available at <http://www.cms.hhs.gov/regulations/pfs/2005/1429p.asp>

The latest edition of Reimbursement News from the APTA Reimbursement Department is further clarifying the new 2004 CPT code added to the 97000 series,

97755: Assistive Technology Assessment: defined as “Assistive technology assessment (eg, to restore, augment, or compensate for existing function, optimize functional tasks, and/or maximize environmental accessibility), direct one-on-one contact by a provider, with written report, each 15 minutes. The new code has created several inquiries regarding its correct use. There are parameters for its use, but as with all services described by the CPT codes, the judgment of the health care professional licensed to deliver the service is a critical component of the appropriateness of the choice of codes billed.

The question of the term ‘assessment’ is differentiated from the term ‘evaluation’ by the Guide to Physical Therapist Practice, which defines evaluation as ONE of the elements of the patient/client model. However, in the CPT 97001 code (PT Evaluation), the evaluation is described as the FIRST FOUR elements of the patient/client model - examination, evaluation, diagnosis, and prognosis, including plan of care. This means that the CPT 97001 definition of evaluation is broader than the Guide. One of the results of an evaluation that the CPT describes may be that the patient needs further assessment. Assessment, according the Guide, includes the measurement or quantification of a variable. The need for an “assistive technology evaluation,” therefore, could be a conclusion from the PT’s evaluation.

Code 97755 applies when the patient is being assessed for his or her ability to use different components of technology, and assessed for how that technology will improve the patient’s function and safety related to such things as environmental control and mobility systems. The code is not for “Assistive device assessment”, but for “Assistive technology assessment”. Assistive devices include walkers, crutches, and canes. Wheelchairs could also be classified as an assistive device. However, there exists some technologically advanced wheelchairs that require significant customization to provide functional value to the patient, and in these cases, the assistive technology assessment code would be appropriate.

Use these guiding questions to help in determining the use of the 97755 code:

What is it about the patient that indicates an assistive technology assessment is appropriate as opposed to simply measuring for and fitting an assistive device?

Virtually all spinal-cord injured patients will need a wheelchair, but not all spinal cord-injured patients will need assistive technology. The patient’s functional deficits must meet a critical threshold of potential improvement with the use of the assistive technology.

What is the time period for the use of the assistive technology to improve patient functioning?

The contributions of the assistive technology should tend to be long term, even lifelong. Include projections of long-term needs and the potential for the patient to use technology to improve or enhance current function.

How often is the assistive technology code used by a given provider?

Total annual usage of the assistive technology assessment code was estimated at 5,000 assessments per year by all providers. This is less than 500 per month nationwide, or less than 10 per state per month, only half of which are expected to be performed by PTs.

How long does it take to conduct the assistive technology assessment?

Survey data indicate that the median time to complete the typical assistive technology assessment (including preservice, intraservice, postservice time) is in excess

of 6 hours. The code is a timed code (“each 15 minutes”) to allow for different lengths of treatment, but the average time of the service can be one factor to help the PT determine if the services they are delivering are appropriate for the code. Considering the complexity of the diagnosis can also be a determining factor. Patients with multiple system involvement, which may require various alternative solutions, modifications, adjustments (thus involving the judgment and greater mental effort of the PT) should also be considered in determining correct coding procedures.

Clinical Specialization

There are currently seven clinical specialty areas recognized by the American Board of Physical Therapy Specialties (ABPTS) of the American Physical Therapy Association (APTA). Those areas are Cardiovascular and Pulmonary, Clinical Electrophysiology, Geriatrics, Orthopedics, Neurology, Pediatrics and Sports Physical Therapy. Currently we have 100 clinical specialists in Kentucky. The clinical specialty areas represented in Kentucky include 73 orthopedic, 10 electrophysiologic, 7 sports, 6 geriatric and 4 pediatric clinical specialists.

While clinical specialization is by no means a requirement in physical therapy, it is one mechanism for physical therapists to demonstrate advanced competency in a particular field. The basic requirements for all specialty areas include a minimum of 2000 hours of practice within your specialty area. In some cases APTA approved clinical residencies can be used to help fulfill the clinical hours requirement. Details on the requirements for clinical specialization as well as access to the new streamlined administrative process for applying for specialization are available at the APTA’s website at www.APTA.org

Recent studies have shown clinical specialists demonstrate advanced problem solving skills and tend to work with patient’s with complex conditions and problems. I thought it might be interesting to start a clinical specialization feature in our Kentucky Physical Therapy Association (KPTA) newsletter. The feature will be called, “Ask a Specialist”. Any interested party may email a question to Bob Sellin at rsellin@qx.net and I will find a clinical specialist to answer the question. The questions concerning the most global or intriguing topics will be printed but all questions will be answered.

Any clinical specialist in Kentucky who would like to be on the panel of specialists who will be asked to answer our members questions may sign up by emailing me at the same address listed above. It is also my intention to print the names and email addresses of specialists on the panel so our members can contact specific clinical specialists to discuss their particular interest in specialization.

Robert A. Sellin, PT, DSc, ECS

Spectacular CSM 2005 Events to

Benefit the Foundation

Bring your dancin' shoes and get ready to party! Celebrate with the *Cardiovascular and Pulmonary Section* at their 30th Anniversary "Pearl Jam" Dance at the Hilton Riverside Grand Salon, on Wednesday, February 23, 9:30 pm–1:00 am. Part of the proceeds will benefit the mission of the Foundation.

Mardi gras over? Never! Keep your dancin' shoes on and join the *Sports Physical Therapy Section's* "Mardi gras Krewe of Karnival" and Silent Auction at the Hilton Riverside Grand Ballroom A & B, on Thursday, February 24, 8:00 pm – 1:00 am, to keep the fun going! Meet the King and Queen of Karnival, catch beads while watching the parade, dance and celebrate while bidding on sports memorabilia and other great auction items. The proceeds will benefit the Foundation's Clinical Research Network.

Each event is \$20 per person (\$10 per student) and tickets may be purchased through the Service Center at 800-999-2782, ext. 3395 or during CSM at each Section's booth and at the door. Come support the Foundation while having a great time celebrating with your friends and colleagues!

CRN Session at CSM05

An important session will be presented by the lead investigators of the Foundation-funded clinical research network, PTClinResNet, at CSM, "Designing Intervention Protocols to Improve Muscle Performance and Movement Skill: Exposing the Hidden Aspects of Clinical Research." This clinical research symposium describes the development and testing of four individual intervention protocols designed to improve muscle performance and movement skill in patients with physical disabilities and details an evidence-based approach and process of protocol development and standardization. This session will take place at the Hilton Riverside Grand Salon on Friday, February 25, 1:00 pm to 4:00 pm, and is sponsored by the Neurology, Pediatrics, Orthopaedics, and Research Sections, and the Foundation for Physical Therapy.

Year-End Giving Opportunities

The close of the Foundation's 25th Anniversary is the perfect opportunity for physical therapists to look toward the future and renew their commitment to physical therapy research by making a year-end gift to the Foundation. Clinicians, researchers, and academics each play a key role in the success of our profession. Your donation today will help the Foundation continue its quest to validate physical therapist interventions and to provide more evidence-based practice that will enhance our ability to provide excellent healthcare to our patients.

December is the time when many people make decisions on their year-end giving to their favorite charities, and the Foundation for Physical Therapy hopes you will remember the Foundation when making your charitable year-end giving. A tax-deductible donation now to the Foundation may help create tax savings for you, while providing meaningful support to us.

Year-end donations may include such gifts of appreciated assets, such as stocks, bonds, and mutual funds. And, there is no easier way to receive a charitable deduction in 2004 than by simply writing a check in response to our year-end direct mail letter. Donations to the Foundation are tax-deductible (Tax ID 13-6161225), if itemized on your individual tax returns and donated by midnight on December 31, 2004.

The month of December is also an excellent time to review your overall estate plans to assess your current and future financial needs. When doing so, consider naming the Foundation for Physical Therapy in your will (a bequest.) A bequest is an excellent way to provide lasting support for physical therapy research.

Please visit the Foundation at <http://www.apta.org/Foundation> to obtain a donation form or learn more about bequests and planned giving, or you may contact the Foundation at 800-875-1378. Please consult your tax advisor about the methods of giving that are best suited to your portfolio.

Introducing CRNews

Don't miss the first edition of CRNews. This semiannual e-newsletter on PTClinResNet, the physical therapy multi-site clinical research network that is assessing the effects of strengthening exercises designed to improve muscle performance and movement skill in

patients with disabilities, brings you highlights of the Foundation's largest funded project. PTClinResNet is building infrastructure to develop and sustain clinical trials research in physical therapy and is providing many training and educational opportunities for physical therapists and other clinicians. To read about PTClinResNet's projects, its progress, its impact on the physical therapy community, and what's coming soon for clinicians and consumers, go to <<<http://www.apta.org/Foundation/news/ClinicalResearch/CRNews>>>. PTClinResNet is funded by the Foundation for Physical Therapy through the tremendous support of individual APTA member donors, sections, and its corporate partners. For the sections and corporate partners contributing to this important endeavor, see

<http://www.apta.org/Foundation/news/ClinicalResearch/Section_Gifts> for sections and <<http://www.apta.org/Foundation/news/ClinicalResearch/CorporateGifts>> for partners.

Pittsburgh-Marquette Challenge

The 2004 Pittsburgh-Marquette Challenge is on! 36 schools have already pledged to participate, and we hope that all schools will get involved. Join the Challenge today! For more information on the Challenge, as well as for donation and pledge forms, visit

http://www.apta.org/Foundation/Events_Activities/2004Challenge or contact Jessica Ruhle at (800) 999-2782, ext. 8595.

Effective Communication with Your Legislator

by David Williams, PT KPTA Legislative Committee Co-chair

As physical therapists or physical therapist's assistants, we must be effective communicators. We must be able to communicate with patients, physicians, third party payers, and several other individuals in delivering our services. Most all of us are proficient in our communication skills with several different individuals. However, I have often been told that there is sometimes a stumbling block in communicating with legislators. Some people find it quite intimidating to contact their legislator to discuss issues or legislation. Others find difficulty in knowing how to properly educate a legislator about pending legislation. In response to these difficulties, I have outlined some key points that hopefully will address any difficulties in communication with lawmakers.

Legislators are in political office to represent their constituents. They are civil servants and sometimes are underutilized because their constituents do not contact them to let them know how they feel about issues or legislation. Thus, we should contact our lawmakers and let them know our opinion on particular issues because they are representing us.

Contact your legislator by phone or mail and introduce yourself. Let your legislator know that you are a physical therapist or physical therapist's assistant. Invite them to come and see your practice or ask if you could visit them at their office. The key point here is to establish a relationship with your legislator so that when you call them to discuss an issue, they know who you are and what you represent.

When talking with your legislator about an issue stay on message and be courteous and respectful. Remember that the legislator is an elected official who deserves the utmost respect. Some legislators may not support or agree with the issue you are presenting. Even in disagreement, respect the legislator and thank them for their time. Talk with them about your particular issue and stay on that subject. For example, when talking to a legislator about Direct Access for Medicare beneficiaries, do not suddenly change the subject to the war in Iraq.

Follow up with the legislator after the meeting. Write them a thank you letter whether you talk with them or their legislative assistant.

Legislators need to have communication from the people they represent. It is our duty as a profession and as constituents to contact our elected officials to deliver our opinion on issues the will affect us. There are several other resources available to assist you in contacting your legislator such as: the American Physical Therapy Association website at www.apta.org and the Kentucky Legislature website at www.lrc.state.ky.us.

Medicare & Medicaid Update

From Dave Mason, APTA's Director of Government Affairs:

As expected, the Centers for Medicare and Medicaid Services (CMS) has released the final 2005 Medicare physician fee schedule rule for public review – and it is very good news for PT!!

The “incident to” standards proposed earlier this year are included in the final rule – we can see only two minor revisions: one clarifying the ability of certain qualified non-physician non-therapists to provide incident to therapy services if permitted by their state practice acts, and the other delaying implementation of the incident to standards until March 1, 2005, when the agency plans to issue manual instructions on implementing the standards.

In addition, the modification of requirements for supervision of physical therapist assistants in private practice settings is also included in the final rule, as APTA had advocated.

Recognizing the high interest among our members in this issue – not to mention the potential press activity that the athletic trainer's association may be tempted to engage in – we are preparing a press release for your use. Please expect this by the end of the week.

Most importantly, please pass along our most sincere thanks to your members who responded to our request for comments on the proposed rule. We know they had a tremendous impact in keeping the agency resolved to go forward with this policy. We couldn't have accomplished this without their help - and yours! Thanks.

St. Luke West Celebrates National Physical Therapy Month

St. Luke West Hospital in Florence, KY celebrated National Physical Therapy Month by holding a “Get Fit for Life” hospital-wide competition. The program hoped to encourage hospital staff to increase their physical fitness through activity. Pedometers were provided to various departments to gather an idea of the distance walked by a representative of that department.

The 21 departments walked a total of 392.39 miles! This results in an average of 19.62 miles per department for the week...or, 3.92 miles per day per participating department! Wow! Some comments from staff members: “Just thinking about this made me want to walk even further” and “This really got me to thinking about just walking up and down the halls rather than sitting at the desk waiting for someone to call us. And then I was right there by the room to help them right away.”

For more information on the St. Luke West “Get Fit for Life” program, please contact Bob Latz, PT at LatzR@healthall.com. Kudos to Bob and his staff at St. Luke for promoting National Physical Therapy Month!

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**BAPTIST REGIONAL
MEDICAL CENTER**

Baptist Regional Medical Center in Corbin, Kentucky is searching for a staff Physical Therapist and Physical Therapist Assistant. We are a modern acute care hospital which offers:

- * Loan forgiveness
- * Continuing CEU education provided
- * Expanding outpatient program
- * 20 Bed inpatient rehab unit
- * Experienced co-workers
- * Strong interdisciplinary teamwork
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