



Federal Physical Therapy SECTION

Quality physical therapy care across federal medical facilities.

Fall 2009

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This Issue

President's Message

CMS 2010

Military

Public Health Services

Veterans Affairs

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President's Message

The Federal Physical Therapy Section received the distinction of having the greatest percent increase in membership over the last two years. CSM 2009 was a great success. I am very thankful to the presenters for the Federal PT Section that offered their time, expertise, and experience to the education program.

Dr. Barbra Springer is coordinating a group of sessions on amputee rehabilitation. The sessions will provide the spectrum of rehabilitation for people with amputations from initial therapy to advanced techniques in progressing patients back to advanced functional activities.

The Federal PT Section incorporates all the physical therapists who 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). 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.

The Federal Section continues to look for volunteers to help the section grow and help network between the services. 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. We are a growing section, with the hope to generate interest in the section through opportunities at CSM, this newsletter, and other opportunities.

During CSM 2010, the Federal PT Section will continue to combine with the US Army Alumni Association for a social and networking event on Thursday February 18th 2010 at 7:00pm. Our Business meeting will be at 7am on Friday February 19th 2010.

If you have received this newsletter, and are a PT employed in the Federal government, please consider joining the APTA Federal Physical Therapy Section. If you are a member please consider participating in section activities. I look forward to see you at CSM 2010 in San Diego, CA.

Peter C. Glover, DPT

American Physical Therapy Association | Combined Sections Meeting



Federal Three **HOT** Topics

- Research Innovations to Improve Amputee Care
- Returning to Recreational Sports and Beyond: Advanced Functional Training for Amputees
- Adjunct Therapies to Enhance Amputee Care: Using Service Dogs, Acupuncture, Yoga and more!

Federal Physical Therapy

Peter Clarke Glover, DPT

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Federal Physical Therapy

CSM 2010

Amputee Sessions at CSM 2010

COL Barbara A. Springer, PT, PhD, OCS, SCS

Don't miss out! The American Physical Therapy Association (APTA) Federal Section will host several amputee care sessions during the 2010 APTA Combined Sections Meeting (CSM) in San Diego, CA, Feb 17-20, 2010. There will be experts from around the country, with years of experience caring for those with traumatic limb loss, presenting on a variety of amputee-related topics.



Dr. Jason Wilken, PT, PhD and Dr. Ben Darter, PT, PhD kick off the first session on Feb 18th with "Research Innovations to Improve Amputee Care". Specific topics will include virtual reality and current research. Significant research efforts are underway to improve prosthetics, utilize virtual reality, and accurately measure outcomes for the young, traumatic amputee population. These talented presenters will describe the wide variety of research efforts underway at Brooke and Walter Reed Army Medical Centers.

Dr. Bob Gailey, PT, PhD; Dr Billie Randolph, PT, PhD; COL Barbara Springer, PT, PhD; Dr. Charles R. Scoville, PT, DPT and Dr. Rebecca S. Hooper, PT, PhD combine many years of expertise to conduct the second session on Feb 18th with "The Future of Veterans Affairs (VA) and Department of Defense (DoD) Centers of Excellence for Amputee Care", discussing the Army's Proponency Office for Rehabilitation and Reintegration (PR&R), VA Regional Amputee Care centers and the VA/DoD System of Excellence. Presenters will provide an update regarding the current and future activities in the DoD Centers for Amputee Care, the VA Regional Amputee Centers, and the PR&R. The presenters will discuss the organization, mission, function, and future direction for these organizations and other joint ventures between VA and the DoD.

Dr Kim Gottshall, PT, PhD wraps up Feb 18th with her presentation titled "Balance at a High Level: Vestibular Training for the Amputee." The purpose of this



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CSM
2010
SAN DIEGO February 17-20

session is to provide the current evidence regarding vestibular screening and return to participation guidelines for amputees who have sustained a mild traumatic brain injury (mTBI). Specifically, Dr. Gottshall, who has extensive experience and is well published, will discuss the physiology of the vestibular system to include basic understanding and common language, pathophysiology of vestibular disorders seen in operational setting, fundamentals of vestibular rehabilitation, and samples of vestibular rehabilitation techniques.

MAJ Elizabeth Painter, PT; Mark Heniser, PT; and Matt Parker, PT kick off Feb 19th with an energetic two part session: "Returning to Recreational Sports and Beyond: Advanced Functional Training for Amputees Part I." They will present the sports medicine approach with the young amputee, update on prosthetic components, and criteria for return to activity. Don't miss their second session that afternoon (Part II) where they hold a lab with amputee patients to demonstrate gait training, pre-running, conditioning, and agility training. The young, traumatic amputee seeks a much higher level of activity and return to sporting events than is usually seen in the general amputee population. The purpose of this

two part course is to discuss high level rehabilitation techniques to help those with lower extremity major limb loss return to recreational sporting events and beyond. The Armed Forces Amputee Patient Care Program utilizes a sports medicine model. The principles of advanced functional training in the lower extremity amputee are based on familiar sports medicine techniques. These principles will be discussed with recommendations for functional and agility drills to help the amputee pursue a wide variety of recreational sports. Amputee running will also be discussed, to include recommended criteria for initiating a running program, as well as drills and techniques for both high level dynamic prosthetic feet and specialized running prostheses. Significant research efforts are underway to improve prosthetics, utilize virtual reality, and accurately measure outcomes for the young, traumatic amputee population. This

continued....



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course will describe the incorporation of the research efforts underway at Brooke and Walter Reed Army Medical Centers into clinically applicable advanced rehabilitation programs. Finally this course will discuss the use of Sport and Adaptive Sport throughout the rehabilitation process in the attainment and the expansion of higher functional goals.



Be sure to attend the educational amputee session on Feb 20th, where Dr. Brian Lawnda, MD, Jacque Moore, PT and CAPT Kathy Goldberg, PT from the Naval Medical Center (C5) in San Diego present "Adjunct Therapies to Enhance

Amputee Care: Using Service Dogs, Acupuncture, Yoga and more!" They will also include topics such as Yoga, Pilates, and Mirror Therapy. The presenters will provide the current evidence regarding adjunct therapies as useful tools when treating complex patients. Adjunct therapies can be a beneficial addition to the treatment of patients with polytrauma, including amputation. Interventions such as mirror therapy, acupuncture, Pilates, and therapy dogs have been used with success in the reduction of phantom sensation, phantom and residual limb pain, and improvement in the overall function of the patient.

Get ready for a very professional and highly educational time at the Federal Section Sessions, CSM 2010. See you in San Diego!



CSM 2010

SAN DIEGO

February 17-20

American Physical Therapy Association | Combined Sections Meeting



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Federal PT Programming Advance Amputee Rehabilitation

APTA Combine Section Meeting 2010

Topic: Research Innovations to Improve Amputee Care

Thursday 18 February 2010

10:30am – 12:00pm

Location: CONTROL ID: 625848

Speaker(s): Jason Wilken, PT, PhD; Ben Darter, PT, PhD

DESCRIPTION: - Research efforts to improve prosthetics, utilize virtual reality, and accurately measure outcomes for the young, traumatic amputee population.

OBJECTIVES:

- Describe how virtual reality technology is being used to enhance rehabilitation.
- Discuss the methodology and outcome measures resulting from a two-part study called the CHAMP.
- List and describe the portfolio of studies being undertaken by the Military Amputee Research Program (MARP).

Topic: The Future of VA/DoD Centers of Excellence for Amputee Care

Thursday 18 February 2010

12:30pm – 2:45pm

Location: CONTROL ID: 627911

Speaker(s): Bob Gailey, PT, PhD; BJ Randolph, PT, PhD; Barbara Springer, PT, PhD; Charles Scoville, PT, DPT; Rebecca Hooper, PT, PhD

DESCRIPTION: - Provide an update regarding the activities being undertaken in the VA/DoD.

OBJECTIVES:

- Describe the history of the development of the VA/DoD Centers of Excellence.
- Describe the VA Regional Amputee Center approach.
- Describe the organizational structure and mission of the Army's PR&R.
- Discuss new initiatives between the VA and DoD

Topic: Balance at a High Level: Vestibular Training for the Amputee

Thursday 18 February 2010

3:00pm – 4:30pm

Location: CONTROL ID: 627922

Speaker(s): Kim Gottshall, PT, PhD

DESCRIPTION: - Provide the current evidence regarding vestibular screening and return to participation guidelines for amputees who have sustained a mild traumatic brain injury (mTBI).

OBJECTIVES:

- Identify otologic symptoms associated with dizziness.
- Identify symptoms of vestibular abnormality.
- Choose optimal tests used to diagnose a vestibular abnormality in amputees.
- Explain the theory of vestibular recovery.

- Develop interventions for vestibular therapy in amputees.
- Choose optimal treatment interventions based on outcome measures and clinical research

Topic: Returning to Recreational Sports and Beyond: Advanced Functional Training for Amputees Part I and Part II

Friday 19 February 2010

8:00am – 11:00am and 1:00pm – 3:45pm

Location: CONTROL ID: 627925 & 627928

Speaker(s): Elizabeth Painter, DPT, ECS, OCS; Bo Bergeron, MPT; Mark Heniser, PT; and Matthew T Parker, PT

DESCRIPTION: - Return to sporting events. - Discuss high level rehabilitation techniques to help those with lower extremity major limb loss return to recreational sporting events and beyond. This course will discuss the use of Sport and Adaptive Sport throughout the rehabilitation process in the attainment and the expansion of higher functional goals.

OBJECTIVES:

- Discuss the Sports Medicine Model as adapted to the young lower extremity traumatic amputee.
- Develop a rehabilitative program focused on returning individuals to recreational sports including recreational running following major limb loss
- Integrate knowledge of prosthetic components and sports medicine techniques to develop an advanced functional training program for a lower extremity amputee.

Topic: Adjunct Therapies to Enhance Amputee Care: Using Service Dogs, Acupuncture, Yoga and more!

Saturday 20 February 2010

1:00pm – 4:00pm Q&A 4:00pm – 4:45pm

Location: CONTROL ID: 627931

Speakers: Brian Lawnda, MD; Jacque Moore, PT; CAPT Kathy Goldberg, PT; MAJ Elizabeth Painter, PT

DESCRIPTION: The purpose of this course is to provide the current evidence regarding adjunct therapies as useful tools when treating complex patients. Interventions such as mirror therapy, acupuncture, Pilates, and therapy dogs have been used with success in the reduction of phantom sensation, phantom and residual limb pain, and improvement in the overall function of the patient

OBJECTIVES:

- Describe and implement strategies that promote an effective and well-rounded rehabilitation program to include adjunct therapies.
- Describe the role of adjunct therapies in a rehabilitation setting or a rehabilitation treatment plan.
- Summarize current evidence on the impact of adjunct therapies



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CSM 2010

CSM 2010 San Diego, CA February 17-20, 2010				Federal PT Section APTA			Program Chairs: Jonathan Glasberg, DPT Peter Glover, DPT		
Advance Amputee Rehabilitation				APTA Unopposed Time Multi-section			Program Organizer: COL Barbara Springer, PT, PhD		
				Room Change Time / Break					
				Federal Business & Social Events					
				Federal Programming					
				Co-Sponsor by other sections					
				Other			Last Updated: 10/14/2009		
16-Feb-10 Tuesday		17-Feb-10 Wednesday		Thursday 18-Feb-10		Friday 19-Feb-10		Saturday 20-Feb-20	
7:00						Federal PT Business Meeting (0700-0800) Location: TBD			
7:30				0800 - 1000 hrs Multi-Section Programming		Ses 4: 0800-1100 Topic: Returning to Recreational Sports and Beyond: Advanced Functional Training for Amputees Part I Speakers: Painter, DPT, ECS, OCS, Bergeron, MPT Location: TBD		Ses 7: 0800-1100 No Federal Section programming - See Ortho Platforms	
8:00				Head Injury and Rehabilitation		Ortho Platforms		Ortho Platforms	
8:15									
8:30									
8:45									
9:00									
9:15									
9:30									
9:45									
10:00									
10:15									
10:30				Ses 1: 1030-1200 Topic: Research Innovations to Improve Amputee Care Location: TBD					
10:45				Speakers: Benjamin, Gailey, Wilken, all: PT, PhD					
11:00						11:00am - 1:00pm Exhibit Hall		11:00am - 1:00pm Exhibit Hall	
11:15									
11:30									
11:45									
12:00									
12:15									
12:30				Ses 2: 1230-1415 Topic: The Future of VA/DoD Centers of Excellence for Amputee Care Location: TBD		Ses 5: 1300-1545 Topic: Advanced Training for Amputees Part II Speakers: Heniser PT and Parker PT Location: TBD		Ses 8: 1300-1445 Topic: Adjunct Therapies to Enhance Amputee Care Location: TBD	
12:45				Speaker: Gailey, Randolph, Springer, Scoville, Hooper, all PT, PhD;		Sports Platforms		Speakers: Lawnda, MD / Moore, Goldberg, Painter, PTs	
1:00									
1:15									
1:30									
1:45									
2:00									
2:15									
2:30									
2:45									
3:00				Ses 3: 1430-1630 (627922) Topic: Balance at a High Level: Vestibular Training - Amputee Location: TBD				Ses 9: 1500-1645 Continued - Adjunct Therapies	
3:15				Speaker: Gottshall, PT, PhD;					
3:30									
3:45									
4:00									
4:15						Ses 6: 1600-1700 (NLT 1800) Topic: Advanced Training for Amputees Question and Answer Session (as needed)			
4:30									
4:45									
5:00									
5:15				4:30pm - 6:30pm Exhibit Hall				Multi-Section Programming Eugene Michels Forum: "Neuroimaging: The Story Behind the Blob" 5:00pm - 6:30pm	
5:30									
5:45									
6:00									
6:15									
6:30									
6:45									
7:00									
7:15		ABPTS Opening Ceremony and Party							
7:30									
7:45				Army Alumni / Federal Party (1900-2030) Location: TBD					
8:00									
8:15									
8:30									
8:45									

Notes
- Please take note that CSM 2010 will start regular programming on Thursday
- Please see CSM programming for other co-sponsored events with other sections

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MILITARY



Physical Therapists in Brigade Combat Teams

The placement of Physical Therapists (PTs) in Brigade Combat Teams (BCTs) was instituted to enhance unit combat readiness and physical performance through early diagnosis and treatment of musculoskeletal injuries, injury prevention, and human performance optimization both in garrison and in deployed environments.

History of PTs in the BCT

- The decision to allocate PT resources to the BCT unit level was conceived following the demonstrated success over the last decade of the PTs' impact on unit readiness in the Army's Ranger Battalions and special Forces Groups.

- In 1997 a PT served with a Special Operations Battalion (2nd Battalion 75th Ranger Regiment)

- Research demonstrated positive health gains, which led the Ranger Regiment to replace three platoon leadership positions with a permanent PT in each Battalion

- Following the success of the Ranger PT model, the U.S. Army Special Operations Command requested assignment of PTs to support its mission

- Since 2003, Army PTs have provided frontline musculoskeletal care, injury prevention screening, and human performance optimization for each Special Forces Groups

- PTs transitioned to the BCT in 2003 at Ft. Lewis with the Professional Officer Filler Information System (PROFIS) deployment of one PT with the 3rd Brigade, 2nd Infantry Division

- Since then, most BCT PTs have continued to deploy as PROFIS fills to BCTs in support of Operation Iraqi Freedom and Operation Enduring Freedom, and have continued the role as combat multipliers in individual and unit medical readiness

- The conversion from BCT PROFIS PTs to organic Table of Organization and Equipment (TOE) authorizations started in 2006 with the 1st and 2nd Brigade, 25th Infantry Division

- The significant contributions and dedication to Soldier readiness exhibited by BCT PTs has led to the authorization of PTs in all 45 BCTs by Fiscal Year 2013

U.S. Army doctrine (AR 40-68) endorses PTs as being best qualified to serve as Brigade Command consultants to optimize physical performance and minimize injuries in the BCT.



The Role of the Brigade PT

The PT's role in the BCT is to enhance unit readiness and physical performance through strength and conditioning, prevention, early recognition, and aggressive management of musculoskeletal injuries both in garrison and in deployed environments.

To meet this mission, the Brigade PT:

- Provides accurate and timely diagnosis and treatment of Brigade Soldiers with musculoskeletal injuries using best evidence practices

- Provides appropriate identification and medical referral of patients with disease processes which may mimic musculoskeletal disorders



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- Develops best practice patterns to minimize lost duty time and optimize Soldier physical performance following injury

- Collaborates with Brigade medical assets to develop best practice pathways for patients with musculoskeletal injuries

- Serves as a consultant to Brigade and subordinate command groups, providing education and guidance on physical training practices, injury prevention and human performance optimization

- Captures and analyzes standardized unit specific injury surveillance metrics that allow up to date, accurate reporting of musculoskeletal injuries cross referenced with physical and operational training events

- Collaborates with Brigade, U.S. Army Medical Command and U.S. Army Center for Health Promotion and Preventive Medicine assets to establish and refine physical training initiatives to optimize physical performance and minimize injury risk during unit level training events

For more information on U.S. Army Physical Therapy, please contact:

www.goarmy.com/amedd

www.baylor.edu/graduate/pt/index.php?id=27028

www.usarec.army.mil/

www.armymedicine.army.mil/jobs/jobs.html

Physical Therapists Keep Service Members in the Fight

by Senior Airman Michael Matkin
379th Air Expeditionary Wing Public Affairs

SOUTHWEST ASIA (AFNS) — Aircraft mechanics make sure the airframes they are assigned to are in impeccable condition, fine tuning them, ensuring there isn't any excessive wear and tear so these precision machines are ready to do their part in the today's fight. The human body is also a precision machine and needs to be well maintained so service members can stay in the fight.

The mission of the physical therapists here is to heal service members suffering from aches and pains so they can get back to the fight, said Maj. (Dr.) Christian Lyons, 379th Expeditionary Medical Group Operations Flight physical therapist.

Physical therapists see people from around the U.S. Central Command area of responsibility through the Intratheater Care Program, which brings service members from such places as Joint Base Balad, Iraq, when they are in need of rehabilitative care. The base's hi-tech facilities allow the physical therapists to give patients the one-on-one care that they could not receive in a tent somewhere downrange. They are also able to make sure the patient gets all the help needed to fully recover, Doctor Lyons said.

He said this ability to fully treat patients allows the physical therapists to keep their patients in-theater and the fighting force healthy. Keeping service members in the AOR prevents loss of manpower and financial resources, such as the cost associated with sending service members back to their home station and paying for a replacement.

"For this reason, it is vital we see all services," said Doctor Lyons, who is deployed from Royal Air Force Lakenheath, England. "That is why we tell our patients, 'We will fix you today.' They look at us like we are crazy, but we can use our skill sets and heal them by doing something to get their joint working



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properly or align their knee appropriately with a taping technique. People often say, 'My knee doesn't hurt anymore. What did you do?' And they say it with a little bit of disbelief. Helping service members feel better immediately, as well as long term, ensures service members will stay fit to fight."

To keep service members fit to fight, the physical therapists also need to be tuned-in with the other clinics in the medical group. This interaction helps everyone in the clinic identify injuries quickly, Doctor Lyons said.

"That quick interaction is one of the great things about this base. If the primary physician has a problem they will walk that problem down to us, and we can do the same. It is truly a team effort and makes the quality of care here second to none," Doctor Lyons said.

This quality of care is important because just as machines need to be well maintained for constant usage, the human body requires quality maintenance as well. This is especially true when it comes to muscular skeletal problems, Doctor Lyons said. "We use our joints and muscles all the time, which can cause an injured back, a hurt knee or cause a shoulder to be sore."

He said the best way service members can keep their bodies in good repair is to do the right thing for their health and to do it all the time.

Tech. Sgt. Martin Vicente, a 379th EMDG physical therapy craftsman, said some service members come here and want to contribute so strongly that they start a new exercise regimen that is too strenuous. Service members should start out slow and controlled, he said. Injuries often happen because too much exercise is done too quickly.

"It is about balance," Doctor Lyons said.

This balance applies to work as well as exercise. Service members should stay active and alter the stressors they put on our bodies. Don't do the same things over and over. "It is especially important to have good posture and to not reach for things like the mouse and keyboard if at a desk job all day," said Doctor Lyons, who hails from Volant, Pa.



Maj. (Dr.) Christian Lyons examines Army Sgt. Mark Collins July 28 at an air base in Southwest Asia. Physical therapists help all service members and coalition partners deployed to the U.S. Central Command area of responsibility who are in need of rehabilitative care. Doctor Lyons, a 379th Expeditionary Medical Group operations flight physical therapist, is deployed from Royal Air Force Lakenheath, England. He is a native of Volant, Pa. Sergeant Collins, assigned to the 354th Medical Logistics Company, hails from Schertz, Texas. (U.S. Air Force photo/Staff Sgt. Robert Barney)

Office workers whose job requires them to remain at their desk all day should get up and move at least once an hour. He suggested they stand up and do shoulder retractions, which are done by squeezing shoulder blades together, pushing them back and tucking in the chin slightly.

"Use the 'string' method," said Sergeant Vicente, a native of San Francisco. "This is where you imagine a string pulling you from the top of your head, which straightens the spine and back."

"If a unit feels they are in need of the 379 EMDG physical therapists to teach them some of these skills or brief about injury prevention and staying strong, they can contact us by phone or e-mail," said Sergeant Vicente, deployed from Hickam Air Force Base, Hawaii.

The physical therapists are also responsible for the runners' clinic where people can learn about proper running shoes and techniques, Sergeant Vicente said. They also have orthotics, which are foot supporting devices, available for people who need them.

"To make patients better you have to care — and we do," Sergeant Vicente said.



Federal Physical Therapy

PUBLIC HEALTH SERVICE

US Public Health Service

Karen Lohmann Siegel, PT, MA, CAPT, USPHS

Physical therapists in the US Public Health Service (PHS) continue to serve with distinction in operating divisions throughout the Department of Health and Human Services and with our partner organizations to promote, protect, and advance the health and safety of the Nation. Some of our accomplishments from the past year highlight our varied activities and opportunities to work with many different groups in meeting our public health mission.

- PHS physical therapists (PTs) have been committed to their readiness and response roles. Several physical therapists were honored to support public health needs during the 2009 Presidential Inauguration. During last year's hurricane season, 23% of the therapist category deployed compared to 17% of the corps overall. While many therapists have developed award winning programs in wound care at their hospitals, this was one of the first times this expertise had been in high demand on deployment. PTs were able to fulfill a large portion of the wound care needs which allowed the nursing staff to provide other needed care at Federal Medical Stations. Since these missions, PTs have been working to enhance awareness of our capabilities and improve wound care resources on future deployments.
- We also have been actively participating in training this summer. Physical therapists serve as leaders and members of public health emergency response teams, and they have just completed field exercises of a combined hurricane and H1N1 outbreak at Fort A. P. Hill in Bowling Green, Virginia. We held a very successful meeting in Atlanta in June on the intersection of therapy and public health, both domestically and internationally, and are already planning for next year's meeting in San Diego. [Click Here](#)
- In 2008, the Department of Defense (DoD) and the PHS signed a memorandum of agreement establishing the DoD-PHS Partners in Mental Health: Supporting our Service Members and Their Families initiative. Initially the PHS placed mental health providers in Military Treatment Facilities to increase mental health services available to returning war fighters, their family members, and to military retirees. In the last few months, other providers including physical therapists have transferred to DoD assignments to support Traumatic Brain Injury programs under the initiative. [Click Here](#)
- Late last year the Federal Government issued its first-ever Physical Activity Guidelines for Americans. [Click Here](#) They describe the types and amounts of physical activity that offer substantial health benefits to Americans. The Office of Disease Prevention and Health Promotion supported the work of the committee that

developed the guidelines, and this office is directed by RADM Penelope Slade-Sawyer, PT, MSW, the first physical therapist to hold a flag grade in any uniformed service. The PHS therapists have been working to increase awareness of these guidelines among our PHS colleagues and patients through publication and education efforts.

- Another on-going activity that reached an important milestone in the past year was our history project. We have posted a category timeline that highlights significant work by therapists (physical therapy, occupational therapy, audiology, and speech language pathology) wearing the PHS uniform [Click Here](#). It is a work in progress, and we welcome additional contributions to the timeline.

PHS physical therapists look forward to seeing all our Federal Physical Therapy colleagues in San Diego in February 2010 and sharing more of our work with you through our presentations.



Federal Physical Therapy

VETERANS AFFAIRS

Telehealth and Telerehabilitation in VA

Telehealth involves video conferencing, sometimes with supportive peripheral devices, to provide care and consultation between clinics and hospitals, and hospitals and other hospitals. It encompasses a wide variety of clinical applications that require real-time interactive video between the patient and provider. Common applications in VA include: mental health, rehabilitation, pre- and post-operative surgical care, neurology, dermatology, spinal cord injury, pharmacy, etc.

Typically, this technology links an individual patient or groups of patients at a clinic to a provider, or team of providers, based at a medical center. The programs also expand access to rehabilitation care with direct services to veterans at home via videophones and remote health monitoring devices. There has been a steady growth in terms of number of veterans served in this capacity over the last four years.

In developing telehealth, VA has focused on the needs of veteran patients as the main driver to prioritize areas of care. Current focus areas include:



Telehealth links

- [Telehealth VA](#)
- [General \(Real-Time\) Telehealth](#)
- [Telerehabilitation](#)
- [Telemental Health](#)

Examples of Telehealth include using video teleconferencing to link a speech pathologist located at an urban VA medical center with a post-stroke veteran patient located at a local VA community-based outpatient clinic, or using home telehealth technologies to connect with veterans at home to monitor their functional status and equipment needs. It is also possible for a VA Physical Therapist at a distant site to instruct a patient in proper assistive device use and teach a basic Home Exercise Program via videoconferencing technologies. This would be accomplished with the help of a trained clinician on site with the veteran, who is competent in safely guarding a patient.

Telerehabilitation can also be a great way for a PT to consult a PT colleague at another VA who is an expert in a certain area for input on his/her patient. For example, for a complex w/c evaluation, prosthetic gait training etc. The patient benefits and it provides a learning opportunity

for the referring PT, who is physically with the patient while collaborating with the consultant.

VA has identified lead clinicians and a field work group that has developed a telerehabilitation toolkit. This includes designating standardized clinical codes whereby this activity can be reported and analyzed on a local, regional, and national basis.

Resources created by VA to support Telerehabilitation programs are: [VHA Telerehabilitation Operations Manual \(Toolkit\)](#).

VA/DoD Partnership

The Washington D.C. VAMC was approved for the Joint Incentive Fund, which is a partnership with DoD. The neurosurgeons at Walter Reed will videoconference to D.C. and have a PT assist with the physical evaluations.

The advent of new technologies presents us with great opportunities moving forward. With creative thought, Physical Therapists can use Telehealth in innovative ways to improve access to our services.

To view a great 9 minute Video about VA General Telehealth that features 3 Patients and Providers involved with real-time telehealth, bring up the following [website](#) then scroll down and click on the video title [VA Telehealth; Real-Time Access to Care](#).