FALL 2012

Inside This Issue

Federal Physical Therapy SECTION

Quality physical therapy care across federal medical facilities.

TAKE OUR SURVEY

Federal Section SURVEY!

Please visit the website for the Federal Section. We have placed a very important survey on the home page of the website. The survey will take less than 5 minutes.

www.FederalPT.org

All are welcome to take the survey. You do not have to be a member of the section to take the survey.

If you would like to provide more input on the survey there are places for free text. None of the free text areas are mandatory.

Federal Physical Therapy

info@federalpt.org
www.ferderalpt.org

Federal Physical Therapy SECTION

Quality physical therapy care across federal medical facilities.

Fall 2012

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OTHER APPOINTED POSITIONS

Nominating Committee Chair
Lisa O'Block, PT, MPT, OCS

Membership Leads
Eric Bradford, PT, MBA, GCS

Sections Learning Center Rep
Katie Stout, PT, DPT, MBA, CBIS

Emergency PT APTA Rep
Gregory Krautner, PT, DPT
Stephanie Ciccarella, MPT

Federal Affairs Liaisons
Troy McGill, PT, MPT, Dip MDT

Reimbursement Chair
Mark Havran, PT, DPT, LAT, CSCS

Historian for Section
Pat McAdoo, PT, MEd

Social Coordinator
Pat McAdoo, PT, MEd

Facebook Administrators
Amy Banks, PT, MPT
Vince Oriolo, PT, DPT, GCS

CSM Review Group Representative
Peter Glover, PT, DPT

Student Liaison
Kathryn (Katie) M. Finn, SPT

APTA Clinical Practice Chair
Rebecca Vogsland, PT, DPT, OCS

President's Message

Please visit the website for the Federal Section. www.FederalPT.org We have placed a very important survey on the home page of the website. We would like as many people to take the survey as possible. You do not have to be a member of the section to take the survey. However, if you are a member and place your APTA membership number in the survey, your input will be placed in a separate category for the leadership to consider. The survey will take less than 5 minutes. If you would like to provide more input on the survey there are places for free text. None of the free text areas are mandatory.

I would like to thank all presenters for the Federal PT Section that offered their time, expertise, and experience to the education program for CSM 2012. I am very thankful to Jonathan Glasberg for coordinating the education sessions. The Federal Section has a full program for CSM 2013 in San Diego CA. Please read the following article as a preview for what the Federal Section will offer for educational programming during CSM 2012.

There are no elections this year for the section. In 2014 we will be having elections for two board positions (President and Secretary) and a set of Service representatives for each service in the section. The positions include representatives from the Veterans Health Administration, all the military uniformed services (Army, Navy / Marines, and Air Force), and the US Public Health Service (Indian Health Service, Bureau of Prisons, Coast Guard, and others). Opportunities for section leadership continues.

The APTA Combined Section Meeting (CSM) is the primary focus for the section to provided continued education, networking, and social opportunities. Our business meeting will be at 7:00 am on Wednesday, January 23rd, 2013. During CSM 2012, the Federal PT Section will continue to combine with the US Army Alumni Association for a social and networking event on Wednesday, January, 23 2013, at the Hilton Bayfront. Please see conference schedule for details.

If you have received this newsletter, and are a PT employed in the Federal government and not a member, please consider joining the APTA Federal Physical Therapy Section. If you are a member please consider participating in section activities. I look forward to see you at CSM 2013 in San Diego, California.

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

Federal PT Section Strategy Map

February 2012

Mission Promote, Sustain, and Enhance services provided by Federal Physical Therapists through rehabilitation, prevention, and wellness.

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

Strategic Themes & Results

Communication and Coordination

Leverage Communication to impart knowledge and build meaningful, positive relationships between Federal services and the American Physical Therapy Association.

Education and Knowledge Management

Develop educational opportunities with the APTA and the Federal Services to share best practices for rehabilitation, injury management, and wellness.

Knowledge Practice Coordination Unity

That achieve our Strategic Ends

To deliver the Strategic goals...

And enable our Membership

Utilize our Resources…

ENDS — Patient/ Customer/ Stakeholder

- CS 1.0 Improved Healthy and Protected Federal PT Stakeholders.
- CS 2.0 Productive relationship between Federal services for best practice.
- CS 3.0 Optimized interaction between section and APTA on policy and clinical practice
- CS 4.0 Inspire Participation in Section and APTA

WAYS — Internal Process

- IP 1.0 Improve Communication Systems
- IP 2.0 Communicate Best Practices within each service
- IP 3.0 Coordinate Physical and Psychological Health Promotion and Prevention education
- IP 4.0 Communicate methods in use by services for Access and Continuity of Care
- IP 5.0 Build Relationships that Enhance Partnerships in Section
- IP 6.0 Communicate with APTA on Federal PT Services and practice
- IP 7.0 Communicate Research in services
- IP 8.0 Membership participation in positions within APTA

MEANS — Learning and Growth

- LG 1.0 Improve Recruiting and Retention for membership
- LG 2.0 Improve education opportunities
- LG 3.0 Promote and Foster a Culture of participation in Section
- LG 4.0 Improve Knowledge Management between services

MEANS — Resource

- R 1.0 Optimize Resources and Value through APTA
- R 2.0 Optimize education opportunities through APTA and Section membership
- R 3.0 Maximize membership involvement

Feedback Adjusts Resourcing Decisions

Federal Physical Therapy

CSM 2013

Ride the wave of excitement of CSM 2013! Save the dates January 21-24, 2013, to be a part of the only meeting of its kind. We have a place just for you in San Diego. Make plans now to claim your spot at what is sure to be the most talked-about conference in the profession.

Attending this meeting will give you access to strategies to grow your professional competencies and advance your practice. You will acquire real-world solutions and best practices from a specialized assortment of conference programming.

You will take part in deep-dive discussions, professional dialogue, and critical analysis with your peers and industry experts. There will also be time for you to make connections with new and old friends, and meet the movers and shakers of the profession.

Register Now!

CSM 2013: Federal Physical Therapy Programming

Tuesday, January 22

Ride 2 Recovery Project HERO: Cycling to Rehab Service Members and Veterans

Time: 8:00 am–10:00 am (See Program for Room)

Speakers: Barbara Springer, PT, PhD, OCS, SCS

Ride 2 Recovery's Project HERO (Healing Exercise Rehab Opportunity) programs, located at military hospitals, Warrior Transition Units, and Wounded Warrior Regiment Units, help wounded, ill, and injured service members and veterans heal physically and psychologically through cycling with hand cycles, recumbent bikes, tandems, and traditional road bikes as part of their rehabilitation. Ride 2 Recovery specializes in adapting and building custom bikes so that almost anyone can ride.

Advanced Management of the Patient With Traumatic Brain Injury: What Is "Best Practice" for Gait and Balance Dysfunction?

Time: 11:00 am–1:00 pm (See Program for Room)

Speakers: Dennis Klima, PhD; Karen L. McCulloch, PT, PhD, NCS

This session will focus on current management of gait and balance dysfunction among patients who have sustained a traumatic brain injury (TBI). Topics will include a review of current best practice interventions, including body-weight supported treadmill unweighting, virtual reality, isokinetic strength training, and dual-task activities along the TBI recovery trajectory.

Physical Therapy Collaborations: A Key to Best Practice

Time: 3:00 pm–5:00 pm (See Program for Room)

Speakers: Nikki Butler, PT, DPT, OCS; Janet Papazis, PT, DPT; Timothy Pendergrass, PT, DSc, SCS, ATC

The US Army Rehabilitation and Reintegration Division (R2D) provides policy and program guidance from the Office of the Surgeon General across the spectrum of care in the military. The goal is to identify evidenced-based best practices in order to enhance the readiness of the soldier and the unit. Some of the best practices from clinical to strategic levels include the synchronization and integration of physical therapy services into multidisciplinary teams, formal committees, and national organizations. In R2D programs, the physical therapist plays a key role in the major lines of effort such as traumatic brain injury, pain management, amputee care, musculoskeletal injury evaluation and treatment, and other allied health focus areas.

Prosthetic Advances: Evidence and Experience in the Care of Injured Service Members

Time: 3:00 pm–5:00 pm (See Program for Room)

Speakers: Jason Wilken, PT, MPT, PhD; John Fergason, CPO

Individuals who have experienced lower-limb amputation as the result of combat injuries commonly experience multiple surgical procedures and extensive rehabilitation. Individuals with amputation have traditionally demonstrated a marked decrease in physical function. Recent advances in prosthetic technologies and intensive rehabilitation have, however, increased the level of mobility and resulting function that patients can expect to achieve. The speakers will provide an overview of recent advances in prosthetic technologies and associated scientific evidence and will share experience gained in the rehabilitation and assessment of patients using these novel devices.

Wednesday, January 23

Management of Neuromuscular Dysfunction Using Intramuscular Manual Therapy and Trigger Point Dry Needling

Time: 8:00 am–10:00 am (See Program for Room)

Speakers: Kimberley L. Jordan, PT, MPT; Dawn Hall, PT, MPT, PhD

Using acupuncture-type needles, TDN/IMT addresses biomechanical muscle imbalances resulting in strength deficits, muscular/flexibility limitation, postural dysfunctions, and painful/swollen/stiff joints. TDN/IMT encourages relaxation of trigger points, improves muscle function, and stimulates neural pain control pathways (ie gate-control theory, neurotransmitter activation, opioid release) to reduce or alleviate pain.

US Army Spectrum of Care: Readiness, Rehabilitation, and Reintegration

Time: 8:00 am–10:00 am (See Program for Room)

Speakers: Timothy Pendergrass, PT, DSc, SCS, ATC; Janet Papazis, PT, DPT; Nikki Butler, PT, DPT, OCS; Deydre S. Teyhen, PT, PhD, OCS

The Iron Horse Performance Optimization (IHPO) program involves an operational unit which uses different approaches to address unit readiness, including musculoskeletal action teams, physical readiness training, hybrids of extreme conditioning programs, Olympic lifting, reconditioning, screening tests, and functional testing. These processes may be similar to the types of programs used with civilian organizations and sports teams. An innovative aspect of this IHPO program is the application of technology to capture the performance measures. The Military Power Performance and Prevention (MP3) uses technological tools to gather and record data. This technology reduces data collection time and potential for error in recording. The MP3 initiative is targeted at developing an injury risk model for predicting likelihood of musculoskeletal injury in soldier populations.

Postdeployment Rehabilitation of Mild Traumatic Brain Injury: A Team Approach

Time: 11:00 am–1:00 pm (See Program for Room)

Speakers: Kim Gottshall, PT, PhD; Steve Pluth, PhD; Kimberly Singer, OT; Michael Podlenski, PTA
The team approach to the patient with postdeployment mild traumatic brain injury will be presented by a vestibular physical therapist, occupational therapist, neuropsychologist, and physical therapist working with polytrauma. Novel treatments utilizing CAREN virtual reality training, iPad applications, driving simulators, and salsa dance will be presented.

Clinical Practice Recommendation for Service Dogs in the Veterans' Administration System of Care

Time: 3:00 pm–5:00 pm (See Program for Room)

Speakers: Jennifer C. Reneker, PT, MSPT, NCS; Kendra Betz, PT, MSPT, ATP

This course is designed to educate participants on the recent development and implementation of the clinical practice recommendation (CPR) titled, "Veteran Evaluation for Use of Guide Dog/Service Dog (GD/SD) in Plan of Care." The CPR establishes the uniform basis by which a determination is made whether a specific veteran's rehabilitation and restorative care might be enhanced by a GD/SD. This broad category includes a more specific subgroup of dogs called mobility dogs. Mobility dogs (MD) are specifically trained to provide physical assistance to a person with a physical disability that impacts gait, balance, strength, dexterity, or other musculoskeletal or neurological functioning associated with mobility.

Extreme Conditioning Programs: Evaluating and Managing the Risk

Time: 3:00 pm–5:00 pm (See Program for Room)

Speakers: Danny J. McMillian, PT, DSc, OCS, CSCS; Jason Steere, PT, DPT, ATC, CSCS

Extreme conditioning programs (ECPs; eg, CrossFit, P90X, Insanity, Gym Jones, PT Pyramid, and others) are characterized by high-volume, high-intensity workouts. Such programs create great demands on the metabolic and musculoskeletal systems. In the last decade, ECPs have become exceedingly popular, especially in the tactical athlete communities (eg, military, police, fire, and rescue). Emerging problems associated with ECPs have been identified, to include muscle strains, torn ligaments, stress fractures, and mild to severe cases of potentially life-threatening exertional rhabdomyolysis. This session will define the risk associated with ECPs, identify strategies for reducing the risk, and suggest best practices for working with individuals who desire to continue participation in such programs.

Thursday, January 24

How Is It the Same and How Is It Different? The Unique Challenges of Managing Low Back Pain in the Military Health Care System

Time: 11:00 am–1:00 pm (See Program for Room)

Speakers: Daniel Rhon, PT, DPT, DSc, OCS, FAAOMPT; Tanja Roy, PT

Low back pain (LBP) is the leading cause of ambulatory visits in the military, both in the US and while deployed to combat zones. It has the highest 5-year risk for permanent disability in the US Army out of all musculoskeletal conditions, at approximately 20%. Effectively managing military patients with LBP presents many challenges similar to those in civilian settings; however, there are several unique clinical considerations. A better understanding of the larger picture formed by factors that include the patient presentation, the associated conditions relevant to high-deployment posture, and the military health care system can empower clinicians to improve delivery and quality of care. The speakers will not only summarize current evidence for LBP management in the military and what is currently known as "big picture," but also will discuss application and management from a clinical perspective—providing a pragmatic integration of evidence into the military clinic setting.

Federal Physical Therapy

Student Update

Katie Finn
StudentRep@Federalpt.org

Everyone remembers being a student - the time spent in the library reinforcing how to teach our patients correct posture as we sit hunched over books for hours (and the irony of that); the stress of never ending tests and practicals; the constant fear of not knowing what you're doing; and the anticipation of the weekend when you can unwind with a drink…or two. The world of federal PT students has long been unrecognized in our section, until now.

My name is 2LT Katie Finn and I am a second year DPT student at Temple University in Philadelphia. I was commissioned an officer from the Army Reserve Officer Training Corps (ROTC) and was granted an educational delay for active duty in order to pursue a degree in physical therapy. I was honored to be offered the opportunity to serve as the student liaison to the FPTS and to help resolve some of the longstanding issues that students and applicants to the federal section so often encounter. Allow me to begin with a few personal background stories which serve as my daily motivation to drive on as a student, and constantly affirm my strong desire to work with service members and make a positive impact on the federal PT community.

Five years ago when I started in ROTC, I knew that I was interested in physical therapy and asked the cadre how I could be an Army PT coming out of the program. After almost a year of being told that it wasn't possible or being led in the wrong directions, I took matters into my own hands. I researched all of my options and, after a while, I found that there are four ways that a student can pursue a PT career treating service members or veterans, two options for post-baccalaureate students and two options for PT grads –

1. Apply to the Army-Baylor DPT program for active duty Army, Air Force or Navy.
2. Through ROTC, request an educational delay for PT.
3. Following PT school completion, apply for a direct commission slot for Army, Air Force, or Navy (Active or Reserve component).
4. Following PT school completion, apply for a job in the Veteran Administration (VA) or Public Health Service (PHS).

The problem is, almost no one knows that there are all of these options to get access into the federal PT world. That's one major issue that I hope to alleviate.

OBJECTIVE #1 - There is a huge gap which separates the general public, cadet command, and even regular service recruiters and websites from federal PT opportunities. Applicants interested in federal PT jobs or educational opportunities are often stopped in their tracks when they can't find the right person to help them. My goal is to try to bridge this gap for these applicants by creating better access routes to information and points of contact.

OBJECTIVE #2 – My second objective is to develop a list of federal PT clinics that are willing to take students for clinical rotations, so that there is a standard point of contact if a civilian student is seeking an affiliation.

My cousin, 1LT Matt Sardo, is an infantry officer who sustained a meniscal tear from an injury two years ago. He had constant pain but continued performing his duties through IOBC, Ranger school, and deployment. He put the mission ahead of his own care. This same situation plagues most service members and veterans. Although we are striving to move toward preventive care, injury and chronic issues are often inevitable. Immersing students who are interested in federal PT into this environment during their education will better prepare them to make appropriate clinical decisions with this population. Creating better access to federal PT clinical sites will not only benefit students, but will also benefit the federal PT community as their future practitioners will be prepared.

OBJECTIVE #3 – Implement a forum for current federal PT students (Army-Baylor, educational delay) and interested students to communicate.

OBJECTIVE #4, 5, 6 and so on – Although I've outlined my top priorities for now, I have plenty more goals for this position and over the next couple years, I intend to put my best effort into making them happen. I plan to learn more about each component of this section and will make a point of directing my efforts equally among military, VA, and PHS.

I look forward to working with all of you now and in the future. If you have any ideas for me to look into or have any students who need better direction, please send them my way. See you at CSM 2013!

Federal Physical Therapy

APTA Hosts Briefing on the Role of Therapy in Treating TBI

On Tuesday, in coordination with the American Occupational Therapy Association and the American Speech-Language-Hearing Association, APTA sponsored a congressional briefing on the role of therapy in treating traumatic brain injuries. Legislators and their staff were invited to hear how physical therapy, occupational therapy, and speech-language pathology are helping wounded warriors and veterans recover, rehabilitate, and re-integrate after suffering a traumatic brain injury (TBI).

Aaron Eaton, PT, DPT, and Heather Malecki, PT, DPT, served as panelists with Paul R. Rao, PhD, CCC-SLP, chief operating officer for inpatient services at the National Rehabilitation Hospital in Washington, DC, and Tracey Ellis OTR/L, MPH, CEO of International Diagnostic Solutions and Ellis Therapeutic Consultants

Eaton discussed the role of physical therapy in treating TBI. He shared his experiences as a former employee of the National Naval Medical Center (now Walter Reed National Military Medical Center) and explained that physical therapy is necessary to help wounded service members regain their balance, coordination, function, and range of motion. Eaton also emphasized the need for prevention research. Malecki, who works at the Washington DC VA Medical Center as the Coordinator for Rehabilitation and Polytrauma, highlighted the benefits of coordination and cooperation between these three types of therapy.

As Congress starts its last days in session until after the November elections, the briefing was well timed to remind staff and Members about the importance of therapy and its use in many different settings and departments. A strong therapy presence on Capitol Hill will only help APTA advance other initiatives like the therapy cap repeal and student loan repayment.

APTA continues to educate members of Congress on the effects of TBI and the role physical therapists play in treatment. For more information on APTA's advocacy efforts visit our Federal Advocacy website, where you can find information on Armed Services Legislation and concussions.

Federal Section Delegates

Greetings from the National Capital Area from Andrea Crunkhorn and your alternate delegate, Carrie Dryer. This is our first year as your Federal Section Delegates to the APTA House of Delegates. Andrea attended the Annual Conference in June.

It was quite an interesting experience attending the June Annual Conference with seven days of political discussion, debate, lobbying and collaboration occurring before, during and after the House convened.

The most interesting portion of the week was the passionate discussion about governance. Is the APTA, as it is currently formed, the right structure for the future of the profession? Should we follow other national organizations and have Academies or Communities of Interest? Should only Chapters have votes? Which portions of APTA should be allowed to charge for membership? How does the APTA support all the different interest groups within the APTA? What is a fair and equitable dues distribution that does not punish the more populated Chapters or Sections, but still allows smaller, yet still essential, Chapters and Sections to flourish? How do we open the research and literature up to fully support our APTA Vision 2020 on Evidence Based Practice, without encumbering members with outrageous fees, while still supporting the fiscal needs of Chapters and Sections?

While there was a lot of energy, no decisions were made other than it is time for some changes and we need to continue exploring options. There is a strong minority opinion that there is no need to change a system that does not appear to be broken. This is a particularly strong opinion in regards to Section governance in general and the Combined Sections Meeting in particular.

The Section Presidents met over the summer and will continue meeting on this topic. The House of Delegates has continued to discuss this as well. The APTA held several virtual Town Hall meetings, and sent out surveys to some APTA members. Please fill those out if you receive one.

These discussions are crucial to us as a Section. Do we want a vote in the House of Delegates? Should we remain a Section or become a Community of Interest or another entity? If we are not a Section, will we still be able to collect dues? What

Federal Physical Therapy Federal Section Delegates

will that do to our ability to fund initiatives, how will that affect our participation in Combined Sections Meeting?

This all leads up to how we as a Section fight for your access to the literature and research you need to make informed clinical decisions, without belonging to five other Sections. How do we make this affordable? Is there a way to use this discussion as a springboard to better meld clinical practice and clinical investigations?

I had several conversations while at the Annual Conference about the lack of a vote for our Section, and what influence can we have without a vote. The feedback I received from multiple Chapter and Section delegates was that the Federal Section is very influential in the House of Delegates. If we as a Section determine that we want to support (or not) legislation up for debate, we can be a deciding factor in the consideration of that legislation. If we choose to promote a piece of legislation, it will be seriously considered regardless of our voting status.

My intent is to get your input on these topics and, working with the Section leadership, decide on legislative positions. I will also post legislative proposals as they are posted on the APTA website. What I still owe you is a synopsis of the legislation from June 2012, although you can review that on the APTA website under About Us, under Leadership & Governance.

Specifically for the governance review, the link is www.apta.org/governancereview.

The following great synopsis was written by my predecessor, Jane Morrical. After being at the Annual Conference, this made much more sense to me and I think it worth reprinting. I am happy to go over any of the details with you; please feel free to email me with questions. My goal is to build on her base so that all of us learn together how the legislative process works so we can better leverage the process to move our Federal agenda forward.

If there is any interest, we can have a Legislation Review Hour at CSM. This would entail a discussion of the June 2012 legislation and upcoming June 2013 legislation. This discussion can include debating our Federal Section position on the proposed legislation, and the action the Delegate will take on your behalf. We can also do an overall information brief on how the HOD works, to include a mock session. Let me know what you all are interested in doing.

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

Background: the HOD convenes just prior to APTA Annual Conference each year and is the highest policy-making body of the APTA. Each state chapter has a number of voting delegates determined by their APTA membership on June 30. Sections have one delegate each; the Student Assembly has two delegates and the PTA Caucus has five delegates. To avoid "double representation", section/assembly /PTA Caucus delegates do not vote. Sections can, however, make and second motions, and participate in all discussions. Our role is very much as a subject matter expert. This is more straightforward for Sections formed around a practice specialty area. It is a little more difficult to represent a diverse section such as the Federal Section whose members are linked by where they work rather than their specialty.

Delegates consider legislation throughout the year. The three months leading up to the House session require reading and forming opinions and positions on each position presented. APTA is developing better internet tools to do this. Currently the Federal Section is not heavily involved in legislation. Per leading therapists at the National Convention, the Federal Section, while not having a vote, actually carries quite a bit of political weight. We can make a difference by co-sponsoring legislation, proposing legislation, or speaking out against legislation we think harmful to our profession. I highly recommend you become involved with your State Chapter, know their proposed legislation, and help us help you by keeping the Federal Section leadership informed of where we need to lean forward on issues.

Federal Physical Therapy

Physical Therapists & the Department of Defense (Army, Navy, Marines, and Air Force)

Department of Defense Healthcare Background
The Department of Defense (DoD) has over 1.4 million men and women on active duty and another 1.1 million who serve in the National Guard and Reserve forces.

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).

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).

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.

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 (141) active duty physical therapists in the Air Force. Additional physical therapists serve in the Army Reserve/National Guard, Air Force Reserve and Air National Guard, and Navy Reserve 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.

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. 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.

References:
Additional Online Resources:
www.goarmy.com/amedd
www.baylor.edu/graduate/pt/index.php?id=27028
www.usarec.army.mil/
www.armymedicine.army.mil/jobs/jobs.html
www.navy.com/careers/healthcare/
www.airforce.com/careers/healthcare/careers.php

Federal Physical Therapy

ARMY

The Army Medicine 2020 Policy set by Army MEDCOM is a call to action for Army medicine to be a global leader in healthcare and in Health. The 2020 Policy aims to transform Army Medicine from a healthcare system to a system for health, which is a paradigm shift. New programs help construct a system encouraging health seeking behaviors fostering individual, unit and organizational health.

The pain management process began by the Army Surgeon General in 2009 and included the Army Pain Management Task Force which conducted site visits within and outside the Army medical system. Their findings contained 109 recommendations, including establishment of five regional **Integrated Pain Management Centers** (IPMCs) providing a holistic, interdisciplinary, and multimodal care. IPMCs are now being staffed. PTs applying for these positions are expected to have advanced level skills and training, and will be compensated at the **GS-12** level. For more information, go to the Rehabilitation and Reintegration (R2D) under Pain Management website or to http://www.armymedicine.army.mil/r2d/pain_management.html.

A new concept called Soldier Centered Medical Home (SCMH) has placed Army's specialists such as physical therapists, psychiatrists, and nutritionists inside the units to have more direct care with the Soldiers. Two such clinics are in operation at Fort Lewis reaching over 3000 Soldiers. This system connects Soldiers with specialists enhancing medical readiness and resulting in decreased travel time to appointments and less lost work time. Data is still being collected but looks promising. See http://www.bellinghamherald.com/2012/03/05/2424176/new-facilityputs-medical-personnel.html.

The Army Institute of Public Health (AIPH) established an Army Wellness Center (AWC) standardization initiative. The project is currently staffed by one PT, two dietitians and an OT. The primary goal of AWCs is to enhance the ability of individuals to maintain lifelong healthy behaviors through primary prevention programs designed to promote and sustain healthy lifestyles. AWC services are linked with PCMH and Comprehensive Soldier Fitness (CSF) through a network of data sharing. CSF is a structured, long term assessment and development program to build the resilience, performance and readiness in every Soldier, Family member and DA civilian. AIPH has been tasked to build a 'franchising' wellness model for up to 38 AWC sites. For more information, click on http://phc.amedd.army.mil/organization/institute/dhpw/Pages/ArmyWellnessCentersOperation.aspx .

Physical Therapists assigned to Army medical treatment facilities can now perform dry needling as a treatment option for pain control, reducing muscle tension, normalizing biomechanical and electrical dysfunction at motor end-plates and facilitating return to active rehabilitation, per AR 40-60. Each PT desiring specific credentialing to perform **dry needling** must accomplish a certain amount of training, plus clinical experience and direct supervision by an established preceptor, as per AR 40-68, paragraph 9-4e. The preceptor oversees the PT and reviews 25 separate dry needling patient cases before recommending full privileges to perform dry needling. The provider is then eligible to request regular privileges to perform dry needling. State practice act regulations may require additional formalized training.

For more information, research regulations listed above. For information on the stance of American Academy of Orthopaedic Manual Physical Therapy (AAOMPT), check the site https:www.aaompt.org/about/statements.cfm. For information on the APTA stance, check the next revision of the APTA's *Guide to Physical Therapy Practice*. The American Physical Therapy Association (APTA) considers dry needling within the scope of practice for PTs.

Army research continues to lead the way. MAJ Angela Diebal won the COL Mary Lipscomb Hamrick Honorable Mention Abstract Award for her abstract titled "Forefoot Running Improves Pain and Disability Associated with Exertional Anterior Compartment Syndrome." The COL Mary Lipscomb Hamrick Award was established in 1986 by BG (Ret.) William Hamrick and recognizes outstanding contributions to clinical investigation and research by an AMSC officer. In the case series by MAJ Diebal, ten patients whom Orthopedics had determined needed anterior compartment fasciotomies avoided surgery and returned to running with minimal to no lasting effect. MAJ Diebal used techniques that promoted a forefoot strike running style, increased step rate and hamstring activation to pull the foot from the ground instead of using the soleus/gastrocnemius to push the foot off the ground. Barefoot running was also utilized with verbal cueing to "run quietly". Pain and disability remained reduced even one year following treatment. See Am J Sports Med *May 2012 40 1060-1067*, or http://ajs.sagepub.com/search?fulltext=diebal&submit=yes&x=7&y=12

Minimalist Running Shoes (MRS) remain a topic of interest amongst patients and Soldiers alike. These lightweight shoes have little to no cushioning and promote a forefoot or midfoot strike. The Army takes no official stand on the use of

Federal Physical Therapy

ARMY

MRS, except that shoes which separate the toes into individual compartments or detract from the physical training uniform are not authorized. The Office of the Surgeon General is partnering with the US Army Research Institute of Environmental Medicine (USAREIM), the US Army Public Health Command (PHC) and military experts in the field to determine the way ahead. More research is needed on injury surveillance and performance in a population of Soldiers using MRS. For a balanced research-based information paper, click on the following link: http://www.armymedicine.army.mil/mrs/index.cfm. This site also contains links for recommended transition exercises, testimonials and the official Army policy.

Research by Army PTs is now separated into four main programs of research covering Illness and Injury, Combat Trauma Management and Rehabilitation, Disease Non-Battle Injury Management & Rehabilitation, and Health & Performance Optimization. The SP Research Community (Public) is the group library for all SP publications (manuscripts, books, book chapters, journal articles, editorials, and commentaries). Studies approved by the IRB are loaded into a Zotero database to help ensure senior leaders are well informed of ongoing research throughout the SP Corps. (includes PTs, OTs, dietitians and PAs).

The Army National Guard (ARNG) needs PTs in Mississippi, New Jersey, Utah, Vermont and Washington. Many active duty PTs have already transferred to the ARNG and are enjoying utilizing their skills. Physical Therapists in these states are eligible for the following ARNG incentives:
- Loan repayments (25K per year, 75K cap)
- Special pay (bonus) at the following rates: 10K per year for a 3 year contract, 8K per year for a 2 year contract and 5K per year for a 1 year contract. Contact a medical recruiter at http://www.goarmy.com/amedd.html or via the National Guard Website at http://www.nationalguard.mil/ .

On 16 August 2012, both the 40th anniversary of the **U.S. Army-Baylor** PT program and the 90th anniversary of military physical therapy education were celebrated. The Army-Baylor PT program strives towards excellence with annual rankings in the top ten DPT programs in the United States. The continued relationship with Baylor University helps ensure that Army PT positively impacts the Army mission and serves as leaders for the PT profession as a whole.

Federal Physical Therapy
VETERANS AFFAIRS

Physical Therapists in the Veterans Affairs Health System

The Department of Veterans Affairs (VA) is responsible for providing federal benefits, including health care, to Veterans and their eligible family members. Today's Veterans have a comprehensive medical benefits package. The system is based on priority groups to ensure that health care benefits are readily available to all enrolled Veterans. The Mission is to Honor America's Veterans by providing exceptional health care that improves their health and well-being. Their core values are expressed via Integrity, Commitment, Advocacy, Respect, and Excellence.

The VA health care system includes 152 medical centers; more than 800 Outpatient, community, and outreach clinics; 135 community living centers; and 48 domiciliaries. VA health care facilities provide a broad spectrum of medical, surgical, and rehabilitative care. Out of the current total of 22.7 million Veterans, there are over 8.3 million Veterans enrolled to receive care through the VA. This makes up the annual 75.6 million outpatient visits and 679 million inpatient admissions that were seen in 2010. The VA also manages one of the largest medical education and health professions training program in the United States. Each year, over 90,000 health professionals are trained in VA facilities.[1]

There are more than 1500 Physical Therapists and 370 Physical Therapy Assistants on staff, which makes the VA one of the largest employers of physical therapists nationwide. Physical Therapists have a long history of providing care to active duty military soldiers and to Veterans. The profession's roots started with rehabilitating soldiers returning from World War I. Physical Therapists in the VA render evidence-base care that emphasizes patient-centered care, and many are recognized leaders in clinical research and education.

Physical therapists practice across the continuum of care. Opportunities exist within an acute hospital, inpatient rehab, home health, outpatient visits, and tele-rehabilitation. Enhancements in evidence-base approaches, battlefield medicine, and types of gear have helped improve the outcomes of soldiers during battles. Many recent Veterans from Iraq and Afghanistan are facing unique injuries that require complex rehabilitation.[2] These injuries are related to Musculoskeletal, Polytrauma, Traumatic Brain Injury, Wound care, and Amputations. In response to the complex rehabilitation needs, the VA has set up comprehensive programs including: Polytrauma System of Care, Amputation System of Care, Assistive Technology, Blind Rehabilitation System, Spinal Cord System of Care, and advancing Tele-rehabilitation. These, in addition to the new Patient Aligned Care Teams (PACT), allow health care providers to practice at the top of their license while providing patient-centered, evidence-base care to our nations' heroes.

The demand for Physical Therapists is expected to increase within the VA, as it is for the private sector. The demand for services along with the aging workforce will create opportunities for those wanting to establish their career within the VA. The VA is always taking steps to improve recruitment and retention. Education is a priority for the VA. This has been shown by stipends for students and more recently, establishing residency programs at select sites. The opportunities are endless. To learn more about current job opportunities, please view www.vacareers.com or contact the VHA Physical Therapy Program Lead, Dr. Mark Havran DPT, at Mark.havran@va.gov, 515-699-5999 x9-5510. To learn more about the VA please go to: www.va.gov.

References:
1. Department of Veterans Affairs Fact Sheet. "Quick Facts". September 2011. Available online at www.va.gov.
2. Gawande A, "Casualties of War-Military Care for the Wounded from Iraq and Afghanistan." The New England Journal of Medicine, vol.351, issue 24 (December 2004) p. 2471.

Customer Relation Management and the V.A.P.3

By Alan Petrazzi, MPT, MPM and Derek Coughenour, PT, DPT

The Veterans Affairs Pittsburgh Healthcare System Rehab Department, Pittsburgh, PA, has redesigned the student experience based on customer relation management (CRM) principles. CRM involves actively engaging with your customers and developing this relationship before, during, and after their encounters with your organization. In the clinical context, students are our customers and the transactions include exchanges of clinical proficiency, evidence-based practice, business and leadership skills and an opportunity for careerlong contact.

One component of the process involves our implementation of the Veterans Affairs Pittsburgh Preference Profile, or V.A.P.3 [Editor's note: the document is available in its entirety

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to Section members through the HPA website via the Publications Archives page.] Alan Petrazzi, MPT, MPM, created this tool, which was revised in 2007 and 2010 by Derek Coughenour, PT, DPT, as an intentional method to initiate a customer service relationship with students prior to their arrival at the facility. We believe that understanding learners' and clinical instructors' backgrounds, competencies, and preferences, allows us to plan learning experiences that are more efficient and effective, with clear and specific clinical objectives.

As a result of this intervention, students report their anxiety is lessened, their interests are respected, and they are better able to plan their learning experience. By knowing the students' preferences, the organization benefits through improving quality and efficiency of administrative activity and logistics, reducing startup time, and improving decision support. The department remains agile in responding to evolving student trends, assisting us in meeting our goals to improve customer relations, ensure a productive student orientation and checkin process, and better match the Clinical Instructor (CI) and student.

The Center Coordinator of Clinical Education (CCCE) emails the preference profile to each intern several weeks before his/her start date. The CCCE uses the completed profile to match students and available clinical instructors based upon talents, experiences, and styles. The assigned CI utilizes the profile to create a robust experience that considers the student's perspective, builds upon strengths, and challenges weaknesses. We track the students' perceptions of their experiences via pre and post exit interviews, including questions surrounding respect, learning experience, learning exposure, constructive feedback, and independence. In addition, we gather clinical instructor feedback including the success of the match or pairing, transition into the clinic, and patient population awareness.

Another helpful element of the V.A.P.3 is the learning experience inventory. It indicates the student's level of experience and encourages them to be proactive during their affiliation. It allows us to anticipate and plan for their needs during their affiliation, and permits us to identify resources to augment their didactic education. If the student is eager to learn more about management topics, for example, we may schedule time for him or her to learn from one of our supervisors as part of our Management-Track clinical affiliation. We have found this tool translates well into other disciplines within and beyond rehab, including Occupational Therapy, Nursing, and Social Work, promoting a strong facility-academic program relationship.

The relationship with the students does not stop at the end of their clinical affiliations. We maintain contact with our interns through our Student Alumni program, inviting them back for seminars and other enrichment activities. We also seek their feedback as to how their VA Rehab experience has influenced them in their chosen setting. This ongoing relationship enables our facility to both recruit and add to the knowledge base of local therapists.

We believe that these efforts, along with enhanced education of our clinical instructors through APTA Advanced Credentialed Clinical Instructor certification and/ or LAMP The Institute for Leadership in Physical Therapy, have allowed us to improve the clinical experience for students and to engage them more fully as customers of the organization.

Alan Petrazzi is Rehab Manager of the VA Pittsburgh Healthcare System. He manages Physical Therapy, Occupational Therapy, Kinesiotherapy, and Blind Rehab & Low Vision. Alan may be reached at email at Alan.Petrazzi@va.gov.

Derek Coughenour is Rehab Clinical Education Coordinator & Center Coordinator of Clinical Education of the VA Pittsburgh Healthcare System. He may be reached by email at Derek.Coughenour@va.gov. For more information about the Veterans Affairs Pittsburgh Preference Profile, or V.A.P.[3] , contact Derek Coughenour.

The V.A.P.3 is available from several locations on the HPA website or by using this simple URL (member login required for access): http://tinyurl.com/4x3qr4r.

This article originally appeared in the "HPA Resource" Vol. 11 No. 4, November 2011. It has been reprinted with permission.

Federal Physical Therapy
PUBLIC HEALTH SERVICE

Wellness Champion Expands the Scope of Indian Health Service PT Practice

United States Public Health Service Captain Jeffrey C. Fultz, DC, DACO, PT, OCS, MPH began his federal career as a medic in the United States Army Reserve while attending Western States Chiropractic College in Portland Oregon. During his service with the Army, CAPT Fultz worked with a variety of medical professionals including physical therapists. His exposure to fitness and nutrition sciences at Western States, as well as the impressive level of autonomous practice of Army PTs, led CAPT Fultz to pursue admission to Old Dominion University's (ODU) unique master's degree program in community health education and physical therapy. The ODU program was led by USPHS CAPT (ret.) John L. "Jack" Echternach Sr., PT, EdD, ECS, FAPTA. CAPT Echternach encouraged his mentee to pursue a Junior COSTEP (Commissioned Officer Student Training Externship Program) position at the Indian Health Service (IHS) hospital at Chinle, AZ during the summer following his first year at ODU. To accomplish this, he transferred from the Army Reserve to the United States Public Health Service Commissioned Corps. Following his second year and final year at ODU, he worked another Junior COSTEP assignment at the United States Coast Guard Academy, New London, CT.

Following graduation from ODU, CAPT Fultz returned to Chinle, AZ as a staff PT at Chinle IHS Hospital in the summer of 1991. During his time at Chinle, he progressed quickly to Acting Chief, Chief and then Rehabilitation Services Director. Due to his advanced manual therapy skills, he was chosen as a primary instructor for cervical and lumbar techniques in the Advanced Spine Course at Fort Sam Houston from 1994 through 2000. He was privileged to serve on the faculty that included experts from the other uniformed services such as LTC (ret.) Timothy Flynn, PT, PhD, OCS, FAAOMPT, who is world-renowned for his work on clinical prediction rules and many other topics.

In 1999, CAPT Fultz moved from Chinle, AZ to Shiprock, NM to serve as Orthopedic Clinical Specialist at Northern Navajo Medical Center (NNMC). Shortly into that new position, he began participating in the Wellness on Wheels Program. This program was an active collaboration between physical therapists, diabetic educators, and registered dieticians that was funded through the Special Diabetes Program for Indians (SDPI). SDPI was created by the Balanced Budget Act of 1997 in an effort to control the skyrocketing costs of caring for diabetic IHS patients. Their team traveled throughout remote areas of the Navajo Nation with a tractor trailer equipped with aerobic exercise equipment, a classroom, and cooking facilities in order to instruct tribal members in improving diet and increasing physical activity. Years later, CAPT Fultz can smile about the day their truck became hopelessly stuck on a remote road outside Sweetwater, AZ. This program allowed rural residents who would otherwise not have had reliable transportation to NNMC to receive valuable instruction in lifestyle modification and strategies to improve their control of diabetes and metabolic syndrome.

His commitment to health and wellness was praised by both tribal members and Navajo Area Health Promotion leaders, and in 2001 he was chosen to serve as the Navajo Area Fitness and Wellness Coordinator. Navajo Nation covers an area the size of West Virginia, so CAPT Fultz recognized that he must enlist help from local community members in order to maximize the impact of wellness and prevention activities. With the help of training provided by the Cooper Institute, he and his team were able to train and mentor 54 volunteers as personal trainers for remote Navajo communities. Citing the critical role of local leaders in health promotion, as part of fulfilling his responsibilities, CAPT Fultz visited all 108 chapter houses of the Navajo Nation. The Just Move It program, which began on the Navajo Nation, went national in 2006. This dedication helped to drive home the message that the IHS was truly committed to preventing disease and improving quality of life in even the most rural communities. While traveling the back roads of New Mexico and Arizona, CAPT Fultz was also pursuing and earning a Master's in Public Health degree from the University of New Mexico via a special outreach program focused on providing public health education opportunities for rural practitioners.

While serving as Fitness and Wellness Coordinator CAPT Fultz assisted with the design, construction, and implementation of a state-of-the-art wellness center at the NNMC. CAPT Gary Shelton at IHS headquarters was favorably impressed with the results. CAPT Shelton consulted with CAPT Fultz over the course of 3 years utilizing the "Stages-of-Change" trans-theoretical model to facilitate the integration of wellness centers into all newly-proposed IHS medical programs. Together with a team of subject matter experts, they developed a model to identify the appropriate square footage and staffing levels required by each new facility based upon population.

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CAPT Fultz's experience with design and program development may have helped in his selection to design and implement a new rehabilitation and wellness center program at Red Mesa, AZ. Thanks to his efforts and expertise, these programs are now open and fully operational. During this most recent career assignment he has also participated in the Common Measures Task Force. This task force developed an evidence-based approach to track and measure individual physical activity to help clinicians. A graded system of physical activity achievement has been developed and integrated as an activity prescription form into the IHS electronic medical record. Designed by a national team of IHS experts using the "Stages-of-Change" model, this activity tracking tool can be utilized by IHS providers to encourage increased physical activity by their patients. Additionally, the task force developed a physical activity prescription form to accompany the activity tracking process. Evidence has shown that a clear provider prescription for increased activity improves adoption of healthy lifestyle behaviors.

When it comes to physical fitness, Jeff also leads by example. He and his family are involved in a wide variety of fitness and outdoor recreational activities. He served as Race Director for the Shiprock Marathon & Relays for eight years. With a personal marathon best of 3:14, Jeff had his entry accepted into the 2013 Boston Marathon.

CAPT Fultz sees a huge opportunity for physical therapists to take the lead on wellness and prevention initiatives. He challenges physical therapists in the private sector to think outside the box and broaden their scope of treatment to include prevention and actively involve themselves with evidence-based interventions that will improve quality of life and greatly reduce the costs to society of inactivity, obesity, and diabetes. He feels that the increasingly autonomous level of physical therapist practice in the federal service will continue to advance the profession toward the goals of APTA's Vision 2020.

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. The current mission of the Public Health Service is protecting, promoting and advancing the health and safety of the nation.

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.

Indian Health Service. Nearly 60 percent of the physical therapists within the PHS serve in positions within the Indian Health Service (IHS). In the treaties of 1784, the Federal Government acknowledged certain responsibilities toward indigenous people, which

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Federal Physical Therapy
PUBLIC HEALTH SERVICE

included health care.

Bureau of Prisons. The next most common area in which PHS PTs practice (25 percent) is the Federal Bureau of Prisons (BOP). 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.

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.

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.

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.

Operating Divisions with PHS Commissioned Officers that include physical therapists

Agency for Healthcare Research and Quality*
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
Health Services/St. Elizabeth's Hospital*

Outside DHHS
Federal Bureau of Prisons*
Including US Coast Guard*
Department of Defense*
Environmental Protection Agency*
US Department of Agriculture*

See FederalPT.org for a more detailed description of the Public Health Service.

In service around the world

- The Federal Physical Therapy Section promotes quality across the continuum of care within federal medical services.
- The Section provides opportunities for networking, continuing education, leadership, and professional development as well as experiences in a variety of settings that include clinical, educational, and research.
- Section members include PTs and PTAs who are or have been employed by the federal government in civil service, as members of the uniformed services, as contractors, or as tribal hires, and PT students interested in federal service careers.

APTA
American Physical Therapy Association
The Science of Healing. The Art of Caring.