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FALL 2013

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Federal Physical Therapy SECTION

Quality physical therapy care across federal medical facilities.

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Danielle L. Waldron, PT, DPT, WCC

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Coast Guard**
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Pat McAdoo, PT, MED

United States Army
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United States Navy & Marines
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Deborah Carr, PT, DPT, OCS

United States Air Force
Bryan Bonzo, PT, DPT, OCS
Troy McGill, PT, MPT, Dip MDT

Federal Physical Therapy

info@federalpt.org
www.federalpt.org



Get Ready to VOTE!

The Federal Physical Therapy Section will have an election in January 2014. The poll will open on Friday, January 3 and close on Friday, January 31. It's important for you to vote! Watch for emails and a direct mail post card reminder or use the link below to VOTE beginning January 3, 2014!

<http://election.federalpt.org>





Federal Physical Therapy SECTION

Quality physical therapy care across federal medical facilities.

Fall 2013

WWW.FEDERALPT.ORG

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 Steering Representative

Peter Glover PT, DPT

Student Liaison

Kathryn (Katie) M. Finn SPT

APTA Clinical Practice Chair

Rebecca Vogsland PT, DPT, OCS

President's Message

Peter Glover PT, DPT

President, Federal Physical Therapy Section, APTA

In Jan 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). Please submit your self-nomination when we send out the email for nominations.

Involvement in leadership positions for the Section is a great way to stay involved in our profession and our professional organization. I have had several opportunities to work with APTA leadership on national initiatives while gaining valuable education opportunities. I have reached my term limit for president and as a member of the Federal Section board of directors. I will continue to be closely involved in the leadership of the section as part of the Steering Committee for the Combined Section Meeting (CSM). This leadership team was formed by the APTA and Section leadership to further grow the conference by working together for the profession. I will also be available as a mentor to the next president of the Federal Section.

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 2013. I am very thankful to Jonathan Glasberg for coordinating the education sessions.

The Federal Section will have several posters and education programs for CSM 2014 in Las Vegas, NV. Please read the CSM article as a preview for what the Federal Section will offer for educational programming during CSM 2014.

The APTA Combine Section Meeting (CSM) is the primary focus for the section to provide continued education, networking, and social opportunities. Our business meeting will be at 7am on Wednesday February 5th 2014. The Federal PT Section will continue to combine with the US Army Alumni Association for a social and networking event on Tuesday or Wednesday evening during the conference from 6:30-9:00pm. Please see the 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. Much of funding for Section programming at CSM comes from membership and members that attend CSM. I look forward to see you at CSM 2014 in Las Vegas, Nevada.

The Federal PT Section includes all the physical therapists who work for the Federal government. Please see the home page of our website. Last year's newsletter gave an overview of the Federal Section. www.FederalPT.org. Our survey is always active on the home page of the website.





Federal Section Sponsored Educational Sessions at CSM 2014

The Federal section is proud to sponsor interesting programming for CSM 2014, Las Vegas. As always, these sessions are For Us and By Us! Please review the session outlines below, and plan to attend. See you in Las Vegas!

*Jonathan Glasberg PT, DPT
Vice president and program chair, Federal section*

Tuesday Feb. 4 2014 11am-1pm

TITLE: Virtual Reality-Based Rehabilitation for Injured Service Members

AUTHORS/INSTITUTIONS: C.A. Rabago, Center for the Intrepid, Brooke Army Medical Center, DoD-VA Extremity Trauma and Amputation Center of Excellence (EACE), Fort Sam Houston, Texas, UNITED STATES; K. Gottshall, Comprehensive Combat and Complex Casualty Care, San Diego Naval Medical Center, San Diego, California, UNITED STATES; A.A. Linberg, Military Advanced Training Center (MATC), Walter Reed National Military Medical Center, DoD-VA Extremity Trauma and Amputation Center of Excellence (EACE), Bethesda, Maryland, UNITED STATES; J.A. Dominguez, Navy Health Research Center, San Diego, California, UNITED STATES;

DESCRIPTION: Virtual reality (VR) systems combine hardware, software, and human-computer interface technologies to promote interaction with simulated "virtual" environments. This presentation will highlight clinical cases and empirical results from VR-based rehabilitations programs at 4 military treatment and clinical research facilities. These facilities utilize VR systems ranging from low-cost, video gaming consoles to expensive, fully-immersive platforms like the Computer-Assisted Rehabilitation Environment (CAREN). These VR assessments and treatments are based on well-established therapeutic techniques and demonstrate efficacy with multiple patient populations

Tuesday Feb. 4 2014 3-5pm

TITLE: Postdeployment Rehabilitation of Mild Traumatic Brain Injury: A Team Approach

AUTHORS/INSTITUTIONS: K. Gottshall, S. Pluth, M. Podlenski, K. Singer, Naval Medical Center, San Diego, California, UNITED STATES;

DESCRIPTION: 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. The key roles of each team member will be stressed and emphasis will be made on the need for these patients to be managed by a truly interdisciplinary team.

Wednesday Feb. 5 2014 8-10am

TITLE: The Fundamentals of Lower Extremity Amputee Rehabilitation

AUTHORS/INSTITUTIONS: K.D. Randall, PM&R, VA, San Ramon, California, UNITED STATES;

DESCRIPTION: This session will review the basics of pre- and post-amputation physical therapy and prosthetic care. It will provide the fundamental skills needed to treat a patient with a lower-extremity amputation; specifically, the session will include instruction on the therapeutic management of the lower-extremity amputee covering mobility, positioning, bandaging, therapeutic exercise, prosthetic prescription, and prosthetic management. A systematic evidence-based approach will be reviewed for managing patients with lower-extremity amputation in the real world and in cases of limited resources. Current physical therapy students, recent graduates, and therapists looking to improve their amputee rehabilitation skills will most benefit from the course.

Wednesday Feb. 5 2014 11am-1pm

TITLE: Amputee Golf: Finding the Fairway With Physical Therapy, Prosthetic, and Assistive Technology Interventions

AUTHORS/INSTITUTIONS: L.M. Nelson, Prosthetics, VA NY/NJ Healthcare System, New York, New York, UNITED STATES; J.J. Glasberg, Physical Medicine and Rehabilitation, VA New York Harbor Healthcare System, New York, New York, UNITED STATES;

DESCRIPTION: This educational session has evolved from the Department of Veteran Affairs NY/NJ Healthcare System's "Veterans on Par" golf clinics. Each 3-day clinic serves a group of 10 veterans living with limb loss and includes 3D Motion Capture Analysis; golf instruction by PGA professionals in chipping, driving and putting; a round on a Par 3 executive course; and an introduction to a golf-specific exercise program. Findings from this clinic led to data collection with the aim to improve the individual living with limb loss' ability to find the fairway often and the green sooner. Interventions to assist participants in reaching their goals include therapeutic exercise, prosthetic prescription, and equipment modification.

CSM Combined Sections Meeting

February 3-6, 2014 | Las Vegas, Nevada

Wednesday Feb. 5 2014 3-5pm

TITLE: Maximizing Function in Injured Service Members With Extremity Trauma

AUTHORS/INSTITUTIONS: J. Wilken, J. Fergason, J. Owens, Center for the Intrepid/ Brooke Army Medical Center, Fort Sam Houston, Texas, UNITED STATES;

DESCRIPTION: Individuals who have experienced lower-limb trauma as the result of combat injuries commonly experience multiple surgical procedures and extensive rehabilitation; individuals with amputations or requiring limb-saving procedures have traditionally demonstrated a marked decrease in physical function. Intensive rehabilitation, advances in prosthetic technologies, and custom carbon fiber exoskeletal devices have, however, increased the level of mobility and resulting function patients can expect to achieve. This session will review recent advances in patient care and associated scientific evidence, and share experience gained in the rehabilitation and assessment of patients using novel devices.

Thursday Feb. 6 2014 8-10am

TITLE: Trigger Point Dry Needling: Is This Intramuscular Manual Therapy Technique Beneficial for All?

AUTHORS/INSTITUTIONS: K. Jordan, Physical Therapy, US Army, Oak Park, Illinois, UNITED STATES; D. Hall, Physical Therapy and Health Sciences, Bradley University, Peoria, Illinois, UNITED STATES;

DESCRIPTION: Forty-five states include the use of trigger point dry needling/intramuscular manual therapy (TDN/IMT) in the scope of physical therapy of their state practice acts, yet this technique is relatively unknown by physical therapists. Using acupuncture-type needles, TDN/IMT is used to address biomechanical muscle imbalances resulting in strength deficits, muscular/flexibility limitation, postural dysfunctions, and painful/swollen/stiff joints. The purpose of TDN/IMT is to encourage relaxation of trigger points, improve muscle function, and stimulate neural pain control. Presenters will discuss the indication and the decision making process when considering TDN/IMT with certain patient populations.

Thursday Feb. 6 2014 11am-1pm

TITLE: A Biopsychosocial Approach to Persistent Pain Treatment in VA Primary Care

AUTHORS/INSTITUTIONS: J. Gansen, Physical Therapy, John H. Bradley VA Outpatient Clinic, Appleton, Wisconsin, UNITED STATES;

DESCRIPTION: The session will summarize the development and implementation of a persistent pain treatment model in VA primary care. Development of the model included a review of evidence-based practice and expert consensus statements. Based

upon this review, critical elements of a treatment model were identified. These elements were used to guide implementation of a pilot program, including training, resources, and program content. This course is especially geared toward clinicians in health care settings interested in developing effective models for persistent pain treatment that go beyond episodic care.

Click graphic for more information



POSTER CORNER



Please take some time at CSM Las Vegas to peruse the interesting Poster Presentations being offered under the Federal section banner:

| TITLE | PRESENTER |
|---|---------------------|
| Dry Needling to the Infraspinatus Improves Shoulder Mobility and Pain Sensitivity in Patients with Shoulder Impingement Syndrome | John Ciccarello |
| Discriminant Validity of Rehabilitative Ultrasound Imaging of the Infraspinatus Muscle in Patients with Shoulder Impingement Syndrome. | Amanda Garoutte |
| Efficacy of an Eight-Week Core Stabilization Program on Core Muscle Function and Endurance | Bridgette Griffiths |
| An 8-week group physical activity program delivered through telehealth technology for Veterans enrolled in the Veterans Health Administration's weight management program, MOVE!® | Sophia Hurley |
| From Fighting for Freedom to Struggling for Function: An Ataxia Case Study | Gaura Mehta |
| Comprehensive Intervention Plan for an Individual with a Hip Disarticulation due to an Aortic Dissection | JJ Mowder-Tinney |
| An Interdisciplinary Approach to Vestibular Disturbances: A Case Study | Marcy Pape |
| Exercise for Posttraumatic Stress Disorder: Systematic Review and Critical Synthesis of the Literature | Jessica Tribbey |



Reimbursement Chair Update

Mark Havran PT, DPT, LAT, CSCS

Omaha, Nebraska hosted the 2013 State Policy and Payment Forum. Many topics were discussed over a couple of days. I would like to highlight 3 items discussed along with cited resources that may be of value to our section.

Ira Gorman and Helene Fearon discussed Dry Needling: Practice and Payment issues.

Ira Gorman discussed the process of getting Colorado to allow Physical Therapists to practice Dry Needling. He discussed the process, the challenges, and some positive results to consider. In his discussion, he had two points that I wanted to mention.

1. PT is not defined by a procedure or tool
2. One activity does not define a profession, but it is the entire scope of activities within the practice that makes any particular profession unique. Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice.

Information related to the Colorado rules can be found at the following website:

www.dora.state.co.us/physical-therapy/rules.pdf

Helene Fearon discussed topics related to coding for dry needling. She briefly reiterated the importance of documenting what one does. For example, physical therapists performing dry needling should not document it as performing acupuncture. Acupuncturists performing therapeutic exercise do not document it as performing physical therapy.

It is important to recall dry needling is not a covered service under the Medicare Part B Benefit.

Reporting 97140 Manual Therapy Techniques and documenting Dry Needling techniques may be considered a false claim as the payer describes 97140 in their Coverage Policies and does not include Dry Needling. APTA recommends using 97799 unlisted physical medicine/rehabilitation service or procedure. Helene Fearon described the process of adding a new CPT code and the challenges that exist.

APTA resource: www.apta.org/StateIssues/DryNeedling/

Matt Elrod and Alan Lee discussed Telehealth and Physical Therapy.

Elrod and Lee presented valuable information on updates to legislation in various states; they stated 19 states have current Telehealth reimbursement legislation, and another 12 states with pending legislation. The Center for Connected Health Policy, the National Telehealth Policy Resource Center has PT mentioned in 6 states specifically for Telehealth reimbursement. They gave examples of recent research demonstrating value for Telehealth,

as well as, examples of the many different options to provide Telehealth. Their examples included activities from Indian Health Services, VA, and DoD. If you want to learn more about Telehealth, sites that may be worth looking at are:

<http://ptjournal.apta.org/content/92/3/463/suppl/DC1>
www.apta.org/Podcasts/2012/9/25/Telehealth/
www.apta.org/Podcasts/2012/8/15/Telehealth/
<http://www.americantelemed.org/about-ata>

Specific APTA programming can be accessed through the website and by searching for: Advances in PT Practice: Telehealth Essentials

Justin Moore and Felicity Clancy discussed Professional Integrity: APTA's Campaign on Compliance, Fraud and Abuse Issues.

Moore and Clancy shared how the APTA is going to be promoting Physical Therapy through an Asserting Professional Integrity Campaign (APIC).

As members you will soon see how this campaign will be communicated and rolled out. The campaign objectives will be:

1. Show APTA as a leader and partner in the effort to eliminate fraud and abuse from health care and strengthen the good reputation of physical therapy in the health care system
2. Educate members, nonmembers, new professionals, and students to they can avoid pitfalls that invite more scrutiny and focus on delivering value and quality in practice
3. Advocate on behalf of PTs and the profession to reduce or prevent further burdensome regulation and oversight, and preserve freedom to practice
4. Communicate our efforts and highlight solutions through every channel while showing buy-in from partner organizations who are key stakeholders in health care

As we know this FY14 looks to be an adventurous time. I look forward to seeing how Physical therapy takes the opportunity to demonstrate its value to stakeholders.



Federal Physical Therapy Federal Section Delegates

House of Delegates Update

LCDR Carrie Dreyer, USN, Alternate Delegate

When asked what I do as the Alternate Delegate for the Federal Section, I most often say that I spend time online reading and standing by to assist the Delegate, COL Andrea Crunkhorn. This past June, I did get to actively assist COL Crunkhorn by taking her place at the Annual House of Delegates Meeting in Salt Lake City, UT.

If you have never attended a House of Delegates meeting, it is something I encourage you to experience. When I say that your representatives at the national board of directors, state and section level work hard on our profession's behalf- that is an understatement! The meeting was the culmination of a year of legislative work done behind the scenes. Delegates proposed 30 motions (called RCs) that affect all aspects of physical therapy practice; bylaws, standing rules, and guiding principles of the profession.

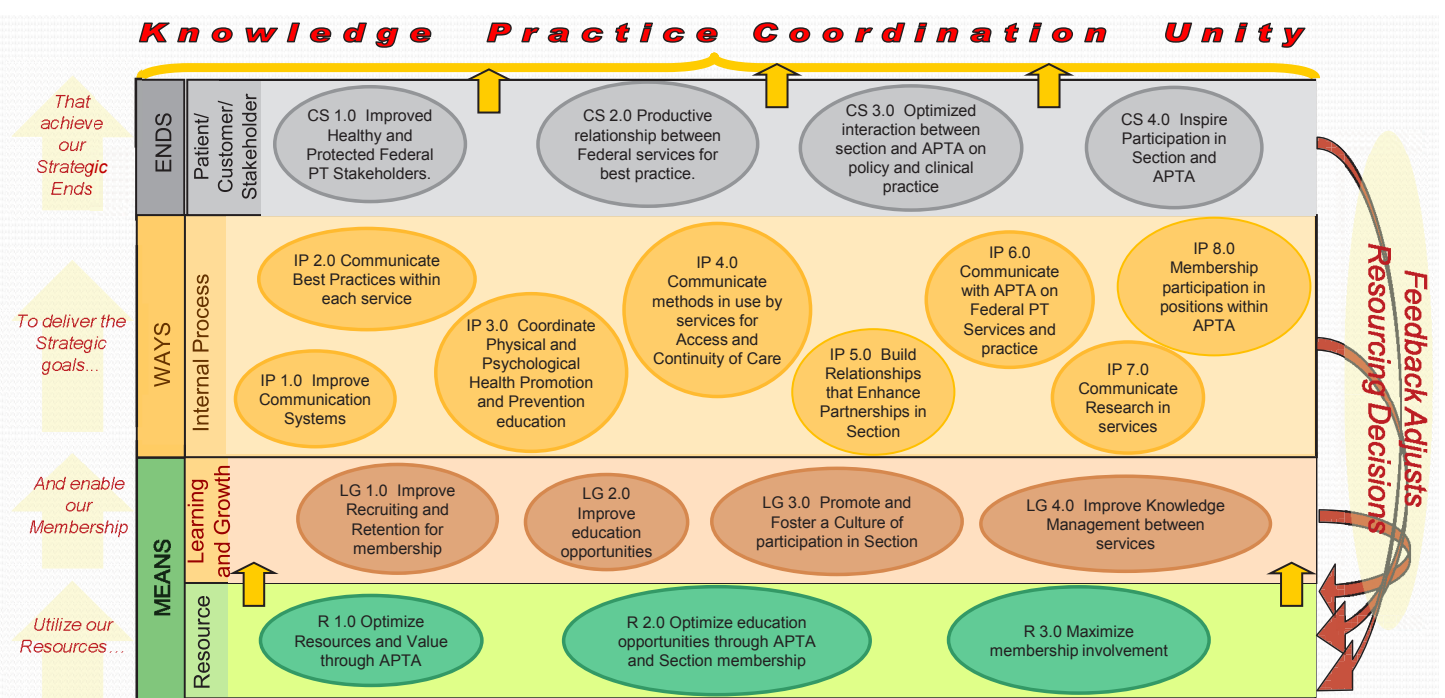
The meeting was 3 full days, starting at 7AM and ending most days at 5-6PM. The parliamentary process in which business was conducted was fascinating to watch and participate in. Maybe you got the chance to watch some of the proceedings as this was the first year that a live stream occurred. All but one of the motions passed the House of Delegates. Of the 30 motions proposed, many generated debate and discussion, but none like RC4-B, the only motion defeated.

Motion RC4-B, was to amend the Bylaws of APTA allowing for the specialty sections to have a vote. Currently only state delegates are allowed a vote. While the specialty section delegates (of which the Federal Section is) are welcome to participate in the house proceedings, they are not allowed a vote at the end of the discussion. The specialty section representatives were all in agreement that many therapists join the APTA for the section membership and align their interests more with their sections versus their state. In the case of the Federal Section, we are the great example of many therapists working for the federal government in varied capacities where we may be living, practicing and licensed in a state other than where we currently work, so the section represents us in ways the state can't.

While my plan was to observe the proceedings quietly, I found myself standing in front of the 400+ members speaking in support of the specialty section vote for the exact reason I stated above. While this swayed many votes in favor of the specialty sections, after much fervent debate and discussion not unlike that occurring in our nation's federal government, at the end of the session it was defeated. It is not a dead topic though, and the sections will bring it to the table again at subsequent House of Delegates meetings.

If you have ever wondered how you can affect change in our organization, get involved with your state or specialty section. While they often provide continuing education, and a social network for the profession, their grass roots efforts are what change the governing of our profession.

Get Involved!!





Federal Physical Therapy

ARMY

Army Update

Stephen W. Seward PT, DPT, OCS, CSCS

Lt. Gen. Patricia D. Horoho, The Army Surgeon General (TSG), launched a new program in the Spring 2013 – and with it a paradigm shift in Army Medicine. Titled the 'Performance Triad' and focusing on Activity, Nutrition and Sleep (ANS), this program seeks to increase the performance and resiliency of every Soldier through the decisions they make. Central to the effort is changing personal mindsets to ANS, rather than dictating behavior as in the past. The key to this paradigm shift is via medical providers serving to create a System for Health - illustrating to our patients that they can positively impact their health by investing in these triad of factors. She seeks for us to influence Soldier's Lifespace – the time between medical appointments where health really happens. PTs and OTs are seen as Activity Experts and LTG Horoho selected LTC Scott Gregg, PT, FACHE, to be the Activity Lead.

The Performance Triad works in concert with AMEDD 2020 Campaign Plan components such as Comprehensive Soldier and Family Fitness, the Ready and Resilient Campaign, Patient-Centered Medical Home, Public Health Command, and Army Wellness Centers to advance health in support of the Total Force. The Performance Triad will be implemented at three demonstration sites starting in September 2013, with expectation to go Army-wide in 2014. For more information or access to Performance Triad promotion materials, click [HERE](#).

To assist in changing Soldier mindsets towards ANS, the Army is certifying Master Fitness Trainers to serve as advisors to the unit commanders, Company through Division. These trainers learn advanced health and wellness skills compared to the Army's prior MFT program. Six mobile training teams will travel to all Army posts in the next two years to facilitate local training. A Civilian Wellness/Fitness Program has been created as well, to encourage health improvement and fitness. In this program, supervisors may approve three hours of time weekly to participate in command-sponsored fitness activities.

For more information, click the links:

www.army.mil/article/102040/Master_fitness_mobile_training_teams_going_Army_wide/

<http://usaphc.amedd.army.mil/topics/healthyliving/al/Pages/ArmyCivilianWellnessPrograms.aspx>

Special Operations Soldiers benefit from performance optimization as well through the Tactical Human Optimization, Rapid Rehabilitation & Reconditioning (THOR3) program. Each program for each SOF unit team is comprised of strength and conditioning coaches, physical therapists, and a performance dietitian who work with Soldiers daily. The goal of the program extends beyond injury reduction and performance improvement, and seeks to add quality of life after the Army. Each Soldier completes a Performance Enhancement Screen, including the Functional Movement Screen. The Soldier is then given 4 tests measuring mobility, agility, strength and endurance and a body composition test. The results of these tests allow development of an individualized fitness program. THOR3 programs are planned for expansion in 2014. For more information, click [HERE](#).

A team at the Center for the Intrepid at Brooke Army Medical Center (BAMC) in San Antonio has created a lower extremity brace significantly improving the function of Soldiers have debilitating lower leg injuries. The team, comprised of Johnny Owens, PT, Lt. Col. Joseph Hsu and inventor Ryan Blanck developed the Intrepid Dynamic Exoskeletal Orthosis (IDEO). In their research study, 13 of 14 troops returned to running, jumping and carrying 20 pound loads using the IDEO. The BAMC Return to Run program using the IDEO has benefited over 200 Soldiers with many returning to duty.

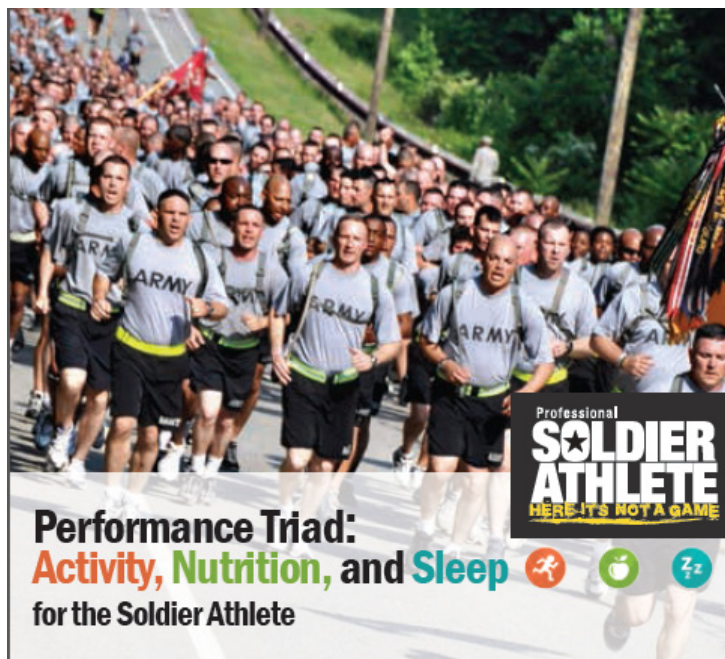
www.armytimes.com/article/20130414/BENEFITS06/304140005/New-leg-brace-allows-disabled-troops-return-active-duty

Dry needling as a treatment of choice in PT is moving forward in the Army. This year, Army-sanctioned dry needling courses with didactics and labs are occurring at a number of Army locations. This training is a necessary first step towards becoming certified per Army standards. MAJ Richard Westrick, DSc-PT, is leading the training. Given budget constraints, each facility determines funding. Active duty and GS PTs may attend. Contact MAJ Westrick at Richard.b.westrick.mil@mail.mil for more information.

Research by Army PTs impacting the profession continues to move forward in many directions including the role of Army PTs in the deployed environment, mTBI progression, clinical reasoning, plantar loading pressures in gait cycles, and trunk muscle endurance in Soldiers in training. These and other articles can be found [HERE](#).

Also, check out the site www.mendeley.com/ for more specific information and listings of Army-related rehabilitation studies.

Army PTs continue to lead discussion and education. At the APTA Annual Conference this year, John Childs, PT, PhD, OCS and Dan Rhon, PT, DPT, DSc, OCS led a panel discussion on advancing the evidence base in rehabilitation for military personnel and veterans. At CSM 2013, numerous poster and platform presentations and sections were led by Army PTs– many of which were sponsored by the FPTS. We look forward to next year!



Performance Triad:
Activity, Nutrition, and Sleep
 for the Soldier Athlete



Federal Physical Therapy

DEPT. OF VETERANS AFFAIRS

Veterans Affairs Physical Therapy Residency Programs

Bill Wenninger PT

I wanted to update the Federal Section about the Department of Veterans Affairs Physical Therapy residency programs. You may recall this program began in the summer of 2012 with six programs located at Milwaukee, Tampa, Cincinnati, Ann Arbor, Salt Lake City, and Cincinnati supporting eight residents. The initial program was established in Milwaukee in July 2009 with one resident. Fostered by the support of the Office of Prosthetics and Rehabilitation Services and the Office of Academic Affiliations (OAA), the program has grown to 20 residents beginning on or about July 2013.

In 2012, the ability to expand the number of residents enabled OAA to support a second solicitation of proposals from the field in 2012. The evaluation of the proposals received in the second round allowed an additional 4 sites to be added to the initial six. The facilities that were approved in the second round were Madison, Cleveland, Denver and Gainesville.

In the spring of 2014, a formal request will be developed to have the program funded permanently, with much of the support for this request based on program outcomes to date. There are several

ways the programs are being evaluated, with initial outcomes of the program being very encouraging. The initial 4 residents in Milwaukee have all passed the Neurological Clinical Specialist exam; 3 on the first time and one on the second. Per APTA, initial pass rate is 60%, so the initial 80% pass rate demonstrated by the residents completing the Milwaukee program is indicating that the residents are well prepared. Additionally, of the 11 total residents passing the program, 7 are employee by the VA post residency. To date, 3 of the original 6 programs have achieved 5 year accreditation from the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) and accreditation visits are in the process of being scheduled for the remaining 3 sites.

The future of the VA residency program looks bright with positive preliminary outcomes strengthening our proposal to OAA for permanent program support. Unfortunately, it does not look like we will be able to expand further in the short term but I will seek expansion in Academic year 2015 (July 2015 through June 2016). Attached are a list of programs, specialties and contacts; if you have overall questions about the program, please contact Bill Wenninger, Bill.wenninger@va.gov 414-384-2000 extension 41104 or Mark Havran, Mark.havran@va.gov 414-699-5999 extension 4146.

| Residency Location | Residency Type | VA Residency Director | Address | Phone | E-mail |
|-----------------------------|----------------------------|--|--|---|--|
| Ann Arbor VAHCS | Cardiopulmonary | Alexandra Sciaky, PT, DPT, CCS | 2215 Fuller Rd. 117-B Ann Arbor, MI 48104 | (734) 845-3816 | alexandra.sciaky@va.gov |
| Cincinnati VAHCS | Geriatric | Program Coordinator: Alice D Holder PT, DPT, MHS | 3200 Vine Street Cincinnati, OH 45220 | (513) 861-3100 X 5302 | Alice.holder@va.gov |
| Tampa VAHCS | Neurologic & Orthopedic | John Seiverd PT, DPT, CCCE | 13000 Bruce B Downs Blvd Tampa, FL 33612 | (813) 972-2000 X 2126 | john.seiverd@va.gov |
| Salt Lake City VAHCS | Orthopedic | Joshua Turner PT, OCS | 500 Foothill Blvd Salt Lake City UT 84148 | (801) 582-1565 X 2043 | Joshua.turner@va.gov |
| Durham VAHCS | Geriatrics | Phyllis Vandenberg PT, DPT, GSC | 508 Fulton Street Durham, NC 27705 | (919) 286-0411 X 6874 | phyllis.vandenberg@va.gov |
| Milwaukee VAMC | Neurologic | Laurie Elling PT, DPT, NCS | 5000 W. National Ave Milwaukee, WI 53295 | (414) 384-2000 X 43697 | Lauren.elling@va.gov |
| Cleveland VAHCS | Orthopedic & Geriatric | Linda Dundon, PT, DPT, Martin Kilbane PT OCS Adam Wendt PT GCS | 10701 East Boulevard Cleveland, OH 44106 | (216) 791-3800 X 820 4775 or X 820 1121 or X 1107 | Martin.kilbane@va.gov Adam.wendt@va.gov Linda.dundon@va.gov |
| Madison VAMC | Cardiopulmonary | Tim Erickson PT & James Carlson PT CCS | 2500 Overlook Terrace Madison, WI 53705 | (608) 280-7036 | Timothy.erickson@va.gov James.carlson1@va.gov |
| Gainesville VAHCS | Orthopedic | Mark Carberry DPT, COMT Mark Ward DPT, OCS, PCC | 1601 S.W. Archer Road Gainesville, FL 32608 | (352) 376-1611 X 4127 (352) 379-4127 (direct) | Mark.carberry@va.gov Mark.ward2@va.gov |
| Denver VAMC | Orthopedic | Jeff Youngberg PT, DPT, OCS, FAAOMPT | 1055 Clermont Street Denver, CO 80220 | (303) 399-8020 X 4050 | Jeffrey.youngberg@va.gov |



Federal Physical Therapy

DEPT. OF VETERANS AFFAIRS

Physical Therapy Physical Therapy Strategic Plan Summary for the Federal Section

Rebecca Vogsland, PT, DPT, OCS

The VA Physical Therapy Advisory Board has created a Strategic Plan spanning the next 5 years to support the growth and advancement of physical therapy within the Veteran's Health Administration (VHA). There are 3 main areas of focus within the strategic plan including marketing, value, and education. The 3 areas all relate to the VHA physical therapy mission and vision:



VHA PT Mission:

- Honor America's Veterans through professional leadership in PT, providing exceptional service that improves functional independence, quality of life, health and wellness.

VHA PT Vision:

- Demonstrate excellence in PT by providing exemplary services that are both Veteran-centric and evidence-based.
- Participate in collaborative, integrated team care that supports creativity, life-long learning and continuous improvement.
- Embody the VA core values of Integrity, Commitment, Advocacy, Respect, and Excellence by emphasizing prevention, health promotion and functional recovery to improve the overall health and well-being of Veterans throughout their lifespan.

The marketing pillar of the strategic plan encompasses recruitment and retention of physical therapists and efficacy of practice. The goal of this pillar is to allow the VA to become an employer of choice for talented physical therapy professionals in addition to making data driven decisions about practice within the VA. The value pillar will use metrics to demonstrate the contribution of physical therapy to stakeholders within VHA. This will be done through the establishment of best practices based on data and through innovation in the delivery of care. The education pillar includes a focus on residency programs, mentorship and developing opportunities for education within the VA system. The outcome of this focus area will be an integrated and collaborative environment that will facilitate the best possible care for our patients. Moreover, the VHA will be a place where high performing physical therapists will come to contribute to a body of knowledge and practice to meet the mission and vision of the VHA.



Federal Physical Therapy PUBLIC HEALTH SERVICE

I have been asked by my colleague, Eric Bradford, to write the USPHS column for this newsletter and I am using the opportunity to recognize my Federal colleagues here in Alaska. We have a unique variety of delivery sites and have representation from active duty military, GS employees, USPHS officers and tribal health corporation employees.

As some of you may remember from grammar school geography class, Alaska is physically the largest of the fifty states. In fact, we are over twice the size of Texas! I am proud to tell you that we have federal physical therapists and physical therapist assistants serving in several capacities.

US Army physical therapists serve at Bassett Army Hospital, Fort Wainwright, Alaska. Located adjacent to Fairbanks, Fort Wainwright, Fort Wainwright is the home of "America's Arctic Warriors" and experiences temperatures that range from 90 degrees ABOVE zero during the long summer days to 60 degrees BELOW zero during winter days. Fairbanks is a community of approximately fifty thousand residents and the home to the flagship campus of the University of Alaska.

US Air Force physical therapists serve at Eielson Air Force Base which is located south of Fairbanks in the community of North Pole, Alaska. Eielson is the home of the 354th Fighter Wing. North Pole is a small community of less than three thousand residents and is located on the Richardson Highway about twenty miles southeast of Fairbanks. The community has a couple of oil refineries and – of course—a large Christmas-themed tourist industry.



Anchorage is not only the largest community in the state but it is also home to Joint Base Elmendorf Richardson. Known as JBER (Jay-Bear), this installation is served by Army, Air Force and Department of Veterans Affairs therapists. In fact, the hospital at JBER is a joint VA-USAF venture. Therapists serve at the VA Regional Clinic adjacent to JBER, at the Hospital located on Elmendorf and at the Troop Clinic on the Fort Richardson side. Anchorage is also the home of the Indian Health Service's Alaska Native Medical Center. Physical Therapy Services are provided by members of the USPHS Commissioned Corps and by PTs and PTAs who are employees of the tribal entities who operate the facility.

While I am sure most of you have heard of Fairbanks and Anchorage, I am not so sure that you will be able to find Nome, Dillingham, Bethel, Kotzebue, Barrow, Haines, Sitka, Juneau or Prince of Wales Island without spending a bit of time searching your map! These communities have physical therapy services provided through the Indian Health Service and delivered by the regional tribal health non-profit corporations. The Southeast Alaska communities of Haines, Juneau and Prince of Wales Island host IHS clinics which each have a single therapist and provide an array of outpatient services. The clinics are subunits of the IHS Southeast Alaska Regional Health Consortium (SEARHC) which also operates the Mt. Edgecumbe Hospital in Sitka. The three therapists from Mt. Edgecumbe also travel to the outlying villages in their service area of Southeast Alaska.

Bethel (population 6000) is located about four hundred miles west of Anchorage in the Yukon Kuskokwim Delta and serves as the commercial hub of the Delta's fifty-seven villages. The IHS Hospital has four physical therapy slots which are filled by therapists who are employed by the Yukon Kuskokwim Health Corporation. While the majority of physical therapy services are delivered at the hospital in Bethel, these therapists also travel out to the Sub-Regional Clinics located in the larger villages.

Nome is a northwestern Alaska community of approximately thirty-five hundred people and home to the Norton Sound Regional Hospital operated by the IHS Norton Sound Regional Health Corporation. The Physical Therapy Department includes two physical therapists. They are recruiting for one therapist position and will consider either tribal hire or USPHS Commissioned Corps. The therapists from Nome regularly travel to the fifteen surrounding villages of Norton Sound. Each March, Nome serves as the end of the famed Iditarod Dog Sled Race.

Dillingham, Kotzebue and Barrow are each smaller communities located in coastal Alaska. Each has a small hospital operated by the regional IHS Health Corporation and staffed by a single physical therapist. These challenging positions require the physical therapist to be "jack of all trades" as they are each the only physical therapist in the community! These villages are accessible only by air and are four to seven hundred miles from Anchorage. They are some of the most isolated and challenging assignments available but they offer the opportunity to experience a unique Alaskan experience. The Kakanak Hospital in Dillingham is the site of a very active telehealth outreach program which allows the Dillingham-based therapist to serve the surrounding thirty-four villages.

In summary, Federal Section members in Alaska have the opportunity to serve at facilities which range from sophisticated metropolitan tertiary care facilities to isolated duty stations that are accessible by only by air or sea.

Federal therapists have a long history of service to the APTA's Alaska Chapter. In 1954, USAF Captain Stephanie Midge was one of the five founding members of the Alaska Chapter. Federal therapists have held every office in the Chapter and the current Chapter Board includes a former USPHS officer as Vice President and a current ANMC employee as Chief Delegate!

Pat McAdoo, PT



Federal Physical Therapy

STUDENT REPRESENTATIVE Update

Katie Finn SPT

Last summer, the federal section began placing a new focus on the growing student physical therapist population. This has increased section membership and created new opportunities for students and new graduates interested in federal employment. Over the past year, the federal section student component has been able to help dozens of students begin their journey towards federal physical therapy careers. We were also able to increase federal section awareness among the Army Baylor DPT program with the help of last year's Baylor liaison, 1LT Dan Huffman. Although 1LT Huffman has now graduated, we will continue having a Baylor presence in the FPTS student component with our new class of 2014 liaison, 1LT Samantha Morgan and class of 2015 liaison, 1LT Robert Whitehurst.

There were many noteworthy events of 2013. We participated in Combined Sections Meeting by holding a student question and answer session and also provided a tour of the Balboa Naval Medical Center for select students actively pursuing federal employment. After the conference, our student membership numbers began to climb and we hope to continue this trend in the future. In October, the FPTS made its first appearance as a section at the APTA's National Student Conclave in Louisville, KY. Our booth in the exhibit hall was flooded with students, some waiting up to 20 minutes to have a conversation with one of our representatives. We plan to continue our presence at this conference in the future and hope to bring in FPTS representatives to present post-graduation topics during the conference next year in Milwaukee.

For CSM 2014, we are offering 2 scholarship opportunities for eligible student members to help cover the cost of registration. To follow up on the scholarship opportunity and learn more about upcoming FPTS student events, visit us on facebook at www.facebook.com/federalptstudents or e-mail me, 1LT Katie Finn, at studentrep@federalpt.org. As the FPTS student liaison, I am proud to say that the student component of our section is rapidly growing and thriving. To call it a successful year would be an understatement.

NEUROMUSCULOSKELETAL INJURIES RESEARCH AWARD PROGRAM ANNOUNCEMENT

Defense Health Program announced a new research award opportunity: Neuromusculoskeletal Injuries Research Award. This opportunity is a call for research proposals aimed at addressing the following areas:

Improving the functional utility of assistive devices related to the human-device interface (prostheses, orthoses, and other assistive devices)

- Improvements in prosthetic socket comfort, residual limb health, and function
- Providing proprioceptive and other sensory inputs to the user
- Improving user intent control of assistive devices

Improving the ability to predict, identify and reduce secondary health effects that develop after severe primary neuromusculoskeletal injury

- Determining factors that predict development and successful treatment of osteoarthritis, low back pain, or other musculoskeletal conditions
- Intervention strategies to diminish falls and decrease fracture risk
- Strategies to improve treatment and rehabilitation of heterotopic ossification

Optimizing treatment strategies and sequence of progression throughout the rehabilitation process following severe extremity trauma

- Determining the optimal combination, dose, and timing of rehabilitative techniques to minimize impairments and maximize function and performance
- Objectively guiding prosthetic and/or orthotic prescription to minimize impairments and maximize function and performance

The full announcement can be found on grants.gov:

www.grants.gov/web/grants/view-opportunity.html?oppld=245473

Funding Opportunity Number: W81XWH-14-DMRDP-CRMRP-NMSIRA

Pre-application submission deadline is November 25, 2013.

In addition to this announcement there is a Broad Agency Announcement open through September 30, 2014 which invites submission of research ideas not included in the specific research program announcements. Information on the BAA can be found at: www.grants.gov/web/grants/view-opportunity.html?oppld=244033

Funding opportunity number : W81XWH-BAA-14-1

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.



American Physical Therapy Association
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