President’s Message

Hello everyone, I hope you enjoyed the great weather and beautiful fall colors; we are now in the grip of another Pennsylvania winter but I have to admit, I’m already looking forward to spring. As always, regardless of the season or the weather conditions, we at the PPTA are working hard for our members and our patients. In the next few paragraphs I’ll discuss some of the issues we’ve been working on over the past several months and some upcoming efforts.

One of the big issues most of us deal with is the ever-changing environment of Medicare reimbursement and time consuming documentation; one important change is moving from the current Fee-for-Service payment structure. At this time, at the request of CMS, the APTA, along with other stack holders, have been developing alternatives to the Fee-for-Service system. One change which was initiated on 01-01-2017 was a three-tiered coding system for evaluation based on the severity of the patient being evaluated. Several proposed payment structures have been proposed which CMS is currently reviewing however; no decision has been made at this time.

A good example of a payment structure under review is the current pilot study on total hip and knee replacements. This system utilizes a bundled payment provided to a gate keeper for the entire group of providers involved in an episode of care. This system is presently being piloted in the Pittsburgh and Harrisburg regions in Pennsylvania as well as many other areas throughout the United States. It should be understood that the current Fee-for-Service structure will be replaced by a more cost-effective, outcomes based system; it’s just not decided what will eventually replace the current system.
We feel our Association, in conjunction with other stakeholders, are uniquely qualified to develop an equitable payment structure which will decrease inappropriate billing, provide governmental agencies with the outcomes based system they seek, while still allowing providers the means to remain fiscally sound.

Looking more on the State level, Highmark is a never ending problematic insurer which is growing rapidly throughout Pennsylvania. In March of 2016 a blast was sent to the membership highlighting current issues the Association is having with Highmark and what we, as an Association, are doing to combat these egregious attempts to circumvent current law, rules and regulations. The newest attack by Highmark has come in their demands to providers to reimburse for any services provided surpassing an arbitrary 4 unit/visit cap; this was a previously unenforced policy initiated in 2012 which was combated successfully by the PPTA at that time. In the end, according to an alert sent out by Highmark, they indicated they would not automatically enforce the 4-unit cap but would retain the ability to undertake retroactive review of charts to determine if surpassing the arbitrary 4-unit cap was medically necessary. The present assault on providers simply requires mass repayment to Highmark for all patient services going over the 4 unit/visit cap without regard to medical necessity. Obviously, we are addressing this and many issues concerning Highmark by working with the PID, DOH, and our legislators. We will keep you informed as this develops.

Another area the Board has undertaken are changes to the practice act. The Practice Act Work Group, or PAWG, was assigned the task of developing possible changes to the practice act then presenting their findings to the Board. Some of the topics discussed during the PAWG meetings were expanding direct access, permitting dry needling, allowing prescription of imaging, and telehealth. The Board evaluated the report carefully and, in the end, determined expansion of Direct Access for Physical Therapists would be the best issue to bring forward via a direct practice act change. The other items mentioned above are also being considered however, we are looking at developing these items separately from a regulatory perspective rather than a direct change to the practice act. This was decided as the practice act is silent on these issues and a regulatory change may be a more efficient route for these proposals. We are currently working with legislators to introduce practice act legislation as well as developing the language for the legislation. The plan of the PPTA at this time is to introduce the practice act legislation sometime in 2017.

Legislatively, HB 2241, the Retroactive Review Bill, is a piece of legislation the PPTA helped to develop and has supported. Previously, an insurer could retroactively review back as far as they chose in order to obtain reimbursement for billing errors. This could potentially be a tremendous burden on a provider; under the current law they would be obligated to reimburse the insurer as far back as the insurer chose. HB 2241, in its final form, permitted the insurers to look back no further than 24 months accept in case of fraud, waste, or abuse. This legislation was passed unanimously in the House and Senate before being sent to the Governor for signature. On November 4, 2016 Governor Wolf signed HB 2241 into law and is now known as Act 146 of 2016.

Another important legislative effort is known as Compact legislation. The Compact would allow any therapist in Pennsylvania to practice in any other State who is a member of the Compact without having to obtain a separate license for that State; the therapist would be obligated to follow all rules and regulations of whatever State they are practicing in at any given time. Our first step in this process was to notify the Pennsylvania State Board of Physical Therapy of our intent to pursue this legislation; this notification was sent to the State Board and additionally asked for their support and assistance. We are now finalizing our efforts to determine a sponsor to introduce this legislation in 2017.
Lastly, I would like to take this opportunity to thank my Executive Committee, BOD, Legal Counsel, Payment Specialist, Kim Annibali and other Chapter Staff, Committee Chairs and Members, Liaisons and anyone who has worked so diligently over the past four years. Together we have accomplished a substantial amount developing and implementing a new governance structure, successful legislative efforts, developing upcoming legislation, and developing programs to advance the care of our patients just to name a few. I look forward to seeing the PPTA continue to flourish under the leadership of Colleen Chancler, our new PPTA President. Again, thank-you for a great 4 years.

As always, these are just of few of the issues and projects we have been working on over the past months and the direction we are moving for the future. If there was a particular project or issue I did not discuss, please feel free to contact me or the Chapter office directly and we will be glad to provide you with information. Thank-you for your continued support as members of the APTA and PPTA; remember, we are here to provide progressive leadership for our members and advocate for the rights of our patients.
NA CENTRAL
By Kathryn Robinholt

The Northcentral district has been busy this past summer and fall! Our annual golf tournament was able to raise $2,156.20 towards our advocacy fund, while the Finger Lakes wine tour raised $55.00 as a PAC fundraiser.

Looking forward to the spring, we have plans to host a 1 day continuing education course, which will aim for 6-8 approved CEU credits. The topic, location, and date are to be determined, but be on the lookout for an email to register.

Don’t forget to “like” us on Facebook! NCD PPTA

Upcoming schedule of meetings: All meetings begin at 7 pm, typically with 1 approved CEU credit, followed by a brief business meeting. Topic and locations to be determined.

   Thursday, March 16th, 2017
   Thursday, April 20th, 2017
   Thursday, May 18th, 2017 - Bullfrog Brewery, Williamsport PA

Please contact Katie Robinholt at krobinholt2@gmail.com with questions per our district’s upcoming events.

SOUTHCENTRAL
By Penny Samuelson, District Director

Our new slate of officers has been elected and has already started their involvement to coordinate activities for 2017. Sue Gerhard is our new district chairperson and Kai Pedersen will be serving as vice chair. Amy Humphry is our new secretary and Lee Ann Derr is our new treasurer. With these excellent people in leadership, we are looking forward to their insights and enthusiasm as we move toward the challenges of renegotiating the practice act. There will be continued efforts to be prepared financially by building up the PAC and PT Advocacy funds and I encourage your support to shape your profession for the future.
The Southcentral district continues to have our excellent programming and we enjoyed our annual opportunity to see student research results at Lebanon Valley College on December 6, 2016. As usual we identified it as “Pizza, Posters and Presentations”. We fed our minds and bellies while enjoying the company of our peers. We thank LVC for the opportunity to participate with their program and students. We hope to continue to forge close relationships with all of the schools in our district.

January 17, 2017 brings us a program in Mechanicsburg on “Everything You Wanted to Know About Pelvic floor Dysfunction But Were Afraid to Ask” presented by Lisa Janson, PT, Karen Red, PT and Colleen Hickey MS, PT held at Core Plus Physical Therapy with a 7 PM start.

Plans have begun for a social outing for a PAC fundraiser in the spring and a mini CSM for an Advocacy fundraiser. Keep in touch as these plans evolve.

As always, my thanks are sent to all that have kept us active over the last six years (and before) and I encourage all of you to visit the PPTA site and get in the volunteer pool. There are a lot of interesting things happening and your insights are valuable.

SOUTHWEST

By Jamie Dunlap Coates, District Director

West Penn Hospital was the location of the September 13, 2016 SWD educational session. Michael Timko PT, MS, FAAOMPT, Co-Director and Instructor, Physical Therapy Post-Professional MS Program, Musculoskeletal Concentration, University of Pittsburgh, presented "The Treatment Based Classification System for LBP: 20 Years and Still Moving Forward." This educational session was approved for 1 general CEU.

Members learned about Bariatric Physical Therapy at the October 18, 2016 Southwest District Meeting held at HealthSouth Harmarville. Julie Karda, MPT was the speaker for the educational session which was approved for 1 general CEU.

The final business meeting and education session of the year was held at the Western PA School for Blind Children, November 9, 2016. Matthew Kostek, Ph.D., HFS presented the topic "Exercise as a Treatment for Chronic Pain Conditions (animal and human experiments)." Members in attendance earned 1 general CEU.
Spring 2017 Educational Sessions/Business Meetings for the SWD

Tuesday, January 10, 2017
Speaker: Allyn Bove, PT, DPT
Topic: “Health Disparities: Relevance to Physical Therapy Research and Practice”
Location: UPMC Mercy Hospital, Clark Auditorium 1400 Locust St, Pittsburgh, PA 15219

Saturday, February 25, 2017
Speakers: To be announced
Topic: Mini Combined Sections Meeting
Location: UPMC Shadyside Hospital, Herberman Conference Center 5230 Centre Avenue
Pittsburgh, PA 15232

Tuesday, March 14, 2017
Speaker: Anthony Delitto, PhD, PT, FAPTA
Location: University of Pittsburgh, University Club 123 University Pl, Pittsburgh, PA 15260

Tuesday, April 11, 2017
Speaker: Gregory F. Marchetti, Ph.D., PT
Topic: To be announced
Location: Duquesne University 600 Forbes Ave, Pittsburgh, PA 15282

Tuesday, May 9, 2017
Speaker: SWD Delegates
Topic: Delegates' Updates
Location: Chatham University, Eastside 6585 Penn Ave, Pittsburgh, PA 15206
MEMBERSHIP
By Susan Kreinbrook, Chair

Thank you for all those who nominated students for the 2016 PPTA Student Awards. We had another year of excellent candidates. Congratulations to our 2016 recipients:

Dr. Tom Stewart Scholarship: Daniel DiPaola, SPT University of Scranton

PPTA Student Leadership Award:
  Ronald Peacock, SPT Slippery Rock University
  Brittany Swartzwelder, SPT Saint Francis University
  Sean Sebeck, SPT DeSales University

Thank you also for your support of our first Who is YOUR Physical Therapist? campaign to promote Physical Therapy across the commonwealth.

Look for this to repeat at annual conference 2017.

Current Membership Stats stand at 3,222 PT and 320 PTA members totaling 3,542.

Thank you for your membership!

Don’t forget to stay updated with social media updates by liking us on Facebook and following us on twitter!

Also, stop by the ppta.org website and take our mentorship survey today and give us your input as we begin a PA mentorship program!
SPECIAL INTEREST GROUP NEWS

ACUTE CARE
By Melissa Lesser and Derek Zaleski, Co-Chairs

We hope you all are enjoying your holiday season with your family and patients! The Acute Care Special Interest group would like formally welcome Carolyn Haggerty PT, DPT as the new Acute Care Special Interest Group secretary. Carolyn graduated from Arcadia University’s doctoral program in 2013 and has been practicing in acute care at the Hospital of the University of Pennsylvania since graduation. She will be instrumental in organizing and disbursing the quarterly board reports and newsletters, as well as assisting in organizing quarterly educational opportunities for acute care SiG members.

We want to thank all of you who attended the combined acute care and PTA special interest group online webinar review of the article that appeared in the February 2016 PT Journal titled Role of Physical Therapists in the Management of Individuals at risk for or diagnosed with venous thromboembolism: evidence-based clinical practice guideline. Although no continuing educational units were awarded for attending, it is the goal of the acute care SIG to organize CEU approved educational opportunities on a quarterly basis.

We want to announce our upcoming educational webinar that will be taking place March 14th. The topic will be the early mobilization of patients with external ventricular devices. We are applying for this to be a CEU approved course and will make a formal announcement once the course is approved.

Thank you all for your participation in the Acute Care SIG and we look forward to seeing all of you at Combined Sections Meeting in February!
NEUROLOGIC
By Sara Hershberger, Chair

We aim to provide additional continuing education opportunities to members, information regarding current practice issues, and opportunities for all members to contribute to our community of therapists interested in neurological PT practice. We encourage you to contact the SIG at schwartzs@upmc.edu if there is information you would like to see in an upcoming newsletter.

Neurology SIG Award Winner Announced at PPTA Annual Conference

We wish to extend our congratulations again to our SIG award winner, Dr. Anne Galgon, PT, PhD, NCS. Anne is a professor at Temple University. Her contribution to research especially in the field of vestibular physical therapy has helped to advance our clinical practice. Dr. Galgon has been a role model for education of colleagues, students and community members. Thank you, Dr. Galgon for your continued contributions to the field of neurologic physical therapy.

PPTA Annual Conference

The 2016 PPTA Annual Conference had a lot to offer clinicians interested in neurological practice! Susan Bennet, PT, DPT, EdD, NCS, MSCS provided an excellent continuing education program on Multiple Sclerosis and PT management. Innovations PA, a new event replaced the SIG specific programming, allowed attendees to learn about opportunities and issues specific to practice in PA. We would love to hear from our members about what they are doing across the state. Consider presenting a poster, platform presentation or and full clinical program. Are you interested in presenting next year? Please contact the SIG as soon as possible!

SIG Elections

Valerie Shuman, DPT, was announced as the Neurology SIG’s secretary for a three-year term. Valerie is a staff physical therapist for Vincentian Collaborative System in Pittsburgh and is a teaching assistant at Duquesne University in their neurologic physical therapy classes. She is very excited to remain part of the SIG’s leadership and looking forward to keeping the SIG informed regarding news, updates, and continuing education opportunities.
All SIGs are now on a rotating election cycle, and next year we will be electing our vice-president.
Other News

The motion to have SIG leadership attend the April board meeting was passed and president Sara Hershberger will be attending.

We are looking to offer at least two continuing education opportunities in the coming year for SIG membership. Please contact the SIG if you are interested in presenting or have suggestions for topics and would like further details.

PHYSICAL THERAPIST ASSISTANTS

By Doug Slick, Chair

#ChoosePT

In the early two thousands, my family lost a close friend to opioid abuse. At the time, we had limited awareness of prescription narcotic abuse. It would be another decade before I cross-trained to a career in healthcare; the nation’s attention wasn’t focused on the issue as it is now. According to the statistics, many of you reading this will also have a personal connection to someone struggling with addiction, or a narcotic-related death. The Center for Disease Control (CDC) tells us that 28,000 people died from opioid overdose in 2014. At least half of those involved prescription opioids.

I was on the floor of the APTA House of Delegates when the association’s campaign to offer PT as an alternative to opioid pain-relievers was announced. At the time, I remember having misgivings. First of all, I thought about how I work with my nursing colleagues in acute care to schedule my sessions when pain medications are most effective. In the outpatient setting, I instructed my joint replacement patients to take their pain relievers before they came into the clinic, allowing them to tolerate physical therapy. In homecare, I counseled patients to keep their post-operative pain under control by taking their medications on schedule. I also wondered what evidence was available to support the association’s claim.

I thought that if I had concerns, some of you might as well. With the help of my friends at APTA, I am happy to pass on that my concerns have been assuaged. I would like to share with you what I have learned about the research behind the campaign, and the appropriate uses of opioids according to the CDC and many others.
First, a brief summation of the current status...

The American Society of Addiction Medicine quotes the following:

- Drug overdose is the leading cause of accidental death in the US
- 20,101 overdose deaths were attributed to prescription pain relievers in 2015
- That same year 12,990 people lost their lives to heroin overdose
- In 2014, 99% of respondents to a survey reported that they chose heroin because prescription opioids were far more expensive and harder to obtain

According to the CDC, among new heroin users, about 3 out of 4 report abusing prescription opioids before using heroin. The CDC also informs us that overdose deaths from opioids, including heroin, have nearly quadrupled since 1999. The National Institute on Drug Abuse explains that between 26.4 million and 36 million people worldwide abuse opioids. The CDC also reports that in 2012, enough prescriptions for painkillers were issued to provide every American adult with a bottle of pills. As many as one in four chronic pain patients, who receive a prescription for opioids, struggle with addiction.

In March of 2016, the CDC released guidelines for prescribing opioids to address chronic pain. Opioids, it turns out, are not recommended for treating pain that persists for six months or greater. Physical therapy, and other non-narcotic interventions, are cheaper and offer a more desirable risk/benefit analysis.

The CDC offers that opioids are appropriate in the environment of a cancer diagnosis, palliative care and end-of-life care, as well as certain acute-care situations. Here is where I group the patients I mentioned above.

How is Pennsylvania doing in this area, you ask?

Not so well, according to 24/7 Wall Street, a Delaware corporation that runs a financial news company. The Keystone State has the 8th highest rate of drug overdose deaths in the country. Opioids and heroin appear to be the leading source of these deaths.

The University of Pittsburgh Graduate School of Public Health tells us that overdose deaths in PA have increased fourteenfold in the past thirty-five years.
And now, the evidence that supports our interventions...

Steffens, et al. report that people with chronic low back pain might get modest, short-term pain relief from opioids. But when it comes to long-term treatment, evidence to support the effectiveness of opioids is “lacking.” The Journal of the American Medical Association states that physicians often over-treat back pain by ordering the unnecessary use of imaging, narcotics and referrals to other physicians. This over-treatment leads to unnecessary expense.

Nijs, et al. state that physical therapists [editorial note: also physical therapist assistants] can use education to improve pain cognition, activity self-management and passive treatments such as manual therapy to decrease bottom-up nociceptive input, stress management and relaxation to improve stress tolerance and exercise therapy to increase load tolerance.

Bush, et al. concluded “There is ‘gold’ level evidence that supervised aerobic exercise training has beneficial effects on physical capacity and (fibromyalgia) symptoms. Strength training may also have benefits on some (fibromyalgia) symptoms.

Bennell, et al. reveal in their study that exercise plays an important role in managing the symptoms of patients suffering with osteoarthritis of the knee and hip. The authors point out that exercise therapy is most effective if the patient participates regularly. They suggest that supervised exercise in the initial period, followed with home exercises may enhance adherence. “Bringing patients back for intermittent consultations with the exercise practitioner may also assist long-term adherence and improved patient outcomes.” Sounds a lot like outpatient PT to me!

I hope you are all now comfortable in supporting the #ChoosePT social media campaign. Resources can be found at the link below. We need to step up our national profile, and trends on social media are an excellent way to elevate our cause in the collective consciousness.

http://www.moveforwardpt.com/ChoosePT/Toolkit - Handout

References upon request

All 3 new codes retain the Relative Value Unit (RVU) of 1.20.
New Year! New PT Evaluation/Re-Evaluation Codes!

Effective January 1, 2017, CPT codes 97001 (PT evaluation) and 97002 (PT re-evaluation) will be removed from the CPT code list. The three new evaluation codes are:

- 97161 - Low complexity evaluation
- 97162 - Moderate complexity evaluation
- 97163 - High complexity evaluation

All 3 new codes retain the Relative Value Unit (RVU) of 1.20.

The new re-evaluation code is 97164. CMS adopted the recommendation of the AMA RUC and increased the RVU from 0.60 to 0.75 for the reevaluation code.

There are many APTA resources available to help you with these important changes.

**APTA Resource Page:** [http://www.apta.org/PaymentReform/NewEvalReevalCPTCodes/](http://www.apta.org/PaymentReform/NewEvalReevalCPTCodes/)

**APTA reference guide** provides straightforward explanations of the new CPT codes:

[http://www.apta.org/uploadedFiles/APTAorg/Payment/Reform/NewEvalCodesQuickGuide.pdf#search=%22coding%20quick%20guide%22](http://www.apta.org/uploadedFiles/APTAorg/Payment/Reform/NewEvalCodesQuickGuide.pdf#search=%22coding%20quick%20guide%22)

A **Self-Paced Learning Powerpoint** provides you with the opportunity to learn how to describe the differences between the low complexity, moderate complexity, and high complexity evaluation codes. It also provides patient scenarios specific to a variety of physical therapist practice specialties and worksheets to practice selecting the appropriate codes.


A 30-minute **interactive, online course designed by MedBridge and APTA** provides you with opportunities to practice documentation and proper code selection. You will explore the elements of an evaluation and what conditions must be met for each level of complexity.

The relationship between a Physical Therapist and a Physical Therapist Assistant is one of team work, trust and respect with an ultimate goal of optimal patient care. What happens when a portion of that trusting relationship goes awry?? One example can be illustrated by the following case in which the Physical Therapist feels that the Physical Therapist Assistant is competent enough to proceed with little direction needed and the PTA believes that she possesses the knowledge and skills to follow through with a plan of care, however is aware that certain direction must be provided by the physical therapist.

Sally has been a licensed PTA for 15 years with most of that experience in the outpatient clinic where she currently works. Jack has been the lead PT in this clinic for 10 years and has worked with Sally for the majority of that time. Jack is well aware of the skills and knowledge that Sally exemplifies and has much respect for her ability to properly follow through with any plan of care he writes. Over time, Jack has become very busy after one of his PT colleagues moved from the area and another local clinic closed their doors. These situations have more than doubled the case load Jack and Sally need to follow. As Jack is well aware of Sally’s skills as a PTA, he has found it to be much faster to simply state in his plan of care to “treat and advance towards goal achievement”.

Sally’s case load and responsibilities have increased equally with Jack’s. She feels confident that they can continue to provide optimal care because Jack has always been specific when providing direction in the plan of care with every evaluation. Lately, however, the plan of care has been very vague with most all of the evaluations that Jack completes. Sally approaches Jack to discuss this matter without reserve because they have worked together for so long and have great mutual respect. She questions the lack of specific direction specified for the plan for each patient. Jack responds by reassuring Sally that she has the skills and ability to proceed in the right direction and that he no longer feels the need to take the time to be more specific.

While it may seem that this example illustrates a trusting relationship between the PT and PTA, one must look closer. Trust is important, but the therapists must also recognize that ethical boundaries for this trust are defined in the physical therapist’s Code of Ethics and the Standards of Ethical Conduct for the PTA, and legal boundaries for the scope of practice are outlined in the Pennsylvania Practice Act and the Rules and Regulations documented in Chapter 40 State Board of Physical Therapy.
The *Code of Ethics* addresses the PT/PTA relationship in several Principles. Principle 3 states that physical therapists shall be accountable for making sound professional judgments. Specifically, Subprinciple 3E directs physical therapists to provide appropriate direction of and communication with the PTA. Additionally, subprinciples 3A through 3D elaborate on this responsibility through statements that obligate PTs to demonstrate independent and professional judgment in the patient’s best interest that are informed by professional standards and within the scope of practice, and without engaging in conflicts of interest that interfere with the PT’s professional judgment. This Principle is reinforced for the PTA in Standard 3 which directs the PTA to also make sound decisions in collaboration with the PT and within the boundaries established by laws and regulations. Standard 3E directs the PTA to provide physical therapy services under the direction and supervision of the PT and also obligates the PTA to communicate with the PT when patient status requires modifications to the established plan of care. Standards 3A through 3D also complement the Code of Ethics Principles by stating that PTAs shall make objective decisions in the patient’s best interest in all practice settings; that decisions must be guided by information about best practice regarding physical therapy interventions, and based upon the PTAs level of competence; and finally, that PTAs shall not engage in conflicts of interest that interfere with making sound decisions.

Principle 5 of the *Code of Ethics* and Standard 5 of the *Standards of Ethical Conduct for the Physical Therapist Assistant* provide additional direction for this case by articulating the responsibility for the PT and PTA to fulfill legal and professional obligations. For the physical therapist, Principle 5A states that he/she shall comply with applicable local, state, and federal laws and regulations and 5B states that he/she shall have primary responsibility for the supervision of physical therapist assistants and support personnel. The Standards of Ethical Conduct provide similar direction for the PTA. Standard 5A and 5B state that the PTA shall comply with applicable local, state, and federal laws and regulations, and that the PTA shall support the supervisory role of the PT to ensure quality care and promote patient/client safety.

The legal scope of practice for both the PT and PTA must also be considered for this case. Section 9.1 (c) of the Practice Act 110 states that “a physical therapist assistant while assisting a licensed physical therapist in the practice of physical therapy shall only perform patient-related physical therapy acts and services that are assigned or delegated by and under the supervision of a licensed physical therapist. Such acts and services of a physical therapist assistant shall not include evaluation, testing, interpretation, planning or modification of patient programs.” The Practice Act goes on to define the term “supervision” to mean that, in all practice settings, the performance of selected acts and services by the PTA shall be the responsibility of the licensed PT and based on the following: the complexity and acuity of the patient’s needs; the proximity and accessibility of the licensed PT to the certified PTA; and the availability of supervision in the event of an emergency or critical event; and the type of practice setting in which the services is provided.
Also specific to this case, the responsibility for the PT to establish the plan of care is specified in Section 9.1 (D) (2) which states that, “In all practice settings, the initial patient contact shall be made by a licensed PT for the evaluation of the patient and establishment of the plan of care”.

Additionally, Section 11 (a) (10) permits refusal, suspension, or revocation of a PT license for failing to supervise PTA in accordance with this act or board regulation and Section 11 (a) (6) permits refusal, suspension or revocation of a PT license or PTA certification if a PT or PTA is found guilty of unprofessional conduct, which is defined as including any departure from or failure to conform to the minimal standards of acceptable and prevailing physical therapy practice including the recognized standards of ethics of the physical therapy profession.

Finally, reference to legal requirements can also be found in Chapter 40 of the Pennsylvania State Board of Physical Therapy Rules and Regulations. Specifically, Section 40.53, (b) specifies that the PT may not assign or delegate to the PTA a function which requires the formal education or training and the skill and knowledge of a license PT, including (3) the determination or modification of a patient plan of care. Section 40.171 (b) states that a physical therapist assistant may not interpret referrals or tests, perform evaluation procedures, initiate treatment programs, assume responsibility for planning patient care or perform activities which require the formal education or training and the skill and knowledge of a licensed physical therapist.

Is Sally correct in questioning the plan of care she has recently been given? Does Jack need to return to providing the more specific plans of care that he previously had written? Clearly, the Code of Ethics and Standards of Ethical Conduct provide insight and direction for both the PT and the PTA. An ethical relationship for the PT/PTA team should be built on mutual trust and respect for the knowledge, expertise, and standards of practice for each individual. Adherence to the Code and Standards fosters a true trusting relationship and is in the best interest of the patients. While it is beyond the authority of the Ethics Committee to interpret the Practice Act and Rules and Regulations, the statements quoted from these documents provide further insight that support ethical and legal practice guidelines.

The PPTA Ethics Committee welcomes inquiries and remarks about the ethical responsibilities of physical therapists and physical therapist assistants. We also encourage members, non-members, and the public to take advantage of the consultative and educational services that the Committee provides. Additionally, we welcome comments on our publications and presentations, and encourage individuals to make recommendations for topics they would like to see addressed in the future.

PPTA Ethics Committee:
Mary Ann Wharton, PT, MS, Chair
Geraldine Grzybek, PT, GCS
Pamela Pologruto, PT
Kelley Moran, PT, EdD, DPT, ATC, CSCS
Ann Lowrey, PTA
References:


Accessed 12/15/2016

Accessed 12/15/2016

Students from PT & PTA programs in Pennsylvania were among students from 150 schools that participated in the record-breaking 2015-2016 Pittsburgh-Marquette Challenge, raising $354,320, the highest annual total in the history of the fundraiser. Since its inception in 1989, 264 schools have participated in the Marquette Challenge and have raised a cumulative total of $3.3 million for the Foundation.

The Foundation wishes to thank the physical therapy and physical therapy assistant students of Arcadia University, Drexel University, Lehigh Carbon Community College, Temple University, Thomas Jefferson University, and University of Pittsburgh for raising $35,589 in support of the Challenge. The record-breaking success of the Challenge would not be possible without their valued contribution. Notably, Arcadia University received Honorable Mention for raising over $3,000. The University of Pittsburgh received third place in the 2015-2016 Challenge by raising $30,740.

This year’s top fundraisers include:

1st Place: Virginia Commonwealth University
2nd Place: Mercer University
3rd Place: University of Pittsburgh

As the top fundraiser, Virginia Commonwealth University will serve as co-host for the 2016-2017 VCU-Marquette Challenge, which is underway.

The Challenge annually supports grants, scholarships and the rigorous peer review process which results in the awarding of all Foundation scholarships and grants. Karin Grävare Silbernagel, PT, PhD, ATC an Assistant Professor in the Department of Physical Therapy at the University of Delaware, is the recipient of the 2015 Pittsburgh-Marquette Research Grant. Her project will examine Achilles tendon ruptures and the evaluation of their recovery. The Challenge also funded a PODS I Scholarship in 2016, which was awarded to Allison Gustavson (Kosir), PT, DPT of the University of Colorado - Anschutz Medical Campus.
Faculty and students of PT and PTA programs in the state of Pennsylvania are encouraged to visit the Foundation’s Web site at www.Foundation4PT.org or call the Foundation at (800)-875-1378 to learn how they can support the Foundation for Physical Therapy and physical therapy research through the VCU-Marquette Challenge. Contributions for the 2016-2017 VCU-Marquette Challenge should be submitted by the April 27th, 2017 deadline. Donations are tax deductible and can be made online at Foundation4PT.org or sent to its headquarters at 1111 N Fairfax St, Alexandria, VA 22314.

**About the Foundation for Physical Therapy**

The Foundation for Physical Therapy was established in 1979 as a national, independent nonprofit organization dedicated to improving the quality and delivery of physical therapy care by providing support for scientifically-based and clinically-relevant physical therapy research and doctoral scholarships and fellowships.

Over the last 37 years, the Foundation has awarded more than $17 million in research grants, fellowships, and post professional doctoral scholarships to more than 576 emerging scientists. Foundation-funded researchers have gone on to receive an estimated $753 million in external funding from the National Institutes of Health and other sources. Many of today’s leading and emerging physical therapist researchers, clinicians, and academicians began their careers with a grant or scholarship from the Foundation.

To learn more, visit Foundation4pt.org.

For more information, email info@foundation4pt.org or call (800)-875-1378.
ARCADIA UNIVERSITY

Welcome New Faculty

Kshamata Shah, PT, PhD, received her Bachelors in Physical Therapy from Maharashtra University of Health Sciences in Mumbai, India and practiced in acute care and outpatient clinical settings prior to earning a PhD in Movement Science from Washington University in St. Louis. More recently, she completed her post-doctoral training at Arcadia University. In her role as Director: Education for International Physical Therapists at Arcadia University, she works with students and faculty in the post-professional programs to ensure that students have a quality learning experience while continuing to grow Arcadia’s presence nationally and internationally. Dr. Shah collaborates on a multi-site grant focused on examining the effects of pain and exercise on muscle neurophysiology in patients with rotator cuff tendinopathy and funded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases, a division of the NIH. Her overarching research goal is to examine the mechanisms and predictors driving a patient’s recovery in those with rotator cuff diseases and metabolic disorders. In her spare time, Dr. Shah enjoys spending time with her family here and in Mumbai, India, cooking and watching movies. She also loves to travel and is always looking for the next fun adventure.

Ann Tokay Harrington, PT, DPT, PhD, PCS, received her BS in Biology with a Vertebrate Physiology option from Pennsylvania State University and her entry-level DPT from Arcadia University. She completed her PhD in Biomechanics and Movement Science with an Applied Exercise Physiology focus and Master of Science in Health Promotion at the University of Delaware. Dr. Harrington completed a post-doctoral fellowship in Orthopedic Applied Physiology under Dr. Philip McClure at Arcadia University and also served as an adjunct at Arcadia prior to joining the faculty in a full-time capacity. She has been employed at the Children’s Hospital of Philadelphia (CHOP) since 2004 and will maintain her position there as a Research Scientist, member of the Physical Therapy Scientific Review Committee and Rehabilitation Database Task Force at CHOP. Her research focuses on the development of novel exercise interventions for children and adolescents with neurological or neuromotor impairment and she has received funding from the Foundation for PT and the Pediatric and Orthopedic Sections of the APTA. Dr. Harrington is an active member of the APTA and serves as Membership Chair of the American Academy of Cerebral Palsy and Developmental Medicine.
Faculty Awards

Congratulations to Dr. Carol Oatis, PhD, PT, who is receiving the 2016 Addie Thomas Service Award from the Association of Rheumatology Health Professionals at this Fall's national meeting. The award is presented to an ARHP member in honor of the Association’s first president and recognizes individuals who have been an active volunteer involved with local, regional and national arthritis-related activities.

Students Travel for Pro Bono Experiential Learning

This summer, Arcadia’s PT Program hosted an interdisciplinary pro bono trip to San Pedro, Ambergris Caye, Belize. 17 students, professors and alumni from Physical Therapy, Genetic Counseling, Physician Assistant, Public Health, Education, International Peace and Conflict Resolution/Counseling worked together over two weeks in the local PolyClinic, Lion’s Den and local classrooms. Home visits were also conducted. The PT portion of these visits was led by Dr. Karen Sawyer and Dr. Kris von Nieda and focused on treating Belizeans with neurological conditions. The home visits led by alumna Dr. Kaity Kobayashi focused on treating children with special needs. Arriving just 3 days after Hurricane Earl hit the islands, the team also helped with relief efforts.


**Physical Therapist Education in the 21st Century**

Dr. Laurie Hack, PhD, PT, FAPTA, visits Arcadia University on November 28 at 7:00 pm to present the key findings, recommendations and action steps derived from the National Study of Excellence and Innovation in Physical Therapist Education. Arcadia’s PT program is delighted to have been selected as one of the programs studied in this important work.

**Faculty Symposium Course, October 15, 2016**

More than 100 people attended Arcadia PT’s 2nd Annual Faculty Symposium: “Rehabilitation of Older Adults: Consensus and Controversies.” Coordinated by Dr. Kate Mangione, the course explored current advances, primary research findings, and evidence-based approaches to patients with TKA, balance & strength disorders, frailty, and dementia. Speakers included premier faculty from multiple institutions.

**Continuing Education Course, March 18-19, 2017**

The annual Arcadia/Beaver/Penn Physical Therapy Alumni Association continuing education course features Dr. Shirley Sahrmann, Professor Emeritus of Physical Therapy at Washington University School of Medicine. She will present “Movement System Impairment Syndromes of the Lumbar Spine and Hip: Interactions and Evidence.”

Please follow this link for more information and to register: https://www.arcadia.edu/college-health-sciences/departments-faculty/physical-therapy/continuing-education

**CCAC – BOYCE CAMPUS**

The Fall 2016 semester began with 21 returning second year students and 30 newly admitted first year students. Elections for the class of 2018 included:

- Grace Kosko, President
- Sierra Shepherd, Vice-President
- Michala Suter, Treasurer
- Tammy Bodnar, Secretary
- Amanda MacMurchy, Education Liaison

The fall has been busy for the faculty and students with the following activities:

Three, 2nd year students Danielle Mazur, Erin Rickert, and Alane Robinson were chosen to be student volunteers at the PPTA Annual State Conference in Lancaster, PA on October 28-30, 2016.

Hosted PPTA Reimbursement and Regulations Update October 13, 2016.
The 20th Annual Alumni Poster Night was held on Thursday, November 10, 2016. Started in 1997, Poster Night provides graduating 2nd year students an evening before finals to showcase their academic work via their poster and portfolio. It also provides a means of program feedback from program graduates as well as an opportunity to discuss current PT/PTA issues.

The Student Physical Therapy Association held several service learning projects for Physical Therapy Month in October including collecting school supplies for a school in Louisiana effected by flooding, and a winter coat drive for the East End Cooperative Ministries. They are also conducting the fifth annual Help Give Thanks: 2016 in collaboration with the Woodland Hills High School Interact Club and Churchill Wilkins Rotary Club to provide 50 complete Thanksgiving dinners to feed a family of 4-6 members through food/turkey donations to the Rainbow Kitchen Community Services in Homestead, PA.

Carol Stokes, PTA, Associate ACCE received the Steven Kolumban Outstanding Physical Therapist Assistant Award at the PPTA Annual Conference in Lancaster, PA on October 29, 2016.

Community College of Allegheny County (CCAC) celebrated their 50th Anniversary Gala on November 19th at the Wyndham Grand in Pittsburgh, PA where Carol Stokes received medallion as one of the 50 Distinguished Alumni Honorees selected from more than 1 million students who have attended CCAC.

TEMPLE UNIVERSITY

Faculty in the physical therapy department have been active conducting research, receiving awards, and presenting at conferences. Recent publications include Dr. Carole Tucker’s four publications in the Journal of Developmental & Behavioral Pediatrics, Clin Biomech, J Pediatr Psychol, and American Journal of Occupational Therapy; Dr. Scott Burn’s publication in JOSPT on cervicothoracic manual therapy for shoulder pain; and Dr. Anne Galgon’s publication in the Journal of Athletic Training on concussion evaluation.

Dr. Tucker recently received an internal data science grant for a project entitled “SMART System: Survey and Measurement using Avatar and Robotic Technology.” She also received a Children’s Hospital for Philadelphia award for the validation of pediatric patient reported outcomes in chronic diseases (PEPR) Consortium. Dr. Galgon was awarded the PPTA Neurology SIG Clinical Excellence Award at the PPTA 2016 conference. Dr. Mary Sinnott was elected to the APTA Education Section’s National Interprofessional Education Consortium (NIPEC) Board of Directors.
For conferences presentations, Dr. Burns presented a platform at the AAOMPT conference on manual therapy and exercise for low back pain. Dr. Tucker presented at EMBC 2016 Empowering Individual Healthcare Decisions through Technology Conference on “Automated Assessment of Postural Stability System.” Dr. Galgon presented at the October APTANJ state conference on “Management of Typical an Atypical BPPV.”

Temple faculty and students are continually reaching out to their community. The Department of PT provides continuing education open to community physical therapists in areas of orthopedic management for upper and lower quarter pain. Dr. Galgon also started a course series “Pathway to Advance Practice in Vestibular Rehabilitation,” with the first course successfully taught last November. Dr. Bill Egan recently spoke on a panel to discuss international challenges regarding opioid use. Dr. Heidi Ojha is on an APTA taskforce to promote physical therapy health and wellness among U.S. employer work-groups. Finally, the North Broad Physical Therapy Center, a student-run/faculty-advised pro bono PT Center, has been a great service to the North Philadelphia community since its opening in January 2016. Beyond providing clinical services, the Center holds multiple community events such as the 5k benefit run recently held on Temple Main campus.

UNIVERSITY OF PITTSBURGH

Faculty News

Professor and Associate Dean of Graduate Students, Kelley Fitzgerald, PT, PhD, FAPTA, received an R21 grant from the National Institutes of Health in collaboration with Washington University in St. Louis. The title of the project is “Movement Pattern Training in People with Intra-Articular, Pre-Arthritic Hip Disorders.” Fitzgerald is the principal investigator for the University of Pittsburgh.

Department of Physical Therapy Assistant Professor Allyn Bove, PT, DPT, presented at the American College of Rheumatology’s annual meeting in November in Washington, D.C. The title of the poster was “Does Receiving Physical Therapy for Knee Osteoarthritis Impact Downstream Healthcare Utilization?” Professor and Associate Dean of Graduate Students Kelley Fitzgerald, PT, PhD, FAPTA, and Assistant Professor Chris Bise, PT, MS, DPT, OCS, are co-authors.

Students

Four students from the DPT Class of 2017, Shayna Spano, Mike Turnwald, John Schneider and Becky Russell, volunteered at the Ossur Running and Mobility clinic in Pittsburgh sponsored by the Challenged Athlete Foundation. The students assisted approximately 40 experienced athletes and new runners with prostheses on running techniques and methods. An obstacle course was set up at the end of the session.

Third-year DPT students organized a Physical Therapy Day of Service in October at Schenley Gardens Senior Living Community in Pittsburgh. The students provided education to 15 residents on fall prevention, home safety and nutrition. The event was part of a national effort of community service for physical therapists.
UNIVERSITY OF THE SCIENCES

USciences PT:

Combined Section Meeting (CSM) San Antonio 2/15-18/2017

USciences will hold an alumni and friends’ reception 2/16/17, at 6:30 Hilton Palacio del Rio, Rm La Reinia. Contact Eric Folkins e.folkins@usciences.edu.

Annual Leahy Seminar

On 10/6/2016, Dr. Michele Lobo, PT, PhD, Department of PT at UDelaware, presented “FUNctional Fashion & Wearable Technology: How Clothing & Soft/DoIt Yourself Devices Can Improve Function, Independence, and Quality of Life for Individuals With Physical Disabilities”.

DPT 10th Anniversary Celebration and CE Program/Alumni/Fall Fest Weekend

On 11/5/2016, USciences’ PT Department celebrated with a neuro and ortho continuing education event for 42 clinicians taught by our own Dr. Margie Roos, Dr. Dave Logerstedt, and previous faculty, Dr. Lisa Hoglund.

Beast of the East Rugby Tournament:

The 27th annual wheelchair rugby tournament was held at the Riverwinds Community Center in West Deptford, NJ with support from our first-year DPT students on 11/12-13/2016.

FACULTY: In November, Mike Knapp, PT, DPT, OCS, SCS, MTC, Cert. MDT, joined USciences. Mike will be teaching in the musculoskeletal track.

PRESENTATIONS (CSM):

Sports Physical Therapy Section:
TITLE: "Influence of Patient Demographics and Graft Type on ACL Second Injury Rates in Ipsilateral vs. Contralateral Knees: Systematic Review"
AUTHORS: Gabrielle Adams; Olivia Pryzbylkowski; David Logerstedt

TITLE: "The Effect of Kinesio Tape on Quadriceps Motor Unit Activation"
AUTHORS: Marc Campolo; Farryn Kauffman; Matthew Hyland; Jennifer Freda
Orthopedic Section
TITLE: "Cervical Traction Training Program: Utilizing Biofeedback and Motor Learning Principles"
AUTHORS: Eric Folkins; Thomas Buklarewicz; Lisa Hoglund; Francis Ryan; Yaroslav Sokolovskyy; Zachary Theinert

Education Section
TITLE: "Exploring the Influence of Clinical Experience on Students’ Prioritization of Core Values"
AUTHORS: Michele Lewis

 PLATFORMS:
Education Section
TITLE: Interprofessional Education: Transitions of Care
PRESENTER: Dr. Lora Packel
AUTHORS: Lora Packel; Heather Kluzaritz; Varleisha Gibbs; Diane Hadley; Caroline Doherty; Matthew Kearney

Oncology Section
TITLE: A 12-Week Pragmatic Exercise and Stress Management Program for Cancer Related Fatigue
PRESENTER: Dr. Lora Packel
AUTHORS: Lora Packel; Elizabeth Handorf; Michelle Rodoletz; Carolyn Fang

POSTERS:
TITLE: Determine Walking Activity in People with Stroke and Healthy Older Adults: A comparison of high and moderate intensity walking minutes.
AUTHORS: Margie Roos; Courtney Heys; Aisa Pinckney; Stephanie Czastkiewicz; Thomas Wintringham
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