

CALENDAR OF EVENTS

Spring Chapter Meeting

Wednesday, April 10
Del Tech Terry Campus
Dover, DE
Location and time: TBA

Pre House of Delegates Meeting

Wednesday, May 8
Location and time: TBA

Summer Lecture Series

Wednesday July 17
Newark, DE
Location and time: TBA

3rd Annual Golf Classic

Tuesday, August 6
Maple Dale Country Club
Dover, DE
Tee Time: 1:00 pm

Sussex County Annual Meeting

Wednesday, September 25
ATI Physical Therapy
Rehobeth Beach
Details: TBA

DPTA Annual Meeting

Thursday, November 7
University of Delaware,
Newark
Details: TBA

PLACE YOUR AD IN THE DPTA NEWSLETTER! Advertising inquiries should be made to Chris Collins at delaware@apta.org or 800/999-2782, ext 3235. Rates: halpage, \$175; fullpage, \$350. Display ads must be camera ready. Extra fee charged if art is required. *The DPTA Newsletter* is available online at www.dptaonline.com, and it is published 3 times a year: winter, spring, and fall.

Delaware Physical Therapy Association
A chapter of the American Physical Therapy Association

DPTA

NEWSLETTER

www.dptaonline.com

Spring 2013

PRESIDENT'S MESSAGE FROM GEORGE T. EDELMAN



DPTA President
George T. Edelman,
PT, MPT, OCS, MTC

We are approaching 400 DPTA members! It is likely that we will surpass this number some time in 2013. As president, my mantra from day 1 has been for us to join together and demonstrate to the citizens of Delaware, the legislative leaders, and the third-party payers our value as a profession. It is easy to become discouraged when third-party payers discount our services with computer-generated denials and judgments that proclaim our services "not medically necessary." Each month, the research continues to support our value to the medical industry and to our patients. We have such a unique skill set. At CSM in San Diego, and previous nationally coordinated meetings, I am always amazed by the advancements in our profession. The commitment from our seasoned clinicians at CSM is inspiring. We have so much to offer! As our numbers continue to grow, now is the time to unite and flex our muscles.

Medicare has made some changes for 2013. I encourage you to review the Payer Relations article in this newsletter for the updates. Of particular interest, is the section, "Mandatory Functional Limitations Reporting." In addition, all providers are expected to participate in the PQRS reporting. Last year, only 16% of PT providers in the country participated in PQRS. Medicare is now implementing a penalty for those who do not participate. And last, there are proposed changes in MPPR. APTA has done a fantastic job paying attention to the changes and posting updates on their webpage for members to review. We still have time to speak up regarding the proposed MPPR changes.

DPTA is looking forward to offering many exciting educational opportunities to our membership in 2013. The Deer Park Summer Lecture Series continues to be a success. We have a speaker lined up for our fall education session. An ethics course will be required for this upcoming licensure cycle and, as a result, we plan to arrange an ethics course free to our membership some time this year. The third annual golf tournament is scheduled for August 6, 2013. We plan to update our webpage to make it more user-friendly. Please stay in touch and frequent dptaonline.com for updates on this year's events. See you soon!

DPTA ELECTED OFFICERS

PRESIDENT George T. Edelman
VICE PRESIDENT Phil Allen
SECRETARY Lynne Sturgill
TREASURER Douglas Patrick Huisenga
CHIEF DELEGATE Stacie Larkin
PTA CAUCUS REP Jason Dougherty

DPTA EXECUTIVE DIRECTOR

Chris Collins
1111 N Fairfax Street
Alexandria, VA 22314
800/999-2782 x 3235
Fax: 703/706-8575
delaware@apta.org

APPOINTED COMMITTEE CHAIRS

ETHICS Cathy H. Ciolek
FEDERAL GOVERNMENT AFFAIRS Peter Coyle
GOLF TOURNAMENT Phil Allen
LEGISLATION Glenn Brown
MEMBERSHIP Kitt Iffland,
Jennifer Joy Thomas
NEWSLETTER Phil Allen

NOMINATING COMMITTEE

Steve Rapposselli

PAYER RELATIONS George T. Edelman

PROGRAMS & EVENTS Rebecca Tinsman

DPTA NEWSLETTER EDITOR

Philip Allen
pallen@mxpt.net



WELCOME, NEW MEMBERS!

Mirko Bajlovic, SPT
Jennifer Lynn Bogia, PT
Ethelind C. Cahigas, PT
George Samuel Heckert, SPTA
Sarah Hickman, SPT
Mellissa Higgins, PT

Job Jean, SPT
Keith David Mushinski, PT, DPT
Hanna Marie Whaley, SPT
Rowena Rodriguez Pamplona, PT
Emma Phibbs, SPT

Delaware Physical Therapy Association
1111 N. Fairfax Street
Alexandria, VA 22314



FIRST CLASS
U.S. POSTAGE
PAID
PERMIT NO. 853
ALEXANDRIA, VA

PAYER RELATIONS UPDATE

FROM GEORGE T. EDELMAN

MEDICARE FUNCTIONAL LIMITATION REPORTING FOR THERAPY SERVICES

Beginning in 2013, physical therapists, occupational therapists, and speech language pathologists providing outpatient therapy services must submit information on the claim form regarding their patient's functional limitations. The functional limitation data collection requirement applies to outpatient therapy services provided by hospitals; critical-access hospitals; skilled-nursing facilities (Part B); comprehensive outpatient rehabilitation facilities; rehabilitation agencies; home health agencies (Part B); and private offices of therapists, physicians, and nonphysician practitioners. The functional reporting requirement was mandated by the Middle Class Tax Relief Act of 2012 and CMS intends to use this information in the future to reform payment for outpatient therapy services.

Under this new rule, nonpayable G-codes and modifiers will be included on the claim forms to capture data on the beneficiary's functional limitations at the outset of the therapy episode, at a minimum every 10th visit, and at discharge. Additionally, the therapist's projected goal for functional status at the end of treatment will be reported at these same time intervals. Modifiers will indicate the extent of the severity of the functional limitation.

The reporting of the functional limitations on the claim form was implemented on January 1, 2013. To assure smooth transition, CMS set forth a testing period from January 1–July 1. After July 1, 2013, claims submitted without the appropriate G-codes and modifiers would be returned unpaid.

Please see the [APTA Functional Limitation Reporting Under Medicare](#) webpage for further details. We will be adding additional resources to the webpage throughout the next several months to assist members with the implementation of these new reporting requirements. In addition, APTA will be recording a webinar that provides an overview of the functional limitation reporting requirements on December 13, 2012, which will be available to members for download.

AETNA CLARIFIES THAT CODES 97001/97002 ARE NOT INCLUDED IN POLICY CHANGE

In communication with New York Chapter leaders, Aetna has clarified that codes 97001 and 97002 are not included in a policy change published on [page 2](#) in its September 2012 OfficeLink Updates.™

The publication includes an updated policy for evaluation and management codes billed by certain nonphysician provider types, which became effective December 1, 2012. The policy states that evaluation and management codes will not be allowed for physical therapists, occupational therapists, speech therapists, audiologists, dietitians, and nutritionists. Aetna representatives have confirmed that the policy applies to codes in the 992xx series and will not be billable by physical therapists. However, physical therapists will continue to be able to report 97001 and 97002 for evaluation and reevaluation.

OPTUM PHYSICAL HEALTH: CREDENTIALING PROCESS USING CAQH

Credentialing is the process of validating qualifications of licensed professionals to assess their education, training, experience, and licensure status. In the past, individual therapists weren't always required to complete individual credentialing applications for each provider; they were considered part of a group or facility. Now, most government programs, health plans, and other organizations require credentialing of every individual therapist.

Optum Physical Health, as well as many health plans, networks, facilities, and other organizations, participates in the Council for Affordable Quality Healthcare's (CAQH®) Universal Provider DataSource (UPD®). This online application process allows you to complete a single, web-based application that can be submitted to any organization participating with CAQH. This tool eliminates the mailing of paper applications, decreases the time spent completing separate applications for each organization, and streamlines the applica-

tion gathering process for the organization.

You can obtain CAQH user IDs and passwords when you seek affiliation with an organization participating with CAQH. Subsequently, you give CAQH permission to allow other organizations access to your online application data. Quarterly, you will be asked to review, update, and attest that your CAQH application information is current and correct. If you would like additional information about CAQH's UPD, please visit the website at upd.caqh.org/oas.

Once an organization downloads your application, they are responsible for primary source verification of professional licenses, education, liability insurance, etc, as well as querying various databases to determine if you have had any disciplinary actions, disbarments, or malpractice history. The organization's credentialing committees then approve or deny participation based on the verifications gathered.

To make the credentialing application process easier, put together a folder with all the following documents and keep it updated:

- Education documents: Diplomas and certificates, as you will need to provide the name of each institution and program, dates attended, specialty, completion date, etc
- Licenses: Keep historical copies of all licenses as you will need to provide license numbers, issue and expiration dates, and sometimes current copies of licenses.
- Professional liability insurance policies: Keep historical copies of all carriers, dates of coverage, amounts of coverage, as you will need to provide coverage history as well as copies of current policies that show you are covered by that policy.
- Any professional IDs: Medicare, Medicaid, UPIN, MPN, workers' comp, etc.
- Certificates: BLS, CPR, ACLS, etc.
- Practice location history: Address, phone and fax numbers, e-mail

(Continued on page 4)

DPTA STUDENT SPECIAL-INTEREST GROUP

Greetings physical therapist and physical therapist assistant students! The Student Special-Interest Group is an organization run by student PTs/PTAs of the state of Delaware, with goals of increasing student knowledge of current issues in physical therapy, promoting advocacy within our state, facilitating social and professional relationships between PT and PTA programs of DE, and promoting student involvement in educating our local community of the physical therapy profession. Our group is fairly new to the DPTA, and we are eager for your support and involvement!

With the University of Delaware DPT program and Delaware Technical and Community College PTA program being the only 2 physical therapy programs in the state, we are in a unique position to become a strong, unified organization. It is my goal as chairperson to lay the groundwork for an organization that will play an integral role in student involvement and community volunteerism within the Delaware physical therapy professional community. However, we need your help!

In the coming months, your student officers and I will be planning such events as a PT/PTA student social, SSIG chapter meetings, and a volunteer event to be held sometime in March or April of 2013. Information regarding these events will be passed along to you from your class representatives. Stay tuned for a fun and exciting 2013!

*Matthew Heim
SSIG Chairperson*

APTA STUDENT ASSEMBLY CORE AMBASSADOR: MATTHEW HEIM

Matthew Heim is currently representing the APTA's Student Assembly by serving as Delaware's core ambassador, a position formerly held by current Federal Liaison Peter Coyle. Heim is now in his final semester of the Delaware Technical and Community College of Wilmington PTA program, with plans to graduate in May of 2013.

APTA's Student Assembly is a student-run organization that seeks to promote student involvement in the advocacy of the physical therapy profession, as well as to keep students up to date with information passed down from APTA through a communication network called, "[The Loop](#)." In addition to his duties as core ambassador, Heim is serving as chairperson for the Student Special-Interest Group, which seeks to promote student involvement in volunteerism and to foster a social and professional relationship between Delaware PT/PTA students. To date, Heim is the first and only PTA student of Delaware to hold both core ambassador and SSIG chairperson positions.

A former New Jersey resident and Rutgers University alumnus, Heim plans to stay and start his career, as a PTA in Delaware, with his wife Rachael. He is excited to serve Delaware students as core ambassador.





join the conversation

JUNE 26-29 • SALT LAKE CITY, UTAH

CONFERENCE AND EXPOSITION OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

Learn from colleagues in a relaxed environment. Come to Salt Lake City and experience fresh, relevant sessions and energizing social events, or participate in selected sessions online with the virtual conference.

Hurry! Early bird registration ends April 22!
www.apta.org/Conference

Can't travel to Salt Lake City?

Join the conversation from your home or office via the APTA Virtual Conference. You get 5 sessions, 2 nationally acclaimed lectures, 10 virtual poster presentations, exclusive LIVE chats with presenters, social networking and CEUs! See complete details at www.apta.org/Conference/Virtual



REMEMBERING KENNETH SEAMAN

Long-time DPTA Member Kenneth Seaman passed away at his home on January 22, 2013. Ken spent the majority of his professional career as the academic coordinator of clinical education for the University of Delaware's Physical Therapy Program.

Ken was an active member of the multiple sclerosis community. He volunteered his time and talent with the Delaware Chapter of the National MS Society for over 17 years, acting as a board member for 7 of those years. Ken joined the respected Jimmie Heuga MS Center in 1990 as a medical staff member. In 1999, Ken founded a unique multidisciplinary, pro bono MS Assessment Clinic at the University of Delaware. In recognition for his service, Ken received the Jefferson Award in 2002 and was inducted into the National MS Society's Volunteer Hall of Fame in 2003.

Ken loved to run, bike, and surf, and he welcomed anyone who would like to join him. He had a big heart and will be greatly missed.



*Kenneth Seaman, PT, DPT, MA
(1950-2013)*



Platinum Sponsor

**Save
the
Date !**



The Delaware Physical Therapy Association

**3rd Annual Golf Classic
Tuesday, August 6th, 2013
Maple Dale Country Club**

**Shotgun Start 1:00 PM
Barbecue Lunch
On Course Beverages
Awards & Dinner**

**DPTA Members \$125
Non-Members \$155**

Please mark your calendars and plan to join us.

For more information contact:

Chris Collins, DPTA at 703-706-3238 chriscollins@apta.org
Philip Allen, PT, DPT at 302-226-2230 philip.allen@atipt.com

PAYER RELATIONS UPDATE *CON'D FROM PAGE 2* FROM GEORGE T. EDELMAN

address, office manager/contact names, EIN, office hours, practice status, etc.

- Work history: All places you have worked since completion of your training program, including explanation for any gaps in your practice history.
- References: Names of providers who can provide professional assessments of your capabilities (should not be related to you or current practice partners).
- Documentation on any disciplinary actions, investigations, or malpractice cases.

FINAL RULE POSTPONES ICD-10 IMPLEMENTATION UNTIL 2014

In August, the Department of Health and Human Services (HHS) made final a 1-year proposed delay—from October 1, 2013, to October 1, 2014—in the compliance date for use of ICD-10 codes.

The rule, adopting ICD-10 as a standard, was published in January 2009 with a compliance date of October 1, 2013—a delay of 2 years from the compliance date initially specified in the 2008 proposed rule. In February, HHS [announced](#) it would postpone the 2013 deadline in an effort to address the provider community's concerns about administrative burdens.

The final rule also establishes the standard for a national unique health plan identifier and a data element that will serve as an "other entity" identifier. This is an identifier for entities that are not health plans, health care providers, or individuals, but need to be identified in standard transactions. The rule also specifies the circumstances under which an organization-covered health care provider, such as a hospital, must require certain noncovered individual health care providers to obtain and disclose a National Provider Identifier.

APTA's [ICD-10 webpage](#) has resources to help physical therapists understand the transition to the new code set.

APTA RESOURCES

"MANAGED CARE CONTRACTING TOOLKIT" NOW AVAILABLE

APTA's Payment and Practice Management Department recently released a member-only toolkit to help PTs make informed decisions about joining a provider network. The *Managed Care Contracting Toolkit*, available at apta.org/Payment/PrivateInsurance, provides valuable information about joining a managed care plan, and securing and tracking contracts. A chapter on "doing the math" can help you decide which fee schedules, patient populations, and payment methodologies are best suited to your practice. The toolkit also breaks down the pros and cons of common payment methods used by third-party payers, and offers information on negotiating contracts.

CMS RESOURCES

CMS PUBLISHES 2013 ANNUAL UPDATE TO THE THERAPY CODE LIST

MLN Matters® Number MM8126 addresses the update of the therapy code list. 2013 updates include the addition of 2 "Sometimes Therapy" codes (G0456 and G0457, used for negative pressure wound therapy). It also adds 42 "Always Therapy" codes, which are non-payable and only used for functional reporting. The [article](#) is available at cms.gov.

MEDICARE CLAIM REVIEW PROGRAMS BOOKLET AVAILABLE FOR DOWNLOAD

The *Medicare Claim Review Programs: MR, NCCI Edits, MUEs, CERT, and RAC* Booklet (ICN 006973) was revised and is now available in downloadable format. This booklet is designed to provide education on the different CMS claim review programs and assist providers in reducing payment errors (in particular, coverage and coding errors). It includes frequently asked questions, resources, and an overview of the various programs, including Medical Review, Recovery Audit Contractor, and the Comprehensive Error Rate Testing Program.

MEDICAID, HEALTH INSURANCE EXCHANGE, AND ESSENTIAL HEALTH BENEFIT RESOURCES

APTA has signed off on Determining an Essential Benefits Plan for Rehabilitation and Habilitation Services and Devices: A Value-Based Approach. Accompanying the document is a suggested letter for use when sharing the document with regulators and policy makers. Development of the document was led by the American Congress of Rehabilitation Medicine. The purpose was to put forth guiding principles for the design of rehabilitation and habilitation benefit design as states identify their benchmark plans for insurance exchanges. The document is available on the Essential Health Benefit Resources webpage at apta.org/EHB.

A [map](#) available on APTA's website provides information on Medicaid contacts for each state as well as links to information regarding Medicaid coverage for physical therapy services. In addition, the map provides a picture as of June 2012 of where states stand in establishing their health insurance exchanges, and, when available, provides a link to the state's exchange website. APTA will update the map as information evolves on health insurance exchanges.

LEGISLATIVE UPDATE FROM GLENN P. BROWN

Workers' compensation is once again in the limelight in Delaware. The Delaware Compensation Rating Bureau (DCRB) made their annual rate filing, recommending a 43.53% increase in workers' compensation insurance premium rates for the residual market (companies that have been deemed higher risk and denied by other insurance companies) and a 38.27% increase in the voluntary market (the free market where companies can accept or reject firms applying for insurance). This came as quite a surprise to the Health Care Advisory Panel as we had not been presented any data that indicated that such a jump in premiums might occur. The business community has been outraged and called for a complete revamping of workers' compensation law to include concepts such as employer directed care and a Medicare-based fee schedule. However, while increasing payments for medical treatment was the primary cost-driver, insufficient data exists to identify these specific cost-drivers within medical payments.

After 2 public meetings and a public hearing by the insurance commissioner's office, and 2 independent actuarial reviews contracted by the insurance department, the DCRB and the insurance department agreed to a compromise. On January 4, the insurance commissioner announced that rates would increase 19% for the residual market and 14% for the voluntary market. After 3 consecutive years, resulting in reduction of premiums followed by 1 year of a modest increase, many factions (businesses, legislators, government officials, etc) are very disappointed with any increase in premiums. The Health Care Advisory Panel will be working hard to obtain specific data to identify true cost-drivers and make the appropriate modifications in the Workers' Compensation Health Care Payment System to facilitate reduced costs without adversely affecting quality of care. Any and all questions, suggestions, and concerns are welcome. I can be reached via e-mail at sportspt@comcast.net.



Glenn P. Brown, PT, ATC, SCS

MEMBERSHIP UPDATE FROM KIT IFFLAND

Hello fellow DPTA members!

I would like to introduce myself, Kit Iffland, as the 2013 Membership Committee chairperson for the Delaware Chapter of APTA. I congratulate all of you on making the decision to become an APTA member, contributing the power of your voice to the crucial legislative and regulatory arenas that are so vital to protecting and enhancing your career and profession.

There are so many benefits of membership, and I hope you have the opportunity to take advantage of all of them! Career development, easy access to evidence-based practice, public relations and marketing tools, discounts on insurance and financial products, advocacy for proper payment and high-quality patient care, online access to a number of publications to enhance your physical therapy practice—to name a few.

Currently, our chapter has a total of 391 PTs, PTAs, and student members. We are planning some exciting social events, including a happy hour in conjunction with the continuing education series in July at the Deer Park, a beer tasting at Twin Lakes Brewery in the spring, and other events to be announced. Come and get your CEUs, bring a friend, and enjoy networking and socializing with other members of your profession at these local events.

I am looking forward to meeting you at our upcoming chapter events. Feel free to contact me with any questions that you may have about membership at kiffland@atipt.com. Keep your eyes out for e-mails containing details for upcoming membership events.

In conclusion, I would like to thank JJ Thomas for volunteering her time in the past 2 years to lead the chapter activities for membership. I hope to continue her work in growing the DPTA membership and, together, make an invaluable investment in our future!

PTPN INTRODUCES NEW SERVICE TO HELP REHAB THERAPISTS “FUTURE-PROOF” THEIR PRIVATE PRACTICES, REDUCE COSTS AND INCREASE REVENUE

Reprinted from PTPN.com

PTPN NEXUS OFFERS INNOVATIVE ALTERNATIVE TO TRADITIONAL NETWORK MODEL IN 2 DOZEN STATES

PTPN, the country’s premier network of rehabilitation professionals in private practice, today announced the launch of [PTPN Nexus](#), a community of therapist owners that helps members “future-proof” their practices, reduce costs and increase revenue. PTPN Nexus provides therapists with expert advice and resources not offered by traditional network and association models, to help them better run their businesses and their practices. With the addition of PTPN Nexus in more than two dozen states where it does not currently operate, PTPN will have a presence in all 50 states.

“Private practice owners are facing challenges unlike any we’ve seen in PTPN’s 27-year history, including lower reimbursements, soaring costs, emerging technologies, and seismic shifts in the healthcare industry,” said PTPN President Michael Weinper, PT, DPT, MPH. “We developed PTPN Nexus to offer therapists in states where PTPN doesn’t operate a traditional network model as a way to transform confusion and chaos into opportunity and success. They get affordable, comprehensive resources so they can work smarter—not harder—to boost their bottom lines and safeguard the future of their practices.”

The resources of PTPN Nexus include:

- **Group purchasing discounts.** Preferred vendor discounts save therapists thousands of dollars every year on everything from equipment, supplies and billing services to online continuing education, cash-pay fitness programs and professional liability insurance.
- **Political advocacy.** PTPN’s lobbyist ensures that PTPN Nexus members have an advocate on Capitol Hill as Congress, CMS and others are changing the healthcare landscape. The PTPN Political Action Center provides information and action alerts on issues important to therapists so members can stay informed and involved.

- **Consumer marketing.** Therapists access easy-to-use training, education and other resources through [Physiquality](#), PTPN’s consumer brand, to launch and/or enhance cash-pay fitness/wellness services to build an alternative revenue stream to declining reimbursement. PTPN’s social marketing resources help therapists leverage the power of Facebook, Twitter and other web tools to market their practices in new ways.
- **Leadership and expert advice on seizing opportunities for growth.** PTPN Nexus helps therapists understand and make the most of new regulations and programs, like Medicare’s PQRS incentive (soon to be penalty) and healthcare reform legislation involving ACOs (Accountable Care Organizations) and Pay for Performance.
- **Access to experts in clinical subjects, practice management and other key areas.** Practitioners have convenient access to clinical literature each quarter through PTPN Clinical Focus and may consult with PTPN Nexus experts on clinical, compliance, billing/reimbursement, and other questions.

The regular price of a yearly PTPN Nexus membership is \$1,600, but private practitioners will be able to take advantage of an introductory price of \$750 for a limited time. It is offered only in states which do not already have a PTPN network. “In the states where we’re launching PTPN Nexus, private practitioners wouldn’t benefit from the traditional PTPN model at this time, given local market conditions,” explains PTPN Vice President Nancy Rothenberg. “The full PTPN network model includes all of the features of PTPN Nexus, plus managed care contracting. With PTPN Nexus, practitioners in states that may not be in need of a statewide contracting entity can still enjoy a variety of benefits that will make their practices stronger and their futures brighter,” Rothenberg adds.

Rothenberg notes that a typical PTPN Nexus member can save 10 times as much as the yearly fee. To calculate the potential savings and revenue possible as a member of PTPN Nexus, practitioners can use the [Calculate Your ROI tool](#).

To find out more about PTPN Nexus, contact PTPN at 800-766-PTPN or ptpnnexus@ptpn.com.

Student Corner

NEWS FROM UNIVERSITY OF DELAWARE DPT PROGRAM—CLASS OF 2013

The University of Delaware Class of 2013 hope you and your family enjoyed a wonderful holiday, and we would like to wish all the DPTA members a very happy and healthy new year!

Congratulations to our classmates, mentors, and friends in the UDPT Class of 2012 on their recent graduation! The Class of 2013 wishes them nothing but success, fulfillment, and continued growth in their careers as physical therapists. Their hard work, perseverance, and dedication to the program have truly paid off, and we are incredibly proud and excited for our UDPT colleagues!

We also are very proud of our “first-year” classmates in their completion of their first full semester at UDPT! They have shown

great promise and skill, and we cannot wait to see what they will accomplish next!

The UDPT Class of 2013 is very excited to move into our last full year of physical therapy school. Now that each student in our class completed a full-time, off-site affiliation and at least 1 integrated clinical experience, we look forward to fine-tuning our patient care skills and completing our physical therapy course work. We continue to look onward and upward as we approach a new year, eager for the challenges and opportunities that it may bring!

*Danielle Cherry, SPT
President, UDPT DPT Class of 2013*

NEWS FROM DELAWARE TECHNICAL AND COMMUNITY COLLEGE—OWENS CAMPUS CLASS OF 2013

Students of the Class of 2013 wrapped up an intensive fall semester this past December and are very excited to begin their final semester this January. Students began the fall semester with fast-paced, 10-week orthopedic/neurologic pathology and treatment courses, followed by a 5-week, full-time clinical affiliation, which brought students to outpatient facilities and hospitals in NJ, PA, DE, and MD.

The Class of 2013 was not only able to meet the challenging schedule and course load required, but we excelled at our affiliations as we were armed with the knowledge obtained through the past year and a half of the program.

As for the spring semester, students of the Class of 2013 look forward to 2 additional clinical affiliations, a 5-week and an 8-week, as well as lectures in special topics for the PTA. We look forward to the challenges of the new semester and the New Year.

*Matthew Heim
President, DTCC SPTA Class of 2013*



Students of the Class of 2013, as well as the Class of 2014 took part in Delaware Tech’s annual Alumni and Friends 5k Run on the Wilmington Riverfront this past October. Delaware Tech recognized the PTA program for having the most participants than any other program in the school, showing the true family atmosphere our program provides and fosters.

NEWS FROM UNIVERSITY OF DELAWARE DPT PROGRAM—CLASS OF 2014

The University of Delaware class of 2014 would like to say that we hope you and your family had an enjoyable holiday and you will all enjoy a happy and prosperous new year. We are very excited to congratulate the Class of 2012 on their graduation and wish them all the best in their futures. We have just finished our first full semester of our program and would like to thank the faculty, administrative staff, and our fellow students who worked so hard and contributed so much to help us reach this point. We are thankful for their guidance throughout our courses in acute care, biomechanics, soft tissue modalities, and basic evaluation techniques and are excited to carry

this knowledge into our clinical experiences and future classes.

We are looking forward to the spring semester and our first integrated clinical experiences at UD. As we move forward into a new year, we are eager and ready to learn from the challenges and lessons it brings us.

*Jacob Holler, SPT
President, UDPT DPT Class of 2014*

NEURO-DEVELOPMENTAL TREATMENT IN THE SCHOOL SETTING

Kent County Community School (KCCS) serves approximately 180 students that range in age from birth to 21. Students at KCCS have a variety of medical diagnoses, including autism, cerebral palsy, down syndrome, and spina bifida; many students are medically fragile. These conditions manifest in a variety of disabilities, including physical, sensory, cognitive, and communication. Among the staff are 3 physical therapists, 4 occupational therapists, 1 certified occupational therapist assistant, and 6 speech-language pathologists. These specialists work together with the teachers and paraprofessionals in the classroom to design and deliver appropriate strategies to the students to help them benefit from special education. Examples of interventions from physical therapists include working on head and/or trunk control skills to be able to sit in class and mobility skills to be able to maneuver in the educational setting. Other examples include providing classroom positioning equipment to students who cannot sit in a regular chair at a regular desk and providing appropriate assistive devices for ambulation or wheelchairs for mobility.

Therapists at KCCS also instruct teachers and paraprofessionals on how to physically handle children with neurological and musculoskeletal impairments in order to facilitate optimal physical functioning in the educational setting. An important tool that KCCS therapists use is the Neuro-Developmental Treatment (NDT) Approach. The NDT Approach has evolved significantly from its inception by Berta and Karel Bobath in England in the middle of the 20th century.

KCCS therapists use NDT to manage individuals with central nervous system pathophysiology. A comprehensive assessment process identifies students' strengths and impairments, and a problem-solving approach is taken to address the impairments. NDT-trained therapists at KCCS have found the approach to be valuable in improving their assessment and handling skills. Knowledge gained from NDT training helps them train classroom staff and students' caregivers at home on movement disorders and how to address the disorders on a daily basis in the classroom and at home.

KCCS will be hosting "Introduction to Neuro-Developmental Treatment in Pediatrics" March 1–3, 2013. The instructor, Jane Styer-Acevedo, is a master clinician with experience across many settings, including inpatient, outpatient, home care, and early intervention. She is a senior adjunct faculty in the physical therapy program at Arcadia University and has authored multiple articles and publications. Styer-Acevedo has taught hundreds of NDT courses both nationally



Rebecca Gill, PT, DPT, C/NDT, is shown with a client at Kent County Community School.

and internationally. The didactic portion of the course will include NDT theory, client assessment, client treatment, and typical versus atypical development. Also included are movement labs and treatment demonstrations by Styer-Acevedo with children with neurological impairments. The course is highly recommended for physical and occupational therapists as well as speech-language pathologists who work with children with central nervous system disorders in any setting.

KCCS is planning on hosting a certificate course in NDT in 2015, and this intro course is highly recommended for individuals interested in taking the certificate course. For more information, contact Rebecca Gill, PT, DPT, C/NDT, at rebecca.gill@capital.k12.de.us.

REFERENCES

1. Howle JM. *Neuro-Developmental Treatment Approach: Theoretical Foundations and Principles of Clinical Practice*. Laguna Beach, CA: Neuro-Developmental Treatment Association; 2004.
2. Neuro-Developmental Treatment Association website. What is the NDT Approach? <http://www.ndta.org/index.php>. Accessed December 14, 2012.

LOOKING BEYOND VISION 2020



Stacie Larkin, PT, DPT, MED

Vision 2020 has served as APTA's official vision statement for the future of physical therapy since it was adopted by the APTA House of Delegates (House) in 2000. Although 2020 is still several years in the future, the 2011 House of Delegates adopted a motion prompting APTA to take steps to look beyond Vision 2020 and reflect the physical therapy profession's commitment to society.

In 2012, APTA's Board of Directors, the Vision Task Force, and the House of Delegates each participated in visioning sessions designed to look beyond the current vision and clearly articulate the profession's commitment to society. An environmental scan survey of APTA members followed, along with focus groups and interviews with thought leaders.

Using data generated by those exercises, the Vision Task Force drafted a new vision for the Board to review at its November 2012 meeting. The new vision captures the vital importance of movement to quality of life for all people and illustrates how the physical therapy profession serves society. Accompanying the new vision is a second document that elucidates the elements that support the new vision. The proposed vision is now being forwarded to the 2013 House of Delegates for consideration and currently reads as:

"The physical therapy profession will transform society by optimizing movement for all people of all ages to improve the human experience."

The proposed vision addresses the charge from the House of Delegates to go beyond the internal focus of Vision 2020 and reflect the contribution of the physical therapy profession to the health of society. The style of the vision statement, while considerably different from the style of Vision 2020, reflects current best practice in vision writing and is consistent with the style of vision statements of other organizations with whom APTA interacts.

For additional information about the proposed vision statement, please visit: www.apta.org/BeyondVision2020.

DPTA members who wish to provide input about the proposed vision statement are welcome to contact either Chief Delegate Stacie Larkin or President and Delegate George Edelman: slarkindpt@gmail.com or gtedelman@gmail.com. You also are invited to attend the open forum on May 8, where motions for the upcoming House of Delegates will be discussed and member input encouraged. Motions for the June House of Delegates will be shared with DPTA members via e-mail on May 6.

Stacie Larkin
Chief Delegate, DPTA

Improves Payment My APTA Improves Payment for Services



APTA membership gives me **free** or **significantly discounted** access to:

- ✓ An online Medicare Fee Schedule Calculator that provides payment details based on CPT code and geographic location
- ✓ The tools to help you navigate the reimbursement maze, including a discount on the price of the *2013 Coding and Payment Guide for the Physical Therapist*
- ✓ APTA staff consultations about the issues important to you—coding, claims denials, documentation, and other payment issues

To learn more visit www.apta.org/payment.



Not a Member Yet?
Visit www.apta.org/join
or call 800/999-2782, ext 3395 to join.