

# American Physical Therapy Association

## Academic Council Minutes

October 2, 2011  
Clearwater, Florida

Annual Meeting, Members Present: 112

### Presiding Officer:

Terry Nordstrom, PT, Ed.D.

The Annual Meeting of the Academic Council of the American Physical Therapy Association was held on October 2, 2011, in Clearwater, Florida.

Leslie Portney, President of the Academic Council, addressed the meeting at 8:30 a.m. and turned the meeting over to Vice President Terry Nordstrom, the presiding officer for this meeting. Vice President Nordstrom called the meeting to order at 8:36.

### **ESTABLISHMENT OF A QUORUM**

A quorum was present. A quorum shall consist of a majority of the total number of members. 197 institutions have identified a representative to the Academic Council, and 112 of the representatives were present.

### **APPROVAL OF THE MINUTES**

The minutes of the October 2, 2010 Academic Council meeting were approved with no additions or objections.

### **MOTION: ACADEMIC COUNCIL STANDING RULES**

Required for Adoption: Majority Vote

**FINAL – PASSED (Portney)**

**V-1 That the new Academic Council Standing Rules be accepted as a package.**

Support statement:

The current standing rules did not contain procedures for conducting the business meeting. The new rules contain these procedures.

Discussion:

Each item of the new standing rules were considered individually and amended as moved and voted by the Council. It was approved without objection that the Academic Council provide

editorial language clarifying that items 6-12 refer to the annual meeting only. The accepted standing rules appear as **Attachment 1**.

**MOTION: TERM OF THE CURRENT BOARD OF DIRECTORS**

Required for Adoption: Majority Vote

**FINAL – DEFEATED (Greenwald)**

**V-2 That the Board of Directors for the Council duly elected by the representatives of the group be requested to serve until the official status of the group is determined in 2013.**

Support statement:

Extending the term of the current Academic Council Board of Directors will provide continuity of leadership until the vote on component status occurs within the HOD.

Discussion:

Any individual member of the present BOD could run again and be reelected. There is a process in the standing rules describing the term as two years, and the vitality of the organization's leadership may well be enhanced by implementing these rules rather than extending terms.

**OPEN DISCUSSION**

The Board of Directors is to consider a proposal to adopt a position on best practices for mentoring students and new professionals. The Board will also consider forming a task force to examine standardization in physical therapy entry-level education. The Board will inform the nominating committee that elections are to be held in 2012 and develop rules for staggering board terms beginning with those elected in 2012.

Leslie Portney adjourned the meeting 11:45 a.m.

Respectfully submitted,

Dave Somers  
Secretary

**ATTACHMENT 1**

**Standing Rules for the Academic Council**

**(Rules 1-5, adopted by Council members, 10/2/2010; Rules 6-12, adopted by Council members 10/2/2011)**

**1. Term of Office**

The term of office of each member of the Board of Directors shall be two years, beginning on the day that Association staff announces the election of the individual and ending when Association staff announces the election of the individual's successor.

**2. Nominating Committee**

There shall be a Nominating Committee consisting of three members. The term of office for each member of the Nominating Committee shall be two years. The Nominating Committee shall foster activities that maintain and promote a pool of nominees.

**3. Nominations**

The Nominating Committee shall present the slate of candidates at an annual meeting of the Academic Council. At the time the slate of candidates is presented, additional nominations from the floor shall be in order. All individuals nominated shall consent to serve in writing prior to the ballot being published.

An individual may be nominated to be a candidate for only one position.

**4. Ballot and Consent**

The ballot will be published within four weeks after the annual meeting. The ballot shall contain the names of individuals nominated in accordance with the Standing Rules who have consented to serve if elected. An individual nominated from the floor may consent to serve by submitting a written consent to serve to Association staff by no later than seven days after the annual meeting.

**5. Elections**

All members of the Academic Council shall be entitled to vote for candidates for office. Members shall vote online and shall have the opportunity to vote during a period lasting at least 10 days, which shall begin no later than four weeks after the annual meeting. Election of the Board of Directors and Nominating Committee members shall be determined by a plurality vote.

**6. Presiding Officer**

The presiding officer for Academic Council meetings shall be the vice-president of the Academic Council. The Academic Council secretary shall record the actions of the meeting and prepare the minutes.

## **7. Committee to Approve the Minutes**

The Academic Council board of directors shall appoint a committee to approve the Academic Council meeting minutes. The committee to approve the minutes shall consist of two board members and one member at large. The committee shall be appointed in advance of the annual meeting and complete their work no later than 45 days after the annual meeting.

## **8. Motions**

Only Academic Council representatives may propose motions. Representatives shall submit proposed motions, including proposed amendments to the Standing Rules, to the Council's board of directors no later than 3 months prior to the date of the annual meeting. Motions that do not meet this 3 month requirement shall be considered upon a vote of 2/3 of those institutional representatives present and voting. The board of directors shall present motions to the Academic Council representatives no later than two weeks prior to the date of the annual meeting.

## **9. Eligibility to Speak and Vote**

All attendees may speak. Only Academic Council representatives may vote.

## **10. Conduct of the Meeting**

- a) A member wishing to speak shall rise, address the Chair, wait to be recognized, and give his/her name and institution. If a microphone is available, speakers will be recognized in the order of their lining up at the microphone.
- b) No member may speak longer than three minutes at one time on any one question, nor more than once until all who wish to speak have been heard.
- c) A member may speak for a third time, on any one question, only with the consent of the Chair or upon a majority vote of the members present and voting.
- d) A timekeeper shall be appointed by the Chair.
- e) In debate members must limit their remarks to the merits of a question.
- f) All questions of order or appeal shall be decided by a majority voice or standing vote by representatives present and voting.
- g) The rules contained in the current edition of Robert's Rules of Order shall govern the

Council in all cases to which they are applicable and in which they are not inconsistent with the Guidelines, these Standing Rules, or any special rules of order adopted by the Council.

**11. Designated Representatives, and Credentials**

- a) In the event a designated representative is unable to attend the annual meeting, the institution may designate an alternate for the meeting. The alternate must be an APTA member within the institution following the guidelines for being a representative established by the APTA Board of Directors and the process established by APTA staff.
- b) Staff will issue each designated representative a voting card for the annual meeting.

**12. Amendment of Standing Rules**

These Standing Rules may be rescinded, amended, or suspended with previous notice to the representatives as specified in Rule 8, and by a 2/3 vote of the representatives present and voting.

# American Physical Therapy Association

## Academic Council Meeting Notes

October 2, 2011  
Clearwater, Florida

### OPENING ANNOUNCEMENTS

Michael Matlock from the PT-PAC appealed to the membership for contributions. In response to questions, Mr. Matlock reported that \$300,000 was presently available within the PAC and 1.2 million had been raised during this fiscal cycle.

Members of the Board of Directors for the Academic Council were introduced.

### TASK FORCE REPORTS

The task force working on integrating clinical education into academic physical therapy reported 33 people were on the task force and a steering committee was appointed to focus the work of the task force. Several decisions have been made by the steering committee:

- The charge to the task force to develop a framework to integrate clinical education into academic physical therapy should be revised to eliminate the implication that clinical education is presently not integrated into academic physical therapy.
- Define the factors for change (e.g. inclusions/involvement; existing opportunities).
- Write a white paper on external forces impacting clinical education in physical therapy. Topics would include healthcare reform/change and potential responses to that change.
- Develop a conference for innovation and entrepreneurship in physical therapy education. Entrepreneurship was defined as the application of entrepreneurial principles that were successful in other arenas to physical therapy education with the goal of producing fresh ideas. These influences would exist within the context of the existing legal systems and external forces on physical therapy education and physical therapy.
  - New ideas present within business could be considered. One example is the blended value social model where business concepts are used to solve social problems rather than to protect a profession's "turf".
  - Care must be taken to ensure that other disciplines with whom physical therapy education may partner embrace our definition of entrepreneurialism.

The task force on benchmarks of excellence will be heavily involved in later programming at this educational leadership conference. Those activities will provide the substrate for future activities of the task force.

The task force working on building a collaborative community is divided into two portions; the structural integrity group and the communication group. The structural integrity group reported that the strategic plan divides their efforts into two phases. The short-term phase of establishing guidelines for running a business meeting was accomplished and was considered

at this business meeting. The long-term phase includes developing the guidelines for establishment of consortia and sub-councils. To launch the long-term phase, the structural integrity task force circulated a sign-up sheet for interested members to help move this phase forward, in part by identifying interest groups that might have an interest in forming a consortium. Those who volunteer will work with the structural integrity task force to develop a method for the formation of consortia and sub-councils.

The task force working on building a collaborative community through enhancing communication reported on the development of the newsletter, upcoming changes to our existing website, and the plan to develop a more sophisticated website. A volunteer who might want to serve as editor was solicited from the membership.

#### **FINANCE COMMITTEE REPORT**

The financial status of the Academic Council was reported. The Academic Council exists as an activity inside a program within the APTA. The expenses for the educational leadership conference are not yet known. Therefore, it is unclear whether or not the Academic Council will end the year with a surplus or a deficit. The majority of the reported expenses were associated with salaries for APTA staff that have greatly helped the Academic Council this year.

Several points emerged during the subsequent discussion:

- Presently, institutions contribute a voluntary assessment to support the work of the Academic Council, but membership does not require payment of the assessment. It is likely that the 2013 HOD will consider a bylaw change that permits the Academic Council to become an independent component within the APTA with institutional members. Only then can bylaws be developed that require payment of dues for membership.
- Budgeting for each year is important to do early. Presently, the Academic Council is an activity within a program of the APTA. As an activity within a program, our budget must go through several steps before being approved by the APTA BOD.
- The APTA provided the revenue for the Academic Council in 2010. APTA also committed to support the Academic Council during 2011 regardless of whether the Council experienced a surplus or deficit. If we experience a surplus, we will be proposing to the APTA BOD that we be able to retain the revenue as a reserve which will help us deal with the vicissitudes of functioning well after our budget is submitted.
- Much of the budget this year went to pay salaries of APTA staff that supported the Academic Council. Any apparent discrepancy between salary and payroll tax levels is likely the product of contracted services.

#### **OPEN DISCUSSION**

##### *Status of the Academic Council as a component*

Although the Council originally planned to propose bylaw changes to permit component status at the 2012 HOD, general bylaw revisions will be occurring in the 2013 HOD. Therefore, it was believed wise to prepare the necessary bylaw changes for the 2013 HOD. There may be a

non-bylaw motion made at the 2012 HOD.

### *Terms of the Board of Directors*

The complete turnover of the Board of Directors in 2012 or 13 (see minutes) would not be advisable because there would be no historical perspective and mentoring of new Board members. Therefore, it was recommended that the Board consider standing guideline or standing rule changes that would permit a staggered changeover of the Board of Directors to begin with a the members elected in 2012 (see minutes).

### *FSBPT report*

Margaret Donohue, President of FSBPT, presented the history of examination breaches through recall cheating of test takers that began in 2004. Fixed test dates eliminate the possibility of recall cheating. Four testing dates will be implemented in 2013 to enable the FSBPT to adequately analyze pretest questions and still provide immediate (within 1-2 weeks) results. Immediate reporting was heavily favored in the feedback received by the FSBPT. Students will be placed at testing centers on a first-come, first-serve basis, and may have to travel if they are untimely in registering. There has been no change on the first time test rate in the initial results from the first fixed testing date. There remains evidence of recall reproduction of test items even as the fixed testing date system has been implemented.

### *Concepts of standardization*

Leslie Portney presented areas for potential standardization between physical therapy educational programs. These were:

#### Admissions

- Deadlines
  - Applications
  - Interviews
  - Acceptance
  - Deposit
- Prerequisites
- Prior clinical experience
- References from PT, academic
- Technical standards

#### Clinical Education

- # FT experiences
- Length of clinical experiences
- Placement in curriculum
- Expected outcomes
- Required learning experiences
- Qualifications of CIs
- Regional affiliations

#### Calendars

- Curriculum start dates
- Graduation dates

#### Curriculum

- Length of program (# semesters)
- Comprehensive examinations

As it stands now, each program decides on these issues. This produces a wide variety of requirements for potential applicants. In addition, there may be disparity between the clinical education calendars used by several schools with which one clinical institution may interact. The institution must then track the calendar of each school in order to plan clinical education experiences. The discussion about standardization fell into several categories:

- Protecting the mission of the school/uniqueness of programs
  - Schools must adhere to their mission. Standardization has the potential to corrode the link between program mission and curriculum.
  - Creative, unique and efficient approaches to physical therapy education might be curtailed in the face of standardization.
- Standardization might produce creative ideas/benefits.
  - Perhaps the national physical therapy licensing exam could become part of the curriculum.
  - Feedback received by some is that standardization is valued and works well in clinical site requests. It is recognized that a tempered approach is perhaps best, to leave the room for uniqueness. Ideas such as several clinical calendars as opposed to limitless clinical calendars were discussed.
  - College advisors and counselors will have an easier time advocating for our profession and preparing students to apply.
  - Standardization could be set at a minimum level with programs having the option to have additional unique standards while still adhering to a national standard.
  - Standardization could be set while being voluntary. Some low hanging fruit like prerequisite courses could be easily met, while others could be considered.
  - Standardization could help to promote uniform outcome measures that could help programs assess their effectiveness in a uniform, comparative way with other programs. This should be viewed as helpful to programs, not competitive.
  - Standardization could promote excellence.
  - Standardization need not be all or none. It is possible that standards will include a spectrum of opportunities that curtail the limitless spectrum of existing opportunities, but provide room for individual program creativity and uniqueness.
  - Standardization could produce some clout in arguments for resources and support within an institution.
- The problems with lack of standardization.
  - The absence of standardization works against the entrepreneurial nature of student recruitment. Standardized prerequisites would help applicants to our programs apply to our schools.
  - There are times when applicant pools are diminished. The absence of standards can produce an alteration, for example, in prerequisite course requirements that are driven by competition for students rather than by adequate preparation for physical therapy school.
- Actions.

- A task force should perhaps be appointed to consider this. Continued talk with no action is inadequate.
- Standardization is clearly a task for the Academic Council.
- The AC Board indicated that it would take up consideration of standardization.

*Best practices for mentoring*

The California chapter of the APTA has prepared a motion for the 2012 HOD (see Attachment 1) stating that the APTA adopt a position on best practice for mentoring students and new professionals. The Council was asked if this if such a motion would best be considered within the Academic Council. It was believed that the Academic Council should consider this initiative and it will be discussed by the Board of Directors.

*National Association of the advisors of the health professions (NAAHP)*

Jody Frost updated the Council on the NAAHP and the representation on this group from the APTA and physical therapy profession. The full update about this and several other issues can be found in Attachment 2: APTA update to Council.

## **Attachment 1**

Exhibit AR 9

Motion for 2012 House

That the California Chapter present a motion to the 2012 House of Delegates addressing the following:

**THAT THE APTA ADOPT A POSITION ON “BEST PRACTICE FOR MENTORING” STUDENTS AND NEW PROFESSIONALS TO INCLUDE:**

1. Acclimating the student/new professional into the “ professional practice “ culture and the value of physical therapy
2. Helping students/new professionals understand the core values of the physical therapy profession and the role of each individual professional to support the practice mission of the profession of Physical Therapy
3. Creating a formal system to assign mentors to work with students or student teams/new professions and supportive physicians/ health professionals
4. Clarifying expectations and instilling accountability for incorporating professional values and the professional Code of Ethics for quality of practice, sensitivity to others, life long learning and evidence based practice

**Rationale:** All practice settings would benefit from utilizing best practice for mentoring to incorporate the tenets of Vision 2020 into every day practice for both students and new professionals. Adoption of this position will assist current professionals in identifying these key components of a practice that embraces Vision 2020, the core values, the Code of Ethics, and the role that individual physical therapists, physical therapist assistants, and students in meeting these standards.

## Attachment 2

### APTA Update to Council

#### Academic Program Services:

##### Update Submitted by Libby Ross:

There are currently 146 programs participating in PTCAS. The total number of applicants in PTCAS is up 17% and the number of mailed applicants is up 129% as compared to the same date last year. Numbers may be higher at this point because many programs selected earlier deadline dates, the new Early Decision process encouraged applicants to apply earlier in the process, and 18 new PT programs joined during this admissions cycle. Applicant data for the 2010-11 (previous) admissions cycle will be available in mid-October. Programs are encouraged to submit enhancement requests for the 2012-13 (next) cycle by November 1.

#### Academic and Clinical Education Affairs:

##### Updates Submitted by Jody Frost:

##### Education Leadership Institute

- Applications are now being accepted for ELI for 2012 with a deadline of January 6, 2012
- For information about ELI go to [www.apta.org/eli](http://www.apta.org/eli)
- Currently 13 participants are involved in the charter cohort for ELI with 6 mentors
- Participants have completed the first three online modules and will convene for their first onsite session immediately following ELC on October 4-5, 2011.

##### CI Credentialing Programs

As of 9-26-11, there were:

- 34,747 Credentialed CIs (30,005 PTs and 4,742 PTAs)
- 1,065 Advanced PT Credentialed CIs
- 170 Active Credentialed Trainers
- 48 Active Advanced Credentialed Trainers
- The CIECP is undergoing a major revision of its curriculum by the end of 2011.
- The Advanced CIECP is under review based on survey information that will be obtained from Advanced Credentialed Trainers, Advanced Credentialed CIs, and Credentialed CIs that have not taken the Program

##### National Association of the Advisors of the Health Professions (NAAHP)

- December 2011: Special issue on Physical Therapy in NAAHP's publication *The Advisor*
- APTA's liaison relationship with NAAHP
  - Jody Frost represents APTA and currently co-Chairs the Advisory Council of

- representatives from the Health Professions to NAAHP
  - o NAAHP's representative to APTA is Glenda Hill from Boise State University (attending ELC)
- 4 regional presentations were provided by PT faculty this year to the regional meetings of the Advisors of the Health Professions (AAHP)
  - o Northeast AAHP, Newport, RI
    - Susan Rousch, PT, PhD from the University of Rhode Island
  - o Central AAHP, Cleveland, OH
    - Ann Reinthal, PT, PhD, NCS from Cleveland State University
  - o Southern AAHP, Nashville, TN
  - o Ronald De Vera Barredo, PT, DPT, EdD, GCS from Tennessee State University
  - o Western AAHP, Stanford, CA
    - Linda Wanek, PT, PhD from San Francisco State University
    - Arlene McCarthy PT, DPT, MS, NCS (board specialties)
- Physical Therapist Academic Programs NAAHP Patron Members
  - o Only 4 PT programs are currently Patron Members of NAAHP
- National Meeting of NAAHP: June 20-24, 2012 in Baltimore, MD

#### **Fall PT Academic Program Survey**

- APTA will be requesting information from PT programs about innovative models of clinical education that are currently in use.
- We will provide guidance in describing what “innovative clinical education models” means as related to learner outcomes, patient outcomes, cost-effectiveness, creative partnerships, funding and infrastructure (length, number, practice settings, design), and requirements for and development of clinical instructors. We are seeking to be able to share with the education community, ways in which PT programs are seeking to manage clinical education differently given drivers that are shaping those aspects associated with clinical practice.

#### **CPI and CSIF**

As of September 7, 2011

- CPIs
  - o 184 PT programs were registered users of the PT CPI Web
  - o More than 60,000 individuals have completed the online training to use the PT CPI Web
  - o 90 PTA programs were registered users of the PTA CPI Web
  - o More than 14,100 unique clinical sites are currently taking PT and PTA students and use PT and PTA CPIs
- CSIFs
  - o 104 PT programs and 29 PTA programs are currently registered to use the CSIF Web
- Baseline data about clinical education sites, CIs, and other information will be provided to the Board of Directors this fall as a part of the APTA Strategic Plan and the Education Outcome

## **Interprofessional Professionalism and Interprofessional Education (IPE)**

- APTA has been involved in an initiative addressing Interprofessional Professionalism with the IPC collaborative. Recently we completed cognitive interviews across 14 health professions about a draft Interprofessional Professionalism Assessment. This draft has undergone final revisions in preparation for conducting a pilot study of the IPA in 2012.
- To learn more about the IPP, please check out the website [www.interprofessionalprofessionalism.weebly.com](http://www.interprofessionalprofessionalism.weebly.com)
- A one day preconference interprofessional course was held at PT 2012 that provided information about IPE from internationally known speakers. In addition, 4 academic programs at various phases along their development provided information about the implementation and evaluation of their institution's IPE models. All of the speakers provided interprofessional team-based consultation during the course. This course is available through the APTA Learning Center (<http://learningcenter.apta.org/>) under PT 2011 Online: Interprofessional Education: All Aboard and is a worthwhile opportunity to learn more about this topic!
- APTA has been invited to discuss with members of FASHP and the Interprofessional Education Collaborative (IPEC) to discuss how the Core Competencies, released in May, can be integrated within health professions education. Information gleaned from the session on IPE during ELC will be included as a part of the discussion with this group.

## **Practice Department:**

### **Update Submitted by Mary Fran Delaune:**

**Audio Conferences:** The Department of Practice has initiated a monthly audio conference series on practice matters. These will become a monthly offering through 2012. The topics for the 2011 conferences include the following:

- The Value of Physical Therapy in Reducing Avoidable Hospital Readmissions
- Joint Commission: What Physical Therapy Practices Need to Know
- Continuous Quality Improvement for Physical Therapy Practices
- Hospital Based Direct Access

**Direct Access in Practice:** Four new resources have been developed to support the use of direct access in practice. A workshop was conducted for the Hawaii chapter following the successful passage of their direct access legislation. A presentation is scheduled for the Virginia chapter in October.

- Direct Access Checklist for Clinicians
- Direct Access Checklist for Managers, Practice Owners, and Administrators
- Direct Access: A Resource Tool for Implementation
- Direct Access: How It Can Change Your Practice---a presentation available for components

**Electronic Health Records:** APTA is developing resources to help to increase understanding of the need and key components of and EHR. This will also include tools for implementation. Resources include the following:

- Podcast
- Presentations
- Extensive web resource will be available on [apta.org](http://apta.org) by the end of October

**Emergency Department Tool Kit:** PTs are increasingly being asked to become part of the Emergency Department team to provide consultation and care for a wide range of acute and chronic problems with a primary focus on neuromusculoskeletal, cardiovascular, pulmonary, and integumentary issues. There have been excellent articles in various journals on this topic which are important resources. APTA is developing an ED Tool Kit which will contain tools, fact sheets, checklists and informational resources for physical therapists who are practicing or developing practices in the Emergency Department setting. Two podcasts have been completed and are available on APTA's website. Other resources are in development.

**Evidence Based Practice:** The Practice Department is working to encourage the use of evidence in practice and to support the development and/or adoption of clinical practice guidelines in physical therapist practice.

- The Cardiovascular and Pulmonary Section will be working with Practice staff on October 6-7 to begin the development of a clinical practice guideline on the use of oxygen in physical therapist practice.
- The Section of Geriatrics will bring a member group to APTA in November to begin work on the adoption of existing clinical practice guidelines.
- The Department of Practice is developing an RFP for sections to apply for funding for clinical practice guidelines development and/or adoption.
- Evidence Based Practice course will be posted online in APTA Learning Center by November.
- Pocket guide on pulmonary pathology is now available on [apta.org](http://apta.org)
- A new pocket guide on spinal cord injury is in the final stages of field review and will be available later this year.
- Six audio conferences to encourage evidence in practice are planned for the first half of 2012

**Guide to Physical Therapist Practice:** The Guide Expert Panel is completing the final draft of the Guide. The draft is expected to be available for comment on [apta.org](http://apta.org) in March 2012. The practice patterns are not part of this revision process and will be considered at a later date with the exception of new practice patterns related to peripheral vascular and arterial disease.

**Hospice and Palliative Care:** A workgroup of member experts has been convened to work with Practice Department staff on the development of plan related to hospice and palliative care in response to HOD 17-18-2011. Resources such as an audio conference and podcast are in development.

**International Classification of Functioning, Disability, and Health (ICF) Resources:** The ICF classification system focuses on human functioning and provides a unified, standard language and framework that captures *how* people with a health condition function in their daily life rather than focusing on their diagnosis or the presence or absence of disease. APTA endorsed the ICF in 2008 and has been incorporating the concepts and language into all relevant association publications, documents, and communications. It is important that PTs and PTAs are familiar with the ICF.

**Inpatient Care Resources:** Many physical therapists and physical therapist assistants practice in various inpatient settings. APTA is providing support and resources for inpatient practice in collaboration with the Acute Care Section. This will be an ongoing process and resources will be periodically added. Resources include the following:

- o CEU article “Promoting Early Mobilization in the ICU”
- o “Lab Values” course will be available on the Learning Center by November
- o Learning Center course on “Clinical Considerations on Femoral Lines” is in the planning stages
- o Planned resources on lines, tubes, and drains and other related topics.

**Practice Management Resources:** New resources have been developed for members and are available on APTA’s website.

- o Interviewing 101: Avoiding Illegal and Discriminatory Questions
- o Personnel Files: Practice Considerations for Maintaining and Storing Employee Records
- o Becoming an Employer: What Physical Therapists Need to Know
- o Hiring Great Employees: A Guide for Physical Therapist Managers and Practice Owners
- o Before you Sign that Lease: Tips for New Business Owners

**Vital Signs Initiative:** A podcast to encourage physical therapists to monitor vital signs during patient care was posted to [apta.org](http://apta.org) in August 2011. Other resources on this topic are in development.

## Government Affairs:

### Update Submitted by Nate Thomas:

APTA continues to actively advocate for the physical therapy education, workforce, and research priorities within the United States Congress and the appropriate agencies, including the U.S. Department of Education (USDE) and the U.S. Department of Health and Human Services (HHS). Below are some specific examples of recent activity.

- [The Physical Therapist Student Loan Repayment Eligibility Act \(H.R. 1426/S. 975\)](#) - The

legislation would add PTs to the primary health services category under the National Health Services Corps (NHSC) for the purposes of student loan repayment. This legislation was introduced in the House of Representatives on 4/7/11 and in the Senate on 5/12/11. The bill had 117 cosponsors in the House and 10 in the Senate in the 111th U.S. Congress but was not passed. So far, in the 112th Congress, it currently has 73 cosponsors in the House and 5 in the Senate. If enacted this legislation would allow PTs to be eligible for the student loan repayment program under NHSC and could award up to \$60,000 for a 2-year commitment to practice in urban and rural underserved areas. The competitive program is based on need and applicant qualifications. APTA efforts were successful in garnering unbinding report language when NHSC was reauthorized in the 110<sup>th</sup> Congress, which offers that the U.S. Department of Health and Human Services (HHS) consider expanding eligibility to 4 professions: physical therapists, pharmacists, chiropractors, and optometrists. APTA staff has been actively meeting with Congressional leadership and committees jurisdiction to identify a potential vehicle and/or opportunity to move this legislation in the 112<sup>th</sup> Congress. Over 1000 PTs advocated for support of this bill on June 9<sup>th</sup> at the PT Day on Capitol Hill Day.

- The Access to Frontline Health Care Act (H.R. 531) – On February 8, 2011, H.R. 531 was introduced in the U.S. House of Representatives. This legislation was introduced last Congress and gathered 27 cosponsors. The legislation will create a student loan repayment program that is separate from NHSC. PTs are explicitly included among the list of professionals that are eligible for loan repayment upon committing to practice in a rural or underserved area for a minimum of 2 years. The exact amount and selection process are to be determined by the Secretary of Health and Human Services. A modified version of the H.R. 2891 provisions was included in the healthcare reform debate last Congress, but did not end up being in the final bill. APTA is highly supportive of this bill, however The Physical Therapist Student Loan Repayment Eligibility Act remains APTA's higher priority on the legislative agenda because it does not create a new program that would then need to be subsequently funded by the federal government during these uncertain financial and budgetary times.
- Loan Forgiveness for Service in Areas of National Need (LFSANN) Program – The reauthorization of the Higher Education Act in 2008 had significant provisions for physical therapists. It included a provision that created the Loan Forgiveness for Service in Areas of National Need Program, which would enable PTs to participate in a new student loan repayment program for health care professionals who provide services to children, adolescents, and Veterans. APTA is still waiting for the Department of Education to issue regulations that will enable PTs to apply and compete for student loan repayment up to \$2,000 per year for up to 5 years. This will be a competitive process with a number of other professionals eligible for this program. The regulations will not be created until the program is officially funded via the federal appropriations process. APTA is actively working with both the Senate and House Committees on Appropriations to get funding for this outlined student loan repayment program for PTs. However, getting a new program funded presents significant challenges during these budgetary times.

- Annual Federal Appropriations Legislation – The U.S. Senate Committee on Appropriations recently passed its proposed FY 2012 appropriations bill for the U.S. Departments of Labor, Health & Human Services, Education, and Related Agencies. APTA has successfully secured report language in the federal appropriations legislation specific to rehabilitation research. APTA submitted suggestions and lobbied for increased allocation of funding to the various research branches of the federal government that pertain to physical therapy and rehabilitation. APTA's recommendations for language were well-represented, many times verbatim, in Senate bill. Some of the experts are indicated below:
  - The Committee recognizes the need to continue to build a sustainable infrastructure and capacity of emerging scientists in rehabilitation research. The Committee encourages the use of career development awards for emerging scientists, such as physical therapists, to meet this need.
  - The Committee remains concerned that many allied health professions continue to experience high vacancy rates and encourages HRSA to give priority consideration to schools that are educating and training people in these professions.
  - The Committee commends NIH for appointing a blue-ribbon panel to evaluate rehabilitation research at the National Center for Medical Rehabilitation Research [NCMRR] and across all of NIH. The Committee requests a copy of the panel's report when it is available. The panel is urged to identify gaps in the field of rehabilitation research and recommend which ICs or other Federal agencies should be responsible for addressing them. In addition, the Committee recognizes the improvements that have been made in delineating rehabilitation research as part of NIH reporting mechanisms established since the passage of the NIH Reform Act. However, the Committee encourages NIH, through the leadership of NCMRR, to further clarify a consistent definition of rehabilitation across all institutes and centers and to seek ways to delineate between physical, cognitive, mental and substance abuse rehabilitation when characterizing NIH-supported research. Finally, the Committee encourages NCMRR to explore the broader social, emotional and behavioral context of rehabilitation, including effective interventions to increase social participation and reintegrate individuals with disabilities into their communities.
  - The Committee is aware that rehabilitation interventions offer potential solutions to many health policy issues regarding cost-effective interventions that improve the health of citizens and contribute to a higher quality healthcare delivery system. The Committee encourages AHRQ to seek opportunities to collaborate with CMS and the National Center for Medical Rehabilitation Research [NCMRR] within the *Eunice Kennedy Shriver* National Institute for Child Health and Human Development [NICHD]. The Committee believes such a partnership should advance potential opportunities to conduct comparative investigations of rehabilitation interventions with other healthcare treatment approaches.

