GERINOTES

SECTION ON GERIATRICS, AMERICAN PHYSICAL THERAPY ASSOCIATION

IN THIS ISSUE:

SEPTEMBER 2008 VOL. 15, NO. 5

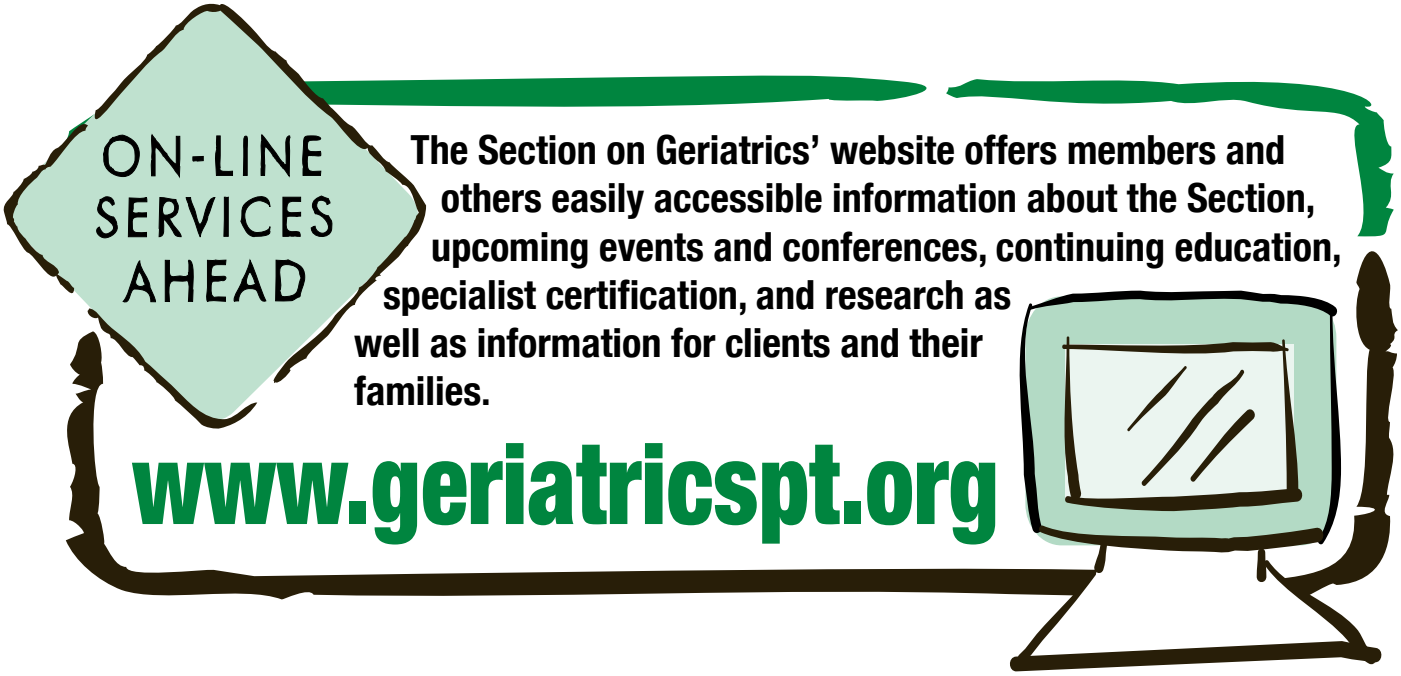
TABLE OF CONTENTS

Publication Title: *GeriNotes*

Statement of Frequency: Bi-monthly; January, March, May, July, September, and November

Authorized Organization's Name and Address: Orthopaedic Section, APTA, Inc.
For Section on Geriatrics, 2920 East Avenue South, Suite 200, La Crosse, WI 54601-7202

Newsletter Deadlines: January 28, March 28, May 28, July 28, September 28, November 28



PRESIDENT'S PERSPECTIVE: HOW TO BEST RETOOL FOR AN AGING AMERICA?

John O. Barr, PT, PhD

My previous column in the July issue of *GeriNotes* introduced the Institute of Medicine's compelling report *Retooling for an Aging America: Building the Health Care Workforce.*[1] This report warns of an emerging crisis based on the critical shortfall in both the quality and organization of the health care workforce to care for tomorrow's older Americans. I summarized the key report recommendations and suggested some initial implications for the physical therapy profession.[2]

Prior to publication, this column had been sent to APTA President Scott Ward, PT, PhD, members of the APTA Board of Directors, Chapter and Section Presidents, and select leaders within the Section on Geriatrics (SOG). I'm pleased that some SOG leaders have already taken the time to provide me with insightful comments and suggestions about how we might respond to the IOM report. Former Section President Carole Lewis, PT, PhD, GCS, FAPTA, opined, "I believe that this report contains extremely important and urgent information for our profession." In order to illustrate the type of discussion that is starting to occur, I want to share some of the feedback I've received, organized under each of the 3 key IOM recommendation headings, as follows:

1. Enhancing geriatric competence of the entire workforce.

Dale Avers, PT, DPT, PhD, also a former President of the Section noted, "It is of grave concern that specific curricular content is not explicitly required by CAPTE, nor provided by many of the nation's PT and PTA programs. This report is a call to the profession to take a critical look at our requirements, or lack thereof, for geriatric content and to respond in kind. I encourage the Section to take a leading role in establishing criteria for geriatric content in PT and PTA education programs. Both Dr. Avers and Professor Katie Mangione, PT, PhD, GCS, advocate for enhanced education in entry-level PT and PTA programs, integrating aging/geriatric content throughout curricula. Section member Christine Ross, SPT, and fellow DPT students at Creighton University have established a "Geriatrics PT Organization" at Creighton University in Omaha, with purposes that include: encouraging interest among PT students to work in various disciplines concerned with care of older adults; the promotion of becoming a geriatric clinical specialist; and serving in community programs for older adults. Hopefully this type of organization can be replicated at other educational institutions. For individuals who already are physical therapists, it might be possible for Federation of State Boards of Physical Therapy to create another version of its new Practice Review Tool, focused on the older adult.

2. Increasing recruitment and retention of geriatric specialists and caregivers.

One might hypothesize that the limited mention of physical therapy in the IOM report was based on the comparatively small size of our profession (in 2006: 173,000 jobs held by PTs, vs: 595,000 by Social Workers; 633,000 by MD/DOs; and 2.5 million by RNs). In her *Polly Cerasoli Lecture*, at the 2008 CSM, visionary Geneva Johnson, PT, PhD, FAPTA, noted "If all 211 (PT) programs each added 10 seats each year, beginning in 2009, by the year 2016, 300,000 physical therapists with a Doctor of Physical Therapy degree would be available to meet the challenges of Vision 2020."[3] Certainly, we'd also be in a much better position to meet the growing manpower need driven by our aging population. Dr. Mangione believes that her best suggestion relates to faculty training having an impact on future physical therapists, with an emphasis on securing training money to encourage more PTs to obtain PhDs in gerontology. Dr. Avers has suggested that the Geriatric Specialty Council recommend to the American Board of Physical Therapy Specialties that other specialty exams include content on geriatrics. As a step in this direction, I have contacted the Chair of the ABPTS seeking information about the amount of aging/geriatrics content reflected across the range of board certification examinations.

3. Improving the way care is delivered.

Interestingly, our Health Promotion and Wellness Special Interest Group was recognized in the IOM report for its work to improve the education, clinical practice, and research of physical therapists in health and wellness among older adults. Affordable community-based exercise programs can have important preventive and life-quality benefits for older adults. Dr. Avers and colleague Patrick VanBeveren, PT, DPT, GCS, conducted their wonderful program *Designing and Delivering Community-based Exercise Programs for Aging Adults* at CSM 2008. In addition to providing evidence for the effectiveness of such programs, a tutorial was presented on how to design, market, and sustain such programs. Importantly in 2009, under the leadership of Marilyn Moffat, PT, PhD, DPT, FAPTA, and Karen Kemmis, PT, DPT, MS, CDE, the Section will be implementing a 3-course series and examination process leading to the designation of the "Certified Exercise Expert for the Aging Adult."

APTA President, Scott Ward has communicated his appreciation for the fact that issues related to the IOM report are not just specific to the Section on Geriatrics, but reach far beyond into education, communications, public relations, and the ABPTS. He has assured me of interest in collaborating with the Section and has shared our correspondence with staff in the departments of

Member and Component Relations and Special Projects. He has further suggested that the IOM report will be used as a resource and to inform discussion at the Physical Therapy and Society Summit (PASS) in February, 2009. So that momentum about the report is maintained within the Section, by the end of September I plan to appoint the "SOG Task Force on Retooling for an Aging America" to more specifically examine the IOM report and formulate recommendations on behalf of our Section members and the patients that we've pledged to serve.

REFERENCES

1. *Retooling for an Aging America: Building the Health Care Workforce.* National Academies Press, 500 Fifth Street, NW, Lockbox 285, Washington, DC 20055; (800-624-6242 or www.nap.edu.). The prepublication proof can be downloaded from: http://www.nap.edu/catalog/12089.html
2. *President's Perspective: We Need to be Active in Retooling for an Aging America,* July 2008, also available at: http://groups.yahoo.com/group/geriatricspt/files/President%27s%20Perspective%206-1-08%20rev2.doc
3. Johnson GR. The Polly Cerasoli Lecture. *Physical Therapy: A Profession of Purpose, Promise, Potential, and Power.* Presented on February 9, 2008 in Nashville, TN, at the APTA Combined Sections Meeting.

Dr. Barr is a Professor in the Physical Therapy Department at St. Ambrose University, Davenport, IA. He also serves on the Editorial Board for the Journal of Geriatric Physical Therapy.

Editor's Message

EDITOR'S MESSAGE

Carol Schunk, PT, PsyD

It has been a month now since many of us were glued to the television watching the Summer Olympics. The focus on the older athletes was very interesting. In the world of Olympic caliper athletes "older" is not the same as the geriatric therapist would define the "older adult." Dara Torres who was the oldest women to qualify for a United States Olympic swimming team, was a young (in our eyes) 41 years old. The baby boomers are the topic of many articles, how today's 60 year olds are like yesterdays 40 year olds when they are actually just today's 60 year olds. Looking at the activity and athleticism of "today's 60 year olds" I wonder if we as geriatric health care specialists are keeping up with the parade.

The age range of the majority of my patients may only be 30 years (60-90 years old) but the diversity between my youngest patients and my oldest patients is amazing, not just in years, but the differences in generations. We are forced to modify the plan of care and treatment approach not only to the individual patient's diagnosis but to their generational culture. For those who are in their 80's and 90's, their job was the primary source of physical activity. People in their 60's are much more apt to have participated in recreational sports or gone to a gym. Hence doing a home exercise program is not as foreign to them as someone in their 80's. So many of today's 60 year olds are very active and have the energy, money, and leisure time to pursue recreational activities. This puts a different spin on the concept of rehabilitation. A therapy program for someone with a total knee replacement with a goal of being able to go to the grocery store is totally different than having a goal of running a half-marathon or cycling cross country. Don Schaning's article in this issue of *GeriNotes*, Geriatric Sports Medicine Physical Therapist, fits right into this topic of geriatric physical therapists gearing up for the new generation of "active older adults." Section President, John Barr's President Perspective also follows this train of thought on Retooling for an Aging America. No group of therapists is in a better position than the Section on Geriatrics members to take advantage of the opportunities.

As is often the case, articles in *GeriNotes* although unintended, seem to fit together reinforcing a single concept. Michael Shoemaker's article on the recently passed HOD motion expanding the definition of diagnosis and Meri Goehring's article on writing articles to promote physical therapy both reinforce the APTA Vision 2020. The expansion of our scope of practice and promotion of physical therapy through the consumer media will stimulate autonomous practice and the other pillars of the profession. Meri and David have provided readers with articles that can be used to educate the public on the role of physical therapy.

The combination of the changes in our profession and the culture of the baby boomers is unique and we can be in the front of the parade.

PROMOTING PHYSICAL THERAPY IN HOME TOWN NEWSPAPERS: A PRIMER FOR WRITING ARTICLES

Meri Goehring, PT, PhD

The local newspaper is a regular feature in my home. I remember generations of family members nervously pacing around if it arrived late. Although readership of newspapers is down among the younger population, many individuals continue to enjoy reading the local newspapers and depend on these publications to arrive on a regular basis. Many newspapers have incorporated a "Health" or "Lifestyles" section which include articles on diet, exercise, generic medical advice, travel tips, and so forth. As a Geriatric Clinical Specialist, I am always looking for ways to promote physical therapy to older adults. Writing articles or a column for a newspaper or periodical is a great way to spread the news about physical therapists and the services we provide to the local population.

For the last 7 years, I have been writing columns twice a month for a couple of newspapers. The feedback I have received from physical therapists in the area and in the community at large has been positive, and often a source for more topics to write about. I would like to encourage others to write about physical therapy for their hometown newspapers and spread the word about the good works we do. It may not be possible if you live in a large, metropolitan area. But many physical therapists live and work in rural areas where local newspapers continue to be a good source of information for the community, and especially for older adults.

HOW DO I GET STARTED?

First, contact the editor of your local newspaper, and be prepared to submit a sample of an article. Chances are the editor will be anxious to see your work. Typically, they are looking for more local news from local people, so if you can write about educational activities or exercise opportunities that tie into local events or institutions, such as a YMCA or a school function, it has good appeal.

WHAT ARE THE PARAMETERS?

Keep your article short, about 500 to 600 words. Use short sentences and paragraphs for clarity. Be concise and brief in your descriptions, and keep anecdotal information to a minimum. Remember that your audience is the general public, not health professionals, so explanations must be easily understood by anyone. Avoid medical terminology if possible, and do not use jargon. Acronyms can be used, but must be explained. Remember, your goal is to inform and educate.

Don't be concerned if you aren't a great writer. State your topic in a simple to understand and thoughtfully organized format and send it in. Correcting syntax, grammar and spelling is part of the Editor's job. You're a physical therapist, and your job is to get your point across.

Find out if you will be paid for your work. I started writing my articles for free for the first year, and then was offered a small compensation. Budgets are small at most newspapers, so don't expect anything more than enough to buy a pizza or two once a month. The money really isn't the point, though. It's the good opportunity for community outreach that's important.

WHAT SHOULD I WRITE ABOUT?

Good ideas for writing can come from many sources. Patients can be a great inspiration but be careful not to use names or any other identifiers. Other physical therapists may think of conditions or treatments that need to be highlighted. Perhaps there is a new fitness center in the area that specializes in working with older adults. Be careful, however, to be fair to all health providers and highlight the benefits of more than one clinic as much as possible. If there are any healthy charitable events such as a local walk-a-thon, or fund raisers such as a charity golf tournament, these are good things to promote. Highlight the benefits of dancing, gardening, recumbent bicycling, walking, anything to get people moving. Explore alternative therapies, recovery from surgery, hydration, incontinence, and other health issues. Additional suggestions for topics are listed in Table 1.

You can make a difference in promoting physical therapy in your own hometown through writing an article. You just have to get started!

Following are examples of 2 articles that were recently published. These sample articles may be re-printed as long as they are not published in Sedgwick County, Kansas or DeKalb County, Illinois. Articles may be edited as needed with authors using their own by-line. If you would like an electronic copy of the sample article(s), please contact the Editor, Carol Schunk, at carolschunk@earthlink.net.

Table 1. Possible Topics for Articles

Safety in the bathroom	Proper lifting
Fall prevention	Incontinence
Gardening safety and tips	Getting ready for golf
Common hand injuries	Chronic pain
Parkinson disease tips	Dementia
Choosing a physical therapist	Aquatics
Running for older adults	Home safety tips
Stretching	Benefits of walking
Simple wound care tips	Yoga

Hometown Newspapers

SAMPLE ARTICLE 1: KEEP FIT AND WORK LONGER OR, STAYING HEALTHY MAY KEEP YOU EMPLOYED

More than ever before, people in their later years are choosing to continue working rather than retiring from the work force. The pressures to continue working are varied. For some, lower social security payments coupled with higher medical and health insurance costs make it impossible to make ends meet without extra income. All too often, depleted or discontinued retirement pensions can no longer be relied upon as a source of retirement income and the state of the stock market has made 401Ks and other investments problematic.

Many people also just like to work. They enjoy the income, the sense of purpose, and the camaraderie and daily contact with others. Add all this in with the facts that 78 million Baby Boomers will reach the age of retirement in the next few years, and that the average American now lives 20% longer than they did in 1950, and you can see how large of an older work force is out there. In fact, about 1 in every 8 workers is over the age of 55, and by 2020, the ratio will be closer to 1 in 5.

Do you want or need to keep working past 65? Even though there are companies that seek to hire seniors because of their experience and calm approach to the workplace, the job market is still tough, and in many ways it's a young person's world. There are ways to compete, however, and several things you can do to keep yourself a viable, valuable employee.

The most important is to be fit. No employer wants to hire a person in poor health or with poor habits or appearance. Keeping yourself in shape means regular exercise, which will not only keep you looking good, but will also give you energy and a positive attitude. If you don't have an exercise plan, get one. A visit to a physical therapist can help you set up a safe exercise program or help you improve your exercise regime. Think of your workouts as a part of your job. A healthy, fit person makes an employee that can be counted on to be at work instead of needing off to deal with health problems.

Besides being physically fit, you need to be mentally fit, too. Exercise your mind by reading magazines, books, and newspapers to keep up on current events and trends. Studies have shown that playing chess, bridge, or other games can help keep you mentally acute. Also, keep your skills up to date. If you don't know how to use a computer, learn. Even if you can't afford one, they are available in public libraries and schools, and short classes in computer basics are often offered by schools or other organizations. Volunteer or join a group that interests you. Sitting in front of a TV watching soaps or sports is a sure route to becoming brain dead.

Keep in mind that not everyone is as physically or mentally capable at 65 as they were 40 years ago. Make sure you have a good understanding of the job and review the job description every year with your employer. Consider if there are any job demands that might be too taxing, such as repeated or heavy lifting, standing for a long time, repeated motions, or unusual postures. Remember that you are subject to the same injuries as younger workers, but that any injuries you incur will probably take longer to heal and cause you to miss work. Try to make your workplace as safe as possible; make sure it is well-lit and free of any debris that could cause a fall.

As an older worker, you can bring the advantages of maturity, wisdom, and experience to the job. Being fit and in good health will make it possible for you to enjoy your work and be productive for your employer and yourself.

SAMPLE ARTICLE 2: PREVENTING AND HANDLING AN EMERGENCY

Summer time is a time when people are outdoors and activities are in full swing. Unfortunately, being active sometimes means injuries, and trips to emergency rooms or urgent care offices are more frequent.

One of the most common reasons why older adults need emergency medical care is because of falls. According to the U.S. Consumer Product Safety Commission, adults who are 75 years old and older have twice the rate of emergency room treated injuries when compared with individuals who are 65 to 74 years of age. About three-quarters of these emergency room visits were associated with falls. Typically, these included falls down stairs, transitioning from standing to sitting, falls from tripping over obstacles and falling off ladders and step stools.

Certainly, we all need to take measures to prevent falls. But there are other reasons why older adults may need emergency care. A look at some of the most frequent causes for injuries (other than falls) may help older adults to be more careful when participating in some activities. Here is a list of activities and situations that often cause injuries.

Home workshop tools and equipment:

Be certain that tools are sharp and are used correctly. Use protective eye covering or gloves where necessary.

Yard and garden equipment:

Take care on riding mowers as they can tip-over. Keep hands and feet well away from lawn mowers. Avoid open-toed shoes and sandals around shovels and hoes. Take care walking over rough ground or garden hoses. Use and store pesticides and fertilizers as directed.

Fires:

Exercise caution lighting the grill and be careful around open flames. This includes torches and candles.

Ladders and step-stools:

Make sure they have a secure base and are not overextended. Don't try to reach too far.

Water sports:

Exercise common sense and practice good water safety. Be careful of slips and falls.

General household appliances:

Don't trip over cords from a vacuum or telephone or be struck by automatic garage doors. Learn how to douse a kitchen fire. Get an extinguisher.

Packing and containers for household products:

Open cans are sharp, and be careful when opening hard, plastic containers as they too can have wicked edges.

Pets:

Keep animals on a short leash to avoid tripping or tangling. Watch out for smaller dogs or cats underfoot.

A little advance preparation can help if you have to deal with a medical emergency. You should have a list of important phone numbers handy and ready for use, including the number of your physician. You should also keep a list of all your medications and dosages, allergies, insurance information, any pre-existing medical conditions and family contacts. This information should be kept in a purse or wallet or some place that can easily be found by emergency personnel should you be incapacitated. This may save you a lot of time as you can quickly and easily provide answers to many important questions. Be sure to take the information with you if you have to go for immediate care.

If you go to an emergency room, be prepared to wait because someone else may be in worse shape. It is important to keep calm. You will usually see a nurse first who will do a quick exam and assist the physician in deciding how quickly you need to be treated. Some emergency rooms have physical therapists available. Physical therapists specialize in examination and treatment of musculoskeletal or movement problems and may be able to provide you with conservative pain relief treatments. However, you may need other tests and you may need to wait +for the results. You might need to see a different specialist who may take some time to arrive. Finally, there can be delays just to make all the necessary arrangements if you need to be admitted to an inpatient hospital setting. Hopefully, you'll never see the inside of an emergency room, but it is best to be prepared if the need arises. Have a safe summer!

Meri Goehring, PT, PhD, GCS, is an Assistant Professor in the Physical Therapy Program at Northern Illinois University and an active clinician at Kishwaukee Community Hospital in DeKalb, Illinois. She is the District Chair for the Illinois Physical Therapy Association's North Central District and is co-chair of the Federation of State Boards of Physical Therapy Examination Development Community.

ONE WAY TO HEALTHY AGING: KEEP MOVING

David Gillette, SPT

The following article was written to fulfill requirements for "Lifespan III: Elders" geriatrics class taught by Patti Matsuda, PT, DPT at the University of Washington. The objective of the assignment was to write an article for a hypothetical newsletter for older adults that present the benefits of exercise, what to do for physical activity, and how to get started. This provides yet another example of a way to promote Physical Therapy by educating the consumer through popular media. The article on page 5 by Dr Goehring provides guidelines for getting started in writing for consumer publications.

Have you noticed that you can't keep up with the grandkids, walk around your neighborhood without breaks, or climb the stairs in your home as easily as you used to? Do you find yourself losing your balance when you least expect it? Are you concerned about losing your independence, being less able to get around, or experiencing the four-letter "F" word–FALL? What if there is a simple way for people to age successfully and have reduced problems and concerns like those mentioned previously. Are you interested?

THE BENEFITS OF MOVEMENT

The "secret" is staying physically active. No, that doesn't require you to run, go to a gym, or spend a lot of money on workout equipment or attire (but if you already do, that is fine–keep moving!). Before getting to specifics of what all people regardless of age, gender, or health status should be doing, let's first look at the benefits of physical activity on the aging process. Being physically active can help your heart, lungs, and blood. Exercise has been shown to improve your heart's pumping efficiency, the amount of oxygen your lungs give to your blood, and insulin sensitivity, and can reduce your blood pressure and weight. Physical activity can also improve your strength, maintain your bone mineral density, and improve your balance. Additionally, it can improve your mobility, reduce joint pain, make you feel better, and reduce your chance of a stroke or some cancers. Amazingly, one study has even shown that for every hour of physical activity a week, a person has a 7% reduction in disability of performing daily activities such as bathing, shopping, and walking in the community!

WHAT "PHYSICAL ACTIVITY" INVOLVES

As you can see, physical activity not only slows the aging process, it can reduce the effects of common diseases, and it addresses many concerns of life that people have as they age. By now you are probably asking, "how much do I have to do? Three hours a day? A week?" Thankfully, research has shown that you do not need to be an endurance athlete to get all these benefits from physical activity!

Based on many studies, the Centers for Disease Control (CDC) recommends 30 minutes of moderate physical activity 5 times a week, which can be done in 10 minute sessions. What is moderate intensity? The easiest way to describe it is that if you can sing, the intensity is too low, and if you can't talk, it is too high – being able to talk is "just right." Moderate intensity activities can be things like taking a walk, riding a bike, dancing, hiking, swimming, or even mowing your lawn. Think of easy ways to give yourself 10 minutes of exercise – you could walk to the store or around the block, take the stairs, or park farther away from your destination.

Additionally, the CDC recommends doing activities to build your strength 2 to 3 days a week. Good news–you don't have to go pump weights in front of a mirror to build strength! While there are ideal exercises you can do as described on websites listed at the end of the article, you can do strengthening exercises seated in a chair lifting cans, carry your groceries into the house, scrub your floors, and even gardening. You should also work on flexibility 2 to 3 days a week, about 10 minutes at a time, holding each stretch 10 to 30 seconds. Ideally you should work on your arms, hips, knees, and ankles in all directions. If you are interested in trying something different, both yoga and tai chi improve flexibility, and there are classes specifically for older adults. Finally, balance exercises become more important as we age – challenge your balance in a safe manner several times a week, such as standing with your feet close together or one in front of the other while hanging on to the kitchen sink for support to be safe. If that is too easy, find a slightly harder way to challenge yourself.

READY, SET, GO!

Are you ready to start, or try some physical activity? Great! You should consult with your doctor first before starting any exercise program to ensure you start in the right way for your health condition. You should also have your eye doctor check your vision and glasses prescription and review any medications you are taking with your pharmacist as both of these can affect your balance. Below are a few websites that you might find helpful as you start to improve your health and maintain your mobility and independence.

REFERENCES

1. A variety of exercise programs for seniors by the City of Seattle. Available at: http://www.seattle.gov/parks/seniors/index.htm. Accessed August 4, 2008.
2. A guide to strength training, by the CDC. Available at: http://www.cdc.gov/nccdphp/dnpa/physical/growing_stronger/index.htm. Accessed August 4, 2008.
3. Physical activity for seniors. Available at: http://www.cdc.gov/nccdphp/dnpa/physical/everyone/recommendations/older_adults.htm including a sample schedule to get you going - http://www.cdc.gov/nccdphp/dnpa/physical/everyone/recommendations/sample_schedules.htm. Accessed August 4, 2008.

David Gillette is a soon-to-be 3rd year Physical Therapy student in the Doctoral program at the University of Washington. Residing in Seattle with his PT wife, David enjoys the good life of the Pacific Northwest including hiking, biking, dancing, and finding new coffeeshops, wines, and microbrews when he isn't studying. Starting his clinical internships in the fall, David is looking forward to opportunities to work with older adults. He can be contacted at grazor@u.washington.edu.

CATHOLIC CHARITIES: HELPING ELDERS AGE IN PLACE

Megan Chamblee, SDPT; William Staples PT, DPT, GCS

Increasing numbers of elderly Americans are attempting to age in place,[1,2] but there are substantial challenges to this effort, especially in reimbursement for needed health care services. Although it varies by state, Medicaid pays approximately $200 per day for a person to be in a nursing home, even though it often costs less than half that amount to keep an aging person living in their home and still provide them the services they need to maintain independence.[3] Medicaid has significant restrictions regarding reimbursement for in-home care. There are growing numbers of local and national organizations which offer services that support elders living at home and the 45 million caregivers assisting them.[4,5] Catholic Charities (CC), a nonprofit organization, is one of these. Health care professionals should make themselves aware of local and national organizations that can help patients and their caregivers who have limited resources. Physical therapists and physical therapist assistants have an ethical responsibility to assist our patients in maximizing their function. People who are worried about affording food and/or rent will not be able to fully benefit from our services.

Catholic Charities USA was founded in 1910 on the campus of Catholic University of America in Washington, DC as the National Conference of Catholic Charities to promote the creation of diocesan CC bureaus, to encourage professional social work practice, "to bring a sense of solidarity" among those in charitable ministries, and to be the "attorney for the poor."[6] The programs are grounded in the dignity of the person and the sanctity of human life; CC seeks to serve the needs of the impoverished and vulnerable, regardless of race, creed, or nationality. In fact, over 70% of the people who receive aid from CC in Indianapolis yearly are not Catholic.[4] This follows the national trend.

Today, CC is recognized as one of the nation's most efficient and largest social service networks. Ninety cents of every dollar donated to CC agencies goes directly to programs and services. More than 240,000 compassionate volunteers, staff, and board members comprise the driving force behind the CC network that touches the lives of more than 7.8 million people of all faiths each year. In the last several years, nearly every CC agency in the country providing emergency assistance has reported an increase in the demand for helping people meet their most basic needs: mortgage and rent assistance, utility assistance, food, clothing, medical supplies and prescription drug assistance, shelter, transportation, community information and referrals, among other services.

The programs provided by CC agencies themselves are as dynamic and diverse as the communities they serve. While every agency is unique, they share a common goal of providing the services and programs that their particular community needs the most. In 2006, some 1,384,101 people received basic needs services from their local CC agencies.[6] Additionally, over 6.3 million people received food services, accounting for nearly half (47%) of the aid provided by CC nationwide. A warm meal or an extra bag of groceries are just some of the hunger-related services provided. Catholic Charities agencies are responding to an increasing demand, especially among families, for housing services. Whether it was housing counseling, help with home repair, rent or mortgage assistance, temporary shelter, or transitional housing, 474,999 people received some type of housing-related assistance in 2006.[6] Some of the services that have been provided to people are as follows:

BASIC NEEDS SERVICE	NUMBER OF PEOPLE SERVED NATIONALLY
Clothing assistance	**533,828**
Other basic needs assistance	**480,990**
Utilities assistance	**167,510**
Medication assistance	**47,136**
Emergency financial assistance (not rent, mortgage, etc.)	**154,637**
HUNGER-FOOD SERVICES	
Food banks and food pantries	**2,373,087**
Soup kitchens	**1,826,738**
Congregate dining	**1,232,217**
Other food services	**649,520**
Home delivered meals	**279,345**
HOUSING SERVICES	
Other housing-related services	**171,787**
Temporary shelter	**139,938**
Supervised living	**102,297**
Permanent housing	**41,424**
Transitional housing	**19,553**

Most branches of CC across the nation offer an array of Elder Services that range from help with transportation, meals, and housing to counseling, respite care, companion services, and health care.[4,7-13] Cardinal Ritter Senior Services in St. Louis, MO is the largest agency of the CC Federation and offers an adult day program, senior apartment living, assisted living care, and skilled nursing care. This continuum of care allows elders to age within the same community while still having individual needs met.[14]

Monica Woodsworth helps coordinate the Eldercare Services of CC in Indianapolis, Indiana and has a Master of Gerontological Studies. Woodsworth recognizes that it is easy to become overwhelmed by the choices faced when assuming the care of a loved one. She compares the process of service-seeking and decision making to preventative medicine and says, "It is better to investigate the options long before those services are needed."[15]

One way CC Indianapolis optimizes their resources is by connecting with aging adults who do not necessarily need the services CC provides; instead, these clients have something special to give. The Retired Senior Volunteer Program recruits seniors to volunteer in public and not-for-profit agencies. Participants use their life experiences to meet community needs like tutoring, mentoring, homeless outreach, prisoner re-entry, health care, and independent living for seniors. Similarly, the Senior Companion Program recruits low-income older adults who visit homebound clients and help prepare meals, offer transportation, do grocery shopping and light housekeeping, run errands, and escort the senior to appointments, as well as offer caregiver respite at no charge to the client. These Senior Companions receive a tax-free stipend and travel reimbursement from CC. The Senior Volunteers and Companions engage in mental, physical, and social activity while becoming familiar with the available community resources and being exposed to frail or disabled elderly and their living conditions. Woodsworth finds that in this way many of the volunteers begin to think about how and where they themselves want to age and the resources they will need to do so successfully.[16]

Woodsworth also serves as the Caregiver Liaison for the Caregiver Support Program. In this role and free of charge, she helps caregivers by identifying community resources, performing home assessments, arranging for small-scale home modifications, and organizing monthly support group meetings that have strong educational and self-care components. Recent topics include: nutrition, elder law, expressions through journal and art, guilt, Tai Chi, palliative care, Medicare, home modifications, and massage therapy. Woodsworth helps caregivers develop a long-term plan that considers organizing finances, legal planning, medical planning, end-of-life decisions, and a personal action plan for the caregiver to decrease his or her own stress, promote socialization and physical health, and avoid physical and emotional burnout.

Throughout her work, Woodsworth remains adamant that adequate preparation for the aging process and potential erosion of personal independence can help stave off hurried decisions and the associated heartache and worry. She encourages families to consider home modifications not as an age-related compensation, but simply as safety and accessibility measures that employ principles of universal design and can be added at any time. Another early measure for families hoping to support loved ones at home is researching the available services provided in the community and paying special attention to the eligibility criteria. Even when an elder does not yet meet the critical age or functional level of a particular day service, for example, it is good to know what those ages or levels are and how long the typical waiting period is. That way, when those conditions do arise, it will be easier to make a decision about whether or not the caregiver can continue to provide care of the same standard as before.

Perhaps the most comprehensive service that CC Indianapolis offers is "A Caring Place," which is a licensed adult day service for frail elderly and adults with disabilities. A Caring Place provides social and physical activities, a hot lunch and snacks, and limited transportation, and it is a favorite choice for local high school, college, and professional school students to log volunteer hours. Donations for services are suggested according to a sliding scale depending on ability to pay, but subsidies are available from some state and local agencies including Areas on Aging, Medicaid waiver programs, Aging and In Home Solutions, Elder Solutions, CHOICE, Archdiocese of Indianapolis, Indiana Department of Human Services, and the Veterans Administration if eligible.[17]

There are roughly 18 adult day centers in the central Indiana area,[18] but Catholic Charities' A Caring Place has a special component that sets it apart. In 2001, physical therapist Jeanne Riteris began volunteering at A Caring Place and performing physical therapy pro bono with several of their participants.[19] Based on her experience, Riteris noticed that after a fall, patients received only 3 to 6 months of reimbursed treatment because there was no evidence to support benefits beyond that time frame. However, after working with some patients for 3 or 4 years and still noting improvements, Riteris wanted to explore the long-term effects of training balance in the frail elderly. In conjunction with Woodsworth, Riteris obtained a grant from a local church to develop and implement a Fall Prevention Program for the clients at A Caring Place that would last for a full year. Simple equipment like foam floor mats and a hand rail was purchased. For 12 of the clients, including those with dementia and other co-morbidities, Riteris conducted a program that involved initial and final evaluations, including a Balance Assessment using the Tinetti Assessment Tool, a comprehensive social and physical evaluation, the individual participant's goals, and an individualized exercise and balance program. Patients were seen twice weekly for a full year with documentation for each session, and quarterly assessments and updates were made to the individual program. Meanwhile, home modifications like having ramps, grab bars, modified door handles, and raised toiled seats were installed for the participants.

After the first year, 83% of the participants showed an improvement in their Tinetti score and reduced their risk for falls.[20] Now in its third year, the program continues to provide therapy to clients until they decide to discontinue it or until they no longer come to A Caring Place. Riteris reasons that therapy is the only physical activity that most of the clients do, and she is still documenting success in balance training in a population facing disability, decline, and/or dementia. She has also organized and trained 2 volunteers, one of whom is herself an Adult Day Service client with developmental delay. This is a wonderful example of the hope and dignity that accompany the services of CC Indianapolis.

Because the tasks associated with caring for someone who cannot care for themselves are often daunting physically, emotionally, and financially, Woodsworth strongly encourages caregivers not to think they have to do it all alone. Many organizations offer services free-of-charge or at low cost, and there are guidebooks and service directories available from several agencies that help caregivers identify helpful local and national resources ranging from legal and financial assistance to home visits and respite care. Physical therapists and assistants are in a dutiful position to recommend services that may be available in their communities. Catholic

Charities is just one option to provide to our clients both during the treatment phase and after discharge. Education and early preparation can help elders partner with caregivers to improve their quality of life and enhance their personal choice in their later years. The following references are helpful places to begin the aging in place process. To find your local Catholic Charities agency, go to the homepage, and click on the "Get Help" link. Then indicate your state. Select a city to see its contact information.

www.catholiccharitiesusa.org
http://www.CatholicCharitiesIndpls.org

National Caregiver Organizations

Administration on Aging
http://www.aoa.gov/eldfam/eldfam.asp

Children of Aging Parents
http://www.caps4caregivers.org

Family Caregiver Alliance
http://www.caregiver.org

National Family Caregivers Association
http://www.nfcacares.org

National Hospice and Palliative Care Organization
http://www.nho.org

Caregiver Resources

Eldercare Locator
http://www.eldercare.gov

National Council on Aging
http://www.ncoa.org

Review for senior benefits
http://www.benefitscheckup.org

Home Safety Assessments

National Resource Center on Supportive Housing and Home Modification
http://www.homemods.org/library/pages/needs.html

Caregiver's Handbook: A guide to caring for the ill, elderly, disabled…and yourself
A special health report from Harvard Medical School
http://www.health.harvard.edu

Alzheimer's Safety Catalog: Making Your Home Safe for Your Loved One
Memory Loss Support Services, Knoxville-Knox County CAC
http://www.knoxcac.org

Solutions: A Resource Guide for Seniors & Family Caregivers
CICOA Aging & In-Home Solutions, Indianapolis, IN
http://www.cicoa.org

Older Adults…the Resource Guide
Indianapolis Edition 2007 from the Indianapolis Senior Canter
http://www.yourcenter.org

REFERENCES

1. US Census Bureau. American Fact Finder. General Demographic Characteristics: 2006 Available at: http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=01000US&-ds_name=ACS_2006_EST_G00_&-_lang=en&-_caller=geoselect&-format. Accessed February 8, 2008.
2. US Census Bureau. American Fact Finder. General Demographic Characteristics: 2002 Available at: http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=01000US&-ds_name=ACS_2002_EST_G00_&-_lang=en&-_caller=geoselect&-redoLog=true&-format. Accessed February 8, 2008.
3. Hedrick, L. In-home care is cheaper than a nursing home. The Topeka Capital-Journal. April 18, 2004. Available at: http://findarticles.com/p/articles/mi_qn4179/is_20040418/ai_n11813766. Accessed February 25, 2008.
4. Catholic Charities Indianapolis. Homepage. Available at: http://www.archindy.org/cc/indianapolis/index.html. Accessed February 8, 2008.
5. Fabiny A, Modigliani S, eds. Caregiver's Handbook: A guide to caring for the ill, elderly, disabled…and yourself. Big Sandy, TX: Harvard Health Publications; 2007.
6. Catholic Charities USA. Available at: http://www.catholiccharitiesusa.org. Accessed June 9, 2008.
7. Catholic Charities Brooklyn. Programs and Services. Available at: http://www.ccbq.org/program.htm. Accessed May 30, 2008.
8. Catholic Charities Dallas. Elderly and Family Assistance Services. Available at: http://www.catholiccharitiesdallas.org/Services/ElderlyFamilyAssistance/tabid/63/Default.aspx. Accessed May 30, 2008.
9. Catholic Charities Jacksonville. Available at: http://www.ccbjax.org/diocese/. Accessed May 30, 2008.
10. Catholic Charities Los Angeles. Services for the Elderly. Available at: http://www.catholiccharitiesla.org/elderly.html. Accessed May 30, 2008.
11. Catholic Charities New York. The Elderly. Available at: http://catholiccharitiesny.org/index.cfm?PageToShow=theelderly.cfm&What=Helping%20the%20Elderly. Accessed May 30, 2008.
12. Catholic Charities San Bernardino and Riverside. What We Do. Available at: http://www.ccsbriv.org/. Accessed May 30, 2008.
13. Catholic Charities St. Louis. Available at: http://www.ccstl.org/Services/Seniors.html. Accessed May 30, 2008.
14. Cardinal Ritter Senior Services. Available at: http://cardinalritterseniorservices.org/. Accessed May 30, 2008.
15. Woodsworth, M. Personal Email. February 20, 2008.
16. Woodsworth M. Personal Interview. Catholic Center, Indianapolis. February 26, 2008.
17. Fairview Presbyterian Church. A Caring Place. Available at: www.fairviewpresbyterian.org/caringplace.htm Accessed February 21, 2008.
18. CICOA. Solutions: A resource guide for seniors & family caregivers. 2007-2008 ed. Indianapolis, IN: CICOA; 2007.
19. Riteris, J. Personal Interview. A Caring Place, Indianapolis. February 22, 2008.
20. Woodsworth M, Riteris J. Catholic Charities Indianapolis Adult day Services. St. Monica Grant Report. Unpublished data, 2006. Available from Monica Woodsworth: mwoodsworth@archiny.org.

E-News Editor Application

E-NEWS EDITOR POSITION
SECTION ON GERIATRICS (SOG)

Our Mission: To further our members' ability to advocate for optimal aging and to provide best practice physical therapy.

POSITION TITLE:
E-NEWS EDITOR

SECTION BOARD LIAISON:
CAROL SCHUNK, GERINOTES EDITOR

Program Goal(s): To gather information for a quarterly e-newsletter for the Section on Geriatrics that will provide valuable information to Section members about Section news and news relevant to PT and the aging adult.

BENEFITS TO YOU:

- Become familiar with the resources available to members through the Section on Geriatrics, and become more familiar with APTA resources.
- Use your creativity to benefit consumers and PTs.
- Manage the contributions of other volunteers in the e-news committee.
- Participate as a volunteer in the Section on Geriatrics. Make lasting contacts and friendships with outstanding PTs and PTAs from all over the US with an interest in geriatrics.

RESPONSIBILITIES: (Chair is encouraged to recruit and delegate tasks to committee members and oversee their contributions):

1. Create an e-newsletter at least quarterly, according to the schedule for the e-news set up by the Section Office.
   a. Collect news items and Section deadlines from Section Leaders (Awards & Grant Deadlines, Contest Deadlines, Course Registration Deadlines, Reimbursement news, etc.).
   b. Put together all information and edit the newsletter, using Constant Contact. (Constant Contact is an online program that will help you format a professional e-newsletter. As long as you are comfortable using a computer, you should not find Constant Contact challenging.).
   c. Include any general news related to PT and the aging adult that members might find useful (current research, funding opportunities, reimbursement news, etc.).
   d. Work with Membership Chair to ensure that the e-newsletter occasionally advertises benefits of Section membership to current members.
   e. Alert the Section Office when the e-news is ready to be sent out to members.
   f. Respond to any members who attempt to unsubscribe from the E-news, and let them know that they need to visit www.apta.org and click "My APTA" to manage their e-mail preferences (so far this is only 2-4 people per issue).
2. Complete any projects delegated by the Section Board or Strategic Plan.
3. Submit a written committee report when requested, usually prior to the Combined Sections Meeting and Annual Conference.
4. Submit a budget and annual report to the Board by established deadlines.
5. When attending CSM, the SoG Member's Meeting.

QUALIFICATIONS:

- Must be a member of the Section on Geriatrics.
- Must maintain a working e-mail address in APTA's database.
- Must generally be able to respond to member and officer queries sent via e-mail or phone within one week.

TRAINING AND GUIDANCE: The Section Executive will provide an orientation packet. The Executive will provide log-in information for Constant Contact. Constant Contact has WONDERFUL technical support: their staff can help you if you ever get stuck while drafting an e-mail. The Board Liaison will provide support throughout the term and is available to answer any questions.

COMMITMENT:
3 year term, estimated 2-3 hours per month.

I HAVE READ AND UNDERSTOOD MY RESPONSIBILITIES ACCORDING TO THIS JOB DESCRIPTION.

_____ _____

VOLUNTEER- E-NEWS EDITOR **DATE**

GERIATRIC SPORTS MEDICINE PHYSICAL THERAPIST

Don S. Schaning, PT

The future practice of physical therapy will be influenced by the same trends that are affecting the overall delivery of health care. The population is aging; in 1991, 31.1million Americans were aged 65 or older. This will increase to a projected 54 million by the year 2020. Those aged 85 years and older are the fastest growing segment of the aging population.[1] The health care work force is insufficient and woefully unprepared to meet the needs of the 78 million baby boomers that will begin turning 65 in 2011.[2] Geriatric specialists will be needed to care for this segment of the population. The content of this paper proposes the need in the future for a geriatric sports medicine specialist.

AGING POPULATION

The American Physical Therapy Association currently offers advanced certification in geriatrics and sports medicine.[3] The purpose of the advanced certification is to promote the highest level of care in the specialty group. This rapidly growing segment of our population will provide opportunity for geriatric physical therapist specialists to provide care for the treatment of chronic ailments but also provide preventative services such as individualized programs for balance and falls, mobility enhancement, and guidance for appropriate exercise programs. The over 65 age group is staying active, participating in competitive sports such as volleyball, tennis, swimming, running, golfing, and triathlons along with recreational activities such as dancing, hiking, cycling, and kayaking. This active age group will be best serviced by a clinical specialist that has advanced knowledge of sports medicine along with knowledge of the problems associated with aging.

In individuals over the age of 65, 75% will have osteoarthritis that affects one or more joints. It is also the most frequent and symptomatic health problem for older adults.[4] The problem with the current surgical treatment of osteoarthritis of the knee or hip by total joint arthroplasty is that they are not conducive to running and jumping and they tend to wear out, loosen, and occasionally break.[5] This author believes that new advances in the treatment of osteoarthritis will allow patients to participate in competitive sports. Current research is taking place that uses stem cells to grow damaged cartilage.[4] These advances in treatment will eliminate the need for total joint arthroplasties allowing the older adult afflicted with osteoarthritis to continue participating in athletic competition. The goals following newer procedures for treatment of osteoarthritis will now include returning these individuals to sport participation.

The age in which we define geriatrics will need to be changed. Life expectancy is expected to continue to rise. In the year 2000, the average life expectancy was 77 years. In 2005, life expectancy increased to 77.8 years.[6] The age at which active adults continue to participate in sports is anticipated to increase as well. At age 41, Dara Torres became the oldest women to qualify for the United States Olympic swimming team. She also set the American record for the 50 meter freestyle while qualifying.[7] In the 2008 Holland Fest Run in Cedar Grove, Wisconsin, a 90-year-old man participated in the 2-mile run. This type of participation in sports and athletics will continue to rise as advances in medicine improve the health of the aging population. A segment of the population will live longer and remain active. This is an opportunity for the physical therapy profession to provide specialized health care for this growing population.

PRACTICE OPPORTUNITIES

The geriatric sports medicine physical therapist will find practice opportunities in multiple locations. These specialists will work with health clubs, active retirement communities, orthopedic and sports practice settings, and integrated health care systems. Health and fitness clubs will present opportunities for physical therapists with this clinical specialty to provide direct access that will keep their active older adults injury free and assist in returning them to participation in physical activity and sports. The entrepreneur physical therapist will find payment opportunities on an out-of-pocket basis for these services. The most active portion of the population is someone with a college education.[8] The college educated is likely the most affluent part of the population. In retirement, this group will also have the income to pay out-of-pocket for these types of services. Active retirement communities will also be popular. In these communities, the older adults will be participating in sports and activities that can lead to musculoskeletal injuries. Physical therapists will also find direct access opportunities in these settings providing rehabilitation, wellness, and preventative medicine. Orthopedic and sports outpatient clinics will be able to market this specialist to assist the older athletes in rehabilitating from injuries or recovering from surgical procedures. This specialist will also find employment in the vertically integrated health care system which will provide these services in outpatient clinics.

Another opportunity in the future for the geriatric sports medicine physical therapist is providing on-line consultation. The segment of the population that participates in competitive sports is accustomed to paying for fee-based services provided by personal trainers or coaches. Medical consultation is currently available on-line.[9] Physical therapists could provide similar services on-line to address the health care needs of individuals.

Payments for these services will be mainly from direct cash payment from customers or Medicare. This author believes that, in the future, Medicare will allow physical therapists to see patients directly but payment will be based on providing evidence-based medicine and

treatment that follows accepted practice that promotes optimal outcomes. High-quality care will be a major emphasis for future providers. Medicare's "pay for performance" initiatives will cover all services provided to ensure quality measures are used.[10] Payment systems will most likely emphasize efficiency and coordination of health services based on accepted practice and evidenced-based protocols.[11]

SUMMARY

The future trends of health care will provide opportunities for physical therapists involved with the older adult. The geriatric sports medicine physical therapist is a specialty area that will be growing to address the needs of the active, sports minded older adult. Implementing evidence-based practice and meeting requirements for pay for performance will be part of future practice. There will be many practice opportunities for those who have clinical skills to meet the needs of the active future baby boomers.

REFERENCES

1. Sultz H. Young K. *Health Care USA Understanding Its Organization and Delivery*. 6th ed. Sudbury, Mass: Jones and Bartlett; 2009:25-27.
2. Johnson T. Geriatric work force shortage risks health of aging boomers. *Nation Health,* 2008;38(5). Retrieved July 29, 2008, from Health Source: Nursing/Academic Edition database.
3. APTA. Available at: http://www.apta.org/AM/Template.cfm?Section=Archives3&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=8471. Accessed July 29, 2008.
4. Buckwalter J, Saltzman C, Brown T. The impact of osteoarthritis: implications for research. *Clin Orthop Related Res*. 2004;427:S6-S16.
5. Schurman D, Smith R. Osteoarthritis: Current Treatment and Future Prospects for Medical, Surgical and Biological Interventions. *Clin Orthop Related Res.* 2004;427: S183-S189.
6. Center for Disease Control. Available at: http://www.cdc.gov/nchs/data/hus/hus07.pdf#027. Accessed July 29, 2008.
7. Chicago Sun Times. Available at: http://www.suntimes.com/sports/olympics/1076476,CST-SPT-oly27.stng. Accessed July 29, 2008.
8. Haskell WL, Lee IM, Pate RR. Physical activity and public health. Circulation. 2007;116:1081-1093.
9. DocByWeb. Available at: http://www.docbyweb.com/index.asp?func=about&SessionID=. Accessed July 29, 2008.
10. Centers for Medicare and Medicaid Services. Available at: http://www.cms.hhs.gov/apps/media/press/release.asp?counter=1343. Accessed July 31, 2008.
11. Clarke R. Five principles of healthcare reform. *Modern Healthcare*. 2008:26.

SECTION MEMBER SPEAKS IN IRELAND

Section on Geriatric member Timothy L Kauffman was an invited speaker at the Royal Irish Academy for the Irish Gerontological Society on June 11, 2008 in Dublin, Ireland. His presentation was titled "Ponce de Leon, Ageing and Exercise – The Elixir of Life." Kauffman's topic dealt with the large variety of exercises and the benefits on the aging brain and body, quality of life, cancer and heart disease reduction, and mortality. Tim is with Kauffman-Gamber Physical Therapy, Lancaster, PA and has served the Section in many leadership positions.

THOUGHTS ON APTA HOD RC 01-08
What are the Issues for the Geriatric Practitioner?

Michael J. Shoemaker, PT, DPT, GCS

The author is a delegate from the Michigan Chapter. He has submitted his reflections on one of the motions which passed the House of Delegates in June 2008 and the implications of that motion to therapists who work with older adults.

THE 2008 APTA HOUSE OF DELEGATES PASSED RC 01-08 WHICH AMENDED THE DEFINITION OF DIAGNOSIS AS FOLLOWS:

The diagnostic process includes: obtaining relevant history, performing systems review, selecting and administering specific tests and measures, and may include the ordering of tests that are performed and interpreted by other health professionals. The physical therapist's responsibility in the diagnostic process is to organize and interpret all relevant data.

As a delegate from the Michigan Chapter, I had the opportunity to share my perspective on how this revised definition of diagnosis might be viewed by external audiences and how it might hinder legislative efforts in our own state. In Michigan, we only have direct access for evaluation, consultation, and education. Direct access for treatment is a top legislative priority for our chapter. My initial concern with RC 01-08 was due to my observation of how external audiences have cynically viewed the efforts of the Michigan Association of Chiropractors to expand their scope of practice to include additional diagnostic imaging and laboratory studies. Will we be viewed with the same cynicism and subsequently fail to pass our own direct access legislation? Only time will tell. Since this motion passed, I have been reflecting in great depth on this issue, and wanted to share some of my reflections in order to encourage further dialogue among my geriatric physical therapist colleagues on this important issue.

Is "ordering tests" an inherent component of autonomous practice? If so, then there is no question that it is or should become a part of physical therapist practice. The question then becomes "what must we do to reach this level of practice consistently among all physical therapists in order to be viewed credibly by external audiences?"

I am not sure that "ordering" tests is already a part of physical therapist practice. Yes, our military colleagues in the uniformed health services currently practice in this manner. However, ordering diagnostic tests is not a part of their entry-level preparation and it is learned and practiced in the context of corporate knowledge and experience among military colleagues and clinical instructors. This corporate knowledge and experience does not exist in civilian physical therapist practice. Thus, at best, the majority of physical therapists are not practicing at this level. We are, however, most certainly practicing at the level of "recommending" and/or "referring" patients for further testing. Is there a difference in knowledge and skill between "ordering" and "recommending" additional diagnostic testing? "Ordering" tests may be different than "recommending" tests as "ordering" implies absolute knowledge of indications, limitations, contraindications, and patient preparation. "Recommending" or "referring" does not require this skill, as the physician would make the final determination. If there really is a difference between "ordering" and "recommending," then RC 01-08 represents an increase in scope of practice. My experience as the legislative chair of the Michigan Chapter is that legislative attempts to *expand* scope of practice are met with fierce resistance. This has implications for all states that will need to seek the state regulatory changes necessary to realize the vision outlined in this motion. However, legislative efforts to *update* regulations to *accurately reflect* current practice may be much more successful. So is this an *expansion* in scope of practice for physical therapists?

As geriatric physical therapists, what should be the limit to the tests that we could order? Plain films, magnetic resonance imaging, computed tomography, and electrophysiologic testing seem to be obvious inclusions for most neuromusculoskeletal problems encountered in the orthopedic setting. But what about the patient referred by a primary care provider for balance problems? Could we order an MRI of the cervical spine if we suspected cervical myelopathy? An MRI of the brain for suspected cerebellar dysfunction? Could we order all the necessary laboratory testing needed to help with a differential diagnosis of peripheral neuropathy? Somatosensory evoked potentials for suspicion of central demyelination of sensory pathways? Pulmonary function tests? Is the purpose of the tests we would order to only rule-out serious conditions and help with referrals? Is it to diagnose the underlying pathology, even if it would require physician management? Diagnosis by physical therapists is at the level of pathology, impairment, and/or functional limitation (using Nagi disablement terminology). But what are the limits to our diagnosis of pathology? What are the musculoskeletal pathologies we should not diagnose definitively? Would we try to diagnose the type of myopathy by ordering the necessary tests? If we wanted to just rule-out myopathy, would we order the necessary tests for the many types of myopathy? What about neuromuscular diseases such as amyotrophic lateral sclerosis? Pulmonary disease such as obstructive disease? These are questions we must answer as we seek to define the limits of our practice. My current impression is that the tests we would order should be limited to those that could confirm or rule-out pathologies that we can diagnose and treat and ones that don't exclusively require

Ordering Tests

physician evaluation and management (such as polymyositis). Of course, we would need to be familiar with the current evidence for each diagnostic test regarding its sensitivity, specificity, etc. for each of pathology of interest.

Assuming that "ordering" tests is an inherent component of autonomous practice, then what are the barriers we must overcome so that we may realize this key element of Vision 2020 as the standard of practice for physical therapists? First, there will need to be continuing education for all current clinicians, perhaps following the model used successfully by the uniformed health services. Second, many DPT curricula may need to expand content on diagnostic imaging to include the knowledge needed for ordering tests. Most curricula only cover integration of test results into decision-making, and concern is already being expressed about the length and cost of physical therapist entry-level education. Third, students will then need the opportunity to practice this decision-making skill in a clinical context with actual patients. This of course will require that clinical instructors have experience and competence with this skill as well. However, the primary barrier to learning and practicing these skills for clinicians and students alike is that of state regulation and third party reimbursement. Therefore, prior to building this collective experience we must begin a state-by-state, payer-by-payer effort to allow physical therapists to order tests.

As we, the physical therapy profession, continue on our path to realizing Vision 2020, we must be persistent, unified, and strategic in our efforts. I hope that these reflections will serve to help us more clearly define the issues as they relate to physical therapists who specialize in geriatrics.

Mike Shoemaker is an assistant professor of physical therapy at Grand Valley State University and is the Michigan Physical Therapy Association's chair of the legislative committee. He primary teaching interests are cardiopulmonary and integumentary practice, as well as advanced clinical decision-making. He is pursuing a PhD in Interdisciplinary Health Science at Western Michigan University.

Bone Health Initiatives

UPDATE ON BONE HEALTH INITIATIVES

Kathy Brewer, PT, CGS, MEd

The need to promote bone health across the lifespan is critical. The Surgeon General's Report in 2004 provided a call to action which is now slowly gaining momentum. Statistics about osteoporosis continue to show the significance of this disabling condition.

- Osteoporosis is epidemic in the United States and a major public health threat for an estimated 44 million Americans or 55% of the people 50 years of age and older (DHHS, 2004)
- A woman's risk of a hip fracture is equal to her combined risk of breast, uterine, and ovarian cancer (DHHS, 2004)
- Once a patient has had a vertebral fracture, the chance of having another one in the next year is approximately 20% (DHHS, 2004)
- One in 5 hip fracture patients die within a year (DHHS, 2004)
- The percentage of women age 67 and older who suffer a fracture who receive either a BMD test or prescription treatment for osteoporosis within 6 months of the date of the fracture is only 18% (HEDIS 2003)

Physical therapists have a significant role to plan in primary and secondary prevention. As we recognize osteoporosis and risk for fracture among our current patient population, we must take the initiative to provide education, prescriptive exercise and fall prevention strategies to promote safety, improved posture, and mobility to minimize fragility fractures as a component of our skilled interventions.

NOF SURVEY

A press release from the National Osteoporosis Foundation (NOF) in May 2008, reviews results of a nationwide survey which reveals low awareness of bone health and risk for osteoporosis in American men and women age 45 and older, as well as a lack of conversations regarding bone health between patients in this age group and their health professionals. Almost 80% of survey respondents do not believe osteoporosis is a risk factor in broken bones. Even though one in 2 women and 1 in 4 men older than 50 is estimated to break a bone due to osteoporosis in their remaining lifetime, there is a failure to link osteoporosis with broken bones as we age.

According to the study, 6 of 10 women have not yet had a discussion about the risk of breaking a bone with their health care provider and 40% of women in this age group have not had a bone density test. For men these numbers are even higher.

The National Osteoporosis Foundation recently released its new *Clinician's Guide to Prevention and Treatment of Osteoporosis* supporting the objective to assure that people with the highest risk of fracture get treated and that lower risk people are put on a prevention plan that is right for them. The pre-press draft of the guide is now available for download on the NOF Web site (www.nof.org).

Geriatric Section member, Richard Baldwin from Rockport ME is contributing frequent articles for "The Osteoporosis Report" – an NOF quarterly newsletter sent to NOF public members. Recent topics include "Exercises for the Spine," "Spinal Strengthening for Better Posture and Less Pain," and "Good Posture involves More than the Spine."

AMERICAN BONE HEALTH

The Foundation for Osteoporosis Research and Education (FORE) recently introduced *American Bone Health*, a community-based, chapter–driven or-

ganization to help Americans of all ages understand, identify, treat, and prevent bone disease and fractures. With the backing of evidence-based research, *American Bone Health* will dedicate its resources to help the public fight and prevent bone disease through education and community support. The organization's goal is to bring osteoporosis research and prevention information to all Americans through aggressive public education programs and community outreach at the local level.

American Bone Health will host an interactive website with important tools for consumers, provide an eNewsletter with the latest in research, and work with community advocates to deliver programs in their local communities. Information will soon be available at www.americanbonehealth.org.

Established in 1990 in Oakland, FORE is a California-based research organization focusing on the needs of the medical community to support osteoporosis detection, treatment, and prevention education (www.fore.org).

ABSOLUTE FRACTURE RISK

The World Health Organization (WHO) recently released an algorithm on absolute fracture risk called FRAX® which estimates the likelihood of a person to break a bone due to low bone mass or osteoporosis over a period of 10 years. The WHO algorithm estimates the probability (%) of a hip fracture or other major osteoporotic fracture over 10 years, given specific age, gender, race, and clinical profiles.

FRAX® models have been developed studying population based cohorts from Europe, North America, Asia, and Australia. The calculation tool provides specific risk related to geographic region and ethnic background for men and women age 50 or greater. Different risk factors have different weights. For example, smoking and excess alcohol consumption are relatively weak risk factors, whereas a previous fracture or a family history of hip fracture are strong risk factors. Calculations give fracture probabilities according to body mass index or according to the T-score for femoral neck BMD. When both BMI and BMD are available, better characterization of risk is provided with BMD. As an example of the utility of this tool, a woman aged 65 years with a T-score of -2 SD with no clinical risk factors would have a fracture probability of 9.7%. With 2 clinical risk factors, the probability rises to 20%. Further explanation, FAQ, and the calculation tool is available at http://www.shef.ac.uk/FRAX/index.htm. The International Osteoporosis Foundation affirms "The launch of the World Health Organization technical report, *Assessment of osteoporosis at the primary health care level*[1] and the related FRAX™ tool are major milestones towards helping health professionals worldwide to improve identification of patients at high risk of fracture for treatment. Additionally, the NOF has published a position statement further describing the significance and clinical application of this tool (http://www.nof.org/professionals/Absolute_Fracture_Risk_US.pdf).

Kathy Brewer graduated with her degree in Physical Therapy from Ohio State University and received her Master of Education from the University of Cincinnati. She was certified as a geriatric specialist by the American Board of Physical Therapy Specialists in 1994 and recertified in 2004. Kathy currently practices at Mayo Clinic, Arizona in out patient services and development of chronic disease management programs for older adults. She can be reached at brewer.kathryn@mayo.edu.

HANDLING OF THE OLDER ADULT THROUGH BOOKS
Book Review: Two Old Women

Jill Heitzman, PT, DPT, GCS, FCCWS

Have you ever been challenged in teaching PT/PTA students about the preconceived ideas society has about aging? Do you want a different way in approaching this task? How about having the students read novels about aging? This could open discussion about what therapy can do to educate the patient, their family, and community about what aging can do for society. Pick up a book and read, and then share your thoughts with colleagues and students. The same principle could apply to movies that deal with older adults in a way that expands the audiences understanding of older adults. Any readers are welcome to submit a "Book or Movie Review" to GeriNotes.

Two Old Women **by Velma Wallis, Fairbanks: Epicenter Press, 1996 or NY: First HarperCollins Publications, 1997.**

Velma Wallis writes about legends she heard while growing up in this Athabaskan Indian Culture. This book, *Two Old Women,* brings the reader into the lives of the Alaskan culture. I came across this book during my trip to Alaska this past summer and found the issues presented are the same issues facing all cultures with regard to the older adult. What benefit to society is the older adult?

The book begins with the Athabaskan tribe facing a crisis. The food supply has diminished, the weather is turning colder, and the demands of the people of the tribe are increasing. The chief has to make a decision on how to make sure the tribe survives. The older women are seen as a hardship; they can't perform the work but they still require food, clothing, and housing. In the tribe's opinion, these older women are taking from the tribe but not contributing. The chief must decide to leave them behind for the benefit of the entire tribe.

This is not the first time in the tribe's history that this decision has had to be made. As in the past, when older people are left behind, the assumption is that they will die. Family members are heartbroken but are unable to change anything. All this is done *for the benefit of the whole.* Once the chief has made the decision, the entire tribe must follow.

These two old women, however, are determined not to succumb to the natural result of death that should come from being in the wilderness alone. Through challenging themselves mentally and physically, they are determined to prove to themselves, and ultimately to others, that they can contribute to society.

As this book follows the lives of these two old women, many issues of aging are brought to the front. These include: the effects of exercise, knowledge of past history helping future decisions, ethical dilemmas on pain and suffering, cost of aging on society, and many others. As students and clinicians read this book, many topics of discussion can be opened. By searching our own response to how these women are treated and how they respond, our approach to aging personally and professionally in treating our patients will be altered.

Jill Heitzman, PT, DPT, GCS, FCCWS serves on the Board of Directors for the Section on Geriatrics and as Program Chair for CSM. She guest lectures at various universities and teaches online courses for the College of St Scholastica t-DPT Program. She also lectures nationally on topics related to aging.

THOUGHTS FROM A HOSPITAL PRO

Mrs. P. Davis - DeKalb, IL

The following was submitted by GeriNotes Editorial Board member, Meri Goehring. It was written by one of her patients.

CONS OF BEING A HOSPITAL PATIENT:

- No sleep
- Poke after painful poke
- Nonstop pills
- Time drags
- BM's in bed
- Endless cold coffee

PROS OF BEING A HOSPITAL PATIENT:

Wonderful TLC from:

- The Staff
- Nursing
- Physical Therapy
- Recreation Therapy
- Housekeeping
- Engineering

TIPS FROM AN OLD HOSPITAL PRO:

- Keep a good sense of humor.
- It's better to smile than frown when you're hurting.
- Eat properly, but not too much.
- Try and make the days of the staff happier and easier.
- Last but not least, be good and you will eventually get to go home!

SECTION ON GERIATRICS 2008
SLATE AND CANDIDATE STATEMENTS

All Section on Geriatrics (SoG) Members will receive a ballot in the mail in September. Ballots are also posted online for you to print and mail in. Ballots must be postmarked October 17, 2008 or earlier in order to be counted. We appreciate every member's participation in this year's election, and thank all of our candidates for their willingness to serve the SoG!

PRESIDENT
(ELECT 1)

John O. Barr,
PT, PhD

VICE PRESIDENT
(ELECT 1)

Alice Bell,
PT, GCS

DIRECTOR (*ELECT 2)*

Violet Acuna-Parker,
PT

Ellen Strunk,
PT, MS, GCS

NOMINATING COMMITTEE *(ELECT 1)*

Jane Okubo, PT

Rita Wong, PT, EdD

CANDIDATE STATEMENTS

The Section on Geriatrics (SoG) candidates for office were invited by the Nominating Committee to provide a candidate statement by answering several questions within an 850-word limit. Below are the candidate statements and biographical information provided by each of the candidates.

PRESIDENT

1. What three agenda items would you like to accomplish in your term(s) as President?
2. How do you see yourself and the section interacting with the entire APTA?
3. What do you perceive as the most important interpersonal skills that are needed by the President of the Section?
4. What specifically might you bring to the Section leadership to help them develop future leadership to keep the Section moving forward?

JOHN O. BARR, PT, PHD
Residence: Davenport, Iowa

Credentials/Degrees: BS in Physical Therapy; MA in Physical Therapy; PhD in Exercise Science/Physical Education/Therapeutics, Professor, Physical Therapy Department

Employment: St. Ambrose University

Section Membership: 28 years

APTA Membership: 37 years

Activities, SoG: President; Vice President, Member, Board of Directors; Chair, Research Committee; Chair, Distance Education Committee; Co-chair, Search Committee Home Study Course Editor; Co-chair, Review Committee; Distance Education Program Proposal/Director; Member, editorial boards, Issues on Aging and Journal of Geriatric Physical Therapy; Chairman, Planned Giving Taskforce; Awards: Joan Mills Distinguished Service Award

Activities, other Sections: Section on Clinical Electrophysiology & Wound Management: Member Review Committee - Hooked on Evidence; Editorial Board, Journal of Clinical Electrophysiology; Section on Research: Member, Research Retreat Planning Committee and Member, Public Information Committee; Section on Education: Chair, Entry-level Doctorate Taskforce

Activities, APTA Chapter(s): Iowa Chapter: President; Member Board of Directors; Delegate, APTA House of Delegates; Member, Taskforce for Iowa Board of Medical Examiners hearings on EMG, LASER, radiofrequency and light

Candidate Statements

modalities; Co-chairman Student Conclave Committee; Member, Manpower Taskforce; Member, Direct Access Taskforce; Member-Bylaws Taskforce; Chairman, Awards Committee; Chair-Annual & Fall Conference Planning Committee; Chairman SE District; President-Iowa Physical Therapy Foundation; Awards: Olive C Farr Distinguished Service Award

Activities, National: Chair, Chapter Presidents' Steering Committee; Manuscript reviewer, Physical Therapy; Awards: Mary McMillan Scholarship (advanced degree); Dorothy Briggs Memorial Scientific Inquiry Award; Lucy Blair Service Award

Agenda Items: There are 3 goals that I would like to accomplish during my second term of office as President:

1. Continue to increase the number of Section members and enhance their involvement within the Section and the APTA.
2. Attain a much greater level of funding for research in geriatric physical therapy through the Foundation for Physical Therapy, and other private and governmental sources.
3. Participate in meaningful responses by the Section and the APTA to the looming crisis outlined in the Institute of Medicine's report "Retooling for an Aging America: Building the Health Care Workforce."

Interaction with APTA:

The Section needs to be vigilant in assuring that issues related to aging and older persons are continually under consideration and deemed to be important by the APTA, its components, and the Foundation for Physical Therapy. The President, other Section leaders, and members can accomplish this by bringing forward key issues in an informed manner as we participate in our home Chapters, in other Sections, through the House of Delegates, and in state and national legislative processes. For example, during the past 2 years, we've had a number of motions debated and approved by the House. Section members played a significant role in Medicare legislation this summer. Most recently, my "President's Perspective" from the July issue of GeriNotes, concerned with the Institute of Medicine's (IOM) challenging report "Retooling for an Aging America: Building the Health Care Workforce," was shared with Chapter and Section Presidents, and the APTA Board of Directors. It will be reprinted in some other component publications. Additionally, the Board plans for our State Advocates to play a larger role in enhancing meaningful 2-way communication with Chapters.

The Section continues to be valued as an important aging-related information resource by the APTA. Although the President often serves as the point of first contact, other Section members can be quickly mobilized to provide expert and timely input on matters of importance to both the profession and the older individuals we serve. In recent months, we been consulted on matters concerned with clinical practice, consumer issues, legislation, research, and research funding.

In order to achieve our goals, ultimately the Section must work collaboratively with the APTA. Importantly, the Section needs to continue to serve as a devil's advocate in assuring that aging-related issues are always being considered and advanced by the APTA. Section leaders needs to pay attention to key details in APTA activities related to practice, reimbursement, advocacy, political action, public relations, education, and research. The Section must establish a reliable mechanism for providing proactive counsel to the APTA, rather than only being in the position to react to actions that the APTA has taken without our input.

Interpersonal Skills: The most important interpersonal skills needed by the Section President are a receptivity to a range of member interests and concerns, a willingness to seek out and utilize others with specialized knowledge and skills, the ability to thoughtfully consider issues, and the desire to work effectively as a decisive team leader in developing and implementing a shared vision for the Section.

Developing Future Section Leadership: In striving to meet the challenge of developing future Section leaders who can keep the Section moving forward, I bring experience in successfully working with volunteers and paid staff at state and national levels. This has included visioning and strategic planning, setting measurable organizational goals, assessment of performance and outcomes, and the personal encouragement and facilitation of leadership development for colleagues within our organization. I work to create meaningful opportunities for member involvement, provide support/guidance/mentoring as needed, and sincerely endeavor not to micromanage the activities of our emerging leaders.

VICE PRESIDENT

1. What are the most pressing concerns facing the Section at this point in time?
2. What experiences would you bring to the position of VP that make you a strong candidate for this position?
3. What do you see as the most important function of the office of Vice President?
4. What is the greatest challenge facing the profession in terms of geriatrics at this time?

ALICE BELL, PT, GCS

Residence: Agawam, MA

Credentials/Degrees: PT, GCS

Employment: Genesis Rehabilitation Services

Section Membership: 15 years

APTA Membership: 16 years

Activities, SoG: State Liaison, Massachusetts, Membership Chair, Director

Activities, other Sections:

Activities, APTA Chapter(s): Assembly Representative, Secretary

Activities, National: Professional Technical Advisory Committee Member (PTAC) JCAHO

I have served on the Advisory Board for Springfield College PT program and currently serve on the Advisory Board for Springfield Technical Community College's PTA program.

I am a guest lecturer for the PT program at Springfield College on the topic of Geriatric Physical Therapy. I have been a presenter for several Western District, Mass Chapter APTA meetings, and for the Berkshire AHEC. I have authored several articles on topics related to geriatrics. I have been an item writer for the specialist certification exam. I am also a member of the Long Term Care Consortium. I received my Specialist Certification in 1994 and my recertification in 2003.

Pressing Concerns: I believe the most pressing concerns facing the Section on Geriatrics at this point in time are: insuring that we provide the members with the tools, resources, information and services they need in order to realize the value of belonging to the Section, to continue to expand membership by adding new members and retaining current members, and to identify and mentor emerging leaders within the Section.

Experience: I have worked clinically in the area of geriatrics exclusively since 1988 and primarily since 1982. During that time I have held many different positions in several different treatment settings. I have maintained some level of involvement in direct patient care during the entire time while also being involved in developing policies and procedures, managing and supervising clinical service delivery, developing and providing education to students and practicing clinicians, and collaborating with a variety of disciplines in specialty areas of practice. Additionally I have held leadership positions in a number of organizations including the Section on Geriatrics, District positions in the Mass Chapter of the APTA, and with my employers. I believe strongly in the importance of giving back to your profession through involvement in the professional association and by mentoring students and other clinicians. I also recognize the importance of having a voice whenever possible to advocate for patients, therapists, and issues that impact us all. I have been actively involved at a state and national level in advocacy efforts, and am committed to this profession and, specifically, to the practice of Physical Therapy with Older Adults. I have considered it an honor to serve the section in the past and would continue to be honored to serve in the capacity of Vice President.

Function of Vice President: I believe the most important function of the Vice President is to support the President and other officers of the Section in achieving our mission of furthering our members' ability to provide best practice physical therapy and to advocate for optimal aging. Additionally, the Vice President must work with the President and other officers to advance the scope and impact of the Section by supporting membership growth, responding to the needs of existing members, and promoting the Section and its members' interests within the APTA and with other organizations involved in the care and service of older adults.

Challenge to profession in terms of geriatrics: The greatest challenge facing the profession in terms of geriatrics right now is insuring clinicians working in this area of practice have access to, and avail themselves of, the most current research and evidence to expand their skills and knowledge base in order to provide the highest level of care, that other parties including government agencies, third party payers, and other health care professionals recognize the value of those skills and that knowledge, and that all patients who would benefit from our services have access to the highest level of care we can provide.

DIRECTOR

1. What creative and innovative ways do you propose to increase communication among Section leadership and grass roots membership?
2. What financial planning do you think needs to be done over the next years for the Section?
3. What 3 agenda items would you like the Section to accomplish while you are on the Board of Directors?
4. What is the greatest challenge facing the geriatric practitioner and how can the Section help?

VIOLET ACUNA-PARKER , PT, MBA

Residence: Bradenton, FL

Credentials/Degrees: BS PT, Masters in Business Administration

Employment: Aegis Therapies

Section Membership: 13 years

APTA Membership: 20 years

Activities, other Sections: Vice President, Section on Licensure and Examination (now Health Policies & Administration), APTA; Secretary, Texas Chapter, Houston district

Activities, APTA Chapter(s): Treasurer, West Central District, Florida PT Assoc.; Assembly Rep for FPTA

Activities, National: Board Member, Exhibitors Advisory Committee, 1986

As I approach my retirement years (I am 56 years old), I am very passionate about the care of the elderly, the role of PTAs in geriatric settings and involvement of the PTAs in the Section in Geriatrics. For example, here in Florida, the elderly population will increase fivefold within the next 3 years. Post-acute care in home health, SNF, and ALF must be carefully monitored, as there appears to be more PTs relying on the PTAs to carry out the treatment plan.

I love to work with people who are open to creative ideas. I am foreign-trained PT. I graduated from the University of the Philippines in 1975 and quickly helped establish the second school of PT at the University of Santo Thomas. Upon arriving to the United States, I noticed how the entry of foreign-trained PTs was easy by getting temporary license. I became involved in programs that will assure that we only allow foreign-trained therapists to not only be competent in clinical practices, but, also able to communicate effectively and fluently in the English language.

Getting the individual states to include Test of Spoken English or TOEFL to be a prerequisite to licensure for foreign-trained. I made personal appearances to several state boards of examiners across the country in the '80s. Today, I am not aware of any state that does not require this. I served as Vice President of the Section on Licensure and Examination the year when we transitioned to the Federation of State Boards of Physical Therapy. The Section's name then changed to Section of Health Policy and Administration.

Increasing Communication: Let's reach out to the graduating students of all PT and PTA institutions so that when joining APTA, the Section on Geriatrics would be their first choice. Send copies of GeriNotes for distribution to students. Encourage research on geriatric topics among students through competition. We have an outstanding publication, GeriNotes which is not peer-reviewed. Let's send copies to (members or non-members) Directors of Rehab of all skilled nursing homes, rehabilitation hospitals, LTAC, etc.

Financial Planning: Plan for growth in membership in the Sunbelt states (especially in Florida and Arizona) where the elderly population will significantly increase. Budget for membership campaign as I stated in Question 1.

Plan for public education campaign by collaborating with organizations and associations for the elderly (AARP, CCRC organizations).

Agenda Items: First, increase affiliate membership in the Section of Geriatrics while promoting educational courses specific to physical therapist assistant on their role of in geriatric settings.. For example, here in Florida, the elderly population will increase fivefold within the next 3 years. Post-acute care in home health, SNF and ALF must be carefully monitored, as there appears to be more PTs relying on the PTAs to carry out the treatment plan.

Second, increase leadership and membership of diverse cultural and ethnic background.

Third, develop strong advocacy group by lobbying legislative changes that will benefit the aging population.

Greatest Challenge: Before we can fully identify the challenges the geriatric practitioner faces, one must clearly understand the challenges that the elderly population face. They range from the medically complex diseases, osteoporosis to the affordability and delivery of care system. That is why I highly recommend strong collaboration with the Council for the Aging and senior associations in the state and national levels.

As John Barr mentioned in the last issue of *GeriNotes*, I quote: "..Institute of Medicine' Committee on the Future Health Care Workforce for Older Americans, chairman John Rowe, MD, stated, 'I am here today to call your attention to a looming crisis that is quickly approaching; the considerable shortfall in the quality and organization of the health care workforce to care for tomorrow's older Americans.' There is the challenge for organizations such as ours to rise to and lead other caregivers and practitioners to influence the health of the older adults. There is going to be a lot of us older adults in the next five to ten years."

ELLEN R. STRUNK , PT, MS, GCS

Residence: Birmingham, AL

Credentials/Degrees: PT, MS, GCS

Employment: Rehab Resources & Consulting, Inc.

Section Membership: 15 years

APTA Membership: 18 years

Activities, SoG: Federal Affairs Liaison 2003 – 2006; Director 2006 - present

Activities, other Sections: Member Home Health Section Nominating Committee (approximately from 2004 – 2007)

Activities, APTA Chapter(s): For Members Only (member newsletter) Editor (mid 1990's); Practice & Payment Committee (late 1990's); Practice & Payment Chair (approxi 2000 to present); Secretary (2005 – 2007); Governmental Affairs Task Force (2007); Treasurer (2007 to present)

Activities, National: Governmental Affairs Committee 2005 – 2008; Medicaid Task Force (2007 to present); Participated in a CMS Technical Expert Panel on the Post-Acute Care Demonstration project on behalf of the APTA; Participated in a CMS stakeholder meeting on the Nursing Home Value-Based Purchasing Project on behalf of the APTA

Increasing Communication: Communication is the key to any organization's success. Because we are a large Section, the challenge of communication is ever present. To be successful in this challenge, I believe the Section needs to continue to explore all methods of communication: media, web, email, and print. If we continue to maximize the use of all of these methods, then we have a greater opportunity to reach all membership. I would also like to see the Section provide "webinar" opportunities for its members. These webinars could be educational in nature or could be a platform for question/answer on a particular subject or simply an opportunity for the grass roots membership & leadership to exchange ideas more frequently during the year.

Financial Planning: I believe the finances of the Section to be in good shape at the present time, so continuing that stewardship is vital to the Section's interest. I would like the Section to continue to be a strong supporter of the Foundation of Physical Therapy and directly support projects and research geared toward physical therapy for the older adult.

Agenda Items: I would like to see the Section accomplish these items on its Strategic Plan:

Educate membership on autonomous practice within various settings. I believe this is very important to the future of our profession. In many settings, therapists may not take the opportunity to practice autonomously or have the burden of regulations that are difficult to maneuver. Providing education on methods to practice autonomously and working with the APTA's Governmental Affairs to reduce the regulatory burdens that still exist should help to achieve this goal.

Advocate for appropriate health policy and reimbursement related to the aging adult. This, of course, is an ongoing strategy and one that changes depending on the focus of each Congress. However, I believe there are strategies the Section can participate in to further this goal as well as prepare our membership for the future. For example: increase Section participation in conference, commissions & taskforces that impact the health, wellness, and physical function for the aging adult and developing wellness and disease management programs that focus on the role of PT for community education.

Facilitate members' utilization of best practice physical therapy for optimal aging. I believe that if you polled our membership about their use of research and evidence in their practice, you would have a wide variety of answers. I think one of the best benefits of being a Section on Geriatrics

member is the wealth and depth of information we receive on research. I believe we should continue to challenge ourselves to find ways to improve the use of this information in our day-to-day interactions with patients/clients.

Greatest Challenge: I think one of the biggest challenges is positioning the geriatric practitioner as a major player in the health care team for older adults. In so many settings, the PT is still seen as an "ancillary" service – an add-on service. I hope we can continue to break this model down and in doing so, show the value to having PT involved in every aspect of care management for the older adult. I believe the Section can help by achieving the 3 goals outlined in the previous question: (1) Educating members about autonomous practice. We can only get there if we believe we can and if we want to be. (2) Change policy and payment structures to facilitate and promote the involvement of the PT. Changing the model of payment for PT services from a medical one (ie, after one is sick or injured) to a proactive or wellness model (ie, paying for services that will prevent illness and injury) is key. (3) Facilitating the use of best practice guidelines will certainly help others to view physical therapy as a necessary part of the health care equation.

NOMINATING COMMITTEE

Please describe what attributes you value in a candidate. Do you see the need to look at the balance in the Board composition when determining the slate?

1. Recognizing the need to develop new leaders within our Section, how can the Nominating Committee play a role in encouraging members to become involved in the SOG activities? (ie, Serving on committees, running for office, working with the various SIGs, etc.)
2. What skills and experience do you have to enable you to serve on the Nominating Committee?
3. How can a member of the Nominating Committee identify qualified individuals that represent the geographical and practice diversity of the Section on Geriatrics?

JANE K. OKUBO, PT

Residence: Carmichael, CA

Credentials/Degrees: PT

Employment: Kaiser Permanente Hospital Sacramento, CA

Section Membership: 15 years

APTA Membership: 41 years

Activities, SoG: Cultural Diversity Committee Chair, Member of student forum panel CSM 2005-2007

Activities, other Sections: Acute Care - Secretary 2001-200, Neurology - Nominating Committee, Bylaws Committee, Stroke SIG Nominating Committee

Activities, APTA Chapter(s): California - Delegate 1988-2003, Nominating Committee 2003-2006, South Carolina-Delegate 1984, 1986-87, PR Committee Chair, Membership Chair, Conference Committee Chair

Activities, National: Delegate from California, Advisory Panel on Women

Candidate attributes/Board composition: Candidates for positions in Section of Geriatrics should have knowledge and sensitivity for the needs/risks of that population and should be a strong advocate. Cultural competence skills are also desirable. A leader should be a team builder and work towards consensus, rather than push his/her own agenda. A leader should be open and approachable. There should be a balance on the Board, as diversity of ideas and background is essential to mirror as closely as possible the ideas of the Section members. No one person has all of attributes of the ideal leader, but could be displayed in a balanced board.

Encouraging member involvement: I think that our membership meeting has a wonderful format, starting with good food, chance to interact with members whom we do not know, and the discussion groups, which allow anyone to make resolutions or plans for the Section. Also, actually talking to PTs and PTAs who stop by our booth, and the breakfast new for specialists gives us great opportunity to get someone interested in the Section or a position in the Section. Just talking to someone at a session or in the exhibit hall can be an opportunity to gain a new member and get them involved. Watching and listening to PTs/PTAs at a session or committee meeting, and approach those who seem to have an passion/interest in particular areas of need for our Section would be a good recruiting tool..

Experience: I have been an APTA member for over 40 years, and know many PTs. I like to talk with PTs and PTAs and would have no problem trying to get them interested in becoming involved.

Diversity: Connecting with the Regional Liaison would be the easiest way. Asking chapter members of any Section who might be interested.

RITA WONG, EdD, PT

Residence: Arlington, VA

Credentials/Degrees: EdD, PT

Employment: Marymount University

Section Membership: 22 years
APTA Membership: 37 years

Activities, SoG: Board of Directors 1997-2000, Manuscript Reviewer for Journal of Geriatric PT, 1993-present; Editorial Board Member, Journal of Geriatric PT, 2007 to present; Member of SOG clinical residency taskforce, 2003-2007; Member of the Section on Geriatrics Taskforce on Promoting Physical Therapists as Exercise Experts for the Aging Population. 2004 to 2007 (appointed); SOG Joan Mills award, 1996; SOG Distinguished Educator award, 2001

Activities, APTA Chapter(s): Virginia Chapter delegate to the 2001, 2004, 2005, 2006 APTA HOD (Elected); Northern Virginia District Chair 2002-2003; Virginia Chapter President elect 2003-2004; Virginia Chapter President, 2004-2006; Virginia chapter student relations co-chair, 2007- present; Virginia chapter federal legislative committee chair, 2007-present

Activities, National: Member of Geriatric Specialty Council 1989-1996 (appointed); Chair of the Geriatric specialty Council, 1993-1995; Member of the Taskforce on the Accreditation of Clinical Residencies in Physical Therapy, Department of

Accreditation, APTA, 1994-1995 (appointed); National taskforce for the Implementation of Clinical Residencies in Physical therapy (A Follow-up committee to the '94-'95 Residency Assessment Taskforce. 1996-1997 (appointed)); Member of the APTA Committee on Clinical Residency and Fellowship Credentialing, APTA, July 2002 to June 2005 (appointed); APTA Lucy Blair Service Award, 2003; Reviewer for Physical Therapy, Journal of the APTA (Appointed): 1999 to present

Candidate attributes/Board composition: Among their many duties, members of the Board are representatives of the Section (both to the membership and to the public). Board members should demonstrate commitment to the ideals of the Section on Geriatrics and be future thinking, able to work on a team, problem-solvers, and responsible.

Encouraging member involvement: The Section on Geriatrics (SOG) has a strong history for leadership development. The Nominating Committee should continue with this tradition. Leadership development starts at the grassroots level. First, the SOG informs APTA members of the benefit of being a SOG member and encourages membership. Personal interaction with members is the best way to solicit participation and, through this participation, identify potential leaders. SOG members can initially 'dip their toes into the water' of active involvement through participation in narrowly defined activities (such as member-involved tasks requested by SOG committees). This helps allay fears that "I do not have enough time" or, "I do not know enough about the task." Members may need to be given several opportunities to participate before they accept a task. This is fine; keep asking. Eventually, the time will be right for the individual to take on a task. Once actively involved in the Section, it is much easier to encourage progressive responsibility, identify potential leaders and, eventually, encourage those leadership opportunities. Geriatric certified specialists and geriatric residency graduates are also good pools of individuals to tap into for leadership development within the SOG.

The Nominating Committee and Membership Committee should work together to both increase awareness of benefits of joining the SOG and to identify SOG members willing to consider more active involvement. The SOG should be represented at regional and statewide conferences. State Geriatric Special Interest Groups should be encouraged. Membership and nominating committees can work together to assure SOG is represented at state and regional component meetings, particularly those with a meeting focus that is likely to draw PTs and PTAs who work with older adults. Networking and building a database of individuals with interest in SOG involvement is essential. Periodically, these individuals need to be invited into a participation activity. Once involved, providing opportunities for progressively increasing levels of leadership with mentorship as needed, can be undertaken.

Experience: I have been an active member of the SOG for more than 20 years. My involvement has cut across several key areas of the SOG which provide me with a broad knowledge of the needs of the SOG and with many personal contacts across a wide range of groups and activities. My leadership history as a member of the Section's Board of Directors, as one of the founding members of the Geriatric Specialty Council, and, more recently, as a State Chapter President, gives me substantive experience identifying potential leaders among constituents and fostering their development. I have a very good understanding of the workings of APTA and the SOG which will be helpful in recognizing and developing opportunities for leadership development among our members.

Diversity: It is important to have representation across geographic areas, across practice settings, and across generational groups. The strategies identified above can help to identify a diverse pool of nominees across these categories. Encouraging participation and leadership across state chapters, with new and ongoing certified specialists, and with PTs in a variety of practice settings, will help assure we achieve diverse representation.

Avenues for Student Involvement – Get Into Geriatrics!

A Student Contest for PT and PTA Students: Creating Patient Handouts

PT and PTA students throughout the nation are creating consumer/client instructional materials. Brochures created over the past three years are available on our website, and are a valuable resource to the clients we serve (see www.geriatricspt.org, Consumers, Patient Education Brochures).

CONTEST RULES:

1. The student contributor(s) must be enrolled in a physical therapist or physical therapist assistant program when they submit their brochure. Submissions are accepted January 1-December 20 for consideration at CSM the following February.
2. The submitted handout will be one page only, using both sides of a standard sized 8 ½ x 11 sheet of paper. The handout will not be folded. Author's names will be clearly printed on the back cover. *We encourage students to visit our Awards page at www.geriatricspt.org to view a template.
3. Students should only use pictures from .gov websites: all other pictures on the web may be copyrighted.
4. All submitted brochures will become the property of the Section on Geriatrics. Brochures not selected as winners or honorable mention will be returned to students for their discretionary use. Winning and honorable mention brochures will be posted on the website after final editing with the Section on Geriatrics' name and logo for clinician use following the contest.
5. Entrant handouts must be **emailed to geriatrics@apta.org** by **November 21, 2008**. **Please include contact information for all students who worked on the brochure. If the brochure was created in a class, we would also like to have the professor's name and e-mail. The brochure should be in a format that we can edit (Word and Publisher are fine- no pdfs, please).**
6. The top three entrants will each receive a year's student membership to the Section on Geriatrics.

Winning handouts will be displayed at the Section booth at APTA's 2009 Combined Sections Meeting. Authors will be recognized through the display, in *GeriNotes,* and on the Section's web site. The handouts will be available for clinicians to download and print for client care and instruction.

Know Students who are Interested in Geriatrics? Nominate them for a Student Membership Award!

Get students involved in the Section on Geriatrics, and have them paired with a mentor in the field! Anyone who is a Section on Geriatrics member or teaches geriatric content may nominate a student. Simply supply the following information to geriatrics@apta.org by **January 15, 2009**:

1. Full name of nominator, or APTA member number:
2. Full name of student, or APTA member number:
3. Description of how student meets the criteria:

To be eligible for this award, the nominee must:

1. Be a member of APTA
2. Be enrolled fulltime in an accredited educational PT or PTA program, residency or fellowship.
3. Be in good academic standing
4. Have demonstrated an interest in geriatrics as evidenced by special course work in the area of geriatrics, had an exceptional clinical experience in the area of geriatrics or some other aspect that indicates the student as having special interest in geriatrics, such as, research project, case studies, special presentations, volunteering, etc.

The final award winners will be drawn during the business meeting at Combined Sections Meeting. There will be up to 5 PTA and 5PT students selected to receive one year membership to the section free.

Section on Geriatrics Directory

EDITORIAL BOARD

Carol Schunk, PT, PsyD, Editor
19625 Sunshine Way
Bend, OR 97702
carolschunk@earthlink.net

Patrice Antony
Orlando, FL

Kathy Brewer
Phoenix, AZ

Helen Cornely
Miami, FL

Nora Francis
Chicago, IL

Meri Goehring
Dekalb, IL

Neva Greenwald
Jackson, MS

Jill Heitzman
Ames, IA

Sandy Levi
Deerfield, IL

Bill Staples
Carmel, IN

BOARD OF DIRECTORS

Jill Heitzman
Ames, IA

Greg Hartley
Miami, FL

Alice Bell
Agawam, MA

Ellen Strunk
Birmingham, AL

Delegate
Cathy Ciolek
Wilmington, DE

EXECUTIVE OFFICERS

President
John O. Barr
Davenport, IA

Vice President
Anne Coffman
New Berlin, WI

Secretary
Rubye Kendrick
Tyler, TX

Treasurer
Bill Staples
Carmel, IN

COMMITTEE CHAIRS

Awards
Sara Knox
Pickerington, OH

Bylaws
Pam Duffy
Adel, IA

Advanced Clinical Practice
Greg Hartley
Miami, FL

Education Coordinator
Alice Bell
Agawam, MA

Program
(CSM & Annual Conference)
Jill Heitzman
Ames, IA

PTA Advocate
Jean Reynolds
Maitland, FL

Home Study Course Editor
Susan Wenker
Stoughton, WI

Regional Courses
Missy Criss
Pittsburgh, PA

ACEE Co-Chairs
Marilyn Moffat
Locust Valley, NY

Karen Kemmis

Journal of Geriatric Physical Therapy
Michelle Lusardi, Editor
Middletown, CT

Public Relations
Kerri Bednarcik
Yardley, PA

Listserv
Cathy Cidek
Wilmington, DE

Finance
Bill Staples
Carmel, IN

Membership Chair
Leon Bradway
Edgewater, MD

Cultural Diversity
Tsega Andemciael Mehreteab
Piscataway, NJ

Nominating Committee
Judith C. Canfield
Red Lodge, MT

Reimbursement/ Legislation

Research
Jessie VanSwearingen
Pittsburgh, PA

Web Site
Lucy Jones
Blackwood, NJ

ADVERTISING

Malisa Minetree
W 317/815-4688
FAX 317/582-0607
sweepingads@indy.rr.com

LIAISONS

APTA Board Liaison
Bill Bardy
Conway, AZ

IPTOP Liaison
Neva Greenwald
Jackson, MS

SPECIAL INTEREST GROUPS

Health Promotion & Wellness SIG
Priscilla Raasch-Mason
Raleigh, NC

Osteoporosis SIG
Carleen Lindsey
New Hartford, CT

Balance & Falls SIG
Judy Daniel
Rochester, NY

SECTION ON GERIATRICS APTA

Section Executive
Andrea Saevoon
Section on Geriatrics
1111 North Fairfax
Alexandria, VA 22314
W 800/999-2782 ext. 3238
FAX 703/706-8575
andreasaevoon@apta.org

SOG Website
http://www.geriatricspt.org

Geriatric Physical Therapy Listserv
Join at http:/groups.yahoo.com/group/geriatricspt and click 'Subscribe.' When you receive an email confirming your subscription, you have full access to member areas of the site.

PUBLISHER OF GERINOTES & JOURNAL OF GERIATRIC PHYSICAL THERAPY

Sharon Klinski
2920 East Avenue South, Ste 200
La Crosse, WI 54601-7202
W 800/444-3982 x 202
FAX 608/788-3965
sklinski@orthopt.org

We make a living by what we get, but

we make a life by what we give.

- Winston Churchill

Topics in Geriatrics

Volume 4

An Independent Study Course Designed for Individual Continuing Education

American Physical Therapy Association, Section on Geriatrics

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

See www.geriatricspt.org for online or regional courses available.

**Course available now
Register online
www.geriatricspt.org**

Course Description

The Section on Geriatrics is pleased to present Volume 4 of the Geriatric Home Study Course. Course topics have been compiled based upon readers' interest and feedback. In addition to this, the series is the first to focus on women's health as it pertains to the older adult. The authors in this series have linked theory to practice across the spectrum of care and provide practical insights through case studies.

Topics & Authors

- Electrically Powered Mobility Devices and Seating Systems: Trends in Examination, Reimbursement, and Equipment—*Robbie B. Leonard, PT, MS*
- Reimbursement Issues in Health Care: Understanding the Medicare and Medicaid System—*Bob Thomas, PT, MS*
- Breast Cancer: The Role of the Physical Therapist—*Nicole L. Stout Gergich, MPT, CLT-LANA*
- Issues in the Veterans Health Care System: A Focus on the Veterans Health Administration for the Physical Therapist—*Alice Dorworth Holder, PT, MHS*
- An Interdisciplinary Approach to End-of-Life Issues—*Nancy R. Kirsch, PT, DPT, PhD*
- Pharmacokinetics, Pharmacodynamics, and Disease Management: Implications for Physical Therapists—*Orly Vardeny, PharmD, and Bryan Heiderscheit, PT, PhD*

Editor

Sue Wenker, PT, MS, GCS

Additional Questions

Phone toll free 877/766-3452 • Fax 608/788-3965
Section on Geriatrics, APTA, 2920 East Avenue South, Suite 200,
La Crosse, WI 54601

Current Courses Available

- Topics in Geriatrics: Volume 3–*30 contact hours* (topics include the older driver, bariatric geriatrics, fall prevention, public health, exercise prescription, and successful aging)
- FOCUS: Geriatric Physical Therapy–*30 contact hours*
- Topics in Geriatrics, Volume 2–*30 contact hours* (topics include: therapeutic exercise, chronic obstructive pulmonary disease, post-polio syndrome, aquatic exercise, physical and chemical restraints, ethics) (Formerly named Topics in Geriatrics 2005)
- Topics in Geriatrics, Volume 1–*20 contact hours* (topics include: issues in home care, Alzheimer disease, diabetes) (Formerly named Topics in Geriatrics 2004)
- Focus on Physical Therapist Assistants in Geriatrics–*10 contact hours*
- Cultural Diversity of Older Americans–*30 contact hours*

Fees for Current Home Study Courses

	Section on Geriatrics Member	APTA Member	Non-APTA Member
Topics in Geriatrics: Volume 4 (available thru Dec 2013)	$200	$300	$400
Topics in Geriatrics: Volume 3 (available thru Dec 2012)	$200	$300	$400
FOCUS: Geriatric Physical Therapy (available thru Dec 2011)	$200	$300	$400
Topics in Geriatrics: Volume 2 (available thru Dec 2010)	$200	$300	$400
Topics in Geriatrics: Volume 1 (available thru Dec 2009)	$135	$200	$270
Focus on PTAs (available thru Dec 2009)	$50	$75	$100
Cultural Diversity of Older Americans (available thru Dec 2008)	~~$150~~ $75 while supplies last	~~$225~~ $175 while supplies last	~~$300~~ $250 while supplies last

WI residents add applicable state sales tax.

If notification of cancellation is received in writing prior to the course, the registration fee will be refunded, less a 20% administrative fee. Absolutely no refunds will be given after the start of the course.

Home Study Course Registration Form

I am registering for course(s) _____

Name _____ Credentials (circle one) PT, PTA, other_____

Mailing Address _____ City _____ State _____ Zip _____

Billing Address for Credit Card (if applicable) _____

Daytime Phone _____ APTA# _____ E-mail Address _____

Please check: ☐ Section on Geriatrics Member ☐ APTA Member ☐ Non-APTA Member

I wish to join the Section on Geriatrics and take advantage of the membership rate. (Note: must already be a member of APTA.) ☐ I wish to become a PTA Member ($35). ☐ I wish to become a PT Member ($45).

Fax registration and Visa, MasterCard, American Express, or Discover number to: (608) 788-3965

Visa/MC/AmEx/Discover (circle one)# _____

Expiration Date _____

Signature _____

Registration Fee	
WI State Sales Tax	
Membership Fee	
TOTAL	

Please make checks payable to: Section on Geriatrics

Mail check and registration form to: Section on Geriatrics, APTA, 2920 East Avenue South, Suite 200, La Crosse, WI 54601. 877-766-3452

2008 PROFESSIONAL DEVELOPMENT OFFERINGS
SECTION ON GERIATRICS

Section members and APTA members receive discounts on all courses.

Regional Courses

Physical Therapists as the Exercise Experts for the Aging Adult: Evidence-based Assessment and Exercise Prescription
September 27-28, 2008 • Portland, OR • 15 Contact Hours

Best Practice Forum: Caring for the Aging Adult with Amputation
September 26-27, 2008 • Fairfax, VA • 16 Contact Hours

Manual Physical Therapy for the Geriatric Patient
October 25-26, 2008 • Indianapolis, IN • 15 Contact Hours

Objectives and pricing can be found at www.geriatricspt.org.

Home Study Courses

We have seven different outstanding Home Study courses currently available. Home Studies are written by experts in the field: you can pick and choose from a large range of topics to fill in your knowledge of best practice for the geriatric patient. Courses range from 10-30 contact hours. This is an easy, cost-effective way to meet your CEU requirements: browse our offerings today at www.geriatricspt.org.

Section on Geriatrics - APTA
GERINOTES
2920 East Avenue South, Suite 200
La Crosse, WI 54601-7202

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

Non-Profit Org.
U.S. Postage
PAID
Permit No. 149
La Crosse, WI