



NEWS FROM THE ARK



Arkansas Physical Therapy Association

December 1, 2009

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The President's Message

The Holiday season is in full stride and many of us are thinking more about family, friends, vacation time, decorating our homes, and gatherings than about our practices and our profession. However, we feel this would be a great time to plan a great start to the New Year in professional connection and growth. In this regard, the ArPTA has produced our reformatted electronic newsletter "News From The Ark" for distribution and to create some discussion. This is the brain child of Becky Sewell, our ArPTA Executive Director. Please feedback to her any comments or suggestions you may have for future articles or contributions to the newsletter.

I had the opportunity to attend the Reimbursement Chair forum in Alexandria, VA as the representative of AR in November. In fact, we were all in the Washington, DC area as the Senate version of Health Care Reform was under vote to be considered by the full Senate. This was a great time to review some of our problems and solutions for reimbursement in the profession of PT in all settings, and to review both the House and Senate versions of Health Reform and what they would mean to us as therapists. Regardless of your political persuasions, the new Reform packages will be a challenge to our profession in many regards. Under both plans, there will be more insured individuals (required purchase of health insurance for all) and therefore we will need to have more manpower to treat those with problems. We are covered as an essential benefit under both plans (the extent of coverage is under debate and not defined) and therefore all persons should have access to some form of physical therapy. There will be a cut in Medicare payments under the House plan and no cuts under the Senate plan.

The expected 20% reduction in Medicare payments that was to go into effect in January is taken care of under a separate consideration and will probably be handled prior to the beginning of 2010 (along with an extension of the therapy cap for outpatient services). Children's health services are handled differently as most children would be covered by the family required health coverage, so SCHIP will probably disappear in both plans. There will be a federal Center for Comparative Effectiveness Research to determine treatments that are effective and set more protocols for care under both plans and both plans stress prevention as a major item. Both plans are expensive and will cost in some way and we do not know the reimbursement rates which may be issued for any PT services. Feel free to contact Sen. Lincoln or Sen. Pryor to let them know how you feel about the legislation still being debated.

I also learned at the reimbursement chair meeting that AR is doing well in many areas of reimbursement and poorly in others. We are doing better than most in reimbursement, as there are few managed care plans and HMO's reducing pricing or payments to most settings. We are doing less favorably in having insurers pay for direct access of patients to the physical therapy setting. In this regard, I will be meeting early next year with representatives from BCBS and other large health insurers in Arkansas to see if some of the reimbursement problems might be remedied and to look into providers being reimbursed for direct access cases. BCBS is one of several third party payers in other states to pay for direct access to PT and they have found this is a cost savings to them.

Finally, we have started our ArPTA outreach to the varied regions



ArPTA President Steve Forbush

of our State through continuing education meetings. The first outreach was in the Jonesboro area and was presented by Stephen Joseph. He did an outstanding job and was well received. The meeting portion presented us with many opinions and ideas for service to our members. Our second meeting is going on right about now (December 5, 2009) in Conway and will be presented by Steve Forbush (yours truly). If you know of a topic we can present for your area and you are willing to sponsor a seminar for an evening or up to one full day, just contact Becky Sewell at execdirect@arpta.org. Sponsorship involves providing of meals and location only. We will supply the speaker on the topic of your choice and take care of electronic brochures and mailings.

It is a pleasure to serve you as President of the ArPTA. Your Board's purpose is to serve the membership and represent you when necessary in any professional activity. If you have any needs or concerns, we are open to your comments, suggestions, and directions. Please contact me at any time at forbush@uca.edu.

Respectfully submitted,

Steven W. Forbush, PT

Committee News

Program Committee Chair:

Leah Lowe, PT, lives and works in Conway, AR. She is a physical therapist at an outpatient pediatric facility and works with children ranging in age from 0 to 21 years old. She has been a member of the ArPTA for seven years and is excited to be assisting in bringing in exciting and educational courses for the excellent physical therapists in this state. If you have any suggestions for courses, locations, speakers or material type that you would like to provide, please email Leah at leahmlowe@yahoo.com with subject line "ArPTA Suggestion."

Membership Committee Co-Chair:

Becky Keith, PT, received a bachelor of science degree in Physical Therapy from the University of Central Arkansas in 1991. She began her career in physical therapy at Health-South Rehabilitation Hospital in Jonesboro (1991-2001) serving many years as department director. Much of her clinical time was spent treating patients with multi-trauma, spinal cord injuries and traumatic brain injuries. She began teaching in the Physical Therapist Assistant program at Arkansas State University in 2001 and has served as the PTA program director for the past 5 years. She achieved a Master's in Health Science Education in 2006. She maintains clinical practice on campus as the PT for the Beck PRIDE Center for America's Wounded Veterans.

Becky tells us that the ArPTA Membership Goals for 2010 include:

- Increase ArPTA/APTA membership by 10%
- Develop better communication effectiveness between all PT/PTA programs in the state

At the end of September, APTA membership stood at 76,695, an overall increase of 1.39% (1,048 members) over September 2008. Within the PT category, PT Fulls decreased by .53% (245 members) over September 2008. Within the PTA category, PTA Fulls increased by 2.15% (85 members) over September 2008. Overall, the Student category increased 5.83% (949 members).

Membership Development Tip of the Month

Establish a "buddy system" for long-term and new members. A great way to orient new members about the chapter is to link them up with long-term members who know the ins and the outs of chapter membership. This is an ideal activity at component meetings where members can meet face to face to discuss the issues that the profession is confronting and APTA's responses to these issues.

Mark Your Calendars for the following membership development-specific events:

- Feb. 17-20 Combined Section Meeting (San Diego)
- Members Round Table, Thurs, Feb 18, 7am-8am
 - New Professionals Reception, Thurs, Feb. 18, 7pm-8pm

Secretary's Report

Debbie Crandall graduated with a bachelor of science in 1974 and practiced clinically in multiple care-setting continuously until 2000 when she transitioned into Management and Administration. While living and practicing in the United States Virgin Islands, Debbie served on the Board of Physical Therapy for the USVI for 10 years. She moved to Northwest Arkansas in September 1994. She completed her Master's of Science in Health Administration in 2007 and now serves as the Administrative Director of Northwest Medical Center-Willow Creek Women's Hospital, a 64-bed women's acute care hospital in Johnson, AR. A member of the APTA since 1974, she has served as the Treasurer and Secretary of the ArPTA.

Debbie is now in her second term as the ArPTA Secretary. APTA recently published a resource guide for component secretaries and it is Debbie's goal for 2010 to convert the ArPTA to the APTA recommended agenda and minute format.

Officers and Committee Chairs

- President: Steve Forbush
Vice President: Joel Sebag
Treasurer: Stan Harris (starting January 1, 2010)
Secretary: Debbie Crandall
Bylaws Chair: Tegan Miller
Ethics Chair: Shon Riley
Legislative Co-Chairs: Nancy Reese and Bill Bandy
Membership Co-Chairs: Ashley Mott and Becky Keith
Newsletter: Becky Sewell
Nominating Chair: Misty Booth (starting January 1, 2010)
Practice Chair: Steve Forbush
Political Action Chair: Amy Denton
Program Chair: Leah Lowe
Public Relations Chair: Bo Renshaw
Research Chair: David Taylor
Student Liaison: Shane Irgens



Slipped Capital Femoral Epiphysis

Devon Clark, PT, DPT

Beth McKittrick-Bandy, PT, PCS, MBA

One of the advantages of working in a teaching hospital is the opportunity to interact with multiple disciplines discussing cases and learning about problem solving that occurs from other perspectives. One such opportunity that occurs at Arkansas Children's Hospital (ACH) is orthopedic indications conference in which the orthopedic surgeons and residents discuss the surgeries scheduled for the week, the previous week's surgeries and any trauma cases that came in during the week that required orthopedic surgical interventions.

In the past month, two cases in particular stood out in that both of the patients involved had received physical therapy (PT) in an outside clinic. One patient was referred to PT initially because of knee pain and the second with hip pain. The patients presented to their primary physicians complaining of their respective pain, both could walk, but had a slight limp. Both patients were seen for outpatient PT in the community for several weeks (three weeks and six weeks respectively). In both cases a sudden onset of pain prevented weight bearing on the involved side. One patient experienced a fall during play; the cause of the sudden onset of pain in the second patient is unknown. Both patients were seen in the emergency department at ACH, x-rays were taken and both received the diagnosis of an unstable slipped capital femoral epiphysis (SCFE).

The purpose of this article is to review the clinical signs and symptoms of a patient with a SCFE. As physical therapists continue the transition to more autonomous practice, it is important to recognize the need for an x-ray and request one or at least refer the patient on to a pediatric orthopedist.

Slipped capital femoral epiphysis is of unknown etiology and has been described as a "generalized metabolic disorder of puberty" and a "mechanical failure of the growth plate to resist displacement probably due to hormonal imbalance." There is a wide range of occurrence between .07 and 10/100,000 adolescents in the US with greater incidence in males versus females 2-3:1¹. The age symptoms may be

present varies from 10-16 years but is generally around the time of onset of puberty. Studies have indicated that SCFE will occur bilaterally in approximately 25%-40% of cases. Though a SCFE can occur in patients that are thin, obesity can predispose an adolescent to a SCFE.

A patient may present to physical therapy with complaints of pain on the affected side in the hip, groin, thigh or knee. Referred pain to the knee is secondary to the sensory distribution of the obturator and femoral nerves. The patient typically has an antalgic gait pattern and has limited active and passive hip external rotation, abduction and flexion in the involved extremity.

Patients with stable slips will be able to bear weight and will typically have a limp. They may or may not remember any precipitating event that caused their pain. Pain can be present for several weeks or months. Previously a stable slip was considered a "chronic" slip. Patients with an unstable slip will not be able to bear weight and generally have a traumatic event such as sliding into base, being tackled, falling down stairs, etc... resulting in an acute slip. In the past, a patient that had the symptoms described for a chronic slip and followed by a traumatic event that resulted in an acute slip would be called "acute on chronic". Current terminology uses the term stable to describe a chronic slip and unstable to describe an acute or an acute-on-chronic slip.^{3,4}



It is important to refer patients with symptoms characteristic of a SCFE to a physician for x-rays for a definitive diagnosis before continuing therapy. Initial femoral displacement is usually posterior and inferior which may or may not be visible on an anterior/posterior view. A frog view may be necessary to confirm a stable slip.¹⁻⁴

Even stable slips need to be pinned to avoid the possibility of becoming unstable. Patients with SCFE have an increased likelihood of developing avascular necrosis of the femoral head. Avascular necrosis occurs in 47% of patients with unstable hips and 0% of those with stable hips.^{3,4} All patients eventually have an increased incidence of degenerative changes earlier in adulthood than the average population, with more severe arthritic changes appearing earlier in patients with unstable slips.

An unstable slip can be easily missed if the correct X-ray view has not been performed. In fact, a stable slip was

discovered on the opposite side of one of the patients described previously as he was having the unstable side pinned. The orthopedic surgeon noticed the position of the opposite hip as they were finishing surgery and decided to get an x-ray on the asymptomatic side. The x-ray revealed the stable SCFE. The stable slip was pinned after appropriate consent was given by the patient's parents.

In summary, patients often present with symptoms that require differentiation. If a patient between the ages of 10-16 presents to your clinic with an antalgic gait, complaining of hip or knee pain and limitations in hip external rotation, flexion and adduction, consider previous diagnostic work-up. If an x-ray has been taken, determining whether a frog view was performed will increase your ability to differentiate symptoms and better enable you to determine whether to initiate treatment or provide recommendations regarding radiography or orthopedic referral.

¹Campbell, S. et al. Common diagnoses by age group. In *Physical Therapy for Children*, St. Louis, MO: Saunders Elsevier; 2006: 496-503.

²Hart, E. et al. Slipped capital femoral epiphysis: Don't miss the pediatric hip disorder. *The Nurse Practitioner*. 2007; 32:15-21.

³Herring, JA. Slipped Capital Femoral Epiphysis in *Tachdjian's Pediatric Orthopaedics*, 4th ed, Philadelphia, PA: Saunders Elsevier; 2008:839-841.

⁴ Kay, R. Slipped Capital Femoral Epiphysis in Lovell and Winter's *Pediatric Orthopaedics*, 6th ed. Morrissy and Weinstein, eds. Philadelphia, PA: Lippincott, Williams, Wilkins; 2006: 1088-1089.

ArPTA partners with Affiniscape to provide job listings on our websites to help our members find jobs and find employees. Check it out at



Upcoming Events

- Dec. 5 ArPTA Advanced Lumbo– Pelvic Manual Therapy Course
Speaker—Steve Forbush, PT, Ph.D.
UCA Physical Therapy Dept.
8:30am to 5pm
- Feb. 17-20 Combined Section Meeting (San Diego, CA)
- Mar. 29-Apr. 2 S1—Spinal Evaluation and Manipulation
Downtown Comfort Inn, Little Rock
(ArPTA members are eligible for a discount on this course. Call Becky at 501-499-6163 for registration information to receive the discount.)
- Apr. 3 ArPTA Spring Meeting and Course
Downtown Comfort Inn, Little Rock
(more information to come)

ARKANSAS STATE UNIVERSITY

Department of Physical Therapy

Assistant/Associate Professor Opening

The College of Nursing and Health Professions at Arkansas State University (ASU) invites applications for two positions in the Department of Physical Therapy. Both positions are **Full-Time (9 month) tenure-eligible and are available August 2010**. Candidates with interest and/or expertise in a variety of practice and clinical science areas will be considered; preferred areas include neurology, geriatrics, chronic illness, clinical medicine and orthopaedics. Rank and salary are commensurate with experience and credentials.

Qualifications: An earned post-professional doctoral degree in physical therapy or related field is preferred. Eligibility for Arkansas physical therapy licensure and teaching/clinical experience in the relevant areas is necessary. Established scholarly agenda with demonstrated productivity preferred. Minimal clinical experience of 5 years required.

Duties: Participation in teaching, service, scholarly activity, and student mentoring and advisement is expected. Opportunities exist to take a leadership role in the adult neurology, geriatrics and/or chronic illness components of the curriculum.

Applications: Interested candidates should send a letter of interest, Curriculum Vitae, and references to: Dr. Roy Aldridge, Chair, Physical Therapy Search Committee; Arkansas State University; P.O. Box 910; State University, AR 72467. (870)972-3591, Fax (870)972-3652. All interested applicants must also apply through the university's on-line application service at <http://hr.astate.edu/employment.html>

Arkansas Physical
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We're on the web at

www.arpta.org



CSM 2010 Section Events Benefit the
Foundation

**NIFTI-HSR
Fellowship
Opportunity**

You are invited to attend two events hosted by APTA Sections during CSM 2010 in San Diego that will benefit the Foundation. Join your friends and colleagues for a fun-filled evening at the Sports Physical Therapy Section (SPTS) **Beach Party Redux** at the Hilton San Diego Bayfront Hotel on Thursday, February 18, 8:00 pm–12:00 am. The evening will include music and dancing to the famed Beach Toys, a Beach Boys tribute band who rocked the event on our last visit to San Diego (thus the redux). The ever-popular SPTS Silent Auction will once again feature sports memorabilia, gifts, clothing, and equipment for your bidding pleasure. Tickets are \$25 for members (\$10 for students). Purchase your tickets by calling APTA Member Services at 800/999-2782, ext. 3395 or online at the Foundation's Web site FoundationforPhysicalTherapy.org. Catch the Buzz at the **Home Health Section Coffee** to benefit the Foundation. Start your morning off with Starbucks coffee before you begin your educational programming on Friday, February 19, from 7:00 am–9:00 am. Make a quick stop by the Hilton Bayfront and grab a cup to go, or linger and chat with friends and colleagues. Foundation-funded researchers will be our special guests. Gentiva Health Services, a Foundation Partner in Research, is sponsoring this event. Tickets are \$15 (\$5 for students) and can be purchased through the APTA Service Center at 800/999-2782, ext. 3395 or on the Foundation's Web site.

The Foundation for Physical Therapy is currently accepting applications for the 2010 New Investigator Fellowship Training Initiative in Health Services Research (NIFTI-HSR). This fellowship is designed to fund doctorally-prepared physical therapists as developing researchers in health services research and improve their competitiveness in securing external funding for their future research through mentored research training experiences. The Foundation will award \$73,000 over two years in which the sponsoring institution will match for a total award of \$146,000. Deadline for applications is January 26, 2010 at 12:00 Noon (ET). For more information and eligibility regarding this fellowship in health services research