

President's Message

By Barbara H Connolly, PT, EdD, FAPTA

Cincinnati was a busy town during the APTA Annual Conference, but I think the members of the Section on Pediatrics were even busier! Our Section was well represented in the House of Delegates not only by our section delegate, Venita Lovelace-Chandler, but also by section members who were delegates from their own chapters. Several of the motions that were brought forward to the House directly impacted members of our Section, and we were lobbied extensively for support. In particular, RC-53 (Continuing Education for Individuals other than Physical Therapists and Physical Therapist Assistants) created much discussion about the continuing education provided in the educational environment and in early intervention. Fortunately, the motion passed is "friendly" to those of us who provide education to other professionals (and paraprofessionals) who work with children.

As the Section continues to provide educational opportunities for its members, I want to share some information with you about two exciting programs. The first is *Topics in Physical Therapy in Pediatrics*, APTA's new home study course, which is getting rave reviews. Several of the Pediatric Clinical Specialists with whom I have spoken wished that the home study course had been available when they were preparing for the specialist examination. Even if you are not preparing for the specialist examination, you will find that the home study course allows you access to cutting-edge information on pediatrics. To order, contact APTA's Service Center at 800/999-2782, ext 3395.

The second opportunity is the 5th Annual Advanced Clinical Practice Course in Pediatric Physical Therapy, which will be held November 8-10 in Austin, Texas. This 2.5-day course is intended for physical therapists who have a desire to investigate current theories and evidence-based practice across practice settings. Physical therapists who are considering taking the ABPTS examination are particularly encouraged to participate as part of their review. The course will provide 20 contact hours and will include information concerning the NICU, issues in early intervention, management of musculoskeletal problems in children, standardized developmental testing, evidence-based practice, cardiopulmonary practice, fitness and wellness, and other topics. Case-based models will be used for presentations, and there will be



Barbara Connolly accepting APTA Component Award for Outstanding Peer-Reviewed Publication from APTA President Ben Massey.

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December Section on Pediatrics
Newsletter copy deadline is
November 1. If you would like to submit a
story idea, please contact
Communications Chair Carrie Gajdosik.
For information on advertising, contact
Cindy Sliwa in the Executive Office.

Strategic Planning - What Is It?

In September of each year the Executive Committee (President, Vice President, Secretary, and Treasurer), two Regional Directors, and at least one Committee Chair meet at APTA to plan and prioritize activities for the upcoming year. The activities are based on history of the Section (what has worked in the past and what is required to keep the Section running) and input from Committees, Regional Directors, Special Interest Groups, Task Forces, and the general membership. Activities are prioritized and chosen based on consistency with the Section's values, mission, and vision. (The Section's values, vision and mission statements are on page 12 of this newsletter.) The Strategic Plan assigns responsibility and resources, including a budget, as needed to support these activities. You can obtain a copy of the Strategic Plan from Cindy Sliwa at the Executive Office at cindysliwa@apta.org▲

By
Sheree York,
PT, MS, PCS,
Section Vice
President

2003 Slate of Candidates

The Nominating and Elections Committee would like to thank the individuals who have agreed to run for positions in the Section on Pediatrics (see box to right). Through their generous gifts of time and talent, these candidates demonstrate the commitment that is needed to help the Section grow as a voice for pediatric physical therapy. We encourage you to do your part for the Section by voting. Ballots will be mailed in October and results will be announced at the Combined Sections Meeting in Tampa. Please note that this slate is not final.▲

2003 SLATE OF CANDIDATES
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Advanced Clinical Practice in Pediatric PT Planned for November

The Section will hold its 5th Annual Advanced Clinical Practice in Pediatric Physical Therapy Course November 8 - 10, 2002, at the Doubletree Inn in Austin, Texas. The course is geared toward advanced practice and is intended for experienced pediatric physical therapists that have a strong desire to investigate current theories and evidence-based practice across settings. Physical therapists who are considering taking the ABPTS examination are particularly encouraged to participate as part of their review. The course will provide 20 contact hours.

Speakers are Barbara

Boucher, PT, PhD, OT; Joan Darbee, PT, PhD; V Kathleen Fincher, PT, MS, PCS; Cindy Fudman, MS, PT, PCS; June Brigford Garber, PT, MACPT; Susan Harris, PhD, PT, FAPTA; Thubi HA Kolobe, PT, PhD; Shelly Kozel, PT, PCS; and Linda Pax, PT, PhD, PCS.

Topics covered will include NICU Practice (Garber), Practice Issue in the Early Intervention Setting (Boucher), Musculoskeletal System & Function (Pax), *Guide to Physical Therapist Practice*. Case & Group Assignments (Fudman), Selection & Interpretation of Standardized Measures of

Motor Development & Function (Kolobe), Evidence-based Practice (Harris), Cardiopulmonary & Fitness (Darbee), Assistive Technology (Kozel), Issues in Administration (Fincher), and The Guide and Case Discussions (Fudman and Panel).

The advanced registration deadline is October 18, 2002. Course fees for Section Members are \$305 (all three days) or \$160 (single day); for Non-Section Members, \$335 or \$215; for Non-APTA Members, \$385 or \$260. To register, contact Katie Harvey at katieharvey@apta.org or at 800/999-2782, ext 8506.▲

By
Nancy
Cicirello,
PT,
Government
Affairs
Chair

Thank you to
Justin Moore
and Elizabeth
O'Brien for
providing this
information.

Government Affairs Committee Report

The Family Opportunity Act (FOA) is a step to ensure Medicaid coverage for children when their family reaches or exceeds the income limits for Medicare. The bipartisan legislation, introduced by Senators Grassley and Kennedy, would correct an inequity that forces families who have children with disabilities to quit working, turn down promotions, and stay impoverished to retain Medicaid benefits for their children. The Family Opportunity Act would allow states to develop options for these families to buy into the Medicaid program while maintaining their employment. Parents would pay to continue Medicaid coverage on a sliding scale based on income level. The Consortium of Citizens with Disabilities (CCD) has been a primary advocate for this legislation. APTA is a member of this consortium and supports the FOA. This first step was reported out of committee on July 11, 2002, and now heads to the full Senate. As of July 23, the House version has not been heard.

Another item of interest is the No Children Left Behind Act. There is a document that can be pulled up on the Web at www.ed.gov/inits/commissionsboards/whspecialeducation that summarizes the intersection of President George W. Bush's No Children Left Behind Act with Special

Education. Following the January 8, 2002, signing of this Act, the Commission on Excellence in Special Education, that Bush created on October 2, 2001, gathered information toward ensuring that children with disabilities were equally represented. The 89-page document reports the findings of the commission, and the fact that "The President sought a commission that would recommend reforms to improve America's special education system and move it from a culture of compliance to a culture of accountability results."

One finding articulated the emphasis that children placed in special education are general education students first. To date special and general education are still considered two separate systems. A second finding identifies the focus on compliance and bureaucratic imperatives rather than academic achievement and social outcomes. Apparently, the commission had heard comments that so much paper work was necessary to ensure compliance that direct time with students that focused on student learning was lost.

Elizabeth O'Brien of APTA's Government Affairs Department attended the Consortium for Citizens with Disabilities (CCD) meeting and reported that this group thought that a number of the commission's recommendations were "fluff" and that there was

too much focus on process problems. I have asked Committee members to read and send their comments to me so that the Pediatric Section will be well represented. Any Section member is welcome to do the same.

Regarding reauthorization of IDEA, it is reported that there will be some language changes in September. Pat Kennedy introduced HR 5076, which focuses on strengthening Part C. This would 1) provide incentives in states to provide services to children at risk. 2) Address eligibility for Part C, especially for children with social and emotional issues, and 3) in the area of Personnel Development, make sure teachers and other personnel are qualified. The bill is currently at a standstill and looking for Republican sponsors. CCD is supporting the bill and there will be a sign-on letter for organizations to add their support.

Members of the Section on Pediatrics were asked to complete a survey on issues of concern for physical therapists as related to IDEA. Ninety-five members responded to the survey. The results were that the #1 priority was full funding of IDEA, the #2 priority was inconsistency of PT services provided in various states, #3 was the use of qualified providers for PT services, and #4 priority was the use of natural environments for provision of services.▲

Frequently Asked Questions

By
Elizabeth
O'Brien, MPA,
Asst. Director
of Federal
Regulatory
Affairs, APTA

Q: *I own a small private physical therapy practice and specialize in providing services to children with disabilities. I want to contract with a physical therapist to fill in for me when I am on vacation and to help me when I have a high workload. May I bill under my provider number for the services that this physical therapist provides and then pay the physical therapist out of pocket?*

A: The answer to this question is contingent upon the patient's insurance, federal laws, and state laws. First, if the patient is a Medicaid recipient, then the provider must consult Medicaid regulations and laws. Although Medicaid is a federally funded program, the individual states administer the majority of the program. So, in this case, the physical therapist should contact his or her state Medicaid agency and ask if the contracted physical therapist needs his or her own Medicaid number. The following link provides a connection to the State Medicaid Agency Web sites: medicaid.aphsa.org/links.htm.

Medicare regulations require that all physical therapists working for physical therapists in private practice (PTPPs) be employees and obtain their own Medicare number. Medicare would not permit the PTPP to bill through his or her provider number for the services proved by another physical therapist. Thus, in the above example, the contracted physical therapist may not treat Medicare patients because he or she is not employed by the practice, and does not have a Medicare provider number. Private insurance is regulated by each state. Each private payer has its own rules and policies governing enrollment requirements. Thus, the physical therapist would have to contact the individual insurance companies to determine what their policies are regarding these issues. Furthermore, the physical therapist may also want to contact his or her state chapter to determine if there are any state laws that may affect this issue.

Q: *Does the fact that my business is set up as an incorporated entity affect the way in which I obtain my provider number (group or individual)? Does the type of provider number impact the risk management benefits associated with an incorporated entity?*

A: As noted in the previous question, the ability to obtain an individual and/or a group provider number is contingent upon the rules, laws, and policies for the specific type of insurance. Review these rules, laws, and policies to see how the issue of incorporation is addressed and what affect, if any, it has on what type of number you can obtain.

With regard to the type of provider number you have impacting the risk management benefits of incorporation, there may be potential for impact. To determine if this is the case in your particular situation, you would need to consult with someone experienced in the laws that govern corporate arrangements in your state (eg, a local attorney or business consultant). Another resource that may be helpful is a fellow physical therapist in your area who has established a similar business arrangement. It is important to note that, as you consider specific risk management questions, there are not always black and white answers. Rather, you must gather information about best practice standards and guidelines, licensure guidelines and requirements, payer/regulatory agency guidelines and requirements, and corporate/organizational standards and guidelines, and use your critical decision-making skills to sort through and prioritize the information you find. Ultimately, only you can decide on the best means of managing whatever specific risk you are faced with. For this reason, it makes sense to not just look at specific risks in isolation, but also to take time to do a risk analysis and come up with a comprehensive plan to incorporate risk management in all aspects of your practice.

Q: *If I have a specific pediatric question, who should I contact for help?*

A: You can visit the Section's Web site at www.pediatricapta.org or APTA's Web site at www.apta.org. You can also contact APTA's Government Affairs Department for help with pediatric questions. The contact number is 800/999-2782, ext 8533. Also, the Section's Executive Office at ext 3254 may be able to help or to put you in touch with someone who can. If you have a specific business question that is related to your private practice, APTA's Private Practice Section at 202/457-1115 also may be of assistance.▲

By
Peg Mohr,
PT, PhD,
Region II
Director

Region II Update

MINNESOTA

Karen Osterso, Minnesota State Representative, reported that the manual for physical therapy service provision in the educational setting has recently been revised and updated. A presentation by the pediatric outcome study group was given at the Minnesota APTA spring conference regarding the use of the *Guide to Physical Therapist Practice* with a focus on application of the Guide to the pediatric population. A presentation on treatment of brachial plexus injuries was also presented at the spring conference. A concern of therapists is the apparent increase in the incidence of torticollis affecting very young children and treatment of this condition has been the focus of discussions recently.

MISSOURI

Joan Puglisi, Missouri State Representative, reported that a "Pediatric PT Interest Group" has been started in the St Louis area. She noted that this is not an official

SIG but it has been well organized and the meetings have been well attended. Joan expressed that it has been a beneficial organization for the pediatric physical therapists in the state; however, it is not associated with APTA. Legislative Action:

Legislative issues that have been prominent in Missouri include efforts by chiropractors and massage therapists to pass legislation that would allow members of these professions to provide physical therapy services. Efforts by chiropractors also were focused on limiting the Physical Therapy Practice Act regarding manipulation. Joan also reported that, although the state of Missouri had to cut many programs in an effort to balance the state's annual budget, the governor has indicated that programs for children would not be eliminated.

Pediatric Continuing Education: St Louis Children's hospital sponsored a course on

casting and splinting by Beverly Cusick. Joan attended a Smart Walker Training course in Toronto and also will be presenting a poster at the Academy of Cerebral Palsy and Developmental Medicine in September 2002.

WYOMING

Pediatric Continuing Education: Dede McDonald, Wyoming State Representative, reported that a course on "Partial Weight Bearing Therapy" will be offered at the Wyoming Physical Therapy Association fall conference in Jackson this September. In addition, the Western Regional Early Intervention Conference entitled "Services for Children with Sensory Disabilities" was held June 14-15, Jackson WY. Legislative Action: A current legislative issue for physical therapists in Wyoming is the status of direct access.▲

Bulk Discount on Pediatric Home Study Course

Topics in Physical Therapy: Pediatrics, APTA's new home study course, is now available for purchase in bulk! Purchase five or more copies and receive 20% off the member or nonmember price. The 10-lesson course, prepared by APTA and the Section on Pediatrics, features in-depth information on patient/client management, including examination, evaluation, prognosis, diagnosis, interventions, and outcomes. Students who successfully complete the multiple-choice final exam will earn 2.4 CEUs (24 contact hours). *Topics in Physical Therapy: Pediatrics* (Order No Peds-2) is available to APTA members for a discounted price of \$199 (nonmember price is \$349) and can be purchased by calling the APTA Service Center at 800/999-2782, ext 3395, or via the APTA Web site at www.apta.org/Products_services/online_catalog.▲

Region VI Update

By
Donna
Metzger, PT,
Region VI
Director

We extend our sincere congratulations to Barbara Connolly, PT, EdD, FAPTA, President of the Section on Pediatrics and member of our Region from Tennessee for being named a Catherine Worthingham Fellow. We feel privileged to have Barbara as our leader!

Region VI is looking forward to being the host for CSM in Tampa, Florida, February 12-16, 2003. This will also be the 30th Anniversary of the Section on Pediatrics. Special activities are being planned, and we hope to see many of our members there!

The State Representatives in our Region continue to be responsive to the needs of the members and to communicate these concerns through the Regional Director. We had very productive sessions at Annual Conference this year and anticipate further developments to benefit the membership by CSM. Please don't hesitate to contact your State Representative with your concerns. They are your voice!

ALABAMA

Gerry Rodgers, State Representative, can be reached at grodgers@rehab.state.al.us.

FLORIDA

Catherine Knickerbocker, State Representative, submitted the following information from Florida (she can be reached at knickk@earthlink.net):

In February 2002, the *Early Intervention Program Plan and Operations Guide* was published by the Florida Department of Health, Children's Medical Services. The *Infants and Toddlers Early Intervention Program Plan and Operations Guide* outlines how state and federal requirements for the Early Intervention Program are implemented and how early intervention services are delivered to families in Florida.

The document contains IDEA, Part C federal requirements, state policies and procedures, contract requirements, and requirements of the Long-Term Plan for Florida's Early Intervention System. The 15-chapter document is available online at www9.myflorida.com/cms/InfantTodd.html.

Maggie Reilly from All Children's Hospital in St Petersburg reports that on September 28-29, 2002, Barbara Hypes is coming to do a course titled *Ball Techniques in the Treatment of Pediatric Patients*. In addition, on Saturday September 28, 2002, Lana Warren, EdD, OTR/L, FAOTA, will present a 1-day course on *Practical Strategies for Rehabilitation Managers*. In November, we are having Teresa Biber, MS, CCC-SLP, with *Neuromuscular Electrical Stimulation for the Muscle Re-Education of the Swallowing Process: An Interdisciplinary Approach to Principles and Practice*.

We are excited to learn more about this relatively new technique where PTs and SLPs work closely together in the treatment of patients with dysphasia. Keep an eye out for more information about Toby Long coming down in January 2003 to do a NICU course at All Children's Hospital also. For more information on any of these courses, you can call Betty Cox Associates Inc at 800/467-5943.

Michelle Maniaci of Miami is in the process of planning a date for a course on *Integrating Effective Pediatric Physical Therapy With Yoga and Massage/Touch Communication*.

The course will

- 1) Introduce conceptual framework to guide clinical practice using the APTA Guide to Clinical Practice.
- 2) Summarize evidenced-based practices in pediatric physical therapy.
- 3) Introduce yoga principles, researched benefits and it's clinical applications based on motor learning/control theories.
- 4) Introduce touch communication and massage, researched benefits, and the how and why to clinical practice. This course is unique in pediatrics because it emphasizes a holistic, multisystems approach.

The foundation of this type of work is the cardiovascular system, and it has many parallels with cardiopulmonary physical therapy. The course also is

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Research Committee Update

Grant Awards for Development of Research Proposals

Research Development Grants are available to Pediatric Section members to assist in developing research proposals. This \$1,000 award is designed to help members submit a research proposal to an institution, public, or private agency. The award will fund consultants to assist section members in developing competitive research proposals. Consultants may have expertise in measurement, research design, statistics, or research content. Consultants do not have to be physical therapists. The research proposal must have potential for providing findings that are meaningful to pediatric physical therapy. Applicants should submit a research plan that includes: 1) statement of purpose, 2) rationale for the study, 3) explanation of why consultation is being requested and how the consultant(s) will contribute to the proposal, and 4) target agency to which the proposal will be submitted for funding.

Include a budget indicating how the \$1,000 award will be spent, an abbreviated (2-page) curriculum vitae of the primary investigator, the name of the consultant(s), and a letter from the consultant(s) agreeing to provide services requested. The budget may include consultation fees, travel expenses, and costs incurred in the consultation process, such as long distance telephone conversations and sending printed materials. Send four copies of your proposal to Cindy Sliwa at the Executive Office. Grant applications will be accepted for April 1 and October 1. Address questions concerning the application guidelines to David G Embrey, Children's Therapy Unit, Good Samaritan Hospital, 402 15th Ave SE, Puyallup, WA 98372; 253/848-6661, ext 5255; e-mail embreda@goodsamhealth.org.

Clinical Research Grants

Clinical Research Grants are available to Pediatric Section Members who have potential for improving the clinical practice of pediatric physical therapy. The Section Research Committee accepts and reviews grant proposals for April 1 and October 1 deadlines. The Section is able to fund two studies with budgets up to \$1,000 and one proposal up to \$5,000 for each cycle. The \$1,000 awards are open to thesis or dissertation projects and graduate students are encouraged to apply. Budgets cannot include overhead or indirect costs. To request application guidelines contact Cindy Sliwa at the Executive Office. Address questions concerning the application guidelines to David G Embrey at the contact information above.

Call for Research Award

The Section on Pediatrics requests nominees for the Section's Research Award. The Research Award is presented to a Section Member who has performed sustained and outstanding basic, clinical, and/or educational research pertaining to pediatric physical therapy. The published body of research must make meaningful contributions to the scientific basis of pediatric physical therapy. Evidence of one or more of the following should be provided: 1) researcher must show oral presentations and written manuscripts to appropriate audiences, 2) applicant is active in fostering research of others, and/or 3) scholar's work has been recognized by grant funding. Submit the name and address of the nominee by November 1. The Research Award is presented at the Business Meeting of the Section on Pediatrics during the Combined Sections Meeting. Nominations should be sent to Cindy Sliwa at the Executive Office.

Call for Thesis & Dissertation Awards

The Thesis Award and Dissertation Award are given to an active or student member of the Section on Pediatrics who has completed an outstanding research project as partial fulfillment for a master's or doctoral degree. Submit eight copies of the study abstract: seven

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copies without name or address, and one copy containing the name and address. Provide a cover letter with evidence that the thesis or dissertation was completed after January 2001, and a discussion of the relevance of the completed research to the practice of pediatric physical therapy. Research may be basic, clinical, or educational. The deadline for receipt of abstracts is November 1. Thesis and Dissertation Awards are presented at the Business Meeting of the Section on Pediatrics during the Combined Section Meeting. Submit abstracts to Cindy Sliwa at the Executive Office. Address any questions concerning the application guidelines to David G Embrey at the above contact information.

April 2002 Research Awards

The Pediatric Section congratulates three researchers who received grants during the April call for proposals. A \$1,000 award was provided to Kathleen Ganley for her proposal: "At What Age Are Gait Characteristics Mature? An Evaluation of Kinematics, Kinetics, and Intersegmental Dynamics in 7-year-old Children." Another \$1,000 grant was awarded to Laura Hansen for her study "The Meaning of Early Intervention Services for Parents." A \$5,000 award was presented to David G Embrey for his study "Gait Initiation Process in Children with Diplegic Cerebral Palsy and Typically Developing Children." ▲

(Continued from page 7)

experiential and multisystem learning. Therapists are taught ways to relax and nurture themselves and become more aware of their own bodies so they can be more sensitive to subtle cues. Pilates and Feldenkrais Method have some similarities and these principles will be introduced.

The state Department of Education (DOE) is developing 13 training modules that local agencies can offer to individuals who work in child care settings, parents, and others who work with young children (birth to five). The *Motor Development: What You Need to Know* module had Helen L Masin, PT, PhD, as a co-author and Catherine Knickerbocker, PT, as a reviewer of the module. It will have Spanish translations and be available from the ClearingHouse at Florida DOE in late July.

GEORGIA

Susan Freed, State Representative, reports the following and can be reached at susan_freed@emoryhealthcare.org. Physical therapy providers of early intervention services within Georgia's Babies Can't Wait program are preparing for changes in service provision guidelines. The state agency's objective is improved compliance with IDEA Part C regulations for implementation of services using a transdisciplinary model within natural routines. Phased changes are anticipated over the next few years with some health districts piloting different models. No final plans for change in service guidelines have been developed.

Feedback from service providers has been requested and multiple opportunities for exchange of ideas are planned across the next year. Local health care districts are

currently employing different methods to meet their responsibilities for determination of eligibility for services and review of IFSPs. Eligibility for physical therapy services, frequency reached at susan_freed@emoryhealthcare.org. ▲

Jump Start Your Future at National Student Conclave!



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HEALTH SCIENCE CENTER

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Pursue a master of science degree in pediatrics from the comfort of your home!

Beginning fall 2002, the University of Oklahoma Health Sciences Center will offer a two-year, 36-credit Web-based master of science degree program in pediatrics focusing on early intervention, school-based practice and assistive technology.

Anywhere you have Internet access, you can read and complete assignments online and participate in asynchronous online discussions with nationally recognized faculty and other students.

Pursue a PhD degree in pediatrics

Doctor of philosophy (PhD) and master of science (MS) degree programs also are offered on-site in Oklahoma City. Tuition, stipends and other supports for qualified physical therapists are provided by a grant from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (grant #6T18MC00008).

A graduate assistantship (MS or PhD) with an emphasis on professional writing and journal editing also is available.

For information contact
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(continued from front cover)

opportunity for participants to work with the *Guide to Physical Therapist Practice* using a case-based model. To register, call 800/999-2782, ext 8506.

The push for product development continues in the Section, and the revision of two documents was approved at the Board meeting in June. The Section will be revising the *Assessment and Screening Tools* document that was previously available to Section members but was deemed outdated about 6 months ago. The Section also will revise the *Fit Kids/Fit Teens* documents and have these available for members hopefully by the end of the year. Our Task Force on A Clinical Pathway for Children with Spastic Diplegia will be working on a number of publications during the next year including an article in *Pediatric Physical Therapy*, an article in this newsletter, and a compendium available for purchase. Be sure to watch for all these new publications during the next year.

The Section has been working closely with Elizabeth O'Brien and Justin Moore at APTA in monitoring issues associated with IDEA and Medicaid. A packet has been developed by APTA to educate APTA members and components regarding certain frequently occurring legislative and regulatory challenges regarding IDEA. By the time you receive this newsletter, the packet should be available for all APTA members. Check the Section's Web page at www.pediatricapta.org to receive a copy. A new column for this newsletter also is being planned that will focus on reimbursement issues related to Medicaid. Many of our members have contacted the Section and APTA about Medicaid billing and practices over the past year. We have decided to share some of these common concerns and questions along with possible solutions to the problems identified.

Last but not least, the Section again has won a Component Award. At the PT 2002 Component President's Luncheon, the Section received an award for the best peer-reviewed publication by a component. Congratulations to Ann Van Sant and members of the *Pediatric Physical Therapy* editorial board for an outstanding publication!

The coming months will be exciting ones as new challenges face all of us in our practice settings and during the reauthorization of IDEA. Please continue to call or write and let your Board of Directors know what you would like from your Section and how the Section can best serve you!▲

Take Advantage of FREE Benefits of Section Membership

How Do I Join a Section SIG?

To join one or both of the Section's special interest groups (Pediatric Sports-Fitness SIG and the Adults with Developmental Disabilities SIG), please contact the Section's Executive Office to receive a SIG sign-up sheet.

How Do I Join the Section Listserve?

Would you like to join the Section on Pediatrics listserv, and receive advice from your peers on your practice, reimbursement, and other issues? If so, send an e-mail to LISTSERV@LISTSERV.TEMPLE.EDU with "Re: Subscribe" in the Subject line. Also, write "Subscribe PED-PT" in the body of the e-mail. You should be joined to the listserv within a few days. Don't want to receive all that e-mail, but still interested in the discussion? Subscribe with a "no mail" option and access the messages anytime you want at the listserv Web site. Or, alternatively, subscribe to a "weekly index" of the messages and send for those of interest. Either of these options still allow you to post messages on the listserv. To subscribe using one of these options, just indicate "no mail" or "weekly index" in the body of the e-mail you send to subscribe.

How Do I Access the Web Site?

To visit the Section's Web site and see the latest information of what's happening in the Section, just visit www.pediatricapta.org.

Mission, Vision & Value Statements

In 2000 the Section on Pediatrics held a special meeting of leaders to plan for the future. That group developed a draft of updated Mission, Vision, and Value Statements. These statements were finalized in 2002 and presented to the membership at CSM 2002. These statements have been used to guide our Strategic Planning process each year and are considered all that we work toward as a Section.

Vision

The vision of the Pediatric Section is the highest quality of life for all children, people with developmental disabilities, and their families within their communities.

To support this vision:

1. Pediatric physical therapists will be available and accessible to all consumers.
2. Pediatric physical therapists and physical therapist assistants will participate in community-based activities that enhance comprehensive and accessible services for all people.
3. Pediatric physical therapists will be recognized as the preferred professional for providing expertise regarding developmental disabilities and pediatric issues.

4. Pediatric physical therapists and physical therapist assistants will promote health and fitness for all children.

5. Pediatric physical therapists and physical therapist assistants will engage in life-long learning and to participate in the advancement of evidence-based practice.

6. Pediatric physical therapists will engage in diagnosis, intervention, prevention, and advocacy for their clients.

Mission

The mission of the Section on Pediatrics is to promote the highest quality of life for all children, people with developmental disabilities, and their families. The Section represents and promotes pediatric physical therapy, and provides a collective voice to further the role of pediatric physical therapists and physical therapist assistants in providing services.

Values

Values are guiding principles. We value:

1. Quality of life throughout the lifespan for people with developmental disabilities through health promotion, prevention, and appropriate intervention.
2. Opportunities for children and people with developmental disabilities to

achieve their highest potential for independence through the use of technology and/or other supportive environments.

3. The unique expertise of members to provide services to children, families, and people with developmental disabilities as they mature and age.

4. Cultural competence within our profession.

5. Collaborative relationships with families, colleagues, and public/private agencies.

6. Ethical and professional behavior in practice, education, research, and leadership.

7. Shared knowledge from consensus and evidence-based research.

8. Communication among members on contemporary practice, current professional issues, and legislation.

9. Diverse practice roles for members, including direct intervention, prevention, management, consultation, coordination, advocacy, education, and research.

10. Educational preparation for practice at the clinical doctorate level.

11. Member involvement in representing pediatric physical therapists and physical therapist assistants within APTA and with other professional organizations and agencies. ▲

Section on Pediatrics Membership Meeting Minutes from Annual Conference '02

Jeanine Colburn, PT, MS, PCS, Section Secretary

Friday, June 7, 2002, 6:30 pm. The meeting was called to order at 7:45. There were 22 voting members in attendance.

Welcome

The rules of the house were adopted. Moved and seconded. The minutes of the CSM 2002 business meeting were approved.

Committee Reports

■ Research Committee

Dr David Embrey is now the chair. Grants awarded—Lauri Hanson, PT, MS, “The Meaning of Early Intervention Services for Parents” and Kathleen Ganley, PT, MA, “At What Age Are Gait Characteristics Mature?” Report attached.

■ Nominating Committee

Upcoming vacancies—Secretary, VP, Regions 1, 3, 6, and 7 and Nominating Committee.

■ Government Affairs Committee

Nancy Cicirello just took the chair position. Survey at CSM was completed—summary will be posted on Web.

Regional Directors

Donna Metzgr, coordinator, introduced other directors.

- Video lending library will be posted on Web
- Planning an orientation session at CSM
- A planned early intervention forum will address natural environments
- The Advanced Clinical Practice Course will be in Austin, TX
- The Region I course will be in Idaho
- Directors are seeking member input regarding concerns and issues

Section Delegate—Venita Lovelace-Chandler

- 53 motions were considered
- Members are encouraged to read the motions that were passed by the House of Delegates

President’s Report

- We have new committee chairs:
 - Communications—Carrie Gajdosik
 - Government Affairs—Nancy Cicirello
 - Practice—Mary Jane Rapport
 - Research—David Embrey
- APTA Pediatric Home Study Course—\$13,000 in sales in April—Peds section gets a percent of income—Groups of 3 get group discount
- *Fit Kids* and *Fit Teens* will be updated

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- Federal government affairs—President's commission on physical fitness representative is interested in working with our section. Our section representative for these activities will be Heidi Jo Young.
- IDEA—Justin Moore and Elizabeth O'Brien have prepared a draft that will be available on the Web site by August.
- CSM—Committee on Clinical Pathways asked to be reinstated. Will publish an article in *Pediatric PT* regarding their findings; will also prepare items to be sold by section.
- Government Affairs—we have been notified that CMS will be releasing new technical assistance guides on school-based Medicaid billing. They also will address who gets to have Medicaid claim numbers; there have been concerns regarding who is qualified to bill Medicaid and what kind of documentation is required. Justin Moore has been our liaison for the IDEA document—we want to be certain related services and PT are included. The APTA Government Affairs office has been very active in our corner for Medicaid and IDEA issues.
- 30th anniversary coming up—Darcy Umphred will chair. We are looking for pictures of individuals working in pediatric physical therapy 30 years ago. We also want to honor PTs who may have mentored

our profession before we actually gave out awards.

- The Pediatric Section has begun to be recognized as a force in APTA. We represent 12% of the membership. Numerous people have approached the section to support their nominations for office. We do not have section guidelines regarding who we would like to support in submitting nominations. Discussion followed. Motion under new business.
- Logo—Cindy Sliwa had a designer create some potential logos for the membership to review. We eliminated some and got ideas for more designs. We will get more choices out to membership through state reps and the Web site.
- Three-Step Conference development—we have been working with Neurology Section. It has been 12 years since 2-Step and we are looking at 2004. Darcy Umphred and Cathy Gilbody of the Neurology Section will co-chair. Working on mission description and objectives; will structure like 2-Step. Looking for a retreat or university environment as a location.

Treasurer

Report attached.

- We will invest \$50,000 with Vanguard funds.
- The section is financially secure and stable, funds are continuing to grow.

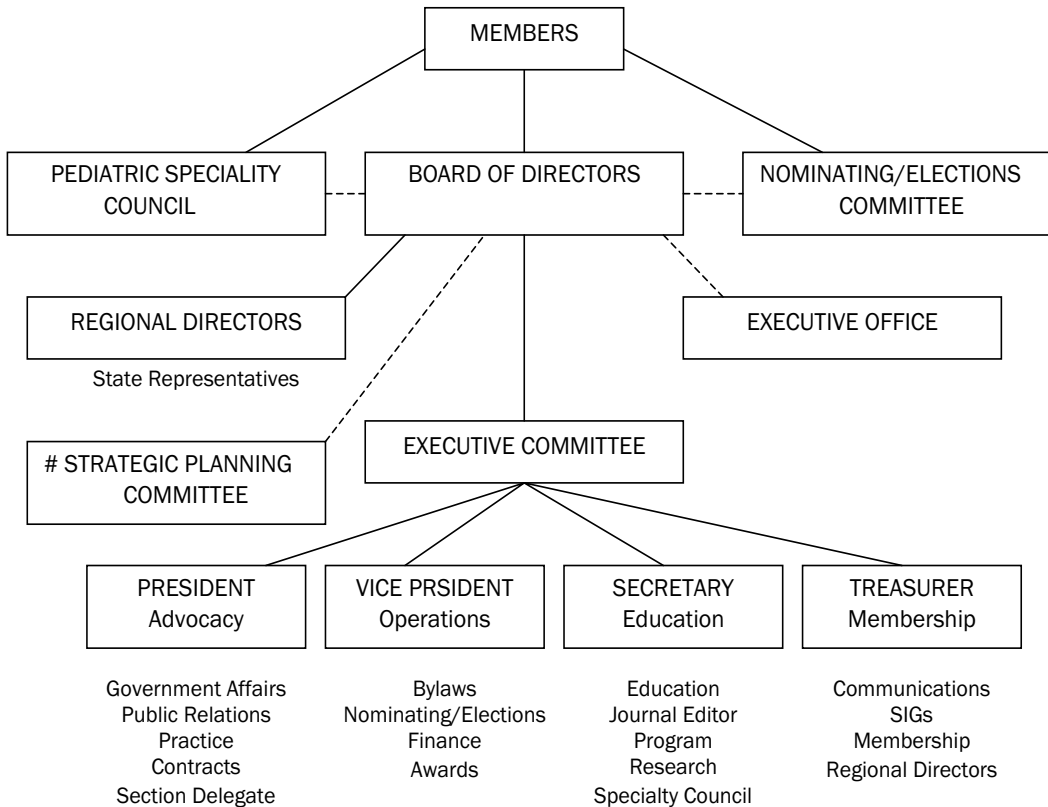
New Business

MOTION: The section will develop a policy that will allow the Executive Committee to support nominations for APTA positions that address member sponsorship of candidates or nomination of section members. Passed.

- Our section received the 2002 Outstanding Peer Reviewed Award for the Section Journal.
- Booth volunteer—Pam Roberts won the drawing and will receive free registration for CSM 2003. Thank you to all who volunteered to work at the booth.
- Joan Bohment, our APTA Board liaison and Pediatric Section member, reports many of our section members who are also delegates represented us well in the House of Delegates.
- There will be a new bill to extend the \$1500 Medicare cap moratorium for one more year. Don't let up on writing letters. We still need the bill, and it could drop at any time. Get physicians involved.
- Direct access legislation is also being introduced through Medicare.
- Joan will carry our concerns to the APTA board. She will be running for re-election as director.

Meeting adjourned at 7:50 pm. ▲

Section on Pediatrics, APTA
Organizational Chart



State Representatives and Committees appear outside the boxes. These positions are appointed.
 - - = advisory or indirect lines of authority but close communication
 _ _ = direct lines of authority and communication
 # = Strategic Planning Committee consists of the Executive Committee, two Regional Directors, and one committee member.

Sheree York, PT, MS, PCS
Section Vice President

Orientation to the Section on Pediatrics

At CSM 2002, Sheree York, Section Vice President, and the Regional Directors presented an overview of the Section to current leadership and any members interested in becoming more involved. The new Mission, Vision, and Values statements were presented, as was an organizational chart that explained how the Section operates and communicates. Another orientation session is scheduled for CSM 2003. The overview will be a shorter version of the 2002 presentation with more emphasis on how you can be more involved as a general member or as a State Representative. If you are interested, we hope you will join us!▲

By
Heidi Jo
Young, PT,
PCS
Pediatric
Sports-
Fitness SIG
Chair

Pediatric Sports-Fitness SIG Update

The SIG officers have been working this summer to increase the activity and efficiency of the Pediatric Sports-Fitness SIG. We are already in the planning stages for CSM 2003. Our SIG will be co-sponsoring two programs this year: The Pre- and Post-Pubescent Female Athlete (with the Women's Health and Sports Sections) and Adaptive Sports Equipment (with the Sports Section).

To increase collaboration among SIG members, we are looking for volunteers to lead these efforts within their state or region. Many members already have volunteered following the request that was posted on the listserv. However, we still have many states/regions where leaders are needed. If you are interested in leading these efforts in your area or would like to find out more information, please contact

SIG Vice-Chair Cindy Miles at cmiles@enter.net.

We are trying to streamline the process for joining the SIG and particularly for adding new members to the SIG listserv. If you would like to be sure your name is on the roster, please e-mail SIG Secretary Maria Fragala at mfragala@bu.edu. If you would like to join the SIG, please contact the Section's Executive Office.

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