

## President's Message

By Barbara H Connolly, PT, EdD, FAPTA



The months between our Annual Conference last summer and the Combined Sections Meeting that ended recently, have been filled with success, growth, and productivity for the Section. It is our hundreds of very active and devoted Section volunteers who have been responsible for our steady growth and increasingly large number of services offered to every member of our Section. I want to take this opportunity to thank all of those volunteers for giving their precious time, energy, and creativity to further the mission of the Section, which is to promote the highest quality of life for all children, people with developmental disabilities, and their families.

One of the most important changes that the Board approved at our last Annual Conference was to set term limits for officers, committee chairs, regional directors, and state representatives. This automatic rotation allows every member the opportunity to get to know therapists in the Region or in the Section, while learning about how the truly amazing Section works. I urge everyone to be involved at whatever level you feel comfortable — your contribution as voting member at the next Business Meeting at Annual Conference in Boston next June is just as important as the member who chooses to run as a Regional Director or on the Executive Board.

You will see that this issue of the newsletter includes a special section on volunteerism. I hope that you can use some of this information to encourage others to become volunteers or to become a better volunteer yourself. Hope to see you this summer in Boston! Congratulations to the following new officers of the Pediatric Section:

Vice President Jackie Mast, PT

Secretary Priscilla Osborne, PT, MS, PCS

Nominating Committee Lisa Chiarello, PT, PhD, PCS

Director, Region I Sandie Wood, PT, PCS

Director, Region III Cheryl Appel, PT, MS, PCS

Director, Region VI Rebecca Harris, PT, MS, PCS

Director, Region VII Florence Thillet-Bice, PT, DPT, PCS.▲

Board of  
Directors  
and  
Committee  
Chairs

**EXECUTIVE  
COMMITTEE**

**PRESIDENT**

Barbara Connolly,  
PT, EdD, FAPTA  
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**VICE**

**PRESIDENT**

Jacqueline Mast,  
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Priscilla Osborne,  
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**REGIONAL DIRECTORS**

**Region I - Western (AK, CA,  
HI, ID, MT, NV, OR, UT,  
WA)**

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IA, KS, MN, MO, NE, ND,  
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**Region III - Great Lakes (IL,  
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**Region IV - Northeastern (CT,  
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MD, NC, SC, VA, WV)**

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**Region VI - Southern (AL, FL,  
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**Region VII - Southcentral (AR,  
AZ, LA, NM, OK, TX)**

Florence Thillet-Bice, PT, MA,  
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**SPECIAL INTEREST  
GROUPS**

**Pediatrics Sports-Fitness SIG**

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The deadline for the October issue of the  
*Section on Pediatrics Newsletter* is September 1.  
If you would like to submit a story idea,  
please contact the Newsletter Editor:

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# Pediatric Section Well Represented at Combined Sections Meeting

By  
Priscilla S.  
Osborne, PT,  
MS, PCS,  
Secretary



Combined Sections Meeting this past February was one of the largest ever, with nearly 6,000 PTs in attendance! There were 124 voting Pediatric Section members in attendance at the Business Meeting. During CSM, your Executive Board, the Board of Directors, the Regional Directors, and most of the working committees of the Pediatric Section held meetings. Minutes of the Board meetings and committee reports are posted on the Web site, and many committee reports can be found in this newsletter.

CSM is one of the main avenues that the Section uses to get feedback from members so that Section activities can address the needs of membership. A major way to do this is for the **Regional Directors** to bring forward any issues that have been voiced in their regions. The issues brought forward were:

- ▶ There is a need for clarification of reimbursement for physical therapy services
- ▶ Rural area children and families need improved advocacy for health care and education services for children.
- ▶ There is a shortage of physical therapists who work in pediatrics
- ▶ States and regions require more assistance in their educational programming for pediatric PTs
- ▶ Fitness information and guidelines for use with children could greatly assist therapists

Many Motions and activities were developed so these issues can be addressed in the upcoming year. This issue of the newsletter tells you of the many plans over the next year to address these concerns, and the progress of many committees can be found on the Web site.

Supporting **research** that addresses pediatric physical therapy issues continues to be a focus for the Section on Pediatrics. Activities that support this interest over the past year have included:

- ▶ Supporting the planning, execution, and completion of the Research Forum. The proceedings of the Research Forum will be published in *Pediatric Physical Therapy* as the year progresses.
- ▶ Donations of funds to the Foundation for Physical Therapy, which provides major funding for physical therapy research.

In the **legislative area**, the Government Affairs Committee has had ongoing activities focusing on two main areas:

- ▶ Hearings for the Individuals with Disabilities Education Act
- ▶ Medicaid issues.

Multiple **educational** activities in the form of products, workshops, and conferences are part of the Section's goals. Examples of recently completed or soon-to-be completed products include:

- ▶ Case Study to accompany the Fact Sheet on the Use of the *Guide to Physical Therapy Practice*, developed by the Education Committee.
- ▶ Fact Sheet on how to search the literature in pediatric physical therapy and related fields
- ▶ Clinical Guidelines for Children with Spastic Diplegia
- ▶ Powerpoint presentation of ABC Brochure

Workshops and conferences in planning include:

- ▶ III Step in Utah in July 2005
- ▶ IDEA Workshop (planning in process), likely Winter 2006.
- ▶ Advanced Clinical Practice in Pediatric Physical Therapy Conference:

November 4-6, 2005 : Embassy Suites Raleigh-Durham, North Carolina.

Details and further information can be found on the Web site—the new and improved website, so check it out!▲

By  
Jacqueline  
Mast, PT,  
MSEd

## Vice President's Report

The Vice President of the Section has the responsibilities of assisting the President, serving on the Executive Board of Directors, and attending business meetings at CSM, Annual Conference, and the annual Strategic Planning Meeting every fall. I was fortunate to attend those as well as the APTA Board of Directors meeting in November as the Pediatric Section's representative. I am also the liaison to the Section's Board for several committees.

Maintaining and updating the Section on Pediatrics' *Policy and Procedure Manual* is also the Vice President's responsibility. The Manual is intended to serve as a blueprint for running the Section. These changes can be found in the 2005 *Policy and Procedure Manual* CD, which is available from Cindy Sliwa in the Section's Executive Office. Substantial updates in the manual include: responsibilities and procedures regarding the Regional Directors, state representatives, the Education and Nominating committee, appointment of external liaisons, and use of the Section display.



By  
Eunice  
Shen, PT,  
DPT, MS,  
PCS

## Treasurer's Report

### ASSETS

Current Assets	
Cash in checking account	\$ 58,920.50
Cash in Money Market Account	\$ 81,404.10
Growth Stock	\$110,365.55
Global Stock	\$ 62,561.92
Equity Index	\$ 61,624.48
Money Market	\$101,953.53
<b>TOTAL ASSETS</b>	<b>\$476,321.08</b>

### REVENUES

Dues	\$232,277.86
Interest	\$ 3,169.29
Sales of supplies	\$ 2,677.00
Conference registration	\$ 28,905.00
CSM registration	\$ 46,715.72
Pre-CSM registration	\$ 8,160.00
Editorial allowance	\$ 28,700.00
Royalties	\$ 65,168.74
Sales of printed material	\$ 9,512.00
<b>TOTAL REVENUES</b>	<b>\$430,485.61</b>

### EXPENSES

Contractual fees	\$ 96,249.20
Equipment purchase rentals	\$ 4,695.42
Supplies for sale	\$ 2,029.25
Office supplies	\$ 2,800.00
Telephone	\$ 490.22
Postage	\$ 7871.91
Copying- General	\$ 6,981.89
Copying-Publications	\$ 11,136.88
Audiovisuals & Software	\$ 10,794.84
Staff Travel	\$ 891.13
Travel	\$ 24,980.12
Per Diem	\$ 31,687.16
Speaker Travel	\$ 7,577.17
Advertising	\$ 250.00
Meeting Services	\$ 31,612.34
Honorarium	\$ 4,866.66
Professional fees	\$ 19,193.38
Awards Grants Gifts	\$ 8,431.78
Subscription fees	\$133,378.25
Bank charges	\$ 732.10
Transfer account	\$ 205.56
Miscellaneous	\$ 736.41
<b>Total Expenses</b>	<b>\$407,592.51</b>

**NET REVENUE** **\$22,893.10**

The financial statement covers the 12 months ending December 31, 2004

### NEW INFORMATION ON IDEA

The House Education and Workforce Subcommittee on Education Reform recently released a "Guide to Frequently Asked Questions" on IDEA, which might be of interest to Pediatric Section members. You can access this .pdf document by visiting [www.pediatric.apta.org](http://www.pediatric.apta.org) and clicking on legislative issues.

# CSM Award Presentations

Combined Sections Meeting is traditionally a time to honor individuals, institutions, and members whose contributions to pediatrics or the Section have been outstanding and substantial. In New Orleans, we were privileged to honor several such individuals.



Meredith Harris

**Meredith Harris, PT, PhD** was awarded the **Jeanne Fischer Mentorship Award**. This award honors her contributions in mentorship and clinical teaching in pediatrics. Meredith has shown her ability to motivate others, and to help others “stretch” and reach for goals, and has a strong belief in the capabilities of others. Congratulations, Meredith, your career of reaching others, while stretching your own capabilities, have embraced others in your goals.

The Section **Research Award** recipient for 2005 is **Thubi Kolobe, PT, PhD**. She is currently Associate Professor, University of Oklahoma Health Sciences Center and Adjunct Faculty, of Rocky Mountain University. Among her many honors, Dr Kolobe is a Fulbright Scholar, a Section on Pediatrics Dissertation Award recipient, an Alumnus of the Year - Hahnemann University, and an APTA Chattanooga Research Award. Dr. Kolobe has been awarded 17 grants, published 20 peer-reviewed articles, and presented 14 posters or platforms. We are proud you are such an integral part of the Section, Thubi!



Thubi Kolobe



Ann VanSant

The **Bud DeHaven Award** was awarded to a very surprised **Ann VanSant, PT, PhD**. Established in 1977, this distinguished award honors a Section member for extraordinary service to the Section on Pediatrics. Her editorial leadership of *Pediatric Physical Therapy* has made the journal one that is read nationally and internationally. Ann, thank you so much for bringing our Section front and center with our journal with your extraordinary talent!

Our own **Cindy Sliwa**, Executive Officer of the Pediatrics Section, APTA, was honored with the **Distinguished Service Award**. All of us who have worked with Cindy at the Executive office in Alexandria know what a pleasure it is. She is one step ahead of most of us, and is awesomely efficient at multitasking Section materials, ideas, and schedules. In her spare time, Cindy is a mother to two young children! You are incredible, Cindy and thanks for all you do for the Section!



Cindy Sliwa

The **Dissertation Award** was awarded to **Jennifer Braswell, PT, PhD**, for her study on “The Effect of Vestibular Exercises on Reading Acuity and Dynamic Visual Acuity in Children with Sensorineural Health Impairment and Vestibular Hypofunction.”

The **Anniversary Award** was first presented in 2003, in conjunction with the Section on Pediatric’s 30<sup>th</sup> anniversary. It was created to recognize members of the Section on Pediatrics who have made outstanding, visionary contributions in an area of pediatric physical therapy, including practice, research, mentoring or leadership. This year’s award was presented to **Priscilla Osborne, PT, MS, PCS**. Priscilla has dedicated her career to pediatrics and has worked at Children’s Hospital in Boston for over 30 years. She became an expert in pediatric pulmonary care and then found her love for children with developmental disabilities. She loves her work and the children she has known. The parents of these children deeply appreciate the care she gives and the love she shows to their children. Priscilla is also a mentor to students and has been involved in pediatric research. She has served the Section on Pediatrics for many years and is the current Secretary. Congratulations, Priscilla!▲



Priscilla Osborne

By  
Sandra E.  
Wood, PT,  
PCS  
Region I  
Director

Region I  
Alaska  
California  
Idaho  
Washington  
Oregon  
Nevada  
Utah  
Hawaii



## Regional News

Each newsletter brings you news about pediatric PT in different areas of the country. Concerns are often consistent across these regions and likely across the country – funding cuts possibly affecting EI services, school services, reimbursement for private services, durable medical equipment, and specialty clinics. Are you concerned about what is happening in your state? Do you want to be involved? Since each state is different, contact your state rep to find out how you can help advocate for the children you serve.

## Region I Update

The Regional Director and state representatives from Region I meet biannually (before CSM and AC) via a teleconference. The following is a report of our discussion about state events and concerns in the Western region prior to CSM. The state representatives for Region I are:

- ▶ **Jan Nancy Bain**, Alaska;
- ▶ **Jan Allison Yocum**, Washington;
- ▶ **Jan Bruce Alter**, Oregon,
- ▶ **Jan Kathy Yamamoto**, Sheryl Low, and Cornelia Lieb-Lundel, California;
- ▶ **Jan Sandra Wood**, Hawaii;
- ▶ **Jan Karen Thornton**, Montana;
- ▶ **Jan Jan Yingst**, Idaho;
- ▶ **Jan Rebecca Day**, Utah; and
- ▶ **Jan Pan Galantuomini**, Nevada.

Congratulations go to Sandi Wood, the new Region I Director.

### Reimbursement Happenings

- ▶ Jan Yingst (ID) met with the state Medicaid director and, as result of the discussion, changes were made in the Idaho Medicaid office in regards to acceptance/denial of prior authorization.
- ▶ Karen Thornton (MT) is on the Medicaid DME

task force that is reviewing the rules and regulations, including defining “Medical Necessity” for DME and bracing needs.

### Community Public Relations

- ▶ State representatives, Sheryl Low (CA), Kathy Yamamoto (CA), Sandie Wood (HI), continue to promote pediatric PT through community service such as presentations at meetings, newspaper articles, mall events, and speaking at local high schools.
- ▶ Bruce Alter developed a transfer training digital video available on DVD and the Web and presented this at TIES, an Oregon state educational conference.
- ▶ Sandie Wood (HI) was named 2004 Hawaii Outstanding Physical Therapist.

### Continuing Education

- ▶ Montana held its first Pediatric Section Summit in November. Everyone brought sleeping bags to the state reps house, pitched in money for food and had some great educational offerings and networking. Discussions and presentations were made on Club Foot and

and Spastic Cerebral Palsy. A second summit is being planned for this fall.

- ▶ Rebecca Day (UT) has organized monthly meetings of pediatric PTs and uses videos from the Section to show one of the benefits of APTA and Section membership.
- ▶ In Washington, the state chapter meeting included a pediatric course.

### Legislative Issues

- ▶ The state of Montana was sued for under funding schools and the state Supreme Court has dictated that the state must provide a “quality education” for its children. The legislature is currently trying to define what constitutes a “quality education.”
- ▶ Funding for both EI and school services continues to be an issue in all states. In California one agency (public schools) are tapping another (Medi-Cal) that only shifts budget short falls from one area to another.
- ▶ In Idaho some schools are billing Medicaid for aides using PT code 97110 when PT is not even on site and in some states PTs

*(Continued on page 8)*

# Region V Update

**DISTRICT OF  
COLUMBIA**  
**Sarah Weinstein,**  
**301-493-4086 or**

**SWeinstein@hospsc.org**  
Ginny Paleg testified before the Medicaid Board in Baltimore for new codes for gait trainers and standers. Three new gait trainer codes were added (E800, E8001 and E8002). The District successfully resolved efforts by the OT Association to remove ADLs from the PT Practice Act. Children's National Medical Center and the DC Chapter of APTA sponsored a course on torticollis. Therapists in DC and northern Virginia assisted with a Fitness Fair for Children. Many thanks to Ginny Paleg for her years of service as the state representative. We welcome Sarah Weinstein, who will be rotating in as the DC representative.

**MARYLAND**  
**Vickie Moerchen,**  
**410-706-5210 or**

**vmoerchen@som.umaryland.edu**  
The Kennedy Krieger Institute in Baltimore is sponsoring Mary Massery's workshop, "If You Can't Breathe, You Can't Function" April 22-24, 2005. "Spectrum of Developmental Disabilities" will be held April 4-6 at Johns Hopkins School of Medicine. State Representative Beth Boyd used the Section display at the Maryland Fall Meeting Student Conclave and held a drawing for one free Section membership. Beth is step-

ping down as State Representative and Vickie Moerchen will now serve in this position. Welcome, Vickie!

**NORTH CAROLINA**  
**Sandy Davis, 828-586-7799**  
**ext. 3753 or**  
**actmomof3@yahoo.com**

North Carolina hosted the APTA National Student Conclave in Charlotte in October 2004. Pediatric Section members staffed the Section display and held a drawing for four free Section memberships for student members. The state is proud and excited to host the 2005 Advanced Clinical Practice Course for Pediatric Physical Therapists, to be held November 4-6 in Raleigh-Durham, NC. Course content, speakers and facility will be first-rate. Watch the Section Web site for information.

At the Fall 2004 Chapter meeting in Winston-Salem, a free Section membership was awarded to one member who visited the Pediatric Section display. Current pediatric issues include increased rates of autism, early intervention program redesign with contract providers, insurance coverage of EI services, Medicaid prior approval and reimbursement rates, routines-based assessments in natural environments and reimbursement for such, supervision of PTAs in public schools, and transportation and emergency evacuation of students with disabilities in public schools.

Sandy David, state rep for North Carolina coordinates a pediatrics special interest group in western NC. Karen Haas spoke to therapists in northeastern NC in March and to the Triangle Area PSIG in May, summarizing highlights from CSM 04. Sandy and Karen will facilitate a Pediatric Roundtable at the Spring 2005 Chapter meeting in Raleigh.

North Carolina, has seven Assistive Technology Resource Centers for Infants and Toddlers, which are funded through EI, and eight demonstration centers for persons with disabilities of all ages, funded through the federal Tech Act. Pediatric physical therapists, including Section State Representative Sandy Davis, serve on many local and/or state advisory boards for these centers.

**SOUTH CAROLINA**  
**Suzanne Cherry-Poole,**  
**843-763-6301 or**  
**cherrypoole@danielislandmedia.net**

Revision of Babynet, the state early intervention program, continues evolve to become aligned with IDEA. Suzanne has ongoing communications with the Babynet Program. She has also corresponded with the local Down Syndrome Association, SCAPTA, and the Upstate Pediatric Special Interest Group. Should members of South Carolina have concerns or needs, please do not hesitate to contact the State Representative.

*(Continued on next page)*

By  
Karen Haas,  
PT, MPH  
Region V  
Director

Region V  
District of  
Columbia  
Maryland  
North  
Carolina  
South  
Carolina  
Virginia  
West Virginia



*(Regiona V continued from previous page)*

**VIRGINIA**  
**Francie Mitchell,**  
**703-689-4451 or**  
**flmpedpt@aol.com**

New PCS recipients were honored at the Dodi Driscoll Roundtable Celebration during the PSIG meeting at the Virginia Physical Therapy Annual Conference in Richmond, October 2004. Approximately 50 pediatric therapists attended the PSIG meeting. Patricia Winders presented a 2 day workshop on Down Syndrome during the conference. Kim Wedstock presented information on the Motion Analysis Lab at Children's Hospital in Richmond and their new project analyzing UE motion in children with Erb's Palsy. Virginia PSIG members continue to build their e-

mail distribution list to keep each other informed of events and issues for all pediatric therapists in the state. Earlier legislative efforts to avoid cuts in the state EI budget were successful. While we say goodbye to Peggy Belmont as our Virginia state representative because of term limits, we want to welcome Francie Mitchell, PT, MS, PCS as our new state representative.

**WEST VIRGINIA**  
**Heather Macdonald Rider,**  
**304-366-8456 or**  
**HLMPT4@aol.com**

West Virginia has mandated that eligibility for EI services be determined by a multidisciplinary team, with one member being a licensed health care provider such as a

physician or physical therapist. The state continues redesign of the B-3 program, including implementation of vendor-based services. State Representative Mark Drnach was nominated to the WV Early Intervention Interagency Coordinating Council. He provides mandated training on "Principles of Practice" to EI providers throughout the state. He presented pediatric workshops at State Chapter Conferences in Pennsylvania ("Making Decisions on Frequency and Duration of Services for Children") and West Virginia ("B-3 Program and the Physical Therapist").

We want to welcome Heather Macdonald Rider (and her new baby) as the new State Representative!▲

*(Region I continued from page 6)*

are not even aware of what codes the billing is done under. They are asked to only submit documentation of their time and type of work.

▶Hawaii members continue to monitor legislation pertaining to pediatric therapy and have presented testimony.

#### **Pediatric Section Promotion**

▶Pediatric Section booth was used at a California District meeting. Free memberships were given away at meetings in California and Idaho.

▶Sheryl Low, Sandra Wood, and Allison Yocum, three state representatives, attended CSM in Nashville and shared equally in the \$1000 available to the WesternRegion.▲

### **CONCENTRATED EDUCATION SERIES AT ANNUAL CONFERENCE JUNE 9-11, 2005**

This 2.5 day course (15 hours) at Annual Conference in Boston features lectures based on neuroscience, motor control, and motor learning principles. Evidence is emerging at a phenomenal rate, and the incorporation of this emerging scientific evidence in a manner that affects clinical outcomes is of great importance to the practicing physical therapist. Evidence concerning neuroplasticity and motor learning principles will be presented within a background of promoting function and participation as primary outcomes for pediatric neurorehabilitation programs. Expert faculty include: Susan K Effgen, PT, PhD, Joanne Valvano, PT, PhD, Carole A Tucker, PT, PhD, PCS, Diane E Nicholson, PT, PhD, Patrick H Kitzman, PT, MSPT, PhD, Maria Fragala-Pinkham, PT, Shelley A Goodgold, PT, ScD, and Deborah R Brandt, PT, MS, CMA.

# Pediatric Sports Fitness SIG Report

The growing interest in pediatric sports and fitness was quite evident at CSM in New Orleans this year. Our Preconference course, **Youth Fitness and Sports Participation: Treatment Across the Pediatric Lifespan**, was extremely successful. Sixty-three participants received the latest scientific concepts, as well as take home information on youth sports and fitness.

Our SIG business meeting resulted in lively discussions on future CSM programming. Ideas from the floor included: weight management, cardiovascular risks, and socioeconomic factors involved with obesity, nutrition, pediatric sports specific injuries and orthotics, Down syndrome and fitness, strength training for the neurologically impaired child ACL injuries. These ideas should generate great programming for CSM. SIG members also expressed interest in learning from the membership about successful interventions from the national community, with specific descriptions on community based and after school programs, PT month activities, current research, and trends in therapy from specific regions.

The Business Meeting also included a presentation from Heidi Jo Hetland about Health & Human Services Initiative Day in Washington. The initiative will formally be introduced in June. "I can do it, you can do it" is a mentoring program involving adults and children with disabilities to participate in an exercise program. It will have similarities to the presidential fitness program. Barbara Bezalel spoke about Funfitness Healthy Athletes Program. The program was developed by APTA in conjunction with Special Olympics as a screening tool. The program is volunteer run, involving all areas of medicine. PTs screen athletes 8-80 years old. The group is working to develop a database reporting on strength, flexibility, coordination, and balance.

Articles, case reports, or ideas for the newsletter can be sent to Lorrie Brawner, SIG secretary, or to Cindy Sliwa at the Executive office. We are interested in recruiting a co-editor for the newsletter! Use this as an opportunity to get involved. The first three editions of the newsletter can be found on the Pediatric web site. When checking the Web site, be sure to find your regional representative and contact them with all your great ideas!▲

# Adolescents and Adults with Developmental Disabilities SIG Report

Our SIG not only has a new name (note the addition of "Adolescents" to our SIG name to reflect our interest across the teenage and adult years) but also has a new chair, Tim Erson, PT, MS. If you are interested in becoming involved in this dynamic group, he can be contacted at [terson@sdtc.org](mailto:terson@sdtc.org).

There will be a meeting of the AADD-SIG in Boston at Annual Conference this June, and there will be an educational session at CSM 2006 in San Diego entitled: Traditional and Nontraditional Roles in Physical Therapy Service Provision for Adolescents and Adults with Developmental Disabilities. Hope to see you there!▲

# Section Has New APTA Board Liaison



Babette Sanders, the Secretary of APTA, is now serving as the Section's liaison to the APTA Board of Directors. She works closely with Section President Barb Connolly to facilitate the business of the Section and to represent the views and concerns of the Pediatric Section and its members to the APTA board. She can be contacted at [babettesanders@apta.org](mailto:babettesanders@apta.org).

By  
Cindy Miles,  
PT, MEd,  
PCS, Chair



By  
Tim Erson,  
PT, MS,  
Chair &  
Bob Eskew,  
PT, MS,  
PCS, Past  
Chair



# Combined Sections Meeting 2005



Joseph Schreiber,  
Region IV Director



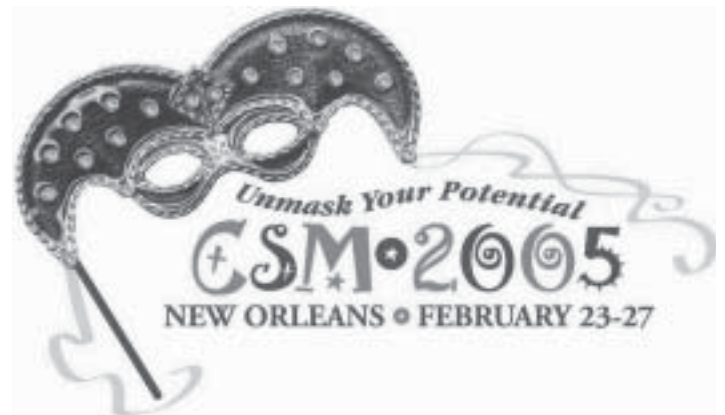
Donna Metzger,  
Chair,  
Public Relations  
Committee



Business Meeting



Sue Murr, Advanced  
Clinical Practice Course  
Committee Member



Outgoing Committee Chairs: L-R: Bob Eskew, Elisa  
Kennedy, Dale Scalise-Smith, Darcy Umphred



Peg Mohr,  
Region II Director

# New Orleans, Louisiana



Program Committee  
Chair,  
Reggie Harbourne



Specialty Council



Rebecca Harris,  
Region VI Director



Victoria Trost, PT,  
Membership  
Committee



Toby Long,  
Section Delegate



Outgoing Regional Chairs: L-R: Barbara Boucher,  
Donna Metzger, Mary Eicher Olson



Heidi Jo Hetland,  
Nominating Committee  
Chair

By  
Cindy  
Fudman,  
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Newsletter  
Editor



# V O L U N T E E R S

## It's What the Pediatric Section is ALL ABOUT

Pediatric Section volunteers have at least two things in common: the kids and a willingness give personal time and energy for something that's worthwhile and valuable. It's the kids that keep us going, and it's the Section that gives us some of the resources and inspiration that make us better at what we do.

Just what tangibly does the Section do for members? At CSM this past February, I took the opportunity to ask many of the involved volunteers, at all levels of the organization, why they work for the Section. You might find some of the answers interesting:

▶ "Skills that I've learned as a Regional Director have allowed me to hone my leadership skills in other areas of my life, at home and at work."

▶ "I am just so inspired when I interact with the big names of our profession, and to see them as someone I might be someday."

▶ "It gives me a way to champion my cause of helping children and to influence change, such as with laws like the IDEA, and how I can help get reimbursement issues working better."

▶ "I met someone at CSM last year that eventually led to a contact for a job when I moved to a new city."

▶ "I have begun using some of the fact sheets to explain things to teachers and parents, and it has given me something tangible I can have for explaining physical therapy and what I do."

▶ "I have so much fun at CSM and AC, that it's almost like a vacation to come twice a year and visit with people I wouldn't know otherwise."

Each person I spoke with had a little different slant on their own personal reasons for volunteering, and it was inspiring to know that Section work does so much for so many. For those of you who volunteer and are reaping the benefits of membership and being a volunteer, THANK YOU! For those of you already involved in the Section, you are probably wondering how you might recruit others to get involved and make the work more fun and effective. First, be on the look out at work and in your other associations with PTs to assess potential and talent. Is someone doing a great job writing a summary for your hospital newspaper? Well, the Section newsletter could use a lot more help in editing items submitted as well as soliciting and writing columns and points of view on pediatric PT topics. Is another friend interested in the workings of your city council and the school board? Perhaps that person would be interested in being on the Government Affairs or Public Relations committee. Be the Pediatric Section's biggest fan, and communicate the value of the work that the Section does so your enthusiasm and optimism about the impact we have on our profession becomes contagious.

Sometimes, volunteers really just need a little help from friends. Perhaps you're reading this column, and really aren't involved as a volunteer with the Section. It's usually easier to start something new if you have a buddy to do it with, so pull someone into the water with you, and it will likely be a lot more fun. So take the plunge and start thinking how your interests and talents could be used for the Pediatric Section. Whether it's with a buddy or by yourself, the Section has a place for you, at whatever level of volunteer commitment you can give.

You may already be a State Representative or active committee member, and are trying to interest a colleague to volunteer with you. Keep that volunteer "in the loop" with information you already know that would help them commit to volunteer work. By discussing the larger goals of the Pediatric Section, you as the mentor can show how the volunteer fits in to the organization to fulfill those goals and demonstrate the meaningfulness of the volunteer's contribution. Make sure that the new volunteer is aware of any assistance that is available to them—by committee members, paid staff, people in other volunteer positions.

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# 8<sup>th</sup> Advanced Pediatric Practice Course Update

By  
Karen  
Haas, PT,  
MPH

The 8<sup>th</sup> Annual Advanced Clinical Practice Course for Pediatric Physical Therapists, will be held November 4-6, 2005, at the Embassy Suites Hotel and Conference Center in Cary, North Carolina, near Raleigh-Durham and Research Triangle Park. The hotel sits on several acres in a park-like setting near a lake, hiking trails and a wide range of restaurants. Free shuttle service is available to the airport and nearby movie theaters, shopping malls, the Raleigh sports and entertainment arena, and other area attractions. All hotel rooms are two-room suites with two TVs, mini-kitchen, dining area for four, and sofa bed. Nationally-recognized and regional speakers will present current information at an advanced level over 2.5 days. Watch the Web site for further details. Tentative speakers and topics include:

- ▶ Amy Gross McMillan , *Motor Control/Motor Learning*,
- ▶ Robert Palisano, *Tests and Measures*,
- ▶ Suzann Campbell, *Evidence-Based Practice*,
- ▶ Debbie Thorpe, *Fitness*,
- ▶ Joan Bohmert, *Guide to PT Practice*,
- ▶ Wayne Stuberg, *Musculoskeletal*,
- ▶ Sue Murr, *Assistive Technology*,
- ▶ June Garber, *NICU*, and
- ▶ Joan Darbeem, *Cardiopulmonary*.▲

*(Volunteers continued from previous page)*

So if you aren't a volunteer and might want to be, what can you do to take some baby steps toward finding a volunteer "place" for yourself in the Section? The first and easiest thing is to get educated about Section activities. Look through the newsletter and the Web site and see if there are any sparks that fly as you look at each of the committees. Send off an e-mail to that committee chair. Do you aspire to hold a Board position? Contact the Regional Director for your Region to express an interest in becoming a state representative or contact your state representative to find out if there are opportunities in your state to become more involved with pediatric state activities. You might work with your state PT organization to bring an educational session with pediatric content to the next state meeting. As a volunteer, you have so much flexibility—and so many choices.

Once again, a huge THANK YOU to all the people who make the Section on Pediatrics work. Your commitment, large or small is what allows therapists to become educated, to lobby for legislation to protect our children, and to serve children the best way our evidence shows us. See at Annual Conference!▲

## Jeanne Fischer Mentorship Award Nominations Sought

Nominations are now open for the 2006 Jeanne Fischer Distinguished Mentorship Award. This award recognizes sustained, altruistic contributions in mentorship that extend beyond the call of duty and occur in a variety of settings. The nominee must have a minimum of 25 years practice in pediatric physical therapy in clinical, academic, or administrative settings. Please request an award nomination packet from the Section Executive Office at [cindysliwa@apta.org](mailto:cindysliwa@apta.org) or 800/999-2782, ext 3254. For further information, contact the Fischer Mentorship Award Committee Chair, Jane Sweeney PT, PhD, PCS, at [apgar10@harbornet.com](mailto:apgar10@harbornet.com).

# Committee Reports

## PRACTICE COMMITTEE

By **Mary Jane Rapport**

The 13 members of the practice committee have been busy creating and fine tuning fact sheets and planning educational opportunities for Section members. Together, we have spent hundreds of hours to provide Section membership with these materials and education sessions. New publications from the Practice Committee are:



- ▶ A new fact sheet on “Youth Transitioning from School to Adult Life” is available on the Section Web site
- ▶ Updated versions of the Early Intervention and School-based Competencies are being finalized. It will be submitted for publication in the *Pediatric Physical Therapy*.
- ▶ A new document listing books with Section members as authors or co-authors is complete and available on the Web site.
- ▶ In progress: developmental handouts to help answer “what should my child be doing at ..... months?” questions and a list of tests and measures along with a related document for members to complete when suggesting the addition of other tests or measures.

Educational opportunities in the area of practice

sponsored by the Practice Committee and the Pediatric Section are:

- ▶ The Practice Committee will be holding a workshop on IDEA in Denver, Colorado, in January or February 2006. This 2-day workshop will focus on the primary aspects of the law related to the delivery of physical therapy in schools, on the changes in the 2004 reauthorization, and the application of evidence-based practice into the delivery of related services. This workshop will be presented from the federal perspective, although there are differences in the implementation of IDEA in each state.
- ▶ The Practice Committee Forum, which is held annually at CSM, will have a new format next year. Our plans for 2006 will allow for Section members to participate in at least two different roundtable discussions on a specific area/topic of practice with one or more identified experts. Topic examples include: patella alta, limb deficiencies, and adolescents with MD, asthma, and childhood obesity. Each discussion would be about 45 minutes, and then forum participants will move to another roundtable with the topic of their choice.

## PUBLIC RELATIONS COMMITTEE

By **Darcy Umphred**

The PR Committee has developed the preliminary drafts of two



PowerPoint presentations for Section activities. The first presentation is to be used as a recruiting presentation, which identifies all the great reasons for joining the Section. It stresses not only what each member receives but what each nonmember misses. The second PowerPoint deals specifically with the ABCs of Pediatric PT and is accompanied with the brochure that was developed a year ago. The primary goal of this Powerpoint is to let families, non-PT health and medical practitioners, and the general lay community know what physical therapy has to offer their children with movement dysfunction. These presentations are available by contacting Cindy Sliwa at the Executive Office. The new Committee Chair is Donna Metzger, so look for new initiatives to promote the Section!

## NOMINATING COMMITTEE

By **Elisa Kennedy**

The Pediatric Section invites nominations for President, Nominating/Elections Committee Members, and

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Regional Director for Regions II, IV, and V for elections to be held in Fall 2005, to take office at CSM 2006. Contact Heidi Jo Hetland if you are interested in running for office or if you would like to nominate someone for one of these positions. Any of the committee members are available to discuss the responsibilities of any of the offices and would be happy to speak with you. Even if you are just curious or might be interested in future openings, please contact any of the committee members to discuss the opportunity:



- ▶ Heidi Jo Hetland, PT, DPT, PCS – Chair-Elect (HeidiJo.Hetland@ncmail.net)
- ▶ Irene McEwen PT, PhD (irene-mcewen@ouhsc.edu) or
- ▶ Lisa Chiarello PT, PhD, PCS (lisa.chiarello@drexel.edu).

## RESEARCH COMMITTEE

By David G. Embrey  
CSM 2005 Platform and Posters: Members of the Section on Pediatrics are presented 16 platform and 68 poster presentations at the CSM 2005. The electronic submission through ScholarOne



was dramatically improved this year. Grants: The Section on Pediatrics

did not award a \$5,000 research grant for the October 2004 cycle. Funds for this award were dedicated to the Section on Pediatrics Research Summit. Two \$1,000 grants were awarded. One was presented to **Lynne Romeiser Logan** for her

submission “Effects of Sensory Level Electrical Stimulation on Muscle Cross-sectional Area and Metabolite Production.” The second study by **Brian Wrotniak** is titled, “Motor Proficiency in Children Who Are Physically Active and Sedentary.”

**Section Research Summit:** The Section sponsored Research Summit “Promotion of Fitness and Prevention of Secondary Complications in Children with Cerebral Palsy” was held October 22–24 in Alexandria, VA. The CSM 2005 Research Roundtable reported the outcome of this meeting; it will be highlighted in the Section journal as well.

## EDUCATION COMMITTEE REPORT

By Sharon DeMuth & Lana Svien

After due consideration and investigation, it was determined that the section does not have the resources to develop a web-based course using this content at this time. We are now investigating the feasibility of offering the Advanced Clinical Practice Course twice a year. This is currently being evaluated by

the Advanced Practice Committee in conjunction with the Section Secretary, our committee’s board liaison.



We have received about 40 submissions for a teaching Compendium in Pediatrics and will meet in June to review these. We are still looking for submissions and have been actively contacting individuals, making list serve and e-mail requests, and contacting program chairs. We hope to have the compendium ready to submit to the board by Fall 2006 so that it can be produced as a CD-ROM and be ready for distribution at AC 2006.

A Fact Sheet on how to search current literature in pediatric physical therapy and related fields has been completed and is available on the Web site. We have been involved in planning for III- Step and have helped with reviewing applications.



Committee Member Robbie O’Shea has surveyed Section members and education program directors to find out what information they would consider helpful about college and university programs offering courses in pediatric physical therapy and/or post-professional programs in pediatric physical therapy. We are in

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the process of reviewing the survey data and will then request assistance from the Communication committee in getting the information distributed.

A process has been developed and funds have been allocated to assist programs in initiating the credentialing process for pediatric residencies or fellowships with APTA. Applications can be obtained from the executive office and will be reviewed by the Executive committee.

### **COMMUNICATIONS COMMITTEE**

**By Carrie Gajdosik**

**Newsletter:** All articles and reports are submitted to Cindy Fudman at (cfudman@austin.rr.com) for editing. We welcome suggestions, ideas, jokes, letters to the editor, your own personal articles you find of interest, and questions to the various committees (see this month's questions to the Government Affairs Committee and jokes for PTs only). We want this newsletter to serve your interests, so please let us know how this venue could better assist you to serve your children and their families. At CSM, the Board of Directors adopted a policy that will allow improved information access by our members. Our newsletter will now be printed and mailed out two times a year, with deadlines for submissions of March 1 and August 1. The newsletter should be received by mid-April and Mid-September. The winter

edition will now be provided in an e-mail format in mid December, with an emphasis on preparation for CSM. In addition to the business reports that have traditionally been included, we will now include a section focused on a topic of interest to our members: Please look over our special section on volunteerism in this edition, and give us feedback on other areas of interest in which we might report. The next edition, Fall 05, will focus on Government Affairs, particularly on IDEA.

**Website:** Thanks to the work of the Web site Task Force, the new Web site format has been posted. There is a new link for consumers and there has been a reorganization of the information. Further work is needed to ensure that the links are located on the correct page, functioning, and go to the correct sites. Suggestions for efficiently monitoring the site will be presented to the Board at AL 2005.

**Listserve:** There were only a few infractions on the listserve these past 6 months, and they were with advertising courses or products. Leslie Sand, Elaine Carmichael, and Ginny Paleg continue to monitor the listserve on a rotating basis.

### **BYLAWS COMMITTEE**

**By Jane Downey**

The proposed bylaws amendments allowing for but not requiring electronic balloting were passed at the Section's Business Meeting. Jane Downey, chair of the Bylaws Committee will keep us updated on any proposed bylaw changes.



### **MEMBERSHIP COMMITTEE**

**By Victoria Trost**

In an effort to increase and retain membership in the Section on Pediatrics, the Membership Committee is hoping you will consider reaching out to those recent members who did not renew Section membership. If you know any of these former members, please remind them of the important and vital actions the Section and APTA have taken and will continue to take on pertinent federal issues, as well as the benefits of the publications and grant opportunities available to Section

members.

Here are some examples:  
1) IDEA – the Section has been working diligently during the reauthorization

of IDEA and will continue to lobby for funding for children with disabilities.  
2) Medicare Direct Access Legislation – APTA has been



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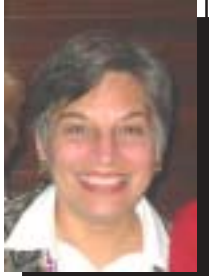
working at the National level as well as from support of local members to secure support for Medicare Patient Access to Physical Therapists Act (HR 792/S. 493).

3) The Section on Pediatrics and APTA offer members mentoring opportunities, continuing education, the *Pediatric Physical Therapy* journal, the Section newsletter, the Section listserv, grant options, and a developing research-intervention database.

If you receive any feedback or specific information about why a member allowed Section membership to lapse, please share that information with either your Regional Director or myself.

Thank you for spreading the word about the benefits of belonging!▲

By  
Nancy A.  
Cicirello,  
MPH, PT,  
Chair,  
Government  
Affairs  
Committee



## IDEA Update

President George W. Bush signed IDEA reauthorization on December 3 after a 2-year delay. Federal funding, authorized at \$12.36 billion for 2005, will be on what is called a “glide path” over the next 7 years through 2011. Increments of \$2.3 billion in each subsequent year will reach only 18.6 % as compared to the 29-year-old mandate of 40% federal funding.

The formal reauthorization is followed by what is called a regulatory phase where specific rules and regulations are crafted and debated. On January 19, several members of the Section on Pediatrics participated in a conference call to respond to regulations of the newly reauthorized IDEA document. Spearheaded by APTA’s Karen Stavenjord, Assistant Director of Federal Regulatory Affairs, Barb Connolly, Kathy David, Susan Effgen, Sheryl Low, Irene McEwen and Nancy Cicirello provided Karen with information pertinent to pediatric PT concerns. A statement was drafted and reviewed by this group. The statement is available for members to use at the scheduled hearings around the nation. This statement can be found on the section Web site link under legislative affairs.

Initial hearings across the nation began on January 28, 2005 where APTA was one of over 50 groups/organizations and families who made statements before Office of Special Education and Rehabilitative Services (OSERS) on the Development of IDEA Regulations. Section member Margo Orlin testified at the first hearing on January 28, 2005. Other section members who testified included Linda Lowes (Columbus, OH), Priscilla Osbourne (Boston, MA), Cornelia Leib Lundell (San Diego, CA), APTA staff- Justin Moore (Atlanta, GA), and Rachel Brody (Washington, DC). Each person scheduled to testify is allotted 5 minutes.

The main points that these APTA and Section on Pediatrics members reiterated at each hearing were: positive reinforcement for requirement of state licensure for related service personnel and early intervention personnel; assessment for independent living and functional skills for students transitioning from student life to adult life; and legislation establishing risk pools to assist states with paying for students with disabilities who are low incidence and high-cost, such as those requiring costly assistive technology.

Concerns were voiced regarding the elimination of short-term objectives in a student’s IEP; the implementation of the 3-year IEP in 15 demonstration states; and that student interventions be based on peer-reviewed research rather than evidence-based practice. *Though not noted in the formal statement in these initial hearings, the Section wants its membership to be aware that states will now have the option to use Part C monies up until age 5, which could change service delivery.*

Notice of Proposed Rule Making is anticipated in mid-to late -May and followed by another round of hearings. It is not yet known in what cities these hearings will take place. Once locations are known, the Government Affairs Committee will provide names of members to Karen Stavenjord and she will contact identified members, requesting their participation in testifying.

Pediatric Section members should consider attending the Practice Committee’s workshop on IDEA in January or February 2005. For more details, be sure to watch the Pediatrics Web site.

The next focus of the Government Affairs committee will be monitoring Medicaid reimbursement. The Section’s Board of Directors has charged the committee to create a subcommittee to participate in acquiring information and developing educational materials for the membership. Members are encouraged to contact their respective state resources as this program is individualized on a state-by-state basis. Ginny Paleg of Washington, DC, and Pam Wren of Arkansas have agreed to participate on this subcommittee. Sheryl Low will be attending the April 2005 Federal Government Affairs Forum in Washington, DC, as the Section’s next liaison. ▲

The Education Committee is collecting Active Learning Experiences and Integrative Activities utilized in teaching pediatric physical therapy in *academic* and in *clinical environments*. Our goal is to publish a CD titled "A Compendium for Teaching Professional Level Pediatric Content."

Below you will find a list of items and topic areas that the committee feels are still needed in order to publish a well-rounded Compendium. Please submit your ideas and examples via e-mail to either Lana Svien at [lsvien@usd.edu](mailto:lsvien@usd.edu) and/or Sharon DeMuth at [demuth@usc.edu](mailto:demuth@usc.edu) by **MAY 15, 2005**. Details regarding submission of items that include photos, PowerPoint, or video segments can be obtained from Robin Dole at [Robin.L.Dole@Widener.edu](mailto:Robin.L.Dole@Widener.edu) or at 610/ 499-1277.

The committee will review all submissions, select

items for inclusion in the compendium and assist you in obtaining any necessary releases or other paperwork.

Topic areas for which examples are still needed:

- ▶ Curriculum: course syllabi for self-contained courses or examples of curriculum when pediatric content is embedded or distributed throughout the curriculum
- ▶ Bibliographies/articles: seminal articles, suggested texts, Web sites, chapters from "non-pediatric" texts
- ▶ Family-centered materials: parent resources and advocacy, family roles and development, cultural competence (eg, child rearing/cultural sensitivity), family-centered care, child abuse
- ▶ Cases or topics: children above age 5, adults with developmental disabilities, neuromuscular cases above age 5, musculoskeletal, cardiopulmonary and integumentary cases birth-21
- ▶ Documentation
- ▶ IEP, IFSP: teaching the topic, how to write, transition planning
- ▶ Interdisciplinary activities
- ▶ Orthotics/prosthetics
- ▶ Pharmacology
- ▶ Seating and positioning
- ▶ Radiology/imaging
- ▶ OSCE's (Objective Structured Clinical Exams)
- ▶ Other teaching tools that people find useful such as videos, home study courses, continuing education materials.▲

## OPPORTUNITIES FOR GIVING MEMORIAL FUND SCHOLARSHIP PEDIATRIC RESEARCH GRANT

In 2003, the Section on Pediatrics created the *Memorial Fund Scholarship* to fund pediatric physical therapists wishing to become Pediatric Clinical Specialists and to honor those physical therapists who are no longer with us but have made a lasting impression on the field of physical therapy. **In 1995, the Section on Pediatrics** entered into an agreement with the Foundation for Physical Therapy to initiate the Pediatrics Research Grant Fund. The Section established the endowed Fund to strengthen opportunities for physical therapists to engage in significant research pertaining to children. To find out more about the Memorial Fund Scholarship, and the Pediatric Research Fund Grant please visit the Section's Web site at [www.pediatricapta.org](http://www.pediatricapta.org). If you would like to make a donation, please contact Cindy Sliwa, Executive Office, Section on Pediatrics, APTA, PO Box 327, Alexandria, VA 22313, 800-999-2782, ext 3254, [cindysliwa@apta.org](mailto:cindysliwa@apta.org).

By  
Eunice  
Shen, PT,  
DPT, MS,  
PCS

# Serving Tibetans with Mobility Impairments

## *KHAM Aid Foundation Wheelchair Project*

*In October and November 2004, Eunice Shen, Treasurer of the Section on Pediatrics, traveled to the Sichuan Province of China, part of Tibet, to help with physical therapy services and teachers' training at the H.L. School for the Handicapped in Sichuan. She has accompanied this group for several years to participate in this project. After raising funds for 120 heavy-duty wheelchairs, Eunice and the team of physicians, PTs, an engineer/translator and a Kham Aid Field Director worked long hours to provide families with some of the services they needed and distribute the wheelchairs. The following article is excerpted from a report she wrote detailing her experiences there.*

Our work with the people of China was difficult but intensely rewarding. We provided care to people who have no access to rehabilitation and medical care. Our workdays were long as we traveled from area to area, and we used our two cargo trucks, van, and wheelchair cargo boxes to create clinic spaces and boundaries for our physicians and physical therapists to work in. We were mobbed by patients initially and could not function due to the lack of order. We had to ask the officials and their military personnel to help with creating order in the crowd. Throughout the day, onlookers constantly surrounded us. Our physicians saw over 100 patients. The physical therapists saw close to 80 patients per day. We were grateful that we brought more than enough medications and wheelchairs with us this year to give out to those who needed them.

H. L. School in Sichuan continues to experience a high turnover of school staff due to low salary (about \$30 US dollars a month). We provided instructions and training to the teachers on handling techniques, therapeutic exercises, and activities with the cerebral palsy children, serial casting techniques and protocols, wheelchair modifications and repairs, and utilization of educational toys and play during treatment sessions.

This year's trip was less rugged than previous years. The new road system to Kanding has cut down the travel time and is less harsh on vehicles. We cut our travel time between stops by a third, and we experienced many fewer vehicle problems such as flat tires, broken fuel lines and water pumps, and non-functioning brakes. Our team also stayed healthier overall.

In addition to the patient care we were able to provide, we also wanted to make alliances with government officials in preparation for future trips. There are new government officials in charge in Yajiang and Litang. Our team made efforts to do public relations work and to establish the foundation for future work in the area. The Yajiang's government official requested that KAF come to their region next year. Because of all the road construction, building of bridges, and the growth in the town, there has been an increase of injuries resulting in many of the workers becoming wheelchair bound. They do not have wheelchairs to give to the non-ambulatory patients.

The team has made several recommendations to the Kham Foundation to provide for the people in our future trips. The group would like to continue working with local governments to train them in wheelchair assessment, repairs, and follow-up. Local health care workers require training in early intervention services, and in making differential diagnoses. Several areas of the province have not been served, such as in Yajiang, Batang, and Serta.

My visits and service in the last few years have been intensely rewarding. I look forward to sharing my experiences with the Section on Pediatrics each year. ▲



# CSM Practice Forum

“Smooth Transitions” was the topic highlighted at this year’s Practice Committee Forum at CSM 2005.

Roundtable discussions held around four key transitional stages provided the format for discussion. The groups were (with facilitators in parentheses): NICU to Home (Elisa Kennedy, PT, PhD, PCS, and Colleen Coulter-O’Berry, PT, MS, PCS); Early Intervention to Preschool (Kathy David, PT, MS, PCS and Mary Jane Rapport PT, PhD); Preschool to School (Carolyn Gibson PT and Catherine Knickerbocker, PT); and School to Post-Secondary/ Adulthood (Toni Doty, PT, MS, PCS, Susan Effgen PT, PhD, and Christine Cronin PT, MBA, MS, PCS). Most issues discussed by the participants in New Orleans were applicable to all age groups. Resoundingly, the forum participants felt that it was important for the pediatric PT to be involved in the transition process.

Education was valued as an important component of transition. Transitional needs were recognized to be unique to each student and their family. Education, initiated at the earliest contact, begins with building quality relationships with families. The education process involves assisting families to know their rights and to increase awareness of resources. A need to promote self-advocacy at younger ages was emphasized by the group that worked with older students. They felt that

education promoting self-determination should be initiated in late elementary school so that high school students wouldn’t find it so difficult to make important decisions necessary for post-school planning.

Examples of smooth transition typically included an active exchange of information in the coordination of services from one placement setting to another. Common barriers to smooth coordination of services were that therapists often receive little or no notice about transition meetings; there were difficulties in obtaining equipment from one setting to another; administrators did not fully understand the role of PT in transition, and contract therapists felt that they had a more difficult challenge at being active participants than therapists who were employed by a school systems. One school system developed a form that was designed to be completed by all involved disciplines for purpose of coordinating information. This information was found to be especially helpful when a member of the transition team was not able to attend.

There was awareness by the groups that many families begin to expect that therapy is “for a lifetime.” Part of the misunderstanding was thought to be related to families’ experience with IFSP goals that emphasized levels of development and performance as compared to later IEP goals that focus on describing how a child will

best receive an appropriate education in the least restrictive environment.

The following is summary of issues that are specific to individual stages of transition as reported by forum participants:

## **NICU to Home**

Challenges include transition planning with families that have to travel long distances to the NICU (sometimes from out of state), lack of tracking programs for infants at high risk for developmental delays, gaps in services for those who don’t qualify for EI programs, delays in services due to the eligibility process for EI, lack of education of primary care physicians regarding the necessity of early intervention, and lack of training in the assessment of high risk infants for those who are evaluating for eligibility in EI programs.

## **Early Intervention to Preschool**

A lack of knowledge about Part B eligibility requirements (as compared to Part C requirements) was cited as a frequent barrier to smooth transition. Misunderstandings among team members were observed to create confusion for families and set up parents for incorrect expectations about service delivery.

## **Preschool to School**

The participants agreed that this time period is a very

*(Continued on page 23)*

By  
Elisa  
Kennedy, PT,  
PhD, PCS



**Q:** Can the Pediatric Section or APTA help us lobby our state Medicaid office for higher reimbursement? *(Answers to this question are from Justin Moore and Dave Mason of the APTA staff.)*

**A:** Yes, APTA can assist you in advocating your concerns with your state Medicaid office on reimbursement issues. APTA's State Government Affairs and Reimbursement Departments have expertise and resources to help the Section, chapters, and individual members work with the state Medicaid office to improve payment. In addition, as issues arise that are determined by the Centers for Medicare and Medicaid Services (CMS), APTA Regulatory staff also can help address those concerns. Seeking higher reimbursement will be difficult costs have been escalating in the past several years.

**How do we request that help?** Your first point of contact to request assistance should be APTA's Government Affairs Department. Medicaid issues involve several departments dealing with both federal and state policies, so Government Affairs is the best starting point on Medicaid issues. Dave Mason, VP of Government Affairs, can coordinate activities and help you get the resources you need. He can be reached at 800/999-2782, ext. 3160, or [davemason@apta.org](mailto:davemason@apta.org). Activities such as this really must be organized at the chapter level ... that means we need to get active!

**Q:** Can the Pediatric Section can issue a position statement to clarify the practice concerns/issues of the preferred provider model being encouraged in many Early Intervention Programs across the nation? *(Answers to this question are from Barbara Connolly.)*

**A:** There is a specific procedure for policy development within APTA. The Pediatric Section would have to survey all of our members to determine exactly what position or policy was to be developed ( on any issue not just this issue), develop the policy, and then forward to the APTA Board of Directors. The policy would have to be approved by the House of Delegates as an APTA policy. The Sections cannot have a policy independent of the whole APTA; a Section cannot represent APTA even in the case of policies. Additionally, the definition of Policy for APTA is that it is "An Association requirement that obligates the actions of APTA members and directs subsequent decisions on similar matters." Thus if a policy on the Primary Provider Model was developed, then all members would be obligated to practice only in the PPM ( if the policy was that this was the model to be used) or not practice in the PPM ( if the policy stated that this model was not appropriate). The use of a policy is not the best way to address this concern. Our section has provided information about all models since we have members who practice in a multitude of models. The Section has tried to always focus on IDEA as the "policy" that would be used for all states. The states determine the guidelines that will be used in that state in order to comply with IDEA.▲

# Audiovisual Lending Library

The Audiovisual Library for the Section continues to grow! For the complete list of titles or to borrow materials, go to the Section website at [www.pediatricapta.org](http://www.pediatricapta.org) or contact Jess Anderson at 800/999-2782 ext 8588, or [jessicaanderson@apta.org](mailto:jessicaanderson@apta.org). The Section spent \$1,600 this past year for the audiovisual lending library, with an additional \$1,500 budgeted for 2005. Items are available in VHS and/or DVD formats. Approximately 130

items were loaned in 2004. The number of requests has almost doubled in the past 5-6 months. New purchases include such topics as UE treatment of adult hemiplegia, NDT treatment of an adult with quadriplegic CP, feeding, the Neonatal Behavioral Assessment Scale, Down Syndrome, dystonia, eye-hand coordination, and Duchenne Muscular Dystrophy. Parent education materials were donated on infant

development and infant exercise.

We encourage suggestions for new purchases. In particular, we are searching for videos/DVDs on transition to adulthood, gross motor development, and children with special needs participating in physical activities and sports. Reviewers are needed for newly purchased items. Please contact Jess if you are willing to review materials. ▲

By  
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anxiety producing stage for families. There was concern that assessments begun 6 months prior to transition may not accurately reflect where the child should be placed since children change so quickly during this stage. One participant expressed that it was easier to coordinate transitions if there was a "coordinator" for PTs at a district level. Equipment needs and architectural barriers were of great concern in this transitional stage. One PT reported that they frequently asked for a one-time consult for a child when moving to a new physical setting to look at mobility barriers.

## **School to Post-Secondary/Adulthood**

A change under IDEA 2004 states that post-graduation planning should begin at 16

years of age with an emphasis placed on an outgoing document. One of the biggest challenges reported was finding employers for students transitioning out of school. Minimal support (including job coaches) was observed to make it difficult for students to carry over acquired skills. It was recognized that it took a significant amount of time to prepare students for post-graduation. Another problem raised was that students tended to be phased out of PT services by the high school level. Therefore, the PT is not often consulted. A recommendation was made that therapists should offer inservices to increase the awareness of what PTs have to offer for students transitioning to postsecondary programs or settings.

In review, key provisions of IDEA 2004 more clearly

define the process of transition to include appropriate measurable goals based on age-appropriate transition assessments and goals that specifically state how the transition services will assist the child to reach the goals. Pediatric physical therapists are in positions to assist children and families to make these transitions smooth and seamless by providing anticipatory guidance, resource information, and linkages to appropriate service providers and community-based service systems. References are available on the Sections Web site that provide information on the process of transition through the life span. Also, watch for registration information for an IDEA workshop to be sponsored by the Pediatric Section in early 2006. ▲

By  
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III-STEP



## III-STEP Update: July 15-21, 2005

Summer Institute on Translating Evidence into Practice, III STEP, is literally “stepping forward” to bring therapists insights into the areas health services, neuroscience, neurology, developmental neurobiology, psychology, rehabilitation medicine, motor behavior, and physical therapy.

The third of a series of institutes III-STEP is visionary in its goal to integrate research, clinical interventions, and basic sciences. Applications opened in August of last year for university/ clinician teams from accredited PT programs to participate. Seats had been set aside for international colleagues in order to encourage dissemination of advances in evidence across the world. In November, as announced in the Pediatric Journal, the newsletter and on-line, the applications opened to Section members. We have been making a waiting list since early January. The Sections have finalized a contract with *Physical Therapy* to publish the proceedings. To Kathy Gill-Body, my Neurology Section co-chair, it has been a challenging, time-consuming but wonderful adventure. We watched volunteerism at its highest functioning level and the reason why we have a national organization and Sections with that umbrella. Your Section works for you and the obvious end result is institutes like III-STEP. I look forward to seeing all of you at AC and to the “stepping out” with you at III-STEP. ▲

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