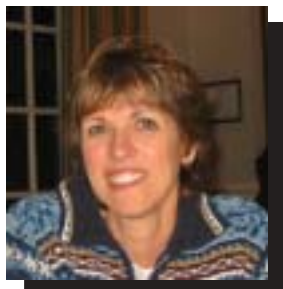


President's Message

By Barbara H Connolly, PT, EdD, FAPTA



The Combined Sections Meeting held in Nashville February 4-8 at the Opryland Convention Center was a terrific success! The huge domed convention center and hotel gave us a feeling of southern hospitality and lush tropical gardens — but shielded us from the unexpected snowstorm hitting Nashville that weekend. Initial reports indicate a total attendance of 4,852, with 3,318 PT registrants. During the Business Meeting of the Section, our members were just as awed as I was when we reflected on our 4,868 Section members. That means that the Section on Pediatrics has even more members than attended the entire conference! Our growth as a Section continues to be remarkable, and we certainly are having an impact on the business of the Association. As pediatric physical therapists, we can be proud that we are contributing to the growth and strength of our Association.

Interestingly, we only have about 400 student members in our Section. During the Section Presidents' Meeting at CSM, where all Section presidents come together to discuss issues, I suggested a new membership strategy whereby students who convert to active membership be awarded a free membership in a Section. There appeared to be much support for this among the Section presidents, as well as from some of the APTA Board members who were present. Getting students more involved in the Section is an exciting prospect!

I am honored to begin a second term as your Section President. Congratulations to the following individuals who also were elected/re-elected: Irene McEwen (Nominating and Elections Committee), Peg Mohr (Region II Director), Joe Schreiber (Region IV Director), and Karen Haas (Region V Director). I also want to welcome Vicky Trost as Chair of the Membership Committee, Janet Downey as Chair of the Bylaws Committee, and Darcy Umphred as Chair of the Public Relations Committee. I look forward to serving with you over the next 2 years!

Communication continues to be my goal for the Section. We have made great strides in communication over the last 2 years and will have even more opportunities during the next 2 years. Our request for external liaisons has been forwarded to the Board of Directors after being reviewed by the Department of Practice at APTA. We should have liaisons to the following organizations by July 1: TASH; CEC-DEC; American Alliance for Health, Physical Education, and Dance; UCP National; and NEA. Two additional opportunities for communication are the Section's upcoming Research Summit, which

(Continued on page 3)

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Directors
and
Committee
Chairs

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

Cindy Fudman, PT, MS, PCS

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512/ 587-4252 W ♦ 512/ 452-6155 Fax ♦ 512/ 371-7531 H

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(continued from page 1)

will be held in Alexandria, VA, in October (see the Research Summit Update in this newsletter) and the upcoming III-Step Conference. The III-Step Conference is a joint conference to be held in July 2005 sponsored by the Neurology and Pediatric sections that will allow academicians and clinicians to communicate with each other.

We also will begin publishing the Section's Motion Tracking Form in the Section newsletter starting with the fall newsletter. This form reflects the status of motions made by the Board of Directors and will include the business conducted at Annual Conference in Chicago. We hope this will give members an idea of the activities of the Section and will allow each member to see the status of each activity. I think this will facilitate membership's ability to understand Section progress with major activities that were initiated either by members, the Board of Directors, or the Strategic Planning Committee. The Board of Directors hopes that this information will help all members keep informed about Section activities.

As our Section becomes larger and more diverse, the importance of communication becomes more crucial — not just communication between the Board and the members, but also among the general membership. Our Section's varying forums for member interaction and communication give us opportunities to learn, network, discuss, and even disagree about professional issues. Just as we do with our clients and patients, we must be mindful of the need for assertiveness rather than aggressiveness during interactions, especially with our colleagues. The inherent value of differences in opinion is that they allow us to see things through different lenses, perhaps even to rethink a long-standing perspective. I hope that we all consider these issues when we interact with our colleagues. Remember this quote from an unknown source: "The words you speak today should be soft and tender...for tomorrow you may have to eat them."

I am looking forward to the next months of leading Section activities and hope to see all of you at Annual Conference in Chicago!▲

7th Annual Advanced Clinical Practice in Pediatric Physical Therapy Course
Minneapolis Marriott City Center, MN●October 29 – 31, 2004

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.

Speakers and Topics:

Musculoskeletal System and Function — Wayne Stuberg

Cardiopulmonary & Fitness — Mary Massery

Children with Developmental Delays and Disabilities — Kathy David

Selection & Interpretation of Standardized Measures of Motor Development and Function —Thubi Kolobe

NICU Practice — June Garber

Motor Learning—Phyllis Guarrera-Bowlby

Evidence-based Practice—Sandra Kaplan

Additional topics (speakers to be announced): Guide to Physical Therapist Practice and Assistive Technology

**For more information, check the Section Web page at
www.pediatricapta.org**

Letters to the Editor

Dear Editor,

In the Fall newsletter, my letter to the editor was published describing my Medical Mission to Barranquilla, Colombia. In that letter, I expressed how difficult it was for the Columbian families to care for their children without pediatric adaptive equipment to ease their mobility impairments. I am writing to let you know that the Pediatric Section newsletter does indeed reach out and touch the lives of many therapists and children.

Soon after that letter was published, Paula Nelson of Pediatrics Plus in Panama City, FL, called me to inquire whether I could use some equipment that was no longer being used in her practice. We picked up many pieces, including wheelchairs, walkers, and other positioning pieces, and hauled them from Panama City to Tallahassee. In February, we were able to take much of the equipment with us as we flew again to Colombia. Delta and Avianca Airlines did not charge us for any of the shipping and we checked it through as additional luggage. I had a total of 10 pieces of "luggage"!

Even more inspiring than these generous donations were the reactions of the families and the children who received the equipment. One mother cried with joy when she and her child received a wheelchair with tilt that would

support her 5-year-old with unarrested hydrocephalus who she had been carrying...and then I cried when her little girl said, "Let's go for a walk, Mama." One little girl with a diagnosis of spina bifida now has a posterior-wheeled walker that allowed her a reciprocal gait. Thanks to you for publishing the first letter, thanks to Paula for reading and acting on it, thanks to the airlines for shipping it, and thanks to all who have given me advice and encouragement.

Catherine Knickerbocker, PT

Dear Editor,

I wanted to share greetings with the Section from Jeanne Fisher, a dear friend, mentor, and great pediatric physical therapist. Recently in her new home at a seniors' residence in Tacoma, WA, Jeanne delighted in telling me that she would be turning 80 at the end of May! She also regaled me with stories about her new friend there, a woman named Betty who has Parkinson disease.

When Jeanne first met her new friend, Betty was using a wheelchair as her primary form of mobility. Within weeks, Jeanne had Betty using a walker and now Betty walks indepen-

dently — although Jeanne continues to remind her to "Keep your head up, Betty!" Once a physical therapist, always a physical therapist — and it's clear that Jeanne will never really "retire" from this profession she loves so much.

Jeanne asked about many of her Section friends, and I offered to carry her greetings to them at the Section's Business Meeting in Nashville. The Business Meeting audience responded with a standing ovation for her contributions to our profession. Her passion for and love of our profession continues — and her role as a mentor continues for me and for so many others whose lives she has touched over the years.

Whether you knew Jeanne or not, I believe she would love to hear from as many of you as possible on her upcoming 80th birthday. Please send birthday cards to her *by May 29th* to: **Jeanne Fischer, Weatherly Inn - #162, 6016**

North Highlands Parkway, Tacoma, WA 98406. I know how much this will mean to Jeanne!

Susan Harris, PT, PhD▲



Jeanne Fischer

Business Meeting Summary: CSM Nashville

By
Priscilla
Osbourne,
PT, MS, PCS,
Secretary

The Business Meeting at the Combined Sections Meeting is an opportunity to share information, concerns, projects, and the Section's business among the members, Section officers, and the committee members. Committee chairs and officers of the Section present a report of their activities or the activities of their committees. This report highlights some of these activities and lists the new motions presented and passed by the membership at this meeting. Please refer to the individual reports in this newsletter for specifics of these projects and activities.

Increasing the involvement of grassroots membership in the business of the Pediatric Section was a topic under discussion. New organization is in process

for the committees, state representative, and regional representatives of the Section. Term limits have been set for the first time and a rotation has been established. The purpose of term limits is to open up more opportunities for new volunteers to participate in the Section. New chairs have been appointed by the President for the Membership Committee (Vicky Trost), Bylaws Committee (Janet Downey), and the Public Relations Committee (Darcy Umphred, interim / Donna Metzger). Other rotations will occur within the upcoming year. Committee membership is open, and new membership is encouraged!

The Section has established External Liaisons to build relationships outside of the Section. Activities

have included initiation of the process to appoint external liaisons and building a network of pediatric physical therapists to act as media resources on the subjects of fitness and childhood obesity.

Committee reports in this newsletter will update you on the latest committee activities. New business at this meeting:

- The Board of Directors was charged to investigate methods of providing the membership with current, state-specific information about IDEA.
- It was proposed that any profits from the dissemination of the Task Force on Clinical Pathways be donated to the Memorial Fund in Carol Dichter's name.

Hope to see everyone at Annual Conference!▲

Pediatric Section Creates Memorial Fund Scholarship to Fund Specialization

The Memorial Fund Scholarship was created in 2003 to fund pediatric physical therapists who wish 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. The first honoree is Carol Dichter.

The Memorial Fund Scholarship Committee shall select, from among nominations submitted by Section membership, an active member of the Section to receive this \$1000 scholarship award. This money is to be used to fund the member during professional development activities and may be used to pay for PCS exam fees, attendance at the Advanced Clinical Practice Course, or continuing education credits. Nominees must be active or life members of the Section on Pediatrics and be interested in becoming a Certified Clinical Specialist in Pediatrics. Each nominator shall send a completed nomination form, a curriculum vita of the nominee, and reasons why the nominee is best suited for this award. The award will be presented at the Section's Membership Meeting at APTA's Annual Conference each year.

If you would like to nominate someone for this scholarship, please contact Executive Officer Cindy Sliwa at cindysliwa@apta.org.

By
Darcy
Umphred,
Treasurer,
PT, PhD,
FAPTA

Treasurer's Report

The Section on Pediatrics remains fiscally sound and your elected Board of Directors continues to seek ways of improving non-dues revenue while improving services.

Current Fiscal Summary	January 2004
Cash – Checking	\$ 36,982.73
Cash – Money Market	\$ 81,236.01
Notes Receivable	\$ 1,800.00

Monthly debit ranges from \$33,000 to \$90,000 and thus a \$90,000 minimal balance has been set for monthly fiscal security.

Other Assests	January 2003	June 2003	January 2004
Growth Stock Investments:	\$109,637.65	\$109,637.65	\$109,817.09
Global Stock Investments:	62,056.97	62,056.97	62,250.74
Equity Index Investments:	60,038.71	60,180.89	60,699.91
Vanguard Money Market:	50,308.08	50,308.08	100,835.94
Total Other Assets	\$333,603.68		
Total Assets of Section	\$453,622.42		

End-of-Term Summary

Your Section has an excellent budget planning and implementation process. That system was developed and modified over many years. Last year, our Strategic Plan budgeted more than \$400,000 of expenses and income (including a \$25,000 donation to the Foundation for research), and at the end of the fiscal year we had a net profit of \$12,018.74. This validates that the process is working and that the Section is stable.▲

Membership Breakfast in Nashville

It was 7:00 am on Friday, February 6, when the membership gathered in Nashville for breakfast and an orientation to the Section on Pediatrics. Despite the early hour, there was a great turnout! During breakfast, members met with their state representatives and regional directors to share ideas and concerns.

One of the Section's goals is to maintain a member-driven and responsive organization. As a result, the Executive Committee has set term

limits of two 2-year terms (a total of 4 years in any one position) for state representatives and committee chairs. Executive officers and regional directors already had these term limits. This will allow more members to become involved in the Section.

With this in mind, the Orientation to Serve session provided an opportunity for members to learn the roles of various officers and committees, find out where there were vacancies, and discover where their individual skills and interests lie. Some new contacts were

made, and some vacant positions were filled as a result of this.

The Section plans to continue the Membership Breakfast/Orientation to Serve at CSM but is interested in how the members feel about this. If you have any suggestions regarding the set-up or format of this session, please contact Donna Metzger at donnametzgerpt@aol.com.

Also, it is never too late to volunteer to serve – just contact the Executive Office or the individual officer or committee chair and express your interest!▲

By
Donna
Metzger, PT

Section Awards Presented at CSM

The following awards were presented at the Section on Pediatrics Business Meeting at the Combined Sections Meeting in Nashville.

The **Jeanne Hughes Award** was presented to **Lana Svien and Renee Monson** by Ann Van Sant, Editor of *Pediatric Physical Therapy*. The Hughes Award is awarded to the best manuscript published in *Pediatric Physical Therapy* (PPT) that is adapted from a thesis or dissertation.

These manuscripts reflected originality, creativity, and relevance to physical therapy.



Lana Svien

Research Committee Chair David Embrey presented this year's awards for research in pediatric physical therapy. The Section **Research Award** was presented to **Shree Pandya**. The **Award for Outstanding Dissertation** was presented to **Michelle Broggi** for her study "Parental Perceptions of the Parent-Therapist Relationship: Its Impact on Outcome." The **Award for Outstanding Thesis** was presented to **Marcia Kahn Kaminker** for her study "Decision Making for Service Delivery in Schools: A Survey of Pediatric Physical Therapists."

The **Bud DeHaven Award** is given to the individual who has contributed extraordinary services to the Section on Pediatrics. Eunice Shen presented this award to **Darcy Umphred**. Darcy has made wide and lasting contributions to the pediatric physical therapy field as a clinician, an advocate for children's needs, an educator, an author, and an APTA leader at the state, section, and national levels. Last June at Annual Conference, APTA honored Darcy with their highest honor, the Catherine Worthingham Fellow Award.

Pamela Mullin presented **Claire McCarthy** with the **Jeanne Fischer Distinguished Mentorship Award**. Throughout Claire's 50 years of practice, she has served as a mentor to many individuals within physical therapy as well as those in other professions. The many letters written in support of her mentorship abilities were received from physical therapists, occupational therapists, administrators, and physicians. These letters were examples of her exemplary teaching, guidance, support, and encouragement. Claire, with kindness, support, and sometimes a firm push, helped these people learn and develop.



Claire McCarthy

The **Distinguished Service Award** is awarded to honor outstanding contributions to pediatrics or the Section on Pediatrics by an individual outside the Section or by an institution independent of the Section on Pediatrics. **Justin Moore**, Associate Director of Federal Legislative Affairs in APTA's Government Affairs Department, was this year's winner. Justin was presented with the award to formally recognize his — and APTA's — outstanding contributions in the area of government affairs on behalf of pediatric physical therapists.

The 2004 **Anniversary Award** was presented to **Patrice Murphy** to acknowledge her long-standing commitment to the Section on Pediatrics. The Anniversary Award was created to recognize members of the Section who have made outstanding, visionary contributions in an area of pediatric physical therapy, including practice, research, mentoring, or leadership.▲



L-R: David Embrey, Shree Pandya



L-R: Marcia Kahn Caminker, David Embrey



Darcy Umphred



L-R: Michelle Broggi, David Embrey

By
Elisa
Kennedy,
PT, MMSc,
PCS

2004 Early Intervention Forum Update

Once again, the well-attended Early Intervention Forum held during CSM in Nashville provided a venue for meaningful discussion regarding current topics important to therapists working in early intervention. The focus of this year's discussion was the primary service model as led by Elisa Kennedy, Lynn Jeffries, Lisa Chiarello, and Practice Committee Chair Mary Jane Rapport. The topic was timely because some states are currently operating under this service delivery model and others are undergoing changes toward this type of model.

The forum attendees first developed a list of characteristics that they felt comprised a well-running team. Characteristics included respect, the sharing of knowledge, open communication (such as the ability to brainstorm with each other), motivated team members that share common goals, a family-centered approach (with a focus on seeing the child and family as a whole rather than as parts), ongoing shared experiences, even-tempered personalities, balance of power, willingness to help each other, and administrative resources that support the functioning of the team (reimbursement/time allocation for team meetings, facilities for team meetings, and defined structure/processes that moves the team forward, etc).

Lynn Jeffries helped define the role of the primary service provider (PSP). The role of the PSP

consists of implementing the Individualized Family Service Plan (IFSP) with the family, incorporating the IFSP goals into the intervention plan, and consulting with team members when child and family needs arise that are outside the PSP's knowledge base. An emphasis was placed on the fact that the PSP should change as the child and family's needs change. On the other hand, the team's responsibility to the PSP should include active collaboration to support PSP, the observance of flexible boundaries with interchangeable roles and responsibilities, good communication, regular staffings, and participation in ongoing educational opportunities.

Section members, representing different geographic locations and settings, provided comment from personal experience regarding the rewards and challenges of this type of model. Examples of benefits were that the families were not forced to juggle appointments with multiple specialists with reduced redundancy of service, improved intervention that focused on the whole needs of the child and family, and improved communication that offered the team members opportunities for developing creative solutions. Those members who had experience with this type of model felt that it led to decreased conflicting information for the family

and improved quality of intervention. Challenges brought up were that many state programs do not offer reimbursement/time for team meetings or consultation with other service providers, the fear that some service providers may overstep their boundaries as the PSP, and the fear that some service providers may be compelled by their programs to assume responsibilities that they are not competent to provide. An important outcome of the discussions was the awareness that there is no *single* PSP model for every situation but that PSP models should be developed in accordance with the individualized needs of the family and child.

Participants of the forum were urged to become active in their state physical therapy associations as early intervention advocates to raise awareness of early intervention issues, to obtain appropriate state funding for appropriate service models, and to support educational programming for therapists working in the early intervention setting. The need to support research that examines the effectiveness of different delivery models was highlighted. Participants with concerns regarding scope of practice issues were urged to contact their state board of physical therapy. ▲

2004 School Issues Forum Update

By
Carolyn
Gibson,
PT, PhD

More than 70 physical therapists attended the School Issues Forum that was held during CSM. The forum consisted of a balance between presentations and questions related to the presentations and ended with questions about such topics as Medicaid billing, cognitive referencing, and instruction of paraeducators.

The forum started with a presentation from Kathy David on ecological assessments. An ecological assessment is environmentally based and takes place in the natural or actual environment in which the behavior occurs. Ecological assessment implies examining naturally occurring behavior, environment immediately surrounding behavior, and the individual-environment link. A second presentation by Florence Tillet-Bice described a format for reporting assessment findings using Guide language. She had a handout that showed the format she used. There was lively discussion about how the format helped to write goals. Irene McEwen ended the presentations by informing the therapists about the TASH resolution on the preparation of related services personnel to work in educational settings. The TASH resolution outlines course content that needs to be addressed to adequately prepare personnel working in school environments.

The following resources were recommended for therapists working in schools: *Providing Physical Therapy Services Under Parts B&C of the Individuals with Disabilities Education Act (IDEA)* by Irene McEwen, which is available through the Section's Executive Office, and *The Consulting Therapist: A Guide for OTs and PTs in Schools* by BE Hanft and PA Place. Information about TASH can be found at www.TASH.org.▲

Research Summit Update

The Section on Pediatrics will sponsor a national Research Summit on "Promotion of Fitness and Prevention of Secondary Complications for Children with Cerebral Palsy" at the Holiday Inn in Alexandria, VA, Oct. 22-24, 2004. The goal of the summit is to identify the major questions that need to be addressed through multi-center studies, and to develop collaborative networks to begin to tackle some of these questions in well-designed large-scale studies. Core participants represent 14 experts in this area and established investigators from various disciplines, including physical therapy, exercise physiology, medicine, occupational therapy, nutrition, and rehabilita-

tion medicine. Representatives from organizations that are interested in people with CP, such as the United Cerebral Palsy and Easter Seals, and funding agencies such as NCMRR, NIDRR, NICHD, and the Foundation for Physical Therapy also will be in attendance.

The 3-day summit will include a keynote lecture, a panel discussion with advocates/consumers of fitness programs in CP, short research presentations to stimulate thinking, and large- and small-group discussions where the actual "work" of the summit will be done. Attendees will contribute their expertise and gain new knowledge through rich interdisciplinary interactions. Keynote speakers include Dr Oded

Bar-Or and Dr Diane Damiano. The meeting will be facilitated by Dr Susan Harris and Dr Rebecca Craik.

To facilitate interaction among participants, attendance is limited and participants will be selected on a competitive basis on their qualifications.

Specific questions regarding the summit should be e-mailed to Research Initiative Committee Chair Dr Thubi Kolobe at hkolobe@ouhsc.edu. All other questions related to preparation of the application for the summit, etc, may be e-mailed to Summit Coordinator Dr Debbie Thorpe at dthorpe@med.unc.edu.▲

By
Mary Eicher
Olson, PT,
MS, PCS
Region I
Director

Region I
Alaska
California
Hawaii
Idaho
Montana
Nevada
Oregon
Utah
Washington

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



Mary Olson

Each person needs to decide when the time is right in their professional and personal life to say “yes” to volunteering for Section work. Consider if now is the time for you. The Section on Pediatrics has a

new policy of term limits for committee chairs and state representatives. This change will increase the number of members experienced with Section business and will allow more people to be involved. For small states it means taking a turn at the responsibility of the state representative position rather than depending on one person to fill that role.

If you are concerned about the lack of experience, you can learn on the job with support from other Pediatric Section volunteers. The Section needs the variety of viewpoints that come from different areas of practice from clinics to academics. There is a power in the “yes” that will take you on an adventure in learning and service! In February 2005, term limits will leave openings in state representative positions in

southern California, Hawaii, Montana, Nevada, and Oregon. Contact your current state rep if you want to be considered for this position.

Across the states in the Western Region, concerns continue to focus on budget cuts, which are decreasing or eliminating services to children. There also is a trend toward PTs being asked to sign off as early interventionists instead of physical therapists – a push to less qualified personnel providing more services, with the physical therapist serving as coach. Contact your state rep to volunteer.

STATE NEWS

CALIFORNIA

California (northern) -

Kathryn Yamamoto,
McMoto86@aol.com

California (central) -

Sheryl Low
sheryl.low@csun.edu

California (southern) -

Cornelia Lieb-Lundell,
lieblundellpt@cs.com

Proposed budget cuts for the state of California are 1.6 billion dollars with 42% taken out of Health and Human Services. Some of these cuts will include denied or delayed access to

CCS services and an enrollment cap for CVRC, with the enrollment not to exceed the enrollment at the end of 2003. Medical provider rates also will be decreased by 10%. Rates were already decreased by 5% in 2003. Calling or e-mailing your state rep with concerns about these cuts is encouraged.

Sheryl Low and Cornelia Lieb-Lundell are working with the California Chapter Board to revise the state’s description of pediatric practice in the educational environment. They are proposing it be rewritten to represent current laws and practice for pediatric PT. Current member concerns in the state include early intervention issues of non-trained providers of services, PTs losing positions to mobility aides and PTAs, lack of PT involvement, under-referral to physical therapy, family isolation through natural environment service provision, poor agency compliance and lack of codes for equipment reimbursement.

Educational opportunities in the past year in California have included the courses “Putting It All

(Continued on next page)

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Together” (Fresno, Early Start Statewide Institute) on developing positive relationships with families in their natural environments, linking evaluation and assessment to early intervention services, and partners in service delivery; “NDT Baby Treatment” by Lauren Miller Beeler (Loma Linda University); and “Deepen Communication and Interactions: Working with Families & Children with Special Needs.” “How Does your Engine Run,” tentatively scheduled for April, will be presented in Fresno. Southern California PTs made their Christmas gathering a toy drive for children in orphanages.

HAWAII

Sandra Wood,
sandiew@hawaii.rr.com

Hawaii PTs continue to work toward direct access. The Board of Physical Therapy has voted to support direct access, which will go to the AG and then to public hearing. Pediatric PTs sent a letter supporting direct access, especially for early intervention and the schools, while also commenting on the differing needs situation for inpatient hospital settings. Testimony to the legislature has been prepared to support funding for EI programs and Families for Resources for Early Access to Learning Program. Other legislative issues have included motorcycle and bike helmet laws, banning riding in truck beds, and funding for

EI and IDEA.

The Hawaii APTA legislative committee sponsored lunch for the legislators at the state capital. Gina Gaustad and Sandie Wood attended. It provided an informal setting to discuss pediatric issues in Hawaii. The pediatric display provided an opening for discussion. For information on booth rental, inquire to the Section’s Executive Office. Pediatric PTs participated in PT Month by joining the HAPTA with a display at the Kahala Mall. Mary Olson spoke to a group of OT/PTs in August. We appreciate her time, thoughts, and inspiration.

Pediatric PTs in Hawaii have been sharing their knowledge with others. Sandie Wood presented a class at Kapiolani Community College on Physical Therapy Issues and Autism to students training to be therapeutic aides. Lily Eagan presented a class on Physical Therapy and Developmental Disabilities to University of Hawaii Adapted Physical Education students. Sandie Wood presented with Sandra Oda, adapted physical education resource teacher, on PT and APE teamwork in the school system to the U of H Adapted PE students.

Hawaii PTs have expressed concerns about nonprofessionals becoming the primary provider for 0-3 population and EI staff being asked to sign docu-

ments as Early Interventionists rather than using the PT designation.

O R E G O N

Bruce Alter,
alterB@mac.com

OPTA Spring Conference March 12-14 in Eugene included Constraint-induced Therapy in Pediatrics. On April 19-20, Therapy in Educational Settings was presented in Eugene with speaker Stephen Haley. Oregon state representative Bruce Alter will be presenting a computer-based video instructional tool developed to help train assistants how to transfer disabled students.

The voters of Oregon defeated a ballot measure to eliminate a temporary tax that the legislature (after the longest session in history) levied to deal with budget shortfalls. Because of this, state funding for schools will be about \$540 million short for the next biennium. Since the majority of state funds go to schools, they will take the biggest hit. Many districts are considering shortening their school year starting next year. Also it may spell the end of the Oregon Health Plan, which will affect many poor and disabled children throughout the state. The state is also struggling with the No Child Left Behind Act. Only a handful of districts met the targets for adequate yearly progress. These

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districts were smaller and had few minority and disabled students.

I D A H O

Jan Yingst,
mjyingst@velocitus.net

Thank you to Lisa Hamilton for her years of service as the Idaho state representative. Jan Yingst is the new state rep.

M O N T A N A

Karen Thornton,
thorkare@benefis.org

Many issues were discussed in the last 2003 legislative session. Our state is having financial problems. Part C was almost entirely cut. It was funded for about a year by cutting other programs from the Department of Family Services and Developmental Disabilities. Many cuts were made in Medicaid and school budgets. A challenge in the

rural setting continues to be how to give good service efficiently for the most children.

W A S H I N G T O N

Allison Yocum,
allisonyocum@msn.com

PTs in schools have been working together to receive "credit" for years of physical therapy work outside the school system. A package was put together by the Tri-Alliance to help school-based PTs advocate for themselves regarding this issue. Jan Galvin is working on publishing a document on the PTWA Web site describing guidelines for PTs working in the school systems in Washington State.

Heidi Sanford is leading a group of therapists in Skagit County who now get together every 6 weeks to discuss current issues, review literature, etc. The

state rep provides suggestions for speakers, articles to review, advertising for the group, or any other supports she can provide. The Pediatric and Orthopedic SIG groups worked together to sponsor an "adaptive cycling day," which made all types of adaptive bicycles available in a local park. Several children came to try the bicycles and learn about the different styles.

A L A S K A

Nancy Bain,
TundraPT@alaska.net

N E V A D A

Pam Galantuomini,
pgalantuomini@aol.com

U T A H

Rebecca Day,
bdayski@yahoo.com

Contact your state rep with your state's news! ▲

By
Karen Haas,
PT
Region V
Director

Region V
Washington,
DC
Maryland
North
Carolina
South
Carolina
Virginia
West
Virginia

Region V Update



Karen Haas

Our region is grateful to Debbie Thorpe, who has served the maximum two terms as Region V Director. Among her many accomplishments were a comprehensive updating of the Section's video library and collaboration with others to solidify a policy designating annual funds to defray costs for state reps to attend Annual

Conference and CSM. She will continue this tradition by serving as coordinator for the Section's upcoming Research Summit. Debbie also has received the Clinical Research Scholars Award from the United Cerebral Palsy Association to support 3 years of her research.

I am honored to be the new Region V Director. I hope to bring my past experiences in state chapter activities and my networking skills as a Regional

Pediatric Physical Therapy Consultant for the NC Division of Public Health to this new role. Attendance at CSM gave me a new appreciation and understanding of the accomplishments of the Section, the competency of Section officers and APTA staff, the sophistication and complexity of our association, and how well our dues are spent. I encourage you to seize opportunities to renew

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your own professional energies at the local, state, regional, and national levels of the Association.

D I S T R I C T O F C O L U M B I A

GINNY PALEG,
vpale001@umaryland.edu

GINNY PALEG continues to serve as state representative and brought her knowledge of local issues to the Section forums on early intervention and school issues at CSM. She attended the chapter's annual meeting and submitted items for the District's newsletter. The District is interested in hosting the Pediatric Specialty Course in this region.

M A R Y L A N D

BETH BOYD,
boymbeth@hotmail.com

BETH BOYD has agreed to serve as the new state representative, bringing her 30 years in pediatric PT and prior experience as a Pediatric Section representative for New York to this position. She currently works in an infant-toddler program and has special interest in preterm infants, Down Syndrome, habitual toe-walking, and dyscoordination. Beth is interested in increasing Section membership, facilitating information sharing among pediatric therapists, and bringing high-quality continuing education to the region. Let her know what is going on in your area or give her your suggestions on these topics.

Thanks to Margaret Alston for her years of service to the Section as the previous Maryland representative.

N O R T H C A R O L I N A
SANDY DAVIS,
actmomof3@yahoo.com

Outgoing state representative Angela Rosenberg has utilized North Carolina's network of state and regional pediatric physical therapy consultants to assist in addressing pediatric therapy issues in the state. A major focus is the new system for prior approval of therapy services through Medicaid.

NC is undergoing a major reorganization of early intervention services. This involves changing roles of therapists at state centers that provide developmental evaluations, implementation of natural environments practices, and development of a network of community providers. Competency requirements for early intervention staff have been controversial, especially for PT, OT, and speech personnel, with the chapter taking an active role in negotiations.

Pediatric Section member Darlene Sekerak, as chapter Vice President, is spearheading this effort. Darlene also won an award from the chapter for her legislative efforts. The PT Consultant to the NC Department of Public Instruction, Dianne Lindsey, is retiring after almost 30 years of developing and nurturing the expanded role of physical

therapists in educational settings in the state. Sandy Davis is the new state representative. Sandy is an active mom of three children who was employed as a social worker at a center for developmental evaluations for 9 years before obtaining her PT degree. She currently sees primarily children birth to 3 and coordinates pediatric rehabilitation services in a four county area.

S O U T H C A R O L I N A

SUZANNE CHERRY,
cherrypoole@danielislandmedia.net

We are grateful to Marian Michael for her services as the previous state rep. Her advocacy efforts were much appreciated during multiple rounds of state budget cuts this past year. Medicaid barely survived, and education funds were reduced to 1995 levels.

Pediatric specialists are sorely needed in home health settings in the state, as well as appropriate pediatric protocols and outcome measures. State practice guidelines for PT services in school systems are also needed. A school therapist was elected to the SCAPTA Board of Directors. There is a new AMBUCS demonstration site for hand-propelled tricycles in the Columbia area schools. South Carolina will have a new state representative, Suzanne Cherry, an early intervention therapist

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from the Charleston area who is a proud mother of two (soon to be three) children.

VIRGINIA

Peggy Belmont
belmont@erols.com

Peggy Belmont has agreed to continue as the state representative — she has proved invaluable in coordinating pediatric PT activities in this state. The Virginia Pediatric Special Interest Group, which Peggy founded, has more than 200 members, meets 3-4 times a year, maintains a site on the Virginia Chapter Web site, and contributes regularly to the chapter newsletter. They are strong legislative advocates, assisting the chapter in

obtaining passage of a direct access bill for students who have an IEP. The PT Board has developed guidelines for this new part of the practice act. Virginia continues to define and seek support for outreach and services for children under Medicaid and for the underinsured.

Other issues are use of paraprofessionals for PT services on the IFSP, Medicaid claims for school services, and outreach and services for the underinsured and children under Medicaid. Major training events included a TAMO course and a workshop by Toby Long on pediatric evaluations. Additional training is being pursued. Four pediatric therapists are on the chapter Board of Directors,

including the Legislative Chair and Peggy, who is Vice President and a delegate to the APTA House of Delegates.

WEST VIRGINIA

Mark Drnach,
drnach@wju.edu

Mark Drnach's political savvy and connections serve pediatric PT interests well and will continue to do so since Mark will remain as state representative for the Section. Physical, occupational, and speech-language therapists in the northern panhandle of the state formed a pediatric study group last June, with Mark presenting an education session on determining frequency and duration of services.▲

By
Toby Long,
Chief
Delegate

Chief Delegate Report

The APTA House of Delegates will meet in Chicago at APTA's Annual Conference June 27-30, 2004. I am honored to serve the Section as the representative from the Pediatric Section. Each Section can send a delegate to the House of Delegates each year. The Section delegate can participate in all discussions and strategy meetings, and most importantly the Section delegates provide information to Chapter delegations. The Section delegates cannot vote on the motions presented to the House. This consultation role is especially important for the Section on Pediatrics. Motions are often discussed that could affect pediatric practice, especially under IDEA. Chapter delegates seek out the Section on Pediatrics delegate on a regular basis to review proposed amendments and obtain input.

This year a variety of motions will be proposed. The most significant motion is a dues increase proposed by the APTA Board of Directors. It is proposed that the dues for 2005 will increase to \$265, to \$280 in 2007, and to \$295 in 2009. Active student dues will increase to \$150. We have not had a dues increase since 1997. Since 1997, APTA has been significantly affected by changes in the national financial picture. Over the last few years they have adjusted the APTA budget by cutting 17 positions at APTA and trimming the budget by \$4 million. The Section on Pediatrics joined the Geriatrics, Orthopedics, Acute Care, and Private Practice sections and the Colorado, Connecticut, Kentucky, Louisiana, Montana, Pennsylvania, and Tennessee chapters in cosponsoring this motion.

As is usual this early in the House of Delegates cycle, there is a diverse set of draft motions. There are several motions that address the PT's role of advocacy. For example,

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Research Committee Report

By
David
Embrey, PT,
PhD,
Chair

Two \$1,000 grants for the October funding cycle were awarded to “Gait Characteristics of Children Stepping Over Obstacles” by Nuanlaor Thawinchai and “Effect of Music on Behavior of Infants and Toddlers During Physical Therapy Intervention” by Mary Rahlin. Additional research funding in the amount of \$3,400 was awarded for the study “The effect of vestibular rehabilitation on reading acuity and dynamic visual acuity in children with sensorineural hearing impairment and bilateral vestibular dysfunction” by Jennifer Braswell, and funding in the amount of \$2,600 was awarded for the study “Effects of Postural Training Provided by

Caregivers on Infants’ Abilities to Reach for Midline Objects” by Michele A Lobo.

Grant Follow-up Report

The outcome of a survey of Section on Pediatric grants awarded the past decade (1992-2002) shows the funds have been well spent. Based on a 76% follow-up rate (25 of 33), these findings illustrate the Section has contributed substantially to the field of pediatric physical therapy research.

- 100% (25 of 25) of the studies funded were completed successfully.
- 92% (23 of 25) of the grant recipients submitted abstracts for CSM.

- 25 studies yielded 27 poster or platform presentations.
 - 64% (16 of 25) of the grant recipients submitted their work for publication.
 - 28 peer-reviewed articles were published from 26 Section-funded studies.
- These findings document outstanding contributions by the pediatric researchers funded by the Section on Pediatrics. Congratulations to these researchers and to the Section membership for their continued support of clinical research in pediatric physical therapy.▲

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the Iowa Chapter is proposing that APTA strengthen its commitment to the ADA by supporting education on the ADA and the scheduling of meetings in fully accessible sites. Both the Georgia and Illinois chapters are proposing that APTA encourage the development of a universal safety net of health care coverage for all citizens. Other motions include those that affect Internet consultation, the scheduling of meetings by APTA, mandatory continuing education, and the development of a physical therapist oath.

All motions are posted on the APTA Web site, along with detailed information about the House of Delegates. Throughout the spring this members-only page of the APTA Web site will be updated.

If you have any questions regarding any of these motions or would like more information on the House of Delegates, please contact me at longt@georgetown.edu.▲

APTA 2004 ANNUAL CONFERENCE JUNE 30-JULY 3●CHICAGO

For additional information, go to www.apta.org/meetings/pt2004.
The Section’s Membership Meeting will be Friday, July 2,
from 6:00 to 7:30 pm – hope to see you there!

By
Sharon
DeMuth,
DPT,
Co-Chair

Education Committee Report

A task force for gathering material and preparing a publication of "A Compendium for Teaching Professional-level Physical Therapy Pediatric Content" met at CSM in Nashville. The purpose of the compendium will be to provide examples of active learning experiences, clinical education frameworks, and innovative learning modules addressing such topics as cultural competence, working with families, pediatric health and wellness. Pediatric clinical cases encompassing all four practice patterns are for presentation in the *Guide to Physical Therapist Practice*. The task force is looking for contributions from clinical instructors as well as pediatric academic faculty. They would like all areas of pediatric practice to be represented. Please send your contributions to either Lana Svien at lsvien@usd.edu or Sharon DeMuth at demuth@usc.edu. The task force is targeting the summer of 2005 for the date of distribution. The task force members are: Robin Dole, Carolyn Wohler, Robbie O'Shea, Kathy Martin, Cindy Miles, Lisa Chiarello, Beth Ennis, Jennifer Furze, Vickie Moerchen, Michelle Broggi, and Dale Deubler.▲

By
Nancy
Cicirello, PT,
MPH, Chair &
Justin Moore,
PT, APTA's
Government
Affairs

Government Affairs Committee Report

Several important pieces of federal legislation pertinent to members of the Section, pediatric PT practitioners, and all physical therapists are moving in Congress. Summarized below is the current status regarding the reauthorization of the Individuals with Disabilities Education Act (IDEA) and the Family Opportunity Act. These initiatives of the Association will produce significant legislative activity in 2004. As these issues evolve, please feel free to access the Government Affairs section on the APTA Web site at www.apta.org/Govt_Affairs/federal/CurrentIssues for up-to-date information. Be ready to respond to alerts requesting your action in support of these initiatives.

IDEA

IDEA reauthorization continues to slowly progress through the US Congress. Originally scheduled to be reauthorized in 2002,

IDEA legislation has made significant progress but still needs significant action in the US Senate and compromise in a House-Senate conference committee to achieve reauthorization in the 108th Congress. The US House of Representatives passed their version of reauthorization legislation (HR 1350) in June 2003, the Senate version (S 1248) in fall 2003.

S 1248 was reported out of the Senate Health, Education, Labor, and Pension Committee later in the fall and awaits action on the Senate floor. All indications are that the Senate will schedule floor debate for this spring and that the House-Senate Conference Committee will meet with possible resolution and a bill to be sent to the President in the fall. When the Senate floor debate begins, APTA and the Section will activate APTA members to support the reauthorization of this

critical legislation for children with disabilities and the physical therapists and physical therapist assistants that serve this patient population. The progress on this legislation is positive for physical therapy in its current form.

The legislation in both the House and Senate maintains the integrity of related services, ensures qualified personnel standards, and provides a glide path to reach the 40% federal funding promise in less than 7 years. Student discipline and full funding continue to be the hotly debated issues surrounding this legislation.

Section members can participate in the political process and advocate on IDEA at the APTA's March on Washington April 25-27. During the march, specific issue briefs regarding IDEA will be presented, and APTA members will have the opportunity to

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lobby Congress in support of reauthorization of IDEA.

In addition, APTA will continue to send targeted alerts to Section members and engage in full member grassroots activities to support reauthorization and the principles important to physical therapy in the legislation. Our grassroots letter and e-mail requests prior to winter recess of Congress generated much activity. Stay alert to another request for a "grassroots blast" to gather momentum for passage of reauthorization this spring or early summer.

Family Opportunity Act

APTA and the Section on Pediatrics have been supportive of the Dylan Lee James Act (HR 1811 and S 622), commonly known as the Family Opportunity Act (FOA). Recently, a compromise on this legislation was reached between House and Senate leaders. This may provide needed momentum for this legislation. APTA and the Section support FOA due to its positive impact on children with disabilities and their families. This act was first introduced in 2000 to allow families whose income levels otherwise disqualified them for the individual state-federal Medicaid programs to get coverage unavailable in the private sector.

Although shelved at the end of 2002, this renewed activity includes discussion toward a compromise between obtaining coverage

and concern over opposition of the expansion of a public entitlement program, Medicaid. Compromise conversations include changing the earning percent of families from 600% below poverty line to 250% below to be able to purchase coverage from the Medicaid program and raising the amount Medicaid could charge eligible families from 5% to 7.5% of the family income.

Proponents of the bill say that families must divest assets and remain below the poverty line to qualify for Medicaid benefits or potentially relinquish custody of their children to make them eligible for a program that allows adults with disabilities to buy into the Medicaid program. FOA would give families more opportunities to keep Medicaid coverage as their socioeconomic situation changes and improves. The legislation has been reported out of the Senate Finance Committee and is cleared for Senate floor debate. The House has not taken action on the legislation at the current time, but the recent compromise could reinitiate interest to move this legislation in the US House of Representatives. FOA and IDEA could be addressed separately or in conjunction as the legislative calendar progresses in 2003.

Other Issues

APTA and the Section also will focus on several other issues that are important to

children with disabilities and the professionals who serve them. The first is the ongoing debate on Medicaid reform. Significant interest in Medicaid reform has developed at the Congressional and federal agency level. The Department of Health and Human Services (HHS) continues to promote state use of the Health Insurance Flexibility and Accountability (HIFA) demonstration initiative or HIFA waivers. This allows states to expand coverage of the uninsured under Medicare without any new funds, thereby resulting in a reduction of existing services, such as PT.

In Congress, the House Energy and Commerce Committee and House leadership have established a Medicaid Task Force with the charge of introducing Medicaid reform legislation in 2005. APTA also is working with individual Representatives and Senators on efforts to address the growing childhood obesity epidemic. Multiple bills have been introduced to assist states, schools, and local governments address childhood obesity through nutrition and physical activity in their communities. APTA continues to work to ensure that PTs are recognized and represented in these programs.

If you have any questions, please feel free to contact me or Justin Moore at justinmoore@apta.org.▲

By
Kathy
David, PT,
MS, PCS
Chair

Nominating Committee Report

A total of 4,363 ballots (4,219 to PTs and 144 to PTAs) were prepared by the Executive Office and mailed to members of the Pediatric Section. Of those ballots mailed to members, 1,117 (25.6%) were returned. Of these, 88 could not be counted, 79 because they did not have a return address or identifiable name and 9 because they were received after the deadline. Of the 1,029 ballots counted, 1,014 were PTs and 15 were PTAs.

We are pleased to announce the result of the election:

- Barbara Connolly, PT, EdD, FAPTA, is serving a second term as President.
- Irene McEwen PT, PhD, is the new member of the Nominating and Elections Committee
- Joe Schreiber, PT, MS, PCS, is the New Director for Region IV
- Karen Haas, MPH, PT, is the new Director for Region V
- Peggy M Mohr, PT, PhD, is serving a second term as Director for Region II

One Section member's name was randomly drawn from all returned ballots. Mary S Morrison, of Bay Village, OH, has received 1 year's free membership in the Pediatric Section! Congratulations, Mary! Nominating and Elections Committee members are Kathy David, Elisa Kennedy, and Heidi Jo Hetland.▲

By
Mary Jane
Rapport,
PT, PhD,
Chair

Practice Committee Report

Members of the Practice Committee met twice during CSM 2004. We were busy reviewing goals we had accomplished in the past year and getting our plans in order for what we hope to accomplish. The committee generally meets in person once a year at CSM, and all of the work is accomplished via phone calls and e-mails.

The Practice Committee is responsible for the Early Intervention and the School Issues forums at CSM. Both of these were well attended and ran smoothly. Separate reports on each forum appear elsewhere in this newsletter. Several committee members have resigned during the past year, and committee members will begin to be rotated off in response to the Executive Board's request for term limits. The Practice Committee has added two new committee members: Colleen Coulter-O'Berry and Christine Cronin. Both will add a new depth of expertise and

experience and represent additional practice settings. A list of committee members is available from the Section's Executive Office at APTA.

The Part C brochure has been finished and is being printed. It will be available both on the Web site and hard copy through the Section office or at the Section booth at Annual Conference. Additional projects in the works are:

- A case study addendum showing how the Guide can be applied to pediatrics.
- A proposal for the Section to help sponsor an IDEA workshop that would be conducted in various regions on an ongoing basis.
- An updated list of appropriate tools for pediatric assessments. This is a frequently requested item, and we are working to get this out soon.
- A Fact Sheet on

Considering Alternative Interventions is in the final editing stages.

- Fact Sheets on Transition from Youth to Young Adulthood and on the importance of placing babies on their tummies for playtime are under development. Plans are to have these completed and available at CSM 2005.
- The School-based and Early Intervention competencies are being updated.

Thank you to the current and former Practice Committee members who have worked so hard with me over the past 2 years. I cannot thank you enough for your time and effort on behalf of the Section. We welcome our new committee members and look forward to another busy and successful year. If you have any questions, please contact me at Rapport.MaryJane@tchden.org.▲

Program Committee Report

By Dale Scalise-Smith, Chair

The Program Committee is responsible for all Section programming at the annual Combined Section Meeting (CSM). Committee members work year-round to identify contemporary topics in clinical practice, research, education, and legislation for programming; recruit national and international speakers; and schedule educational programming and Section business meetings. The committee begins planning for future meetings at CSM. Input on topics and speakers is always welcome.

Members of the Program Committee are Kristi Bjornson, Connie Blow, Reggie Harbourne, Margo Orlin, and Dale Scalise-Smith (Chair). During CSM 2004 the committee organized the preconference program "Body-Weight-Supported Treadmill Training for the Pediatric Patient: Evidence for Clinical Practice." Additional educational programming included: 33 hours of educational programming (co-sponsored or Section-sponsored) and 20.5 hours of Section business. Response was very positive about Section programming at CSM 2004. Plans are already underway for CSM 2005. Please send programming suggestions and potential speakers to dscalise-smith@utica.edu. See you in New Orleans!▲

By
Dale
Scalise-
Smith, PT,
PhD,
Chair

Section Listserve Update

The section listserve is monitored by the Communications Committee of the Section. Messages sent to the listserve are posted by Sherri Kelly, a Section employee. Sherri is not a PT, so does not edit or filter messages. Thus, we all need to monitor our own messages for suitability. Fortunately, members of our listserve are courteous, respectful, and informative when they share information and discuss differing opinions.

Things to remember when using the listserve:

1. Please include signature tag (name, affiliation, city and state).
2. Accurate archiving requires that the topic listed in the "subject" line corresponds to your question or comment.
3. To subscribe or unsubscribe, edit your e-mail address, access archives, or review rules

go to www.pediatricapta.org. Click on "Section Resources and Online Catalog." There is a link to Section on Pediatrics LISTSERVE.

4. Guidelines for replying to the listserve

- If a reply is only of interest to an individual member, please reply to that person, not to the entire listserve.

- If you respond to a message from the listserve using the "reply" or "reply to all" link on your email page, your response will go to the ENTIRE listserve. Personal responses require you to cut and paste the e-mail address of that person (found at the end of the "From" line of the original message), and then paste it in a new, blank e-mail.

- If you receive the listserve in the weekly digest format, do not hit reply as the entire digest

will be repeated in the next email.

- To reply to a message in the listserve, highlight the portion of text you will reply to, then hit "Reply". This brings up a new message with the highlighted portion included, then type in your text.

5. Advertising for jobs, courses, or products is not allowed on the listserve.

This is an APTA guideline for all sections.

6. The privilege of using the listserve is for members only, paid for by your dues! Please do not allow non-members to use your account.

If you have questions about the listserve, please contact one of the listserve monitors. Elaine Carmichael ECarmich@tmimontana.com, Ginny Paleg ginny@paleg.com, Leslie Sand lsand@thewebunwired.com▲

By
Carrie
Gajdosik, PT
Communications
Chair

By
Cindy Miles,
PT, MEd,
PCS, Chair

Pediatric Sports Fitness SIG Report

The PSFSIG programming for CSM 2004 in Nashville was a hit! "Youth Fitness & Sports Participation in the New Millennium" was presented to a "sell-out" crowd. Our three speakers, Matthew D Ritchey, DPT; Mark V Paterno, PT, MS, EMBA, SCS, ATC; and Dr Keith Loud, were a dynamic team. The three presented on Age-Specific Injuries in the Young Athlete, Management of the High-level Athlete: Screening & Training to Prevent Injury, and Relevance of Activity/Inactivity for the Healthy Child & the Child with Chronic Disease.

Due to the overwhelming response to our 3-hour presentation, a preconference course is being planned for

CSM 2005 in New Orleans. We have developed objectives for the program related to strength and cardiovascular training protocols for typically and atypically developing individuals across the pediatric lifespan.

Our SIG business meeting was interactive, with members sharing programming ideas and issues related to their communities and practice setting. There was a repeated concern regarding the decline of fitness and increased incidence of obesity for all children across the country. Members discussed programs to introduce into schools and communities to encourage movement and fitness-related activities into everyday life styles for all

children. We hope to put together such ideas through our regional representatives.

We now have 12 regional representatives. The following states still a representative:
Region 2: CA, HI, NV, AK
Region 3: CO, UT, AZ, NM
Region 4: ND, SD, NE, WY

Be sure to mark your calendar for February 2005 to connect with your fellow SIG and Pediatric and Sports section members in New Orleans! If you are unable to attend, contact your regional representative with your questions and ideas.

I look forward to hearing from many of you throughout the coming months! Please contact me at cmiles@enter.net.▲

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