

GERI NOTES

SECTION ON GERIATRICS, AMERICAN PHYSICAL THERAPY ASSOCIATION

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This past weekend, I participated in a relatively short 34 mile ride in Cumby, Texas sponsored by the Cumby Volunteer Fire Department. One of the giveaways that they included in our ride packet was a sample of your Biofreeze® Gel. I had to write you to tell you what a great product this is. It's the first time that I used your product and it gave me excellent results... better than Ben Gay, Icy Hot, and some other products that I have tried and cannot even remember their names. Can you please supply me with the name of a local distributor, store or pharmacy in the Dallas / Fort Worth Metroplex area where I can purchase Biofreeze? I would greatly appreciate it. You have one long term customer here in Grapevine.

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Publication Title: *GeriNotes*

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

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

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

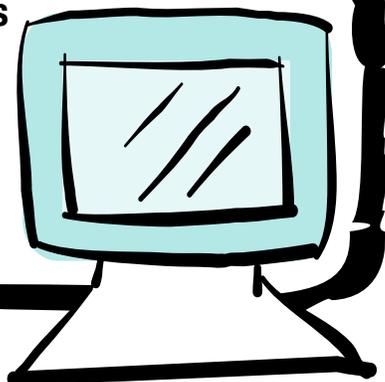
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EDITOR'S NOTE

GeriNotes Editorial Board 2007

Carol Schunk, PT, PsyD



This issue of *GeriNotes* is arriving a bit late in your mailbox. We made the decision to extend our usual deadline to accommodate all the wonderful information and capture the excitement from the 2007 Combined Section Meeting (CSM), held in Boston February 14-18. As you will read in the President's Perspective and Program Chair, Jill Heitzman's reflection of the meeting, there were many wonderful events and feelings that come from attending a gathering with 6,000 fellow physical therapists and assistants and students from around the country. It might have been the subzero temperatures and ice outside that forced attendees to stay inside, but it seemed that there was more interaction and informal get togethers than usual, seeing old friends and meeting new ones.

A highlight for me is the opportunity to meet in person with my *GeriNotes*

Editorial Board. As I have mentioned before, this is a group of Section members who volunteer their time to assist with the writing and solicitation of articles in addition to providing input to the look and content of *GeriNotes*. Those Board members who were in attendance at CSM spent 1.5 hours in the lobby bar, as the Section Suite was occupied, providing me with input for the coming year. One of the decisions is evident in this issue with new look of glossy paper. This change actually saves printing money and gives *GeriNotes* a more polished look. The Board decided to continue our pattern of having 2 focused issues in 2007. They will be on Healthy Aging and Tests and Measures. As always the Board assists me in soliciting articles. This year we took a more active stand by passing out over 100 flyers encouraging Section members who are interested in publishing to submit articles or ideas to me. We are also encouraging students either at an entry level or in transitional DPT programs or postprofessional programs to take those papers you write for class and submit them for consideration for publishing

in either the *Journal of Geriatric Physical Therapy* or *GeriNotes*. Journal Editor, Michelle Lusardi and I are more than willing to work with authors. *GeriNotes* has published many outstanding articles that were the result of a class assignment. In this issue we have an example in Linda Teodosio's article on advocacy. The goal is to continue to have a publication that provides the readers with clinically relevant, easy-to-read material--a sort of People magazine for those therapists and assistants who work with older adults. A magazine you can read on the treadmill or while waiting to pick up the kids from soccer.

As a final note, I would like to thank the Academy, I mean the Section, for the extraordinary honor of receiving the 2007 Joan Mills Award for service to the Section. I was very surprised and thrilled to join an outstanding group of previous recipients. Be sure to read the details of all the 2007 Section award winners in this issue. Make plans now to join your fellow Section members at CSM 2008 in Nashville.

SECTION ON GERIATRICS, APTA GERIATRIC CLINICAL RESIDENCY OR FELLOWSHIP PROGRAM GRANT

Grant monies will be awarded on a "first come, first serve" basis, with an annual grant application deadline of December 31st. Grant applicants must be a Section on Geriatrics member.

The Section will award a total grant amount of \$3000.00 to fund two \$1500.00 applications per funded year.

Application Process

- The geriatric residency or fellowship program will submit the grant application to the Section on Geriatrics Executive Office within 45 days prior to submitting a credentialing application to APTA. The grant application deadline is December 31st of each year.
- The Section on Geriatrics Executive Office will send the geriatric residency or fellowship program a letter stating that the grant has been awarded. The program should include a copy of this notification letter in their APTA credentialing application packet, attached to their cover letter.
- Upon receipt of the program application and acceptance for review by the credentialing committee of the APTA, the APTA will notify the Section on Geriatrics Executive Office. The Section will then send a check for the program's application fee (up to \$1500.00 per award) directly to APTA. The APTA will not delay the application for receipt of this check.
- **IMPORTANT!** If the Section on Geriatrics Executive Office does not receive APTA's letter acknowledging receipt of the residency or fellowship program's application within 30 days beyond the announced target date, the residency or fellowship program will forfeit the grant.

GRANT APPLICATION DEADLINE: December 31 annually, or until all funds for the year have been awarded.

PRESIDENT'S PERSPECTIVE: COMBINED SECTIONS MEETING—OUR “FAMILY REUNION”

John O. Barr, PT, PhD



Since my earliest memory, I've been participating in family reunions. For the past 30 years, these gatherings coordinated by my in-laws have included group activities, quality one-on-one time, and wonderful meals prepared by family members. The logistics of bringing together an extended family of 24 people for the better part of a week each year at varying sites throughout the country, is mind-boggling. Although on a considerably smaller scale, I find many parallels between these family reunions and our annual Section on Geriatrics “family reunion” at Combined Sections Meeting (CSM).

I assumed office as President near the conclusion of last year's CSM. Throughout this year, I've come to better appreciate the critical roles played by members of our Section's “family”...officers, Board members, chairs of committees and task forces, and staff in coordinating a meaningful and enjoyable CSM. Program Chair, Jill Heitzman, PT, DPT, GCS, and Section Executive, Jessica Sabo deserve special recognition for overseeing the multitude of Section events at CSM including continuing education programs, meetings, the member meeting dinner, and sponsorships. Numerous Section members served as speakers for exceptionally well-attended preconference and conference CE programs, and they also shared their scholarly works through platform presentations and posters.

A spirit of celebration pervaded our annual Member's Dinner & Meeting, where newly certified Geriatric Clinical Specialists were recognized. While elements from this meeting will be noted throughout this issue of *GeriNotes*, I want to highlight a few items in this

Perspective. Members were introduced to APTA Board Liaison, Paul Rockar, PT, and Student Assembly Liaison, Christine Daebler, SPTA, from Honolulu. PT-PAC liaison, Drew Bossan, PT, MBA challenged us to increase member participation, even if only modest donations could be made. Treasurer, Bill Staples, PT, DPT, GCS discussed the Section's initiative to enhance funding of the Geriatric Fund (Foundation for Physical Therapy) by matching member donations dollar for dollar up to \$50,000 during 2007. Bill requested that *all* donations to the Foundation (including split raffle tickets) be made in the name of the Geriatric Fund. The new Home Study Course “Topics in Geriatrics, Volume 3” was announced by incoming Editor, Susan Wenker, PT, MS, GCS. In contrast to previous courses, registrants will receive all monographs in one mailing. Members were informed about the PowerPoint presentations produced by our Special Interest Groups that are available at our website for member use, and about Carleen Lindsey's new instructional CD “Kyphoscoliosis Measurement Using a Flexible Curve” that will soon be for sale. Our traditional round table discussion focused on how members might get involved in advancing the Section's strategic plan.

The Board of Directors held 2 very productive meetings, open to members, at CSM. Strategic plan and action item activities were updated. The Board authorized a strategic planning meeting to be held this summer for the *Journal of Geriatric Physical Therapy*, under the new editorship of Michelle Lusardi, PT, PhD. Based upon recommendations from the Exercise Task Force and the Health Promotion & Wellness Special Interest Group, the Section will be bringing 6 motions to APTA's 2007 House of Delegates. Members will be provided with details about these motions via a future blast email so that they can encourage support through their state Chapters.

It was my good fortune to again moderate our Student Forum at CSM, this year titled “Working with the Older Adult Can be Fun: A Look at Various Settings for Geriatric Physical Therapy.” Ninety enthused PT and PTA students attended this forum, which included a drawing for donated door prizes. Immediately after CSM, two PT students from the UMD of New Jersey contacted me via email and noted:

“We attended the student forum and business dinner following the forum. We just wanted to thank you and all members of the Section for being so welcoming and inclusive. We look forward to being part of this Section for years to come.”

Veteran Section members have worked to nurture just such an atmosphere...for which we are known throughout the APTA. It's exciting to see students discover these characteristics and become new members of our Section. We hope to see them again at next year's “family reunion” in Nashville!

Dr. Barr is a Professor in the Physical Therapy Department at St. Ambrose University, Davenport, Iowa. A previous member of the Section's Board of Directors, he serves on the editorial board of the Journal of Geriatric Physical Therapy.

Section on Geriatrics Regional Courses

Manual Physical Therapy For the Geriatric Patient

April 14–15, 2007 (8 am–5 pm and 8 am–3 pm)
University of Colorado Health Sciences Center,
Denver, CO

Presenter: Carleen Lindsey, PT, MSc, GCS

CEUs: 13.25

Upon completion of this course, you'll be able to:

- Describe the aging process as it relates to musculoskeletal and soft tissue mechanics.
- Explain the sequencing concept for evaluation and treatment of mechanical impairments focusing on muscle imbalance, spinal and peripheral mal-alignments, and gait dysfunction.
- Use the flexicurve for accurate measurement of kypholordosis.
- Practice manual therapy soft tissue skills highlighting myofascial and tender point releases and PNF with deep tissue mobilization.
- Combine mobilization with movement for kyphosis/forward head, protracted shoulders, scoliosis, and flexed hip correction.
- Practice osteopathic thoracic muscle energy techniques for treatment of spinal, rib, and SIJ torsion dysfunctions.

	Advance (before 3/24/07)	On Site
Section on Geriatrics Member	\$260	\$310
APTA Member	\$290	\$340
Nonmember	\$340	\$390



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- Manual Physical Therapy For the Geriatric Patient
- Exercise and Manual Interventions for Osteoporosis and Postural Change

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CANCELLATION POLICY: Requests for cancellation must be received in writing 3 weeks prior to the course. Registration will be refunded in full less a \$50 administrative fee. In the event that the course should be cancelled, registration will be refunded in full. The Section on Geriatrics reserves the right to cancel the course up to 2 weeks prior to the course. In the event of cancellation due to circumstances beyond our control, the Section on Geriatrics is not responsible for expenses incurred by registrants, including but not limited to the cost of airline tickets, other travel, food, or room.

Exercise and Manual Interventions for Osteoporosis and Postural Change

September 29 & 30, 2007 (8 am–5 pm each day)
Mary Greeley Medical Center, Ames, IA

Presenter: Carleen Lindsey, PT, MSc, GCS

CEUs: 15

Upon completion of this course, you'll be able to:

- Describe the current medical evidence regarding osteoporosis pathogenesis and associated medical treatment.
- Describe the scientific rationale for designing a weight bearing and postural enhancement exercise program for the osteoporosis and kyphosis patient.
- Explain the sequencing concept for evaluation and treatment of mechanical impairments focusing on muscle imbalance, spinal and peripheral mal-alignments, and gait dysfunction.
- Use the flexicurve for accurate measurement of kypholordosis.
- Design biomechanically efficient exercise and ADL intervention programs in individual and class formats.
- Practice osteopathic thoracic muscle energy techniques best suited for treatment of the kyphotic patient.
- Practice manual therapy soft tissue skills highlighting PNF with deep tissue mobilization, myofascial, and tender point releases.
- Integrate exercise and manual techniques with specific attention to posture and mechanics of the therapist as well as the patient.
- Combine mobilization with movement for kyphosis/forward head correction.

	Advance (before 9/7/07)	On Site
Section on Geriatrics Member	\$290	\$340
APTA Member	\$320	\$370
Nonmember	\$370	\$420

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CLINICAL DEPRESSION IN LATE ADULTHOOD

Kathryn J. Silva, MSW, LCSW

Clinical depression is perceived as the foremost mental health problem for adult populations.¹ Although depression can affect an individual at any stage of the life cycle, it is most often under-diagnosed and under-treated in the developmental stage of late adulthood.² Some individuals and their physicians perceive depression as an anticipated event in aging. Aging is often seen as a time of life plagued by failing mental and physical abilities and diminishing independence.³ Symptoms of depression can be misinterpreted as irritability, onset of dementia, or other medical illnesses.⁴ This can lead to untreated older adults being “disproportionately likely to die by suicide;” suicide brought on by clinical depression.⁵

Approximately 2 million individuals in late adulthood qualify for a diagnosis of depression in any given year.⁶ The criteria for a diagnosis of depression requires at least 2 weeks of experiencing “depressed mood or loss of interest” in conjunction with 4 additional symptoms. Symptoms can range from significant *changes* in body weight, appetite, sleep patterns, concentration, memory, and energy. Those suffering from depression may experience inappropriate sense of guilt and/or repeated thoughts of death (including suicidal ideation).⁷ In the year 2000, 18% of all suicides were committed by only 13% of the population: America’s older adults. The highest risk of suicide is for white males over the age of 85 at 59 deaths per 100,000 persons. This equates to 5 times the national rate for suicide.⁸

Even when depression is recognized in older adults, physicians are concerned that antidepressants may be contraindicated to the medical condition. However, many older patients respond favorably to the selective serotonin reuptake inhibitors (SSRIs) regardless of illness being present.⁹ With so many lives at risk, it is imperative that effica-

cious methods for prevention, diagnosis, and treatment be devised.¹⁰

ETIOLOGY

The etiology of depression can have as many sources as the symptoms of the disorder itself. Many contemporary mental health professionals consider the origins of depression to be a combination of biological, psychological, and social factors.¹¹ Late life depression can be a reoccurrence of a previous episode or a first event brought on by a myriad of causes. Some suspected triggers for depression are life crises, brain chemistry, stress, decline in health, or limitation in activities of daily living. According to the *National Institute on Aging*, many individuals with medical conditions such as cancer, heart disease, Parkinson’s, or diabetes suffer from co-morbid depression.¹²

Heart disease and diabetes are particularly associated with depression. People with heart disease are at 50% to 90% increased risk for developing depression while individuals diagnosed with depression are at 40% increased risk for developing heart disease.¹³⁻¹⁵

Depression Research at the National Institute of Mental Health found links to depression through brain-imaging technology. The scans showed “neural circuits responsible for regulation of moods, thinking, sleep, appetite, and behavior fail to function properly.”¹⁶

Research into genetics reveals that the combination of environment and multiple genes leading to a risk for depression. One hypothesis states: late life depression is a result of age induced ‘biogenic amine depletion.’¹⁷ This position explores the question, are those suffering from depression part of a group exhibiting a normal brain aging at an increased rapidity?

In addition to psychological and biological risk factors, environmental factors of reduced financial status, lack of social support, and increasing isolation

can often lead to incipient depression. Often, these circumstances evolve so gradually that the individual, or others close to him or her, may not be aware of the steady decline into depression.

Although of interest to researchers and clinicians, discovering the etiology for the disease is less important than recognizing and addressing the condition to ensure rapid recovery. It is believed that despite the illness’ origin, the majority of individuals respond well to treatment. With up to 20% of elderly people suffering from depression and its connection to poor functioning, it behooves the health care community to be vigilant in their assessment and treatment.¹⁸

SIGNS AND SYMPTOMS

A few of the more common symptoms of depression include slowing in cognition; sad mood with or without tearfulness; and increased/decreased sleep, appetite, and weight.

Not all depression symptoms present the same. Some signs for depression are sometimes atypical, making it that much more likely to be under-diagnosed and under-treated. Many people will never express a depressed mood, but will admit to somatic complaints to their medical professionals. Gallo and Rabins¹⁹ discuss this in *Depression Without Sadness: Alternative Presentations of Depression in Later Life*. They point out that an identifier for this particular presentation of depression may be the degree of complaint. Patients often complain of physical symptomatology in excess of what the medical condition would account for.¹⁹ This is frequently seen with a depressed person’s response to pain.

Boyles states studies have shown that “pain severity is a strong predictor of the degree of depression and health related quality of life.” This may be due to pain and depression sharing common chemical ground in serotonin and norepinephrine. It is believed that neurotransmitters *also* intervene in controlling pain.²⁰

The link between pain and depression further complicates matters for treatment professionals. This is particularly true for postsurgery and rehabilitating patients. It is a frustrating fact that some patients do not respond well to medical intervention and continue to feel pain. This results in increased health care costs and decreased compliance with interventions that require patients to exercise or ambulate. This is particularly unfortunate as exercise can be instrumental in managing depression, heart disease, and diabetes.

As the above mentioned signs and symptoms indicate, recognizing depression is often problematic for health care professionals. In National Institute of Mental Health's "Older Adults: Depression and Suicide Facts," the findings indicate that up to 75% of older adults who committed suicide had visited their primary care physicians within a month of their death.²¹

For a more complete list of signs to be aware of when assessing depression, see Table 1.

TREATMENT STRATEGIES

There are various treatment strategies for depression depending on suspected etiology, previous medical and psychiatric history, comorbid conditions, and severity of presentation. Some major treatment modalities are: medication, psychotherapy, hospitalization, and electroconvulsive therapy (ECT).

Medication

Medication for depression has an

interesting history with varying levels of success and risk. In the late 1950s, tricyclic antidepressants arrived as a welcome alternative to hospitalization and ECT. However, the 70% effectiveness rate was offset by seriously uncomfortable side effects: dry mouth, weight gain, constipation, sedation, sexual dysfunction, or cardiac complications.¹ Individuals taking the later monoamine oxidase inhibitors had to deal with rigid dietary and over-the-counter drug restrictions. Many patients chose to stop their medications rather than suffer these side effects.

It was the advent of the SSRIs, with the safer, quicker action, fewer side effects, and simpler management that brought relief to so many. The elderly in particular benefit from the milder side effects and fewer drug interactions. The newer SSRIs are offering more choices to physicians concerned with the impact of antidepressants on co-morbid medical conditions. Physicians are weighing the benefits of pharmacological intervention with the ultimate risks of reduced physical and psychological functioning and the potential suicide of untreated depression.

The hidden drawback of the boon of the newer psychotropic medications is that these drugs now offer such quick relief that many patients do not see the need for psychotherapy. Clinicians rarely recommend relying solely on medication, as the benefits are fairly short-lived. Long-term gains are obtained from combining psychotropic medications and psychotherapy.

Psychotherapy

Psychotherapy serves patients as well as their families through education and support. Again, intervention is dependent on suspected etiology. Some common modalities are: psychodynamic, behavioral, interpersonal, cognitive, and behavioral therapies. Studies have supported cognitive-behavioral therapy as instrumental in assisting depressed patients in taking a proactive stance to changing their feelings.² Cognitive behavioral therapy focuses the individual on recognizing the link between his or her thoughts, feelings, and behaviors. It is often effective in reducing symptomatology and offering patients practical approaches they can use to maintain gains made in therapy.

Although psychotherapy without medication will offer relief, most research supports the use of both psychotherapy and medication for the most efficacious and longest lasting treatment of depression.³ Although all modalities have its proponents, in the age of Health Maintenance Organizations (HMOs) and limited funding, the trend is toward the short-term therapeutic approaches.

Hospitalization

Hospitalization is usually for a very short period of time with outpatient private practitioners or community clinics bearing the burden of responsibility in helping individuals maintain mental health. The criteria for hospitalization usually involves acute suicidal ideation, depression with co-occurring hallucinations and/or delusions, or severe self-neglect. Hospitalizing a geriatric patient can be complicated. There are few psychiatric beds for the geriatric patient. To make the situation even more difficult, many of our mentally ill elderly are suffering from co-morbid medical conditions. The available *medical-psychiatric* hospital beds are few. This gap in service is nothing short of traumatic for patients and families trying to seek relief.

Electroconvulsive Therapy

Sonia G. Austrian²⁵ offers a clear explanation of electroconvulsive therapy in *Mental Disorders, Medications, and Clinical Social Work*. Electroconvulsive therapy is reserved for the most severely depressed patients or those unable to respond to alternative interventions. Electroconvulsive therapy is 75% to 85%

Table 1. Signs and Symptoms of Depression

<p>Multiple or exacerbated somatic complaints Anhedonia or loss of pleasure/interest in life Agitation or irritability Anxiety or restlessness Feeling hopeless or helpless Feeling inappropriate guilt Slowed thinking and/or movement Minor memory loss or confusion Difficulty concentrating Poor hygiene Poor compliance with medical or dietary regimen Increased/decreased appetite, sleep, weight Fatigue Isolation Suicidal ideation, plan, or attempt</p>
<p>Adapted from the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, Washington, DC: American Psychiatric Association; 1994:327.</p>

effective and is purported to be safer for the medically ill elderly than some psychotropic medications.⁴

The patient is provided with medication to relax the muscles before an electric current passes through the brain by way of electrodes. The resultant seizure is the source from which improved mood is derived. Even though this therapeutic intervention is considered medically safe, a major concern for patients is the possible short-term memory loss after treatment. Many patients have a return of memory within 6 months of completing treatment but, for some, the loss is permanent.⁵

THE IMPACT OF DEPRESSION

The depressed individual is frequently apathetic to the extent of neglecting the needs of self and others. There is a decreased ability to express affection, pleasure, or even preferences as the patient begins to isolate. Depression causes a folding in on oneself, a telescoping into darkness that shuns others. Even mild forms of the illness can create a malaise that prevents someone from following through with self-care, daily chores, or health care regimen.⁶⁻⁸

This leads to frustrated families, friends, and health care teams. The harder everyone tries to pull the depressed individual out of the morass, the further he or she seems to sink. The outcome is often further withdrawal on the part of the depressive and a retreat and often resignation on the part of others close to the patient.

THE ROLE OF THE HEALTH CARE PROFESSIONAL

The single most important act a treatment professional can perform is to talk with the patient about their concerns. Let the individual know you care enough to explore how their feelings might be impacting his or her recovery. There are several tactful ways to approach, assess, and refer a person you suspect may be depressed. One way, according to Arroll, Khin, and Kerse is to ask the person a couple of screening questions found to detect most cases of depression in general practice.⁹

The above-mentioned authors conducted a cross sectional study of 421 New Zealand patients not taking psychotropic medications and discovered how the “screening questions showed

a sensitivity and specificity of 97%” in assessing for depression. The first query addressed mood by asking if the patient had been bothered with “feeling down, depressed, or hopeless” during the past month?

The issue of anhedonia, the diminished ability to experience pleasure,¹⁰ was handled with a question of whether in the past month the patient had “been bothered by little interest or pleasure in doing things?” These two questions are helpful in opening a discussion and providing the patient an opportunity to talk about uncomfortable feelings.

Another question could explore the somatic complaints the individual is experiencing. Has the individual noticed an increase in headaches, body aches, or generalized pain? Sometimes discussing somatic complaints before addressing mood is a safe segue for those reluctant to share their feelings. Whatever method employed, asking is preferable to *not* asking and thereby missing an opportunity to help someone in psychological pain.

Educating patients to the biological component of depression often reduces the stigma felt by so many. People often feel an enormous sense of relief when they understand that their age, medical condition, medication, genetic makeup, or family history may be risk factors for what they are experiencing. The fear and stigma of *mental illness* is put in perspective allowing these individuals to seek help.

Health care professionals can refer patients to their primary care physicians, psychologists, clinical social workers, and geriatric psychiatrists. Geriatric psychiatrists are experienced in dealing with the multiple issues faced by the individual in late adulthood. They are in a unique position to coordinate care for a patient’s biological, psychological, and social needs.

CONCLUSION

Depression in late adulthood is not a normal aspect of aging. Although the etiology for depression may be unclear, the role of health care professionals is not. Assessing individuals presenting with atypical or common symptoms of depression and making appropriate referrals can literally save a life. With contemporary interventions so successful, it is unfortunate indeed to leave a large segment of our society untreated

due to under-diagnosis. Hopefully, as we all become more educated and comfortable in addressing this issue, we will see a significant increase in recovery rates in geriatric depression.

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Kathryn J. Silva received her undergraduate degree from University of California, San Diego and her Master of Social Work from California State University, San Bernardino. Currently she is serving patients with chronic and/or terminal illnesses at Saddleback Memorial Medical Center's Outpatient Clinics, which includes Physical Rehabilitation Radiation Oncology, Cardiac Rehabilitation, and the Diabetes Clinic.

CALLING ALL EDUCATION PROGRAM PROPOSALS FOR CSM 2008

If you have ever thought about presenting at CSM 2008 on any topic of interest to you, now is the time to submit your proposal. This year there is a new online submission process. To submit, go to www.apta.org/csm and follow the instructions. You will need to submit your name, short bio, session title, short description, 3-4 objectives for the session, 3-4 references for the session, and identify for which section(s) this would be appropriate.

Deadline is April 9, 2007. If you have any questions, contact Jill Heitzman at jheitzpt@aol.com.

NATIONAL PROVIDER IDENTIFIER WHAT YOU NEED TO KNOW

Ellen R. Strunk, PT, MS, GCS

Do you have your “NPI”? Do you know if you need one?

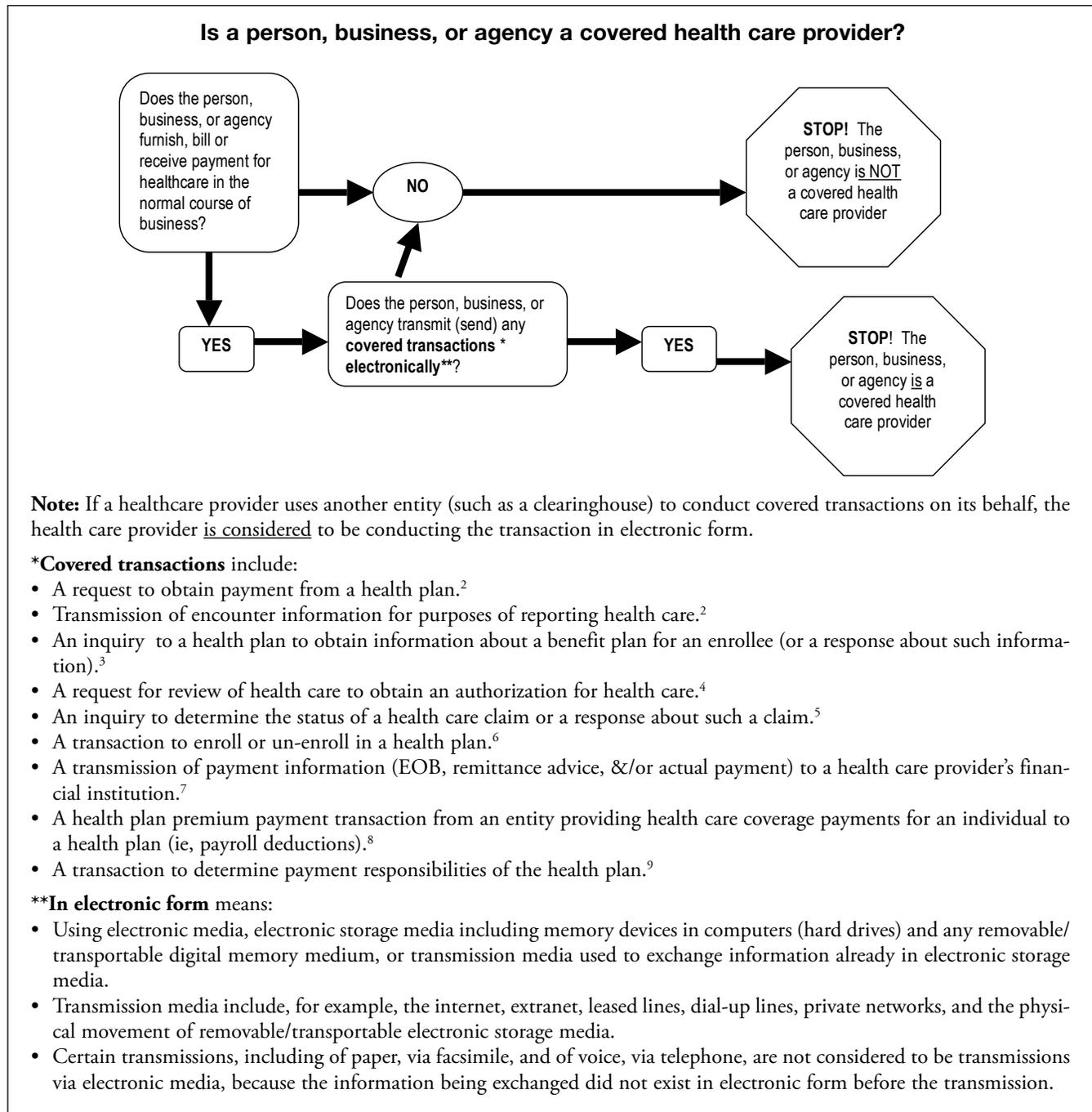
These are two very important questions to answer over the next two months. As this article is being written, there are only 128 days remaining before the National Provider Identifier (NPI) will become a mandatory require-

ment for HIPAA standard transactions. **But what does that mean for you—a physical therapist?**

What is the NPI?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the adoption of a standard

unique identifier for health care providers. On January 23, 2004, the final rule was issued adopting the NPI as this standard. The goal of assigning NPIs is to simplify and improve the efficiency of electronic transmissions of benefit transactions. Currently one provider may have multiple health care provider



identifiers, such as UPINs, OSCAR, commercial insurance specific numbers, and Medicaid numbers. Many PTs have a hard time keeping up with so many provider identification numbers. You will be pleased to know the NPI will replace all of these in HIPAA standard transactions!

The NPI is a 10 digit, intelligence free numeric identifier. This means that the 10 digit number you are assigned does not contain any information that might identify you – such as the state you practice in or your provider type. Your NPI will never change even if you change jobs or locations. However, just because you obtain an NPI does not automatically enroll you in a health plan nor does it turn you into a covered provider or guarantee you will be paid by health plans. Therefore obtaining an NPI will not replace the Medicare certification or enrollment process.

Who can apply for an NPI?

All health care providers are eligible for NPIs. A health care provider is an *individual* or *organization* that renders health care. Examples of *individual* health care providers are physical therapists, physicians, dentists, nurses, chiropractors, or pharmacists. Examples of

organizational health care providers are hospitals, home health agencies, clinics, nursing homes, residential treatment centers, laboratories, ambulance companies, group practices, HMOs, suppliers of DME, pharmacies, etc. If the provider is a HIPAA-covered entity, it must obtain an NPI to identify themselves in HIPAA standard transactions. A sole proprietor/sole proprietorship is an individual and is eligible for a single NPI.

How do you know if you are a HIPAA-covered entity?

You are if you or your practice is “a health care provider who transmits any health information in electronic form in connection with a transaction for which the Secretary of Health & Human Services has adopted a standard.”¹ Essentially this means that if you are:

- a health care provider that conducts certain transactions in electronic form,
- a health care clearinghouse, or
- a health plan

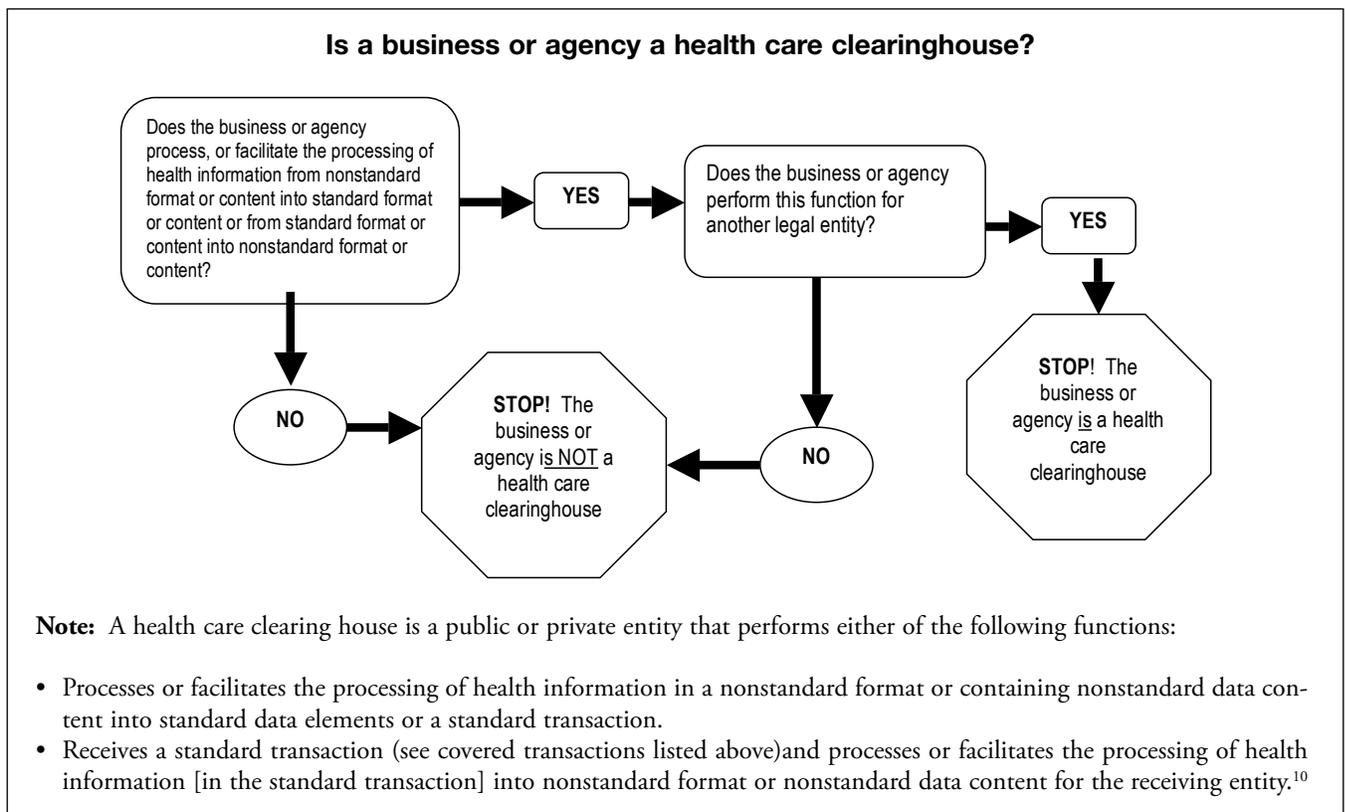
then you qualify as a covered entity according to the Administrative Simplification regulations under HIPAA. CMS has put together several charts to help providers determine if they are a covered entity.

What if a physical therapist decides that he/she is not a health care provider who is required to have a NPI? Is it still a good idea to get one?

A PT may still want to get an NPI even if he/she does not require one at the present time. The NPIs are free and the application process only takes about 20 minutes. There are many PTs who do PRN work outside their normal full-time job. These entities may require your NPI number in order to conduct their billing of certain health plans. However, there is no “deadline” for obtaining an NPI. The application process will be available anytime you are ready to apply.

OK—So you have decided you are a health care provider who needs an NPI. What do you do now?

The application process is easy and only takes about 20 minutes. CMS has contracted with an organization to create the National Plan & Provider Enumeration System (NPPES) web page where you can apply for your NPI: <https://nppes.cms.hhs.gov?NPPES/Welcome.do>. If you prefer to do your application in paper, the site has a link to a downloadable paper application with contact information if you have questions. (You may want to



These and other charts can be found at <http://www.cms.hhs.gov/HIPAAGenInfo/Downloads/CoveredEntitycharts.pdf>.

check with your employer or other organization you are affiliated with because they may choose to obtain the NPI for you, with your permission).

What information do you need to obtain your NPI?

- Provider Name
- Country of Birth
- Provider Gender
- Mailing Address
- State License number
- Provider Date of Birth
- State of Birth (if born in US)
- SSN or other proof of identity
- Practice Location Address & Phone Number
- Any other Provider Numbers or Identification Numbers
- Taxonomy (Provider Type) *For Physical Therapists, you will select "22 Respiratory, Rehabilitative & Restorative Service Providers" then "225100000X Physical Therapist" then there are options to designate a specialty area.*
- Contact Person Name, Phone Number & Email Address (*this is where the NPI information will be emailed to. It might be yourself or someone at your place of business*)

Other Important Tips About Your NPI.

Remember that if you are a billing provider, your NPI is your *billing number*. Share your NPI as needed to employers or other providers who bill and/or are reimbursed for your services. This number identifies you as a health care provider in all transactions so it is important to protect it. It is yours for life and will never expire, be recycled, or reassigned to another health care provider. The only time you would be assigned a different one is in the event that someone else was found to use it in a fraudulent manner. Each clinician is responsible for updating NPI related information with NPPES. Therefore if any of the information listed above changes, you are to report it to NPPES within 30 days of the change.

Finally, remember that after May 23, 2007, the NPI will be the only health care provider identifier that you or Medicare, Medicaid, and all other public and private payers will use to identify you as a health care provider. So go ahead – Get it!

CMS has developed a Training package for NPI that will assist providers with self-education, as well as education of staff. The entire package will consist of 5 modules: General Information, Electronic File Interchange (EFI), Subparts, Data Dissemination (not yet developed) and Medicare Implementation. Each Module consists of a PowerPoint presentation (with speaker's notes) and is designed to stand alone or can be combined with other Modules for a training session tailored to the particular audience. Modules can be found at http://www.cms.hhs.gov/NationalProviderStand/04_education.asp#TopOfPage.

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7. 45 Code Federal Regulations, 162.1601:
8. 45 Code Federal Regulations, 162.1701:
9. 45 Code Federal Regulations, 162.1801:
10. 45 Code Federal Regulations, 160.103.



Ellen R. Strunk is Managing Director for Restore Out-patient Services & Restore Staffing Solutions. She works in skilled nursing facilities, home health, assisted living facilities, and outpatient settings. She is a member of the APTA's Government Affairs Committee & serves as Practice/Reimbursement Chair for the ALPT Association.

St. Catherine's Rehabilitation Hospital and Villa Maria Nursing Center Residency in Geriatric Physical Therapy

- Do you want to specialize in geriatrics but don't know how to start?
- Are you considering postgraduate education?

Our residency in geriatric physical therapy is a unique opportunity for you to begin both. The program is the first (and only) fully credentialed geriatric residency in PT in the United States. The year-long program offers therapists the ability to gain structured experiences in a variety of settings. Residents are mentored by expert faculty, including board certified geriatric specialists. Additionally, residents will take applicable courses at the University of Miami or Sacred Heart University. Tuition is paid by St. Catherine's/Villa Maria. Residency graduates will be prepared to sit for the GCS exam, and may elect to continue work towards their MS in Geriatric Rehab and Wellness or a Certificate in Gerontology. For an application or further information, please visit our website at www.catholichealthservices.org, send an email to TGravano@aol.com. *Applications are accepted year round.*



American Physical Therapy Association
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CSM 2007

Boston • February 14–18



2007 Joan Mills Award recipient Carol Schunk surrounded by past recipients showing off award watches.



APTA President Scott Ward and SOG President John Barr.



At the Board Meeting, Sandy Levi, Research Chair, Ann Williams, Balance and Falls SIG Chair, Nancy Bookstein, Osteoporosis SIG Chair and Bill Staples, Section Treasurer.



Susan Wenker, Home Study Course Editor, Michelle Lusardi, Journal of Geriatric Physical Therapy Editor, Jess Sabo, Executive Administrator



Vice President Anne Coffman and Section President John Barr during the Board meeting.



Section Board of Directors Meeting.



Past SOG Presidents Jennifer Bottemley, Neva Greenwald, and Carole Lewis.



Mother and daughter, SOG members, SOG Cultural Diversity Committee Chair Jane Okubo and her daughter, Nicole Taniguchi.



Old and new members mingle and celebrate the newly certified geriatrics specialist.



Lucy Jones, Web Connection Chair and Deb Kegelmeyer, Specialty Council member.



Dan and Cathy Ciolek with Joe Lucca, SOG Delaware members.



Section members participating in brainstorming session at the Section Member Meeting.

CSM 2007 INSPIRES ALL ATTENDEES

Jill Heitzman, PT, DPT, GCS, CWS

Hundreds of inches of snow, cancelled air flights, closed airports, lost luggage, nor 8 to 10 hours stranded in unfamiliar cities dampened the enthusiasm as a record breaking 6200 members of the APTA descended upon Boston for CSM 2007. With 192 education sessions to choose from, attendees were able to find an area of interest to expand their knowledge and capability to care for their patients.

CSM is always a great time to form mentorship relationships and 2007 was no exception. With 2000 students attending this event, the future of the APTA is enhanced. The standing room only crowd at our own Section's student forum gives energy and promise of physical therapy's role with the older adult. Surely they came for more than the free book giveaways!

The Section on Geriatrics began the week of CSM 2007 with over 200 attendees attending our 3 pre-conferences. The energy and excitement continued to build as the week progressed. Congratulations to our newly certified Geriatric Specialists who were honored at the Wednesday night opening ceremony and again at our celebratory and welcoming breakfast bright and early Thursday morning. Though 6:30 AM was a little early, this breakfast was a great kickoff to CSM. A short presentation on how to get involved in the Section, how to begin publishing, and how to begin giving a presentation (and even how to handle mishaps) added to fun of the morning. If you have ever considered becoming a GCS, now is the time. Let's

honor each of you next year as you take this step to advance your knowledge. For more information about the GCS, go to the APTA website and check out the information from the American Board of Physical Therapy Specialty (ABPTS).

The Section on Geriatrics Members Meeting and Awards Ceremony on Friday evening is always a highlight of the week. The delicious food, camaraderie and door prizes (are we really out of beach towels?) all help to energize and move our dynamic section forward. Students present won more prizes, and awards for our outstanding members were presented. We are honored to have these leaders, researchers, and educators as members of our Section and motivating others to promote physical therapy become the best they can be.

The exhibit hall this year was a sold out event and packed with attendees at all hours of the day. The giveaways were plenty and many attendees found their luggage was not big enough to take their goodies home. We thank all of the businesses who packed our exhibit hall and most importantly the sponsors of our meetings, socials, and education sessions: AEGIS Therapies; Extencicare Health Services, Inc; Juvent, Inc; RehabCare; Thera-Band; GAITRite; Five Star Quality Care; Baylor Health Care System; and Axiom Marketing Inc.

If you have never attended a CSM, you have missed so much. Nowhere else can you find all 18 Sections of APTA providing such a variety of education, research presentations, and social opportunities. Join us in Nashville, TN for

CSM 2008 and start making plans now for CSM 2009 in Las Vegas. You will never be the same after attending just one CSM.

I would be remiss if I did not thank my programming committee for all their hard work. While everyone else is winding down from CSM 2007, they are already starting work on CSM 2008.

Thank you goes out to:

Missy Criss
Celinda Evitt
Kathy Brewer
Ellen Strunk
Ann Williams
Paula Click
Nancey Bookstein
Jane Bernatovich
Alice Bell
Jane Okubo
Connie Inacio
Becky Crocker
Renee Tatum
Patty Brick
Ruby Kendrick
Priscilla Raasch-Mason

All these great volunteers gave up time to monitor rooms, stamp books, introduce speakers, and everything else needed to make each education session a success. The members of the program committee not able to attend CSM are always a big help, too. If you think you may like to find out more about helping at CSM or being a part of the programming committee, just contact me at jheitzpt@aol.com.

STATE ADVOCATE CORNER

Did you know that we have 3 traveling booths available to promote the Section on Geriatrics at your state meetings? To find out more information and to reserve the booth for your meeting, contact the Section office at jessicasabo@apta.org, or 800/999-2782 x3238. Plan ahead: it's best for us to have at least a month's notice before your meeting. You can reserve the booth up to eight months in advance of your meeting. We are sometimes able to accommodate last-minute requests, depending on availability.

MASSACHUSETTS GERIATRIC SPECIAL INTEREST GROUP HITS THE GROUND RUNNING

Alison Squadrito, PT, DPT, GCS

WELCOME TO OUR STATE ADVOCACY CORNER

In an effort to increase awareness of the Section on Geriatrics at the State level, we are highlighting activities that can be developed locally. Our goal is that several times each year, our state advocates will let you know what is happening in their state to promote working with the older adults and successful aging. By sharing ideas, we can spread the word that the Physical Therapists are the ones to work with the older adult. If you have an event you have participated in at your State meetings or in your community, please let us know. We want to share your successes with others. If you are interested in being an active force of our State Advocates, please let us know by emailing our Section website. This issue is highlighting how the Massachusetts Chapter developed its Special Interest Group on Geriatrics. Wouldn't it be great if every state chapter had a SIG devoted to the older adult?

Jill Heitzman, PT, DPT, GCS, FCCWS

MASSACHUSETTS SENIOR GAMES



89 years young!

Recognizing the benefits of bringing together physical therapists, physical therapist assistants, and students who have an interest in geriatrics, the APTA of Massachusetts organized a Geriatric Special Interest Group (GSIG). Announcements were sent out to therapists and the planning meeting took place October 2005 with an enthusiastic group. The purpose of the GSIG was established to:

- provide a forum for individuals who have a common interest in gerontology;
- promote and advance the practice of geriatric physical therapy;
- coordinate efforts to meet the needs of the older adults in Massachusetts.

The group's strongest interests were educational programs on topics related to older adults and community service opportunities. The GSIG became an official group of the MA APTA in January 2006 when they held their first business meeting. This was combined with a very popular education program attend-

ed by 50 people on the latest research in Alzheimer's disease presented by Jennifer Bottomley, PT, PhD², MS.

Once the GSIG was organized, the energetic group pursued several activities including:

- creating a group to enter research into the Hooked on Evidence database,
- developing a PowerPoint presentation geared to the older adult on Fall Prevention which can be downloaded from the APTA of MA website for community presentations, and
- partnering members from the GSIG who are preparing to take the GCS.

The most exciting activity of the GSIG was the first community event. The GSIG organized a group to volunteer at the Massachusetts Senior Games. Each year over a thousand older adults ages 50-90+ compete in a variety of events such as swimming, basketball, volleyball, track and field, and tennis. The GSIG members worked as scorekeepers, line judges, and timekeepers for

basketball and volleyball. The athletes are simply inspirational and it was a fun way to get involved with older adults. One of our own GSIG members will enter the Senior Games in September as a member of the "Forever Young" softball team.

The GSIG is looking forward to continuing to provide educational, community service, and networking opportunities for those interested in geriatric physical therapy in Massachusetts. We are also interested in helping other states establish GSIGs.

If you would like to establish a GSIG in your state or if you are in Massachusetts and want to join our GSIG. Please contact GSIG CHAIR, Alison Squadrito at asquadrito@partners.org. The Massachusetts GSIG is committed to helping all therapists promote successful aging!

Alison Squadrito is Chair, APTA of MA Geriatric Special Interest Group and SOG Advocate to the State of Massachusetts.



Topics in Geriatrics

Volume 3



An Independent Study Course Designed for Individual Continuing Education



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

Course Description

Topics in Geriatrics: Volume 3 will offer the course participant an increased depth of knowledge across several practice dimensions. The course begins with 2 niche practice areas; working with older adult drivers and older adults who are obese. Readers will understand how physical therapists can have a role in working with older adult drivers, even if we don't work in a setting with special equipment to specifically rehabilitate driving skills. Readers also will be introduced to the growing area of bariatrics across the health care continuum. In addition, there is an update on the role of the physical therapist in prevention of falls; what the latest research tells us and how we, as physical therapists, work with other team members. Readers also will gain insight into how physical therapists are successfully integrating public health in everyday practice and what physical therapists can offer in the public health arena. In the final 2 monographs, the reader will come away with a sound foundation to prescribe exercise for older adults and integrate the definition of "successful aging" into their practice. What does that mean for you and your practice area?

Continuing Education Credit

30 contact hours. Completion of the series and satisfactory performance on the post-test will give the subscriber 30 contact hours of continuing education. Only the registrant named will obtain contact hours. No exceptions will be made. Registrants must apply to their State Licensure Boards for approval of continuing education credit.

Topics & Authors

- Physical Therapy Applications for Assessing and Counseling Older Drivers—*Cheryl LaFollette Anderson, PT, PhD, MBA, GCS*
- Bariatric Geriatrics: Physical Therapy Management of Older Adults who are Obese—*Michael L. Puthoff, PT, PhD*
- Fall Prevention—*Celinda P. Evitt, PT, PhD, GCS*
- Health Promotions in Geriatric Care: The Collaboration Between Physical Therapy and Public Health—*Kathryn K. Brewer, PT, GCS, MEd*
- Exercise Prescription for Older Adults—*Dale Avers, PT, DPT, PhD and Patrick VanBeveren, PT, DPT, MA, OCS, CSCS*
- Successful Aging: Biopsychosocial and Environmental Implications for Physical Therapist Practice—*Mary Thompson, PT, PhD, GCS*

Editors

Mary Thompson, PT, PhD, GCS
Sue Wenker, PT, MS, GCS

Additional Questions

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

Other Home Study Courses Available

- FOCUS: Geriatric Physical Therapy—30 contact hours
- Topics in Geriatrics: Volume 2—30 contact hours (topics include: therapeutic exercise, chronic obstructive pulmonary disease, post-polio syndrome, aquatic exercise, physical and chemical restraints, ethics)
- Topics in Geriatrics: Volume 1—20 contact hours (topics include: issues in home care, Alzheimer disease, diabetes)
- Focus on Physical Therapist Assistants in Geriatrics—10 contact hours (topics include red flags in the acute care environment and wound care)
- Cultural Diversity of Older Americans—30 contact hours

Register now.
Available June 2007.

Fees for Current Home Study Courses	Section on Geriatrics Member	APTA Member	Non-APTA Member
Topics in Geriatrics: Volume 3 (available thru 2011)	\$200	\$300	\$400
FOCUS: Geriatric Physical Therapy (available thru 2010)	\$200	\$300	\$400
Topics in Geriatrics: Volume 2 (available thru 2009)	\$200	\$300	\$400
Topics in Geriatrics: Volume 1 (available thru 2008)	\$135	\$200	\$270
Focus on Physical Therapy Assistants in Geriatrics (available thru 2008)	\$50	\$75	\$100
Cultural Diversity of Older Americans (available thru 2007)	\$150	\$225	\$300

WI residents add applicable state sales tax.

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

Home Study Course Registration Form

(see www.geriaticspt.org for online or regional courses available)

I am registering for course(s) _____

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

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ APTA# _____ E-mail Address _____

Please check: Section on Geriatrics Member I wish to join the Section on Geriatrics and take advantage of the membership rate.
 APTA Member (Note: must already be a member of APTA.) I wish to become a PTA Member (\$35).
 Non-APTA Member I wish to become a PT Member (\$45).
(Wisconsin residents add applicable sales tax.)

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

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

Expiration Date _____

Signature _____

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WI State Sales Tax	_____
Membership Fee	_____
TOTAL	<input type="text"/>

Please make checks payable to: Section on Geriatrics

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ADVOCACY FOR THE GERIATRIC PATIENT

Linda Justice Teodosio, PT

You may be just one person to the world, but you may be the world to one person.

— Ghandi

INTRODUCTION

The following is the second article in GeriNotes from a student project at the University of Maryland DSci program online course taught by Past Section on Geriatric President, Dr. Carole Lewis. The course was a follow up to her Clinical Geriatric Neurology Course. In designing this course, Carole worked with Dr. Fran Huber. Together they decided to identify skills that a master clinician and advance degree therapist should have in the realm of clinical geriatric neurology. One skill identified was expert witnessing and advocacy. Students were asked to identify advocacy agencies for patients with neurological deficits and to develop a consumer piece based on the information they gathered. We appreciate Dr. Lewis and her students' willingness to share their work with readers who may be interested in our professional role as advocates for seniors.

ADVOCACY is the act of speaking up for people whose rights might be in jeopardy according to Hamel.¹ As health care professionals, she states,

"We must be aware of what issues exist for the elderly, and where we can best serve them as advocates, and continually update ourselves as to the status and concerns of the elderly community in order to be effective advocates."

As health care professionals, physical therapists should always remember the concept that most of our geriatric patients are vulnerable in at least one aspect. Vulnerability can be categorized as physical, emotional, cognitive, or financial. If we keep this in mind, we should assess all of our geriatric patients for the possible need for interventions based on vulnerability.

Physical therapists can be very effective first-line advocates for their patients

TIPS FOR ADVOCACY TO GERIATRIC PATIENTS

1. Avoid tunnel vision. Do not disregard the fact that our patients are human beings with values and pride, and prior to their debilitating illness were very productive members of society.
2. Identify ALL the needs of the patient, not just the physical/physiological needs.
3. Take the time to LISTEN to your patient or caregiver.
4. Treat every patient as if they were your best friend's parent.
5. Educate yourself to be an effective advocate for your patients.

in several ways. First, the PT can observe and interpret the presence of or the potential for vulnerability. Next, with a very careful and sensitive approach by the physical therapy, the patient and/or the caregiver may share their feelings, fears, or concerns, and from this, one can often determine what types of vulnerability exist. A little detective work may be necessary in order to find appropriate advocacy resources to meet the patient's needs. The final step is to compassionately offer the resource information to them, and offer assistance if needed in contacting the resources.

CASE SCENERIO

EW is a 76-year-old female who was referred to Living at Home, Home Care Services for Physical and Occupational Therapy, following discharge from acute Rehab.

BACKGROUND/ SOCIAL ISSUES

On 9/6/06, EW fell down the stairs at home and was diagnosed with an acute CVA with right hemi-paresis and mild expressive aphasia. Prior to the fall, EW lived alone in her 2-story family home and was independent with all

ADLS and IADLS, and was driving. Her only daughter lived out of state with her 2 children. The daughter is a single Mom with a full-time job.

During the Home Care Physical Therapist's assessment, it was apparent that due to her functional limitations, EW was going to require 24-hour care or placement when her daughter returned home in 2 weeks. EW also mentioned that she couldn't afford her new medications and the tub transfer bench recommended by the occupational therapist.

INTERVENTION

How can we, as Physical Therapists, advocate for this patient and her daughter, who both mentioned how lost they felt and how they didn't know where to begin to find help?

1. **Contact the Physician** regarding the fact that she doesn't have some of her medications, and to obtain a verbal order for a social work consult, due to the safety concerns and need for caregiver resources or possible placement.
2. **Provide immediate advocacy** by providing information to help the

patient/caregiver obtain emergency financial assistance so she can obtain her urgently needed medications. Adult Protective Services can sometimes provide a one-time emergency loan of \$500 to assist with medication costs (www.dhr.state.md.us/how/srvadult/protect.htm). American Health Assistance Foundation can also provide emergency funds (www.ahaf.org).

3. **Provide caregiver assistance information.** The Yellow Pages phonebook is a good place to start to find local private duty care. These can be very expensive, and we know she is already struggling financially. She will also need information about the local Department of Aging, and how to apply for free caregiver assistance if she qualifies. Often there is a long waiting list for this service, but the social worker can assess the patient's qualifications and help her with the application process (www.co.ba.md.us/Agencies/aging/index.html).
4. **Provide information on possible placement options.** A "Place 4 Seniors" is a free advocacy service that provides assistance with finding prompt, affordable, assisted living facilities that meet the needs of the individual. The service also assists with finding funding for the client if needed to assist with ALF costs (www.aplace4seniors.com).

5. **Order the necessary equipment for immediate home safety.** Obtain verbal order from the physician for a hospital bed, bedside commode, and wheelchair. Contact a DME company to place order, preferably a company that you know will provide prompt delivery of the equipment. Provide the daughter and patient with information about the local county or city loan closet to try to obtain this equipment, especially a tub transfer bench since Medicare does not cover this and the patient can not afford to purchase one.
6. **Interdisciplinary care coordination is a must.** Communicate with the OT and the Social Worker regarding the patient's safety issues, emergent funding needs for medications, and the resources that you have already provided the patient and her daughter, so the other disciplines can also follow-up with them on progress toward obtaining what she needs and what further assistance may be needed, without duplicating what you have already accomplished.

Physical therapists especially in the Home Care setting are often required to wear many hats in order to advocate for their patients. If we are to provide the best care possible, it is imperative that we advocate for our vulnerable geriatric patients. In addition to the very skilled physical therapy interventions that we

provide, sometimes we must put on our 'social work' hat to find resources for our patients and caregivers in order to further assist them with obtaining whatever they need to improve their quality of life and to achieve or maintain the highest level of independence that is safely possible.

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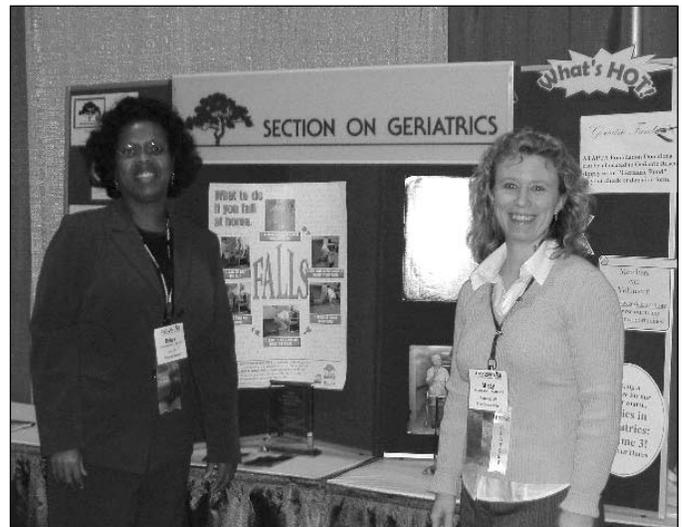
Linda Justice Teodosio, PT, is a 1984 graduate of the University of Maryland, School of Medicine, Department of Physical Therapy. She is a current student in the Doctor of Science in Physical Therapy program at the University of Maryland. Linda has specialized for the last 17 years of practice in geriatrics in the home care setting. She recently became the Assistant Director of Clinical Services for Rehab at Tender Loving Care Health Care Services in Baltimore.

SECTION BOOTH A BIG HIT THANKS TO VOLUNTEERS

A BIG THANKS to ALICE BELL and the great volunteers who manned the Section Booth at Combined Sections Meeting. The booth was a busy place with Section members and nonmembers and many students stopping by for information, free copies of publications, and to purchase home study courses and other Section material. The winner of the booth volunteers drawing for a free year's Section membership was Ashraf Elazzazi!

THANKS TO:

- | | | |
|---------------------|------------------|------------------------|
| Alice Bell | Judy Thackaberry | Patrice Antony |
| Ashraf Elazzazi | Lucy Jones | Peter Leninger |
| Beth Black | Lynn Freeman | Priscilla Raasch-Mason |
| Carleen Lindsey | Lynn Freeman | Rita Wong |
| Carol Schunk | Martin Harmon | Ron Chadwick |
| Jennifer Bottomley | Michael McGregor | Ruby Kendall |
| Jennifer Sidelinker | Missy Criss | |
| Judy Canfield | Nancy Bookstein | |



URINARY URGENCY, FREQUENCY, OR URGE INCONTINENCE—CLINICAL TIPS

Kris Costello, PT, BCIAC, BCIA-PMDB

There are many commonalities between the SOG and the Section on Women's Health (SOWH). This article was written by the SOWH liaison to the SOG to share clinical knowledge on the topic of urinary incontinence. Articles in the SOWH Journal and Newsletter often pertain to issues related to the geriatric population such as osteoporosis, cardiovascular disease, menopausal issues, urinary and fecal incontinence, and other pelvic floor muscle disorders, sexual dysfunction, post prostatectomy incontinence, cancer, and lymphedema.

The SOWH has many APTA sponsored continuing education opportunities that SOG members may want to explore. Details are listed on the SOWH website at www.womenshealthapta.org under education.

Urinary urge incontinence or urinary frequency/urgency syndrome is a common ailment not only in the geriatric population, but also in the childbearing years of females. For women it can stem from the habit of 'just in case' frequent urinations in hopes of minimizing episodes of urinary stress leaks. This, over time, decreases bladder capacity, which then increases the urge to urinate more frequently. The prevalence of urge incontinence rises with the aging population for many reasons including declines of urethral length and maximum closing pressures, increased PVR (post void residual) due to age related impairment in detrusor (bladder muscle) contractility, detrusor over activity due to a decrease in normal smooth muscle junctions and age related changes in secretion of vasopressin and atrial natriuretic hormone.¹

Urge incontinence can dramatically affect one's lifestyle as it can lead to fear of going out and to avoiding social activities where there is not a clear and quick path to a known toilet location. Giving someone the confidence that they can hold an urge long enough to make it to a toilet can be a huge step in keeping one active and engaged in healthy activity. There are some easy urge suppression techniques and fluid management steps that can be taught to anyone, young and old alike, dealing with this syndrome.

It is very common to have an urge to urinate become stronger the closer one gets to the toilet, thus making it more and more difficult to hold. It is imperative to first quiet the detrusor con-

tractions and therefore the urge before walking towards the toilet. Stopping the movement toward the toilet, standing still or sitting down, if possible, and distracting oneself by thinking of something else such as counting backwards from 100 by 7s can help suppress the urge. Also taking a few deep breaths can help by calming the anxiety and stress reaction that can often accompany an urge especially if one has had embarrassing leaks in the past.

Next one can pull in a pelvic floor muscle contraction, which elicits a reflex to the detrusor to quiet the contraction.² These can be done quickly or by holding for few seconds at a time, depending on what works for the individual. Often one needs to be shown how to perform an appropriate pelvic floor muscle contraction, as verbal instruction alone is not always effective.³ The pelvic floor muscles may not be strong enough to lift on their own so doing things such as sitting on a rolled towel or actually lifting the pelvic floor with your hand or strategically using a corner of a table can help quiet urges. It should take less than 30 seconds for the urge to subside and then one can either decide to empty the bladder or put off urinating, thus allowing the bladder more time to fill, thereby increasing its capacity. As with any newly learned behavioral technique, practice is important so that one can become confident and successful consistently. The goal here is to put the patient back in control of when they urinate and not be controlled by the bladder.

Often patients do not realize there is a strong connection between intake of certain fluids and the ability to hold an urge. Fluids such as coffee, citrus juices, carbonated beverages, sodas, and teas can irritate the bladder. Even decaffeinated teas and coffee can be a problem due to the acid. Having adequate water intake is important to dilute the urine and should entail at least half of one's fluid intake.⁴ Certain drugs such as those that treat hypertension can actually cause weakness of the pelvic floor muscles.⁵ It may be helpful to keep a diary of what and how much one drinks as well as urinate over a few days, which will show current habits, and the affect on the bladder's ability to hold urine. With this information, fluid intake changes can then be made to alleviate some of the symptom's contributions. Normal bladder capacity is around 10 to 12 oz and frequency is 6 to 8x in a 24-hour period.⁶

The above techniques have been shown to be an effective method for decreasing urinary urgency, frequency, and urge incontinence. They have minimal risk, are inexpensive, and can be easily taught to those patients who are motivated and can follow instructions.⁷ They provide viable options for those that want to avoid bladder medications and their known potential side effects such as dry mouth, constipation, headaches, and existing medication interactions. These techniques may also be used to help wean off bladder medications for those that are motivated to decrease their medication intake.

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Kris Costello, PT, BCIAC, BCIA-PMDB works at St. Francis Women’s Health Breast Center in Federal Way, WA. She graduated from Maryville University, St. Louis,

Mo in 1983 and has specialized in pelvic floor rehabilitation since 1990. She is certified in biofeedback and pelvic muscle dysfunction biofeedback by the Biofeedback Certification Institute of America. She is currently serving as NW Regional Representative for the Section on Women’s Health.

**IPTOP INFORMATION FOR WCPT
VANCOUVER BRITISH COLUMBIA, CANADA • JUNE 2-6, 2007**

Neva Greenwald, MSPH, PT, CHES • IPTOP Delegate

What and When

The 15th World Confederation for Physical Therapy Congress will be held in Vancouver June 2-6, 2007. Physical therapy practitioners from around the world will be presenting educational sessions, reporting results of research and networking. The International Association of Physical Therapists working with Older People will have several activities planned during the World Conference.

Educational Session

IPTOP will have a two hour education slot on the Sunday afternoon of the conference. WCPT has provided the guidelines for this meeting and one presenter from each WCPT region will be participating in the session. The title of the session is not yet available. Professor Amanda Squires from the UK will be organizing that session. Section on Geriatrics member, Nancy Prickett will be the presenter for the US. Updated information will be distributed later in the spring.

Business Meeting

On the agenda for the meeting will be reports to provide updated information on IPTOP. Officers will be elected for the upcoming four years. Section on Geriatrics voting members are Nancy Prickett and Neva Greenwald. The business meeting day and time have not been finalized. Check the conference program and notices at the conference for information.

IPTOP Booth in Conference Hall at WCPT

Arrangements have been made for IPTOP to have an information stand in the Conference Hall. IPTOP hopes to have reference materials on the table along with information on how to obtain the items. Member organizations are being asked to submit copies of the leaflets. Member organizations are asked to make copies of material they would like to distribute. Materials would be available at no cost or purchasing information will be available.

Help Needed

Volunteers are needed at the IPTOP booth; the chart below contains the times that volunteers will be needed. Olwen Finlay from the UK has already volunteered to help with the set up. Please contact Neva Greenwald (ngreenwald@shrp.umsmcd.edu) if you can assist.

Volunteers for IPTOP Stand Sessions

Time	8:30 - 11am	11:00- 1:00pm	1:00-3:00pm	3:00-5:30pm
Saturday	Setting up stand			
Sunday	Olwen Finlay			
Monday				
Tuesday				
Wednesday				

Social Activity

During the conference, there are plans to spend one evening networking and having dinner at a nearby local restaurant. Information at this event will be at the IPTOP booth.

PREPARATION FOR THE 2007 HOUSE OF DELEGATES

Kathy Brewer, PT, GCS, MEd – Section Delegate

The Section on Geriatrics will be introducing several motions in the 2007 House of Delegates. They were developed by the Task Force on Promoting Physical Therapists as Exercise Experts for the Aging Population (aka Exercise Task Force). Numerous resources, brochures, guidelines, and initiatives have been developed by the task force (and will soon be available to members) to support geriatric physical therapy across the health care delivery system. The objective is to increase awareness and engage support of the Association in educating the public and other health care practitioners about our expertise for preventing impairments and disability through providing services to prevent, detect, and manage disease. The major concepts of these motions are as follows:

1. Institute the concept of an annual visit to your physical therapist.
2. Initiate a marketing plan to implement the concept of an annual visit to your physical therapist.
3. Investigate the possibility of having physical therapists included in the Welcome to Medicare visit.
4. Have physical therapists serve as exercise role models (stated as a resolution).
5. Develop a marketing plan to assure that patients seen by nurse practitioners who should be on an exercise program are referred to physical therapists.

A sixth motion reflects an initiative from the Health and Wellness SIG:

6. Support of a revised definition for health promotion and wellness.

Please keep in touch with your chapter delegates and encourage discussion surrounding these issues which reach beyond the specialty of geriatrics to the full scope of physical therapy practice. The APTA 2007 House of Delegates will be held in Washington, DC at the Omni Shoreham Hotel, May 21-23. Although only chapter, Section, assembly, and caucus delegates sit in the House proper, and only chapter delegates may vote, all APTA members are welcome to attend and sit in the gallery.

WANTED Articles for *GeriNotes*

Topics: Anything related to older adults
Clinicians: Send me an article or and idea
Educators: Send me student papers
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Contact Carol Schunk, GeriNotes Editor

carolshunk@earthlink.net



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SECTION ON GERIATRICS 2007 AWARDS

As presented at the Awards Ceremony, February 16, 2007

Student Award for Geriatric Research

Lisa Graves, PT

Adopt A Doc

Jennifer A Mai, PT, DPT, MHS
Ann H. Newstead, PT, MS, GCS, NCS
Jaime Berlin Talkowski, MPT

Excellence in Research

Dr. Julie M. Whitman, PT, DSc, OCS

Clinical Excellence in Geriatrics

L. Gail Denber, PT

Outstanding PTA

Lois Armour, PTA, MA, ATRIC

Distinguished Educator

Dale Avers, PT, DPT, PhD
Mary Thompson, PT, PhD, GCS

President's Award

Richard Bohannon, PT, EdD, NCS, FAPTA
Mary Thompson, PT, PhD, GCS

Joan Mills

Carol Schunk, PT, PsyD

The Section on Geriatrics is proud to celebrate and support the achievements of its 2007 awardees. What follows are the speeches that were made to honor them at the Section on Geriatrics Awards Ceremony, which is held each year at the Combined Sections Meeting. We hope that you will be as inspired as we are by these outstanding individuals!

We are accepting nominations now for 2008 awards: to make a nomination visit www.geriatricspt.org, and click "awards."

STUDENT AWARD FOR GERIATRIC RESEARCH

*Presented by Sandy Levi, PT, PhD,
Section Research Chair*

This award is intended to facilitate interest in geriatric research among entry-level physical therapy students. The award recognizes outstanding research-related activity completed by entry-level physical therapy students.

The 2007 student award for geriatric research is presented to Lisa Graves, SPT

As a student at Hardin Simmons University, Lisa Graves, SPT took the leadership role in a noteworthy research project. She presented her work at the Texas Physical Therapy Association's Annual Conference. Her research study, entitled "Comparison of changes in extremity strength, function, and balance in older adults who exercised with

Thera-band™ vs. BodyBlade™" is also being presented at this Combined Sections Meeting.

With great pleasure, I award the Student Award for Geriatric Research to Lisa Graves.

ADOPT-A-DOC

*Presented by Sandy Levi, PT, PhD,
Section Research Chair*

The Section on Geriatrics' Adopt-A-Doc program seeks to recognize outstanding doctoral students committed to geriatric physical therapy. The purpose of the Section on Geriatrics Adopt-A-Doc program is to provide support to doctoral students interested in pursuing faculty positions in physical therapy education, and to facilitate the awardees' completion of the doctoral degree within an area of study relevant to geriatric physical therapy.

Our first Adopt-a-Doc award recipient is Jennifer A Mai, PT, DPT, MHS

Jennifer A. Mai, PT, DPT, MHS is an assistant professor at Clarke College in Dubuque, Iowa and practices in a registry position at Finley Hospital in Dubuque, Iowa.

She completed her professional education at Bradley University and earned a Masters degree in Health Science from the University of Indianapolis. She is currently a doctoral student at

Nova Southeastern University. Her research focuses on geriatrics and student education. Ms. Mai has presented work related to physical therapist education on the national level. This includes a presentation at this Combined Sections Meeting. Ms. Mai is the first author on a platform presentation entitled, "The Hot Seat: Developing Critical Thinking and Problem Solving Skills in Physical Therapist Students." Moreover, she has two manuscripts under review. With great pleasure, I award an Adopt-a-Doc Award to Jennifer A Mai.

The next recipient of an Adopt-a-Doc award is Ann H. Newstead, PT, MS, GCS, NCS

Ann H. Newstead, PT, PS, GCS, NCS is an assistant professor at the University of Texas Health Science Center. She has a long history of teaching in neurological and geriatric physical therapy. Moreover, she has been an APTA member for over 25 years.

Ms. Newstead earned a Bachelor of Arts degree at the State University of New York at Potsdam. Her professional education at the University of Alabama in Birmingham culminated in a Master of Science degree. She is a candidate in the doctoral program in Movement Science in the Department of Kinesiology & Health Education at the University of Texas at Austin.

Ms. Newstead's award application demonstrates her deep commitment to physical therapy scholarship. She has published 4 journal articles and 6 abstracts, and she has contributed to 3 books/monographs. In addition to serving as the principal investigator on a private and a state grant, she has served as a co-investigator on 3 federal grants. Ms. Newstead's doctoral dissertation will define age-associated muscle power synergies in the lower extremities and will quantify their contribution to a force task. With great pleasure, I award an Adopt-a-Doc Award to Ann H. Newstead.

The third recipient of an Adopt-a-Doc award is Jamie Berlin Talkowski, MPT

Jamie Berlin Talkowski, MPT is an instructor and research assistant in the Department of Physical Therapy at the University of Pittsburgh.

Ms. Talkowski earned a Bachelor of Science degree from Seton Hill University. Her professional education at the University of Pittsburgh culminated in the awarding of the degree, Master of Physical Therapy. Ms. Talkowski has received 7 student awards and these awards provide evidence of Ms. Talkowski's outstanding scholastic ability.

Ms. Talkowski was first author on a paper entitled "Using Activity Monitors to Measure Physical Activity in Free-Living Conditions" that was published in *Physical Therapy*. In addition to co-authoring a second publication, Ms. Talkowski has 9 presentations to her credit. Ms. Talkowski's doctoral dissertation will focus on the measurement of physical activity in older adults using accelerometers. With great pleasure, I award an Adopt-a-Doc Award to Jamie Berlin Talkowski.

EXCELLENCE IN GERIATRIC RESEARCH

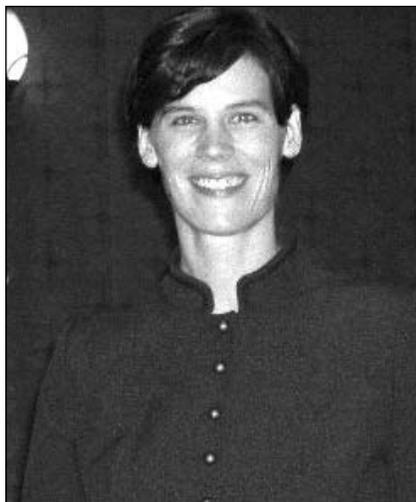
*Presented by Sandy Levi, PT, PhD,
Section Research Chair*

This award recognizes a physical therapist who has been the author (or coauthor) of a paper dealing with clinical geriatric physical therapy research. The paper must have been published in a recognized journal. The Research Committee evaluates nominated papers based upon clarity of writing, appli-

cability of content to clinical geriatric physical therapy, relevance of results, and potential impact on both physical therapy and other disciplines.

The recipient of the Excellence in Geriatric Research award is Julie Whitman PT, DSc, OCS, FAAOMPT

for her paper entitled, "A comparison between two physical therapy treatment programs for patients with lumbar spinal stenosis: A randomized clinical control trial." Co-authors include, Timothy Flynn, John Childs, Robert Wainner, Howard Gill, Michael Ryder, Matthew Barber, Andrew Bennett, and Julie Fritz. This paper was published in the journal, *Spine*, in October 2006. This multicenter randomized controlled trial compared 2 physical therapy intervention approaches that were carried out twice weekly for 6 weeks. Follow-up occurred over a one year period of time to allow comparison of nonsurgical (physical therapy) outcomes to those reported in surgical studies for the same disorder. The experimental program included manual physical therapy targeted to the lumbopelvic and hip regions, active exercise and body-weight supported gait, while the control group's intervention included lumbar flexion exercises, treadmill walking program and sub-therapeutic ultrasound. The authors used the Global Rating of Change scale and the Oswestry scale to assess subjective satisfaction and perceived recovery. Results of the study showed that the experimental group reported significantly greater improvement than the control group. The APTA highlighted this publication with press



Julie Whitman, Excellence in Research.

releases on the APTA website and in *The Bulletin*. Internationally, this study was recognized by the British Medical Journal's Update. Dr. Whitman and her co-authors recognize that the Internet can also provide a means of furthering therapist and consumer understanding of this study. Thus, they designed an audio visual addition to the print publication. With great pleasure, I award Excellence in Geriatric Research award to Dr. Julie Whitman.

CLINICAL EXCELLENCE IN GERIATRICS

*Presented by Patricia Wilder, PT,
Section Awards Chair*

As advocates, role models innovators, and leaders in geriatric care settings, the recipients of the Clinical Excellence in Geriatrics Award demonstrate their commitment to improving the lives of older adults. The challenges of practice in this setting require specialized knowledge and appreciation of the changes that occur physically, mentally, and emotionally as one ages. Beyond that, the clinicians who are successful in this environment are adept at teamwork, innovation, creative problem solving, and education. They meet standards of excellence and challenge us all to strive to follow their example of professionalism and compassion.

We are pleased to present the 2007 Clinical Excellence Award to L. Gail Denber, PT

Gail Denber received her entry level physical therapy degree from the University of Pennsylvania. She is currently pursuing her transitional Doctor of Physical Therapy from Arcadia University.

Gail has over 26 years of clinical practice most of which has been involved with the home care practice settings. Her current position is with University of Pennsylvania Health System, PENN Care at Home, providing physical therapy to a mostly geriatric population. As a clinical instructor, Gail prefers to take the student who needs additional attention and remedial work. She has been extremely successful at mentoring these students to ultimately become confident and effective practicing physical therapists.

Gail extends her mentoring to en-

gage students to join the APTA. She has been a very active member of the Pennsylvania Physical Therapy Association and influences students to attend meetings and become engaged in the organization.

Her nominator describes Gail as...

- Her passion is promoting optimal function of elders.
- She deals with normal challenges of home care, but makes it her responsibility to provide the best care to all patients, even those that do not have the financial or social resources to support her treatment plan.
- Gail has been practicing the best available evidence years before it was the "correct" way to practice.
- She serves as an excellent model for all clinicians on being engaged and pursuing lifelong learning to provide the best quality care.
- A true professional and excellent clinician and promoter of health and wellness.

It is with great pride that the Section on Geriatrics presents the Clinical Excellence Award to Gail Denber.

OUTSTANDING PHYSICAL THERAPIST ASSISTANT

Presented by Patricia Wilder, PT, Section Awards Chair

The physical therapist assistant plays a vital role in the geriatric setting. Working under the supervision of a physical therapist, the outstanding physical therapist assistant has a positive impact on the attitude of others through exemplary care of the geriatric patient. The intent of this award is to recognize a physical therapist assistant who displays these skills and is a role model for others in geriatric practice.

I am happy to present the 2007 Outstanding Physical Therapist Assistant Award to Lois K. Armour, PTA, MA, ATRIC.

Lois received her PTA degree from Oakton Community College, Des Plaines, Illinois. However, she is a uniquely qualified PTA in that she has two additional degrees...a BS degree in education from Southern Illinois University and a Master of Arts degree from Roosevelt University.

Lois has been employed with her current employer Presbyterian Homes

of Evanston, Illinois for the past 20 years. As her employer developed new clinic sites, Lois was the one individual that could be counted on to help establish and develop each of the new sites.

In addition, she has used her times and talents to develop and teach an aquatic physical therapy program for Presbyterian Homes.

According to her nomination letter, Lois was the innovator of the aquatic therapy program; she became ATRI certified and pushed to get the program organized, funded, and operational. She continues to manage the program.

If this were not enough, Lois uses her West Highland terrier, Susie, as a pet therapy dog and regularly brings Susie to the clinic to brighten up the saddest of days for many of her patients.

Lois's nominator describes her as...

- the most extraordinary assistant and the most caring human being I have ever met,
- her enthusiasm is contagious,
- in summary, to work with Lois is to realize that her professional goals are to be the best geriatric therapist she can be, to motivate and work with patients to achieve their maximum potential, and to create a warm and nurturing environment for her patients, their families, and her co-workers.

The Section on Geriatrics is proud to award the Outstanding Physical Therapist Assistant Award to Lois Armour.

DISTINGUISHED EDUCATOR AWARD

Presented by Patricia Wilder, PT, Section Awards Chair

Teaching geriatric physical therapy in an academic program can be a very challenging as this patient population presents with multiple problems and complications; it may be difficult to get students engaged in the content. As a result any attempt to make content relative to geriatrics engaging, dynamic, and interesting benefits the Section, the profession, and our society, as our society is an aging society. By offering this award the Section on Geriatrics places value on those individuals who excel in presenting content on geriatrics in an engaging and dynamic manner.

This year we are pleased to recognize two individuals with the Distinguished Educator Award. Anne Coffman, PT, MS, GCS, Section Vice President, will present the first award.

Presented by Anne Coffman, PT, MS, GCS, Section Vice President

I am so pleased to honor Dale Avers with the Distinguished Educator Award.

Dale Avers received her entry level physical therapy degree and masters of science in education from the University of Kentucky, her DPT from Rocky Mountain University of Health Professions, and her PhD from Indiana University, School of Education.

Over a span of approximately 18 years, Dr. Avers has held teaching positions at numerous institutions....notably the University of Southern California, Rocky Mountain University, Mount St. Marys, Indiana University, University of Kentucky-Lexington, and University of Louisville. She currently teaches in the physical therapy program at the SUNY Upstate Medical University in Syracuse, New York.

Dr. Avers has distinguished herself as a leader in the field of geriatrics and is a sought out speaker on the subject of Functional Assessments and Exercise for the geriatric client.

Dr. Avers has presented over 25 poster and platform presentations on various topics relating to geriatric physical therapy. She has been the primary investigator or co-investigator for over 15 different research projects dealing with the issues of the elderly or issues related to teaching within a physical therapy curriculum.

Nomination letters describe this distinguished educator....

- Passionate about geriatric physical therapy and quickly gets her audience enthusiastic
- Consistently role models evidence-based practice in her lectures
- Always alert to age bias
- Recognizes that students might be able to "talk the talk" but mentors them to also be able to "walk that talk" by sharing examples of how understanding the evidence for practice can be incorporated into a patient's treatment program for effective physical therapy



Dale Avers and he students.

- She goes the extra mile...even gets her husband involved with mentoring her students.....
- She is sensitive to the different learning styles of students and adapts her teaching to maximize a student's learning
- She makes the list serve her classroom.....taking the time to answer questions thoroughly and in a way that reflects both the best practice and scientific research
- She stimulates her students to critique the literature and to closely consider contemporary methods in the way she fosters a profession that seeks to discover and develop effective assessment and treatment tools, improving the health and longevity of the profession
- She is truly a significant force in preparing the next generation of PT practitioners in the area of geriatrics

It is therefore with great pride and pleasure that the Distinguished Educator Award from the Section on Geriatrics is presented to Dr. Dale Avers.

(presented by Patricia Wilder, PT, Section Awards Chair)

I am also very pleased to be able to recognize our second 2007 Distinguished Educator. Mary Thompson, will you please join me on the stage?

Dr. Thompson received her entry-level physical therapy degree from the University of Kentucky, Lexington, and

her master's degree and PhD from Texas Woman's University Denton, Texas.

The last 16 years of her life she has been a dedicated faculty member in the School of Physical Therapy at Texas Woman's University, Dallas, Texas, where she started as an instructor and as recently as 2006 was promoted to full professor.

Her academic mentoring is extensive...mentoring well over 140 students by serving as chair of students master's thesis or master's professional paper, master's professional project, or by chairing doctoral dissertations.



Mary Thompson, outgoing Home Study Course Chair, Distinguished Educator, and President's Award.

Her career at Texas Woman's University (TWU) has included the development of a Geriatric Certificate Program for postprofessional practicing physical therapists. This program was developed to be 100% distance educational programming allowing therapists from all over the state to gain the advanced knowledge and skill they required to become more skilled practitioner.

Dr. Thompson is a well published scholar as evidenced by publications in *Issues on Aging, Clinical Rehabilitation, Physical and Occupational Therapy in Geriatrics*; Dr. Thompson currently has an articles under review in *Journal of Brain Injury* and *Archives of Physical Medicine and Rehabilitation*.

Dr. Thompson has as an extensive resume of presentations at national meetings and conferences and has distinguished herself as a sought out speaker in the field of geriatric assessments and exercise.

Dr. Thompson's research endeavors have involved over \$200,000 where she has held the role of either primary or co-investigator pertaining to 4 different investigative studies. The largest of these awards was for a study entitled, *Interdisciplinary Education in Geriatrics for Allied Health Workers*, awarded by the Texas State Department of Health and Human Services.

Nominators of Dr. Thompson for the distinguished educator award describe her as.....

- A well rounded faculty member excelling in teaching, scholarship, and service
- Excels in promoting excellence in geriatric care
- Instills a broader and deeper geriatric focus
- Has the unique ability to inspire the best of her students through gentle guidance and savvy advice
- Has great dedication to her students and seeing them succeed
- A role model for anyone who interacts with her
- A teacher to not only entry level students but to her fellow colleagues at TWU

Again, it is with great pride that the Section on Geriatrics presents the award for Distinguished Educator to Dr. Mary Thompson.

PRESIDENT'S AWARD

*presented by John O. Barr, PT, PhD,
Section President*

The President's Award recognizes individuals who have provided outstanding service to the President of the Section on Geriatrics while fostering the mission and goals of the Section on Geriatrics.

At its most fundamental level, our Section's mission and goals should make positive contributions to the profession of physical therapy. True professions are characterized by a handful of attributes, including a unique body of theoretical knowledge and extensive specialized education/training. Related Section goals include: facilitating members' utilization of best practice physical therapy for optimal aging; and promoting and supporting autonomous physical therapist practice with the aging population through professional and career development.

During my first year as Section President, 2 wonderful individuals have provided me with special assistance in promoting the above-noted attributes of a profession and goals for our Section. **These individuals are Richard Bohannon, PT, EdD, GCS, FAPTA and Mary Thompson, PT, PhD, GCS.** Both have just completed 5-year terms in their respective roles as Editor of the *Journal of Geriatric Physical Therapy* and Editor of the *Home Study Course Series*. During their editorships, the body of knowledge in geriatric physical therapy has been expanded, more completely defined, and shared through publication. Importantly, neophyte and seasoned authors alike have been treated with respect in a positive experience of sharing their scholarship of discovery, integration, and application. Critically, both Dr. Bohannon and Dr. Thompson have mentored their successors and have provided additional assistance during the period of transition. Their commitment to quality continuity for two of our important publications is especially appreciated.

JOAN M. MILLS AWARD

*Presented by John O. Barr, PT, PhD,
Section President*

Established in 1980 to honor the first president of the Section on Geriatrics, Joan M. Mills, this award is

presented to a member who has given outstanding service to the Section. Joan Mills possessed the vision and determination to unite physical therapists, physical therapist assistants and students in a commitment to excellence in providing physical therapy for older adults. Her leadership and dedicated involvement directly contributed to the evolution of the Section and nurtured leaders who have continued to promote the mission of the Section.

The purpose of this award is to annually recognize a member who has followed in the footsteps of Joan M. Mills, generously contributing their time, talents and efforts in furthering the development of the Section on Geriatrics. In addition to meeting the essential criteria for this most prestigious award, this year's award recipient has demonstrated valuable service to the Section through areas of leadership, personal influence, achievements, and sustained work toward the development of the Section. **It is with great pleasure that this award was presented to Carol Schunk, PT, PsyD.**



Carol Schunk, PT, PsyD.

Dr. Carol Schunk truly embodies the spirit of the Joan Mills Award. A Section member for over 20 years, she has served the section in numerous capacities. During her seven years on the Board of Directors, Carol was known for taking on a range of important tasks with zeal and creativity. As Education Chair for five years, she championed

high quality continuing education programs and the importance of geriatric content in PT program curricula. While Legislative Chair, she melded Section and APTA legislative efforts, and gained recognition for the Section's competence on Capitol Hill. Carol was relied upon for support with numerous governmental issues. While on the APTA's Board of Directors, she served as a well-informed and highly effective liaison to our Section.

To most members, Carol is probably best known for her work with the Section's newsletter *Issues on Aging* and its successor publication, *GeriNotes*. During her seven years on the editorial board of *Issues*, she provided interesting and evidence-based clinically related articles for our members. As the editor of the award-winning *GeriNotes* since 2003, Carol has brought together an outstanding editorial board, written provocative editorials, and nurtured broad-based member participation in contributing meaningful articles.

However, perhaps the most impressive quality demonstrated by Dr. Schunk is her genuine *one on one* involvement with individuals in our profession, ranging from top APTA officers and staffers, to the Section Board, to the most unrecognized new member of the Association. With an incredible gift of charm and compassion for others, Carol conveys the importance of the Section's goals, and the values of service, advocacy and concern for members. She has the unprecedented ability to energize any member to be enthused about the Section.

Join us in congratulating Dr. Carol Schunk as the Joan M. Mills Award recipient for 2007!

CALL FOR NOMINATIONS FOR SECTION ON GERIATRICS AWARDS

DEADLINE: NOVEMBER 1

AWARDS

Clinical Educator Award

This award recognizes a physical therapist or physical therapist assistant for outstanding work as a clinical educator in the geriatric health care setting.

Clinical Excellence In Geriatrics Award

This award recognizes a physical therapist for outstanding clinical practice in geriatric health care settings. Any current member of the Section on Geriatrics may nominate a physical therapist who meets the award criteria.

Distinguished Educator Award

The intent of this award is to recognize a Section on Geriatrics member for excellence in teaching.

Joan Mills Award

This award, established in 1980 in honor of the Section on Geriatrics' first President, Joan M. Mills, is presented to a member who has given outstanding service to the Section.

Lynn Phillippi Advocacy for Older Adults Award

This award recognizes projects or programs in clinical practice, educational, or administrative settings which provide strong models of effective advocacy for older adults by challenging and changing ageism. A member of the Section on Geriatrics must nominate individuals or organizations whose advocacy for older adults meets the intent and criteria of the award.

Outstanding Physical Therapist Assistant Award

This award recognizes a physical therapist assistant who has significantly impacted physical therapy care in geriatric practice settings. To be eligible for this award, the nominee must be an advocate for older adults, a current member of the Section on Geriatrics, have been involved in clinical practice in geriatric settings for a minimum of 5 years, and demonstrate exemplary care and innovative teamwork in meeting the physical therapy needs of older adults.

Volunteers in Action Community Service Award

The intent of this award is to highlight the significant contributions in prevention and/or intervention for elders in typically underserved populations. This may include, but is not limited to work with elders who are homeless, who are homebound, live in very rural areas, live in poverty, or those of ethnic groups facing significant cultural barriers to necessary health care.



RESEARCH AWARDS

Adopt-A-Doc Award

The purpose of the Section on Geriatrics Adopt-A-Doc program is to provide support to doctoral students interested in pursuing faculty positions in physical therapy education.

Excellence in Geriatric Research Award

The individual nominated must be a physical therapist who has been the author (or co-author) of a paper dealing with clinical geriatric physical therapy research. This paper must have been published in a recognized journal (eg, Physical Therapy, Journal of American Geriatric Society, etc.) November 2002 and May 2004.

Fellowship for Geriatric Research

This Fellowship is intended to provide partial financial support to physical therapists pursuing research in geriatrics. The research may be conducted as part of either a formal post-entry level academic program or a mentorship with an established investigator. The Fellowship applicant must be a physical therapist who is a current member of the Section on Geriatrics.

Student Research Award

This award is intended to facilitate interest in geriatric research among entry-level physical therapy students. The award recognizes outstanding research-related activity completed by entry-level physical therapy students. A member of the Section on Geriatrics must nominate the entry-level student. The nominator will submit a letter of support which addresses the extent of the student's involvement in the research process (during a period not to exceed more than 2 years of graduation from an entry-level program).

THE DEADLINE FOR ALL AWARDS NOMINATIONS IS NOVEMBER 1, 2007.

We ask that all submissions be electronic. For additional information on the criteria and selection process for section awards, please visit the Section on Geriatrics web site at www.geriatricspt.org or contact the office by email at geriatrics@apta.org or by phone at 800/999-2782 ext 3238.

~ Also from the Section on Geriatrics ~

Consumer Brochure Contest for students

Submissions due December 20, 2007

**students do not have to be APTA members*

Student Membership Award

Nominations due January 15, 2008

See www.geriatricspt.org for details.

NOVEMBER EXCITEMENT IN ISTANBUL INTERNATIONAL ASSOCIATION FOR PHYSICAL THERAPISTS WORKING WITH OLDER PEOPLE CONFERENCE

*Neva F. Greenwald, MSPH, PT, CHES
IPTOP Delegate*

Exciting things were happening indoors and outdoors at the beginning of November, 2006 in Istanbul. Outdoors snow was falling for the first time in 50 years and indoors at the Military Museum an exciting exchange of ideas between physical therapy practitioners from 17 countries was occurring as the International Association for Physical Therapist working with Older People (IPTOP) shared a conference with the Turkish Gerontology Group.

Participants were welcomed by WCPT President, Sandra Moore; IPTOP President, Olwen Finlay; and Professor Filiz Can and Professor Nuray Kirdi of the Turkish group of Physical Therapists Working with Older People. Topics covering a wide spectrum of issues related to working with older people

and a main focus being on orthopedics and neurology were presented through lectures, posters, discussions, and a trade show. Many new ideas were shared and current practices expounded upon amongst over 350 participants.

Wonderful food with a Turkish flair at session breaks and during the lunch hours added to the comradely of the participants and the lively discussions. Many delegates noted the wonderful opportunity for networking with colleagues during the meeting.

Delegates also had an opportunity to enjoy the wonderful, scenic sights of Istanbul, and there was even time to get in a quick trip to the famous bazaars with their vast selection of wares and spices. Many visitors

became owners of famous Turkish carpets, wonderful leather coats, and the good luck "EYE" on a key chain or wall hanging.

IPTOP held a general meeting at the conference. Reports were given by the officers and plans were discussed regarding the 2007 Meeting in Vancouver, Canada. Special IPTOP events will include a half day educational program, a table display in the exhibit or registration area, an evening social event, as well as the general business meeting "AGM."

The snow flurries and wet snow on the palms only lasted for a day. Delegates did get the opportunity to enjoy the sun, the beautiful Bosphorus, historical buildings, and the many picturesque Mosques lighting up the evening skies.

APTA FOUNDATION—GERIATRIC FUND DONATION FORM

2007 Matching Campaign:

The Section will match up to \$50,000 this year! Please help us reach our goal.

ALL donations to the APTA Foundation can be allocated to the Geriatric Fund. The Geriatric Fund supports physical therapy research related to the aging adult. Please feel free to share this form with friends, colleagues, and patients. Together we can advance physical therapy practice for the older adult!

We sincerely appreciate any contribution you can make. Please remember (and help spread the word): ANY Foundation donation can be allocated to the Geriatric Fund! If you would like your Foundation contributions to be earmarked for geriatrics, just write "Geriatric Fund" in the memo portion of your check or on the credit card form.

For more information, visit www.apta.org/foundation.

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**Sincere thanks for your support of research
for the aging adult!**

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Old Age

IS LIKE EVERYTHING ELSE;

TO MAKE SENSE OF IT, YOU MUST START YOUNG.

- Fred Astaire

THE SECTION ON GERIATRICS SINCERELY THANKS ITS 2007 CSM SPONSORS!

Section members: sponsor money at CSM allows us to spend your dues money pursuing our mission, rather than paying for AV, catering, etc. You can help the Section by visiting our sponsors' web pages and sending them an e-mail thanking them for their sponsorship.

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Section on Geriatrics - APTA

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