PT IN MOTION NEWS @ CSM 2019

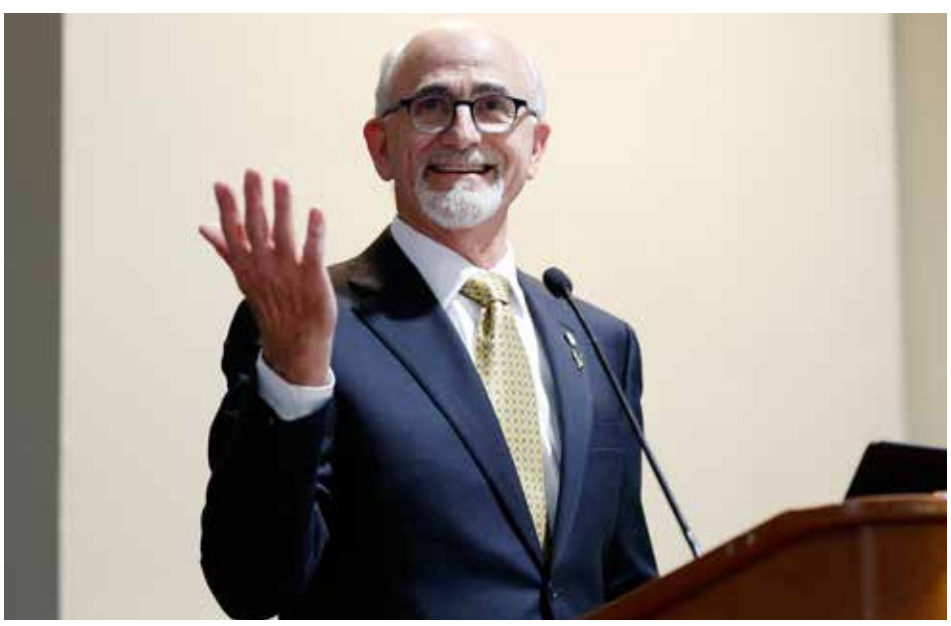
CSM APTA Combined Sections Meeting

HIGHLIGHTS EDITION

APTA American Physical Therapy Association

INSIDE...

Academia Must Increase Emphasis on Physical Therapy's Moral Agency, Cerasoli Lecturer Says



Terrence Nordstrom

By Don Tepper

Today's physical therapist (PT) education programs are designed to address and develop 3 skills: habits of the mind, the hands, and the heart. Habits of the heart have the greatest potential to help PTs serve society, yet they receive the least attention in the education system. That was the message delivered by Terrence Nordstrom, PT, EdD, FAPTA, who presented "Developing Habits of the Heart," the annual Pauline Cerasoli Lecture, on January 25.

Through the apprenticeship of the mind, he explained, students learn the knowledge base of the profession, the analytic reasoning, and the evidence. They learn to think like PTs. Through the apprenticeship of the hands, students learn to apply the evidence, clinical reasoning, and professional skills through practice. Through the apprenticeship of the heart, students learn the moral foundation of the profession that encompasses the PT's ethical and fiduciary responsibilities to individuals and to society. "In this apprenticeship," Nordstrom said, students learn "what it truly means to be a member of the profession, gaining a sense of

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Speakers Discuss Genomics and a Future of Personalized Physical Therapy

By Eric Ries

The title of the January 26 session was "Personalized Physical Therapy: The Time Is Now!" What attendees learned was that the ongoing explosion of research and discovery in the field of genomics promises to profoundly shape physical therapist practice and patient outcomes in the years to come.

Sponsored by the APTA FiRST Council and the Academy of Orthopaedic Physical Therapy in conjunction with all 18 APTA sections, the session was presented by Eric Green, MD, PhD; and Richard Shields, PT, PhD, FAPTA.

Green, director of the National Human Genome Research Institute at the National Institutes of Health, opened the session by charting the past, present, and future of a genomic-research journey that someday will facilitate widespread personalized rehabilitation. He recapped highlights of the first 3 decades of genomics research that began with successful sequencing of the human genome in 2003. This research brought "profound advances" in understanding the functions of the human genome and the genomic bases of disease, and has yielded "vivid examples" of utility in such areas of genomic medicine as cancer, pharmacogenetics (targeted medication), rare-disease diagnostics, and prenatal genetic testing.

The approach to developing effective "precision medicine" to individual patients must take into account genomics, physiology, lifestyle, and environment, Green said.

Richard Shields, PT, PhD, FAPTA, took up that theme in his portion of the presentation, noting that "genomics are not mutually exclusive of the social determinants of health," and that it will be incumbent on

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Guest speaker Eric Green of the National Institutes of Health's National Human Genome Research Institute (left) joins Richard Shields in an all-section session on the role of genomics in the future of physical therapist care.

Through-Knee Amputation Often Is Overlooked, Panelists Say

By Eric Ries

Through-knee amputation (TKA) is an uncommon procedure for patients with nonhealing open wounds, noted panelists at a January 26 presentation sponsored by the Academy of Clinical Electrophysiology and Wound Management. But its relative rarity—as opposed to trans-tibial (below-knee) and transfemoral (above-knee) procedures—is denying some patients what may be their best option.

That was the message shared by Daniel Hakim, PT, DScPT; Mark Hopkins, PT, MBA (a certified prosthetist orthotist); Mary Keszler, MD; and Baraa Zuhaili, MD, during the session "Reconsidering Through-Knee Amputation for Patients With Nonhealing Open Wounds."

The speakers noted that TKA procedures account for less than 2% of all lower extremity amputations. However, Hakim noted, TKA's primary incisional heal rate is similar to that of other leg-amputation procedures; hospital length of stay and instances of phantom limb pain are decreased; and full and partial ambulatory status are better than or comparable to that of other amputation procedures.

> The level of amputation entails clinical, vascular, functional, and anatomical considerations.

TKA yields good functional outcomes, and the prosthetic concerns associated with it are "manageable." The procedure, therefore, should exist among options presented to potential candidates, Hakim said.

Zuhaili discussed the various factors governing any amputation decision—ranging from the patient's overall condition and ambulatory status to wound depth, wound history, prior debridement attempts, and, if applicable, prior vascular attempts. The level of amputation (where on the leg to amputate) entails clinical, vascular, functional, and anatomical considerations, he added. He then shared a TKA algorithm listing such factors as blood supply, skin health, knee joint health, suitability of the patient for a prosthesis, and whether the patient's hip extension is sufficient to accommodate a prosthetic device.

When the answers are "yes" across the algorithmic board, Zuhaili said, "It's worth a fight with your [resistant] local surgeon" to advocate for TKA.

Keszler emphasized that decision-making must be multidisciplinary and patient-centric. She noted, however, that shared decision-making tools for procedures such as TKA have yet to be developed.

Hopkins said he hasn't seen more than 10 TKAs performed in more than 30 years of practice. Nevertheless, he told his audience, "You should be considering this level of amputation." To illustrate his point, he introduced a pair of TKA recipients—a 10-year-old boy and a military veteran in his late 20s. Both of them demonstrated that they walk with ease, and each quickly removed and reattached his prosthetic leg. TKA sockets adhere by suction and require no lubricants or straps—an advantage, Hopkins noted, over prosthetics for people who have undergone other amputation procedures.

Patients Are King, but Is What They Report Sovereign?

By Lois Douthitt

With Karon Cook, PhD, as moderator, this year's Eugene Michels Forum featured Judy Baumhauer, MD, MPH; and Robroy Martin, PT, PhD, debating the value of patient-reported outcomes (PRO). The session, "Patient-Reported Outcomes: Do They Improve Clinical Care?" was hosted on January 26 by the Section on Research.

Baumhauer discussed the benefits of PRO, while Martin argued against them in favor of performance metrics from standardized testing. In the end, they agreed that there's a balance between PRO and performance measures—each has its purpose and doesn't replace the other.

Opening with the "pro" side of the issue, Baumhauer emphasized that "the patient is king—or queen—and deserves a voice in their health care." The right reporting instrument is important, she noted, and must be validated, quick, inexpensive, generalizable and flexible, viewable in the patient's electronic health record, and searchable. She pointed to the Patient-Reported Outcomes Measurement Information System (PROMIS) data collection tool, which was developed after an 11-year effort by the National Institutes of Health and others.

She added that PRO "is not everything. It's 1 element of a clinic visit; a snapshot of the patient's health."

Martin countered that implementing PRO is not particularly easy or inexpensive for smaller clinics with limited resources. In addition, he said that the patient may be king, but what if the patient is inaccurate? PRO results may not be reliable for a number of reasons: patients tend to have "poor self-perspective" that inflates or underrepresents scores, individuals have different interpretations of "normal," and people can't or don't accurately answer the questions. "Standard forms don't allow for full answers," he said, using stair-climbing as an example. How difficult it is depends on lighting, absence or presence of a stair rail, height of the steps, and other factors that aren't included in the questions.

During the audience Q&A following the presentations, questions veered more into how to motivate clinicians to use data from either source. Baumhauer responded, "I'd incentivize them to use this instead of the [methods] they use now. Show them the numbers that aren't working, so they see the ineffectiveness."

Technopalooza transformed an area of CSM into an interactive "playground for clinical, assistive, and educational technology," allowing for hands-on exploration of various technologies that are available now or in the near future. Attendees gained insight into some of the skills needed by individuals that choose to work with technology in physical therapy and were able to network with specific tech-related subject matter experts.

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Use of Movement Sensors Growing in Real-World Applications

by Don Tepper

Movement sensors are demonstrating increasing value not only to researchers and consumers but also to clinicians and their patients and clients. And it's about time, said presenters for the January 25 session "Moving Technology to Clinical Practice: Sensors and Real-World Activity Assessment," since tools that measure movement only in the clinic or in limited research trials don't accurately reflect a person's movement in the real world. That was the takeaway message from speakers Catherine Lang, PT, PhD; Darcy Reisman, PT, PhD; Beth Smith, PT, DPT, PhD; and Carolee Winstein, PT, PhD, FAPTA. The program was presented by the Academy of Pediatric Physical Therapy and the Academy of Neurologic Physical Therapy.

Smith explained that clinicians often assess people's function over short periods of time and/or in a clinic's structured environment. This common practice, while efficient, does not capture their function across longer periods of time in their normal environment. She gave the example of an infant who would not—and apparently could not—roll over while in the clinic although the parent insisted that the child capably performed the action at home. A movement sensor could be beneficial in that case—although Smith cautioned that a monitor can't indicate context—did the baby roll over on its own or did the parent rotate the child while changing its diaper?

While some high-end sensors, she explained, have been validated for specific research purposes, commercially available sensors—such as FitBit, Garmin, and Jawbone—serve the clinician's purpose even without the same degree of validation. Even smartphones contain accelerometers, and many health-related apps have been developed for them, she said.

Lang noted that the International Classification of Function (ICF) distinguishes between capacity and performance. Capacity reflects a person's ability to do an activity, while performance measures what is done in a free-living environment. "People want to perform better in their activities of everyday life. This is why we want to measure outside the clinic," she said. Using both self-reports and monitor data can give a PT a better understanding of a person's movements outside the clinic.

Winstein made a case for "quality of movement" metrics that combine qualitative and quantitative measures. She also identified studies suggesting that social-cognitive-affective factors affect a patient's performance.

Reisman addressed some of the limitations of available technology. For example, some commercial devices report data in 1-minute intervals. If a patient moves for only a few seconds within that 1-minute time block, the device will report movement—without any indication of its degree or extent. Placement of the device also is important, although sometimes that may mean using a placement not validated by the manufacturer. For example, a device designed for wrist application was strapped to the ankle of a patient with Parkinson disease because wrist placement failed to accurately reflect the patient's walking characteristics.

CMS, APTA Experts Address APMs, Quality Payment Program

By Michelle Vanderhoff

Medicare rules and regulations are constantly changing, and the Quality Payment Program (QPP) is no exception. Representatives from the Centers for Medicare and Medicaid Services (CMS) joined APTA staff to break down the latest rules for the 2 key QPP elements: the Merit-based Incentive Payment System (MIPS) and advanced alternative payment models (advanced APMs).

The goals of QPP are 4-fold: improve outcomes, reduce administrative burden, promote APMs, and reduce IT burden, according to presenters for the Section on Health Policy and Administration session "Emerging Issues in Medicare: Quality Programs and Alternative Payment Models" on January 25.

Speakers included CMS experts Molly MacHarris and Corey Henderson, DrPH, MPA, and APTA staff Heather Smith, PT, MPH, and Kara Gainer, JD.

Under MIPS, individual providers or group practices participate to earn an annual score, which determines whether they receive a positive, neutral, or negative payment incentive. Only certain providers qualify to participate in MIPS—some by mandate and others by choice—so MacHarris urged attendees to check the MIPS look-up tool on the CSM QPP website to determine whether or not they qualify.

Physical therapists (PTs) as a provider category were added to MIPS for the first time this year. PTs are required to participate in MIPS if they meet or exceed a low-volume threshold for billing amounts, number of patients, and number of services—unless they are excluded for being newly enrolled in Medicare or for participating adequately in an APM.

Corey Henderson and Molly MacHarris of the US Centers for Medicare and Medicaid Services add their expertise to a panel discussion of PTs' recent inclusion in the Quality Payment Program.

Others who meet certain requirements may be eligible to participate voluntarily—referred to as "opt-in" participation—but PTs should evaluate the risks and benefits before making such an important business decision, since opt-in participants are subject to the same payment incentives as are mandated participants. For example, questions to consider are, Can you ensure reporting compliance? Do you already regularly report measures? And are you risk tolerant? "If your Medicare Part B population is low, MIPS may not be a good fit for you," said Smith.

For 2019, PTs are required to report outcomes in 2 of 4 MIPS categories—Quality and Improvement Activities.

The method of data submission determines how many measures PTs have to choose from. PTs reporting via claims—typically those in small practices—have access to only 4 process measures. Reporting through a "qualified registry" gives PTs access to more measures, and reporting using a qualified

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ABPTS Keynote Speaker Advises 5 Perspectives for Professionals

By Don Tepper

Physical therapists (PTs) should employ 5 different perspectives in their professional journey. That was the advice of Ronald Barredo, PT, DPT, EdD, professor, department chair, and interim dean of the College of Health Sciences at Tennessee State University. He is a board-certified clinical specialist in geriatric physical therapy and immediate past chair of the American Board of Physical Therapy Specialties (ABPTS).

Barredo was the keynote speaker at the ABPTS Opening Recognition Ceremony for Clinical Specialists on January 23. The evening's program honored 2,516 initially certified specialists and 675 recertified specialists. Also honored were 16 physical therapist assistants for achieving their advanced proficiency in a specialty area.

All 5 perspectives, Barredo said, are necessary to prevent a distorted or unbalanced view of the world.

Barredo first advised attendees to look back "and appreciate your growth as a person and a professional." This perspective, he said, is essential in one's professional journey. "It reminds us of how far we've come. It reminds us of our challenges and successes. And it allows us to learn from our mistakes and build on our strengths." Looking back, he continued is necessary for a profession as well as for the individuals in it. "We are close to celebrating our centennial. From our humble beginnings as reconstruction aides, the physical therapists of today not only are doctorally prepared but also, and more important, have the ability to specialize in a specific area of practice."

The second perspective comes from looking around and recognizing one's place as a contributing member of society, Barredo said. "It allows us to be attentive to the goings on in our environment and provides the necessary context to

Ronald Barredo, PT, DPT, EdD

the journey. In clinical practice," he said, "this means being present and focused with our patients."

The third perspective comes from looking within to identify gaps and potential. This essential step, Barredo said, "allows us to know ourselves, catch habituated thoughts and behaviors, cope with our current circumstances, and create in us a desire to be better. When we look within, we engage in what others call 'conversations of the mind.' We are able to ask ourselves: What am I doing? Why am I doing it that way? How can I make it better?"

The fourth perspective entails looking forward to one's continu-

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PTs Have a Primary Role in Addressing Health Priorities

By Deb Burrows, BS, MA, EMTP

Appropriately, Elizabeth Dean, PT, PhD, titled her presentation for the 2019 Linda Crane Lectureship "Health Competencies: the CRANE Prescription." She describes this as **C**ompetencies that are **R**esearch-informed (epidemiologically and experimentally) and rely on targeted **A**ssessment of **N**utrition and **E**xercise, in addition to smoking, sleep, and mental health. Dean has authored over 150 publications, and the breadth of her research covers metabolics, exercise, chronic pain, and more, while her clinical practice focuses on maximizing health for those who have comorbidities.

"Over the years, I have been involved with many summits," Dean said, during the Crane Lecture January 25. "Without question, the physical therapist [PT] comes out on the top in helping individuals be healthy. With effective health education, we have guaranteed results. No drug or surgery can match

Elizabeth Dean, PT, PhD

living a healthy lifestyle."

Dean posed the question, "What is our identity?" and in response gave a brief history of physical therapy. "We sought to find what we could do to help those who came back from the great wars," she said. "During the polio years we advanced in airway techniques and manual muscle testing, and we started being more examination-based. We looked at leading causes of premature mortality. We found that lifestyle contributed to comorbidities. Unhealthy diet, alcohol, smoking, and sedentary behavior are major causes of chronic diseases."

She continued, "PTs are the leading, established, nonpharmacological health professionals and have a primary role in addressing the health priorities of the day." Adding that PTs in the trenches need a tool kit, she introduced the Health Improvement Card. Developed with involvement from the World Confederation for Physical Therapy, the card includes blanks to fill in for a patient's or client's age, weight, height, body mass index (BMI), and waist circumference; a "biometrics scorecard" with ranges for BMI, fasting blood sugar, cholesterol, and blood pressure; and fill-in space for a "health improvement plan."

"This card is simple to administer and facilitates health education discussion between the physical therapist and patient or client," she said. "With use of the Health Improvement Card in routine evaluation, PTs can provide a united front in reversing lifestyle-related noncommunicable diseases worldwide—an initiative no other health profession has committed to previously." Dean went on to challenge the audience to use the Health Improvement Card on every patient for a month.

Dean said the CRANE Prescription was inspired by Linda Crane herself and by Sadako Sasaki, a Japanese girl who survived the 1945 Hiroshima bombing but died 10 years later of leukemia. Dean said, "According to legend in Asia, a person who folds 1,000 paper cranes will be granted a wish. Sasaki folded 1,000 origami cranes before her death." Dean added that in Asia the crane is associated with eternity and symbolizes innocent victims.

She said that use of the Health Improvement Card "can advance the values of the crane, embodied in the name of Linda Crane, and [in the actions of] Sadako Sasaki and her belief in the mystical quality of this legendary bird."

Cerasoli

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moral agency and a sense of our significant purpose to the people and society we serve."

Although educators may assume that students learn these "habits of the heart" in courses on professionalism and ethics, thereby relieving other courses and faculty of that task, "developing habits of the heart is the responsibility of every person in every course, and every clinical experience that students encounter," he said.

Nordstrom explained how the goal of optimizing movement to improve the human experience suggests multiple applications of habits of the heart. He said, "Movement occurs in sociopolitical and sociocultural contexts. For example, how does our society advantage or disadvantage movement that is influenced by body size or using a wheelchair? How does being a person of color influence how and where one moves? Where and how does movement occur for the person who identifies and expresses themselves through a non-binary gender identity? How does me being a 65-year-old, 6-foot-tall, white, straight man relate to where and how I move? What about the movement of the 65-year-old, homeless Vietnam-war veteran with PTSD and addiction who is a 'frequently flier' through the emergency room, hospital, and clinic?"

The point, he said, is, "We need to be soundly grounded in the science of movement and in the moral dimensions of movement in its broader context. We need to be explicit about this in education, practice, and research."

Even within the academic sphere, the classroom isn't the only location where this knowledge is conveyed. Nordstrom said, "The apprenticeship of the heart asks us to contextualize learning into the world of the people seeking physical therapy everywhere and in every way that learning occurs. Whether it is a classroom discussion, a lab practice, or in a simulation scenario. Or in clinical learning experiences where contextualizing movement into the person's life seems more intuitive."

In addition to addressing the curriculum for physical therapist students, Nordstrom also spoke of the need to alter the composition of future cohorts of students. "There is no question that diversity enriches our world, our society, our communities, our schools, our lives, and our profession. We know that people of color are underrepresented in physical therapy education and practice. We do not know if people with disabilities, people in the LGBTQIA community, or people from a wide perspective of faith orientations are underrepresented in our profession. We also do not know if people who grew up in poverty, who are the first people in their family to attend college, or who are from medically underserved areas are underrepresented in our profession. We need to understand those dimensions of diversity, and we need agreement about what meaningful, significant diversity brings to our profession."

ABPTS Keynote

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ing role in the profession. Barredo explained: "It allows us to envision a reality that does not currently exist and to work diligently to make that vision a reality." Looking forward often occurs at the group level as well as the individual level. "Think about APTA's previous Vision statement—Vision 2020," he said. "Adopted by the House of Delegates in 2000, it set the stage and moved us forward to where we are today. With the adoption of the current vision in 2013, our association has provided us a roadmap toward our idealized future."

The final perspective comes from looking up to a higher power or ethic that governs a professional's practice. Barredo said, "It allows us to see a grander picture and our role—however grand or humble—in this grand design.

Product News

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APTA Breaks Ground on APTA Centennial Center

On January 23 , current and former APTA leaders gathered in Alexandria, Virginia, to celebrate the groundbreaking of APTA Centennial Center, a 7-story, 115,000-square-foot buil1ding that will be the association's headquarters beginning in 2021.

The building will support APTA's workforce of the future and better serve the evolving needs of the association's members. But APTA President Sharon Dunn, PT, PhD, noted that it's also a testament to APTA's proud history.

"Today marks a culmination of decades of vision, dedication, and leadership," Dunn said at the groundbreaking ceremony. "Today is possible due to the legacy of past leaders in the American Physical Therapy Association. It is a legacy of stewardship and of investing in the next generation."

The investment is more than symbolic. An exploratory work group of APTA members discovered that the cost of adequately renovating APTA's existing headquarters—the association's national home since 1983—would be similarly expensive with only a marginal increase in asset value for the association. By selling the current buildings, which are likely to be redeveloped into more valuable mixed-use properties, APTA was able to capitalize on the opportunity provided by constructing a new headquarters that is more consistent with the association's values and business needs.

Artist's rendering of APTA Centennial Center, which is expected to open in 2021.

APTA Centennial Center will be many things that APTA's current headquarters are not. For one, APTA staff will be able to occupy a single building, spread out primarily across 2.5 of APTA Centennial Center's 7 floors, rather than divided across multiple smaller buildings, as currently. The new building also will be much more accessible to those who use public transportation, with a new Metrorail station being constructed just across the street (APTA's current headquarters are 1 mile from the nearest Metrorail station). But perhaps most exciting, APTA Centennial Center will better promote movement and health in its physical presentation and its connectivity to paths that promote active transportation and exercise.

The association anticipates that APTA Centennial Center will be a

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When PTs, PTAs, and students get together, neither the presenters nor the audience are ones to sit still through a session.

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Visit www.apta.org/CSM/submissions for more information and to submit your educational session or preconference course proposal.

Genomics

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PTs to consider a variety of factors in personalizing physical therapy in the future. Shields chairs the Department of Physical Therapy and Rehabilitation Science at the University of Iowa.

There are 3 main reasons that genomics will be part of physical therapy's future, he said: the foundational science behind it (tissue plasticity and the regenerative properties of rehabilitation), the fact that exercise interventions are "well-conserved" (they have few side effects and promote tissue "cross-talk"), and the need for physical therapy not to be left behind as the rest of the health care world incorporates genomic advances.

Asked last fall what he hoped attendees would take away from the session, Shields told the #PTTransforms blog that physical therapists (PTs) and physical therapist assistants (PTAs) should "be ready" and must understand that "genomics is and will continue to be a part of our profession." While advocating for genomics content in school curricula, he added, "There is still a long way to go before the evidence is sufficient to drive care." In the meantime, Shields advised in that blog post, "Stay calm and become a par excellence consumer of genomic and epigenetic literature, so that you can add value to the overall movement toward precision health among the members of health care team."

Green, too, emphasized that creating a body of actionable genomic medicine is very much a work in progress. He quoted a wry observation of physicist Albert Einstein: "If we knew what we were doing it wouldn't be called research."

Audience members line up to ask questions following a panel presentation.

Menopause Is Not a Disease But a Natural Series of Events

By Don Tepper

It's never too early for women to begin planning for menopause. That was a key message in the January 26 session "Staying Fit Beyond Menopause Through Early Screening and Training" presented by the Section on Women's Health. Another important takeaway: Menopause is not a disease. Rather, it's a natural event in the life of every woman.

Further, menopause is not a single event but rather a series of related events. Perimenopause typically begins in a woman's 40s and lasts approximately 6 years. It's defined as when a woman first starts feeling symptoms of hormonal changes. That is followed by menopause transition, defined as the 12 months after the last menses. Menopause itself is only confirmed retrospectively—the period beyond the 12 months post-menses.

The session presenters were Karen Litos, PT, DPT; and Karen Snowden, PT, DPT. Litos pointed out that women, on average, live a third or more of their lives after menopause, often more post-menopause years than reproductive years. She acknowledged that physical therapists (PTs) don't prescribe hormones, but APTA's policies on health and wellness bring the causes, effects, and coping methods of menopause solidly within the realm of the PT.

The presenters said that making specific lifestyle changes can build and maintain bodily strength before, during, and after the menopause transition. For example, women lose up to 6% of their bone mass in the period from 1 year prior to 2 years post-menopause. Not only can women offset this drop by targeted exercises, but they also can build up more bone prior to menopause.

The change in hormones during and following menopause can cause a shift of fat from hips, thighs, and buttocks to visceral fat in the abdomen. Declines in estrogen and progesterone can increase appetite by up to 67%—helping to explain some of the increase in female body fat among some women. Women can anticipate and prepare for those changes, as well as engage in certain exercises post-menopause.

For example, high-velocity/high-load exercises are good for bone maintenance, as is multi-directional high-strain and force exercises. High-intensity interval training and moderate-intensity continual training is beneficial for cardiac health. While cycling doesn't affect bone health, it is good for cardiac fitness.

On the other hand, Snowden cautioned that some patients and clients should avoid certain exercises. For example, a patient with osteoporosis should avoid impact exercises, high compressive forces on the spine, and spinal flexion. Yoga has many benefits, but women with weakened bones should avoid forward bends, deep twists, deep side bends, and moves that put excessive pressure on the ribcage.

Snowden said, "Regular exercise and good nutrition are essential components of managing symptoms of hormonal changes and maintaining muscle and bone strength. PTs can be at the forefront in helping improve women's health and quality of life throughout the menopause transition."

With more than 16,000 CSM attendees, the movement never stopped in the Walter E. Washington Convention Center as people made their way to and from sessions.

Music Therapy Harmonizes Well With Physical Therapy

By Lois Douthitt

"The worst thing we can do is leave people in bed," said Donna Frownfelter PT, DPT MA, referring to patients in intensive care units (ICU). The board-certified cardiovascular and pulmonary clinical specialist said there are 2 goals in the ICU—calming patients to decrease their vital sign levels and increasing their mobility. She indicated that combining physical therapy with music therapy can help accomplish both goals better than either therapy can on its own.

Frownfelter and her daughter, Lauren Frownfelter Viljamaa, BMus, MAEd, LPMT, state licensed music therapist and neural music therapist, presented the Academy of Cardiovascular and Pulmonary Physical Therapy session "Improve CVP Patient Outcomes With Music Therapy and Physical Therapy" on January 26. With several breaks that had the audience on their feet to the likes of the "Nutcracker Suite," "Hound Dog," "Proud Mary," and "Feel It Still," the session outlined benefits of adding music therapy to rehabilitation programs.

Music is highly personal, and the same songs or melodies won't have the same effect on everyone, Frownfelter said. A song that evokes a happy memory or soothing response in one person will distress another person who equates it with a painful or stressful event. That's why she and Viljamaa emphasized that patients should be able to choose their music, with help from the music therapist (MT) to match the right type of music to the goals being sought.

> "How about pairing physical therapy and music therapy to take on the opioid crisis?"

Among many applications of incorporating music into rehabilitation, the presenters described (and in some cases had the audience act out) these:

A song's constant tempo and rhythm can cue patients during walking for improvement in gait.

For home therapy, music can encourage patients to adhere to their plan of care. "If a patient has been walking only 2-3 minutes at a time in a facility, and now they're expected to walk 30 minutes at home, some self-selected music—mine would be John Travolta strutting down the street to 'Staying Alive,'" Frownfelter confessed—"can rev them up as well as calm them down" through the exercise.

- Movement accompanies a lot of music that's familiar to people. Patients can progress by performing the "Hand Jive" or "Macarena," or repeating sit-to-stands with every "b" sung in "My Bonnie Lies Over the Ocean," at varying speeds and durations. "For every sound there is a movement, and vice versa, Viljamaa said. "Find the sound that makes them want to do what you need them to accomplish."
- The PT can change how often the patient takes a breath while singing a song—half a measure, 1 phrase, or a whole song to see if they can increase the length of time as rehab progresses.
- Music sometimes can evoke an image or memory that can help the physical therapist (PT) see if there is something else behind pain or impairment.

Another benefits of music therapy is that music in itself is a reward, Frownfelter said. "It provides motivation for completing non-music tasks and behaviors." She asked rhetorically: "Isn't it much more fun than '10 reps times 3'?"

Moving to a current issue of importance to the physical therapy profession, Frownfelter said music therapy is "a distractor" for people using opioids. "How about pairing physical therapy and music therapy to take on the opioid crisis?" she asked.

Groundbreaking

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LEED-certified "Silver" facility that meets environmental sustainability standards, and that it will also receive the highest certification from FitWel, a program that recognizes the ways a building encourages fitness, social equity, more healthful food options, and other factors that contribute to a healthier workplace.

"Our new headquarters will serve as a continual reminder of APTA's dedication to health, wellness, and rehabilitation, community-building and collaboration, and social and environmental responsibility," Dunn said. "It will be a place where staff, members, and visitors can feel empowered to work toward shared goals in a setting that exemplifies our shared values."

> APTA Centennial Center will better promote movement and health in its physical presentation and its connectivity to paths that promote exercise.

Association and community members who visit APTA Centennial Center will find more space for them, from a ground floor that is likely to include temporary exhibits to a top floor that significantly expands APTA's conference and meeting space, including a partial roof terrace. (Two-and-a-half floors of APTA Centennial Center will be tenant space.)

"This building is an investment in our future and in the Alexandria community that APTA has called home for 36 years," said APTA Chief Executive Officer Justin Moore, PT, DPT. "It's also a commitment to best serve the physical therapy profession, and to empower our members to pursue APTA's vision of transforming society by optimizing movement to improve the human experience."

APTA anticipates occupying the building in January 2021, as the association begins its centennial year.

APMs

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clinical data registry (QCDR), such as the Physical Therapy Outcomes Registry, offers the most measures. The advantage of more measures is that CMS awards points based on the provider's highest-scoring measures, so the more measures reported, the more opportunities to combine high scores from each measure. In addition, QCDRs give PTs automatic credit toward their MIPS scores.

Another benefit of registries is the ability to access feedback during the year in order to improve practice before the end of the performance period. "It's a risk-bearing program," noted Smith. "If you're making the business decision whether or not to participate, you need to think about feedback."

Henderson explained some of the opportunities involved with Advanced APMs, such as the Comprehensive Care for Joint Replacement model and the Bundled Payment for Care Improvement initiative. Such APMs are designed to provide extra incentives to providers to deliver high-quality care. MIPS, Gainer noted, is meant to be a transitional program to APMs.

Speakers also explained CMS's Promoting Interoperability initiative—1 of the 2 MIPS categories PTs are exempt from so far—and what that means for health IT products going forward. The initiative is designed to encourage the use of certified electronic health record technology (CEHRT) to improve patient engagement and electronic exchange of information. Unfortunately, many EHRs currently are not CEHRT-ready, but speakers predicted that this will change over time.