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MISSION STATEMENT

The purpose of the section is to foster the growth, economic viability, and business success of physical therapist–owned physical therapy services provided for the benefit of the public, and to promote exclusive physical therapist ownership of physical therapy services.
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More to Come!

It is that time of year when we reflect on what has happened and what is to come. When I took office last year, I remember thinking, I have an entire year before we hit Colorado Springs and our annual conference; well, that has come and gone!

In reflecting on this past year, I have to thank the PPS board of directors for providing great leadership and moving PPS forward. The 2008–2009 board of directors consisted of Vice President Terry Brown; Secretary Julie Ellis; Treasurer Elmer Platz; and Directors Marilyn Swygert, Kathy Stenslie, Jim Glinn Jr., Bob Duvall, and Randy Roesch. Their commitment of time, energy, and ideas is what every president hopes for in a board, and none of the above were lacking. I also have to thank our executive director, Laurie Kendall-Ellis, who joined us one year ago. Laurie brought us tremendous organizational skills, ideas, and energy, and empowered our PPS staff to help move the section forward, and we are moving! We have halted the decline in membership and are now seeing it increase again, and the tremendous success of our annual conference in Colorado Springs speaks directly to their efforts. A board cannot get its work done without a strong executive director and staff, and PPS has both. On behalf of myself and our membership, I want to thank each of you.

This past year PPS continued to form outside affiliations that bring services and value to our members. One of the first new affiliations we developed in 2009 was with Educata, which offers online clinical and business continuing education with state-specific continuing education units. The next and most recent affiliation is with the Disney Institute, which provides world-renowned customer service programs customized for physical therapy practices to enhance your business excellence in health care. Also over the past year, we saw many members taking advantage of the section’s ongoing affiliations with Evidence in Motion (EIM) by taking the Executive Program in Practice Management with the tDPT option, participating in PT Benchmark studies as a result of the affiliation with HCS Consulting, and using our affiliation with Business and Clinical Management Service, Inc., to work on policy and procedure manual development and customization. PPS continues to look for organizations that offer services that benefit our members and add value to your membership. I welcome any ideas you have in this area.

One of the most significant tasks this past year was to develop a strategic plan for the section to chart our future course. Headed by Terry Brown, the PPS board, member and nonmember volunteers, and a facilitator spent two days together developing the plan, which was unveiled at the annual conference.

Please review the plan and provide feedback, as we will be looking for input and volunteers to serve on task forces and committees. Your volunteering will help develop strategies to achieve the goals and objectives of the strategic plan.

Finally, as a result of the great work of our past treasurer, Elmer Platz, the PPS Finance Committee, and our PPS staff, the section ended the year financially sound, even with an unstable stock market. This allowed the section to retain the services of a lobbyist to work at the federal level on issues important to private practitioners. Jerry Connolly, PT, of Connolly Strategies & Initiatives, was brought on in November 2009 to represent PPS, and will work closely with Justin Moore, PT, DPT, vice president, Government and Payment Advocacy Department, at APTA, along with the PPS Government Affairs Committee, chaired by Helene Fearon, PT, to keep our issues in the forefront.

We have just come off a very successful annual conference that brought record numbers of attendees to the beautiful Broadmoor Hotel in Colorado Springs, CO. It was exciting and informative, with many members personally telling me it was one of our best conferences. This concluded a productive year for the section and sets the stage for 2010.

As you can see, 2009 has been a great year for PPS and our members, but we cannot sit back. There is a tremendous amount to do and we cannot do it alone. We need your help—we need members to help with the strategic plan, to serve on task forces and committees. We need to hear from members on issues that are important to you. We need membership engaged in our advocacy efforts. This includes writing and calling your elected officials when asked, hosting events for your elected officials, as well as inviting them to your practice for a visit. Most important, please continue to support PT-PAC.

The board of directors will continue to work diligently on your behalf and asks you to help us—there is more to come!■

Sincerely,

Tom DiAngelis, PT
PPS President

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Back In Action
(unsolicited testimonial)
Another PPS annual conference has come and gone. For those who haven’t attended before, I urge you to put it in your budget for 2010. It is quite an experience. The value is outstanding. You can feel the electricity in the air. Most remarkable is that people are genuinely interested in sharing information and helping each other.

This brings me to an interesting story. I met a young aspiring practice owner casually one day during the conference. The conversation turned to health care reform, politics, and philosophy. If you know me, you know I love talking about this stuff. Anyway, I was somewhat taken aback when this young man opined that one of the problems in our country was capitalism. His view was that it was inefficient and unfair and that it was the cause of our current economic trouble. The dichotomy of this young entrepreneur at the PPS conference stating a philosophy like this was quite striking to me.

I’m not sure I changed his mind, but I sure tried. I’ll spare you the gory details. But it got me to thinking about the purpose of our section and this magazine. Look at our mission statement. It reads:

“The purpose of the section is to foster the growth, economic viability, and business success of physical therapist–owned physical therapy services provided for the benefit of the public, and to promote exclusive physical therapist ownership of physical therapy services.”

Our section is the only section in all of APTA that specifically promotes the business success of physical therapists. We endeavor to improve the profitability and expansion of businesses. Regardless of your political philosophy or practice niche, our section is the essence of capitalism. Our common ground is that we are all entrepreneurs.

How do we achieve business success? We do so by providing a valuable service that others are willing to pay for. Our quest for business success propels us to learn new techniques, innovate, and provide what consumers want and need. You may have other compelling and noble purposes that drive your private practice ambitions. But ultimately, if you are not profitable, you won’t be able to fulfill those, either.

When we are successful, many people benefit. Our patients get good care. Our employees have good jobs. Our communities benefit from our productive, tax-paying businesses. Our

---

**LETTER TO THE EDITOR**

**Dear Editor**

With regard to Dr. Kay Scanlon’s great Viewpoint column “Perception is Reality” in the November issue, it made such an impression on me and truly touched a nerve. I have thought this way for years, but it seemed I was a dinosaur compared to my peers in our practice area.

I cannot tell you how many times I have experienced exactly what was described by Dr. Scanlon. We are a small practice in New Castle County, DE, with three locations. I can say with confidence we stand alone largely in our physical therapy community here as providers of “old-fashioned” care, where all clinicians are attired in business shirts and ties for the males and professional/business dress for the female staff. Every week, a patient comes to us and asks, “Are you a doctor?” They are astounded at how we present ourselves.

As you know, that first impression is paving the way to getting them better faster. When I was in school (a long time ago!), we actually had a business course covering how to present yourself professionally, including dress code. I am flabbergasted when I meet newly graduated DPTs in their clinical setting with the “golf pro” look. All of that time and money spent on good education, and they will never get the deserved respect simply due to the manner in which they dress. Something is surely missing.

I applaud you for bringing this topic to our attention. I hope practice owners and therapists take this message to heart.

Regards,

John Bradley, PT
Performance Physical Therapy and Fitness
Hockessin, DE 19707
financial success even allows us to fulfill personal philanthropic missions. Many of us donate our time, money, and resources to charitable causes.

With that said, in 2010, *Impact* will continue to serve you on behalf of PPS as best we can. We will strive to give you practical information that you need and want to improve your business performance. Our philosophy for 2010 is that you should be able to read an article and then apply it the very next day to enhance your practice.

To that end, this year we hope to bring in more outside-the-industry experts to author articles on topics such as finance, marketing, and personnel management. I also want to encourage those of you who have something to offer to contribute to the magazine, too. We all stand to gain by helping our fellow private practice owners. When the tide rises, all the boats rise, right?

I wish all of you the best for prosperity and success in 2010. If there is anything we can do here at *Impact* to help you, please let me know.

---

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The 2009 Annual Conference & Exposition was a resounding success. Thanks to all the attendees and exhibitors who networked, attended educational sessions, and had fun. I enjoyed meeting many of you and appreciate all the feedback. Your survey participation is what enables the conference to get better and better each year.

Missing the annual conference can be a disadvantage, but it’s not too late to hear trend-setting educational sessions, see new technology and cutting-edge practice management tools, and become informed on the latest health care reform information. The PPS website (www.ppsapta.org) has the audio and PowerPoint presentations available for purchase. Colleagues who were unable to attend, take advantage of this offer to become informed. Those of you who did attend, bring this valuable information to your practice staff.

The 2010 Annual Conference & Exposition registration is open! Come to Washington, DC, November 3–6, 2010. Early bird special pricing is available and can be viewed at www.ppsapta.org. Washington, DC, is a unique venue not to be missed.

The APTA Combined sections Meeting (CSM) is taking place February 17–20, 2010. PPS recognizes the importance of participating, and on February 16, 2010, we are offering two preconferences that continue into February 17, 2010. PPS is partnering with several other sections to provide education, and as always we look forward to your visit at the PPS booth in the exhibit hall.

The greatest resource PPS has is our membership, and without volunteer members the PPS Annual Conference and APTA CSM would not be a success. Thank you to all the volunteers, and please, if you currently volunteer, encourage your colleagues to contact the section office and request a volunteer form. With the section’s new strategic plan, committee work and task force formation for short key projects will be happening throughout the year. We look forward to hearing from you about which committee or task force you would like to participate in.

See you in San Diego, CA.

Respectfully,

Laurie Kendall-Ellis, PT
Executive Director
The 2009 General Business Meeting for PPS was called to order by President Tom DiAngelis. Tom introduced the PPS Board of Directors and past leaders Jay Goodfarb and Steve Anderson. The minutes from February 11, 2009, were approved. Treasurer Elmer Platz presented the financial report and reported that PPS finances are in an excellent state. Vice President Terry Brown presented the 2009–2012 Strategic Plan. Four task forces and at least one committee will be formed. Periodic updates will be made to keep members aware of action. Tim Schell, APTA PT–PAC trustee, encouraged us to step forward and support PPS and our profession by investing in the PAC. Marilyn Moffat, current president of the World Confederation for Physical Therapy, made an announcement for the Foundation for Physical Therapy. Marilyn encouraged us to invest in our profession by supporting research and the foundation. Tom DiAngelis presented the State of the section, letting members know that PPS needs our help and encouraging members to become involved. PPS is actively involved in payment policy and reform. Tom also announced that PPS has hired its own lobbyist, Connelly Strategies & Initiatives, beginning in 2010.

Justin Moore, PT, DPT, vice president, Government Affairs & Payment Advocacy, APTA, presented “Health Reform 2009: Implications for PT Practice, Payment, and Policy.” Justin reported that health care reform has been years in the making. Costs have risen, and both quality and satisfaction have varied. There has been growing public interest in health reform issues, with 80 percent of the public following health care reform. Combine all this with a shift in the political winds and the many special interests involved, from political parties, to consumers/patients, insurers, therapists, physicians, employers, unions, and more, and you have a recipe for a tumultuous debate.

Justin outlined APTA’s four priorities in health care reform: (1) insurance reform, (2) payment reform, (3) system level reforms, and (4) new innovations and investments. He outlined the areas where APTA is aligned with proposed changes, as well as areas of “misalignment” with proposed changes. The areas of misalignment include referral for profit, direct access, National Health Services Corp, regulatory reforms, and the role of physical therapy and rehabilitation in the new delivery models. Justin will continue to work on behalf of physical therapy and keep us up to date from the Hill!
Roundtable Discussions

By Deb Gulbrandson, PT

With so many excellent programs, it was hard to choose which ones to write about, but two roundtable discussions really stood out for me. Both presenters were passionate about their topics and really committed to sharing their information with the attendees.

"It’s Your Move: Marketing for Private Practice Clinics" was presented by Shannon O’Kelly, MPT, from the Washington state Private Practice Special Interest Group. It’s a grassroots effort to market practices in light of the referral for profit issue. They hired a public relations firm called Let it Shine to develop a campaign that targets the general public on the right to go to the physical therapist of their choice. They have developed TV and radio media spots, interviewing physical therapists in the state who talk about patients’ rights. The campaign does not address doctors owning their own physical therapy clinic; rather, it emphasizes the relationship between the patient and the physical therapist, similar to that of an attorney or accountant. Patients who need physical therapy in the future already have their own physical therapist. The program is available for other state PPS groups or individual practices to purchase. As private practice physical therapists, it is imperative that we educate the public about their options. The Washington state physical therapists are doing just that.

"The Customer Experience: Drive Your Practice Toward Success," by John Childs, PT, PhD, MBA, highlighted his practice’s red-carpet treatment of patients and other customers as key referral sources. Word-of-mouth marketing is the new buzzword. Creating raving, loyal, fanatical patients is what his practice is all about. They have taken a page from the hotel industry experience and made it their own. A loyalty score from patients is tracked by physical therapists and is built into their compensation model. Mystery shoppers call once a month and the "Directors of First Impressions" (a.k.a. receptionists) are graded on their performance. This includes providing information on what to wear, insurance information, and directions. The company is all about making heroes of the patients. Birthdays, anniversaries, and special events in patients’ lives are all celebrated. Sending a handwritten note, practically a lost art in this day and age of technology, is encouraged for all staff. When it comes down to it, patients can receive competent care from a majority of providers. Sometimes, it’s the little things in life (and business) that can make all the difference.

Educational Sessions

By Deb Gulbrandson, PT

Many courses at the conference were excellent. I especially like the ones with panels because you get three different perspectives and experiences. The session “Professional Pay Restructured: Revenue-Based Compensation Plans for Physical Therapists” was presented by Holly Gullickson, PT, OCS, CSCS, of Cascade Sport and Spine Rehabilitation, Jeff Ostrowski, PT, of Excel Physical Therapy and Fitness, and Louis Coiro, PT, of Tewksbury Physical Therapy. All speakers provided a view into their practices and how they set up their compensation plans. The “why” was pretty universal.
Physical therapist salaries have gone up dramatically, while payments for services have stagnated or even dropped. Providing a revenue-based compensation plan allows for total compensation to increase as the company meets its financial goals, and holds the line when it does not.

Benefits included physical therapists’ increased attention to payment policies from insurance companies, increased awareness of no-shows/cancellations, outcomes that routinely meet or exceed the patients’ expectations, and less stress on the owner during annual performance reviews. Communication and smooth transition were keys to implementing these successful programs. The companies ran parallel numbers for a time before embarking on the actual program so that employees could see where they stood financially.

Considerations included monitoring and mentoring employees regarding CPT coding and documentation, providing ongoing education and support, and updating insurance payment rates. Not all employees were comfortable with the risk, and some companies made the program optional. Essentially, guaranteed base salaries are lower than current salaries, with the difference being made up by the physical therapist’s amount of work and/or charges. In some cases, physical therapists were also in charge of their “individually directed time off” — there was no specific paid time off.

The bottom line is that aligning physical therapists’ payments with the revenues of the clinic provides an opportunity for the continued growth of the practice and moves physical therapists even closer to Vision 2020.

Opening Session and Awards Ceremony

By Angela Wilson Pennisi, PT, MS, OCS

Robert Wainner, PT, DPT, OCS, received the Private Practice section’s 2009 Practice Award. He is a founding partner of Texas Physical Therapy Specialists (TexPTS), a privately owned, multisite physical therapist practice specializing in the evidence-based care of patients with musculoskeletal disorders. The mission of TexPTS is to provide the highest quality, evidence-based physical therapy with AmaZing! customer service that transcends patient expectations. At TexPTS, all physical therapists graduate from a residency or fellowship program to advance the level of practice and patient care.

Jim Glinn Jr., PT, PPS Director, accepted the Board of Directors Service Award on behalf of his father, Jim Glinn Sr., PT. He spoke of his father’s commitment to the members of the Private Practice section, commenting that Jim “will do anything to help a private practitioner.”

Samuel M. Brown, PT, DPT, was the recipient of the prestigious Robert G. Dicus Award and received a standing ovation in recognition of his history of service to the profession. He has played pivotal roles in Kentucky’s successful Direct Access campaign and in his service as APTA’s representative to the American Medical Association group that determines the relative value of services, a factor in determining payment for services. In his acceptance speech, he encouraged physical therapists to make “the big time where you are.” He called for members to function as a society of professionals and harness their passion...
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In the keynote address, Ronald P. Culberson, MSW, CSP, speaker, humorist, columnist and author of *Is Your Glass Laugh Full?*, charged up conference attendees with the “power of silly” in his presentation on “Taking Your Practice Seriously, but Yourself Lightly.” He reminded attendees to look for the humor in the moment that is frequently missed while living lives focused on the future or the past. He built a strong case that while an individual can perform at the highest level in the profession, he or she can increase effectiveness by making it fun! He pointed out that humor can also be harnessed to facilitate creativity from employees and be utilized to relieve stress, creating a ripple effect that can change the atmosphere in the workplace.

**Impact Authors Reception**

By Kelly Sanders, DPT, OCS, ATC

We are happy to report a great turnout at this year’s Impact Authors Reception! Thank you to all of the authors who contributed to the magazine and also stopped by to say hello and share their perspectives. The focus of this event is to thank those who contributed content to the past year’s Impact magazine as well as explore ideas and contacts for the coming year’s issues in a casual environment. Many ideas for new content were discussed, and many of us who had only had the opportunity to dialogue via email and phone were able to put faces with names! Paul Welk, PT, JD, who authors the Legal Impact column, received special recognition for contributing an article to every issue of Impact in 2009. Thanks again, Paul!

**Networking @ PPS Annual Conference**

By Lynn Steffes, PT

Gather 900 private practice physical therapists and vendors in a beautiful hotel in Colorado for three days. Provide them with outstanding food, drink, information, and inspiration, and you have the perfect formula for sharing outstanding networking opportunities with your private practice physical therapy colleagues.

The PPS Annual Conference is structured to provide content-rich sessions, roundtables, vendor exposure, and plenty of opportunities in between to meet and network with colleagues that enable private practices to accelerate their learning, as evidenced by these networking reports from two PPS participants representing both owners and administrators:
From Sandra Norby, PT, MSPT:

“I joined PPS and attended my first conference in 2004 at the Broadmoor in Colorado Springs. At that time, I was the director of rehab for a physician-owned clinic and knew that I could no longer work in that environment, but was not 100 percent sure that I knew ‘enough’ to open a private practice. By attending that meeting, I left with full, 100 percent confidence that I not only knew enough, but that I knew a lot and could indeed open a clinic of my own. Within three months of attending that conference, I had a business plan completed and financing secured. I left my employer after six months and opened my clinic the following year.

“Since then, I have attended the Annual Conference each year. Each year, I have had a ‘question’ to be answered. In 2005, the question was ‘Which EMR/billing software do I buy?’ By diligently reviewing each vendor and networking directly with members, I made the best choice for my clinic.

“In 2008, my question was ‘How do I structure a partnership model?’ as I was looking to open a second location with a partner. My method of gathering information included eating lunch at a stand-up table with people I didn’t know and asking them if they had a partnership. I was blessed that so many owners shared the pros and cons of partnerships with me and how their
particular partnership was structured. I did attend the presentations on partnerships, but it was by networking that I was able to really design a model that worked for me.

“In 2009, my quest was to find information on providing full-scale wellness services to a business, as I had just landed a contract with a local manufacturer not only to provide their physical therapy and occupational therapy needs, but also to design and implement a wellness program. Physical therapists in the wellness field eagerly shared their experiences with me through our informal networking between meetings. I know that I will continue this dialogue with a few colleagues well after the conference is over!”

From Jay Jones, CWCP, Practice Administrator:

“Networking gives me the opportunity to discover best practices. While the speakers are great, I get real substance from my counterparts as we informally discuss how we actually do things day-to-day. Having met some new folks, I now have access to others that do what I do. It is easy to call them up and ask them to help me solve an issue. Networking keeps me from having to reinvent the wheel.”

Next year, when you are considering the programming at PPS Annual Conference 2010, add the rich resources of colleagues and vendors to your list of valuable opportunities to seek in order to weave the web of resources you need to ensure the success of your practice.

Friday Night Dinner Event

By Vrinda Hatti, MPT, OTR

After a few days of networking and an action-packed educational and business agenda, it was time for some Colorado-style fun. Friday night dinner was a huge success. With more than 200 first-time attendees at PPS Annual Conference this year, the dinner was so well attended that the organizers had to scramble to find space and seats for spouses and significant others who were not registered in advance. The “Western” theme of the night was well received by the members. Most all members were decked in Western attire, with hats and jewelry included. Several bars were located at convenient locations, and a nice sit-down dinner was served. LightCure, LLC, a leading medical device company offering the latest in advanced laser products, sponsored the Andy Wood magic show. Andy was hilarious. His disappearance in the humongous balloon and then reappearing with one body part at a time was very funny!

Deb Gulbrandson, PT, takes the cake, though! Physical therapists are known to work hard and play hard. On the dance floor, Deb led Michael Jackson’s “Thriller” dance exhibition that evening with many physical therapist dancers in the background. Thank you, Deb, for a great thrill!

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Exhibit Hall
By Jeff Ostrowski, PT

The 2009 Annual Conference Exposition was the largest PPS exhibition ever, with 120 vendors in attendance. The overall variety of vendors was very impressive. The exhibit hall was continually buzzing. Each day, an excellent lunch, coffee, and dessert was served in the hall. It offered a terrific opportunity to network with vendors and other members. New to the exhibition this year were live vendor demonstrations from Hydroworx, ASTYM, SourceMedical (Therapy Source), Total Gym by efi Sports Medicine, E-Rehab, ReGear Life Sciences, Rehabilitation Consulting & Resource Institute, Inc., and Mavenlive. My lasting impression is that we are fortunate to have so many vendor partners who understand the challenges and opportunities we face each day. They have the innovation and solutions that can help improve our bottom lines.
More activity from the exposition.

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I’d like to thank those that nominated me, the Awards Committee, and the Private Practice section for bestowing on me such a wonderful honor. Abraham Lincoln once said, “I do not consider that I have ever accomplished anything without God.” I also feel that way.

In 1969, the first basketball game I ever started at Monticello High School was like a scene out of the movie Hoosiers. Basketball is king in Kentucky. As we were warming up before a packed gym, Coach Harper came over to check the scorebook. The scorekeeper was a fellow named Polly Worsham, who was one of the few people who could come into our practices. As Coach Harper looked at the lineup, he said, “Polly, what’s this?” “Why, it’s Brown, you said he was starting.” “He is, but it is ‘Sam Brown,’ not ‘Damn Brown.’” “But coach, that’s all I’ve ever heard you call him.”
From those humble beginnings, to receive this tremendous honor is really something for me.

I want to thank my wife Linda, also a physical therapist, who has covered for me over the years while I went to meetings and has been a true “Proverbs: 31 woman” and partner for the past thirty-three and a half years. Also, thanks to our children Joseph and Natalie.

A good friend of mine told me years ago that one of the keys to success was being in the right place at the right time. That has been true for me over the years, as well as being in the wrong place a few times.

I want to thank the Kentucky Chapter and the wonderful people of that group who have supported me over the years in so many ways. I would go to Kentucky Chapter meetings because for a time, I was the only physical therapist in a ten-county area and I needed someone to talk to about patients. People like Linda Langley, Debbie Puckett, Connie Hauser, and David Apts—all pioneers in practice in Kentucky—and Larry Benz and Terry Brown. They and many more have helped me unconditionally.

I want to thank Ernie Burch, who has been a mentor and really got me involved in the section; Marilyn Moffat, whose leadership allowed me to use my skills for the betterment of the group as a part of one of the stronger boards at APTA; and Andrew Guccione, who as a Yankee liberal, became a close friend to this southern conservative.

Every major decision on the direction of our profession in the last thirty years has been influenced by one or more of these three individuals.

Along with Andrew, Ben Massey and Rick Reuss are my “iron-sharpens-iron” friends—true “Jedis” of physical therapy. They have encouraged me and made me better through our friendships. Rick is one of the most politically savvy and passionate people I know about this profession. The only negative thing I could say about Ben is that he’s a North Carolina fan.

There are so many more I need to thank like Peter Towne, Charles Magistro, Jan Richardson, and others, but time doesn’t permit. I want to thank the wonderful APTA staff like Bonnie Polvinale, Kristy Grover, Rita Pierson, Jim Nugent, and others.

All along the way I was blessed with having wonderful staffs to work with at home. Many of them, as well as many of the students I’ve had, have gone on to their own successful practices, epitomized by people like Sonya Beattie and Dwanda Guffey.

When Ernie Burch was the section president, I was the Government Affairs chair, and with the help of Rick Reuss and others we increased the level of advocacy for the section. I also was on the Nominating Committee with Lucy Buckley, and boy, was that a hoot. I was privileged to serve as liaison to the section for several years when I was on the APTA Board of Directors.

I was fortunate to represent the APTA at the 1996 Paralympics and on the American Medical Association’s RUC HCPAC. It was there, along with Jim Nugent, that we were able to raise the reimbursement for physical therapy.

I say all this because I’m from a small town and a rural physical therapist who wanted to serve and make things better. I’m here because of the wonderful relationships I’ve had and have with so many people. One of God’s most gracious gifts to me has been surrounding me with friends and wise counselors.

I didn’t know Bob Dicus, but I know all of the past winners of this prestigious award and several people who did know him. To be included on that list is truly a tremendous honor.

I’ve had a guiding principle that I would encourage you to consider. It comes from a book by former football coach Frosty Westering entitled, Make the Big Time Where You Are. It talks about making the most of your talents. Not everyone can work in the super facilities or cities. The “big time” is not a place; it’s not a state of your mind. It is a state of your heart. It is you, one on one, with the patient, the referral source, or your community using the skill, talents, and compassion that only you have. It is simply your willingness to bloom where God has planted you.

DICUS AWARD, continued on page 24
With that principle in mind, where are we going in physical therapy?

This health care reform stuff is scary and could affect our goals of autonomous practice, doctoring profession, practitioner of choice, and direct access. Will we be a doctoring profession or a technical occupation? Or will we be a primary caregiver for anyone who has a functional problem and then refer to other specialties as indicated? Private practice may be threatened by the vertically integrated networks, except for possibly those of us in the rural areas or in niche practices. Therefore, I believe we must shift our mindset from an association of members to a society of professionals.

So how do we get there, to the “big time”?

Historically, we have always played on the hamstrings of the tricotomy of our purpose; practice, education, and research. We must be aggressive in our advocacy, our leadership, and evaluating our purpose. We must not self-limit ourselves in the pursuit of our goals. Risks must be taken to pursue solutions to the tremendous challenges ahead. We must not forget that limitations, like fears, are often an illusion.

We all struggle with the problem of reimbursement, access, employee problems, making payroll, and the other struggles that every small business has. But as my favorite political commentator says, “Without struggle, there is no purpose.” And our real purpose is the business of physical therapy.

Ask yourself, is your community a better place because of you and your business? Does the public know who you are and what physical therapy is? If I had my way, I’d take the section’s old “This Bud’s for You” video and the APTA “Moments Like These” video and take about $6 million and have Super Bowl commercials. In one massive effort, millions of people would know who and what physical therapy is. The commercials would be talked about for weeks and lots of physical therapists would then be doing interviews. Physical therapists around the country could host Super Bowl parties and invite other health care providers.

What do we do when we get to the “big time”?

Obviously, we have to have the clinical evidence and outcomes to justify us being there. We need to use technology more, have more clinical research to help us. We must advocate physical therapy like never before on all levels to ensure our permanence. We have a kaleidoscope of talents and skills that should secure us in the face of medicine for all time, and we must use them.

Let me explain: Linda is semiretired and is currently chairwoman for the local Growing Healthy Kids Coalition. Several months ago, she went to a meeting in Lexington and saw a demonstration of a product that she thought would help the children of our community fight against childhood obesity and early onset diabetes. It was a Hop Sports program. It is a computerized physical education program with 105 pre-programmed activities. It is like a giant Wii and costs $19,000 per unit, and she wanted 10 of them—one unit for every school in our county from kindergarten through high school.

She got the coalition to agree. She met with a grant writer and found an 80/20 matching grant. She started laying the groundwork to get the matching 20 percent, something I thought would never happen in a poor community during a recession. She went to civic groups, businesses, the school boards, the government leaders. She pleaded her cause, gave newspaper interviews. She even wrote Bill Gates and Oprah. She was successful and got pledges for more than enough money and she got the grant.

Over 3,500 kids will benefit from this and for years to come. It was a physical therapist with the knowledge and passion to “Git-R-Done!” That’s how physical therapy can impact a community. That’s making the “big time” where you are.

Passion propels people, and my challenge to you is, are you passionate enough to get bloody for the cause?

In his first inaugural address, Ronald Reagan told a story that I believe is a great description of the attitude of Bob Dicus and that all private practitioners should have.

Martin Treptow died in World War I in France. On his body was a diary, and on the flyleaf under the heading “My Pledge,” he had written these words: “America must win this war. Therefore I will work, I will save, I will sacrifice, I will endure, I will fight cheerfully and do my utmost, as if the issue of the whole struggle depended on me alone.”

President Reagan continued, “The crisis we are facing today…requires our best effort, and our willingness to believe in ourselves and to believe in our capacity to perform great deeds; to believe that together, with God’s help, we can and will resolve the problems which now confront us. And, after all, why shouldn’t we believe that? We are Americans.”

You’ve honored me with this prestigious award and with your presence here tonight.

Thank you and may God bless.
### PPS Welcomes the Newly Elected Board of Directors

#### David Qualls, PT, Director
Owner & President of Qualls & Company Rehabilitation Excellence, Sulphur, Louisiana.

> Qualls & Company is a thirty year old private practice with an emphasis in orthopedic and sports related treatment and prevention. I am honored to serve Private Practice Section. I consider that to be an opportunity to serve to the Section that has given so much to me. My personal goal is to represent all section members but especially those who have been practicing for 25 years or more. These members and practitioners are very concerned about Referral for Profit. Many of these physical therapists need additional encouragement to use Direct Access and benefit from what it can do. I want our Section to form new alliances that will help advance our practice and promote improved reimbursement for our services. Lastly, I want the Private Practice Section to reach out, even more, to our foreign colleagues. I look forward to serving you over the next three years.

#### Lynn Steffes, PT, Director
President/Consultant of Steffes & Associates Consulting Group LLC, New Berlin, Wisconsin.

> Steffes and Associates is a healthcare consulting group that focuses on rehabilitation services primarily in the Private Practice environment. Our expertise includes start-up and development, marketing, customer service, niche development, pediatrics, operations advocacy. I hope to bring to the board ideas on how to provide education, training and tools on how to survive reimbursement struggles, hire and develop excellent clinicians, manage the bottom line, build new programs and market them, develop and implement new and useful tools. I have strong contacts and experience to add to PPS’ role in advocacy with third party payers. Finally, I have an incredible passion for our profession and for the opportunity that this healthcare crisis has presented us to look for innovation both within our profession and outside of our box. I believe we must continue to forge new partnerships, establish networking tools and develop user friendly resources to enable private practices to thrive.

#### Dan Mills, PT, Treasurer
Owner of Performance Rehab Clinics in Salt Lake City, Utah.

> Performance Rehab specializes in occupational medicine. In addition to injury care, we provide pre-employment testing, onsite consulting, and program development. My company has grown from 1 location to 4 locations in 8 years of business. As Treasurer of the Private Practice Section I hope to continue the fiscal responsibility established by the recent boards and finance committees. I have the skills to provide perspective from my 3 years of service on the finance committee. I also provide experience from the trenches as a sole proprietor and practicing therapist in a multi-site clinic.

#### Brian Boyle, PT, DPT, CSCS, Nominating Committee member
President/Co-owner of Gaston Rehab Associates, Inc., in Gastonia, NC 28054

> Gaston Rehab Associates operates three locations that provide general outpatient physical therapy services, sports therapy, strength and conditioning services to athletic teams and on-site worker’s compensation care. I want to serve at the national level of the Private Practice Section of the APTA because I want to give back to a profession which has given so much to me. This section is the strongest it has ever been and I know it will only continue to get stronger. We have more people wanting to get involved than ever before. I see the nominating committee as a great starting point in my participation at the national level and would like to work further with the Board of Directors to place the appropriate people in task forces and committees.

#### Julie Ellis, PT, SC, Secretary

Newly elected board members are announced by PPS President Tom DiAngelis, PT.
Part 1: PERSONAL DATA
Name: Jamey T. Schrier, PT, DPT, OCS
Practice, Location: Schrier Physical Therapy of Rockville and Gaithersburg, MD.
Size of practice (# of locations, employees): Two locations, twelve employees.
Years in practice: Fifteen.
Most influential book: Rich Dad, Poor Dad by Robert T. Kiyosaki with Sharon L. Lechter, CPA.
Favorite vacation spot: Rehoboth Beach, DE.
Favorite movie: Rocky.
How do you like to spend your free time? Hanging with family and friends, playing basketball, and golfing.
Like most about your job: The freedom to create a business as I see it within the physical therapy industry.
Like least about your job: Putting out fires, especially ones that could have been avoided.
Most important lesson you've learned: Two things: Have a plan (business or strategic) and hire good people on your team to execute it.

Part 2: Business Philosophy
Describe your essential business philosophy: The three Cs: caring, consistency, and common sense. Care about my employees and patients; consistency with my staff; using common sense to solve my problems.
Describe your management style: I like to have fun and joke around, but can be serious when it’s needed.
Best way you keep a competitive edge: Always continue innovating your business.
How do you measure your success: Am I doing what I enjoy, is my staff happy and productive, are my customers’ needs being met, are my referral sources’ needs being met, and is my business profitable? If the first four are being met, the fifth comes naturally.
Goal yet to be achieved: For me, working on a day-to-day basis as the CEO of the company, rather than CEO plus multiple other “hats” on a daily basis.
Best decision: To purchase a second location.

Worst decision: Not following through consistently with my marketing plan.
Toughest decision: To switch one of my employees from one location to another. This eventually led to his resignation.
How do you motivate your employees: By understanding my employees’ goals, I am able to develop pathways that give them opportunities to achieve.

Part 3: Your Practice
If you could start over, what would you do differently: Create and follow a strategic or business plan and hire good consultants (i.e., financial people) to help me stay accountable. I would have also bought a bigger space.
Describe your competitive advantage: It is our ability to be responsive to the changing environment in health care. I feel we are a 40-ft. Sea Ray and are able to change directions quickly, and other larger companies are huge ships which take longer to change directions.
Describe your marketing strategy and highlight your most successful action: Our marketing strategy is to provide credible and useful information to our potential prospects and referral sources, so they may make an informed decision about where to go for physical therapy, sports performance, or health-related issues. I think word-of-mouth advertising by delivering a great service with a smile has been the most successful action for us. However, we also have a multi-angle approach that includes doctor office visits and doctor meetings, using the Internet to capture prospects, newsletters, and events such as races or health fairs. Also, looking at other types of potential referrals sources besides doctors, like running stores, personal trainers, massage therapists, and so on.
What unique programs do you offer that set you apart from the competition: Our practice niche is our diagnostic ability and the advanced manual therapy skills our therapists have to address musculoskeletal and orthopedic problems; our sports performance program; and AMPTTM (Athletic Movement Performance Testing) geared toward triathletes, runners, and cyclists. We also have nutritional programs for weight management and diabetes.
What are the benefits of PPS membership to your practice: I feel PPS provides a network of private practice owners that allows a sharing of ideas.

“Member Spotlight” Feature
Description: In each issue, Impact will feature a PPS member who will answer these questions. The article will include a photo, preferably a candid, informal one. The idea is to create an informative, interesting recurring feature.
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2. To learn from each other.
3. To increase the interest in Impact.
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### Pre-Conference Workshops

**Wednesday, November 11, 2009**

010: Pre-Conference Workshop: Documentation: Basic Tools for Successful Communication and Payment  
*Helene Fearon PT; Stephen Levine PT DPT MSHA*

020: Pre-Conference Workshop: Grow and Protect Your Business with an Actionable Plan & Key Metrics  
*Charles Felder PT SCS ATC MBA*

### Full Conference Sessions

**Thursday, November 12, 2009**

040: Administrators Breakfast: Getting Serious About SECURITY Before You Have a Data Breach or Government Audit!  
*Seth Cowand; Gwen Simons*

060: Morning Concurrent Educational Sessions: Assessing Your Practice for Success in Challenging Times  
*Diane McCutcheon*

070: Morning Concurrent Educational Sessions: Community Collaboration in Promoting Wellness - A "Fast Track" to PR Opportunities  
*Frank Mkilavcic; Debbie Sheffer-Brown*

080: Morning Concurrent Educational Sessions: Doing It Right the First Time, Even After Years of Practice...Charges, Claims, Billing & Appeals  
*Mary Doulong; Bobbie Hurt; Tricia Morgan-Putt; Sandra Norby*

090: Morning Concurrent Educational Sessions: Residency: A Win-Win Partnership for Academics and Private Practice  
*Sharon Dunn; Connie Hauser; Holly Johnson*

100: Morning Concurrent Educational Sessions: Unlearning Marketing Myths: Alternative Viewpoints to Transform Your Marketing  
*Erika Trimble*

150: Afternoon Concurrent Educational Sessions: Electronic Documentation Systems - Necessary Basics for the Outpatient PT  
*Helene Fearon; Stephen Levine*

160: Afternoon Concurrent Educational Sessions: Enhancing Patient Outcome and Practice Income: Are You Exercising Your Aging Patients/ Clients Hard Enough?  
*Karen Kemmis; Marilyn Moffat*

170: Afternoon Concurrent Educational Sessions: Online Physical Therapy Marketing Revealed  
*Nitin Chhoda; Tannus Quatre*

180: Afternoon Concurrent Educational Sessions: Partnership Models and Equity Plans for Private Practice  
*Jeffrey Hathaway; Kevin Hulse; Stedy McKee; Paul Welk*

190: Afternoon Concurrent Educational Sessions: Physical Therapy at the Center of the Fitness Industry: Business Modeling and Program Development  
*Carl DeRosa; Jennifer Gamboa*

**Friday, November 13, 2009**

250: Networking Breakfast/General Business Meeting/General Session: Health Reform 2009: Implications for PT Practice, Payment, and Policy  
*Justin Moore*

260: Morning Concurrent Educational Sessions: Creating a Risk-Aware Staff from the Front Desk to the Back Room  
*Nancy Kirsch*

270: Morning Concurrent Educational Sessions: Market Analysis 101: Predicting Success Before Spending Money  
*Tannus Quatre*

280: Morning Concurrent Educational Sessions: Private Practice in the Acute Care Setting: Expand Your Practice by Contracting  
*Karen Ross*

290: Morning Concurrent Educational Sessions: Ready, Set, Retail! - Innovation for your Practice  
*Wanda Dean, Bridget Morehouse; Lynn Steffes*

300: Morning Concurrent Educational Sessions: The Credit Crunch: New Credit & Lending Criteria Affecting Your Practice in a Post Mortgage- Meltdown Economy  
*Joel Dobrin*

330: Administrator Council Luncheon/Networking/Speaker: Creating a Vibrant, Sustainable Business Model Through Change  
*Matthew Taylor*

380: Afternoon Concurrent Educational Sessions: Direct Access to Industry: Strategies for Practice Diversification  
*Robert E. DuVall; Susan Sweeney*

390: Afternoon Concurrent Educational Sessions: From Hello to Goodbye: Tips for Proactive Employment Practices  
*Christine Walters*

400: Afternoon Concurrent Educational Sessions: How To Build Your Business by Getting Your Employees to Think More Like an Entrepreneur  
*Janet Bezner; Mike Johnson; Jamey T. Schrier; Jennifer Wilson*

410: Afternoon Concurrent Educational Sessions: Professional Pay Restructured: Revenue-Based Compensation Plans for Physical Therapists  
*Louis Coiro; Holly Gulickson; Jeff Ostrowski*

420: Afternoon Concurrent Educational Sessions: Whistleblowers, Audits & Patient Complaints: Mitigating Practice Risk  
*Nancy Beckley; J. Kent Culley; Sandra McCuen*

**Saturday, November 14, 2009**

490: Networking Breakfast/Closing General Session: Taking Physical Therapy to a Higher Level  
*Larry Benz; Timothy Flynn*

500: Morning Concurrent Educational Sessions: Interactive Forum on APTA’s Efforts to Impact Payment Policy  
*Marc Goldstein; Ken Harwood; Gayle Lee*

510: Morning Concurrent Educational Sessions: PQRI for Physical Therapists: Implementation and Reporting Experiences  
*Mary Fran Delaune; Mike Johnson*
Part 4: The Future

What worries you about the future of private practice: We will become commoditized. We need to do a better job of aligning together, innovating our businesses, protecting one another from every health care provider who is trying to take over our industry. We need to speak up and have a united message that is consistent throughout the private practice community. If we don’t promote and market who we are, then our competition will.

What are you optimistic about: I feel Schrier Physical Therapy is positioned to be the “go to” health provider in our region. Our care is conservative in nature and low cost. We are experts in the health and wellness field, and that’s where the country is moving toward. We have tons of possibilities.

What are your goals for the next year: To show profit by at least 15 percent in each location, improve our website and information delivery system, expand our sports performance and nutrition programs, continue to improve our internal organizational structure, and to continue to create a positive and enjoyable environment for my staff and patients.

Where do you see the best opportunities for your practice in the future: Continue developing our niche as a health, fitness, and rehab company. Schrier Physical Therapy needs to concentrate more on directly educating the public. I feel they are looking for answers for problems we know how to treat.

What do private practitioners need to do to thrive in today’s health care environment: I feel owners need to spend more time, as Michael Gerber says in his book E-Myth, “working on our business, rather than in it.” I think private practitioners need to start sharing ideas, networking with one another, and not feel like we’re each other’s competition. We’re not! Physician-owned physical therapy services, chiropractors, massage therapists, personal trainers, and such are the competition. That’s why we need to look at our businesses differently and offer something they are not. This will separate us and get us out of the commoditized marketplace.

Jamey Schrier, PT, DPT, OCS, owner and president of Schrier Physical Therapy can be reached at jschrier@schrierphysicaltherapy.com

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Tom DiAngelis, PT, President of

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My experience at the PPS annual meeting can be described in four simple words: journey, connection, growth, and empowered. Everyone has a path they traveled to get them where they are today. My journey began this past spring when my class was honored to have Lynn Steffes do a guest presentation at our school, and she asked who was interested in going into private practice upon graduation. At the time, no one in my class, including me, was interested. However, my passive interest in private practice soon began to change as I had the opportunity to intern at Tim Thorsen’s private practice, Spine and Sport Physical Therapy, in Rhinelander, WI, this past summer. When I chose this internship, I did not intend to go into private practice, but as I was immersed in this setting I began to see it as an appealing and viable future career for me. I entered the PPS annual meeting essay contest as a way to find out more about “The future of private practice and why I want to be involved.” Student qualifications are also based on written recommendations from clinical instructors and academic faculty. In addition, a transcript from the university is attached to verify that all credits are completed toward graduation. Each year, two winners are awarded airfare, lodging, and registration to the PPS Annual Conference. In addition, board members act as liaisons to the students throughout the conference to help welcome and introduce them to many PPS members so the students can enjoy great networking opportunities.

The following articles were written by our 2009 contest winners, describing their experience at our meeting in Colorado Springs.

Passive to Passionate
By Jeff Donatelle SPT, ATC, CSCS

My experience at the PPS annual meeting can be described in four simple words: journey, connection, growth, and empowered. Everyone has a path they traveled to get them where they are today. My journey began this past spring when my class was honored to have Lynn Steffes do a guest presentation at our school, and she asked who was interested in going into private practice upon graduation. At the time, no one in my class, including me, was interested. However, my passive interest in private practice soon began to change as I had the opportunity to intern at Tim Thorsen’s private practice, Spine and Sport Physical Therapy, in Rhinelander, WI, this past summer. When I chose this internship, I did not intend to go into private practice, but as I was immersed in this setting I began to see it as an appealing and viable future career for me. I entered the PPS annual meeting essay contest as a way to find out more about physical therapy in the private practice setting and network with people in this area of practice. I was honored to have been chosen as one of only two third-year students to attend this meeting, and as the saying goes, “the rest was history.”

Attending this conference was a great time for me to connect with other physical therapists. I was blessed by their investment in me in sharing insight into how to seek out places to practice as well as other important points of interest to consider as I begin practicing this coming year. I was impressed by the value placed on lifelong learning, demonstrated by the emphasis on residencies, fellowships, and practice based on current evidence. I was further impressed by the therapists I met who were so involved in current physical therapy–related affairs essential for the future success of our profession. Several members displayed the depth of their knowledge and insight to me in how they saw the health care reform affecting our profession and their passionate vision for what the future could (and should) hold for physical therapists being the first choice for patients with neuromusculoskeletal dysfunction.

This conference was also rich with information and topics that helped me grow in my understanding of quality physical therapy in the private practice setting. Diversification is something that is not only good for investments, but can also be good for practice. Through this conference I became more strongly interested in a few areas of practice that I could utilize in the future to diversify my practice, such as fitness, industrial rehab, and pain management. I also enjoyed learning about new electronic medical records systems that will likely be used in the near future. I came away with tools in my “belt” that I look forward to implementing in my career.

My journey from passive interest in private practice physical therapy has quickly taken me to a point of feeling empowered and filled with a passion and confidence that I couldn’t see myself doing anything else. Private practice is and will continue to be putting our profession’s best foot forward, and I am excited to step alongside and play my part in this arena in the future.

Jeff Donatelle SPT, ATC, CSCS, of University of Wisconsin, La Crosse is a third-year physical therapy student with anticipated graduation date of May 15, 2010. He can be contacted at jeffdonatelle@yahoo.com.
My experience at the PPS Annual Conference was truly invaluable. I went into the conference with pretty high hopes, and every expectation was exceeded. The PPS hosted the conference at the renowned five-star Broadmoor Hotel in Colorado Springs, CO. The hotel was spectacular, with scenery unmatched by any I’ve ever experienced. Walking in the morning to the International Hall for networking breakfast, I often had to wait for deer to cross my path across the lake. I found myself walking aimlessly sometimes, hypnotized by the mountains cradling the resort.

I arrived on Wednesday, got ready in my room, and headed out to the Welcoming Reception. On my way there, I conveniently ran into fellow contest winner Jeff Donatelle. At the reception, I was greeted by and introduced to several members of the PPS, including some of the board members. It was amazing how in just a couple of hours, in one room, I could encounter so many insightful minds. Additionally, they were all very open, offering advice and information based on their years of experience. The Welcome Reception alone, with a wealth of information, would have been enough for this trip to be successful.

Everyone I met throughout the entire conference, whether I introduced myself to them or vice versa, was more than willing, and sometimes excited, to talk to me and share their knowledge. Upon learning that I was a student aspiring to be a private practitioner, everyone I met was more than happy to share invaluable information with me and eager to answer all of my questions.

At the conference, I took advantage of every learning opportunity I could, whether it was a networking breakfast, the talk on the health care reform bill, the roundtable discussions, or the educational sessions. The PPS really impressed me with the caliber of speakers and lecturers that were at the conference. I attended educational sessions addressing topics from market analysis to direct access to industry. The information that is made available at these conferences is priceless to any private practice owner, or those hoping to one day join the private practice community. I truly feel that attending this one conference has set me ahead of the game in opening my own practice.

I feel so lucky to have had the opportunity to attend the PPS conference this year. As a student, it was really nice to see such passion in the private practice community, being proactive about tackling the challenges coming our way, and how much they care about the future of private practice physical therapy. And when the time comes, I plan to attend every PPS Annual Conference as a private practice owner. The PPS really provides a ton of valuable and applicable knowledge at these conferences, and it would be a shame to let these opportunities to grow and expand your business slip by. To those physical therapy students out there considering entering private practice, I would strongly recommend attending just one PPS conference, because I could never fully explain how truly valuable it was for me. You really have to see for yourself. I would like to thank those who made this possible for me and those who went out of their way to make certain I had a fulfilling and memorable experience, including the following: Brendan Carman, Chris Collins, Jeff Donatelle, Dr. Robert DuVall, Dr. Ira Fiebert, Bo Hamil, Tim Thorsen, and Linda Zane. I feel very privileged to have been able to attend the conference, and now feel very inspired and confident in my decision to start up my own practice.

David A. Lavin, SPT, is enrolled in the University of Miami Doctor of Physical Therapy Program, Miller School of Medicine, Coral Gables, FL. He can be reached at dal8823@hotmail.com.
We in America do not have government by the majority. We have government by the majority who participate. — Thomas Jefferson, 1787

Do these issues impact your practice? Of course they do. Any one of these issues could help or hurt the effectiveness and survival of your private practice. I would hope that every private practitioner would support any initiative to advocate on behalf of these issues. There is one initiative that is crucial to our efforts: PT-PAC.

PT-PAC provides opportunities to build relationships with members of Congress. Without PT-PAC, there is no avenue that will guarantee the ability to talk to health care decision makers and congressional staff about issues that concern the profession. Just recently, APTA member Rob Jordan attended an event on behalf of PT-PAC in Arkansas for Senator Blanche Lincoln. Rob was able to spend three hours on a fishing boat with Senator Lincoln. This past fall, other PPS members like Mark Rutledge (SC), Jan Richardson (NC), Art Chase (ME), and Drew Bossen (IA) met with their legislators thanks to PT-PAC. This is quality time to talk about health care legislation, not a short five-minute discussion.

PT-PAC also helps physical therapy–friendly candidates get elected to Congress. In the 2007–2008 election cycle, 92 percent of the candidates who PT-PAC supported won on Election Day. More than $1.3 million was contributed to these candidates’ campaigns based on their views on the profession’s goals and legislation.

I have heard many misconceptions about PT-PAC since I arrived at APTA:

- Medicare Therapy Cap
- Direct Access
- Physician Self-Referral
- Reimbursement
- Workforce Issues

Can’t personal and corporate donations to PT-PAC be used for political donations? Federal election law prohibits corporate donations to federal campaigns. Any corporate donations received by PT-PAC are used for administration expenses. Personal contributions received by PT-PAC are 100 percent dedicated to political donations to candidates running for Congress who support the profession’s goals and viewpoints.

Who represents PT-PAC from the APTA membership? There are eight PT-PAC trustees from the APTA membership who oversee the fundraising and financial activities of PT-PAC. Currently, five of the eight trustees are PPS members.

In November at the PPS Annual Conference, PPS members stepped up and supported PT-PAC. Approximately $144,000 was contributed to PT-PAC, and 65 percent of the registrants at the Annual Conference contributed. While this is a great accomplishment, many more PPS members need to participate. In most years, only 30 to 40 percent of PPS members contribute to PT-PAC every year.

As I mentioned earlier, there are plenty of issues that still need to be addressed in Congress. Without everyone’s support of PT-PAC, opportunities with members of Congress are lost. Less money means fewer events to which we can send PPS members to talk to members of Congress and their staff about how health care legislation affects their private practice.

It’s an election year, so there will be plenty of requests from campaigns to be involved, but will PT-PAC have the resources to participate? If we don’t, maybe one of the other provider groups will step in to articulate what the physical therapy profession is all about. This is our worst nightmare. Our voice must be heard instead of another group’s!

This year also provides a monumental opportunity. State Representative Elizabeth Coulson (R-IL) is running for Congress. She is an APTA member and has served twelve years in the state legislature. The seat she is running for is currently held by a Republican who has decided to run for the U.S. Senate. State Rep. Coulson’s current state representative district represents 30 percent of the congressional district. This is our best opportunity to elect a physical therapist to Congress, but she needs the support of the profession to win. PT-PAC has already contributed the maximum amount for her primary, which occurs on February 2. Please consider making a personal contribution to her campaign.
Get Involved in the Future of the Private Practice Section

Thank you for your interest in becoming a volunteer for your Section!

We are working to create a variety of exciting volunteer opportunities in the Private Practice Section (PPS). We want you to have the best volunteer experience possible, and we will work with you to discover the position that best suits your interests, skills, and availability.

☐ Yes, I want to serve in the Private Practice Section, APTA. Count me in!

Name __________________________________________________  APTA Member # _____________________

Practice ___________________________________________________________________________________

Address ___________________________________________________________________________________

Phone_____________________Fax ______________________Email __________________________________

Below please indicate what opportunities interest you.

Committees/Task Forces

☐ Annual Conference Program Work Group—Identifies and develops the educational programming for the PPS annual conference programming

☐ Awards Committee—Manage the annual member recognition programs to recognize members who have made exceptional contributions to the Section and/or the profession.

☐ CSM Program Work Group—Identifies and supports organization and development of programming for the PPS Section at the Combined Sections Meeting.

☐ Education Committee—Identifies and develops programs for regional courses, audio casts, webinars, and publications.

☐ Finance Committee—Monitor and review the financial activities of the Section, including its budgets, investments, and annual audit.

☐ Government Affairs Committee—Monitor and review proposed legislation and regulatory activities affecting private practice physical therapy.

☐ Impact Editorial Board—Assist in the development of an issue, overseeing production, contribute, and solicit articles to Impact, the official Section magazine.

☐ Membership Development Committee—Review and make recommendations to enhance Section services to the members.

☐ Payment Policy Committee—Review issues related to payment and take action to support or oppose issues that affect private practitioners. The committee provides resources and references to members on common issues.

(Turn sheet over for more opportunities)
Other Individual Opportunities

☐ Book Reviewer – Submit a business book review to share with members through IMPACT, the Section’s magazine.

☐ Booth Volunteer – Help out in the Section’s booth at PPS Annual Conference and/or APTA’s CSM and Annual Conference.

☐ Member Resource Program. Serve as a resource. Mentor your colleagues on business, professional, and legislative issues from practice start up to mergers and acquisitions, creating a basic billing system to developing a wellness program. See the PPS website to see the current Member Resource volunteers.

☐ Reviewer—Review publications or audio conferences that are in need of updating. Assist in recommending expansion of the PPS publication library.

☐ Speaker for an educational session at annual conference, CSM, regional courses, or audio/web cast. Please indicate topic(s) you can present in order of preference.

☐ Writer—Write an article for IMPACT, the Section’s magazine. Articles are 500-1000 words. If you already know a subject you’d like to write about connect with PPS.

☐ Other—Please describe: __________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please help us learn more about you.
Describe your previous volunteer experience (within PPS, APTA, and in another organization)
________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please list what skills you would like to use or develop in the Private Practice Section.
________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please attach a brief bio or CV and mail this form to:

Private Practice Section, 1055 N Fairfax St, Ste 100, Alexandria VA 22314 or
Fax to: 703/299-2411.

Questions? Contact the PPS office at 800/517-1167 or by email at: privatepracticesection@apta.org
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Session:  How to Start a Private Physical Therapy Practice
When:  Tuesday, February 16, Noon - 6:00pm
       Wednesday, February 17, 8:30am - 4:00pm
Speakers:  Peter McMenamin, PT, MS, OCS;
           Kay Scanlon, PT, DPT, OCS; and
           Lynn Steffes, PT
* 1 1/2 day session = 11.25 contact hours

Session:  Current Concepts in Coding, Documentation and Compliance
When:  Tuesday, February 16, Noon - 5:30pm
       Wednesday, February 17, 8:30am - 5:00pm
Speakers:  Helene Fearon, PT; and
           Steve Levine, PT, DPT, MSHA
* 1 1/2 day session = 12 contact hours

Early bird registration deadline is December 23, 2009.

For more information, visit www.ppsapta.org
or call the PPS office at 800-517-1167.
by going to her website at www.coulsonforcongress.com. If you have additional questions, please contact me at my email address below.

The profession’s success in Washington, DC, really depends on each of us. Will we participate and support PT-PAC or allow others to step in and dictate who we are and what we do? It’s up to you.

Michael Matlack is director of Grassroots and Political Affairs, American Physical Therapy Association. He can be reached at 800-999-2782, ext. 3163, or michael.matlack@apta.org.

Contributions to PT-PAC can be made at www.ptpac.org or sent to 1111 N. Fairfax Street, Alexandria, VA 22314.

Contributions to PT-PAC are not tax deductible as charitable contributions. Contributions are voluntary. Your contribution will be used to support candidates for federal office who support physical therapy issues. The amount given by the contributor, or the refusal to give, will not benefit or disadvantage the person being solicited.

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What Will Health Care Reform Mean for the Private Practitioner?

By Michael Weinper, MPH, PT, and Jerry Connolly, PT

Health care reform will be a long haul. While we can all agree that our health care system needs to improve coverage and access to care—and reduce unnecessary costs—there’s no consensus on how to achieve those goals.

With all the twists and turns of the reform process, physical therapists wonder how it will affect their practices. While none of us can foresee the future, we can familiarize ourselves with the policies that could have a significant bearing on our livelihood and let our voices be heard by our legislators.

Legislative Issues with Implications for Private Practitioners

Understanding the potential outcomes of legislation will help physical therapists plan key business decisions and tactics. The following issues are most relevant for private practitioners:

Health care information technology. Billions of dollars in health care information technology (IT) funds are likely to be doled out for electronic health records systems. While hospitals and physicians would qualify for IT equipment reimbursements in current draft legislation, physical therapists are not yet included. However, be alert for a bill that might give subsidies to a broader range of providers. You would not want to buy a system in January, for instance, only to find that you would have received a tax credit had you waited until June. Also, you may not want to invest a large sum of money in a computer-based documentation system without knowing how it would work with a new health care IT model. Undoubtedly, not all computer systems or programs will qualify for a tax credit even if physical therapists are included as eligible professionals.

Medicare sustainable growth rate (SGR). An effort to repeal the SGR formula and avoid a 21 percent Medicare payment cut to physical therapists and doctors in 2010 was defeated in October. Other legislation, either stand-alone or in conjunction with health care reform, can still prevent the cut and possibly kill the SGR formula for good. Failure to modify the SGR formula will have a devastating impact on all providers.

Medicare therapy caps. Congress has embraced the exceptions process to the arbitrary Medicare therapy caps and prevented the caps from being fully implemented in the past. However, without action now, the exceptions process expires December 31, 2009. Versions of health reform legislation on both sides of the Capitol would extend the exceptions process for two years, through 2012. However, the Medicare aspects of health reform bills continue to be tenuous, so physical therapists should monitor this issue very closely.

Physicians Quality Reporting Initiative (PQRI). The PQRI, which provides incentives to physical therapists who report quality data to Medicare, may be extended through 2012. However, rather than just being voluntary, the PQRI could become mandatory. Instead of getting a bonus for participating, you might be penalized if you do not participate. Physical therapists who have learned to measure and report outcomes consistent with PQRI will be well positioned here.

Medicaid reimbursement/coverage. Medicaid, which traditionally has been a low-reimbursement payer, could be required in the coming years to pay physical therapists the same as Medicare does. If Medicaid is used to expand coverage when more people become insured, you will get more business, but if Medicaid payment is not increased you will have more business with poor reimbursement.

Value-Based Purchasing (VBP). Watch for the trend toward VBP, in which public and private health care purchasers measure, monitor, and evaluate the quality they are receiving for the health care dollar spent. Medicare has already taken significant strides toward VBP; physical therapists who have demonstrably embraced quality and outcomes measurement will be better prepared to deal with VBP programs.

Wellness and Prevention. Much attention is being paid to wellness and prevention as a way to reduce health care costs. If these provisions remain in the final health reform legislation, this could result in additional business for physical therapists who are offering health and wellness services in their clinics.

What Physical Therapists Can Do to Prepare for a Changing Health Care Landscape

While health care reform is up in the air now, the finalized policies will affect private practitioners both as business owners and as therapists. When reform passes—in whatever form—it could result in more than thirty million newly insured people who historically tend to have more health problems as a result of neglect from having no care for many years. There is likely to be a rush for services by this new population for benefits they had not been getting before, and a corresponding increased demand

[NOTE TO READERS: This article was written two months prior to publication.]
for physical therapy. But keep in mind that the legislation is just one phase of health reform. Considerable regulatory activity will be required to implement health care coverage and insurance reform legislation.

If there was ever a time to become politically and financially involved, it’s now—not only for your own practice, but also as a citizen. Here are some ways to be aware and proactive during the reform process:

1) Let members of Congress know how you feel with letters, emails, phone calls, and meetings with them and their staff members.
2) Go to the APTA Health Care Reform Resource Center to find out how you can take action, and make sure you’re on their list for email blasts: http://www.apta.org/AM/Template.cfm?section=Advocacy&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=57558
3) Donate to the PT-PAC, the Physical Therapy Political Action Committee, formed to empower physical therapists to be more involved in the determination of federal laws and policies.
4) Participate in professional organizations’ grassroots activities. For example, PTPN’s Political Action Center (online at ptpn.com) gives PTPN providers and other interested parties access to PTPN’s lobbying and political action activities.

The bottom line is to be knowledgeable and nimble. Stay tuned for a sequel with an analysis of what the final legislation will mean for all of us.

Michael Weinper, MPH, PT, is president of PTPN, the nation’s largest network of independent rehabilitation professionals in private practice. He can be reached at Mweinper@ptpn.com.

Jerry Connolly, PT, is a registered lobbyist in Washington whose rehabilitation clients include PPS, PTPN, and FOTO. He can be reached at Jerry@connollystrategies.com.
**4R Leadership Model: Growing a High-Performing Team**

By Jim Hoyme, PT, MBA

Everyone who is reading this article is likely in a leadership role. But how do you choose to lead? Are you leading for results? Are people following you? Do your “followers” benefit from having you as a leader? Are you growing as a leader? How do you know? As a leader, you should ask yourself these questions every day.

So where do you get your answers? There are many leadership authors to whom you can turn—Maxwell, Covey, Whitman, and Collins, to name a few. Or how about the many inspirational leaders who have led by example and results? Martin Luther King Jr., Ronald Reagan, Rudolph Giuliani, John Wooden, Pat Summit, and Tony Dungy certainly come to mind. While these leaders offer many inspirational thoughts and examples, there is no “leadership gold standard.”

A defined leadership approach can greatly assist a physical therapy practice as it strives to grow the organization and its people. The model presented in this article is designed to grow your team through a shared purpose, strength-focused personal development, effective followership, and transformational leadership.

**Shared Purpose**
The leaders of the practice must determine and communicate its vision and mission. These tenets define the direction of the organization—where we are going, why we exist, and how we will get there. The direction of the organization must be brief yet compelling. Leaders must convey this message to the team and take steps to ensure that everyone understands, embraces, and contributes to achieving the organization’s purpose.

**Strengths**
Everyone brings a unique combination of strengths to the team. Focus on strengths, not on weaknesses, and surround yourself with others whose strengths compliment your own. Build a well-rounded team and support team members’ efforts to grow the talents they bring to the organization.

In his books *StrengthsFinder 2.0* and *Strengths Based Leadership*, Tom Rath provides an inexpensive yet meaningful process for revealing and analyzing personal and team strengths. The book *StrengthsFinder 2.0* defines thirty-four personal strengths in the groupings of strategic thinking, execution, relationship building, and influencing. An online assessment determines one’s top five strengths and how the combination can grow to bring greater value to the team.

**Followership**
The foremost prerequisite of leadership is getting people to follow you. Good followers contribute to your strategies and tactics, resulting in the achievement of your practice’s vision, mission, and objectives. Developing your followers into Self-Starters (see Table 1) will help them grow as leaders and become more engaged in your organization’s efforts.

**4R Transformational Leadership Model**
Now that you have aligned your core purpose, your team’s strengths, and your followers, you are ready to decide how you will lead your team. Transactional leadership is the most common fundamental leadership approach and typically involves one leader with a number of followers. It has a very simple core: “Do this and I will give you that.” Transformational leadership, on the other hand, involves the development of many leaders, and is about “How can we do this for the team?” Transformational leadership revolves around team building and aligning people with their strengths. Essentially, it creates a leadership culture that grows new leaders.

The 4R Leadership Model is rooted in transformational leadership. It provides a practical, well-defined, and easy-to-understand framework from which to assess and grow your own leadership strengths and maximize your team. The 4 Rs—Relationships, Roles, Responsibilities, and Results—are defined by individual elements. Although effective leaders focus on maximizing only their strengths, they must consistently deliver on all elements of the 4R model. Table 2 provides a very simpli-
fied explanation of this integrated model.

Each of the Rs is compartmentalized but the elements of each are very interrelated. Building trusting DICE+ relationships, filling every role, and effectively performing each responsibility will help you lead a high-performing, results-oriented team.

So, how will you choose to lead? Create a compelling vision, build on your strengths, develop your followers, and transform your team. Amazing things will happen in your practice.

Jim Hoyme, PT, MBA, of OSI Physical Therapy, Inc. in Oakdale, MN, can be reached at jhoyme@therapy partners.com.

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<tr>
<th>Table 1. Followership</th>
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<tr>
<td>Active Thinkers</td>
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<tr>
<td>Criticizer</td>
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<tr>
<td>Frequent communication</td>
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<td>Define purpose</td>
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<td>Clarify objectives</td>
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<tr>
<td>Get agreement</td>
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<tr>
<td>Special projects</td>
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<tr>
<td>Recognize and reward</td>
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<tr>
<td>Strong ideas</td>
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<tr>
<td>Conflict</td>
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<tr>
<td>Suspect conspiracy</td>
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<tr>
<td>Negative energy</td>
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<tr>
<td>Influence converts</td>
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<tr>
<td>Passive Thinkers</td>
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<tr>
<td>Slacker</td>
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<tr>
<td>Confront</td>
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<tr>
<td>Set clear expectations</td>
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<tr>
<td>Clear standards</td>
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<tr>
<td>Watch closely</td>
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<td>Hold accountable</td>
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<td>Do-er</td>
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<tr>
<td>Loyal</td>
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<tr>
<td>Dependable</td>
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<td>Take direction well</td>
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<td>Positive spirit</td>
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<th>Table 2. The 4R Leadership Model</th>
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<tbody>
<tr>
<td>Relationships – DICE+</td>
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<tr>
<td>Dynamic Determination – a strong</td>
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<tr>
<td>yet humble will to achieve what</td>
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<tr>
<td>everyone in the practice sees and</td>
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<tr>
<td>feels</td>
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<tr>
<td>Intellectual Flexibility – an</td>
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<td>open-minded effort to seek others’</td>
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<tr>
<td>input, listen, and validate their</td>
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<tr>
<td>opinions and ideas</td>
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<tr>
<td>Character – integrity; moral and</td>
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<tr>
<td>ethical behavior; respected by all</td>
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<tr>
<td>Emotional Maturity – stability;</td>
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<tr>
<td>even-tempered behavior; avoidance</td>
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<td>of emotional decisions</td>
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<tr>
<td>Partner Up – a sincere ability to</td>
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<tr>
<td>connect and partner with all team</td>
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<tr>
<td>members, helping them grow as</td>
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<tr>
<td>leaders</td>
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<th>Roles</th>
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<tr>
<td>Mentor – coach; take the time to</td>
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<tr>
<td>help people grow and learn</td>
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<tr>
<td>Change Agent – analyze internal</td>
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<tr>
<td>and external situations; drive</td>
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<tr>
<td>change that leads to success;</td>
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<tr>
<td>build a learning culture</td>
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<tr>
<td>Spokesperson – connect with</td>
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<tr>
<td>customers; find out what they</td>
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<tr>
<td>want, need, and expect; convey</td>
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<tr>
<td>how you will deliver it</td>
</tr>
<tr>
<td>Direction Setter – convey the</td>
</tr>
<tr>
<td>mission of the organization to</td>
</tr>
<tr>
<td>the greater community</td>
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<th>Responsibilities</th>
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<tr>
<td>Cast Vision – create a compelling</td>
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<tr>
<td>vision and ensure all in the</td>
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<tr>
<td>practice embrace and contribute to</td>
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<tr>
<td>Develop Strategy – analyze</td>
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<tr>
<td>obstacles and opportunities and</td>
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<tr>
<td>develop a plan that differentiates</td>
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<tr>
<td>from competitors</td>
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<tr>
<td>Align Teams – align people with</td>
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<tr>
<td>strengths and passions; seek input</td>
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<td>from individuals; let people feel</td>
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<td>“ownership”</td>
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<td>Inspire People – motivate team</td>
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<td>members through alignment, trust,</td>
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<td>compassion, stability, hope</td>
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<th>Results</th>
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<td>Vision, mission, objectives,</td>
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<td>goals, benchmarks, key</td>
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<td>performance indicators; high-performance team culture</td>
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Suggested reading:
At one point or another during a physical therapist’s (or physical therapist assistant’s) career, he or she considers whether now is the appropriate time to purchase individual professional liability insurance coverage in addition to any such coverage that may already be provided through an employer. The answer to this question is dependent upon a number of factors, including the physical therapist’s practice patterns, financial situation, and risk tolerance. In determining whether individual coverage is appropriate, a number of common myths either individually or collectively may lead to a misinformed decision. The purpose of this article is not to advise readers whether or not individual coverage is necessary, but rather to clarify some of the common myths surrounding individual coverage so that readers may make an informed decision.

Protection of the Individual’s Interest

MYTH: In a professional liability claim involving an individual physical therapist and an employer, the physical therapist and employer’s interest will be aligned because both parties are defending their collective and cumulative actions against the claims of the plaintiff. An employer will always be supportive of an employed physical therapist in a professional liability lawsuit because this improves the likelihood that the claim will be resolved in favor of the defendants and neither party will be found liable. As a result, there is no need to secure individual coverage because the physical therapist’s interests will be adequately protected under the employer’s policy.

CLARIFICATION: “In some cases, the employee’s interests may not be aligned with those of the employer,” says Michael Loughran, executive vice president of Healthcare Providers Service Organization. For example, consider a claim based in part on a physical therapist’s failure to comply with an employer policy or a case in which the potential liability of the employer may be in excess of the available coverage limits. In such situations, the practice may seek to deflect liability to the employed physical therapist in order to protect the interests of the practice. “Protecting a physical therapist’s individual interests is particularly important today given the Healthcare Integrity and Protection Data Bank reporting requirements, which become applicable if the physical therapist is found to be a liable party,” Loughran notes. “If such a report is required to be filed as a result of the outcome of litigation, there can be a significant impact on the physical therapist’s career.”

Scope of Employment

MYTH: As an employed physical therapist, there is no reason to maintain individual coverage because it is very likely that all physical therapy services to be provided will be within the scope of the physical therapist’s employment. Therefore, the employer’s policy will provide adequate coverage for the employed physical therapist.

CLARIFICATION: “There are certain circumstances in which the employer’s coverage will not cover the particular services provided by the individual therapist,” Loughran warns. “For example, if a therapist provides services to a friend or acquaintance outside of the work place, sees patients on a part-time basis at a nursing home or in the home health setting, or provides physical therapy services as part of a community program outside of the work environment, the therapist is potentially left vulnerable from a coverage standpoint.” When appropriate individual coverage is in place, it follows the physical therapist regardless of whether the physical therapy services are provided on behalf of the employer or in another unrelated setting. “Having individual coverage eliminates the need to monitor any changes in coverage made by the employer such as a change in liability carrier or policy limits,” says Loughran. “Basically, many physical therapists find that individual coverage allows them to sleep better at night because they know that their individual interests are protected as they have secured an individual policy.”

Deep Pockets

MYTH: If a physical therapist carries individual coverage, it is more likely that he or she will be named individually in a lawsuit because this provides an additional policy limit for the plaintiff.
to recover against. For example, if the physical therapist and the employer both have separate policies with a $1,000,000 limit, it is more likely that the physical therapist will be named individually so that both insurance policies, totaling $2,000,000, are brought into play.

**CLARIFICATION:** “At the time a lawsuit is filed, it is unlikely that the plaintiff will have knowledge as to whether or not an individual physical therapist has their own coverage. As a result, it is unlikely that the decision to name an individual therapist in a complaint will be based upon the existence of individual liability coverage,” Loughran says. In cases where an individual has significant assets, the argument to carry individual coverage may be even greater. For example, in the event of a $1,500,000 verdict against an employer and employed physical therapist, it is beneficial to have sufficient coverage available to pay the claim through multiple policies (employer and physical therapist) rather than risk being personally responsible for satisfying a judgment.

**Scope of Coverage**

**MYTH:** There is no need to secure individual coverage because the physical therapist is essentially insuring against the same risks already covered by the employer.

**CLARIFICATION:** In many cases, professional liability insurance at the individual level provides coverage not provided by an employer policy. “For example, individual coverage often includes representation in the event of a disciplinary action filed by a state licensure board,” Loughran notes. “This coverage is a benefit not commonly provided under an employer policy.” Additionally, individual coverage covers the physical therapist for all physical therapy services provided within the scope of his or her license. “Physical therapists can secure individual coverage that will not only protect them for their employed therapy services, but also when moonlighting as an independent contractor, providing physical therapy consultant services, or otherwise providing services within the scope of physical therapy,” Loughran says.

The decision whether to carry individual professional liability insurance coverage is one that a physical therapist needs to reassess throughout his or her career. Based on the particular circumstances at a given time, a physical therapist may or may not elect to secure individual coverage in addition to that provided by an employer. Regardless of whether such coverage is ultimately secured, it is important that such a decision is an educated one and that the decision maker be well informed as to the myths, and facts, regarding such coverage. ■

*Paul Welk, PT, JD, is a Private Practice section member and a physical therapist attorney with Tucker Arensberg, P.C., where he frequently advises physical therapy private practices in the areas of corporate and health care law. Questions or comments can be directed to pwelk@tuckerlaw.com or 412-595-5536.*
One of the many benefits of being a physical therapist in private practice is the ability to quickly make changes in the direction, policy, and procedures of your practice based on the environment in which it exists. Some may call this “reading the tea leaves,” but we call it being prepared.

Rarely a week goes by without our offices receiving a call from a concerned private practitioner who is looking for help and advice because they have received a letter from a Medicare contractor, or a private insurance company, requesting medical records to determine whether payment for services already rendered will be provided or whether payments already made would have to be refunded. These incidents have become more frequent, driven in large part by third-party payers who recognize that many physical therapy providers lack an awareness of documentation, coding, and compliant billing practices. This creates an environment where recovering money that has been paid for services that do not meet benefit coverage guidelines has become, in the words of the many payers and their recovery agents, “low-hanging fruit.”

In the current environment, staying informed and having a clear understanding of payment information as it relates to your practice is critical, allowing you to recognize the impetus for the audits and investigations that have been growing in number and rightfully causing concern within our profession. This third-party focus on the payment for rehabilitation services provides an opportunity for private practitioners to examine their programs to better demonstrate that what we do, and how we do it, is worth the payment we receive—which in many cases is undervalued by the third party’s reimbursement methodology.

If we look through the eyes of the third party into our private practices, we can learn what changes are necessary to avoid getting caught in the net being cast by various government agencies and private review companies. At the same time, we can take this opportunity to make positive changes to our programs, policies, and process to highlight the benefits of physical therapy delivered by a private practice physical therapist.

Unwarranted variations in practice, typically caused by a “unique approach” to patient evaluation and treatment, may be perpetuated by physical therapists who tout this approach as a marketing strategy for their practices. But in reality, these unique and often inconsistent approaches to physical therapists’ management of patients are red flags to the third-party payer if they are not supported by clear, consistent, and complete documentation of both the clinical services and the administrative process. Individual practitioner approaches, when not informed by the best current evidence as a key characteristic of clinical programs or demonstrated outcomes, could become the root cause of what the third-party payer sees as excessive and potentially inappropriate utilization. The results may be demonstrated in less-than-optimal quality and efficiency of care.

Physical therapy, as seen from the third-party perspective, is notorious for demonstrating unexplained variations in practice patterns. These variations are typically the result of efforts to put into place various clinical protocols or policies that are not evidence-based, but instead use information gained in seminars or publications that do not consistently reflect current evidence. An example of this is the commonly documented frequency of visits that physical therapists in any outpatient setting deter-
mine as part of their initial plan for care, generally without taking into account the patient’s actual need for physical therapy. According to audits and national utilization reports, physical therapists continue to treat their patients with a visit frequency of three times per week, perform modalities (superficial heat and electrical stimulation) for twenty-minute intervals, and have patients perform exercises in patterns of three sets of ten. These patterns exist regardless of diagnosis or rationale for treatment. Private practitioners can change this third-party perspective by doing a better job of reflecting their program’s use of current evidence and demonstrating successful outcomes of their clinical approaches through more accurate documentation, coding, and billing practices.

The environment of increasing utilization of outpatient physical therapy services—as demonstrated through reports published by MedPAC to Congress, Centers for Medicare and Medicaid Services reports completed by the Computer Science Corporation, the Government Accountability Office, and others—is the force behind a movement that should encourage private practice physical therapists to take an enthusiastic lead in demonstrating this change. To add more fuel to this fire, in both 2009 and 2010, the Office of Inspector General (OIG) Work Plan has singled out physical therapists in private practice as an area for focused investigation. The OIG, whose mission is to “protect the integrity...of [Department of Health and Human Services] programs...through a nationwide network of audits, investigations, and inspections,” has indicated it will “review outpatient physical therapy services provided by independent therapists to determine whether they are in compliance with Medicare reimbursement regulations.” The OIG bases this focus on prior work that has “identified claims for therapy services by independent physical therapists [that] were not reasonable, medically necessary, or properly documented.”

As private practitioners, much time is spent trying to keep current in all the issues related to running a business, as well as in providing high-quality and effective care to our patients.

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Attend Helene and Steve’s PPS Preconference one-and-a-half-day presentation at the Combined sections Meeting from noon to 5:30 p.m. on Tuesday, February 16, and 8:00 a.m. to 5:30 p.m. on Wednesday, February 17, titled “Current Concepts in Coding, Documentation, and Compliance.”

PAYMENT, continued on page 46
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  • February 9, 2010, 2:00-3:30 pm Eastern
  • Thomas L. Sevier, MD, FASCM
❖ “Making It or Breaking It: How You Can Create Loyal Clients & Referral Business”
  • March 16, 2010, 2:00-3:30 pm Eastern
  • Erika Trimble

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PAYMENT, continued from page 45

Even with the best of intentions, this balance is often not achieved, and unfortunately the result can be costly in terms of both reputation and the practice’s bottom line. Take advantage of the information available in the various venues of the web, publications, courses, and other professional networking to give yourself an advantage, and take part in changing the third-party perspective to one that puts physical therapy and the private practitioner as the first approach in beneficiaries’ efforts to achieve a successful return to function.

Stephen M. Levine, PT, DPT, MSHA, of Fearon & Levine, Practice Management Consulting for the Rehabilitation Professional of Ft. Lauderdale, FL, can be reached at 954-745-7907 or stevelevine@fearonlevine.com.

Helene Fearon, PT, of Fearon & Levine, Practice Management Consulting for the Rehabilitation Professional, can be reached at 954-745-7907 or HeleneFearon@fearonlevine.com. Visit their website: www.FearonLevine.com.

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Editors: Peter J McMenamin, MS, PT, OCS, and James E Glinn Sr, PT
174 Pages, 2002

Transitions: How to Position Your Physical Therapy Practice and Create Your Succession Plan

Have you considered a succession plan for your practice for the time in 5, 10, or 20 years or more when you will want to exit? Are you a PT who is interested in gaining ownership into a practice and looking for opportunities? This manual will assist physical therapy private practice owners in creating succession plans that are beneficial to both buyers and sellers of practice equity, and that keep ownership of the business, science, and art of our profession in the hands of physical therapists.

James E Glinn Sr, PT, and Jan Glinn
126 pages, 2008

Private Practice: Strategies for Everyday Management

A vital resource for any private practitioner! This guide contains information needed to start up and manage a private practice. Chapters include planning, financial management, personnel management, marketing, reimbursement, office management, and customer service as well as a list of important resources.

Private Practice section of APTA
160 pages, 1998

The Valuation of a Physical Therapy Practice

Know the value of your practice and determine your assets for a loan, plan for retirement, merger, acquisition, or sale. This book examines the various methodologies utilized in establishing the value of a physical therapy practice. Understand the financial and strategic issues involved in valuing your practice and learn how to advance the overall value of your practice.

Philip W Rhoades, MBA, FACMPE
41 pages, Revised 2003

Impact Magazine

Published 11 times per year, Impact provides information about legislative and regulatory actions that affect you, need-to-know tips about managing your practice, the latest resources from the section, and much more. Impact is a member benefit to PPS members. Non-members may purchase an annual subscription.

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January 2010 Impact - 47
The 2009 PPS Annual Conference & Exposition provided a new direction for practice administrators. This year, under the leadership of Laurie Kendall-Ellis, PT, executive director of PPS, the Administrators Council created new and exciting opportunities for practice administrators.

The program at the Broadmoor offered a breakfast and lunch with speakers who challenged us to stay informed and diligent. Gwen Simons, Esq., PT, OCS, FAAOMPT, and Seth Cowand, CISSP, a certified information systems security professional, gave a compelling presentation about private health information security and how administrators must be proactive to prevent security breaches. Together, they covered the Health Information Technology for Economic and Clinical Health (HITECH) Act and the Health Insurance Portability and Accountability Act (HIPAA) and what administrators need to know for a high level of compliance regarding security issues.

The luncheon on Friday focused on how to make change both vibrant and sustainable. This presentation, by Matthew Taylor, PT, PhD, helped administrators understand the science of change by creating positive feedback systems from which to fuel growth and ingenuity. Many examples were provided of how others have turned “lemons into lemonade.”

The new direction for administrators came in the form of a new focus for the future. Building on a teleconference held in August, a small group of practice administrators met on Thursday evening and voted to promote a new structure and goals for the group. With this change come new and more purposeful vision and mission statements, revising those that were the guiding principles in previous years. The group, through its board liaison, has petitioned the PPS board of directors to formally accept the new vision and mission statements and the revised organizational structure.

The recommended organization structure consists of four committees: Payment/Policy; Administration Certification Program; Communications; and Education. The respective chairs for these committees are: Bob Sweinhart; Jennifer Fisher; Patrick Flynn; and Connie Ziccarelli. In addition to their committee responsibilities, these individuals will form the Advisory Council to the Administrators Council Chair. Under the current plan, each committee chair will work closely with the PPS board of directors liaison in an exchange information designed to enhance the flow of communication and market response.

Jenn Fisher’s committee, the Administrators’ Certification Program, is a new and innovative program that is not duplicated at the PPS level. This group has been tasked to develop the first ever certified practice administrator program (here abbreviated as cPA). This program will consist of five to eight modules of core studies that will be offered at future PPS annual conferences. The course of study will cover the essential elements of practice administration and will conclude with testing. Successful participants will be awarded designation cPA, earning the right to display those credentials as recognition of competency. Most likely, continuing education will be required in order to retain the cPA designation. This committee, in conjunction with PPS and APTA, will work to fully develop and implement this program.

These are exciting new directions for administrators at PPS. Additional opportunities are being developed. These include webinars, teleconferences, and other activities that will provide timely information to inform and enhance the knowledge base of administrators. If you are not a member of the PPS Administrators Council, this is a great time to get involved. Committee chairs need volunteers to make the committees work. As with any endeavor, you get out of it what you put into it. And for an annual membership cost of $50, the buy-in is exceptionally affordable.

It’s a new group with a new structure and a new direction. Time for you to get involved.

**THE ADMINISTRATIVE EDGE**

**Administrators Council Plots New Direction at Annual Conference**

By Jay Jones, CWCP

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It’s a new group with a new structure and a new direction. Time for you to get involved.

Jay Jones, CWCP, is executive director of Southern Physical Rehab Network and the executive director of the Alabama Physical Therapy Association. He is the chair of the PPS Administrators Council, and can be reached at jaypllx@bellsouth.net.
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Scottsdale, AZ

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Lawrence Marvin Kerr, PT
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Anita Lanute
Elmhurst, IL

Welcome New Members!
INSIDE PPS

PPS Strategic Planning Process

Terry C. Brown, PT, COMT

The Private Practice section has a long and glorious history that has had its ups and downs but today remains a potent force in representing a vital player in the delivery of health care. While we as an organization stand strong financially and in membership, the world around us continues to change at breakneck speed. The question your board of directors is asking in this ever-changing environment is “How do we best serve our members?” As in each of our businesses, there comes a time that we need to step back, take inventory, and plan where we are going and how we intend to get there. This process is called strategic planning. This year, we as a board undertook this planning process to define the direction of the Private Practice section for the next three years. Our goal in the process was to have a dynamic think tank leading to an effective outcome: a powerful strategic plan for PPS.

It started in May with the selection of GinCommGroup and Ginger Nichols as our facilitator. Ms. Nichols has vast experience in leading planning sessions for professional associations. Together with staff, she formed a project schedule and the process...

SECRETARY’S REPORT

PPS Board of Directors 2008–2009

By Julie Ellis, PT, SCS, CSCS

I would like to outline the important actions and decisions that occurred during the 2009 board of directors meetings. The PPS board meets four times a year to discuss all aspects of the business of running the Private Practice section of APTA. In this article I will outline the duties of the board, the services of the PPS, and our major actions that influence your success as an owner of a physical therapy practice.

1. Duties of the board: The PPS board is an elected body of officers. The board is completely volunteer with the benefits of having travel, lodging, and the annual conference reimbursed. We meet in person four times per year (CSM, May, August, and annual conference). In addition, we have monthly conference calls and daily emails. The board has the written responsibility to act on behalf of the section, and we always seek legal counsel prior to making decisions.

2. State of the section and services provided to members: As of 2009, the PPS has a very solid financial statement. We have enjoyed the largest attended annual conference in PPS history (1,145 attendees). We have an experienced board that is committed to providing services to members. We have an excellent staff that communicates daily with APTA to enhance member benefits and to create web-based services, publications, and educational seminars to help physical therapists succeed in business.

3. Actions of the PPS board:
   a. Membership survey—member survey generated goals for the strategic plan
   b. Strategic plan—the strategic plan focuses on the needs of members
   c. Lobbyist—PPS hired a lobbyist to meet needs of PPS
   d. Publications—Impact, How to, Transitions, and more
   e. Courses, webcasts, podcasts—website for monthly updates on education designed to help your practice grow and survive
   f. Legislative action – ongoing
   g. Educational Institute—funding helps focus on research to benefit PPS

The PPS board wants to hear from you. We want feedback on our activities, and we welcome input from all of our members. Please consider volunteering for one of our committees. A volunteer form can be found on the PPS website.

Julie Ellis, PT, CSCS, is secretary of the Private Practice section. She can be reached at jept@magiclink.com.
cess was under way. Throughout the summer, additional back‑ground materials were gathered and reviewed and a planning team was formed. The team consisted of the board of directors, several committee chairs, and selected members. Special care was given in selecting members with diverse backgrounds to paint the broadest picture possible in the process. Member surveys and participant surveys were undertaken and reviewed, and Ms. Nichols prepared a final agenda.

From August 25 to 27, the group of twenty‑one met in Alexandria, VA, and began what could only be called a controlled frenzy. No stone was left unturned, no idea not discussed. The Mission Statement and Vision of the section were reviewed and modified to reflect our reason for existence and where we want to be in the future. We then tackled long‑range goals and objectives. The goals define our desired result of what we must achieve to get to our vision; the objectives are the activities to accomplish the goal. Four long‑range goals were defined: Advocacy, Education, Membership Benefits, and Membership Development. Objectives were created for each goal, keeping in mind our desire to accomplish the goals within the next three years. It was an impressive two days, with great minds and sharp wit rapidly firing ideas and dreams about the room. With the professional leadership of Ms. Nichols, we were able to compile these imaginings into a remarkable plan that will set the tone for PPS activities for the next three years. I want to personally thank each member of the planning committee and PPS staff for their steadfastness to the process and their unreserved effort in this undertaking.

I look forward to each of you reading the plan and envisioning the future of private practice and this section. I ask that you foresee your place in the prospect of what private practice physical therapy will be in the future.

Terry Brown, PT, is PPS Vice President. He can be reached at (502) 223‑7403 or tcbpt@cwiweb.net.

[Note: The PPS Strategic Plan appears on page 46.]
The Private Practice section (PPS) Combined sections Meeting (CSM) program work group would like to invite you to attend the outstanding programming at CSM 2010 in San Diego, CA. We have a team of PPS members working to select programming specifically to meet your needs. We encourage you to submit possible educational programming for the 2011 CSM at the beginning of the year.

PPS is sponsoring two preconference courses and six educational sessions that are developed with you, the private practitioner, in mind (see schedule at right).

The APTA Combined sections Meeting gives you the opportunity to network with your peers, meet the PPS Board of Directors, and attend educational sessions. We look forward to seeing you in San Diego!

Jeanine Gunn, PT, DPT, is chair of the PPS CSM program work group. She can be reached at jeanine.gunn@comprehensiveptcenter.com.

Tuesday, February 16, and Wednesday, February 17, Preconference courses:

- How to Start a Private Physical Therapy Practice
  Speaker: Peter J. McMenamin PT, MS, OCS; Kay Scanlon, PT, OCS, Dip MDT; Lynn Steffes, PT

- Current Concepts in Coding, Documentation, and Compliance
  Speaker: Helene Fearon, PT, and Steve Levine, PT, DPT, MSHA

Thursday, February 18:

- Own Your Future: Is an Opportunity in Private Practice for You?
  Speaker: Lynn Steffes, PT

- Using Key Performance Indicators in Practice Management
  Speaker: Sturdy McKee, MPT

PPS Board Meeting: 6:30 p.m. to 10:30 p.m.

Friday, February 19:

- The Physical Therapist and the Workers’ Compensation Industry: Tearing Down the Tower of Babel
  Speakers: Kevin Basile, PT, OCS, MTC; Matthew Heintzelman, PT; Mike Kamrad, PT; Roger Nelson, PT, PhD, FAPTA

- Bridging to Best Practice: Translating Evidence to Improve Efficiency, Effectiveness, and Marketability
  Speakers: Eric J Hegedus, DPT, MHSc, OCS; Sean McEnroe, PT; Jennifer Moody, DPT

PPS Business Meeting: 5:30 p.m. to 6:30 p.m.

Saturday, February 20

- Market Analysis: How to Predict Success Before Spending Money
  Speaker: Tannus Quatre, PT, MBA

- 2020 Focus on Advancing Physical Therapy Clinical Practice
  Speaker: Robert E. DuVall, PT, DHSc, MMSc, ATC, OCS, FAAOMPT, CSCS

Jeanine Gunn, PT, DPT, is chair of the PPS CSM program work group. She can be reached at jeanine.gunn@comprehensiveptcenter.com.
Mission Statement
A *mission statement* is an organization’s reason for existence. It establishes what the association does and for whom. A good mission captures what is unique about an organization and serves as a touchstone against which all other activities are judged.

*The mission of the Private Practice Section is to foster the growth, economic viability and business success of physical therapist-owned practice to benefit the public.*

Vision
A *vision* is a description of what the organization wants to be in the future as it successfully fulfills its mission. It is more aspirational than a mission statement and should help to inspire the leaders, staff and members.

*Through membership in the Private Practice Section, physical therapists are empowered to achieve management excellence, professional success and equity interest in their practice.*

Long-Range Goals & Objectives
A *goal* is the end or desired result toward which effort is directed. It is a general statement of what the organization must achieve to attain its vision. Goals are long range, providing some structure and stability to the plan.

*Objectives* are the specific, measurable activities that help an organization accomplish a goal.

Long-Range Goals
1. **Advocacy:** PPS will be the voice of private practice physical therapists through focused lobbying on issues affecting daily practice.

   **Objectives:**
   1.1. Increase legislative advocacy by retaining a lobbyist to focus on PPS issues, in collaboration with APTA.
   1.2. Establish a mechanism to identify and gather data supporting advocacy initiatives related to payment policy, direct access, and POPTS.
   1.3. Create relationships, in collaboration with APTA, with national third-party payers.
   1.4. Strengthen PPS’ grassroots network by fostering private practice SIGs in chapters and creating strong national-state linkages.

2. **Education:** PPS will assess, promote and deliver education in the areas of physical therapist ownership and practice management.

   **Objectives:**
   2.1. Create a practice management curriculum that includes courses of value to both current private practice owners and physical therapists who may have an interest in moving into private practice ownership.
   2.2. Develop a PPS-related think tank to address the benefit of private PT practice services and delivery.
   2.3. Create appropriate, innovative business models for partnering with other professions.
   2.4. Develop strategies to create an entry level clinical internship model, in conjunction with the educational community.

3. **Membership Benefits:** PPS will enhance technological and traditional resources to facilitate physical therapist success in private practice.

   **Objectives:**
   3.1. Broaden PPS education opportunities through web-based training and other new technologies.
   3.2. Enhance PPS website to include: syndicated content, search and archives, useful resources, dynamic menus, improved navigation, modern web styles for content.
   3.3. Create new, practical tools for new and established owners.

4. **Membership Development:** PPS will increase the size and involvement of membership representing the full spectrum of physical therapy.

   **Objectives:**
   4.1. Create an association-wide membership marketing plan that focuses on both recruitment of new members and retention of current members.
   4.2. Provide opportunities for students to engage with PPS, including a mentorship program and a student SIG.
   4.3. Develop slide show for use prior to each PPS presentation at CSM.
   4.4. Appoint a taskforce to analyze and provide recommendations regarding PPS dues structure, annual conference cost, and possible promotional or incentive programs related to membership and conference fees.
### 2009 Impact Annual Article Indexes

*Impact* strives to provide information that can be used to support our profession and our businesses throughout the year. Articles can also be used for reference and for educational purposes. Annual article indexes, organized by issue theme/subject and by author, provide readers with convenient tools for finding information published during the previous calendar year. *Impact* and its indexes are archived on the PPS website. To access *Impact* on the PPS website, go to www.ppsapta.org, log in as a PPS member, and click on the *Impact* tab at the top of the screen.

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