



# Home Health Section

Vol 43, No 4, Summer 2008

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*Students in Home  
Health*

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## Home Health Student Affiliations: Options and Opportunities

by Jennifer Walsh, PT, DPT

Clinical internships, or affiliations, are hands-on work experiences designed to help students integrate all the academic knowledge gained into performance concurrent with entry-level Physical Therapist practice. As the level of autonomy in Physical Therapy practice increases, new graduates in all settings must achieve a high standard of professionalism to perform as practitioners of choice and to achieve and maintain the respect of the medical community and the public. Nowhere is this more essential than in the profession of Home Health Physical Therapy.

Home health therapists practice independently in unsupervised environments. In order to effectively meet patient needs, they must understand and incorporate knowledge from other disciplines into their critical thinking processes. As the population continues to age and financial pressures shift patient care out of more costly inpatient centers, home health will continue to expand as an industry. We, as the current practitioners, need to evaluate how to provide qualified practitioners to meet the projected needs.

Traditionally, students were encouraged to get "a few years experience" in an inpatient or outpatient setting after graduation, and then perhaps "do a little home health on the side." In turn, many agencies have not been will-

ing to consider a candidate who has less than 1-3 years work experience in an inpatient setting. Sadly, these images of home health still exist, and continue to be taught to students in schools today.

Employers may be hesitant about hiring new graduates in home health, fearing that the costs of the increased up-front training and supervised practice time may just be too prohibitive. They may also worry that the new graduate's skill sets are just not broad enough to cover the many often emergent situations that a home health therapist may encounter. Clinical affiliations in home health provide a unique opportunity to provide appropriate students with the advanced critical thinking skills and some of the setting-specific training that is required for independent practice, thus reducing some of the new-hire investment. In addition, once a student has completed a positive affiliation in home care, and subsequently seeks employment as a new graduate, the employer can be more certain that the candidate is committed to the practice, reducing the risk of turnover and cost of rehire.

Another concern with home health clinical affiliations is staff willingness, given the independent nature of the profession. A therapist who might con-



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The Home Health Section *Quarterly Report* is the official publication of the Home Health Section of the American Physical Therapy Association. It is published four times per calendar year (April, August, October, and December). The newsletter will be received by members approximately 6 weeks after press deadlines. If you do not receive your copy in this time frame, please notify the Section. If you have materials you would like to be considered for publication, please send them to:

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The press deadlines are:  
**Spring Issue - March 15**  
**Summer Issue - June 15**  
**Fall Issue - September 15**  
**Winter Issue - November 15**

Advertisements may be published in each issue. Advertising rates and details are available from the Section website, [www.homehealthsection.org](http://www.homehealthsection.org), or by contacting the Section office at 866-230-2980 (Mountain Time).

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## Home Health Section

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sider being a Clinical Instructor (CI) in a facility with other therapists to consult with may be less inclined to assume this task than in a setting where they practice completely independently. Staff may be concerned about productivity expectations, and the additional stress that may ensue. Creative solutions to these and the many other issues that arise do exist. In this edition of the newsletter, you will read an article written by a CI and by a student-turned-employee. Consider their perspectives as you think about the direction our profession is heading, and our responsibility to train the professionals who will meet the need.

Prior to initiating a student program, the home health agency should do a strengths and opportunities analysis. Knowledge of the resources available will help guide decisions regarding the design or model the affiliation will follow. Staff availability, patient populations treated, geography, specialty programs, hospital resources if applicable, and community contacts are all vital resources to be considered when developing a program.

Learning objectives and instructional methods for a clinical affiliation in the home health setting need not be drastically different than those in traditional clinical settings. Students will learn by observation, guided instruction and practice, dialogue with the CI, journaling, reading materials, and completion of a case study or final project of some sort. Students also learn through teaching; including patient, peer, and community education. Larger agencies conducting research can utilize student input to enhance the learning experience.

For a traditional length affiliation (8-12 weeks), three basic clinical education designs lend themselves well to the home health setting. The Traditional Design pairs one CI to one student for the entire affiliation. That CI is responsible for planning and guiding the student's learning experiences. This is the model described in the companion article in this newsletter. In that article you will find the structure, strengths, and weaknesses of this model thoroughly summarized.

A less common design is the Interdisciplinary-Cooperative Design. This design offers the student two or more CI's, from the same or different disciplines. In this model, the student would spend at least 50% of his or her time with their primary CI (PT) learning to provide care for the general home health population. The student would then follow his or her primary patients' care with all members of the interdisciplinary team, including nursing, occupational therapy, speech therapy, medical social services, and palliative care/hospice transitional services as appropriate. This affiliation design would be ideally suited for a larger agency with multiple staff on well defined geographic or medically-based teams, where the student would share common patients with the same practitioners from the other disciplines. The primary strength of this model is the strong focus on interdisciplinary education and communication, which is crucial for successful performance in today's home health environment. In addition, a tendency towards management of medically complex and diverse patients would occur as it is these patients who often require multidisciplinary care. One drawback to this model is that the student will practice physical therapy only when directly supervised by the CI. Interdisciplinary exposure is observational. The other disciplines involved can then be solicited for feedback on the student's interpersonal skills and ability to function as a member of the interdisciplinary team. An additional concern is that a large amount of initiative is required on the part of the student and the CI to coordinate the activities and observations. The Interdisciplinary-Cooperative Design also provides the opportunity for students to research, network, and observe available community resources (social service programs, DME's, community education programs, outpatient services, transportation options, etc). This knowledge can be invaluable to the new graduate beginning a career in home health PT.

The Specialty Design for clinical affiliations involves two CI's on different rotations to one student. These rotations could be geographic, medical, or based upon specialty programs available within the agency. An agency

based in a city that covers outlying rural areas can provide a student with the full spectrum of experiences in a wide variety of socioeconomic climates. The student may spend half the affiliation with one CI providing care in the inner city, and a second in rural areas. Provision of services varies greatly from the city rural care where the homes may be far from hospitals and other basic necessities, teaching students the skill of using available resources and solving problems spontaneously. A specialty design affiliation could be structured based on existing medical teams in the agency. For example, students could spend portions of their affiliations with PT's who focus on general medical care vs. orthopedics vs. cardiopulmonary vs. palliative/hospice care. Or the specialty design affiliation could be designed for a student who has an interest in a specific specialty program that is available at that agency. The student could spend half the affiliation learning general home care, and the other half learning cardiopulmonary, telemedicine, orthopedics, neurology, pediatrics, assistive technology and powered mobility, wound care, or whatever specialty programs and staff could provide. The advantages of the specialty design is that the student has the opportunity to gain in-depth knowledge about a patient population or technique of their interest, and that it is a flexible design that could be easily adapted by many sizes and types of home health agencies. One drawback to this design is that coordination is required between the two CI's to keep the student's experience cohesive, although not as much as the previous design.

One final consideration prior to initiating a home health student affiliation is the supplemental learning experiences that the agency may have to offer students. If the student is affiliated with a hospital, perhaps he/she can observe surgery, and follow a patient through the continuum of care. Or perhaps the student could spend a day with the hospital referral network, learning how discharge planning and placement occurs. As the student-CI pair in the matching article did, networking and observational settings can be ar-

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ranged with organizations that home health therapists refer their patients to. The student could go to local outpatient clinics to learn about the services, or visit a Cardiac, Pulmonary, Vestibular Rehabilitation, or Aquatic Center. Site visits at Durable Medical Equipment companies or Orthotic and Prosthetic clinics can provide the student with valuable knowledge. The student may participate with the CI in community education settings, or could observe a visit with a social worker from the Area Agency on Aging.

A final component of a home health clinical affiliation can be student-to-student mentoring. Whether it is two students simultaneously at the same clinical site, prior students with incoming students, or students at two different sites, student mentoring can help guide and enhance their clinical experiences.

The June 2008 issue of *PT Magazine* presents an article on student-to-student mentoring programs and their benefits. If your agency has or is contemplating a student program, consider adding this component to the design.

Once foreign, student clinical affiliations in the home health setting are increasing in popularity. As the need for home health PT's continues to rise, agencies who seek to attract young, dynamic therapists would do well to consider the benefits of building a student program.

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# Opportunities in Home Care for New Professionals and Physical Therapist Students

By Jennifer E. Wilson, PT, MBA

## Decisions at Entry-Level

It is atypical for entry-level physical therapists to decide to work for a home care agency upon graduation. The very nature of home care requires PT's to be independent in managing and providing clinical services as well as managing their time, schedules, and community relationships. The level of independence needed on a day-to-day basis in home care requires therapists to be comfortable working alone and to be self-confident in a variety of skills including interpersonal communication, clinical, professionalism, marketing, networking, negotiation, critical thinking and problem-solving. Entry-level PT's may have some of these essential skills deemed at entry-level, close to entry-level, or developing during clinical education experiences. In addition, entry-level PT's may have limited work experience. The nature of home care also re-

quires entry-level physical therapists to take initiative and be comfortable with applying creativity to solve clinical problems throughout the workday. New graduates should be interviewed carefully and receive solid mentoring to work through these issues.

## Clinical Experiences in Home Care

Home care requires students to enter into a client's sacred space. Interacting in these environments can push students out of their more 'traditional clinical setting' comfort zones and require them to practice different adaptive clinical management skills. Physical therapist students in home care cannot rely on equipment and machines. Rather, they must figure out how to use the unique and varied resources to which they have access in each living situation. In this way, students gain valu-

able experience designing appropriate and authentic home exercise programs. Furthermore, clinical experiences in home care give physical therapist students an inside look at risk factors, barriers and social situations that can support or impede clinical outcomes.

Although entering into someone's home can be intimidating, it can lead to developing a profound connection. Despite initial discomfort, students master new ways to build rapport and develop a broader set of interpersonal communication and professional skills. Additionally, PT students in home care have the chance to develop close mentoring relationships with their clinical instructors.

Physical therapist students in home care also learn how to navigate the health care system differently by experiencing a different point on the health care delivery continuum. This exposure

can lead to developing new advocacy and promotional skills and invaluable community networks.

### **Building Broader Skills in PT Education**

Learning experiences can prepare PT students and entry-level PT's for home care. Courses in professional issues, health care, and business management and leadership offer curricular portals to build broad business acumen and applied management skills, including relationship marketing and networking. By developing these skills early, new home care professionals will be more at ease and ready to access community, family and neighborhood resources right away.

### **Innovative Learning Experiences**

Introducing professional issues such as healthcare reimbursement, leadership, and management in PT professional education can further augment the entry-level PT's preparation for practice in home care. For over five years, implementation of a variety of innovative learning experiences has yielded interesting results. Before discussing the application of these results to home care, it is important to highlight several key learning experiences and courses that contribute to building broader skills and increased self-confidence in entry level physical therapists.

#### *Professional Issues Course*

In the first professional issues course, physical therapist students design marketing plans that support the development of new services in a variety of settings. Accessing and building value for the consumer as well as developing a financially solvent program are key concepts emphasized in the development of these plans. Once plans are developed, based on student input, physical therapist students "sell" their programs to mock decision-makers who control the allocation of financial resources. It is noteworthy that these students develop their plans prior to starting their first clinical lab-based course. In completing this assignment, it was interesting to note how well the physical therapist students grasped the concepts of targeting consumers directly and building value from the onset. Ad-

ditionally, they develop creative 'advertising and promotion' skills and practice how to 'sell' their idea to potential investors.

#### *Health Care and Reimbursement Course*

In the second course in the professional series, physical therapist students develop a comprehensive Reimbursement Resource Manual as a class assignment. They include information on Medicare, Managed Care and Medicaid (The 3 M's) and reimbursement in specific physical therapist practice settings including home care, SNFs, and IRFs. Students wrestle with discovering how difficult it is for physical therapists to be paid for providing services! Additionally, they sometimes become discouraged with how reimbursement and documentation vary so dramatically from one practice setting to another. Students are encouraged to take their completed resource manuals to their clinical experiences so they can integrate the concepts researched for the manual into everyday clinical practice.

#### *Leadership Case Study*

Physical therapist students complete a distance-learning case study in leadership while on clinical experiences. Students complete a literature review investigating the differences between leadership and management characteristics. They are required to interview the formal manager/leader in the department, practice, or home care agency. Physical therapist students gather and analyze real world data collected in order to complete an operations management/outcomes evaluation. Students determine how well the business/department is running and how effective the manager/leader is in managing the day-to-day operations of the business/department. They assess how effective the identified manager/leader is in the following areas: communicating; evaluating performance of his/her staff; resolving conflict; building a team; marketing/selling; budgeting and forecasting; monitoring quality and reimbursement. Through this learning experience, students acquire knowledge about the differences between management and leadership characteristics, the impact of emotional intelligence on leadership effectiveness and how critical it is for a

physical therapist practice to have an effective leader or a manager to ensure effective and successful administration in PT. Interestingly, students reported completing their own leadership self-assessment while completing their literature reviews.

#### *Business of PT Course*

For five consecutive years, physical therapist students joined one of several different student management committees (Operations, Marketing, Finance, Continuous Quality Improvement (CQI), Performance Management & Feedback and Business Development) for their entire final semester. Each committee supported the start-up and expansion of providing PT services at on-campus as well as off-campus practice settings. Each committee fulfilled a list of typical and unique tasks based on the committee's function (i.e., Marketing) and the needs of the PT setting and the community. PT students assumed the role of Committee Chairs. Graduate Assistants were selected and assigned the role of Student Manager of Operations (SMO) for each site each year. Committee members/chairs reported to the SMOs who received continuous mentoring from the faculty course coordinator or management 'coach'. Student Management Teams (SMTs) comprised of Committee Chairs and the SMOs met weekly. The students participated in clinical care, fundraising, and business operations. In addition, students organized special events, such as Patient Appreciation Day, Continuing Education Workshops and a Community Think Tank. Students had opportunity to deal with local television media, and participate in committees. Peer and supervisory performance feedback was provided, and students had hands-on opportunity to learn about conflict resolution in a business setting.

### **Contemporary Physical Therapist Practice Keeps Changing**

Physical Therapist practice continues to change at an accelerated pace. The ever-growing, aging population is determined to stay in their homes and be independent as long as possible. These demographic realities open up opportunities for physical therapists work-

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ing in home care. Thus, diverse clinical management experiences continue to unfold for home care professionals as they respond to the ever-changing and growing needs of their home care clients.

### Discovering the Opportunities in Home Care

Designing innovative learning experiences for physical therapist students can be instrumental in building skills, such as leadership, teamwork, communication, marketing, finance, and conflict resolution. By implementing non-traditional methods of learning, entry level physical therapists can assume authentic management roles in physical therapy and practice non-clinical skills before they enter practice. These experiences help to develop more confident and creative health care professionals who think differently right when they enter practice.

Physical therapist students and new professionals who desire the chance to apply broader skills and different levels of thinking in a variety of situations are encouraged to consider home care. Home care physical therapists are in the community everyday. These encounters provide critical opportunities for home care professionals to add positively to the consumer and community perceptions of physical therapy and to the future of our profession.

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# Letter to the Editor

## Student Assembly Liaison Challenge

One goal of the APTA Student Assembly is to strengthen communication between APTA component Sections and student members. Each member of the APTA Student Assembly Board of Directors and Nominating Committee has the responsibility to act as a conduit of information for each of the 18 special interest Sections.

During Combined Sections Meeting in Nashville, TN I had the opportunity to attend the Home Health Section's business meeting representing the Student Assembly as a Section liaison and was warmly welcomed by all. I learned about the opportunities available to students in the form of clinical affiliations and was surprised to find out the Section already has goals in its strategic plan to increase student membership and participation. Before CSM, I had a limited scope of the Home Health field, much less the opportunities available to students within the Home Health Section. By word of mouth, I had come to mistakenly understand that clinical affiliations in the field were unavailable to students and that years of practice experience was required before entering the field. Clearly, I had been receiving false information and I began thinking about the many students who may have incorrectly formed a similar viewpoint. After asking around to my fellow Student Assembly officers and students within my program, I discovered that many of us, in fact, do have a skewed viewpoint of the opportunities available to students within the Home Health Section.

As a Section liaison, I plan to take on the responsibility of dispelling the current "urban PT myths" about the Home Health Section. I would like to offer a challenge to the Home Health Section to help with your current goal of increasing student membership and participation.

Students love competition especially when that competition culminates in a scholarship (tuition, APTA dues, section dues, etc.). I challenge you to create a student competition that will help to draw students to the Section and will help to feed the Section with factual information regarding student opinions of the Section. Just one suggestion: Challenge students to observe a Home Health Section member and discuss their findings in an essay including a discussion of the student's thoughts before and after the experience.

Other Sections have also begun to explore opportunities for student involvement and participation and have found success in student competition. I look forward to hearing your feedback and working with the Section to create awareness and cultivate activism within the Home Health Section.

*Allison Daly, SPT is the Home Health Section Student Assembly Liaison. Allison is a 3<sup>rd</sup> year student at LSU Health Sciences Center in New Orleans.*



### It's not too early to start planning for CSM 2009, Las Vegas

Please be aware when planning for CSM 2009 that the days of the week for this CSM have changed. CSM 2009 unfolds from Monday through Thursday rather than over an extended weekend. This change in format is for 2009 only.

Preliminary details for CSM 2009 are available from the APTA website: [apta.org](http://apta.org)

# Clinical Affiliations in Home Health: A Shared Perspective

*Introduction by Jennifer Walsh, PT, DPT*

*Clinical Instructor Perspective by Mary Flannery, PT, MSPT*

*Student/New Graduate Perspective by Jeanette Brown, PT, MSPT*

## Introduction

Home health practice has long been viewed as an arena solely for experienced clinicians. Historically, many agencies would not consider hiring a therapist with less than 1-3 years work experience in an inpatient setting. Thanks to the dedication and hard work of those who have promoted the advancement of Home Health Physical Therapy as a profession, and to the creativity of therapists who have a passion for working with students, the profession is now a valid and exciting career choice for the new graduate.

In this article, you will hear the personal perspectives of a CI-Student pair who successfully navigated through a clinical affiliation, with a very positive outcome.

## Clinical Instructor Perspective

Working in home health care can be very rewarding, yet challenging at the same time, even for a seasoned physical therapist. The home health care setting can be overwhelming for a new graduate and might even deter them from seeking employment in this setting. Offering to be a clinical instructor in home health provides an opportunity to alleviate any unfounded fears of a potential new hire. I assumed the clinical instructor role last year in home health and it was very fulfilling. I hope that by sharing my journey with you that you are encouraged to consider taking students for affiliations.

Attending the APTA Clinical Instructor Credentialing Program helped to prepare me as a clinical instructor (CI). I already had the experiential knowledge required in home health, but appreciated the structure and tools the

course offered to help facilitate the best learning environment for my student. This 15-hour course helped me create a student affiliation that was even more successful than I imagined.

A successful clinical affiliation is paramount to the student's professional development. Being a CI offers you the chance to make a difference and positively impact that person's development. It allows you to give back to the profession that supports you and that you respect and honor. Being a CI is personally and professionally rewarding for me. It was impressive to observe my student, Jeanette Brown, grow considerably in her interpersonal and clinical skills during her home health affiliation.

The home health setting offers some ideal learning situations that can benefit both the student and CI, and improve the learning experience. Some of these benefits are inherent to the setting, and some can be enhanced by the agency's flexibility in working with the pair. My caseload was reduced for the first few weeks of the clinical affiliation. The hectic pace of a routine day was slowed down to acclimate Jeanette to the home care setting. She was able to ask questions and not feel hurried to see the next patient. My employer welcomes student affiliations and, within reason, allows the CI to adjust his/her schedule accordingly to facilitate the best learning environment for the student. The freedom to slowly increase our caseload helped reduce our stress levels and get our relationship off to a good start.

The flexibility of the home care setting offers learning opportunities that are not typically available in traditional clinic or hospital settings. We had the opportunity to analyze gait patterns in the community during our lunch breaks.

We were able to visit physical therapy outpatient clinics in our coverage area in order to establish sound relationships between our agency and the outpatient clinics. My student was able to meet the staff, learn about their specialties, and tour the clinics. As a result, we were both better informed to make appropriate referrals for our patients.

Accepting a student affiliation can challenge the home health care therapist professionally. This benefits the CI as it keeps you in touch with the latest advancements in PT practice and education. It is challenging as a working professional to keep up with the large volume of new information that comes to us in journals, news trends, and continuing education courses with new treatment techniques. The student comes to us eager to share her contemporary, evidence-based treatment strategies gained from their academic curriculum. The experienced-based learning of the CI, coupled with the evidence-based preparation of the student, offers an opportunity for exchange that benefits both parties. This results in more efficient and effective care for your patient.

Just as there are benefits to having a student affiliation in home health, there are some potential drawbacks as well. Home health clinicians spend a great deal of time driving from house to house. Traveling in the same vehicle with your student may potentially encroach upon your personal space and time that is often envied by persons in other clinical settings. You may experience a limitation in the privacy to make and take personal phone calls that you might otherwise entertain while in the car. Drive time, however, does afford for valuable clinical discussions between

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you and your student. The flexibility that is so highly valued by home health clinicians also temporarily diminished while having a student in home health. You may find it more challenging to schedule an impromptu doctor's appointment, stop in for an oil change, or run errands.

Lastly, if you have a difficult student or challenged learner, you may not have a readily available colleague in the next room that can provide immediate guidance for you. Fortunately, the Credentialed Clinical Instructor Program offers strategies to help with challenges that may arise. You can always consult with your Academic Coordinator/Director of Clinical Education (ACCE/DCE) and/or Center Coordinator of Clinical Education (CCCE) for assistance. They are able to offer support if you did encounter such a challenge.

Challenges faced in home health care are opportunities for growth for the CI and student, as well as the host organization. We should take a personal interest in the education of developing therapists following in our footsteps. With the elderly population rising, the demand for home health PT's will soar. Personally, remember that future generations of therapists could be treating us and/or our family members in our homes. Adequate staffing in the home health setting depends upon exposure of students to the benefits of home health PT practice. Perhaps you will consider taking a student for a home health affiliation. It might be as rewarding for you and your organization as it was for me and mine. In fact, my organization hired Jeanette Brown, MSPT just last year!

*Mary Flannery, MSPT is a physical therapist with Home Care of Rochester. She can be reached at 585-272-1805 x8057.*

## The Student - New Graduate's Perspective

From the student perspective, I found my home health affiliation to be a greatly rewarding learning experience. As in any other setting, being a student in home care has both advantages and challenges.

Unlike other affiliations where I had little debriefing time with my Clinical Instructor (CI), I was able to discuss, plan, and critically think with my CI in the car between each visit. This provided me with immediate feedback regarding my patient care in a comfortable environment without the patient present.

Innate to the setting of home care is the consistent, 1-on-1 patient-therapist interaction. This allotted me a more closed learning environment with few distractions. There was no commotion of a busy hospital unit or high-traffic clinic. It was just the patient, the instructor, and myself. This was an ideal learning situation.

A common drawback to a home health affiliation is that there may be only one therapist to observe and learn from. My home care CI, Mary Flannery, addressed this issue by having me shadow other therapists and staff members. Observations allowed me to have days learning additional skill sets and to gain knowledge about the other disciplines involved in home health care (including Occupational Therapy, Medical Social Work, Skilled Nursing, Registered Dietician, and Hospital-to-Home Care Coordinator).

As an added benefit of these observations, Mary was able to address the primary challenge that a CI and student in home care will face: too much time together! Forty hours a week for 6, 8, or even 12 weeks is a very long time for anyone to spend with a co-worker, instructor or student. Calculated breaks for student observations are well appreciated by both the student and the CI.

In home care, the patient caseload is typically smaller (4-6 patients is average in my region) than in other settings. This allows the student to have more opportunity to develop a comprehensive plan of care for individual patients. Due to the inherent flexibility of home care, treatment times could be extended to reach learning objectives.

Although the patient caseload is relatively small compared to other settings,

the population in home care is quite diverse. As a student, I gained experience with diagnoses including CVA, joint replacement, spinal cord injury, chronic falls and debility, and much more. The age groups of my clients ranged from the early 20's to over 100. Diversity not only exists among patients, but in the work environment as well. This adds an interesting and challenging component to patient care. As a student learner, home

care raises problem solving to the next level. The challenges I faced in patients' homes could not be taught in a classroom, lab, or clinic. Additionally, immersing myself in the living environment and family dynamics of individual patients gave me a firsthand, enhanced view of the patient picture as a whole.

One of the great skills a student develops in home care is the ability to be autonomous. It is essential for a therapist in home care to be independent and disciplined. I learned how to schedule a full caseload and to cope with sudden changes to my meticulously planned schedule. I can hear Mary's voice now, "Home care is all about being flexible." I had to develop my communication skills through necessary phone calls to nurses, therapists, physicians, and other support staff. Additionally, as Mary reduced her level of assistance, I had to develop my ability to plan and treat independently. I was asked to work with patients as if I were the only therapist in the room. I was encouraged to act as if there was no one to provide an extra set of hands or to






answer questions. I learned how to be resourceful with what supplies I had or information I could gather.

Mary is an APTA Credentialed Clinical Instructor. This was clearly evident during my clinical affiliation in home care. My learning was structured with homework assignments, such as researching diagnoses and surgical procedures. As mentioned previously, Mary set up observations with other staff members. She also arranged for us to attend both in-house and community-based continuing education courses. We observed gait in public places during our down time and lunch hours. Additionally, Mary facilitated outreach activities where we toured several of the outpatient clinics that we made referrals to. Mary was able to show me that the role of the PT is greater than just treating patients. I can honestly say that Mary provided me with a fulfilling clinical experience, which prompted me to seek a career in home health immediately following graduation. I was hired as a full-time PT upon graduating in May 2007.

My exposure to home care as a student fostered my desire to work in this setting as a new graduate. Without this positive experience it is unlikely I would have chosen this path. Home care appeals to me because it exemplifies the autonomous practice that Physical Therapists strive for. Through my college and clinical education I have developed the ability to maximize my resources, move towards autonomous practice, and become a practitioner of choice.

Historically, it has been seen as non-traditional for a new graduate to take a job in home care. However, if given the right experience as a student in home care and a nurturing environment as a practicing PT, it can be very rewarding, for both the employer and the new graduate therapist.

*Jeanette Brown, MSPT is a physical therapist with Home Care of Rochester. She can be reached at [jeanettebrown@aol.com](mailto:jeanettebrown@aol.com). *

## Supervision of Therapist Assistants and Home Health Aide: A New Graduate's Challenge

*by Cheryle Atwater, PT, MPH*

Supervision is a formidable task in any arena, but in the home health environment there are additional challenges posed by numerous regulations and the unique "off-site" delivery of care.

New graduates, and other therapists new to home care, may be surprised to learn their job responsibilities include supervision of therapy assistants and home health aides. To prevent any misunderstandings, these requirements should be discussed during the job interview along with other job expectations. Upon hire, core orientation items should include a review of agency policies for supervision and documentation requirements as well as scope of practice regulations and competency expectations.

I remember my first physical therapy role in a long-term care facility for mentally and developmentally disabled children and adults. I was well prepared for the clinical demands of the job, but unprepared for supervising the six therapy aides on my units.

Medicare acknowledges the role of physical therapist assistants, under the supervision of a licensed therapist, as a covered discipline under the home health benefit. However, Medicare Conditions of Participation (COP) are very broad regarding supervision of the assistant: "Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. A physical therapy assistant or occupational therapy assistant performs services planned, delegated, and supervised by the therapist; assists in preparing clinical notes and progress reports; and participates in educating the patient and family, and in in-service programs."<sup>1</sup>

Therapy assistants cannot supervise home health aides nor complete the comprehensive assessment (OASIS), but otherwise the scope of PTA practice and the supervisory requirements by the licensed therapist are undefined. Medicare's broad definition of the role of PTAs is intentional; they defer to the state physical therapy licensing board. In some states, home care regulations may provide more guidance on supervision of home health personnel.

Each practicing therapist should be knowledgeable in their state practice guidelines and state home care regulations, if applicable, relevant to the use of assistants. Some states require joint supervisory visits, and others limit the number of assistants a therapist may supervise. Most practice acts define the length of time or number of visits the assistants can provide until a physical therapist must reevaluate the patient. In a few states, the physical therapy practice act requires direct on-site supervision of the PTA, therefore PTA's cannot be utilized in home health in these locations.

It is not uncommon for home health therapists to be supervised by a non-therapy manager. The PT and PTA should fully understand that administrative supervision may be performed by a non therapy manager; however, patient assignments and clinical supervision can only be performed by a physical therapist. Regardless of the state and practice setting, the therapist is ethically and legally required to provide clinical supervision including delegation of treatments or portions of treatment that are within the scope and

*continued on next page*

## Supervision of Therapist Assistants...

*Continued from Page 9*

skills of the assistant. Patient assignment is fully incumbent on the professional judgment of the supervising therapist.

The APTA's "PTA Licensure Pack" provides valuable information regarding the work and supervision of PTAs. The following position statement, from this resource, applies to assistants in the home care area:

"When supervising the physical therapist assistant in any off site setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients/clients.

2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients/clients, the frequency of which is determined by the needs of the patient/client and the needs of the physical therapist assistant.

3. In those situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will be made:

- a. Upon the physical therapist assistant's request for a reexamination, when a change in treatment plan of care is needed, prior to any planned discharge, and in response to a change in the patient/client's medical status.

- b. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient.

- c. A supervisory visit should include:

1. An on-site reexamination of the patient/client.

2. On-site review of the plan of care with appropriate revision or termination.

3. Evaluation of need and recommendation for utilization of outside resources.<sup>2</sup>

The state regulation of physical therapy practice includes the practice of licensed physical therapist assistants. Home health aides, alternatively called personal care aides, nurse's aides or certified nursing assistants, are clinically supervised by nurses and their practice is usually regulated by the state's board of nursing. Home health aide services are a billable, covered Medicare service; however, aide services require specific orders for treatment, a detailed patient specific care plan and supervision by nursing or rehabilitation services.

Medicare COPs state: "The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under State law" including "the provision of hands-on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self-administered..."<sup>1</sup> At the state level, regulation of aide services provides further definition of the aide scope of practice. While aide services may supplement therapy by assisting patients with exercises or ambulation and transfers, they cannot replace skilled therapy services.

Medicare regulations allow occupational therapists, physical therapists and speech language pathologists to supervise home health aides in therapy-only cases. Aide supervision encompasses developing and communicating the aide care plan and an on-site visit to the patient's home, with no less frequency than every two weeks to assess the aide's compliance with the care plan and to determine if the plan should be revised discontinued. There are no rules of "hierarchy" defining which rehabilitation discipline provides the aide supervision when multiple therapy disciplines are provided; however, this should be determined by the agency's policies and the patient's needs. For example, occupational therapists are

the most appropriate supervisor of the aide care plan (for therapy only cases) when they are facilitating the patient's independence in activities of daily living.

Home health agencies, upon referencing all applicable regulations, should develop their own policies for supervision of assistants and home health aides. Agencies may choose to implement policies that are more stringent than the prevailing the state, federal, and professional regulations. In such cases, agencies will be held accountable to their own policies. For example, an agency whose policy requires assistant supervision every 14 days is expected to meet this standard although the state practice act requires supervision every 30 days.

While this article focuses on the Medicare regulations for PTA and home health aide supervision and practice, many insurers will not reimburse for therapy visits provided by a PTA. It is therefore incumbent on the agency to be knowledgeable in reimbursement criteria as it applies to both aide and assistant care.

Physical Therapist Assistants and Home Health Aides are valuable providers whose services can greatly enhance the rehabilitation plan of care. Agencies should consult with their state licensure boards regarding appropriate utilization of these providers. Those who utilize these staff can reap many positive patient care and financial benefits.

## References

1. Medicare State Operations Manual. Appendix B - Guidance to Surveyors: Home Health Agencies. Rev. 1, 05/21/2004.
2. American Physical Therapy Association, PTA Licensure Pack.

*Cheryle is a member of the Publication Committee. She has more than 25 years of home health and hospice experience in a multitude of roles including visiting therapist, clinical manager, agency director and consultant.* 🏠



# A Change in Direction Sparks Career Growth

by Melody Washington, PT, DPT

Upon completion of my Doctor of Physical Therapy Degree from Alabama State University in 2006, I was certain I would pursue a career in an outpatient orthopedic setting. The outpatient setting was my first exposure to the rewarding field of physical therapy. As a volunteer at an outpatient facility, I observed the physical therapist as she interacted with each patient, manually mobilized different joints of the body, and developed various exercise programs and plans of care for each patient. This positive experience is where I became very fascinated with this profession. Oblivious to the other clinical settings a physical therapist works in, I believed I was destined to work in an outpatient setting.

As I matriculated through the physical therapy program, I became aware of the other equally rewarding settings of physical therapy practice. I recall being presented with a case study in my Therapeutic Exercise class where I was to develop a plan of care for someone in the home with no equipment or pain-relieving modalities. This challenging introduction to home health physical therapy was an eye-opener to an alternative practice setting. Later, on a clinical internship, I was allowed to work in a home health setting for pediatrics. As a result of this clinical rotation, I was able to fully experience entering the home and providing care in order to gain an increase in functional mobility and developmental milestones with my patients.

In 2006, I graduated and became employed with a privately owned physical therapist practice. It was an outpatient setting and I was ecstatic to be living my dream. However, the option of practicing in home health con-

tinued to be re-visited at national conferences, in the community and with colleagues. I began to inquire more and decided to begin working for a home health company.

This decision has been one of the best I have made in my career thus far. Being in home health has challenged me to think outside the box, become more creative in developing treatment options in the home and it has allowed me to become a better functional goal writer. Contrary to some common myths, home health physical therapists utilize manual therapy including joint mobilizations, proprioceptive neuromuscular techniques and neuro-development treatment techniques. This setting also provides an interdisciplinary approach to treatment, flexibility in scheduling, one on one treatment time and affords the therapist the opportunity to observe the patient in their natural habitat in order to fully assess any additional equipment the patient needs to function optimally in their home. Nevertheless, home health does have challenges as does any other setting. There can be an abundance of paperwork. Also, as you are treating in the field, you may face environmental challenges and pets. You practice independently, and must be prepared for any situation, because you are without any additional help for transfers or ambulation activities.

Being a young therapist, I have questions and face new situations on a daily basis. Being a member of a great rehab team affords me the opportunity to seek new information from other therapists. I am also a member of the Home Health Section and Section on Geriatrics with the American Physical Therapy Association. This enables me

to receive emails and additional publications that pertain directly to situations occurring in these populations. Moreover, I am able to stay abreast of current information as well as pose any questions or ideas to the group which is very helpful and often necessary.

Home health is often not promoted as strongly and may not be available as a clinical rotation option in many schools. I challenge all educators, physical therapists and physical therapist assistants and especially home health section members to continue to strive for excellence in the profession. This can be done through education and inservices conducted in the community and between professionals. Clinical education coordinators should also be urged to develop contracts with various home health agencies to allow students an opportunity to experience a clinical internship in the home health setting. If we as a profession begin to acknowledge the knowledge, skills and abilities of all therapists regardless of setting, we will be able to see better outcomes in our profession, careers and most importantly our patients.

*Melody Washington, PT, DPT is a Physical Therapist with Midsouth Home Health, a Gentiva Company. She can be reached at [mmwashington@yahoo.com](mailto:mmwashington@yahoo.com). *

# 2008 Federal Advocacy Forum Highlights

by Craig Moore, PT, MS

This year's Federal Advocacy Forum, held from March 30 – April 1, 2008 at the Washington Court Hotel in the nation's capital, hosted more than 200 physical therapists, physical therapist assistants, and students of physical therapy. Attendees represented all 50 states as well as a variety of APTA Sections and practice settings. As always, this forum served as a venue for participants to receive advocacy training, learn ways to improve advocacy skills and receive the experience of promoting physical therapy issues to members of Congress.



Group and break-out sessions provided grassroots-strategy discussions that focused around efforts to find long-term solutions to:

- Annual Medicare caps on outpatient rehabilitation services (S 450/HR 748)
- Accessing physical therapist services without physician-referral requirements (S 932/HR 1552)
- Eligibility for student debt relief to physical therapists who choose to practice in underserved areas (S 2485/HR 1134)
- Prevention of physician self-referral of physical therapist services
- These issues were but a fraction of the APTA's extensive Legislative Agenda. Our dedicated Government Affairs (FGA) staff is working on a wide variety of issues affecting physical therapists, physical therapist assistants and our patients under the headings of:
  - Improving Patient Access to Physical Therapists and Rehabilitation Services Under Medicare and Medicaid

- Maintaining the Integrity of Physical Therapist Services

- Advancing Rehabilitation Research

- Maintaining an Adequate Physical Therapist Workforce

- Physical Therapy and Health Care Reform

- Advancing Physical Therapy Practice in Federal Programs

- Promoting the Public Health of All Americans

- A detailed outline of issues within these headings can be found on the APTA website

([www.apta.org](http://www.apta.org) -> Advocacy -> Congressional Affairs -> APTA Policies & Priorities -> 2008 Legislative Agenda).

An added benefit of attending the forum was the ability to receive first hand, a sense of the political climate on Capitol Hill as it relates to health policy, especially during this an election year. Attendees were treated to a variety of speakers that included:

- Donna Brazile – who serves as Chair of the Democratic National Committee's Voting Rights Institute (VRI), an Adjunct Professor at Georgetown University, former Campaign Manager for Gore-Lieberman 2000, political strategist and commentator. Brazile began the forum with an interesting and lively discussion on developments in Washington and on the presidential campaign trail.
- Jennifer Friedman of the House Committee on Ways and Means and William Wynne of the Senate Finance Committee, who discussed the 2008 health care debate in Congress.

- Thomas Valuck, MD, JD, Medical Officer and Senior Advisory for the Centers for Medicare and Medicaid Services (CMS), who outlined federal pay-for-performance initiatives.

- Congressman Frank Pallone Jr. (D-NJ) – representative of New Jersey's Sixth District and chair of the House Energy and Commerce Committee Subcommittee on Health. The congressman discussed health care developments on Capitol Hill. "Improving access to quality health care is a top priority in Washington and in communities across the United States," said Pallone. "The practitioners in this room fight that battle every day, and I encourage you to demand action from policymakers to continue that campaign in Congress."

- Congressman Greg Walden (R-OR) – representative of Oregon's Second District and co-chair of the bipartisan Rural Health Care Caucus. As cosponsor of three of APTA's most critical legislative issues (Direct Access, Repeal of the Medicare Therapy Cap and PT Student Loan Forgiveness) congressman Walden was the recipient of the 2008 APTA Public Service Award, given to those who have demonstrated a high level of dedication to advancing physical therapist education, research, and practice. "... I've worked closely with physical therapists and others to help remove barriers to health care services and expand access for those in medically underserved areas," said Congressman Walden. "It is an honor to be recognized by such an active group of dedicated health professionals, and I look forward to the hard work that needs to be done to provide better access to quality health care." Past winners of the APTA Public Service Award include US Senators Bob Dole and Blanche Lincoln and the late actor Christopher Reeve.

Attendees were also given updates on issues being addressed on Capitol Hill by our APTA FGA staff. APTA Vice President of Government and Payment Advocacy, Dave Mason, provided an outline on top policy priorities in 2008. APTA Senior Director of Federal Government Affairs Justin Moore, PT, DPT moderated a spirited debate between beltway consultants Mark Isakowitz and Steve Elmendorf on the 2008 elections. Referral for Profit Committee Chair Fran Welk, PT, DPT, MEd, and APTA Associate Director of Payment Policy & Advocacy Roshunda Drummond-Dye discussed referral-for-profit efforts at the state and federal levels.

Following two days of educational programming, grassroots programming and coaching by Government Affairs staff, participants were sent out on our last day to meet with members of Congress and their staff to demand action on important key issues with emphasis on the top three initiatives listed above. Although we represented all areas of practice with differing issues, it was important that all 200 participants were a unified voice speaking to the same issues, staying on message. Our advocacy efforts coupled with the work of APTA Government Affairs staff have yielded the following results to date:

- Repeal of the Medicare Therapy Cap (S 450/HR 748): 42 Senate cosponsors and 227 Congressional cosponsors
- Medicare Direct Access (S 932/HR 1552): 17 Senate cosponsors and 143 Congressional cosponsors
- Student Loan Forgiveness Legislation (S 2485/HR 1134): 11 Senate cosponsors and 140 Congressional cosponsors

To find out more about these specific legislative items, visit the APTA Advocacy page ([www.apta.org](http://www.apta.org) -> Advocacy -> Congressional Affairs -> Current Issues). For a more "hands on" approach, why not check to see if your local representative is supportive of issues that affect your professional livelihood. The FGA staff makes this so easy. Simply visit the APTA Legislative Action Center ([www.apta.org](http://www.apta.org) -> Advocacy -> Legislative Action Center). With just one click you will be linked to a personalized page that identifies your Federal and State legislators, their contact information, where they stand on issues

related to PT and resources such as letters or emails that can be sent to their offices to solicit support for our initiatives on behalf of the patients we serve.

I realize that some may be question whether issues related to home health have the full attention of the APTA FGA staff. I can assure you that "we" are well represented. As the Section's Government Affairs liaison, I take every opportunity at meetings like this to speak to the FGA staff and discuss legislation and impending issues related to home health. As many of you have seen in previous Section newsletters, FGA staff have been very supportive in writing letters to CMS (and most recently CAHABA) addressing changes in legislation and reimbursement and the effect that they have on the home health therapist. They are keenly aware of home health issues and proactively contact Section leadership and Section membership for feedback related to pending legislative changes.


Furthermore, two Section members, Roger Herr, PT, MPA, COS-C and Ellen Strunk, PT, MS, GCS, have served on the APTA Government Affairs Committee this year. This seven member committee is made up of five members who are appointed by the APTA Board of Directors and the committee's purpose is to facilitate grassroots involvement

in and input into government affairs priorities, strategies, and activities at the federal and state level and to make recommendations to the Board of Directors on federal and state government affairs policies, positions, and issues. Ellen has served 3-years and will be rotating out of this appointed position while Roger continues to serve for two more years. Their membership on this committee has brought a heightened awareness of home health related issues to our FGA staff in their legislative initiatives and we are grateful for their services not only to our Section, but to APTA membership at large.

Finally, your Section Executive Committee and respective Committee Chairs have initiated monthly conference calls with Associate Director of Payment Policy & Advocacy Roshunda Drummond-Dye, Esq. This has served as a proactive means of receiving information on potential policy changes before they occur, it has provided a means of solicitation of Section feedback on changing legislation and it has allowed us to remain current on initiatives that are in process.

It continues to be my pleasure to serve the Home Health Section as its government affairs liaison. However, I continue to encourage you conduct your own advocacy by contacting your local

*continued on next page*



## Home Health Section to be Represented at the 2008 APTA National Student Conclave!

Representatives from the American Physical Therapy Association's Home Health Section will be available at the 2008 National Student Conclave being held in San Jose, California on October 17-19, 2008, entitled "Experience the Extraordinary".


Look for the Home Health Section Booth in the Exhibit Hall to talk to leaders in the organization about career opportunities in home health care.

Additionally, Tonya Miller, PT, DPT, COS-C and Jennifer Walsh, PT, DPT will be presenting a one-hour seminar entitled "Diversity Hits Home!" During this hour you will learn about the wide variety of career and practice alternatives, and learn about some of the challenging and stimulating issues faced by current home care practitioners.

representatives and educating them on issues that are important to you, your area of practice and the patients you serve. The personal story from you or the ride along visit with you will make a greater impact than most lobbying efforts. I would also encourage you to utilize the wealth of resources available to you on the APTA Advocacy page. Review of Medicare and Medicaid policy updates, education on involvement on at the grassroots level and APTA position papers on various legislation can all be found in this "one stop" resource center.

Finally, at a minimum, I encourage you to donate to the PT-PAC which is a mechanism that allows the physical therapy profession to channel its financial and grassroots support to help elect candidates to Congress who are responsive to the physical therapy profession's goals and viewpoints. Over 93% of the candidates running for Congress in 2005-2006 election cycle that PT-PAC supported won! Not many other PACs have that kind of winning record. Also over \$986,000 was raised in 2006, breaking all PT-PAC fundraising records (over \$1.9 million for the election cycle). Donations can be accepted on line by way of [www.apta.org](http://www.apta.org) -> Advocacy -> Congressional Affairs -> PT-PAC. If you are so inclined, the PT-PAC can also assist you in setting up events with PT friendly Members of Congress. Besides a PAC contribution, PT-PAC can supply crucial input so your event runs smoothly. Michael Matlack, APTA's Associate Director of Grassroots & Political Affairs, is available to help in all aspects for your fundraiser and he can be reached at [michaelmatlack@apta.org](mailto:michaelmatlack@apta.org).

I encourage your participation and I look forward to any comments and suggestions you may have with regards to how our Section may be better serve as your advocate in the upcoming year.

*Craig A. Moore is President of the Home Health Section. He may be reached by e-mail: [cmoore121@embarqmail.com](mailto:cmoore121@embarqmail.com).* 

## Section Listserv: One of Your Best Bets for Staying Informed

The Home Health Section listserv (email discussion group) provides members with a valuable tool for sharing resources, regulatory updates, and opinions on home health-related topics.

### How to Join the Group

There are several ways to join the Home Health Section e-mail discussion group (listserv), one of which is described below. You'll find some information on alternative methods for joining the listserv on the "Resources" page of the Home Health Section website.

Regardless of the method you use to join the listserv, **you must provide the following information in your request:** 1) Your full name 2) Your APTA member ID number. No other information is required, but because the listserv is restricted to Section members only, your membership must be confirmed. E-mail addresses alone do not provide enough information for us to confirm your membership.


### Make a Request through the Listserv Homepage

– Using your Internet browser, go to the following Internet address: <http://finance.groups.yahoo.com/group/hhs-members/> Click "Join this Group" and follow the instructions. If you are already registered with Yahoo, you'll need to login. If not, or if you've forgotten a previous login, you'll need to establish a new one. The advantage of creating a Yahoo login is that you will be able to access advanced features of the listserv, such as resource files, resource links, and management of your subscription. The Yahoo account does include an e-mail address, but you are not obligated to use it and may have the listserv postings delivered to an alternate address. **VERY IMPORTANT:** When requesting the subscription to this group, be sure to include your name and APTA member ID in the "Comment to Owner" area of the request. No other information is needed in that field, but requests made without the information will be rejected.

### Considerations:

**Yahoo registration:** Registration with Yahoo makes advanced features of the listserv, such as file and resource sharing available. Several of the subscribing methods require that you register with Yahoo. Without the registration, you may only be able to send and receive listserv messages (perhaps that's all you want). Yahoo registration does include an e-mail address, but you are not obligated to use it and may have the listserv postings delivered to an alternate address when you set up the Yahoo account. Please note that the Section does not provide technical support for Yahoo accounts.

**Technical support:** As with any software or electronic service, it's helpful if you familiarize yourself with how things work. The Section is not able to provide technical support with regard to use of a Yahoo account, your e-mail software, or other related computer software. We'll do our best to make it possible for you to send and receive messages through the listserv, but keep in mind that use of the service may be hampered and/or restricted by your Internet service provider's or employer's message filtering features.

**Spam filters:** Your Internet service provider or employer may have filters in place that block messages from the listserv, at least initially. One of the best ways to make sure messages from the listserv come through and go out, is to add the listserv address to your e-mail address book. The listserv address is: [hhs-members@yahoogroups.com](mailto:hhs-members@yahoogroups.com) If, despite doing this, you still find you are not receiving group messages, ask the technical support team at your office or service provider's office to assist in making sure messages from the listserv address are permitted. In the worst cases (particularly when employer's will not allow messages from the group), you may need to set up a separate e-mail account for the listserv. 



# Home Health Section Newsletter Compendium

Get the *Best of The Quarterly Report*

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## About the Compendium

Published in April of 2007, the articles for the compendium were selected by Section Membership Committee member Douglas Peterman, PT as representing some of the most informative and useful articles published in the Home Health Section Newsletter, *The Quarterly Report*, since 1999.

For readers' convenience, the articles have been separated into two categories:

- **Best Practice** includes case studies, clinically-focused articles of interest to physical therapy professionals practicing in the home health setting, and articles that offer models for best practice in home health.

- **Articles of Interest** highlight unique or interesting stories related to physical therapy in home health, strategies and research-related information, discussions of trends affecting home health, reimbursement-related issues, and several general articles of interest to Section members.

Articles are published in grayscale, in their original newsletter format, with the exception of the addition of new page numbers for use in the compendium.

## Pricing

Individual compendium articles are available to Home Health Section members for **FREE** download in PDF format through the Resources page on the Section website, [www.homehealthsection.org](http://www.homehealthsection.org). Login is required.

Bound, printed copies of the complete 66-page compendium are available from the Home Health Section at the following rates. Orders must be pre-paid. Please allow two weeks for delivery. Orders are generally shipped USPS first class.

The compendium is FREE to Section members through the Section website on the Resources page. You will also find a complete listing of the articles included in the compendium on the Resources page:

<http://www.homehealthsection.org/membersonly/resources.cfm>

## Compendium Order Form

Send your check, payable to the Home Health Section with this completed order form. Please indicate the quantity of copies on the line next to the applicable fee. Prices listed are postage paid for a single hard copy.

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Section member price	_____	\$20 ppd
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**you'll find more member resources at:**

**[www.homehealthsection.org](http://www.homehealthsection.org)**

# Home Health Audio CD Available

☐ **Audio CD: *Home on the Range: Physical Therapy in the Changing Home Health World***

Presenter: Donald K. Shaw, PT, PhD, FAACVPR

This 120-minute program, presented live on June 24, 2008, was designed to enhance the listener's awareness of the evolving nature of home health physical therapy in a contemporary world. Specific program content includes: 1) a summary of the challenges faced by therapists when working with increasingly older, more medically complex patients; 2) an overview of national guidelines having direct impact on the provision of safe exercise; 3) a discussion of real-time telerehabilitation and its emerging influencing on physical therapy in the home; 4) a presentation of new issues having potential litigation implications for home health agencies and therapists; and 5) a discussion of suggested changes in physical therapy curricula.

Purchase of the audio conference session includes an mp3 audio file on CD of the complete presentation and a hard copy of the presentation handout. The Section has not applied to state licensing entities for approval of CEU's for audio conferences. Please check with your state licensing entity to determine whether or not credit may be granted for audio sessions. Note that audio conference recordings are generally available for only a limited time (4-6 months) since audio content is often time-sensitive. **Pricing:** Section members may purchase recordings for \$99. Additional pricing information and complete details are available from the Section website,

[www.homehealthsection.org](http://www.homehealthsection.org)

Make checks payable to "Home Health Section" and mail to PO Box 4553, Missoula, MT 59806-4553.

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**Coming in September! *Therapy Documentation: The Roadmap to Reasonable & Necessary* Cindy Krafft, PT, MS, COS-C** will again present this popular audio conference on September 23, 2008. Stay tuned for details, which will be available in July on the Home Health Section website:

[www.homehealthsection.org](http://www.homehealthsection.org)



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