

THERAPIST PROFESSIONAL ADVISORY COMMITTEE MEETING MINUTES **14 DEC 2001**

Therapist Professional Advisory Committee		
CAPT Charlotte Richards Chief Professional Officer Northern Navajo Medical Center Rehabilitation Services Department PO Box 160 Shiprock, NM 87420 Phone: 505-368-7100 FAX: 505-368-7078 E-mail: charlotte.richards@shiprock.ihs.gov	CDR Jeff Fultz Chair, TPAC Northern Navajo Medical Center Health Promotion Program PO Box 160 Shiprock, NM 87420 Phone: 505-368-6306 FAX: 505-368-6324 E-mail: jeffrey.fultz@shiprock.ihs.gov	LCDR Bart Drinkard Executive Secretary, TPAC National Institutes of Health Building 10, Room 6S-235 10 Center Drive, MSC 1604 Bethesda, MD 20892-1604 Phone: 301-402-3015 FAX: 301-480-0669 E-mail: bart_drinkard@nih.gov

If you have information you would like to pass on, or have a question for TPAC please do not hesitate to contact your Field Representative, CDR Fultz or LCDR Drinkard.

<u>FIELD REPRESENTATIVE</u>	<u>AGENCY</u>	<u>EMAIL</u>	<u>Phone#</u>
Ms. Tina Bauer	IHS Northwest	Tina.Bauer@mail.ihs.gov	(406)-477-4422
CDR Betty Garner	IHS Multi-site	ababgarner@cableone.net	(580) 421-4585
CDR Lou Iannuzzi	HRSA USCG	Liannuzzi@hrsa.gov	(212) 562-2748
LCDR Michelle Jordan	Multi-Agency	Mjordan@hrsa.gov	(301) 443-7037
LT Jeffrey Lawrence	IHS NM	Jlawrence@abq.ihs.gov	(505) 552-5431
LCDR Cindy Melanson	CMS	Cmelanson@cms.hhs.gov	(410) 786-0310
LT Jenevieve Neros	IHS AK	Jenevieve.neros@searhc.org	(907) 966-8312
LCDR Sue Newman	BOP WEST	Snewman@bop.gov	(817) 413-3435
CAPT Fran Oakley	NIH PT/OT	foakley@nih.gov	(301) 402-3019
LT Michelle Peterman	CMHS	Gatoram2@aol.com	(202)-645-7610
LT Joseph Rasor	IHS AZ	Joseph.Rasor@pimc.ihs.gov	(602)-263-1561
Ms. Beth Solomon	NIH SLP	Bsolomon@nih.gov	(301) 496-8831
LCDR Matt Taylor	BOP EAST	mtaylor@bop.gov	(978) 796-1000ext.4663

FUTURE TPAC MEETINGS:

DATES FOR FUTURE TPAC MEETINGS: Friday, 22 FEB 02, Wednesday, 24 APR 02 -COA Mtg. Atlanta, GA (21 APR- 25 APR 02) Friday, 28 JUN 02
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**I. THERAPIST PROFESSIONAL ADVISORY COMMITTEE
MEETING AGENDA
14 DEC 2001**

- I. CALL TO ORDER
- II. REVIEW AND ADOPTION OF AGENDA
- III. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES
- IV. OPEN FORUM
 - A. Introduction of Special Guests J. Fultz
 - B. Action Item Review (See Attachment) J. Fultz
- V. OLD BUSINESS
 - A. Billets Task Force Report/Recommendations (Vote) T. Cavanaugh & M. Duganne
 - B. Foreign Trained Therapists/Appt Board Standards J. Fultz/R. Keats
- VI. NEW BUSINESS
 - A. Category-Specific Criteria CPO selection Task Force J. Fultz
 - B. Self-Nominations for TPAC Membership B. Drinkard
- VII. REPORTS
 - A. Chief Professional Officer C. Richards
 - B. Chairperson J. Fultz
 - C. Awards Committee G. Johnson
 - D. CCRF Committee G. Mead
 - E. Education Committee L. LaBranche
 - F. Finance Committee R. West
 - G. Fitness/Wellness Initiative Committee R. Parks
 - H. Recruitment and Retention Committee D. Aretino
 - Mentoring Task Force M. Smith
 - Recruitment for Therapist Category M. Melanson
 - Home Page K. Siegel
 - I. Strategic Growth Committee J. Hurley
 - J. Discipline Liaisons: Audiology L. Simpson
 - Occupational Therapy R. Parks
 - Physical Therapy M. Smith
 - Speech Language Path B. Solomon
 - K. COA Therapist Representative R. Parks
 - L. 2002 COA Meeting Task Force (Atlanta, GA) I. Williams
 - M. Newsletter D. Brueggemann
 - N. Junior Officer Report M. Jordan
 - O. Field Rep Coordinator: Reports (Summary) C. Melanson
 - IHS J. Neros
 - Alaska

	Arizona	J. Rasor
	Multi-site	B. Garner
	New Mexico	J. Lawrence
	Northwest	T. Bauer
HRSA		L. Iannuzzi
NIH OT/PT		F. Oakley
SLP		B. Solomon
BOP East		M. Taylor
BOP West		S. Newman
Community Mental Health Services		M. Peterman
HCFA		C. Melanson
Multi-agency		M. Jordan

Therapist Professional Advisory Committee Meeting Minutes

Date: 14 DEC 2001

Time: 1000 – 1300 hours EDT

Location: Teleconference, with Chair in Shiprock, NM

II. **CALL TO ORDER: 1000 AM EDT**

Roll Call:

MEMBERS: CDR Jeffrey Fultz, Chair
 LCDR Bart Drinkard, Executive Secretary
 CAPT Dominick Aretino
 CDR Nancy Balash
 CAPT Mark Dardis
 CDR Lois Goode
 CAPT John Hurley
 CAPT Georgia Johnson
 LCDR Michelle Jordan
 CAPT Leo LaBranche
 LT Grant Mead
 CAPT Rebecca Parks
 LCDR Richard Shumway
 Ms. Beth Solomon
 CDR Frank Weaver
 CAPT Ivana Williams

GUESTS:

CAPT Charlotte Richards, CPO
 CAPT Mike Flyzik
 CDR Penny Royall
 CDR Suzanne Pickering
 CDR Terry Cavanaugh
 CDR Karen Siegel
 CDR Linda Simpson

LCDR Rita Shapiro
LCDR Eric Payne
LCDR Mark Melanson
LCDR Cindy Melanson
LCDR Sue Newman
LT Joe Rasor
LT Jeff Richardson
LT William Pierce

III. REVIEW AND ADOPTION OF AGENDA:

The agenda was adopted as written with the exception that as noted by CDR Fultz, CDR Keats (DCP) would not be attending the meeting. The discussion of foreign trained therapists/appointment board standards will be moved to the 22 February meeting.

IV. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES:

The TPAC Minutes for 28 SEP 01 were approved

V. OPEN FORUM

INTRODUCTION OF SPECIAL GUESTS:

No special guests were attending.

ACTION ITEM REVIEW:

- 1) CAPTs LaBranche and Aretino, and CDR Benitez-McCrary developed a template process for continuing education credit approval.
- 2) CDRs Goode and Garner and LCDR West developed a continuing education certificate for the 2001 COA meeting therapist category day attendance to be forwarded to all eligible category members.
- 3) LCDR Drinkard reminded category members to contact CDR Goode if they were eligible for a continuing education certificate for attending therapist category day at the 2001 COA meeting.
- 4) CAPTs Richards and Flyzik and CDR Fultz drafted a position paper on the Healthy Lifestyles coordinator position for review by TPAC members prior to presentation at the CPO PAC SG PAC meeting 10/11/01. The position paper was forwarded to the Surgeon General.
- 5) CDR Fultz and LCDR Drinkard revised the TPAC Policy and Procedures manual to include the Field Representative Coordinator position description and changes related to Finance Committee operations.
ACTION ITEM: LCDR Drinkard is to forward the revised Policy and Procedures to TPAC members and to CDR Siegel to post on the category webpage.
- 6) CDR Duganne is to prepare a report for TPAC on IHS scholarship recipients and placement. This action item was moved to the 22 February meeting.
- 7) Discipline liaisons reported to CDR Fultz on any potential new therapist category billets.

VI. OLD BUSINESS

A.) Billets Task Force Report/Recommendations

Sections one (review of current billets) and two (eligibility for clinical specialist billets) of the Billets Task Force report were unanimously approved by TPAC members. Section three (creation of new billets), recommendation number two (Wellness Coordinator billets) was amended to replace language specific to Physical Therapists and read : "Propose billets for the Therapist Category..." . Section three was unanimously approved as amended. (see attachment B)

ACTION ITEM: CDR Fultz and Cavanaugh are to forward the final draft of the billet review task force recommendations to DCP. See **ATTACHMENT A**

ACTION ITEM: CDR Fultz is to forward the therapist specialist certification recommendation document (development of two specialty certifications: Hand Rehabilitation and Wound Care) to the APTA. See **ATTACHMENT B**

B) Foreign Trained Therapists/Appt Board Standards This topic was moved to the 22 Feb meeting.

VII. NEW BUSINESS

A) Category-Specific Criteria CPO selection Task Force

CDR Fultz reported that CAPT Dardis chaired the CPO selection task force which reviewed current CPO selection criteria and forwarded these recommendations to the OSG. This assignment came from CAPT Barror, Chief of Staff, Office of the Surgeon General.

B) Self-Nominations for TPAC Membership

LCDR Drinkard stated the deadline for TPAC membership self-nominations 01 FEB 02.

ACTION ITEM: LCDR Drinkard is to distribute TPAC self-nomination forms to the category.

VIII. REPORTS

A) CHIEF PROFESSIONAL OFFICER

CAPT Richards concurred with the TPAC chair report (which follows). CAPT Richards thanked the TPAC for their support and service to the category during the last 4 years and stated that serving as CPO has been the highlight of her career.

B) CHAIRPERSON

CDR Fultz reported that the Healthy Lifestyles Coordinator position may be supported by FOH.

Respiratory Therapists: The OSG appears to support of the inclusion of RTs in the therapist category. There has been no official decision yet.

At the most recent CPO/PAC Chair Meeting, CAPT Barror, Chief of Staff for the Office of the Surgeon General, requested a detailed report calculating the “ideal number” of officers needed within each category. With the prompt assistance of many officers within the category, CDR Fultz was able to compile this report. See **ATTACHMENT C**

CDR Fultz reported that the Surgeon General will be leaving office Feb. 12.

ACTION ITEM: (Related to recognition of TPAC service) CDR Fultz is to request letters of TPAC appointment from all TPAC members.

C) AWARDS COMMITTEE: See **ATTACHMENT D**

22 Feb is the deadline for Category award nominations

D) CCRF COMMITTEE:

LT Mead thanked all those involved in completion of the latest draft of the Therapist Category Disaster Response Manual. See **ATTACHMENT E**

TPAC unanimously voted to forward the manual as written to DCP and OEP.

ACTION ITEM: CDR Fultz and LT Mead are to forward the Therapist Disaster Response Manual to DCP and OEP.

E) EDUCATION COMMITTEE:

The continuing education list is posted on the web page.

F) FINANCE COMMITTEE: See **ATTACHMENT F**

G) HEALTHY LIFESTYLES COMMITTEE: See **ATTACHMENT G**

H) RECRUITMENT AND RETENTION COMMITTEE:

Vacancies:

VACANCIES		
<u>AGENCIES</u>	<u>LOCATION</u>	<u>POSITION</u>
HIS	Alaska Med Ctr -Anchorage	1 physical therapist
	Fort Belknap, MT	1 physical therapist
	13 week temp Norton Sound, AK	1 physical therapist
	Fort Defiance, AZ	1 physical therapy asst. 1 staff OT
	Chinle, AZ	1 Cert. Speech/Lang Path. 1 physical therapy asst.
	<u>Tuba City, AZ</u>	1 speech pathologist
	<u>Sault St. Marie, MI</u>	1 physical therapist
	<u>Parker, AZ</u>	1 staff physical therapists

	<u>Winslow, AZ</u>	1 supervisory PT 1 PT asst.
Federal	usa.jobs.opm.gov	Health promotion/wellness

Home Page: CDR Siegel has posted the category the Awards update, Education update and added the Healthy lifestyles link and TPAC self nomination form to the webpage.

Mentoring: CDR Smith reported that we have a large pool of mentors and placed a standing call for mentees. Contact her at: michaele_smith@nih.gov

I) STRATEGIC GROWTH COMMITTEE: See **ATTACHMENT H**

J) DISCIPLINE LIAISONS:

CDR Simpson (audiology) reported there will be an audiology short course in TX in Feb. She will contact CAPT LaBranche to update the education listing.

There were no other Discipline Liaison reports.

K) COA THERAPIST REPRESENTATIVE:

CAPT Parks stated that the new director, Jerry Ferrell (CAPT ret US NAVY) brings excellent insight to the COA and will be a strong advocate for the Corps.

L) 2002 COA Meeting Task Force

CAPT Williams reported that the COA meeting agenda is taking form. See **ATTACHMENT H**

M) NEWSLETTER:

A standing call for material for the newsletter. Photos are more than welcome. Contact CAPT Brueggemann (dbruegge@anmc.org)

N) JUNIOR OFFICER REPORT:

LCDR Jordan reported that the Junior Officer Advisory Group charter was approved by the CPO/PAC Chairs and the Surgeon General. A welcoming brochure has been developed for new officers.

O) FIELD REPRESENTATIVES REPORTS:

See Field Reports section on web page.

ACTION ITEM: LCDR Drinkard is to distribute the updated category roster.

CLOSING ROLL CALL:

MEMBERS: CDR Jeffrey Fultz, Chair
LCDR Bart Drinkard, Executive Secretary

CAPT Mark Dardis
CDR Lois Goode
CAPT John Hurley
CAPT Georgia Johnson
LT Grant Mead
CAPT Rebecca Parks
CDR Frank Weaver
LCDR Ron West
CAPT Ivana Williams
CPO: CAPT Charlotte Richards

GUESTS:
CDR Terry Cavanaugh
CDR Susanne Pickering
CDR Penny Royall
CDR Karen Siegel
CDR Linda Simpson
LCDR Cindy Melanson
LCDR Mark Melanson
LCDR Rita Shapiro
LCDR Eric Payne
LT Joseph Rasor
LT Dan Smith

CONCLUSION: Meeting adjourned

Respectfully Submitted: LCDR Bart Drinkard, TPAC Executive Secretary.
Concur: CDR Jeff Fultz, TPAC Chair.
Concur: CAPT Charlotte Richards, CPO Therapist Category.

Therapist Professional Advisory Committee

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19 DEC 2001

LCDR Michael Lackey
Billets Coordinator
Division of Commissioned Personnel

LCDR Lackey,

This document represents the recommendations from the Therapist Professional Advisory Committee regarding Therapist Category billets. On 27 JUL 01 a Billets Review Task Force was established with CDRs Terry Cavanaugh and Martha Duganne as Co-Chairs. Participants included DCP Billets staff as ad hoc members, and therapists representing different disciplines across most agencies where therapists work. The work group was given three primary assignments;

- 1) *Review current therapist billets with attention to minimum qualifications as stated and to recommend changes as deemed appropriate.*
- 2) *Evaluate current standards for eligibility for clinical specialist billets and make recommendations for changes as appropriate.*
- 3) *Consider the creation of new therapist billets and make recommendations as needed.*

These assignments and the recommendations of this task force, with input and approval of the TPAC are delineated below. Unless otherwise noted, it is anticipated that DCP staff will make the changes as described. If further clarification is needed, DCP staff should contact CDR Fultz, TPAC Chair.

1. *Review current therapist billets with attention to minimum qualifications as stated and to recommend changes as deemed appropriate.*

Recommendations:

- 1.) Consolidate the number of standardized billets. Distinguish professional discipline with a qualifying statement rather than separately numbered billets. This should reduce the number of standardized billets by almost two thirds.

- Develop a qualifying statement to add to the heading of section 9 to the effect that "years of experience" should be considered with some flexibility and should not disqualify an officer who is otherwise qualified. [Proposed language being considered by Ms. Dianne Wright of DCP]
- Work with other PACs and DCP to revise the billet form promoting flexibility (i.e.. removing "minimum" and "required" from section 9 heading) and clarification (i.e.. use common language non-Corps employees can understand). **[Note:** CDR Fultz brought this topic to the attention of the PAC Chairs during their meeting 25 OCT 01]
- Replace reference to specific entry level degree (bachelors, masters, doctorate) with "qualifying degree" and use a corresponding range of experience (e.g. qualifying degree with "x-y" years experience).
- Provide educational resources to officers (such as a web page/links) providing current standardized billets, FAQs, and appropriate contacts when dilemmas arise. **[Note:** This is being developed by the Therapist Webpage Coordinator; CDR Karen Siegel, working with the Co-Chairs of the Billets Review Task Force]

2. Evaluate current standards for eligibility for clinical specialist billets and make recommendations for changes as appropriate.

Recommendations:

- Officers transferring into Clinical Specialist Billets must demonstrate that they have board certification recognized by one of the national professional organizations of the therapist category. (e.g. a PT could be qualified to hold a specialist billet if certified as a specialist by the APTA or could be a hand therapist certified by the AOTA but would not be qualified as a wound care specialist until that certification is recognized or independently developed by a national professional organization of the therapist category).
- The O-5 Clinical Specialist billet should also require certification recognized by one of the national professional organizations of the therapist category (not just "working towards" certification). O-5 and O-6 Clinical Specialist billets will be distinguished by the location and the complexity of the job (e.g. the O-6 billet may include specialty coordination/consultation on an area/regional level and/or more complex supervision or clinical education on a local level).
- The TPAC should develop a position paper supporting recognition/certification of deserving specialties by appropriate national professional organizations (e.g.. wound care, hand rehabilitation). **[Note:** see attached TPAC position paper]

3. Consider the creation of new therapist billets and make recommendations as needed.

Recommendations:

- Add Chief billet at O-4 level for outpatient/clinic/single therapist station (precedence already exists in other categories). [**Note:** see attached draft billet description]
- Develop billets for Wellness Center Coordinator and Area/Regional Fitness/Wellness Coordinator. Propose billets for the Therapist Category, recognizing that DCP may ultimately establish these billets as multidisciplinary across other categories. [**Note:** see attached draft billet description]
- Add the words "other practice settings" to existing practice descriptions in section 6 to allow practice options such as fitness/wellness centers or school programs.
- Include as an item in the staff therapist series duty descriptions (section 7) a statement; Plan, design, implement and provide guidance for health promotion programs for individuals/communities based upon their needs and goals, taking into account medical history, past and present.

Thank you for your assistance and guidance with this process. Please feel free to contact me if you have any questions or need further clarification with in this effort.

Sincerely,

CDR Jeffrey Fultz
Chair, TPAC

Functional Title: **CHIEF THERAPIST – O4**

Pertinent Program Information:

Small Hospital, or Health Center setting. Sole professional within therapy program at site (aka “One man duty station.”)

Brief Statement of Most Important Duties:

- Responsible for providing clinical therapy services as well as supervising the operation of the department.
- Perform direct patient care and provide administrative direction for the therapy department.
- Coordinate therapy services with other providers.
- Participate in budgetary development, supervise support staff, and monitor resources as allocated.
- Plan and coordinate preventive and educational programs for patients and families.
- Collaborate with interdisciplinary health care personnel to resolve patient related issues.
- Develop, revise and implement departmental policies and procedures as needed.
- Identify, evaluate, and justify existing as well as projected departmental needs for space, staffing, and delivery of services.
- Advise facility administration and area/regional therapy consultant on all aspects of therapy services.
- Design, coordinate, participate in, and supervise clinical research (supportive, collaborative, and/or independently) and/or other special studies.
- Plan and coordinate educational programs for students/interns, as well as inservice programs for interdisciplinary health care personnel.
- Perform other duties or agency/PHS-specific activities as assigned.

Direction Received:

Receives general direction as delineated by organizational structure. The facility administrative and/or the area/regional therapy program director may provide supervision and guidance as appropriate.

Minimum Qualifications:

Qualifying degree with 6-8 years of clinical experience.

Functional Title: Wellness Center Coordinator

Pertinent Program Information:

Directs and coordinates all aspects of the Wellness Center facility. Serves as a Health Promotion consultant for the community.

Brief Statement of Most Important Duties:

- Responsible for establishing Wellness Center program goals and objectives to include development, coordination, implementation and evaluation of an overall program plan.
- Accountable for all administrative and management aspects of the Wellness Center.
- Serve as primary clinical/administrative liaison between the Wellness Center, health care providers and other resources available within the service unit.
- Independently assures planning, development, implementation and evaluation of vital aspects of Wellness Center programs including screening protocols and criteria, health promotion, employee wellness, continuing education, career development and performance improvement activities.
- Establish a broad spectrum of available fitness based services for the community, staged appropriately for current fitness level, taking underlying medical conditions into consideration.
- Provide consultation/intervention for individuals requiring close professional monitoring/supervision. Serve as a liaison between the individual and their primary care physician to ensure the highest quality of service.
- Ensures ongoing training for Wellness Center personnel in areas of safety, healthy lifestyle screening, fitness training, and healthy lifestyle education.
- Develop and administer a departmental budget and consulting on budget process with service unit administration.
- Provide administrative direction and supervision for all Wellness Center staff, and leads recruitment of qualified personnel.
- Maintains professional qualifications and participates in direct care as part of day to day responsibilities.
- Perform other duties or agency/PHS-specific activities as assigned.

Direction Received:

Administrative direction is through the chain of command provided by the structure specific to the organization.

Minimum Qualifications:

Qualifying degree with 8 years clinical experience including 3 years administrative experience.

Functional Title: Area/Regional Fitness/Wellness Coordinator

Pertinent Program Information:

Serves as the primary coordinator for area/regional fitness/wellness programs.

Brief Statement of Most Important Duties:

- Serve as primary consultant for area/regional fitness/wellness programs. Facilitate the planning, implementation and evaluation of area/regional fitness/wellness services.
- Serve as the principal advisor to the area/regional director on all matters related to fitness/wellness services and programs.
- Facilitate the development and implementation of healthy lifestyle health promotion programs, as well as preventive care efforts area/region-wide.
- Manage program funds, develop budgets, supervise office staff, and monitor resources as allocated. Assist in developing systems of financial support acquisition: grant proposals to various governmental agencies and private/commercial resources.
- Develop and assist in directing employee fitness/wellness intervention programs. This duty includes provision of regular educational programs designed to encourage healthy lifestyle behaviors, and maximize the benefit, safety and accessibility of employee fitness/wellness activities.
- Design and implement program evaluation measurements (outcome measures). Provide direction and guidance in response to needs identified by outcome measures.
- Perform ongoing local assessments of fitness/wellness needs and recommend action plans to meet them, working in collaboration with community leaders and available regional professional resources.
- Establish communication links with other potential resources to provide additional program support including; other federal agencies, local, state and national organizations.
- Maintain professional qualifications and participate in direct care activities.
- Perform other duties or agency/PHS-specific activities as assigned.

Direction Received:

Administrative direction is through the chain of command provided by the structure specific to the organization.

Minimum Qualifications:

Qualifying degree with 14 years of clinical experience, including 5 years of administrative experience.

ATTACHMENT B

Therapist Professional Advisory Committee

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14 DEC 2001

Andrea Blake
Director
American Board of Physical Therapy Specialties
American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314

Dear Ms. Blake,

This letter is written as a position paper from the Therapist Professional Advisory Committee (TPAC) to the Office of the Surgeon General. The TPAC is requesting that the American Board of Physical Therapy Specialties (ABPTS) through the American Physical Therapy Association's (APTA) House of Delegates, pursue the development of formalized clinical specialties for two practice areas; Hand Rehabilitation and Wound Care. Currently the only certification available for PTs with expertise in these two clinical areas is through other organizations. There are certainly sufficient numbers of Physical Therapists (PTs) practicing in these specialty areas to warrant recognition in the form of specialty certification by the APTA. The only reasonable alternative to the development of clinical specialties by the APTA for Hand Rehabilitation and Wound Care would be to recognize and endorse other organization's certification programs. As it stands right now, any PT can hold themselves out to be "specialists" in Hand Rehabilitation or Wound Care. The APTA should be setting these standards for the profession of Physical Therapy.

Regardless of how it is accomplished, it is critically important for the APTA to provide formalized recognition for those physical therapists with advanced clinical knowledge, experience and skills in these two specialized areas of practice; Hand Rehabilitation and Wound Care. The distinction of being a board certified clinical specialist allows consumers, health care professionals and peers to readily identify these physical therapists. Additionally, recognition of these PT practice specialties can further the development of improved clinical, as well as research programs in the public and private sectors.

Please give this request due consideration. We would welcome the opportunity to discuss this with you further. Thank you for your time and attention.

Sincerely,

CAPT Charlotte Richards
Chief Professional Officer

CDR Jeffrey Fultz
Chair, TPAC

ATTACHMENT C

Therapist Professional Advisory Committee

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06 DEC 2001

CAPT Richard Barror
Chief of Staff
Office of the Surgeon General

CAPT Barror,

This report is in response to your recent request for information regarding the "ideal number" of Commissioned Corps officers for each category of the USPHS. The number of CC officers in the Therapist Category is 116. The number of Civil Service therapists within the USPHS is 54. These numbers are further broken down by professional discipline below.

Current Staffing:	PT	OT	AUD	SLP	Total
CC Officers	82	25	8	1	116
Civil Service	25	4	12	13	54
Total PHS Therapists	107	29	20	14	170

EXISTING PROGRAMS & NEED FOR GROWTH:

INDIAN HEALTH SERVICE:

By far and away, most of the therapists in the USPHS work within the IHS; 91. 58 of these therapists are officers. CDR Duganne is the Senior Therapist for the IHS. She has reported that there is a need for many more therapist billets throughout all of IHS and also within tribally operated health care facilities. Existing programs are in need of expansion due to the growing population as well as the need for more specialized therapy services; (wound care, pediatric therapy, etc). There are also numerous sites that do not have therapy programs yet provide other services for populations large enough to more than justify new therapy programs. Additionally, there are new opportunities for Physical Therapists to serve as Wellness Center Coordinators and in more Health Promotion related capacities. Overall, new commissioned corps therapist billets are warranted for 40 Physical Therapists, 17 Occupational Therapists, 17 Speech Language Pathologists, and 17 Audiologists. The majority of the sites needing these positions are remote, and therefore very difficult to fill. Commissioned Corps Officers are flexible about their work assignments and go to where the greatest need is.

NATIONAL INSTITUTES OF HEALTH:

NIH employs 24 therapists, most of whom are part of the CS personnel system. Based upon existing programs and their expansion an additional three Physical Therapists are needed. These therapists are necessary to provide patient care and to complete short and long-term research projects. Due to the nature of some of the studies performed, Commissioned Corps

Officers can be an asset due to work hours required-weekend coverage etc.

BUREAU OF PRISONS:

Presently there are 20 therapist officers working in the BOP. CAPT Mansell is the Senior Therapist for the BOP. He has reported that the BOP will need three more Physical Therapists and five Occupational Therapists to meet their projected staffing needs. These additional positions are needed as a result of new federal medical facilities coming on line, and some expansion of existing programs in response to a growing population to be served.

HRSA:

Currently 10 therapist officers work for HRSA. Additional Physical Therapists are needed for the Hansen's Disease Center in Baton Rouge, LA. These are needed to provide clinical support for patients and to participate and lead research.

US COAST GUARD:

Currently there are only two billets for therapists in the USCG, one at Cape May, NJ-USCG Training Center (enlisted personnel) and one at the USCG Academy, New London, CT. There is a need for Physical Therapists within the Coast Guard. The population of Coast Guard active duty personnel is from 17 to approximately 50 years of age. A significant number of visits to all USCG Clinics are musculoskeletal injury related. This is an area that PTs can help speed recovery time. Each of the major USCG bases can benefit greatly from having PT services readily available. This could add another 10 therapist billets. Commissioned Corps Officers are ideal for these roles due to the facilities being on the grounds of uniformed service's bases.

CIVILIAN ROLES TO COMMISSIONED OFFICERS:

Over 30% of the therapists working within the USPHS today are civilians. The majority of these individuals/positions could readily be converted to Commissioned Corps. The Therapist Category is leading an effort to educate these civilians as to the benefits and esprit de corps found in serving as an officer of the USPHS. Success in this could easily add some 40 more officers to the Therapist Category.

FUTURE PROGRAM EXPANSION:

The Therapist Category has been exploring additional opportunities to meet the mission of the USPHS. The Therapist PAC formally established a Strategic Growth Committee in August 2000. There are several possibilities for expanding into programs not currently employing PHS therapy officers.

VETERAN'S ADMINISTRATION:

The VA system of hospital's and clinics is the largest in the world. The TPAC Strategic Growth Committee has been working with DCP towards helping Commissioned Corps Therapists serve within these facilities. Currently there are openings for 5 PTs, 3 OTs, 6 AUDs, and 5 SLPs within the VA.

CIVILIAN THERAPIST OPENINGS WITHIN DoD:

The DoD cannot convert positions they have had to fill with civilian employees back to their own cadre of officers. This restriction does not apply to PHS officers. In the interest of maintaining an all-uniformed provider service and chain of command, PHS therapist officers can fill positions previously filled by civilian employees. Currently there are several openings advertised on the USAJOBS website: 6 PTs, 2 OTs, 8 AUDs, and 2 SLPs. These are positions which could be

filled by PHS therapist officers.

EXCEPTIONAL FAMILY MEMBER PROGRAM:

The EFMP is an example of a DoD service that would also benefit from having Commissioned Corps Therapists. The therapist positions providing these services are all civilian at this time. The total number of therapist billets this could add to the Commissioned Corps is approximately 26. The advantages of having uniformed personnel providing for the health care needs of the children of military dependents are significant.

RESPIRATORY THERAPISTS:

The Therapist PAC has provided a position paper recommending the addition of this discipline to the ranks of the USPHS. Specific appointment standards and qualifiers for commissioning Respiratory Therapists were included in this document. (See Attached) The Therapist CPO and PAC Chair provided additional documentation as to the need for RTs in the USPHS. (See Attached) By our estimates, the addition of RTs to the Therapist Category could add another 25 officers in a relatively short timeframe, most of them within IHS.

TOTAL NUMBERS:

Taken together, the additional positions identified within this report provide 241 therapists to the Commissioned Corps. These positions can be divided by discipline as below.

Additional Billets:	PT	OT	AUD	SLP	RT	Total
CC Officers	94	36	46	40	25	241

Thank you for your consideration of this document. Please let me know if further clarification is needed.

CDR Jeffrey Fultz
Chair, TPAC

THE FOLLOWING IS AN E-MAIL ADDENDUM TO THE ABOVE COMMUNICATION

CAPT Barror,

Thank you for your e-mail this past Friday regarding the Therapist Category Report. You posed two questions you would consider while reading this report #1) Why CC therapists rather than civil service therapists? and #2) You were asking why therapists were needed on emergency deployment teams. In answer to your second question, our category is now putting the finishing touches on our Disaster Response Handbook-which should be approved by the Therapist PAC during our meeting on Friday. This 18 page document thoroughly outlines the many roles each of the four therapist disciplines can fulfill in a disaster response. These disaster situation roles include clinical and administrative responsibilities.

Pre-Deployment Readiness:

Therapists can facilitate preparedness with their involvement in Pre-deployment planning and training. This includes performing CCRF Fitness Evaluations-and developing exercise regimens geared towards improving functional performance/fitness as appropriate. Additionally, therapists can provide ergonomic and body mechanics training to help minimize injuries in the field, and also provide equipment recommendations to aid in this effort.

Clinical Skills:

BCLS/ACLS (preferred) First Aid, First Responder (preferred), EMT Certification (preferred), Field Management of mass casualties, medical history & interviews, general medical triage, etc...

Clinically, skills are discipline dependent. In brief summary; Physical Therapists can provide evaluation and treatment of a wide variety of neuromusculoskeletal injuries and their sequela, with emphasis upon maximizing functional ability. PTs can also provide wound care evaluation and management intervention. Occupational Therapists can also provide evaluation and treatment of neuromusculoskeletal injuries-with emphasis upon returning to functional activities of daily living. This can include functional splinting, as needed. OTs are also trained in wound care management, as well as the treatment of cognitive, psychosocial/emotional issues.

Speech Language Pathologists clinically manage neurological diagnoses primarily related to speech (both expression & interpretation), swallowing and related cognitive issues. Audiologists primarily deal with the clinical issues related to hearing, whether neurological or mechanical in nature.

Administrative Support:

Serve to fulfill Administrative Officer duties, Information Officer duties, knowledge of command structure support, staff organization, information management, and patient records.

During an event, Therapists can help with logistical support; medical records, personal gear, equipment and supply management, occupational safety, food distribution issues, etc...

Familiarity with word processing and data management can help with surveillance and epidemiologic data collection/entry/analysis.

Can assume Communication Officer duties. Familiar with OEP operations, basic radio operations, FEMA;NDMS;DoD communication frequencies, police, fire and public safety communication frequencies, deployment and departure issues.

What I have written above *very briefly* outlines how therapists can serve to help meet the mission during disaster/emergency deployments. The Therapist Disaster Response Handbook should be approved this Friday-and it will be forwarded to OEP, CCRF and OSG.

Back to your first question; Why CC therapists rather than civil service therapists?

In the document I submitted last week I listed out a number of advantages to having Corps therapists vs. civil service therapists. Ultimately, I think the advantages of having Corps therapists on board boils down to having a uniformed, mobile health care force. Commissioned Corps Officers bring many things to the table not provided by civil service employees;

- 1) Work assignment flexibility-performing tasks that are not typical or traditional in order to meet the goals of the program.
- 2) Flexibility about hours of work-including weekends-to achieve the objectives/mission.
- 3) Available for deployment.
- 4) Available to be detailed to other assignments as needed by the PHS.
- 5) Accepting assignments where the greatest need is, not necessarily the nicest location.
- 6) Familiarity with uniformed/military protocols/hierarchy of command.
- 7) Esprit de Corps

I don't wish to preach to the choir about this, so I will leave it at that. I hope this supplemental information adequately answers the questions you posed. Thank you, Jeff

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ATTACHMENT D

DATE: 30 November 2001

FROM: CAPT Georgia A. Johnson
Chair, T-PAC Awards Committee

SUBJECT: William Fromherz Award
Josef Hoog Award
Therapist Clinician of the Year Award
Therapist Junior Officer of the Year Award

TO: All Therapist Category Officers

Once again, it is time to prepare for the William Fromherz, Josef Hoog, Therapist Clinician of the Year and Therapist Junior Officer of the Year Awards. I would like to present all awards at the 2002 COA meeting in Atlanta, Georgia, and are soliciting your interest, support and nominations for the awards.

Deadlines for nominations will be 22 February 2002 and all nominations must be submitted for consideration to the TPAC Awards Chair by that date. I realize the suspense date is very short. However, mail is being processed differently in various federal facilities. Additionally, the COA meeting is approximately 5-6 weeks earlier than usual.

All instructions have been posted on the TPAC web page. If you have any questions, please free to contact me at 410-786-6859.

Please honor deserving colleagues with your nominations and send your nominations to me at the address listed below.

Thank you.

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U. S. Public Health Service
Handbook to the
Therapist Category

Contributions and Capabilities
During Disaster Response

DRAFT 11

DECEMBER 2001

U.S. Public Health Service
Therapist Professional Advisory Committee
(TPAC)

Disclaimer

This document provides guidance on the Therapist Professional Advisory Committee's (TPAC) current views on USPHS Therapists' actual and potential deployment roles in disaster situations. Strategies may vary as the situation changes. TPAC will review this handbook periodically and modify it's content according to updated information and feedback.

*****Pending approval of Respiratory Therapy to the USPHS Therapist Category, specific information related to this discipline will be incorporated into this document.*****

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Introduction

Disaster response requires a broad range of clinical and non-clinical skills to efficiently and effectively meet the needs of each unique situation. USPHS Therapist Category Officers (Therapists) are prepared to meet these needs and committed to serving in times of disaster and national emergency. This Handbook is designed as a tool to facilitate decisions related to deployment of Therapist Officers in disaster and emergency situations. It describes general medical/clinical and non-medical knowledge and skills held by all Therapists who may be deployed in such situations, as well as specific skills for each professional discipline.

Overview of Capabilities

The Therapist Category is multi-disciplinary and comprised of licensed, highly skilled officers credentialed in four allied health professions: **Physical Therapy, Occupational Therapy, Speech Language Pathology, and Audiology**. Officers in the Therapist Category promote world-wide health during peace and national emergencies through direct clinical care, active outcome-based research, implementation of programs related to balanced community health systems, a global approach to health promotion and disease prevention, and initiatives designed to eliminate disparities in health care.

Therapists are qualified to (clinical skills):

- Provide accurate and timely clinical evaluation and treatment for patients with various health conditions related to their specialty.
- Develop and implement treatment plans, educate patients, and provide medical documentation.
- Strive to restore function and alleviate human pain and suffering, even with minimal resources that may exist in disasters.
- Supervise health technicians/assistants and co-sign their documentation.
- Perform supportive medical and administrative responsibilities.
- Provide care in various environments, conditions and populations. (Intensive care units, pre, during and post surgery)
- Serve as independent practitioners or as physician/medical extenders/assistants.
- Work with people throughout the life span including neonates, children & adolescents, adults, and geriatrics.

Therapists are skilled in:

- Problem solving
- Communication
- Clinical and health care services
- Working with people with disabilities, functional limitations, and special needs.
- Designing adaptations to aid in function

- Research, data collection and analysis
- Technical and computer skills
- Disease & injury prevention & health promotion.

All Therapists are professionally credentialed. They hold baccalaureate, master's or doctoral level training from accredited schools. All Therapists must complete clinical internships under the direct supervision of a practicing clinician.

In addition to basic professional clinical training, individual therapists may also earn board certification in specialty areas. Board certifications available for Therapists are identified in Table 2 on page 12.

Therapist Disaster Related Knowledge & Skills

Therapists can make significant contributions toward effective and efficient responses to disaster and emergency situations through their extensive general and specific knowledge and skills. Current and future plans are for every Therapist who desires involvement in such situations, meet the CCRF or DMAT membership requirements including completion of the core National Disaster Medical System (NDMS) general and medical training modules (<http://ndms.umbc.edu>). Therapist are encouraged to develop and maintain skills in the following areas:

Clinical Skills:

BCLS certification, First Aid, First Responder Certification (preferred), EMT Certification (preferred), Advanced Cardiac Life Support (ACLS preferred), field management of mass casualties, medical history & interviews, general medical triage, etc.

Other Disaster Related Skills:

Administrative Services:

Administrative Officer duties, Information Officer duties, command structure support, staff organization, information management, and patient records management.

Communications:

Communication Officer duties, Office of Emergency Preparedness operations, basic radio operations, hardware components, telecommunication systems, Federal Emergency Management Agency (FEMA), National Disaster Management Systems (NDMS) and Department of Defense (DoD) communication frequencies, police, fire and public safety communication frequencies, preplanning, deployment, and departure issues.

Information Technology & Computer Support:

Basic computer skills in Internet and Web-based information retrieval, and use of standard computer programs.

Surveillance and Epidemiologic Data Collection, Data Entry, and basic analysis:

Knowledge of basic word processing and data management programs.

Logistics

Medical records, personal gear, equipment and supply management, occupational safety, dietary and food distribution issues, etc.

Management & Security

Basic skills in disaster management and security issues.

Preventive Medicine:

Professional foundations in medical science allow therapist skills to assist with preventive medicine task and services.

Pre-deployment planning and training:

Ergonomics and body mechanics training to prevent injury, field readiness evaluation (functional fitness evaluation) & training, field training exercises, etc.

Table 1: Types of Clinical Problems Therapists May Address During Natural or Man-made Disasters

Clinical Problem with:	Earth-quake	Land-slide	Volcano	Hurricane / Tsunamis / Tornado	Flood	Blizzard	Heat Wave	Drought	Fire	Nuclear Incident	Hazard Material	Transportation Accident	Industrial	Air Pollution	Terrorism	Famine	Refugee Crisis
Muscular Pathology/Injury	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT		PT, OT
Skeletal Pathology/Injury	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT		
Neurological Conditions/Injury	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	PT, OT, SLP	OT, SLP	PT, OT, SLP
TBI & Closed Head Injury	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD	PT, OT, SLP, AUD		PT, OT, SLP, AUD
Cardio-Pulmonary Pathology	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT
Burn & wound care	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT
Application & fabrication of splints & orthotic devises	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT
Clinical Problem with:	Earth-quake	Land-slide	Volcano	Hurricane/ Tsunamis/ Tornado	Flood	Blizzard	Heat Wave	Drought	Fire	Nuclear Incident	Hazard Material	Transportation Accident	Industrial	Air Pollution	Terrorism	Famine	Refugee Crisis
Ergonomics	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT
Respiration			PT, OT	PT, OT					PT, OT	PT, OT	PT, OT		PT, OT	PT, OT	PT, OT		PT, OT
Cognition	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP	OT, SLP

Communication	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD	SLP, OT, AUD
Psycho-social/Emotional	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT
Stress/Time Management	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT
Hearing pathologies & injury	AUD	AUD	AUD	AUD	AUD	AUD			AUD	AUD		AUD	AUD		AUD		AUD
Order select radiologic or lab tests	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT
Pain Management	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT

Therapist Discipline Overviews

For each Therapist Category professional discipline, a definition of and summary of USPHS credentialing requirements are provided. All USPHS Therapists are registered and licensed.

Physical Therapists:

Definition: Direct Physical Therapy intervention includes evaluations and treatments that occur to and for the patient at the bedside, ward, or disaster area under the direct supervision of a Physical Therapist. Indirect Physical Therapy intervention includes treatments for programs that are performed by the patient or other health care providers under the direction of the Physical Therapist, but not in the presence of Physical Therapy personnel. For example exercise programs, positioning programs, and ambulation programs.

Physical Therapists evaluate, plan, supervise, implement treatment regimes to correct, prevent, or retard physical impairments disabilities resulting from injury, disease, or pre-existing bio-mechanical problems.

Physical Therapists can serve as independent practitioners and physician extenders in accordance with agency guidelines and regulations. The Physical Therapist performs a primary patient assessment of the neuromusculoskeletal system evaluating for impairments and disabilities, and may also order appropriate radiologic or lab tests. Prescription of non-narcotic medication is included in the scope of practice for credentialed providers. The initiation of Physical Therapy is dependent upon the referral from a physician, physiatrist, physicians assistant, and nurse practitioner. The patient's current medical condition, extent of injuries, and varying prognoses would also contribute to the initiation of treatment.

Physical Therapists can impact positively upon a broad array of medical and surgical conditions, although Physical Therapy is most beneficial in the early assessment and treatment of patients with orthopaedic, neuro-surgical and cardio-vascular, integumentary (wound/care) impairments and disabilities.

Credentialing: USPHS Physical Therapists are credentialed at the professional level after completing a Baccalaureate, Master's, or Doctoral level degree from a program accredited by the American Physical Therapy Association (APTA). Physical Therapists must also complete a supervised clinical internship and pass a national licensing examination. All USPHS Physical Therapists are licensed in one of the United States as per PHS statute.

USPHS Recognized P.T. Board Certification: Orthopedics, Electro-physiology, Pediatrics, Sports Medicine, Cardiology, and Neurology.

Occupational Therapists:

Definition: Occupational Therapists are health and rehabilitation professionals who evaluate, plan, supervise and implement treatment regimes in order for people to develop, regain, and build skills that are important for independent functioning, health, well-being, security, and happiness. Occupational Therapists work with people of all ages who because of illness, injury or developmental or psychological impairment. Patients who benefit from Occupational Therapy intervention may require specialized assistance to enable them to lead independent, productive, and satisfying lives. USPHS Occupational Therapists may practice as independent practitioners.

In times of emergency and disaster, people of all ages and functional levels are likely to experience physical and/or emotional injury and trauma, stress and disruption of their daily routines. Occupational therapists have training in and knowledge of the following body systems; including muscular, skeletal, neurological, circulatory, skin integrity, and others. They incorporate a special emphasis on the physiological, social, emotional, psychological and environmental effects of illness, injury and the environment on human functioning. Occupational Therapists may acquire specialized training and experience in neuro-rehabilitation, pediatrics, geriatrics, hand therapy, orthopedics, wound care, mental health, etc.

In addition to addressing physiological conditions, Occupational Therapists have the training and expertise to assist community members and emergency disaster workers to cope and positively adapt to challenging situations. The Therapist can immediately assist families, children, workers, and the disabled learn and practice immediate / long-term strategies to reduce injury, disease, stress. While learning to maintain and promote independent functioning. They may also assist with critical incident debriefing and support.

Credentialing: USPHS Occupational Therapists are credentialed at the professional level after completing a Baccalaureate, Master's, or Doctoral level degree from an academic program accredited by the American Occupational Therapy Association (AOTA). Occupational Therapists also complete a supervised clinical internship and pass a national certification examination. All USPHS Occupational Therapists are licensed in one of the United States as per PHS statute.

USPHS Recognized O.T. Board Certifications: Certified Hand Therapy (CHT), Pediatrics, Neuro-Developmental Techniques (NDT).

Speech Language Pathologists:

Definition: Speech and Language Pathologists are professionals that are board certified and clinically trained to diagnose / treat speech, language, cognitive, and swallowing disorders associated with traumatic head injury, stroke, cancer, poisoning, and altered mental status (psychiatric). Patients requiring temporary oral prosthetics to avoid aspiration are also diagnosed and treated. The Speech and Language Pathologist (SLP) works collaboratively with other rehabilitation and medical health professionals (physicians, nurses, neuro-psychologists, physical and occupational therapists, and social workers), military officials, and families to provide a comprehensive evaluation and treatment plan for the patient with a communication, swallowing or neuro-processing diagnosis.

Credentialing: Individuals who have successfully completed an intensive educational curriculum (approved by the American Speech Language Hearing Association (ASHA) leading to a Master's Degree or Ph.D. in Speech Language Pathology) would have completed and obtained the Certificate of Clinical Competency (CCC) granted by ASHA. The individual would also meet the requirements for a current unrestricted license to practice in a State within the profession of Speech Language Pathology.

The Speech and Language Pathologist holds a board certification in Speech Pathology, and has completed an extensive field of study which includes but is not limited to undergraduate and graduate level course work from an accredited university. The SLP must have completed the national comprehensive licensing board certification examination in addition to an internship under the direction and supervision of a board certified clinician. The SLP Therapists are licensed with an individual state or states to practice clinically as written within that state of license and scope of practice.

USPHS Recognized SLP Board Certifications: Certificate of Clinical Competency (CCC).

Audiologist:

Definition: Audiologists are Health Care Professionals who identify, assess, and manage disorders of the auditory, vestibular, and other neural systems. They provide audiological (aural) rehabilitation to children and adults across the entire life span and also select, fit and dispense amplification systems such as hearing aids and related devices. Audiologists prevent hearing loss through provision of and fitting of hearing protective devices, consultation on the effects of noise on hearing, and consumer education. Audiologists are involved in auditory and related research pertinent to the prevention, identification and management of hearing loss, tinnitus, and balance system dysfunction. Audiologists serve as expert witnesses in litigation related to their areas of expertise.

Audiologists are autonomous professionals and an integral part of America's Hearing Health Care Team. They collaborate with Otolaryngologists and other members of the hearing healthcare team to provide the most efficient access to children and adults with hearing and balance disorders. Audiologists may practice independently to identify, assess and manage disorders of the hearing and balance systems.

Credentialing: The American Speech — Language and Hearing Association awards a Certificate of Clinical Competency in Audiology. ASHA Certified audiologists use the designator, "CCC-A" after their

degree. The ASHA CCC-A indicates this audiologist has met the highest level of preparation for audiology service delivery. These National requirements include an Academic Degree (from an accredited university), completing graduate level practicum, completing a post graduate supervised clinical fellowship, and passing a national standardized examination in audiology.

In all states except Idaho, Michigan, and Vermont, audiologists are licensed, registered or certified by the state in which they practice. Each state ,however has its own specific requirements. Thus, audiologists may hold two credentials: the nationally accepted ASHA CCC-A and the license in the state in which they practice.

USPHS Recognized Audiology Board Certifications: Certificate of Clinical Competency - Audiology.

Table 2: Advanced specialties within Therapists clinical practice.

Clinical Specialty Area	Physical Therapists	Occupational Therapists	Speech Language Pathologists	Audiologist
Geriatrics	X	X	X	X
Cancer				
Pediatrics	X	X	X	X
Neurology/Neuro-rehabilitation	X	X	X	X
Wound/Burn Care	X	X	X	
Traumatic Brain Injury			X	X
Dementia				
Alzheimer's Disease				
Hand Therapy	X	X		
Multilingual Language Dx			X	X
Research				X
Graduate Education				
Health Education	X	X	X	X
Cardiovascular and Pulmonary	X		X	

Sports Medicine PT / OT	X	X		
Clinical Electro-physiology	X			X
Orthopaedics	X			
Hearing Conservation				X
Modified Barium Swallows			X	

Table 3: List of pre-disaster services and skills offered by Therapists.

Services offered	Physical Therapists	Occupational Therapists	Speech/ Language Pathologists	Audiologists
Injury Prevention	X	X	X	X
Health Promotion	X	X	X	X
Patient Education	X	X	X	X
Public Education	X	X	X	X
Medical/Health Care Provider Education	X	X	X	X
Ergonomics/ Environmental Modification & Adaptation	X	X		
Stress/Time Management		X		
Hearing conservation				X

Discipline Specific Disaster Related Roles & Responsibilities

Speech Language Pathology Disaster Related Roles & Scope of Practice

PRACTICE OF SPEECH LANGUAGE PATHOLOGY

Direct speech therapy involves the following components:

- Medical records and history review.
- Complete evaluation and clinical assessment which includes:
 - A look at the strength and movement of the muscles involved in swallowing and speaking.
 - Observation of feeding to assure that no aspiration will occur.
 - Conduct special diagnostic test such as the FEES, Videofloutoscopic, Ultra Sound, and Prosthetic fitting.
- Diagnosis of the disorder.
- Treatment plan creation for rehabilitation of the disorder.
- Treatment plans include exercises for the oral cavity and musculature that redirect strength position and excursionary movements to produce more intelligible speech and a more effective swallow.
- Implementation of direct individual or group therapy.
- Individual therapy may focus on improving language skills as needed. For example if weak musculature is noted which would impair speaking and swallowing.
- Indirect therapy can be performed under the direct of the SLP-Assistant when they are directly supervised by a board certified Speech Pathologist. An example of which would be feeding programs and Bobath-Coma Sensory Stimulation therapy.

The Speech and Language Pathologist works in conjunction with the other members of the health care team to insure that each patient is able to comprehend, listen, speak and read all presented information. The following disorders are a few where a SLAP can be instrumental in assisting the recovery of the patient.

The Speech Language Pathologist can offer rehabilitative services when the patient presents with the diagnosis of oral cancer, coma, neurological impairment, voice disorders, language based disorders and learning disabilities Huntington's chorea, developmental apraxia, aphasia, augmentative and alternate communication devices.

The Speech Pathologist can evaluate and treat patients either directly or indirectly utilizing a Speech pathology assistant that demonstrate the following disabilities:

Swallowing Disorders – which is also referred to as swallowing disorders that can occur in stages: oral phase, pharyngeal phase and esophageal phase.

Some swallowing problems in adults are:

Stroke (Cerebral Vascular Accident), brain injury, spinal cord injury, Parkinson's Disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Muscular Dystrophy, Cerebral Palsy and Alzheimer's Disease.

Head and Neck Disorders:

- Cancer in the mouth, throat and esophagus
Injury/trauma which require surgery to the oral nasal and throat regions
Traumatic Brain Injury – injury to the head (TBI) may cause interference with normal brain functions. The two broad categories used to describe TBIs: Penetrating Injuries where a foreign object enter the cranial cavity and causes damage to specific brain parts. This focal or localized damage occurs along the route the object has traveled in the brain. Symptoms vary and depend on the part of the brain that was damaged.
Closed Head Injury- CHI injuries result from a blow to the head as occurs when someone falls or is struck by an object, i.e. shell and mortar fire, collapsing of buildings. What occurs is PRIMARY BRAIN DAMAGE: damage that is said to be complete at the time of impact, and secondary brain damage, damage that evolves over a period of hours to days after the trauma. Primary Injuries may included some or all of the following:
 - Skull fracture
 - Contusions/ Bruises
 - Hematomas/ Blood Clots
 - Lacerations
 - Diffuse axonal injury; which arise from a cutting or shearing force from the blow that damages nerve cells in the brain' s connecting nerve fibers.
 - Secondary injuries may include brain swelling (edema) due to exposure to chemical weapons, medication and gases, intra-cranial pressure which can cause altered mental status, hearing loss (ringing, buzzing in the ears), blurred vision, decreased smell and taste, reduced strength and coordination in the oral cavity, head and neck , body arms and legs.
 - Specific Communicative Disorders; Traumatic Brain Injury (TBI) often demonstrates cognitive and communicative deficits that may significantly impair a soldiers or civilians ability to function independently. Survivors may have difficulty in finding the words or grammatical constructions they need to express an idea or explain themselves through speaking and writing.
 - It may be an effort for them to understand both the written and spoken message, as if they were trying to comprehend a foreign language.
 - The SLP can assist in the new found difficulty with spelling, writing and reading, skills that presented no problem prior to their injury.
 - The SLP can assist in Social Communication Deficits Disorders
 - The SLP can assist in Speech Muscles Disorders
-
- The SLP can assist in Cognitive Problems; refers to thinking skills which includes an awareness of one's surroundings, sustained attention to tasks, memory, reasoning, problem solving and executive

functioning (i.e. goal setting, planning, initiation, self awareness, self inhibiting, self monitoring and evaluation or flexible thinking).

- The SLP can directly assist in the treatment of cognitive processing, memory loss, recent and long term memory function, and impaired executive functioning.

Audiology Disaster Roles & Scope of Practice

PRACTICE OF AUDIOLOGY

The practice of audiology includes:

- Identification, assessment, diagnosis, management, and interpretation of test results related to disorders of human hearing, balance, and other neural systems.
- Otoscopic examination and external ear canal management such as cerumen removal.
- Conducting tests of hearing, balance ,and neural system dysfunction.
- Evaluation and management of children and adults with central auditory processing disorders.
- Conducting and supervising newborn hearing screening programs.
- Measurement and interpretation of tests for neuro-physiological intra-operative monitoring and cranial nerve assessment.
- Provision of hearing care including by selecting, evaluating, fitting, facilitating adjustment to, and dispensing :
 - hearing aids
 - cochlear implants
 - sensory aids
 - hearing assistive devices
 - alerting systems
 - telecommunication systems
 - captioning devices

PROVIDING AUDIOLOGICAL REHABILITATION INCLUDING:

- speech reading
- communication management
- language development
- auditory skill development
- counseling for psycho-social adjustment to hearing loss for persons with hearing loss and their families and care givers

CONSULTATION TO EDUCATORS AS MEMBERS OF INTERDISCIPLINARY TEAMS:

- communication management
- educational implications of hearing loss
- educational programming
- classroom acoustics
- large-area amplification systems for children with hearing loss
- prevention of hearing loss and conservation of hearing function by designing implementing and coordinating occupational, school, community and military hearing conservation and identification programs

CONSULTATION AND REHABILITATION TO PERSONS WITH BALANCE DISORDERS INCLUDING:

- habituation
- exercise therapy
- balance retraining

1. Engaging in audiologic research
2. Administering audiology graduate and professional educational programs
3. Measuring functional outcomes
 - Consumer Satisfaction
 - Effectiveness
 - Efficiency
 - Cost-Benefit of practices and services

1. Supervision of support personnel
2. Consultation about accessibility for persons with hearing loss in public and private buildings, programs and services
3. Assessment and non-medical management of tinnitus including:
 - biofeedback
 - asking
 - hearing aids
 - education
 - counseling

1. Screening of speech-language and use of sign language (or other communication systems) for purpose of audiologic evaluation.

2. Consultation regarding:

- Legal interpretations of audiology findings
- Effects of hearing loss and balance system disorders
- Effects of noise

1. Case management and services as a liaison for the consumer, family and agencies in order to monitor audiologic status and management.

2. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function

3. Participation in the development of professional and technical standards

TPAC Finance Committee Report

14 DEC 2001

Members:

LCDR Ron West, Finance Committee Chair

CDR Lois Goode

LCDR Cindy Melanson

LT Joe Rasor

The main focus of the TPAC Finance Committee has been 1) the formation of a list of potential contributors and 2) the formation of a solicitation letter in conjunction with the Henry Jackson Foundation (HJF).

CDR Goode requested that all Field Reps contact all category therapists to get local listings of product reps, vendors, and other potential contributors. The response was very poor even after several reminders. The small list that we received was forwarded to the HJF. We will continue to pursue this avenue for generating lists to send to the HJF. Perhaps in the future this duty will be assumed by LCDR Cindy Melanson who is the new TPAC Field Rep. Coordinator

LCDR Cindy Melanson contacted all of the TPAC Discipline Liaisons to find out if their professional associations had lists of vendors. Once again the response was poor.

Liz Chipchosky, from the HJF, forwarded a generic solicitation letter that was edited, reviewed, and approved by all members. The letter was returned to the HJF to begin the mailing process.

The APTA directed the committee to a list of Physical Therapy vendors, with contact information at the internet site WWW.thru.to/Ptshop. There are over 300 vendors. The HJF does not perform mailings without specific contact names. The committee will contact each of the companies via phone to get a contact name. LT Joe Rasor is creating a excel file to hold all of the information.

For those category members that want to make contributions, please make checks payable to "Henry Jackson Foundation - #5352 and send it to:

**Henry M. Jackson Foundation for the
Advancement of Military Medicine**

1401 Rockville Pike, Suite 600

Rockville, MD 20852-1428

ATTN: Liz Chipchosky

Respectfully Submitted:

LCDR Ron West, Finance Committee Chairperson

1. Bureau of Prisons Wellness Initiative Report

Facility	Activities
FMC, Butner	No Report
FMC, Carswell	No Report
FMC, Devens	No Report
FMC, Fort Worth	No Report
FMC, Lexington	Encouraging PHS officers to participate in fitness award program; hosted open house for PT month educating staff on exercise, fitness, and conditioning; and provided a presentation on Teenage Smoking at a local University.
FMC, Rochester	No Report.
MCFP, Springfield	One PT has completed the hours required and requested acknowledgment through the President’s Council for Physical Fitness in the area of Softball.

Summary:

The BOP Wellness Initiative participants are using local COA branches and other resources to provide group or individual presentations and encourage participation in the Presidential Sports Award program.

- Whiteriver Service Unit PT Dept. has continued the Employee Fitness Testing program. In October they tested six additional employees (new to the program). They have received positive feedback from their employees and will continue the program on a monthly basis.

In October, they also held the 1st annual Physical Therapy Month Fun Run with 30 participants. They also held a Costume Walk, which they report was great fun!

November 30th Whiteriver organized a Wellness Fair with multiple services (IHS and Tribal) participating. Topics covered and the responsible service included: PT - workstation design, micro break exercises, lifting techniques, BMI and strength training with information on maintaining bone density. OB - breastfeeding. DM Educators - healthy living with diabetes. Nursing - height/weight checks & community resources for recreation and exercise. Apache Diabetes Wellness Center - hours and general fitness information. Public Health Nursing - hand massage and stress management. Dietary and Community Health Nutrition - various cooking demonstrations, food facts, recipes, etc. It was a success and they look forward to hosting a spring wellness fair.

- DEC 6th will be ST Elizabeth's fourth annual fitness test to be held on campus from 11:30-1:00. LT Spaulding says all CCRF and PHS Corps are invited to participate.
- LCDR Shumway of the Coast Guard Academy reports that they are working on a revision of the recruit fitness program. They visited the Army's Aberdeen Proving Grounds in Maryland to get

information on a study of functional strength and core stabilization training performed with trainees. Some of this information will be used in the program at Cape May. Even though they feel they have a very good program, coordination among all of the other training and their program is a challenge. The next step is to develop lesson plans followed by training of the gym staff and company commanders.

5. The Region IV Healthy Lifestyles Committee with CDR Bo Kimsey (CDC), CDR Annie Fair (DHHS), CDR Robyn Brown (FDA), CDR Pickering (CDC), and Joi Hatch of the Department of Agriculture, Region IV Office are this year's Core Committee members. They have met and set their goals and activities for this year (June 2001 - May 2002). They include:

Holding Federal Fitness Day (May 15, 2002) events at CDC/ATSDR, the Atlanta Federal Center, and expanding participation with other Federal Agencies in Atlanta.

Partner with other Atlanta Area Federal Agencies through presentation at the Atlanta Federal Executive Board meeting and requesting a letter of support from the DHHS Region IV, Regional Administrator, CAPT Clare Cobb, be sent.

Support the COA Surgeon General's Run at the COA Professional Meeting to be held in Atlanta April 21 - 25, 2002. CDR Robyn Brown (FDA) is Chair for this activity.

Supporting CC officers' engagement in regular physical activity by presenting at Atlanta Branch COA General Membership Meeting.

Supporting CCRF Fitness standards through CCRF Fun Fitness Testing Days. The first 2 will be held December 6, 2001 at the Turner Athletic Center at the CNN Center in Downtown Atlanta, and December 11, 2001 at Adams Stadium, DeKalb County Schools in NE Atlanta near Executive Park. An educational lunch & learn was also provided at the Atlanta Federal Center on CCRF Fitness Testing. Information relating to Fitness training including distribution of information and the Total Trainer CD ROM discussed and distributed at the last COA Professional Meeting have been provided to Atlanta area officers upon request.

Committee members, CDR Robyn Brown & CDR Bo Kimsey, have attended healthy lifestyle related meetings.

6. In **Sitka** CDR Cavanaugh reports they now have almost 300 employees participating in the "**10,000 Steps Program**," logging many millions of steps so far. Feedback from participants is overwhelmingly positive. In a recent survey 100% of employees who were previously "not active" said they plan to stay active after the program is done. The **SPARK** trainings have now included school employees from 10 different communities in Southeast Alaska. Schools are finding this program to be inclusive, noncompetitive and lots of fun. More trainings are being planned for both the K-2 and 3-6 grade groups.

Since Sept 11th, 13 COs from **Anchorage** have been deployed to NYC or to Washington, DC. Cindy Hamlin, COA branch president in Anchorage says, "**Because these officers maintain a healthy lifestyle they were able to endure the long hours and personal sacrifices required to respond to these events**".

Memorandum

To: TPAC Secretary

From: CAPT John T. Hurley

Date: 12-12-01

Subject: Strategic Growth Committee Report

Members

CAPT John T Hurley
CAPT Sue Miller
CAPT Georgia Johnson
CDR Frank Weaver
CDR Nancy Balash
LCDR Mark Melanson
LT Joe Rasor

MOU/MOA agreements

- Still have the sponsor requirement attached to it. For a person to be detailed to another agency they have to be sponsored by a supporting agency such as Indian Health Service, NIH, etc

VA

- Continued contact with DCP reveals no new progress with a national initiative for MOU
- The new VA Director for Rehabilitation services was identified and an appointment will be made for a conference with the CPO on her next trip to the Rockville area
- It is still important to keep lines of communication open between our agencies regarding future opportunities.
- Information was given to CDR Fultz regarding current VA positions. These numbers are not as many as in the past but still represent new potential for growth.

DOD activities

- CDR Balash has been in contact with the chief of the physical therapy section at Madigen Army Medical center regarding hiring of PHS Officers into civilian slots. Admiral Davidson had expressed a willingness to sponsor a slot to DOD if we could secure a position. On 11-27-01 CAPT. Richards and CAPT Hurley had a telephone conference with Col Hooper, Chief of the ARMY Medical Specialist Corps, regarding this issue. In that conversation COL Hooper expressed interest and concern. She was surprised that PHS had the capability of growing when the other services had constraints and caps on becoming larger. She felt there would be issues, as did the VA, that civilian slots do not have benefits that active duty officers have such as moving expenses. She also wanted to know where other PHS Officers had been detailed. The ongoing debate about Purple Uniformed personnel also came up. These questions will be answered by the Strategic growth committee and negotiations will continue.

Respiratory Therapists

- Issue is being examined by the PHS Appointment Boards. No new announcements regarding commissioning at the present time.

Exception Family Member Program

- Ongoing negotiations are still occurring. CAPT Hurley had a conversation with CDR McGuinness 11-30-01. In that conversation CDR McGuinness stated that he is attempting to secure a partial detail as a Psychologist at Ft Bliss, El Paso Tx. In that capacity he could negotiate directly with the tri-services involved in EFMP and EDIS. He also stated while EFMP has civilian slots available for many medical

disciplines the major need is for therapists. CDR Mcguinnes identified the bulk of positions located in Germany, Italy, and Japan.

Indian Health Service

- CDR Frank Weaver diligently continues contacting Indian Health Service facilities for positions and vacancies. He has identified multiple new sites for commissioned officers to apply. He is in constant communication with Tribal sites and has directly facilitated interest by these sites to hire Commissioned Officers. These facilities will be reported at the TPAC meeting.
- The Indian Health Service may be the agency to focus on for growth. Rehabilitation Services are expanding in most service areas. We should provide information to therapists at these facilities regarding TPAC activities. I will recommend that the SGC identify therapy sites and provide written and direct contact to these therapists regarding TPAC activities.

Therapist Category Fact Sheet

- CAPT Sue Miller and LCDR Mark Melanson have made the last revisions for the Therapist Category fact sheet. They applied this information to the old recruitment pamphlet information. The fact sheet information will be discussed at the 12-14-01 TPAC meeting. This information will be used in the future for contacting various agency sites and new therapist recruits.

General Comments

While great increases in therapist numbers have not been generated with the above activities, improved communication with other federal agencies have. Most agencies are under massive budget and personnel constraints and have been a little suspicious when another agency contacts them about providing personnel. Add to this our own constraints with sponsorship, and it becomes even more difficult to place therapists into slots. If we keep at it and continue to provide good, objective information to potential federal agencies it will pay off in the future. The Therapist Category provides a vast variety of services for the health of our nation. With improved communication we sell ourselves.

CAPT John T. Hurley
Chairperson, Strategic Growth Committee

THERAPIST EDUCATIONAL DAY
Commissioned Officers Association Annual Conference
Wednesday, April 24, 2002

Community Action and Critical Response:
The Role of Therapists

- 9:00 - 9:45 AM **Stages of a Disaster - Preparedness**
Learning Objectives - TBD
- Speaker: TBD
- 9:45 - 10:30 AM **Public Health Needs Before, During and After Disasters**
Learning Objectives - TBD
- 10:30 - 11:15 AM **The Role of Therapists in a Deployed Environment**
Learning Objectives - TBD
- Speakers: Suggest CAPT Trawick, CDR Pickering and LCDR Scott Gaustad, since they authored the paper on this subject for CCRF.
- 11:30 AM - 1:00 PM **Therapist Professional Specialty Luncheon - Readiness Issues**
Learning Objectives - TBD
- Speaker: LTC Josef H. Moore, Ph.D., PT, ATC, SCS
US Military Academy
West Point, NY
- 1:15 - 2:30 PM **Reflections from PHS Therapists Deployed to the September 11, 2001 Disaster and the Anthrax Bio-terrorism Attack**
Learning Objectives - TBD
- Speakers: LT Corey Dahl, LCDR Michelle Jordan, LT Grant Mead, CDR Susanne Pickering; LCDR Mathew Taylor, and CAPT Georgia Johnson
- 2:30 - 4:30 PM **Panel Discussion - Where do we go from here and how can therapists contribute more effectively to an attack at home or abroad?**
Learning Objectives - TBD
- Panel Moderators: Suggest one from each discipline to lead discussion and keep audience involved

FIELD REPRESENTATIVE REPORTS
December 2001

Date: December 14, 2001

To: CDR Jeff Fultz, Chairperson, Therapist Professional Advisory Committee

Subject: TPAC Field Report- Arizona

From: LT Joe Rasor, Arizona Field Representative

I. Positions Open:

- A. Phoenix Indian Medical Center – Audiologist
- B. Fort Defiance Indian Hospital – Physical Therapist
- C. Fort Defiance Indian Hospital – Speech Therapist
- D. Hopi Health Care Center – Physical Therapy Assistant

II. New From the Field:

- A. LT West received Achievement Award
- B. LT West received PHS Assignment Award
- C. LT Rasor received Citation Award
- D. LCDR Figueroa received Unit Commendation
- E. LCDR is on Maternity Leave and should be induced on 12/18/01 – wish her luck. Boy or Girl???
- F. Hu Hu Kam Indian Hospital Physical Therapy Dept's Wellness Programs are very extensive with a new facility. Call if you would like details or a visit.
- G. LTJG Allen should be married by now. She was to be married on 12/08/01 to Jared Donahoo. We wish them much happiness and congratulations.

III. Welcome/Farewell:

- A. LT Joe Christ, PT at Chinle Comprehensive Health Care Facility
- B. LCDR Rita Shapiro, PT, Chief at Fort Defiance Indian Hospital
- C. Mr. Kendall Fink, PT at Hu Hu Kam Indian Hospital.
- D. Ms. Carrie Schuessler, PT (20 hr PERM position) at Tuba City Indian Medical Center
- E. Farewell to LCDR Gari Smith from Phoenix Indian Medical Center who is starting her new career as a full time Lounge Singer. She sang for our award banquet and sounded great. We wish her lots of luck in her new career.

IV. Presentations: None

V. Publications: None

VI. Current Research: None

Future Agenda Items to Consider: None



U.S. Department of Justice

Federal Bureau of Prisons

Federal Medical Center

Fort Worth, Texas 76119-5996

MEMORANDUM FOR To: LCDR Bart Drinkard, Executive Secretary TPAC
From: LCDR Sue Newman
Date: December 12, 2001
Subject: BOP West Field Report (Oct-Dec 2001)
 -FMC Carswell
 -FMC Fort Worth
 -FMC Rochester

I. Congratulations:

LCDR Julia Woodard received the USPHS Citation for program development at FMC Fort Worth.

LTJG Alicia Souvignier (Rochester) received the BOP's Special Act Award for utilizing her linguistic knowledge in Spanish to enhance program delivery.

LT Corey Dahl (Rochester) received the PHS Achievement Medal for his role in the recent NYC CCRF deployment to assist the rescue workers at the WTC.

II. Positions Open/Anticipated Openings: None

III. News from the Field:

-LTJG Alicia Souvignier is attending the PHS five-day orientation course this week.

-LT Jon Schultz completed his certification on EMG/NCV offered by Neumann College.

-FMC Fort Worth Therapist held their annual Department Retreat on November 19, 2001 to establish FY 2002 goals and identifying improving organizational performance projects.

IV. Welcome/Farewell to: none

V. Presentations:

-LCDR Eric Payne presented "A Proposal for a Multi-disciplinary Cardiac Health Program" to the medical staff at FMC Rochester.

VII. Publications: None

VIII. Current Research: None

IX. Future Agenda Items: Consider looking into why Specialty pay is only allotted to Therapist with Master's degree or higher and not Therapist with Bachelor's degree.

X. Changes to e-mail and mailing roster: None

ACL: New Mexico

- I. Congratulations: (Recognition of accomplishments/Awards): N/A
- II. Positions Open/Anticipated Openings: N/A
- III. **News from the Field:** (Current information on activities of therapists): PT. Department just finished supporting the Laguna Acoma Fall High School Sports Program. The ACL PT Dept. is still coordinating for the establishment of the non-profit group Fit-4-Free to set up a fitness center for Acoma pueblo.
- IV. Welcome/farewell to: N/A
- V. **Presentations:** (Who , What, Where, When): LT. Lawrence on “Exercise and the Elderly” to Senior Olympic Fitness Awareness Event at Laguna Pueblo 11/9/01.
- VI. Publications: N/A
- VII. Current research: N/A
- VIII. Future Agenda Items for TPAC to Consider:
- IX. Changes to email roster (i.e. ranks, name, addresses, etc.)

Crownpoint:

- I. Congratulations: (Recognition of accomplishments/Awards): N/A
- II. Positions Open/Anticipated Openings: Chief PT
- III. **News from the Field:** (Current information on activities of therapists): LT. Mike Faz just returned from a course on the DM foot. Clinic presently being looked at for HFCA Cert.
- IV. Welcome/farewell to: N/A
- V. Presentations: (Who , What, Where, When) N/A
- VI. Publications: N/A
- VII. Current research: N/A
- VIII. Future Agenda Items for TPAC to Consider: N/A
- X. Changes to email roster (i.e. ranks, name, addresses, etc.): No Changes

Gallup:

- I. **Congratulations:** (Recognition of accomplishments/Awards): LT. Mika Wooldridge for finishing the Tuscon Marathon 12/9/01.
- II. Positions Open/Anticipated Openings: Staff PT and PTA
- III. News from the Field: (Current information on activities of therapists)
- IV. **Welcome/farewell to:** Farewell to CAPT. Dominick Aretino
- V. Presentations: (Who , What, Where, When): N/A
- VI. Publications: N/A
- VII. Current research: N/A
- VIII. Future Agenda Items for TPAC to Consider:
- XI. **Changes to email roster (i.e. ranks, name, addresses, etc.)** No Changes except CAPT Dominick Aretino is now with BOP.

Santa Fe:

- I. Congratulations: (Recognition of accomplishments/Awards): N/A
- II. Positions Open/Anticipated Openings: N/A
- III. News from the Field: (Current information on activities of therapists): N/A
- IV. Welcome/farewell to: N/A
- V. Presentations: (Who , What, Where, When): N/A

- VI. Publications: N/A
- VII Current research: N/A
- VIII. Future Agenda Items for TPAC to Consider: N/A
- XII. Changes to email roster (i.e. ranks, name, addresses, etc.) No current email for CDR Esparsen.

Shiprock:

- I. Congratulations: (Recognition of accomplishments/Awards): N/A
- II. Positions Open/Anticipated Openings; N/A
- III. News from the Field: (Current information on activities of therapists): N/A
- IV. **Welcome/farewell to:** New Staff PT: Tallethea Mose, New OT Jody Tanzillo.
- V. Presentations: (Who , What, Where, When): N/A
- VI. Publications: N/A
- VII Current research:
- VIII. Future Agenda Items for TPAC to Consider: N/A
- XIII. **Changes to email roster** (i.e. ranks, name, addresses, etc.)
New Address: 1. tallethea.mose@shiprock.ihs.gov
2. jody.tanzillo@shiprock.ihs.gov

Zuni:

- I. **Congratulations:** (Recognition of accomplishments/Awards): **Director’s Award to LT. Megan Hories – for her outstanding work in the OB/GYN program at Zuni/Ramah Service Unit**
- II. Positions Open/Anticipated Openings: N/A
- III. News from the Field: (Current information on activities of therapists): CAPT. Sellers just hosted Albuquerque Therpaist meeting which was held at ACL Service Unit. Therapists from ACL, Isleta, Santa Fe and Zuni attended.
- IV. **Welcome/farewell to:** Welcome Steven White, PT
- V. Presentations: (Who , What, Where, When): N/A
- VI. Publications: N/A
- VII Current research: N/A
- VIII. Future Agenda Items for TPAC to Consider: N/A
- XIV. **Changes to email roster (i.e. ranks, name, addresses, etc.)**

1. mhoreis@abq.ihs.gov
2. bsellers@abq.ihs.gov
3. swhite@abq.ihs.gov

Date: December 13, 2001

To: CDR Jeff Fultz, Chairperson, Therapist Professional Advisory Committee

Subject: TPAC Field Report- HCFA

From: LCDR Cindy Melanson, HCFA Field Representative

Positions Open: Check website at www.hcfa.gov for vacancies.

New From the Field:

- LCDR Cindy Melanson developed and presented “Validation Procedures for Ambulatory Surgical Centers, Home Health Agencies, and Hospice” to the Nationally Approved Accreditation Organizations in 11/2001.

Welcome/Farewell: none

Publications: none

Current Research: none

Future Agenda Items to Consider: none

TO: Chairperson, Therapist Professional Advisory Committee
FROM: LT Michelle Peterman
DATE: 10 Dec 2001
SUBJECT: TPAC Quarterly Agency Activity Report
Department of Mental Health Services (DMHS)

I. Congratulations:

LT Stephen Spaulding welcomed a healthy baby boy Sep 26, 2001 Ethan Thomas Spaulding weighing 7lbs 14 oz.

II. Positions Open:

None

III. News from the Field:

LCDR Mark Melanson's was awarded a plaque from the Washington Philatelic Society for the "Stamps for a Living" program for outreach to consumers.

CDR Michelle Coleman, LCDR Mark Melanson, LT Michelle Peterman, LT Maria Bacilio, LT Terri Ellsworth, LT Stephen Spaulding, LT Danell Hilltz, LTJG Teshara Bouie all performed duties such as mental health counselors and triage at DC General addressing the anthrax crisis.

LT Maria Bacilio, LT Michelle Peterman, and LT Stephen Spaulding completed the 3-day Basic Officer Training Course (BOTC).

LT Stephen Spaulding initiated the 3rd Annual CCRF PT Test Thursday, Dec 6 at ST. Elizabeths Hospital.

IV. Welcome and Farewell:

None