

# Therapist Professional Advisory Committee Meeting Minutes

DATE: 26 FEB 1999  
TIME: 1017 to 1405 EST  
LOCATION: IHS Office of the Director  
Parklawn Bldg, Rm 605  
5600 Fishers Lane  
Rockville, MD 20857

## ATTENDEES:

### In Rockville (video conference call):

ADM Michael Blackwell (Chief of Staff, OSG, Guest)  
CAPT Charlotte Richards (CPO)  
CAPT John Hurley (Chair)  
CAPT Willis Trawick (Member)  
CDR Georgia Johnson (Member)  
CDR Rebecca Parks (Member)  
CDR Ivana Williams (Member)  
Ms. Beth Solomon (Member)  
LCDR Bart Drinkard (Field Rep.)  
LCDR Mark Melanson (Field Rep.)  
CAPT Charles McGarvey (Guest)  
CDR Karen Siegel (Guest)  
Sharon Beamer (Guest)  
LT Michelle Jordan (DCP Rep., Category Staffing Officer)

### In Albuquerque (video conference call):

CAPT Dominick Aretino (Member)  
CDR Jeff Fultz (Executive Secretary)  
CDR Mike Flyzik (Member)  
LT Mike LaPlante (Field Rep.)

### In Phoenix (video conference call):

CAPT Mark Dardis (Member)  
CDR Leo LaBranche (Member)  
LT Ron West (Guest)

### Via conference call:

CAPT Dave Brueggemann from Anchorage, AK (Member)  
LCDR Richard Shumway from Cape May, NJ (Member)  
LT Grant Mead from Lexington, KY (Member)  
LCDR Nancy Balash from Yakima, WA (Field Rep./Historian)  
CDR Becky Sellers from Zuni, NM (Ex-officio)  
CAPT David Nestor from Lexington, KY (Guest)  
CDR Susanne Pickering from Atlanta, GA (Guest)

### Absentee TPAC Members:

LCDR Lois Michaelis-Goode

I. Call to Order

The meeting was called to order by the Chair in Rockville at 1017 local time. CAPT Hurley welcomed all participants to the TPAC meeting.

II. Review and Adoption of Agenda

The agenda for the meeting is shown in **Attachment A**.

III. Review and Adoption of Previous TPAC Minutes

Minutes from the 20 NOV 98 meeting were accepted as published. CAPT Hurley thanked CDR Fultz for putting together the TPAC Minutes and today's Agenda. CAPT Hurley indicated that there was a great deal of information to share and discuss at this TPAC Meeting, because there was so much going on.

IV. Open Forum

A. Introduction of Guests

ADM Michael Blackwell, Chief of Staff, Office of the Surgeon General  
Sharon Beamer, Walter Reed Army Medical Center, Audiology Department  
CAPT Charles McGarvey, Chief, Physical Therapy Section, NIH, Rockville, MD  
CAPT David Nestor, Chief Therapist, Federal Medical Center-Lexington, KY  
LT Michelle Jordan, Therapist Category Staffing Officer representing DCP.  
CDR Karen Siegel, Physical Therapist, Biomechanics Lab, NIH, Rockville, MD  
CDR Susanne Pickering, CDC, Atlanta, GA  
LT Ron West, Physical Therapist, Phoenix Indian Medical Center

Guest Speaker: ADM Blackwell, Chief of Staff, Office of the Surgeon General. At the request of CAPT Richards and CAPT Hurley, ADM Blackwell attended this TPAC Meeting (from Rockville, MD). What follows are some of his comments during his discussion with the participants at the TPAC Meeting.

I am very happy to be able to stop by and meet with all of you. I know some of you from years past. This is a wonderful opportunity to say hello personally and let you know that the Office of the Surgeon General is back in business. We now have a complete team in the OSG, where there was none for several years. This should give us all reasons for great expectations. I have had an opportunity to meet with CAPT Charlotte Richards, your CPO, on a few occasions. She does an excellent job representing your category. I appreciated the effort and visioning your category put forth in your Mission Statement. There was a tremendous amount of vision in that document.

ADM Moritsugu and I are responsible for the day to day running of the Office of the Surgeon General. As with any office, there is a lot of administrative work to do. There are many challenges currently facing the OSG. One of the greatest is just how to best integrate the functions of this office with those of the Division of Commissioned Personnel (DCP). The whole issue of the Inactive Reserve and

how to create an office to coordinate and maximize their use is critically important. Congressional members want to see the effective utilization of a reserve force to justify its existence. There are probably around 5000 officers in the Inactive Reserve component. Of these there may be only 2000 that we can actually identify and contact readily. The first priority will be to identify who is *really* in the reserve force and create an easily updated roster record of these officers. We are under some scrutiny, in a positive way, to be able to quickly mobilize in the event of an emergency.

The environment that we live in at the OSG is not a negative one. We are looking forward to the future. We have many wonderful opportunities ahead of us. The Physical Fitness and Healthy Lifestyles missions will help us distinguish ourselves from the Armed Services in a positive way. Fitness standards should be pushed by your category. Certainly the Therapist Category should have a huge role regarding this issue. The Surgeon General is a strong proponent of this initiative, both professionally and through his personal commitment as an avid runner. He will demonstrate this at the upcoming COA meeting in Washington at the Surgeon General's Run.

Several questions from therapists attending the meeting were fielded by ADM Blackwell. ADM Blackwell concluded his remarks by encouraging any and all officers to contact his office directly to provide information/suggestions or to have questions answered.

CAPT Hurley and others in attendance at this TPAC meeting thanked ADM Blackwell for taking time out of his busy schedule to participate.

## B. Action Item Review

CAPT Hurley reported that the Indian Health Service Scholarship Program was considering the possibility of providing funding for a Native American student to attend the Army Baylor Masters program in Physical Therapy. He stated that there were a number of challenges, (primarily funding sources) in trying to utilize the Senior COSTEP [*Commissioned Officer Student Training Externship Program*] for this purpose. He also reported that the IHS Scholarship Program students do not always end up working for the Indian Health Service the way the program is structured. If the IHS Scholarship Program did fund a student at the Army's PT program, they would be a commissioned corps officer and, upon graduation, be obligated specifically to the Indian Health Service. CAPT Hurley indicated that he had been discussing this possibility with the individuals in charge of the programs. Additional challenges in implementing this effort are differences between the timelines between the IHS Scholarship Program and Army Baylor's candidate selection deadlines.

CDR Fultz reported that he had heard from a few Field Representatives regarding their mailing lists. He updated the lists based upon the new information provided.

CDR Fultz discussed his intention to establish an electronic mailing for the TPAC minutes for today's meeting. He reported that while most Field Representatives had sent in reports via e-mail, not all had. CDR Fultz asked that Field Representatives send their reports via e-mail as attachments in Word (*preferred*) or WordPerfect format. If the Field Representatives do not have access to e-mail, a floppy disc with the report in either Word (*preferred*) or WordPerfect format can be mailed to CDR Fultz. He asked that only information in digital format [via e-mail attachments or floppy discs] be sent for inclusion in the minutes; (ie. no more faxes or mailed hardcopies).

**ACTION ITEM:** Field Representatives need to send their reports to the TPAC Secretary via e-mail attachments in either Word (*preferred*) or WordPerfect format. If unable to access e-mail, reports can be mailed to CDR Fultz *on diskettes* in either Word or WordPerfect format. Field Representatives need to determine which therapists on their mailing lists have e-mail and/or computer access and who do not.

CAPT Hurley briefly discussed the mentoring program and reported that a couple of TPAC Members were going to serve as mentors. He thanked CDR Flyzik and CDR LaBranche for volunteering to participate in mentoring. CAPT Hurley reported that this was a very important program and that having TPAC Members participating in it would be helpful. This would ensure more direct input through TPAC in further improving and expanding the mentoring program within the Therapist Category.

CAPT Richards reported that the billet for Director, Rehabilitation Services is now in place at the DCP level; *Billet #10HG – 120*. She briefly reviewed the history of developing this, specifically for IHS and BOP positions, based upon the organizational structure in place within those settings. See **Attachment B**.

CAPT Hurley deferred his report regarding progress made in establishing therapist billets within the Veteran's Administration.

#### C. Request for Reports from the Field

Reports received prior to distribution of the minutes are included in the attachments.

### V. Old Business

#### A. Newsletter

CAPT Brueggemann stated that he would have the next issue of the Therapist Category Newsletter out sometime in April. Deadline for article submission is April 1<sup>st</sup>, 1999. He reported that there were several possibilities for special

sections which would have articles devoted to that subject matter; ie. Pediatric Therapy, Orthopedic Therapy, etc... He has requested e-mail addresses from members, field representatives, and others interested in submitting newsworthy information. Items may be submitted to him electronically at *dbruegge@akanmc.ihs.gov*. CAPT Brueggemann reported that the Therapist Category Newsletter will be sent out 3 times annually-the goal being to send it 100% via electronic mailings. Microsoft Word is the preferred format for article submission.

CAPT Hurley and others thanked CAPT Brueggemann for his work on the Therapist Category Newsletter.

#### B. Awards Work Group

CDR Williams reported that there has been no new progress with this of late, but she would be getting together soon with ADM Blackwell about this.

#### C. Jackson Foundation

CAPT Nestor stated that there was no funding currently in the fund. He stated that we may need to consider the possibility of personal donations to help cover the expenses of the Awards Plaques and Luncheon tickets for guests and speakers at the upcoming COA Meeting. CAPT Hurley indicated that the total amount required was approximately \$300.00.

### VI. New Business

#### A. TPAC Membership Changes (Voting Results)

CDR Fultz reported that all TPAC members completed ballots and returned them before the deadline for voting. Voting ballots were tallied by a staff therapist at Chinle Comprehensive Health Care Facility. All TPAC members who were eligible for reelection were reelected for their final 3 year terms. These officers are as follows:

CAPT Dominick Aretino  
CDR Mike Flyzik  
LCDR Richard Shumway  
Ms. Beth Solomon  
CDR Ivana Williams

Two alternates were also identified. CDR Fultz indicated that there was apparently some confusion on the part of some category members regarding the election process and selection of alternates. He clarified that each year we begin with a "clean slate" regarding the election process. Alternates are alternates for one year only. CAPT Hurley commented that it was unusual for all five TPAC members' positions to be eligible for reelection. In three years the terms for these reelected members will be expired, so that election process will be for all new members to the PAC in 2002.

#### B. Category Historian

LCDR Balash is the Therapist Category Historian. CAPT Richards

recommended that any pictures, articles, or accomplishments regarding Category members be sent to the Historian. LCDR Balash reported that she would get this information together to continue to add to the history of our Category. She also stated that this information would then be forwarded to the individual in DCP responsible for maintaining all of these historical records; John Pariscandola. LCDR Balash reported that she had already had a very productive and informative meeting with him at a Centennial event on January 27<sup>th</sup>, 1999. CAPT Richards commented that at the most recent CPO/PAC Chair meeting it was reported that several other categories had yet to submit any information regarding their history. She thanked LCDR Balash for her efforts for gathering and consolidating the Therapist Category's history.

### C. Recruitment for Therapist Category

CAPT Hurley proposed that recruitment activities for the entire category be ultimately coordinated by one individual. CAPT Hurley stated that most USPHS categories have a method of centralizing the process of recruiting. This facilitates more accurate reporting of position openings throughout the different agencies. LCDR Shumway has volunteered to serve in this role for the Therapist Category. Establishing this role requires that contact individuals be identified for each agency within USPHS. CAPT Hurley suggested that Field Representatives could serve in this capacity, and that agencies with more than one Field Representative could identify the appropriate individual. LT Jordan will then take this information from LCDR Shumway and forward it to Dr. Coppolla for central recruiting processing. The goal of this effort is to facilitate the distribution of accurate and current information about therapist vacancies within all the USPHS agencies. See **Attachment C**.

Below is a listing of Field Representatives designated for each agency to take on responsibility for providing LCDR Shumway with the information specified;

IHS	*LCDR Lois Michaelis-Goode
BOP	LCDR Penny Royall
NIH	LCDR Bart Drinkard
HCFA	CDR Shelley Patterson
HRSA	CDR Alicia Hoard
CMHS	LCDR Mark Melanson
Multi-Agency	CDR Ivana Williams

*\*Not a Field Representative*

**ACTION ITEM:** Designated Field Representatives, on a quarterly basis, will compile data about their agency regarding:

- a. The total number of Therapist's billets and in what disciplines
- b. The total numbers of current openings by discipline, (ie. PT, OT, SLP, Audiologists)
- c. The total numbers of anticipated openings by discipline.

This information will be provided to LCDR Shumway.

CDR Fultz discussed the possibility of adding these responsibilities to the TPAC Charter. CDR Siegel and CAPT McGarvey both stated that the Policies and Procedures for TPAC would be the most appropriate place to make a change in the duties for Field Representatives, as the TPAC Charter is a more “formal” document.

A Vote was made on the motion to modify the TPAC P&P to include changes in Field Representative responsibilities as delineated in **Attachment C**, including the recruitment duties as described. The motion was carried unanimously.

#### D. TPAC Guidelines for Membership

CAPT Hurley opened a discussion of the guidelines for membership by saying that a change in the TPAC Charter may be required. CDR Sellers reported on the information she had gathered regarding the nature of how other PACs function. See **Attachment D**.

CDR Sellers stated that six PACs had responded to her request for information. All but one of these PACs held formal meetings on a more frequent basis than the TPAC. She suggested that perhaps the development of an “Executive Council” within TPAC could allow for more business to be accomplished between meetings.

CAPT Hurley concurred with CDR Sellers, citing the need to take care of PAC business between quarterly meetings. He gave several recent examples in which he had to act promptly in response to requests from CPO/PAC Chair Meetings. CDR Fultz reiterated the concept stating that an Executive Council could manage TPAC activities between our regular quarterly meetings. Meetings of the Executive Council would be held as deemed necessary by the TPAC Chair. It was suggested that participation on this council could include the CPO, TPAC Chair and Executive Secretary, TPAC Committee Chairs, and the COA Liaison, as well as the Ex Officio TPAC Chair.

CAPT McGarvey expressed concern that there was no way to properly establish an Executive Council within TPAC. He stated that this would require a modification to the existing TPAC Charter. This charter must be reviewed every 3 years, and approved by the OSG. It can be reviewed sooner than that, but changes would require the approval of the OSG. CAPT McGarvey suggested that an Executive Task Force could be created to allow the TPAC to do what needs to be done and thus circumvent delays incurred awaiting approval. CAPT McGarvey recommended that we be careful when we consider creating another voting body within TPAC. He stated that this would be in conflict with Robert’s Rules of Order.

CAPT Trawick pointed out that the TPAC Chair and Executive Secretary are both elected from within the existing membership. He stated that the reason CAPT Hurley was elected was to be in a position to “make the call” when it is necessary. He was elected because we trust his judgement to work in the best interests of the TPAC.

CAPT Hurley recommended that the membership consider the issues as discussed for the next meeting.

**ACTION ITEM:** TPAC Members must contemplate possible methods of handling TPAC issues requiring resolution between regular meetings. One suggestion is to consider the possibility of increasing the number of meetings per year to facilitate more member participation in managing current events as they unfold. This will be discussed at the next meeting.

## VII. Reports

### A. Chairperson

CAPT Hurley reported that the Army Baylor/IHS Scholarship program was progressing well. There is still a good possibility of getting a test case in this year. He stated that he would be happy to discuss the procedural details with anyone interested.

CAPT Hurley stated that there had been a very positive response from the Director of Rehabilitation Services for the Veteran's Administration. Apparently the VA has similar concerns such as the proponents of contracting services, and managed care continuing to pursue VA sites. The Director liked the idea of Commissioned Corp officers, and felt the cost/benefits were very good. With the development of a Memorandum of Understanding, this can happen quickly. Currently there are 13 positions available for PTs and 4 to 6 for OTs within the VA. Once this process begins, it can lead to a significant expansion of the Therapist Category. CAPT Hurley stated that this degree of expansion is strongly supported at the highest levels within OSG.

CAPT Hurley and CAPT Richards discussed the importance of strengthening partnerships with sister agencies and other services. Anything done in partnership with others needs to be noticed and recognized. This can be accomplished via the newsletter, CPO/PAC Chair meetings, etc. These kinds of ties strengthen our mission, build our category and corps. See **Attachment E**.

### B. Chief Professional Officer

CAPT Richards discussed the Therapist Category Mission Statement and how it was developed. See **Attachment F**. She indicated that the next step was for all the categories to review each other's mission statements and then integrate them.

CAPT Richards reported that there were several big issues coming up at this time, with the Fitness Mission being foremost for our category. This was first brought up by the Surgeon General ADM Satcher at the July 1998 the CPO/PAC Chair meeting. CAPT Richards stated that she had discussed the Fitness Mission with ADM Blackwell, ADM Moritsugu, CAPT Davidson and CAPT McGarvey. Therapists are considered the experts in this area and we will be the ones asked to develop this mission more fully.

CAPT Hurley stated that CAPT McGarvey has been collecting information from the other services regarding the development of their personnel fitness standards. This information can help tremendously in establishing fitness



standards within the PHS. CAPT McGarvey reported that following his request for information from the Army, staff from their Physical Fitness School offered to assist with this endeavor.

CAPT Hurley reported that some of the questions that ADM Blackwell needs to have answered would include;

1. What would be part of a remedial program for physical fitness?
2. What would be part of a regular program for physical fitness?
3. For folks who are not fit, what would be a progression of exercise with specified timelines, and realistic expectations?
4. What would serve as a starting programs, at different levels of initial fitness?
5. *What would be involved in improving the physical fitness of the Nation?*

CAPT Hurley stated that while we should all be aware of our responsibility to work towards fitness issues related to the health of the Nation, starting out with the Commissioned Corps is a good beginning.

LCDR Balash pointed out that this effort may very well open up additional opportunities for therapists to serve as fitness advisors. She also stated that directing our efforts towards children could have significant positive impact in the future. LCDR Balash cited the Surgeon General's Report on Physical Fitness as another resource for information.

LCDR Shumway stated that the Coast Guard had significant resources as well towards working upon fitness issues. The Coast Guard also sponsors an annual troop training health care symposium.

**ACTION ITEM:** CAPT Hurley created a Fitness Task Force, with CAPT McGarvey as Chair and CDR Parks, LCDR Drinkard, and LCDR Shumway as members. The purpose of this task force is to investigate and develop opportunities to create/promote fitness programs within the Commissioned Corps. They will report their progress at future TPAC meetings.

CAPT Hurley concluded the discussion by saying that “we are going forward, we are putting our foot in the door, and that’s exactly what we have to do.” He stated that concerted efforts like this can only strengthen our category.

#### C. DCP Representative/Therapist Staffing Officer

LT Jordan introduced herself to the group as the newest Therapist Category Staffing Officer. She then provided contact information: Ph# (301) 594-3452, e-mail: [mjordan@psc.gov](mailto:mjordan@psc.gov) She stated that she was happy to be working within DCP, but that there was a lot to be learned. LT Jordan asked that anyone with questions for her should reach her by phone or e-mail. She then reviewed some of the action data relevant to the category:

- Call to Active Duty: 3
- Inactivation: 1
- Inactive Terminations: 23
- In program Transfers: 10

### Agency Transfers: 3

There are currently 101 Therapists in Commissioned Corp. Therapist Appointment Board will meet on March 2<sup>nd</sup>. LT Jordan also spoke about the need to have most current CV and other information such as continuing education available in the Officer's Personnel Folder. She reported that OPFs would soon be transferred onto optical discs.

CAPT McGarvey requested that actions reported by the Staffing Officer be written up in a more specific manner, for better clarification. He stated that he would like to know more about transfers taking place, retirements, etc... CAPT McGarvey suggested that more information on actions taking place would be helpful. CAPT Brueggemann commented that perhaps the Therapist Newsletter could serve a venue for this type of information.

### Recruitment and Retention Committee

CAPT Dominick Aretino serves as the Chair of this committee. He reported on the efforts of the individuals responsible for coordinating several sub-committees under this heading. He also stated that we had already discussed implementation of an organized category-wide recruitment approach. CAPT Huylebroeck is currently doing the recruitment for IHS, in LCDR Michaelis-Goode's absence.

### Archives

LCDR Balash discussed issues related to history of the category during discussion of Home Page-see below.

### Home Page

CAPT McGarvey reported for CDR Siegel. Links have been established from the Commissioned Corps page. The address for the web page is;

<http://www.cc.nih.gov/rm/pt/tpac.htm> It was reported that CDR Siegel had been working with LT LaPlante on this web page. Other potential uses of this page could be; staffing officer updates, pictures from the archives, welcome statements from the CPO and TPAC Chair, contact information on TPAC Members, TPAC Committee pages, recent Awards, Category History document, and links to other PHS sites.

CAPT McGarvey initiated a discussion regarding the release of our Category's History document to other publications. LCDR Balash recommended that this question be brought to Mr. Pariscandola, USPHS Historian, for clarification. CAPT Hurley asked her to follow-up on this question for the next meeting.

**ACTION ITEM:** LCDR Balash will investigate issues related to the distribution of the Therapist Category's History document in other publications. She will report her findings at the next meeting.

### Mentoring

CAPT Aretino reported that this should all be in place by the meeting in June. Currently there are 12 mentors from 5 different agencies, IHS, NIH, HCFA,

SAMHSA, and BOP. There are 8 mentees. CDR Pickering has written a letter sent to every junior officer in for 3 years or less to notify them of the availability of the mentoring program.

CDR Pickering stated that everything was ready to get started. CAPT Hurley thanked her for her efforts in facilitating the mentoring program for the Therapist Category.

#### COA Therapist Representative

Sharon Beamer, MA, CCC-A, Clinical Audiologist spoke about the upcoming Therapist Education Day at the COA Meeting, June 8<sup>th</sup>.

LCDR Drinkard reported for CDR Parks. He stated that she had a couple of points to share. The Scientific Program Planning Committee for COA is nearly finished with the work for the June meeting. CAPT Hurley stated that the planning for the COA meeting is going well. See **Attachment E** for the *final* Therapist Events schedule at COA.

#### Awards Committee

CDR Johnson stated that everything is in place for the Awards Committee. She reminded everyone of her new work phone #(410) 786-6859. CDR Johnson added that Catherine Fromherz is looking forward to attending the Professional Luncheon with our category to present the award in her late husband's honor.

#### Education Committee

LT Mead reported that he has been able to make headway with the other uniformed services in trying to establish additional continuing education collaborations. LT Mead reviewed the continuing education course listing. See **Attachment G**.

#### Medical Readiness

CAPT Trawick reported that the position of Education Coordinator for the CCRF is now filled. Applications for CCRF can be found in the January, 1999 Commissioned Corps Bulletin; or contact

CCRF Website=<http://oep.osophs.dhhs.gov/ccrf/>

e-mail: [USPHS.CCRF@USA.NET](mailto:USPHS.CCRF@USA.NET)

A listing of the 24 therapists participating in CCRF can be found in **Attachment H**. If corrections need to be made, utilize the e-mail address provided. Check the website for information regarding training opportunities.

#### Inter-Service Advisory Board

CAPT McGarvey reported that the most recent inter-service meeting was one which he facilitated for the Army, Navy and Air Force on January 13<sup>th</sup>, 1999. He reported that few of the agenda items pertained to the PHS. The other services are still in the process of struggling with issues related to Tricare's effect upon direct referral and patient scheduling for therapists. Tricare managers are trying to create so-called "Centers of Excellence." Each services therapy departments, (Army, Navy and Air Force) are given responsibility for specific specific

diagnoses. For example; in the metro Washington Area, a therapy department taking responsibility for a lot of Orthopedic Surgery cases is suddenly overwhelmed with this type of caseload. Therapists are no longer able to have any direct access privileges. All patient care services must go through 3<sup>rd</sup> party managed care agencies for prior approval. As a result, autonomy has been taken away from therapists.

CAPT McGarvey also stated that there had been some discussion regarding specialty pays. He said that recognition of a specialty area by national professional associations is what it takes, ultimately, for specialty pay to be authorized.

Navy reported that they now have ten Physical Therapists on Air Craft Carriers. So now they have both land-based and sea-based therapy services.

CAPT McGarvey also reported that he had been asked by the Navy representative to help them at their Breast Cancer Center of Excellence. That will be the first close clinical collaboration PHS has had with the Navy that CAPT McGarvey knows of. He stated that we can expect to see more collaborative efforts in the future.

#### Recognition of Retired Officers

CDR Flyzik reported on CAPT Jones' behalf that this pursuit was not going anywhere until a funding source could be made available.

#### Henry M. Jackson Foundation

CAPT Nestor reported that no funding was currently available.

#### Field Representatives and DCP Representative/Therapist Staffing Officer

See reports in **Attachments I – O**.

#### VIII. Adjourn

The meeting adjourned at 1405 EST. The next meeting will be held 08 JUN 1999 at the site of the 1999 COA Annual Meeting, from 1615 –1715 hours.

Respectfully submitted:

CDR Jeff Fultz  
Executive Secretary, TPAC

Date: 27 APR 1999

Concur:

CAPT John Hurley  
Chair, TPAC

Date: 30 APR 1999

Concur:

CAPT Charlotte Richards  
Chief Professional Officer Therapist Category

Date: 28 APR 1999

**ATTACHMENT A**

**THERAPIST PROFESSIONAL ADVISORY COMMITTEE MEETING  
AGENDA  
February 26, 1999**

- I. CALL TO ORDER
- II. REVIEW AND ADOPTION OF AGENDA
- III. REVIEW AND ADOPTION OF PREVIOUS TPAC MINUTES
- IV. OPEN FORUM
  - A. Introduction of Guests
  - B. Action Item Review
- V. OLD BUSINESS
  - A. Newsletter **D.Brueggemann**
  - B. Awards Work Group **I. Williams**
  - C. Henry M. Jackson Foundation **D. Nestor**
- VI. NEW BUSINESS
  - A. TPAC Membership Changes (Voting Results) **J. Fultz**
  - B. Committee/Field Representative revisions **J. Hurley/J. Fultz**
    - Field Representative responsibilities
  - C. Recruitment for Therapist Category **J. Hurley/R. Shumway**
  - D. TPAC Guidelines for membership **B. Sellers**
    - Membership Participation
    - Membership Terms
    - Meeting Times
- VII. REPORTS
  - A. Chairperson (Activity Summary) **J. Hurley**
    - CPO/PAC
    - Baylor Program/Scholarship
    - Category Expansion Update
  - B. Chief Professional Officer **C. Richards**
    - Fitness Issue
    - Rehab Billet
    - Aging Initiative
  - C. DCP Rep/Therapist Staffing Officer **M. Jordan**
  - D. Inter-Service Advisory Board **C. McGarvey**

E.	Recruitment and Retention Committee	<b>D. Aretino</b>
	Mentoring Task Force Change	<b>D. Aretino/S Pickering</b>
	Archives	<b>D. Aretino</b>
	Home Page-	<b>K. Lohmann-Siegel</b>
F.	COA Therapist Representative	<b>R. Parks</b>
G.	COA Meeting	<b>J. Hurley/R. Parks</b>
	Paper Presentations	<b>R. Parks</b>
H.	Awards Committee	<b>G. Johnson</b>
I.	Luncheon Speaker	<b>N. Balash</b>
J.	Recognition of Retired Officers	<b>J. Jones</b>
K.	Education Committee	<b>G. Mead</b>
L.	Medical Readiness	<b>W. Trawick</b>
M.	Field Representatives	
	IHS	<b>J. Jones</b>
		<b>M. Duganne</b>
		<b>N. Balash</b>
		<b>M. LaPlante</b>
		<b>D. Weaver</b>
		<b>R. Shumway</b>
		<b>A. Hoard</b>
		<b>S. Morin</b>
		<b>B. Drinkard</b>
		<b>P. Royall</b>
		<b>M. Melanson</b>
		<b>S. Patterson</b>
		<b>I. Williams</b>
	Coast Guard	
	Carville	
	NIH	
	BOP	
	Community Mental Health Services	
	HCFA	
	Multi-agency	

**NOTICE**

Any TPAC member or field representative unable to attend this meeting should forward their reports to John Hurley by 22 FEB 99. Please send an **original** to Jeff Fultz, as a faxed copy does not reproduce well for the minutes.

Thanks!

John T. Hurley

**BILLET DESCRIPTION: *Director, Rehabilitation Services***

**[Billet #10HG – 120]**

**Pertinent program information:**

Directs and coordinates a large hospital/or medical center rehabilitation services program. Serves as hospital rehabilitation consultant assuring quality care within these clinical services; physical therapy, occupational therapy, speech language pathology and audiology.

**Brief statement of most important duties, including significant supervisory responsibilities and work relationships:**

- 1) Responsible for the establishment of hospital rehabilitation program goals and objectives to include the development, coordination, implementation and evaluation of an overall rehabilitation services program plan.
- 2) Serves as principal advisor to the hospital and clinical executive committees and to the governing body on matters pertaining to all aspects of category specific rehabilitation services.
- 3) Functions independently to assure planning, development, implementation of vital aspects of therapy programs including health promotion and disease prevention, continuing education, career development and performance improvement.
- 4) Serves as hospital consultant to the chiefs of hospital therapy programs within the Rehabilitation Services Department. Responsible for reviewing therapy programs to assure that the quality of services meets established PHS and professional standards.
- 5) Resolves critical problems which may arise within the therapy program comprising the Rehabilitation Services Department.
- 6) Maintains regular contact with the Area Consultant for Rehabilitation Services to assure compliance with PHS standards and to plan and prepare for periodic accreditation review.
- 7) Develops and administers a departmental budget and consults on budgeting process with therapy department chiefs.
- 8) Provides administrative direction for all rehabilitation services department chiefs, supervises recruitment of qualified personnel, coordinates professional affiliations for student interns and COSTEPs.
- 9) Maintains professional qualifications and participates in direct care, clinical research efforts and special studies as appropriate.

**Direction received:**

Administrative direction is of a broad general nature through a chain of command as provided by the organizational structure.

**Minimum qualifications:**

Masters or bachelors degree from an accredited school and licensure/certification by the appropriate professional credentialing authority. Bachelors degree with 8 years clinical experience, including 3 years of administrative experience; Masters degree with 6 years of clinical experience, including 3 years administrative experience; or doctoral degree with 4 years clinical experience including 3 years administrative experience.



## **ATTACHMENT C**

### **Field Representative Duties:**

1. Provide current information to the TPAC Executive Secretary regarding those individuals you represent, *prior to* the TPAC's quarterly meetings. This information should be summarized in a formal *memorandum*, with sections as follows:

- I. Congratulations: (Recognition of accomplishments/Awards)**
- II. Positions Open/Anticipated Openings:**
- III. News from the Field: (Current info on activities of therapists)**
- IV. Welcome/Farewell to:**
- V. Presentations: (What, who, when & where)**
- VI. Publications:**
- VII. Current Research:**
- VIII. Future Agenda Items for TPAC to Consider:**

This Field Rep memorandum needs to be e-mailed to the TPAC Secretary a week prior to the quarterly meeting. (It can be done as an attachment: Microsoft Word (preferred), or Word Perfect will work). If it is not possible to e-mail the report, it can be mailed on a diskette. Fax copies are not of sufficient quality to be acceptable as part of the minutes. This will provide the TPAC Secretary adequate time to determine the highlights of the Field Reports and present them during the TPAC meeting.

2. Distribute quarterly TPAC meeting minutes to those therapists represented. The TPAC Secretary will provide mailing labels for this purpose.

3. Field Representatives serve as the liaison for therapists in the field to the TPAC. Field Representatives will survey and gather information from therapists they represent at least on a quarterly basis. This information will then be summarized in the Field Report memorandum.

Please review the Field Representative mailing labels provided by the TPAC Secretary. If there are changes needed in your therapist mailing list, please contact the TPAC Secretary for corrections. As a Field Representative, you should make every effort to attend and participate in quarterly TPAC meetings. This is possible at several sites via video conferencing, or can be done by phone conference call.

### **Recruitment**

The Therapist Category has no central recruitment ability. All Categories have to solve this problem without an authorization for a recruitment billet. LT Michelle Jordan, Therapist Category Staffing Officer, has consented to be a central contact for therapy vacancies for all agencies. She has to have accurate timely information from the field. Therefore I have proposed this line of communication.

1. Designated field representatives, on a quarterly basis, will compile data about their agency regarding:
  - a. The total number of Therapist's billets and in what disciplines
  - b. The total numbers of current openings by discipline, (ie. PT, OT, SLP, Audiologists)
  - c. The total numbers of anticipated openings by discipline.
2. This information will be sent to LCDR Richard Shumway on a quarterly basis. He will compile all information sent and put it on a centralized database. This information will be reported at:
  - a. Quarterly TPAC meeting by LCDR Shumway
  - b. Rockville Staffing Officer LT Michelle Jordan
3. Michelle will retain this information for her office and send the database forward to Dr. Coppolla for central recruiting processing.

This system should allow LT Jordan to give accurate information, about all disciplines to all potential applicants. If the applicant would like additional information about an agency therapist position then LT Jordan would direct the applicant to call the designated field representative. I hope this works. Let's give it a try.

## ATTACHMENT D

Date: 2/8/99

To: CAPT John Hurley, TPAC Chair

From: CDR Becky Sellers

Re: PAC Information

In response to your request for information regarding other PAC policies on attendance and meetings, I queried all of the PAC's per FAX or e-mail. I received responses from six PACs: Dental, Scientist, Sanitarian, Engineering, Pharmacy, HSO, and Nursing.

The following questions were asked of the various PACs:

1. *How many meetings are scheduled per year?*

Nursing:	11
Dental:	6
Scientist:	10 (5 member, 5 executive board-Chair, Vice-Chair, Recording Secretary Executive Secretary, Past Chair and CPO)
Sanitarian:	4
Engineer:	8
Pharmacy:	6
HSO:	6

2. *How many of these meetings are members required to attend and by what means, i.e. in person, phone, video?*

Nursing:	No response
Dental:	No official policy; attend in person or phone
Scientist:	Can miss 2 meetings
Sanitarian:	No official policy
Engineer:	Attend all or send alternate; in person or phone
Pharmacy:	No official policy; attend in person or phone; or send alternate
HSO:	Attend all; in person or phone

3. *What is your policy on missed meetings?*

Nursing:	No response
Dental:	Members who frequently missed may be asked to resign
Scientist:	If >2 missed meetings, may be asked to resign
Sanitarian:	A member who frequently misses meetings without just cause can, at the discretion of the SPAC be asked to voluntarily resign
Engineer:	If >2 missed meetings, talk with member; possibly asked not to run again
Pharmacy:	If a member is not participating may be removed
HSO:	If misses >half of meetings, asked to resign (never done but close)

4. *What categories of members make up your PAC?*

Nursing: No response  
Dental: Regular; Ex-Officio (includes exec. Sec., DCP Staffing Officer, Chief Dental Officer)  
Scientist: Regular; Ex-Officio (CPO)  
Sanitarian: Regular; Ex-Officio (past Chair, Cop, and members that represent national organizations.  
Engineer: Regular, Ex-Officio (Assistant to the chief engineer, a CCRF person, A DCP person and a person to record minutes.)  
Pharmacy: Regular, Ex-Officio (CPO, DCP Staffing Officer, and Chief Pharmacist of each OpDiv, PAC Secretary.  
HSO: Regular; Ex-Officio (DCP Staffing Officer, COA rep. DC COA rep, Social Work PAC)

It would appear that most of the PACs responding meet more than 4 times a year, but some of these meetings are for the Executive Officers which most PACs have.

Although almost every PAC has at least an informal policy on non-attendance, it doesn't appear that they abide by it.

It is difficult to say if our Field Representative is unique to our PAC, but I do know that most of the PACs have a more rigid policy on membership, i.e., that if the term of a member from a certain discipline or agency is completed then the next person to fill that vacancy must be from the same discipline or agency.

If we desire to change our policies to include an Executive Committee I do believe that this would require a change of our Charter. I will check with either Karen or Jeff regarding this last issue.

## ATTACHMENT E

### TPAC CORNER

Many T-PAC activities going on. It is an exciting time for the Therapist Category. CAPT Richards and I have been attending, either in person or telephone conference, many different meetings that will affect our Category. So let's begin.

### COA Meeting Washington DC area

At the bottom of this section I have listed General Agenda information I have also included the current schedule for the Therapist Educational Day (Tuesday, June 8<sup>th</sup>) which includes activities for the Therapist luncheon. After the educational activities we will have a short (1 hour) TPAC meeting. Following the TPAC meeting Mike Huylebroeck will conduct the IHS Chiefs' meeting. In the evening Michelle Smith has planned a social dinner which I assure you will not have planned activities. I have a full COA Agenda that I can send you through e-mail if you give me a call.

## Tuesday, June 8, 1999

### 600-800 Surgeon General's Run

#### THEME OF DAY: BALANCE

#### Moderator: CDR Rebecca A. Parks

930 - 940	Welcome and Introductory Remarks	CAPT John Hurley, PT	TPAC Chairman
940 - 1030	Neuroanatomy and Neurophysiology of the Balance System	Amy Bastian, PhD, PT	Washington Univ. School of Med. St. Louis, MO
1030 - 1115	The Vestibular System and Treatment of Sensory Integrative Dysfunction in Children	Lynn Balzer-Martin, PhD, OTR/L	Private Practice Bethesda, MD
1115 - 1200	Audiology Perspective: Evaluation and Treatment	Sharon Beamer, MA, CCC-A Nancy Garrus, MA, CCC-A	Walter Reed Army Medical Center
1200 - 200 1200-1215 Social	<b>Moderator: CAPT John Hurley, TPAC Chairman</b> 1215-1245 Awards      1245-1330 Speaker	1330-1400 Exhibition Break	
200 - 245	Physical Therapy Perspective: Evaluation and Treatment	Patty Scheets, MS, PT	Washington Univ. School of Med.
245 - 330	Biomechanics Perspective: Evaluation	CDR Karen Siegel, MS, PT	Rehab Med. Department, NIH
330-400	Panel: Questions and Answers	All Previous speakers	
1615-1715 TPAC Meeting	1715-1830 IHS Chiefs Meeting	1845 to? Social Dinner	

## Wednesday, June 9, 1999

### Therapist Paper Presentation Schedule

**Room:** Beech A

**Moderators:** CAPT Willis Trawick,  
LCDR Michael Smith

TIME	PRESENTER	PAPER TITLE
1345	Oakley, Frances & Trey Sunderland	Validation of the Daily Activities Questionnaire: An ADL Assessment for People with Alzheimer's
1400	Parks, Rebecca & Kerrie Ramsdell	Selecting Instruments to Evaluate Hand Function in HIV+ Children
1415	Simpson, Linda & David Brueggemann	Universal Newborn Hearing Screening: Hear Ye! Hear Ye!
1430	Dannels, Eugene	Lower Extremity Risk Factors in Newly Diagnosed Diabetic Native Americans
1445	Tanako, Shiraki	The Knee Pad: a Personal Protective Equipment for Kneeling Workers - a Device Neglected by Science?
1500	Comberg, Christina	In the Field: Comprehensive Pulmonary Function Testing
1515	Flyzik, Michael & Shakira Strickland	Rehabilitation Outcome Study of Patients Receiving Total Knee Replacements at Gallup Indian Medical Center

### **Mentoring**

Since all standing TPAC Committees have to be lead by a TPAC member, Dominick Aretino has assumed the responsibility of leading this committee.

Suzanne Pickering was responsible for the initial development of the mentoring standards and instrumental in getting this project off the ground. The mentoring committee is pairing up junior Officers with senior staff. Pairs will be announced at the June 8<sup>th</sup> COA TPAC meeting. If you are still interested and are O3 and below (potential Mentee) or O4 and above (Potential Mentor) and would like to be a part of this project, call me. I will hook you up with the right people.

### **Veterans Administration Update**

There have been no doors slammed in our face. We had a conference call April 7<sup>th</sup> with Harry Marshal Director of Rehabilitation services—for the VA and his contract people, along with CAPT Taffet, Assistant Director DCP, CAPT Richards and myself. The VA is interested in the proposal for having PHS Officers within their system. They are currently deciding how a Memorandum of Understanding will be developed and finding a test site for the first therapist. Currently the VA is under a hiring freeze, which could delay proceedings. I will keep you all informed as time goes by.

### **Scholarship**

CAPT Richards and I have been working with Darrell Pratt's Office on getting a Native American student into the Army Baylor Physical Therapy Program. The main problem

to overcome is using scholarship money for a Senior COSTEP salary. Another problem is securing a central FTE for that COSTEP. A lengthy proposal for this is currently being constructed and will be forwarded to Dr. Trijjo's Office for approval. We are trying to get a student placed in the next Baylor cycle but are running out of time.

### **Partnership Activities**

As I come away from CPO/PAC meetings it is continually stressed to strengthen ties with our military counterparts. Other Categories discuss their interaction with Department of Defense counterparts at Surgeon General meetings. At the next TPAC meeting in Washington DC I will propose that a TPAC member be in charge of gathering data from all disciplines to be forwarded to the Surgeon Generals office. Strengthening our bond with other services reinforces our commitment and mission of being a Uniformed Service.

### **Fitness**

We have worked hard to get our foot in this door. Admiral Satcher has an ongoing commitment to fitness of the nation and the Commissioned Corps. CAPT Richards continually advocates for the Therapist Category leading this issue. The Surgeon Generals office listened and gave us this initial responsibility for developing Corps standards. CAPT Charles McGarvey is now in charge of a task force in developing standards for this task. He has enlisted PT and OT to begin this process. More to follow. There will be a **Surgeon General's walk/run June 8th** at COA. The Therapist Category should all participate if in the vicinity.

### **Mission**

The Strategic Mission for the Therapist Category has been finalized. It was well received by the Surgeon Generals office and even discussed as a model for other Categories. Good job Char! The final statement will be included in June's TPAC minutes.

Well I better wrap this up. Again, this is an exciting time for our Category. There are many developing issues that I hope to see happen by the time I leave office July 2000. The Therapist Category has taken on all tasks without hesitation. Thank you for being the most energetic of all Categories

John T. Hurley  
TPAC Chairperson

# **ATTACHMENT F**

## **THERAPIST CATEGORY MISSION STATEMENT**

The Therapist Category, United States Public Health Service, is a multidisciplinary category composed of highly-skilled and mobile health care providers from the following professions: physical therapy, occupational therapy, audiology, and speech/language pathology. The Therapist Category will promote the health of the nation in times of peace and national emergency by active outcome-based research, development, and implementation of programs related to a balanced community health system, a global approach to health promotion and disease prevention, and initiatives designed to eliminate racial disparities related to health care. To achieve this we will continue to provide profession-specific outpatient clinic, community-based, and hospital-based direct patient care to federal beneficiaries and disadvantaged populations of all age groups. We will actively educate the public, market our expertise, and solicit support from all OPDIV's for opportunities and resources to promote Therapist Category participation in present and future programs.

### ***BALANCED COMMUNITY HEALTH SYSTEM AND EQUAL OUTCOMES FOR ALL AMERICANS***

#### **To promote a healthy start for every child:**

- Initiate community and hospital-based infant/toddler screening programs for speech, swallowing, hearing, physical ability, balance, fine and gross motor coordination, and cognitive ability; refer/intervene appropriately as indicated
- Promote universal newborn hearing screening utilizing auditory brainstem response and/or otoacoustic emissions screening.
- Promote swallowing, feeding, and developmental screening and early intervention for high-risk neonates
- Participate in school-based neuromusculoskeletal, speech and hearing evaluations in under-served areas
- Promote pediatric screening mobile units to reach out to people in under-served urban and rural areas

#### **To promote personal responsibility for healthy lifestyles and behaviors:**

- Promote a therapist consultant billet in Washington (ideally the CPO) to advise the OSG on fitness and other category specific health promotion/disease prevention issues
- Provide expert consultation and implementation regarding fitness guidelines, exercise prescription, and physical profiles for CO's
- Be on the forefront developing general population standards of fitness and ability-based, age-based fitness programs
- Promote and re-vitalize fitness programs in all of our nation's schools
- Use media opportunities and mobile units to promote physical fitness and other important health promotion/disease prevention issues, focusing primarily on under-served urban and rural areas
- Develop a user-friendly health information web-site to address fitness, rehabilitation care and self-advocacy, computer technology for the elderly and other technologically phobic individuals, dangers of noise pollution, indications for professional assessment and interventions for at risk children
- Promote and staff community-based wellness centers in under-served urban and rural areas
- Provide community education on adverse effects and prevention of noise exposure in both the workplace and from recreational sources
- Provide work hardening, work site assessments, ergonomic redesign and intervention
- Promote outcome-based research aimed at ergonomic issues, a healthy balance between work/rest/play, effects of prescription drugs on functional performance in high-risk populations, efficacy of treatment modalities and methodologies used commonly in rehabilitation, effects of community based education and intervention for noise exposure, otitis media and early screening/ intervention, etc.

#### **To enhance mental health promotion, treatment, positive outcomes:**

- Participate on multidisciplinary teams researching and dealing with stress management, time management, positive leisure-time pursuits, and other mental health issues
- Foster and research rehabilitation/treatment strategies to help those with MH disabilities to cope, to work, to resume positive lifestyles and activities of daily living
- Promote the ADA by working toward the reduction of attitudinal and architectural barriers against disabled persons
- Promote, organize, and facilitate community-based special interest groups for people with disabilities

### **EMERGENCY PREPAREDNESS & GLOBAL APPROACH TO HEALTH PROMOTION AND DISEASE PREVENTION**

- Be prepared to mobilize and backfill active duty military vacancies in times of national/global emergencies
- Establish partnerships with the military services and VA to fill peacetime vacancies
- Advocate for increased involvement of Therapist Officers in CCRF & DMAT roles: triage, wound care, care of walking wounded, neuromusculoskeletal evaluation/assessment and treatment, stress control/management, evacuation, area support role, etc.
- Be prepared as a category and engage in regular comprehensive training by formal coursework and with military units and DMAT's on emergency domestic/global response to biological, chemical, and nuclear attacks
- Address physical disability, cognitive issues, mental health issues related to HIV/AIDS and other emerging diseases with appropriate interventions towards fitness, function, cognition, positive self-image, healthy use of time
- Lend assistance to Third World countries on state-of-the-art techniques for disabled using



whatever tools available

**UNITED STATES PUBLIC HEALTH SERVICE  
FEDERAL MEDICAL CENTER  
3301 LEESTOWN ROAD  
LEXINGTON, KY 40511**

**MEMORANDUM**

(Please post this in your department)

**DATE: 5 APR 1999**

**FROM: Grant N. Mead, LT (O-3), USPHS  
Chair, TPAC Education Committee**

**SUBJECT: Continuing Education Opportunities**

**TO: Therapist Professional Advisory Committee (TPAC)  
Therapist Department Chiefs  
Uniformed Services Rehabilitation Departments**

The U.S. Public Health Service Commissioned Officers Association (COA) Annual Meeting will take place in Alexandria, Virginia on 6 June through 9 June 1999. The location for this year's COA conference is the Mark Place Radisson in Alexandria. Early registration is recommended to obtain reservations. The Therapist Category was well represented in last years conference. If this years conference is anything like last years, it should prove to be exciting. The itinerary for the Therapist Category presentations is scheduled for 8 June 1999. The Theme of the Day is BALANCE. The schedule is as follows:

**Moderator: CDR Rebecca Parks, OTR/L**

<b>0930-0940</b>	<b>Welcome &amp; Introductory Remarks</b>	<b>CAPT John Hurley, PT TPAC Chair</b>
<b>0940-1030</b>	<b>Neuroanatomy &amp; Neurophysiology of the Balance System</b>	<b>Amy Bastian, PhD, PT Wash Univ School of Med St. Louis, MO</b>
<b>1100-1145</b>	<b>The Vestibular System &amp; Treatment of Sensory Integrative Dysfunction in Children</b>	<b>Lynn Balzer-Martin, Private PhD, OTR/L Bethesda, MD</b>
<b>1145-1230</b>	<b>Audiology Perspective: Evaluation and Treatment</b>	<b>Sharon Beamer, MA Walter Reed CCC-A Army Medical Nancy Garrus, MA Center CCC-A</b>

1230-1430	Moderator: CAPT John Hurley, PT	TPAC Chair
1430-1515	Physical Therapy Perspective: Evaluation and Treatment	Patty Sheets, MS, PT Wash Univ School of Med St. Louis, MO
1515-1600	Biomechanics Perspective: Evaluation	CDR Karen Siegel, Rehab Med MS, PT Dept, NIH
1600-1630	Panel: Questions & Answers	All previous speakers

On these next few pages, I have listed all of the continuing education courses that I am aware of at this time. Most of the courses listed are at reduced or no cost to PHS and other uniformed service therapists. Please note the dates for the upcoming conferences and professional meetings. Course listings that do not have number of available seats for PHS/uniformed service therapists are considered full.

#### UPCOMING COURSES/CONFERENCES/MEETINGS FOR THERAPISTS

<u>DATES:</u>	<u>COURSE TITLE/INSTRUCTORS/COST:</u>	<u>SITE/CONTACT:</u>
4/16-4/20/99	AOTA Annual Conference	Indianapolis, IN (301) 652-2682 Ext #2816
4/28-5/1/99	American Academy of Audiology Annual Mtg	Miami Beach, FL (703) 610-9022
5/3-5/7/99	Advanced Physical Therapy Course on Evaluation & Treatment of the Spine Representatives from 3 Services <u>COST:</u> Free to PHS Officers (5 seats available)	Fort Sam Houston San Antonio, TX  <u>Contact:</u> LT Mead
5/26-5/28/99	Part C: McKenzie Course; Problem Solving Workshop: McKenzie Mechanical Diagnosis and Therapy  <u>Registration Deadline: March 31, 1999</u>	N. Ariz Univ Flagstaff, AZ <u>Contact:</u> CAPT Keith Varvel Ph# (520) 283-2659
6/4-6/8/99	APTA Scientific Meeting & Exposition	Washington, DC (800) 999-2782 Ext #3395

<b>6/6-6/9/99</b>	<b>USPHS Commissioned Officers Association Annual Meeting</b>	<b>Alexandria, VA (301) 731-9080</b>
<b>8/2-8/6/99</b>	<b>“Mary Lipscomb Hamrick Research Course” Presented by the US Army <u>PREREQUISITE:</u> Must have had some research experience or course work prior to attending.</b>	<b>Fort Sam Houston <u>Contact:</u> LT Mead</b>
<b>9/13-9/24/99</b>	<b>“COL Doug Kersey Neuromusculoskeletal Assessment Course for Physical Therapy Officers”</b>	<b>Fort Sam Houston San Antonio, TX</b>
	<b>Instructors: Representatives from 4 Services <u>COST:</u> Free to PHS Officers <b>COURSE FULL: NO SEATS AVAILABLE</b></b>	<b><u>Contact:</u> LT Mead</b>
<b>11/18-11/21/99</b>	<b>American Speech-Language-Hearing Association Annual Meeting</b>	<b>San Francisco, CA (301) 897-5700</b>

**If you have any new information or corrections to the above dates, feel free to submit them to me by either FAX, Mail, Phone, or e-mail. Thank you.**

**Grant Mead, LT (O-3), USPHS  
Department of Physical Medicine & Rehabilitation  
Federal Medical Center  
3301 Leestown Road  
Lexington, KY 40511**

**Ph#(606) 255-6812, Ext #362  
FAX#(606) 253-8835  
e-mail: [gmead@bop.gov](mailto:gmead@bop.gov)**

**ATTACHMENT H**

**Therapist CCRF Active Members  
2/23/99**

NAME LAST	FIRST	MIDDLE	E-MAIL
Aretino	Dominick	C.	
Dardis	Mark	W.	
Dorgan	Mary	B.	<a href="mailto:asyouwish@wcu.campus.mci.net">asyouwish@wcu.campus.mci.net</a>
Drinkard	Bart	E.	<a href="mailto:B_Drinkard@nih.gov">B_Drinkard@nih.gov</a>
Flyzik	Michael	P.	
Hoard	Alicia	S.	<a href="mailto:Alicia.Hoard@usa.net">Alicia.Hoard@usa.net</a>
Huylebroeck	Michael	R.	<a href="mailto:Mhuylebr@ihs.ssw.dhhs.gov">Mhuylebr@ihs.ssw.dhhs.gov</a>
Iannuzzi	Louis	N.	
Johnson	Georgia	A.	
McGarvey	Charles	L.	
Mead	Grant	N.	<a href="mailto:gmead@bop.gov">gmead@bop.gov</a>
Parks	Rebecca	A.	
Patterson	Shelley	A.	<a href="mailto:spatterson@hcfa.dhhs.gov">spatterson@hcfa.dhhs.gov</a>
Pickering	Susanne	E.	
Richards	Charlotte	B.	<a href="mailto:crichards@nmc-smtp.navajo.ihs.gov">crichards@nmc-smtp.navajo.ihs.gov</a>
Sellers	Becky	L.	
Standish	James	W.	
Stolusky	Thomas	J.	
Taylor	Matthew	E.	
Trawick	Willis	A.	
Varvel	Keith	E.	<a href="mailto:kvarvel@navtca.navajo.ihs.gov">kvarvel@navtca.navajo.ihs.gov</a>
*Fultz	Jeffrey	C.	<a href="mailto:jfultz@navcha.navajo.ihs.gov">jfultz@navcha.navajo.ihs.gov</a>
*Gaustad	Scott	P.	<a href="mailto:sgaustad@bop.gov">sgaustad@bop.gov</a>
*Marzen	Jean	E.	<a href="mailto:jmarzen@navcha.navajo.ihs.gov">jmarzen@navcha.navajo.ihs.gov</a>

\*Applicant for CCRF

CCRF Website=<http://oep.osophs.dhhs.gov/ccrf/>  
e-mail: [USPHS.CCRF@USA.NET](mailto:USPHS.CCRF@USA.NET)

## ATTACHMENT I

To: CDR Jeff Fultz

From: LT Dan Weaver

Subject: TPAC Quarterly Report  
Alaska Native Medical Center  
4315 Diplomacy Drive  
Anchorage, Alaska 99508

Date: February 9, 1999

### I. Congratulations:

LCDR Doug Munoz's wife Joan is expecting their first baby in June!

CDR Pat McAdoo has been nominated for the Lucy Blair Award.

### II. Positions Open:

Anticipate 1 Physical Therapist position opening in May 1999.

### III. News from the field:

The Native Consortium officially took control of the Alaska Native Medical Center as of January 1, 1999.

On February 1, 1999 the Alaska Physical Therapy Association hosted the President of the APTA at the Alaska Native Medical Center. It was a great opportunity to learn more about current issues that our profession is addressing on a national level. This was also Jan's first trip to Alaska and she experienced a warm welcome and a good dose of winter; it never got above  $-10^{\circ}$  F.

### IV. Presentations: None

### V. Publications: None

## **ATTACHMENT J**

To: CDR Jeff Fultz

From: CDR Alicia Hoard

Subject: TPAC Quarterly Field Report  
Gillis W. Long Hansen's Disease Center  
Carville, Louisiana

Date: February, 1999

### **III. NEWS FROM THE FIELD:**

The Gillis W. Long Hansen Disease Center is preparing for a move away from Carville to a new location in Baton Rouge, Louisiana in June or July, 1999.

CAPT Judy Bell-Krotoski, LCDR Denise Brasseaux, and LCDR John Figarola participated in an onsite visit to the new location at Summit Hospital on February 9.

CDR Alicia Hoard, sponsored by American Leprosy Mission, is in Tanzania from February 3-March 10. Her role is to access current programs at Shirati Hospital and train health workers in the Prevention of Disabilities in Leprosy.

### **V. PRESENTATIONS:**

CDR Lou Ianuzzi presented the Total Contact Cast and Management of a Partial Foot Amputation at the New York December 5-7, 1998.

CDR Ianuzzi presented a Total Contact Cast program at the Management of the Diabetic Foot Course at the University of Texas, San Antonio, December 11-13, 1998.

### **VII. CURRENT RESEARCH:**

CDR Ianuzzi continues his research testing Apligraf, a new product developed by Novartis for treating chronic leg and plantar foot ulceration. Six patients are enrolled in the study and CDR Ianuzzi reports that the preliminary results look good.

**ATTACHMENT K**

To: Chairperson, Therapist Professional Advisory Committee

From: LCDR Mark Melanson

Date: 17 February 1999

Subject: TPAC Quarterly Agency Activity Report  
DC Commission on Mental Health Services

I. Positions Open:           Contact Person:       Telephone #  
1 PT position            CAPT Willis Trawick 202-373-7888

II. News From the Field:  
LT Michelle Jordan, LCDR Mark Melanson, CDR Michelle Coleman and CDR Georgia Johnson all played significant roles in the Commission's Annual Metro Area COA Toy Drive. Over 800 children received gifts.

LCDR Mark Melanson wrote and testified for Bill 12-593, "The Mental Health Services Client Enterprise Act of 1998" in front of the DC City Council. The bill was approved unanimously by both the City Council and the DC Control Board. If passed into law, this bill would allow DC to establish client operated businesses. Congress is voting on the bill in February.

III. Congratulations to:  
LTJG Tashara Bouie on her recent passing of the AOTA Licensure Exam.

IV. Welcome to:  
LTJG Tashara Bouie a recent graduate of Howard University and LTJG Michelle Peterman from Tennessee where she worked for a National Health Care Organization. They have made a positive impact already at CMHS.

Farewell to LT Michelle Jordan who is now the Staffing Officer. We will miss her up beat personality.

Farewell to CDR Georgia Johnson who has taken a position at HCFA. She will be sorely missed as she did an exceptional job as the OT Chief for the last several years. CDR Michelle Coleman is now the interim OT Chief.

V. Presentations:  
LCDR Cindy Melanson and LTJG Michelle Peterman presented "Allen's Cognitive Battery" to the Occupational Therapy staff at CMHS on 19 NOV 98.





Sclerosis.

The Rehab Department at FMC Fort Worth has hired a new contract OT to handle OT issues.

Respiratory Therapy has been redesignated as part of Rehab Services at Fort Worth.

From FCI, Butner:

Warden Jesse James announced recently that a contract has been awarded for the completion of FMC Butner. Warden James reported that if all goes well, the BOP can take possession of the facility mid-2000.

## ATTACHMENT M

### **Health Care Financing Administration (HCFA) Field Report for the Therapist Professional Advisory Committee February 12, 1999**

I. Congratulations to: CDR Kevin Young welcomed CDR Georgia Johnson who has accepted an O6 billet in HCFA Central Office. She works in the area of policy development and handles external queries from various stakeholder groups. Prior to this she was assigned to SAMHSA for many years.

II. Positions Open/Anticipated Openings: See the HCFANet on the World Wide Web for the full text of HCFA vacancy announcements. The vacancy announcements can be accessed from HOME Page and/or OICS Home Page.

III. News from the Field:

Region IX San Francisco Regional Office: CDR Shelley Patterson continues in the Division of State Operations/Long Term Care Branch as a Nursing Facility Surveyor in training in HCFA Region IX (Arizona, California, Hawaii, and Nevada). She is scheduled for six weeks of off-site full-time training in the area of Skilled Nursing Facility (SNF) regulation and policy in Sacramento, CA. This will be followed by the certification examination in June, 1999. CAPT Beverly Bell in Region X continues to work on a special project to assure continued payment of claims during the transition to Y2K compliance.

IV. Welcome to: CDR Georgia Johnson  
Ph# (410) 786 – 6859  
Fax# (301) 805 – 2195  
e-mail: [gjohnson4@hcfa.gov](mailto:gjohnson4@hcfa.gov)

V. Presentations: None

VI. HCFA and HRSA Inter-Agency Collaboration within DHHS:

HRSA staff continue to participate in HCFA nation-wide Commissioned Corps monthly teleconference calls to learn about DHHS/HCFA activities and personnel management issues; and

HCFA and HRSA Commissioned Corps officers assigned to the California-Pacific Region will submit photos of the November 9, 1998 San Francisco Bicentennial exhibit and party to the Commissioned Officer's Association for inclusion in the COA Newsletter.

## **ATTACHMENT N**

National Institutes of Health  
Building 10, Room 6s235  
10 Center Drive, MSC 1604  
Bethesda, Maryland 20892-1604  
301/496-4733

### **NATIONAL INSTITUTES OF HEALTH OCCUPATIONAL THERAPY SERVICE REPORT THERAPIST PROFESSIONAL ADVISORY COMMITTEE**

**February, 1998**

**Submitted by LT Stephen P. Duncan-Morin**

**I. Congratulations to:**

Stephen P. Duncan-Morin who received temporary promotion to 0-3 and permanent promotion to 0-2.

**II. Positions Open/Anticipated Openings**

None

**III. News from the Field:**

Susan Robertson and CDR Rebecca Parks served as supervisors of 2 student interns who successfully completed a 5-week clinical research internship in January and February.

LT Stephen P. Duncan-Morin is in the process of initiating a wheelchair recommendation and wheelchair skills program to address the unique seating needs of the diverse NIH patient population.

Lucy Swan served on Howard University's School of Occupational Therapy Admissions Review Committee in February.

**IV. Welcome/Farewell to:**

None

**V. Presentations:**

CDR Fran Oakley and Susan Robertson provided an orientation on the Assessment of Motor and Process Skills (AMPS) to the staff from NIAAA (Alcoholism and Alcohol Abuse).

Susan Robertson presented; “Facilitating Functional Independence” to Way Station, Inc. in Frederick, MD.

Susan Robertson, Carol Frattali and Martha Bernad presented; “Outcomes in Comprehensive Rehabilitation”. It was an invited presentation by the National Consortium of Comprehensive Rehabilitation Facilities, Washington, DC.

VI. **Publications:**

None

VII. **Current Research:**

The protocol entitled; “Neuroanatomical and Neurophysiological Basis of Motor Recovery Associated with Treatment of Recent Stroke using Amphetamine with Rehabilitation Medicine” was initiated with the recruitment of our first two patients in December and February. The therapists who continue to be involved in this protocol are Joanne Flanagan, CDR Rebecca Parks, LT Stephen P. Duncan-Morin and Lucy Swan.

VIII. **Future Agenda Items for the TPAC to Consider:**

DATE: February 26, 1999

**ATTACHMENT O**

TO: CAPT John Hurley, Chairperson, TPAC

SUBJECT: TPAC Agency Activity Report

FROM: LCDR Bart Drinkard, NIH Field Representative

I.) Positions open:  
None

II.) Congratulations:  
Elizabeth Augustine upon receiving the Jeri Walton Service award presented by Oncology Section, APTA at the 1999 Combined sections meeting, Seattle WA.

The NIH PT staff upon receiving a service award from the APTA Oncology Section for sustained exemplary contribution in the area of oncology rehabilitation. Presented at the 1999 Combined Sections Meeting, Seattle, WA.

II.) Presentations:  
CAPT Charles McGarvey. Exercise Prescription For Patients with Cancer.  
Platform presentation, 1999 Combined Sections Meeting, Seattle, WA

CAPT Charles Mc Garvey. Cancer Survivorship: The Facts and Figures.  
Platform Presentation, 1999 Combined Sections Meeting, Seattle, WA

Elizabeth Augustine and Sandra Adams. Compression Bandaging for Edema/Lymphedema Management. A one day seminar sponsored by the NIH, Bethesda, MD. 11/98.

The following lectures were presented to physical therapy students at Howard and or Marymount Universities:

Holly Cintas: Physical Therapy Research at NIH  
PT assessment and Intervention for Infants with Osteogenesis Imperfecta

LCDR Bart Drinkard: Cardiovascular Pathology  
PT management of Cardiovascular Disorders

Mina Jain: Pediatric Oncology

III.) Publications:  
Earlaine Coarkin. Update: Osteopenia in the Patient with Cancer. Physical Therapy 79(2):196-201, 1999.