

## TUESDAY, JUNE 2

### Therapist Category Agenda

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7:45 AM - 8:00 AM **Welcome and Introductory Remarks**  
Non CE CDR Laura M Grogan, OTR/L

8:00 AM - 8:30 AM **State of the Therapist Category**  
30 Minutes CAPT Karen Lohmann Siegel, PT, MA

State of the Therapist Category

#### **SESSION I:**

#### **Intersections of Public Health and Therapy Training**

8:30 AM - 9:00 AM **New Challenges in Education: The Intersection of Physical  
Therapy and Public Health**  
30 Minutes Susan Scott Freed, PT, DPT, PCS,  
Brenda Greene PhD, PT, OCS

In the evolving healthcare environment, physical therapist practice is expanding into new activities including primary and secondary prevention. As physical therapists' roles and responsibilities have increased, so too have their educational needs. The session will identify gaps in program content between traditional curricula for therapist education and the curriculum needed to prepare therapists to meet contemporary and future healthcare needs. The session will address ways in which professional therapist educational programs are changing to prepare therapists for future roles and care environments. Changes seen in new educational curricula may include: competencies in evidence based practice, increased emphasis on cultural competence and communication skills, exposure to alternative modes of service delivery, exploration of disparities in healthcare and related problem solving, use of service learning experiences as opportunities to meet specific educational objectives. Additionally, the new Doctor of Physical Therapy/ Master of Public Health dual degree offered through Emory University will be described as an innovative approach to preparing future therapists for the challenges presented by continuing changes in healthcare and public health.

At the end of the session, participants will be able to:

1. Discuss the effects of changes in healthcare on the responsibilities and the scope of practice of clinical therapists, including the addition of the following practice areas:

- Disease prevention
- Health promotion
- Screening for medical disorders
- Pro bono services

2. Explain the implications of the gap between the traditional therapist educational program curriculum and the curriculum needed to prepare therapists to meet contemporary and future health needs.

3. Discuss ways in which professional therapist educational programs, such as the Doctor of Physical Therapy program at Emory University, are changing to prepare therapists for practice in contemporary and future roles and care environments, including:

- Training in cultural competency
- Competency in evidence based practice
- Facilitating behavioral change
- Optimizing the educational benefits of service learning
- Exposure to alternative modes of service delivery

9:00 AM - 9:30 AM **New Roles for Therapists: The Epidemic Intelligence Service Program of the CDC**

30 Minutes CAPT Douglas Hamilton, MD, PhD

The Epidemic Intelligence Service (EIS), established in 1951, is a two-year post graduate program of service and on-the-job training for health professionals interested in the practice of epidemiology. Since its inception, nearly 3,000 EIS Officers have responded to requests for epidemiologic assistance within the United States and throughout the world. EIS officers work on the full range of public health issues including: small and large scale infectious disease outbreaks, chronic diseases, environmental problems, occupational diseases, injuries, and both natural and man-made disasters. The EIS officers comprise a vital element of the epidemiologic frontlines and address the growing need of the nation for a rapid response force to address urgent public health problems.

This presentation will cover the history of the program, the spectrum of training opportunities available to EIS officers, and the growing opportunities for participation of doctoral level therapists as EIS officers.

At the end of the session, participants will be able to:

1. Discuss opportunities for clinical therapists in CDC's EIS Program.

2. Describe professional skills and career development paths that CDC fellowships can facilitate.
3. Describe areas in public health practice that are particularly relevant for the clinical therapists' skill set.

9:30 AM - 10:00 AM **The New Kid on the Block: Respiratory Therapists and the U.S. Public Health Service**

30 Minutes

Robert Randall Baker, PhD, RRT, RCPT

This presentation will provide background on the current status of Respiratory Therapy Education and the primary job roles for Respiratory Therapists. In addition, the speaker will discuss ways in which Respiratory Therapists can support the mission and further the 2010 Vision Statement of the Public Health Service Therapist Category using experiences of the faculty and students in the Respiratory Therapy program at the Medical College of Georgia.

At the end of the session, participants will be able to:

1. Describe the current educational, credentialing, and licensure processes for Respiratory Therapists.
2. Describe how the primary job roles for Respiratory Therapists can support the mission of the PHS Therapist category.
3. Discuss how PHS Respiratory Therapists can help to sustain the PHS Therapists' 2010 Vision.

10:00 AM-10:15 AM **Break**

Non CE

**SESSION II:  
Promoting Wellness and Prevention Across Therapy Disciplines**

10:15 AM-10:45 AM **Wellness in Reservation Middle Schools**

30 Minutes

LCDR Tom Schroeder, PT, SCS, ATC, CSCS

Childhood obesity is a significant problem in America today. Poor nutritional habits and decreased physical activity of youth in home and at school have led to a generation of young people who are heavier and at increased risk of developing a number of obesity related diseases including diabetes and coronary artery disease. Therapists are uniquely qualified to implement physical fitness programs with youth because of strong foundations in anatomy and exercise physiology and clinical experience with pediatric patients. This presentation will discuss the fundamentals of Youth Wellness, identify the factors in developing a program and sources of

funding, while highlighting the Tse'Bit' Ai Wellness Program in Shiprock, NM.

At the end of the session, participants will be able to:

1. Discuss the fundamentals of Youth Wellness.
2. Identify the key components to assess the need for a YouthWellness Program.
3. Identify key steps in Youth Wellness program development.
4. Discuss resources for grant funding for Youth Wellness programs.

10:45 AM-11:15 AM **Lower Extremity Amputation Prevention in Diabetes**  
30 Minutes CDR Denise Brasseaux PT, CPed, CWS

Diabetes is reaching epidemic proportions across this country and related foot complications cost \$6 billion annually. This presentation will address the issues faced by persons with diabetes who are at risk of developing foot injuries that can lead to lower extremity amputation. The material presented includes evidence based principles and protocols, proven effective in the prevention of neuropathy-related lower extremity amputation. A simple screening tool, assignment of a risk category, and recommendations for follow-up and appropriate footwear will be presented. The lecture is recommended for health professionals working with patients with diabetes or lower extremity neuropathy.

The comprehensive Lower Extremity Amputation Prevention (LEAP) program will be highlighted. Implementation of LEAP can dramatically reduce lower extremity amputations in individuals with diabetes mellitus, Hansen's disease, or any condition that results in loss of protective sensation in the feet.

At the end of this session attendees will be able to:

1. Describe the conditions associated with lower extremity amputation.
2. List the five core elements of the LEAP program.
3. Discuss categories of lower extremity amputation risk.
4. Discuss the components of self-management to prevent lower extremity amputation.

11:15 AM-11:45 AM **NIOSH Hearing Protector Research and the Development of New Rating Standards**  
30 Minutes CDR David C. Byrne, MS, CCC-A

NIOSH has been continuously involved in hearing protector research, particularly regarding rating methods and evaluation

techniques. As a direct result of this work, the Environmental Protection Agency (EPA) is revising their hearing protector labeling regulation, which will impact anyone who wears earplugs/earmuffs either on-the-job or during recreational activities. The revisions will provide manufacturers with newly developed testing methodologies that are necessary for the assessment of new technology products, their respective labeling requirements, and their entry into the U.S. market. Additionally, the new regulation will provide more accurate, uniform, and user-friendly information to all potential purchasers, users, and hearing conservation professionals to make informed comparisons of product performance and potential levels of hearing protection in various noise environments.

At the end of the session, participants will be able to:

1. Describe the essential elements of a hearing protector's noise reduction rating.
2. Discuss the relative merits of two different laboratory procedures for hearing protector testing.
3. List the uses of the EPA's new hearing protector labeling regulation.

11:45 AM-12:30 PM **Break**  
Non CE

12:30 PM - 2:00 PM **Lunch**

### **SESSION III: International Public Health and Clinical Therapy**

2:00 PM - 2:30 PM **Merging rehabilitation and epidemiology in Africa**  
30 Minutes  
LCDR Mary Glenshaw, PhD, MPH, OTR/L

This presentation explores epidemiologic and therapeutic approaches to prevention research and disease treatment in international settings. Examples of public health research, program development, and clinical case studies conducted in South Africa, Ghana, and Namibia will be highlighted using traumatic injury, parasitic diseases, and HIV/AIDS examples.

At the end of the session, participants will be able to:

1. Discuss intersections of epidemiologic research and rehabilitation treatment in international settings.

2. Describe clinical rehabilitation approaches to parasitic disease management and spinal cord injury treatment in African settings.
3. Describe epidemiologic approaches to parasitic disease and HIV prevention research in African settings.

2:30 PM - 3:00 PM **Management of Sensitivity Impairment in Hands and Feet: Approaches Learned in Hansen's Disease**  
 30 Minutes CDR John Figarola, LOTR, CHT

This session will review the epidemiology and clinical course of Hansen's disease, commonly known as leprosy. The rehabilitation techniques learned from the management of Hansen's disease will be described. Hansen's disease causes significant peripheral nerve damage and neuropathy results in a loss of protective sensation and deformities in advanced cases. Techniques to prevent injuries and wounds paramount to the protection of the hands and feet will be presented.

At the end of the session, participants will be able to:

1. Describe the symptoms and clinical course of Hansen's disease.
2. Discuss interventions for the psychological and physiological effects of sensitivity impairment caused by Hansen's disease.
3. List three techniques to prevent wounds and injuries for persons with Hansen's disease.

3:00 PM - 3:15 PM **Break**  
 Non CE

**SESSION IV:  
 Therapist Deployments in the USPHS: A Panel Discussion and Town Hall Meeting About Deployment Experiences and Effective Utilization**

3:15 PM - 4:45 PM 90 Minutes

Brief presentations from 4 panelists will be followed by a moderated town hall discussion. The goals of this session are to:

1. Share deployment experiences in the Therapist Category, including clinical and management roles.
2. Discuss methods to better utilize the unique skill sets of therapists in deployments.
3. Describe training needs for therapists in deployment roles.
4. Provide material to update the "Guide for the Deployment of Therapist Officers" handbook.

Panel Presentations

**Deployment Experiences with Discharge Planning at a Special Needs Shelter**

CDR Alicia Hoard, LOTR, CPed

**Wound Care Training Needed for Therapist Deployments**

CDR Scott Gaustad, PT

**Non-Traditional Therapist Deployment Roles**

CDR Mercedes J Benitez McCrary, MA, MS, CCC-SLP

**OFRD Recommendations for Deployment Preparation and Training**

CDR Kimberly Elenberg, MS, RN

**Town Hall Discussion – The Future of Therapists in OFRD Deployments**

Moderator: CDR David C. Byrne, MS, CCC-A

At the end of the session, participants will be able to:

1. Describe how deployments are conducted, with an emphasis on therapists' roles during past missions.
2. Identify ways to enhance the training, preparation, utilization, and productivity of therapists during deployments.
3. Discuss the ways to update the 2004 OFRD Therapist Officer Deployment Guide to facilitate deployment preparations.

3:15 PM - 3:25 PM

**Deployment Experiences with Discharge Planning at a Special Needs Shelter.**

10 Minutes

CDR Alicia Hoard, LOTR, CPed

The speaker will present examples from two deployments working in discharge planning at special needs shelters. The presentation will describe the unique skills of therapists, particularly, Occupational Therapists, to this deployment role. Additionally, the identification and training of deployment Discharge Planning Teams are recommended at the onset of shelter planning to initiate appropriate in-take information, expedite patient processing, and facilitate discharge.

At the end of the session, participants will be able to:

1. Discuss the role of discharge planning in a special needs shelter.
2. List therapy skills that qualify for assignment in a discharge planning role.

3. Describe the need for Discharge Planning Teams to expedite discharge of evacuees from a Special Needs Shelter.

3:25 PM - 3:35 PM  
10 Minutes

**Wound Care Training Needed for Therapist Deployments**  
CDR Scott Gaustad, PT

The speaker will present overviews of basic and advanced wound care training for therapist deployment preparation, using deployment and clinical experiences as examples.

At the end of the session, participants will be able to:

1. Describe basic and advanced wound care training needs for deployment preparation.
2. Describe basic deployment roles with respect to wound care, logistics and the operation of an Incident Response Coordination Team (IRCT).
3. Discuss the multi-faceted role therapists play in disaster deployments.

3:35 PM – 3:45 PM  
10 Minutes

**Non-Traditional Therapist Deployment Roles**  
CDR Mercedes J Benitez McCrary, MA, MS, CCC-SLP

The speaker will discuss non-traditional roles of deployed therapists. Therapists' educational training provides an excellent background for organizational management and program administration. Therapists are competent multi-taskers and are capable of diverse, non-traditional deployment roles.

At the end of the session, participants will be able to:

1. Identify factors of therapists' primary clinical education that are transferrable to different deployment settings.
2. Discuss key elements for success in non-traditional deployment settings, short term assignments or detail positions.

3:45 PM – 3:55 PM  
10 Minutes  
Non CE

**OFRD Recommendations for Deployment Preparation and Training**  
CDR Kimberly Elenberg, MS, RN

3:55 PM – 4:45 PM  
50 Minutes

**Town Hall Discussion – The Future of Therapists in OFRD Deployments**  
Moderator: CDR David C. Byrne, MS, CCC-A

4:45 PM - 5:15 PM  
Non CE

**Closing Remarks**  
CDR Laura M Grogan, OTR/L