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President's Message

I would like to use this article to pay a special tribute to one of my mentors, Rodney Schlegel, PT, ECS. Rod was one of the original leaders in the Section and was fundamental in the development and maturation of the specialization process in clinical electrophysiology. I had known of Rod's work and his reputation as a premier electromyographer when I began my involvement with the section in the 1980's. I never imagined that I would work with him someday or that I would be able to be seen as one of his peers. He was a senior member of the American Board of Physical Therapy Specialties when I was appointed as the rookie on the board.

Rod has a calm unflappable demeanor and personal warmth that melts the ice of board room pretention with the ease of a Key West sunrise. He helped me learn the value of "process." Or, at least he tried as best anyone could. He is truly one of a kind and earlier this year he was recognized for his service with an Honorary Doctoral Degree from Rocky Mountain University of Health Professions. His degree certificate reads:

WHEREAS *Mr. Rodney Schlegel, is an acknowledged leader at both state, national, and international levels in the physical therapy profession, and his contributions distinguish him as a role model for others; and*

WHEREAS *Mr. Schlegel has served as a member the APTA since 1962, member, founder, and Vice President of ACE since 2002, and has served as a board member of for ABPTS; and*

WHEREAS *he has served the state of Maryland PT Board of Examiners, and numerous committees; and*

WHEREAS *Mr. Schlegel has also been honored with numerous awards recognizing his many contributions to the physical therapy profession, including the Lucy Blair Service Award from the APTA, the- Henry O and Florence P. Kendell Award, Maryland Chapter of the APTA, the University of Maryland Alumni of the Year, and the SCE Clinical Excellence Award,*

NOW THEREFORE BE IT RESOLVED *that upon the recommendation of the faculty, staff, and administration, and under the power vested in me by the Board of Trustees of Rocky Mountain University of Health Professions, I do hereby confer the honorary Doctor of Science (DSC) degree on Mr. Rodney Schlegel.*

Awarded this 6th day of August, 2011 in Provo, Utah.

Well done Dr. Rodney Schlegel PT, DSc (Hon), ECS

He never talked about mentoring. I suspect he never even thought about mentoring. He just did it as naturally as he was mentored by Billie Nelson and others, but that is a story for another day.

Thanks Rod, and thanks to all those who have guided and mentored all of us in the Section over the years.

Robert A. Sellin, PT, DSc, ECS
President, Section on Clinical Electrophysiology and Wound Management

Newsletter of the
CEWMS of the
American Physical
Therapy Association

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Petition for PT Specialization for Integumentary/Wound Management-Task Force Update

By Harriett B. Loehne, PT, DPT, CWS, FACCWS Chair

The Task Force working on submission of a Petition to the ABPTS for Clinical Specialist for Integumentary/Wound Management PT has made great progress over the last few months. Eight of the eleven required criteria sections have been essentially completed, with final reports anticipated by January 2012. The Leaders of the sections and their committees have done incredible jobs in preparing the narrative reports. If all goes well, we hope to have the Petition ready for submission by Spring 2012. All the documents will have to be merged into a single manuscript to send to the ABPTS. We are very grateful to John Halle, our ABPTS liaison, for his invaluable guidance.

If you are a physical therapist who has not signed the actual Petition declaring support of our seeking Specialty recognition, please go to the Section website and do so. Encourage your colleagues to do the same – you do not have to be an APTA member to sign. Signing does not

obligate you to anything, but the more support we can demonstrate, the better it will be.

We are excited with the progress and will keep everyone informed. Thanks to all who are helping and supporting!

Clinical Electrophysiology and Wound Management Section

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Student Spotlight

Are Students Being Exposed To Clinical Electrophysiology and Wound Management on Clinical Rotations?

By Shannon M. Dougherty
Student Physical Therapist



Shannon Dougherty Clinical rotations: the pinnacle of PT and PTA student education. Clinical rotations are what makes sitting in lecture for hours upon hours worth it. It is where we as students are finally free to demonstrate everything we have learned from school and that we can be effective PTs and PTAs. Rotations are where we get to use manual muscle testing and palpation skills, do stand-pivot transfers on someone who really has hemiplegia and not just a classmate pretending. It is when we get to find out if we can explain the movements of PNF – or even remember them! We get to take blood pressures, check oxygen saturation, lead therapeutic exercises, do balance training, and teach someone to use a cane – but, I wonder, are clinical rotations a time when we also get to utilize clinical electrophysiology knowledge or practice wound management?

To answer this question I reflected on my own personal experiences with clinical education and also asked students from around the nation for input. The overwhelming answer I received was that electrophysiology and wound management were not domains of physical therapy that students were being exposed to during clinical rotations.

Kelsey Crow, a recent DPT graduate from Clark College in Iowa, summed it up pretty well by stating, “I do not feel like I was exposed to clinical electrophysiology and wound management on my clinical rotations; however, I feel this is the case for many students as this is such a specialized small field in the physical therapy world.” When asked directly all students agreed they were familiar with the use of physical agents, especially ultrasound and electrical stimulation. Robin Golden, a current third year PT student from Mesa, AZ, noted she had never used electrophysiology or taken care of wounds in the clinical setting, but added, “I was wounded volunteering at a pediatric clinic, does that count?” Electrophysiology and wound management are classes we must take as students and content is included on the NPTE exam but how are we supposed to learn these areas of practice if the most involved wound care we are

performing is on ourselves?

I believe the answer to be similar to what Kelsey Crow stated, electrophysiology and wound management are more specialized fields and as such, we may have very limited opportunities to practice in these areas during clinical rotations. In terms of wound management, there is often a nurse or PT with advanced training who handle most of the wounds in a facility. Electrophysiological evaluations are also performed by PT’s with advanced training. Physical agents, on the other hand, are typically covered in much more depth during school and more likely to be performed by students during clinical rotations.

So, back to the original question, are students being exposed to clinical electrophysiology and wound management on clinical rotations? It seems the answer is “not really” – the exception being when basic physical agents might be beneficial. Most students seem content with this as electrophysiology and wound management make up a fairly small part of overall physical therapy practice. However, I love these practice areas and find it frustrating to receive only limited exposure to them during my professional education. The good news is that through each rotation we are improving entry-level skills and becoming more confident and, after graduation and licensure, can choose our area of practice. Clinical rotations are amazing experiences for us to hone our skills but it would be nice to have more opportunities in electrophysiology and wound management.

What is your opinion? Feel free to email me with your thoughts!

Student Spotlight is designed to highlight the achievements, experiences, and activities of CEWM student members. Each quarter a different student or student group will be highlighted. Do you have a cool story to share? Would you like to recognize a fellow CEWM student member or group activity? If so, please contact me at (shannon.m.dougherty@gmail.com).

I am currently a 3rd year DPT student at A.T. Still University in Mesa, AZ and just completed two terms as Core Ambassador from Arizona to the APTA. Recently I was invited to develop the Student Spotlight section for the CEWM newsletter. If you are interested in joining the Student Spotlight Committee, please send me an email (shannon.m.dougherty@gmail.com).

Information From The Executive Director

By Anne Daugherty
Executive Director, CEWMS, APTA

Private Insurers to Pool Data for Cost Analyses

Aetna, Humana, Kaiser Permanente, and the UnitedHealth Group plan to regularly supply information to a newly created nonprofit group, the Health Care Cost Institute, to help researchers begin to answer fundamental questions about why health care is so expensive, says a *New York Times* article.

The insurers will not have access to the aggregated pool of private data, and the data will not be accessible to the public. The new institute will provide claims information to qualified researchers seeking to analyze the data, and it will make public twice-a-year summaries that identify changes in health care prices and use of medical services, possibly in specific areas such as orthopedic claims. Highlighting certain trends, says the *Times*, could serve to put pressure on individual fields where prices seem abnormally high, or expose areas where demands for services have not been met.

The claims data, which will not include any identifying information about patients and will not specify the physician or hospital providing care, represents health care spending since 2000 and will be updated at least twice a year. The claims will not be made available for commercial use, partly because officials want to prevent their use by any insurer negotiating with hospitals and physicians.

The data could provide answers about the differing cost of hip replacements, or how commercial prices affect insurance premiums. The claims data will include the price, volume, and intensity of care being delivered to people with private coverage and will be compared with Medicare cost data, the article says.

APTA Language Reflected in Senate Appropriations Bill

APTA has successfully secured report language in appropriations legislation specific to rehabilitation research and physical therapy issues recently passed by the US Senate Committee on Appropriations. The association's recommendations for language are well-represented, many times verbatim, in the Fiscal Year

2012 appropriations bill for the departments of Labor, Health and Human Services, Education, and related agencies. While this language is non-binding statutorily, it specifically indicates the priorities of the Senate in the amounts of federal funding it has allocated to specific agencies.

The report language includes APTA's recommendation "... to build a sustainable infrastructure and capacity of emerging scientists in rehabilitation research ..." and encourages "awards for emerging scientists, such as physical therapists, to meet this need." The legislation also calls for the Agency for Healthcare Research and Quality to seek opportunities to collaborate with the Centers for Medicare and Medicaid Services and the National Center for Medical Rehabilitation Research within the Eunice Kennedy Shriver National Institute for Child Health and Human Development. Such a partnership, APTA suggested, "can advance potential opportunities to conduct comparative investigations of rehabilitation interventions with other health care treatment approaches."

Overall, the Senate bill finances many programs important to physical therapy at levels near 2011 funding. However, the committee acknowledges its inability to fund certain agencies at their requested amounts, specifically the National Institutes of Health (NIH). "With tight budgets likely to continue for the foreseeable future, the committee strongly urges NIH to explore creative ways to rethink the way it allocates its funding."

Increasing Patient-centered Communication

Effective communication is critical to the successful delivery of health care services. It's been estimated that there are more than 300 languages spoken in the United States, and more than 90 million Americans have low health literacy. The Joint Commission's **facts about patient-centered communications** provides tools and resources to help clinicians promote effective communication and meet patients' unique cultural and language needs.

New Brief Examines Multidisciplinary Pain Programs

Physical therapy is an essential part of physical reconditioning, 1 of 4 treatment areas for

Continued on page 5

WMSIG Update

By Rose Hamm, PT, DPT, CWS, FACCWS
President, Wound Management SIG

During the last few months, I have been reminded several times of how active and involved our SIG members are in other organizations, boards, conferences, etc., outside of the APTA. This is so important for us as a profession - to participate as interdisciplinary team members both in the clinic and in the extended medical community, especially in education. This type of involvement gives us another opportunity to highlight what we as PTs bring to the care of patients with wounds that is unique and different from other professions, specifically how the wound affects function and how functional impairments can contribute to wound development or impaired healing.

Some of the member activity includes:

- **Stephanie Woelfel** serves on the National Pressure Ulcer Advisory Panel, an organization that spends hours and hours developing guidelines for prevention and treatment of pressure ulcers.
- **Pam Scarborough** and **Heather Hettrick** are working on program development for both fall and spring Symposium for the Advancement of Wound Care, with effort to include physical therapy-specific information that will be beneficial to all disciplines.
- **Harriett Loehne, Stan McCallum,** and presented educational programs at the recent Clinical Symposium on Skin and Wound Care.

- **Kari Bechet** and I serve on the Board of the American College of Certified Wound Specialists and participated in their recent Advances in Wound Care Symposium, along with Luther Kloth who is a past Board member.

This activity acknowledges the recognition given to physical therapists who are involved in wound care and emphasizes the importance of getting APTA Board Certification. Harriett Loehne and her committee are working hard to complete the unending application details required by the Certification Committee who determines if the skills and knowledge needed to treat these patients is truly specialized. We are encouraged by the approval of the Wound Care Residency program that will be awarded to Louisiana State University at CSM, thanks to the tireless efforts of Stan McCallum and Joe McCulloch. Thank you to everyone who is working so diligently on the Task Force, and congratulations to LSU!!!

I am sure that many, many more of you are involved in activities at the local, state, national and international level, and I applaud each and every one of you for your efforts. Please join us for our WM SIG meeting at CSM in Chicago so you can share with us in person the many ways that you are advancing the care of patients with wounds. We look forward to seeing you there!

Information From Executive Director

Continued from page 4

chronic pain examined in a new technical brief from the Agency for Healthcare Research and Quality. The brief identifies important issues and gaps in the evidence base assessing multidisciplinary pain programs (MPP) for chronic noncancer pain and describes some of the key trends and challenges with implications for the future of MPP treatment.

The most pressing problem facing MPPs is declining access, including obtaining adequate reimbursement from third-party payers to providers of MPP treatment. In addition, says the brief, "carving out" certain benefits, such as physical therapy and psychological/behavioral treatments, has "paradoxically produced the effect of steering patients away from multidisciplinary treatments that demonstrably

reduce health-care utilization, and toward more extensive unimodal therapies associated with poorer outcomes."

The 183 papers considered in **Multidisciplinary Pain Programs for Chronic Noncancer Pain** followed a biopsychosocial model of chronic pain, including treatment components in each of 4 areas: medical; behavioral; physical reconditioning; and education. Most of the studies were observational before-after designs. Although several different clinical conditions were studied, 90% of the studies included chronic back pain, the most frequent condition addressed in the literature. Differences were apparent between studies based in the United States and those in Europe. Recent European studies were more likely than US studies to include inpatient delivery of MPP treatment.

6 Membership Matters

Membership Matters

By Karen Gibbs
Membership Chair

Hello everyone! I hope this newsletter finds you all doing well, getting ready for the holidays, and enjoying the winter weather. It was so hot and dry in Texas this past summer and fall that for the first time in a long time, I find myself actually looking forward to cooler weather!

The Membership Committee represented the Section at the National Student Conclave in Minneapolis, MN, in October. Sharon Lucich and I staffed the CEWM booth in the exhibit hall (check out the Section Facebook page for photos!) and presented two 2-hour sessions on wound management. The booth was busy with interested students and Sharon and I had a great time delivering the educational sessions. I hope our Section can continue to deliver education on CEWM related content through this venue since it is such a great way to inform students on our specific areas of practice.

We are also planning for CSM in February – it will be COLD outside, so I know our members will be looking for more indoor activities. Luckily, I have the perfect activity: Come help with staffing the CEWM booth in the warm and cozy exhibit hall! The booth is typically a busy place during CSM with lots of members

stopping by and visiting. If you would like to staff the booth, pick a date and time, and send me an email (kgibbs@txstate.edu). Here are the exhibit hall hours:

Thursday, February 9th, from 9:00 – 5:00

Friday, February 10, from 9:00 – 5:00

Saturday, February 11, from 9:00 – 4:00

Student members – we'd love to have you at the booth as well. Also new members are welcome. Another indoor activity at CSM is the CEWM business meeting. Check the conference schedule or stop by the booth for meeting time and place. Staffing the booth and attending the business meeting are great ways to meet other members, network, and explore opportunities for involvement. I hope you will take this opportunity to get more involved with Section activities and make the most of your membership dollars in 2012!

As always, please let us know how we can be of service. On behalf of the Membership Committee, let me extend our warmest wishes for the holidays and for the New Year. We hope to see you in Chicago!

(I expect my excitement for cooler weather will greatly diminish when I get to Chicago and have Jack Frost nipping at my nose - Jack doesn't really get to Austin very often!)



APTA President, CEWM Section Membership Chairs, and Students and Faculty (University of Mary, Bismarck, North Dakota) at the Section's Booth during the National Student Conclave in Minneapolis, Minnesota. Back Row from left: Sharon Lucich, Membership Chair WMSIG, Andrea Schlobohm, Sara Gerving, Scott Ward, President APTA, Nick Green, Stephanie Allen, and Karen Gibbs, Membership Chair CEWMS. Front Row from left: Donald Allen, Faculty, Britt Engel, Kristen Schulz, Tiffany Moriarity, and Liz Judkins.

Past, Present and Future in the Field of EMG/NCS

By Dr. Roger Nelson and Stephanie Rosenberger

In 1997 the 11-month EMG/NCV certificate course was founded by Dr. Kellogg and Dr. Nelson. The certificate course was started when the founders saw a need to standardize the process of education for the clinical electrophysiology specialty. In addition, Drs. Kellogg and Nelson also wanted to help guide healthcare professionals to provide the best quality of healthcare to patients.

Guided by the principles of ethical treatment of all patients subjected to clinical

electrophysiologic tests, Kellogg and Nelson formulated a course of study that emphasized the human dimension. The course content emphasized and presented in-depth: musculoskeletal anatomy, neuroanatomy, neurophysiology, neuropathology, biomedical instrumentation, neuronal conduction techniques (motor and sensory studies), late responses, needle EMG techniques, interpretation, administration, and other related areas in the comprehensive course.

Additionally, the measurement of proficiency was attained by both written and practical examinations given on a monthly basis. The didactic knowledge was examined by the use of written examinations and hands-on practical examinations. The founders of this program wanted to also surround themselves with other clinical experts who regularly practiced this specialty, hence the broad array of clinical faculty.

The use of an evidence-based approach to patient care ensures that the practitioner who takes this course is performing as a true reflective practitioner.

After 14 years of service, Expert Clinical Benchmarks, LLC decided to cease support of the EMG/NCV training. With the ever-changing times in the healthcare industry, Drs. Kellogg and Nelson knew this was the time to grow their services, reach a broader audience and enhance the industry the best they could. So, in 2011, Expert Clinical Benchmarks certificate in clinical electrophysiology became the American Academy of Clinical Electrodiagnosis, LLC (AACE). AACE also became the first EMG program to have a residency program approved by the American Physical Therapy Association (APTA).

Today AACE has become an industry leader offering more than five different programs to Physical Therapists. The courses are:

Residency in EMG/NCV

The program includes the 'Certificate Program' noted below and additional study

that includes on-site clinical mentoring, critical review of EMG/NCV reports, critique of journal articles, and other activities. The total time spent (certificate program + additional study) is up to three years. The end-product is recognition by the APTA that the participant completed an approved residency in EMG/NCV. Additionally an approved resident is able to sit for the ECS exam after 295 collected cases. Total time: 1500 hours.

Certificate in Electrophysiologic Evaluation

(Needle EMG/NCV Testing)

This eleven-session course gathers academic leaders and professors in EMG to provide the participant with certification and an in-depth knowledge of new practices and evaluation techniques, as well as new electrophysiologic (Electrodiagnosis) evaluation (EMG/NCV) trends and practice patterns. 162 CEU

Certificate in Neuronal Conduction (NCV-Professional)

This six-session course provides any licensed clinician with the necessary skills to perform Neuronal-Conduction studies (motor, sensory, late responses and H-reflex) at an optimum level of competency. Each class segment focuses on a different series of selected nerves and reviews the anatomy, physiology, and motor and sensory conduction techniques at both the basic and the advance level.-123 CEU

Certificate in Neuronal Conduction (NCV-Technician)

This four-session course provides technicians with the necessary skills to support Neuronal Conduction studies (motor, sensory, late responses and H-reflex) at an optimum level of competency. Each class segment focuses on a different series of selected nerves and reviews the anatomy, physiology and motor and sensory conduction techniques at both the basic and the advanced level. The clinical that is certified has a broad array of options for clinical practice.-54 CEU

With classes on both the East and West Coasts, AACE continues to grow and offer the highest level and the best quality teaching in EMG/NCV training. If you are interested in learning more about our programs or to sign up for a class, please call 724.471.2226 or visit us at www.emgncv.net.

Combined Sections Meeting (CSM) 2012 Join Us in the Windy City!

By **Stephanie Woelfel**
Program Chair

The Section on Clinical Electrophysiology and Wound Management would like to give you a preview of the great programming we will be providing in Chicago, Illinois at CSM 2012! The Section's **three** pre-conference offerings are listed as well as an overview of main programming and Section meetings.

Handouts and complete session details will be available via the APTA website@www.apta.org.

We look forward to seeing you in February!

TWO DAY PRE-CONFERENCE **Tuesday, February 7 & Wednesday,** **February 8:**

- **Teaching and Demonstrating Nerve Conduction Studies and Electromyography for Entry-level PT Students:** This course is designed for therapists that are responsible for teaching nerve conduction and EMG content within physical therapy programs. A hands-on lab component is included. We encourage those of you in academia to share this information with your colleagues. Attendance for this course will be limited to maximize the effectiveness of the lab portion.

ONE DAY PRE-CONFERENCE **Wednesday, February 8:**

- **Low Level Laser Therapy: From Bench to Bedside. Incorporating Scientific and Clinical Evidence to Achieve Clinical Effectiveness:** Join us as international faculty share the latest information related to laser therapy and its effective use. A hands-on, practical workshop is included in this course and will provide the principles and practice of low level laser therapy.
- **Physical Therapist Entry Level Integumentary Content: What Should I Include and How Do I Do It?** The faculty for this course are educators with years of experience teaching integumentary content. This course will include an interactive lab component as well and is designed to be very collaborative. Participants are encouraged to bring their questions as well as any course materials they would like to share with the group. We again encourage the educators in the Section to share information regarding this course with

their colleagues.

MAIN SESSION **Thursday, February 9**

- All three arms of the Section will find interesting and exciting programming today. EMG/ NCS testing, electrotherapy decision-making and various approaches to wound healing will all be covered.
- Section platform presentations will occur today – come support your fellow Section members as they present their research!
- The EMG Forum will occur from 8:00 a.m. - 9:00 a.m.

MAIN SESSION **Friday, February 10**

- Wound pain management, infection prevention and residency programs are all on the schedule today.
- The Electro Forum will occur from 11:15 a.m. - 12:15 p.m.
- WMSIG Round Table Luncheon from 12:45 p.m. - 2:15 p.m.
- Section Business Meeting from 6:30 p.m. - 8:00 p.m.

MAIN SESSION **Saturday, February 11**

- The programming we are providing on Saturday is definitely worth staying for! Atypical wounds and ambulation on the wounded foot will both be presented.

The mobile app that was introduced last year will be back again and significant improvements have been made so it will be easier than ever to plan your schedule and make sure you don't miss any of the great programming we have to offer. Please make sure to attend the Section Business meeting, Forums and WMSIG meeting as well – we need YOUR participation in these events to help move the Section forward.

Also – it's never too early to think about topics and/or speakers for CSM 2013. If you have ANY suggestions, please e-mail: stephpt@hotmail.com

Here's to a great CSM 2012!!

EMG Corner

By Jeff Slear PT ECS and Justin Elliott
APTA

The EMG issue continues to be on the radar screen in several areas. In the reimbursement area the following success was noted by Justin Elliott APTA

"In May 2011, APTA began receiving reports from North Carolina and Virginia members that physical therapists with ABPTS certification in those states were receiving denials for the EMG/NCS service from Palmetto GBA. As a result, APTA contacted the medical director for this Palmetto GBA jurisdiction for clarification. Although Palmetto had not changed its local coverage determination (LCD) for EMG/NCS, the system had been programmed to automatically deny physical therapists as unqualified to perform this service. The medical director asked for *representative denials* to investigate the issue, which we provided with the help of our members.

Through multiple letters and phone calls describing the long-standing history of EMG/NCS coverage under Medicare for physical therapists with ABPTS certification and the legality under state law, APTA was able

to persuade Palmetto to continue coverage. Starting in August 2011, Palmetto resolved their system billing error and began to pay for EMG/NCS provided by physical therapists in that jurisdiction."

Specifically in North Carolina Dr. Matt Hornsby PT,ECS noted that "SB656, Right to Choose Physical Therapist bill, passed the senate 47-0 with 3 abstentions and is now in house committee. This bill adds physical therapists to the list of providers from which an individual has the right to choose the provider of services under a health benefit plan. Hopefully, the bill will be get thru the house insurance committee and pass 2nd and 3rd readings in short session 2012. Our hope and intent is that this bill will solve the reimbursement issues with BCBS. It has been about 21 months since physical therapists have been paid for emg/ncv testing by BCBS here in NC."

Please continue to make your state chapter, the Section, or APTA aware of issues that you are having in regards to any EMG issue that comes up. In this way, we can continue to build upon the successes we have had.

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EMG/NCS



Section on Geriatrics, APTA

CSM 2012 Preconference Courses – Each worth .75 CEUs

Members of the Section on Geriatrics and members of cosponsoring sections register at Section Member price.

Clinical Residency 101: Getting Started and Doing It Well

Tuesday, Feb. 7, 2012, 8 am – 5:30 pm

Price: Section Member – \$255 Non-Member – \$355

Presenters: Greg Hartley, PT, DPT, GCS, Teresa Schuemann, PT, DPT, SCS, ATC, CSCS and Scott Straker, PT, MS, SCS

Cosponsored by the following APTA sections: Education, Clinical Electrophysiology and Wound Management, Neurology, Pediatrics, Sports and Women's Health

The Science and Practice of Integrative Therapies in Physical Therapy – A Movement Whose Time has Come

Wednesday, Feb. 8, 2012, 8 am – 5:30 pm

Price: Section Member – \$305 Non-Member – \$405

Presenters: Catherine Goodman, PT, MBA, CBP, Carol Davis, DPT, EdD, FAPTA, Mary Lou Galantnio, PT, PhD, MSCE, Jennifer Bottomley, PT, MS, PhD and Brent Anderson, PT, PhD, OCS

Writing Case Reports: Tips and Guidelines When Getting Started

Wednesday, Feb. 8, 2012, 8 am – 5:30 pm

Price: Section Member – \$255 Non-Member – \$355

Presenters: Dale Avers, PT, DPT, PhD and Michelle Lusardi, PT, DPT, PhD

Cosponsored by the following APTA sections: Aquatic, Education, Neurology, Pediatrics, Sports and Women's Health

Residency and Fellowship Mentoring: Advancing the Resident and Developing the Faculty

Wednesday, Feb. 8, 2012, 8 am – 5:30 pm

Price: Section Member – \$255 Non-Member – \$355

Presenters: Greg Hartley, PT, DPT, GCS, Carol Jo Tichenor, PT, Ivan Matsui, PT, FAAOMP and Gail Jensen, PT, PhD, FAPTA

Cosponsored by the following APTA sections: Education, Clinical Electrophysiology and Wound Management, Neurology, Pediatrics, Sports and Women's Health



Visit www.apta.org/CSM/registration or call 877/585-6003 to register today!

Billing Update for Wound Care For Physical Therapists

By Rose Hamm, PT, DPT, CWS, FACCWS
President Wound Management SIG

During the last few months I have received numerous questions about billing codes for wound care, especially regarding the new debridement codes. I recently attended a Wound Clinic Business course given by Kathleen Schaum and Andrea Clark. Their information, as it applies to physical therapists, is summarized in hopes of clarifying the new code definitions and how they should be applied. First and foremost, any final determination in your facility is dependent upon the physical therapy practice act in your state and the policies of your MAC (Medicare Administrative Carrier). These are only general guidelines summarized by the experts at their course.

Physical therapists use 97597 and 97598 to bill for sharp or selective debridement. In the past, they were *either/or codes*, depending on the total surface area of the wounds being debrided. As of 2011, the codes are used together, and are defined as follows:

97597 – Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters.

97598 – (same definition)...each additional 20 square centimeter, or part thereof.

The surface area used to determine the amount billed is the surface area debrided, not necessarily the total wound surface area. If the wound is initially 100% eschar or devitalized tissue and is fully debrided, the surface area after debridement is used (per Ms. Schaum). If the wound is partially devitalized tissue, only the surface area of the devitalized tissue debrided is used to determine the billing codes. For example, if a wound is 8 cm x 7 cm, total of 56 cm sq, and is 25% eschar, the area debrided would be 16 cm sq, and only 1 unit of 97597 would be billed. If the entire wound were eschar and was totally debrided in one session, 1 unit of 97597 and 2 units of 97598 would be billed.

Reimbursement for 97598 is one-half of the value of 97597, whereas in 2010 97598 had a higher reimbursement rate.

Billing is accompanied by ICD-9-CM codes for both the wound site and for pressure ulcers, the stage, as follows:

Pressure ulcer site:

- 707.00 Unspecified site
- 707.01 Elbow
- 707.02 Upper back
- 707.03 Lower back
- 707.04 Hip
- 707.05 Buttock
- 707.06 Ankle
- 707.07 Heel
- 707.09 Other site

Pressure ulcer stages:

- 707.20 Unspecified stage
- 707.21 Stage I
- 707.22 Stage II
- 707.23 Stage III
- 707.24 Stage IV
- 707.25 Unstageable

Documentation for wound care provided by physical therapists in both in-patient and out-patient settings, is expected to include the following (per Ms. Schaum):

- Physician order for PT wound care services
- Initial evaluation of PT services
- Wound characteristics (e.g., measurements, color, exudate, tissue type)
- Previous wound care services administered, including dates and modalities of treatment
- Plan of treatment for PT wound care
- Weekly progress notes, including current wound status, measurements, treatment provided
- Description of instruments used for selective or sharp debridement (forceps, scalpel, scissors, high-pressure water jet)
- Treatment grid/log with PT HCPCS billed
- Certification/recertification for PT wound care services
- Detailed itemization of supplies charged
- Actual minutes provided to support timed service billed

The changes in the 2011 billing codes significantly change the way we document and bill debridement, and compliance with policies and regulations is imperative if the profession wants to prevent more restrictive policies and regulations with lesser reimbursement from being implemented in the future.

And coming in 2012, ICD-10!!! Stay tuned...

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