



# Section on Clinical Electrophysiology and Wound Management

Volume 20  
Number 1  
Winter 2006

[www.aptasce.com](http://www.aptasce.com)

## In this Issue

- President's Message
- WMSIG Update
- Wound Management Special Interest Group
- WMSIG Meeting Minutes
- EMG/NCV Testing
- Task Force Update
- Federal Government Affairs Forum

Newsletter of the  
CEWMS of the  
American Physical  
Therapy Association

## President's Message

To all of our members that attended Combined Sections Meeting in San Diego, welcome back. I am hopeful you have all settled back into the daily work routine. For those members who were not able to join us in San Diego, mark your calendars for next year, February 14 -18, 2007 in Boston, Massachusetts. The 2006 CSM meeting had record attendance and phenomenal programming. Again we owe a debt of gratitude to our Program Chair, **Karen Albaugh**. Our programming was especially great, the speakers were well received and the sessions were well attended.

Our Practice Committee forums were lively this year. Please refer to the specifics you will find in the articles throughout the newsletter. Many of you may be aware that we have a significant threat to the survival of physical therapists performing EMG services. Please note the article provided by Jeff Slear, our treasurer to update you on the most recent activities. The electrotherapy forum spent a fair amount of time on a proposed non-coverage policy issued

by Medicare related to Anodyne Therapy.

The Wound Management Special Interest Group has had some positive news on the reimbursement front with the 2006 Medicare fee schedule for negative pressure therapy.

On perhaps the most positive note of all, we have an all time high in section membership, 684 members. The increase in membership along with careful management of our resources has the section with a positive cash flow. I would like to extend a special thank you to our treasurer, **Jeff Slear** and the entire executive committee for their diligence.

I will continue to strive to improve our communication within membership and external to our section. Within the next six months the executive committee plans to hold a strategic planning session to move the section further along towards Vision 2020.

I hope you all have a great day and a wonderful Spring.

*Your President,  
Pam Unger*

## Election Time!

It's time once again for Section elections. This year we are looking for individuals who are willing to be nominated for the following positions: President, Publications Chair, Program Chair, and Nominating Committee member. If you would like to nominate someone (or yourself!) please contact the Nominating Committee Chair, Karen Gibbs, at [kgibbs@txstate.edu](mailto:kgibbs@txstate.edu) on or before Friday, April 7, 2006. Please include contact information for the person being nominating in your email.

Candidate statements will be due on Friday, April 7, 2006 and should be emailed to the Committee Chair at the above email address.

Ballots for this year's election will be mailed to Section members in late March and new officers will be notified after Annual Conference. Please refer to the Section Bylaws for general information regarding responsibilities for each of the positions for 2006/2007 and/or you may also contact the officer currently in that position for additional information.

## WMSIG Update

Wound Management SIG members and others interested in the Integument had a wonderful choice of programming at CSM 2006, thanks to the efforts of Karen Albaugh, the section's Program Chair. The WMSIG was excited to sponsor the preconference course, "Physical Therapy Wound Care for the Diabetic Foot Ulcer" with speakers including PTs and a vascular surgeon. Pam Unger, the section President and reimbursement expert, spoke during the conference on coding and reimbursement issues.

Saturday was a full day of wound management issues and presentations, beginning with the Breakfast Roundtable business meeting of the WMSIG. We were glad to see so many colleagues up so early to participate – the only thing we needed was more time! Congratulations to our new Vice President, Teresa Conner-Kerr, who will also Chair our new Research Committee, and to Charlotte Messina, the newest member of the Nominating Committee. The minutes are being published in this newsletter for those of you who were unable to attend. They essentially bring together the work of the SIG this past year.

If you would like to be a member of the WMSIG, please send me your name and email. There is no additional charge – you just have to be a current member of the SCE&WM. I will try to send broadcast emails when a wound management issue arises. Please let me know if ever there are any concerns in your area of the country.

Thanks to all who worked so hard to make CSM 2006 so successful. See you next year in Boston on Valentine's Day!

Harriett B. Loehne, PT, DPT, CWS, FCCWS  
*President*

## Welcome New Members

Keith J. Cronin	Lena N. Pendergrass
Olimpio Kenneth Cruz	Yaniv N. Raich
Harriet M. Day	Althelene Table
Katie E. Floyd	Michael Z. Tamaddon
Rachel L. Halpin	Lisa P. Trofatter
Joseph Levi	

### Officers

**President**  
PAM UNGER  
PamuCAWC@aol.com

**Vice President**  
LISA GOODFRIEND  
lgoodfriend@hcgh.org

**Secretary**  
KATHLEEN GALLOWAY  
galloway@oakland.edu

**Treasurer**  
JEFF SLEAR  
jslear@netsync.net

**Immediate Past President**  
ANDREW ROBINSON  
robby@ithaca.edu

### Committee Chairs

**Program Chair**  
KAREN WIENTJES ALBAUGH  
KarenCAWC@aol.com

**Publications Chair**  
MICHAEL PARKER  
mparker@umary.edu

**Membership**  
LARRY RAYMOND  
pt@frederick.com

**Electrotherapy  
Practice**  
MERYL GERSH  
meryl.gersh@ewu.edu

**EMG/ENC Practice**  
JAMES (Sonny) T. MILLS  
jamestmills@verizon.net

**Nominating**  
KAREN A. GIBBS  
kgibbs@txstate.edu

**Research**  
JOHN HALLE  
hallej@mail.belmont.edu

**Government Affairs Liaison**  
STACY FISHER-EISEN  
fisherpt@cox.net

**Web Master**  
ED SHRANK  
eschrank@su.edu

### WMSIG Officers

**President**  
HARRIETT LOEHNE  
hloehne@earthlink.net

**Vice President**  
TERESA CONNER-KERR  
tkerr@elon.edu

**Secretary/Treasurer**  
STEPHANIE LEE  
stephanie@lifecare-hospitals.com

**Nominating**  
HEATHER HETRICK  
Hh35@nyu.edu

**Practice**  
LU KLOTH  
Luther.Kloth@marquette.edu

**Education**  
TERESA CONNER-KERR  
tkerr@elon.edu



# Wound Management Special Interest Group

CSM 2006 – February 4, 2006 7:30 a.m.

## Meeting Minutes

Attended by: Cordell Atkins, Karen Albaugh, Lisa Cotterall, Karen Gibbs, Lisa Goodfriend, Rose Hamm, Jill Heitzman, Heather Hettrick, Melissa Johnson, Luther Kloth, Stephanie Lee, Harriett Loehne, Carrie Kubala, Pam Unger, Debbie Neff, Michelle Hunt, Heather McCormack, Mary Kroohs, Sonia Dumit-Minkel, Elizabeth Clarke, Teresa Conner-Kerr, Carrie Sussman, Jane Nichols

- I. Welcome
- II. Thank you to Celleration, manufacturers of MIST therapy, for sponsoring breakfast
- III. Introduction of officers:
  - a. President: Harriett Loehne
  - b. Vice President: Karen Albaugh
  - c. Secretary/Treasurer: Stephanie Lee
  - d. Nominating Committee: Heather Hettrick (Chair), Rose Hamm (member)
  - e. Education Committee: Karen Albaugh (Chair), Lisa Cotterall (member)
  - f. Practice Committee: Luther Kloth (Chair), Jill Heitzman (member)
  - g. Immediate Past President: Pam Unger
- IV. Thank you to Karen Albaugh for CSM programming and arrangements
- V. Announcements
  - a. State-specific reimbursement –
    - i. NPWT CPT's were awarded work values as of January 1, 2006 (97605: <50 sq cm; .55RVU & 97606:>50 sq cm; .60 RVU)
    - ii. In NC, now for Medicaid coverage of orthotics and prosthetics to adult age 21 and up; added: post mastectomy prosthetics, elastic garments (NOT short stretch compression bandage) for lymphedema, and therapeutic shoes for persons with diabetes
      1. CMS has recommended nationwide adoption of this but it will probably take about 12 months because of the review cycle for Medicaid regulations in all the states.
    - iii. In NC there may possibly be direct bill to Medicare – check for updates in the newsletter
  - iv. Gradient compression wraps vs. Unna boots – can't bill Unna boots if they are covered with Coban, or if you put a dressing underneath them. AAWC is attempting to get a code for moderate to high compression wraps. APTA is now asking CPT for a "compression" subset (CPT panel in November). This subset would include vasopneumatic devices, single-layer and multi-layer wraps and will probably be a procedure code. Anyone with information on lymphedema and multi-layer com-

- pression, e-mail Pam Unger to be on the work group for this project. AMA does not want a diagnosis associated with this code.
- b. MIST has received FDA approval for debridement, maintenance wound cleansing and wound healing and can be billed under debridement codes 97597: < 20 sq cm and 97598: > 20 sq cm. Celleration is also attempting to get a new CPT code. Sonoca device for debridement can use the same CPT codes as above.
  - c. CMS will issue a National Coverage Decision on MIRE, with comments taken until February 24, 2006. This is specifically for the Anodyne System, but will affect most probably other similar devices. The SCE&WM will ask APTA to respond.
  - d. Work is still occurring on curriculum guidelines for entry level wound management so that all graduating PT's would have the same basic integumentary knowledge. The task force for this project consists of: Harriett Loehne, Karen Gibbs, Jill Heitzman, Karen Albaugh and Luther Kloth. The 8th draft is available on-line and is being revised to conform to the normative model. Once this is done, the updated draft will be on the web for comments (aptasce.com). Karen Gibbs and Harriett are currently doing research with students regarding current practice (what is being covered, who is teaching the course, etc.). 7% of the PT board exam questions are based on the integument. This project is different from "competencies" which are APTA produced.
  - e. Any members interested in speaking were asked to complete a session proposal form for next year.
  - f. A Research Task Force has been formed with Teresa Connor-Kerr acting as chair. Any members interested in serving on the task force were asked to submit e-mail information. Any members interested in research were asked to sign-in with proposed topics and e-mails.
  - g. Pam Unger gave a brief update on the MCAC (Medical Coverage Advisory Committee) re: Standard Care of Chronic Wounds. There will be a second hearing convened on this topic.
  - h. The following list of wound management conferences was listed. This list is not intended to be an endorsement of speakers or contents.
    - i. Combined Sections Meeting: February
    - ii. APWCA: April 6-8, 2006 – Philadelphia, PA

*Continued on page 4*



**WMSIG Minutes**

*Continued from page 3*

- iii. SAWC (Symposium on Advanced Wound Care): April 29-May 3, 2006 – San Antonio, TX
- iv. WHS (Wound Healing Society): May 14-17, 2006 – Scottsdale, AZ
- v. APTA: June 21-24, 2006 – Orlando, FL
- vi. WOCN (Wound Ostomy Continence Nursing): June 24-27, 2006 – Minneapolis, MN
- vii. ASWC (Advances in Skin and Wound Care): September 28-October 1, 2006 – Orlando, FL
- viii. WCC (Wound Care Congress): November 10-14, 2006 – Colorado Springs, CO
- i. Regarding wound care certification, CWS (Certified Wound Specialist) through the American Academy of Wound Management is recognized by the APTA. CWS and WOCN (wound ostomy continence nurse) are the only nationally recognized wound care certifications.
- j. Elon University may be beginning a wound management based DPT program. Regarding residency/fellowship programs in wound care, there needs to be a practice analysis of the integument completed first, which should occur in the next 6-9 months.
- k. Pam Unger gave updates regarding “Operation Functional Recovery” in the aftermath of Hurricane Katrina. Dawn Piech PT, CWS (dmpiech@earthlink.net) let Pam know that supply and vendor support that members of our organization were able to assist with has been a great help.
- l. Infection Control Guidelines for treatment with PLWS were given by Harriett as she is asked

about this topic frequently. The sources are listed below.

- i. Maragakis LL, Cosgrove SE, Song X et al. An Outbreak of Multidrug-Resistant *Acinetobacter baumannii* Associated with Pulsatile Lavage Wound Treatment. JAMA. 2004; 292: 3006-3011.
- ii. Fuller J. Cover up and clean up to prevent deadly infections. Nursing 2005. 2005; 35-31.
- VI. Proper notation of credentials was reviewed. Your name is *always* followed by “PT” (as this is the *license* you practice under), then your highest degree earned, followed by certifications, etc.
- VII. Harriett reviewed some terminology changes related to wound care: “decubitus” is no longer a recognized term – “pressure ulcer” should be used. Make sure that we are documenting wounds as “closed” vs. “healed” – it takes years for wounds to heal, so the appropriate descriptor to use is “closed”.
- VIII. NPUAP is up-dating the staging definitions including one for deep tissue injury (DTI) which is currently on the web for comment (npuap.org)
- IX. The name was changed in the SIG by-laws to correspond with the section name change.
- X. Teresa Conner-Kerr was elected to a 2 year term as vice president of the SIG and Charlotte Mesina was elected to a 3 year term as a Nominating Committee Member.

*Respectfully submitted,*  
Stephanie Lee, Secretary

**Clinical Electrophysiology and Wound Management Section**

Michael Parker, Editor

**Editorial and Advertising Office**

MICHAEL PARKER  
University of Mary  
7500 University Drive  
Bismarck, ND 58504  
mparker@umary.edu

Newsletter (ISSN 0889-7824) is published three times per year. Annual subscription rate is \$30/USA and \$40 foreign. ©1991. All advertisements in the newsletter are accepted on the basis of conformance with ethical standards of the CEWMS. No effort is made to verify accuracy, nor does the printing of advertisements imply endorsement.

**Advertising prices:** Full-page/\$800, 3/4 page/\$600, 1/2 page/\$400, 1/4 page/\$200. These rates are for all three issues. The price is prorated for ads placed in less than three issues.

**Dates To Remember**

**June 21-24, 2006**

Annual Conference and Exposition of the American Physical Therapy Association in Orlando, Florida

**February 14-18, 2007**

Combined Sections Meetings of the American Physical Therapy Association in Boston, Massachusetts.

# EMG/NCV Testing Once Again an Issue

By Jeff Slear, Section Treasurer

After a period of relative tranquility, EMG/NCV testing by physical therapists is once again a hot button issue. Two physician groups, the American Academy of Neurology (AAN) and the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), are once again attacking the rights of PT's to do these procedures. As in times past, they are focusing their efforts in the state legislatures.

Michigan has historically been a state where EMG has been an issue. Repeatedly in the past, efforts by physicians have been stopped by the PT organizations. Recently through the use of various legislative maneuvers, the AAN and AANEM were successful in passing legislation which essentially stops all but a few PT's from doing the test in that state. To say this battle was intense does not do it justice.

New Jersey within the past month became the next battleground. Again back door politics combined with the usual falsehoods spread by the AAN and AANEM were enough to enact legislation similar to what was seen in Michigan. In fact, the wording is almost exact.

Other states, although not being specifically targeted yet, have the EMG issue arising. Wisconsin, Illinois, and Alabama all have pots that "may boil" in the future. In Iowa, when PT representation was needed before a legislative meeting, your Section was able to provide financial assistance to the Iowa Chapter for this to occur.

APTA has contacted AANEM in the past in attempt to establish a dialogue with them and clarify any misperceptions. Sadly this has met with deaf ears.

What can we expect from these organizations in the future? Given their past history, especially the AANEM, legislative activities of the same type. They will continue to make the claim that allowing PT's to do EMG threatens the delivery of safe, high-quality health care. They may further assert that physical therapists lack the medi-

cal experience needed to interpret EMG measurements and adjust accordingly. The AANEM group may further be concerned that PT's are using EMG to make a diagnosis. Obviously we all know none of this is true. The *Guide to Physical Therapist Practice* acknowledges that PT's can use EMG/NCV in the examination portion of physical therapist practice. In addition, CNA, the underwriter for professional liability, has found no claims that cited EMG performed by physical therapists. The real motivation behind these efforts is to eliminate PTs as competition for physicians who provide this service. And all of those are members of the AANEM and AAN. We don't see the neurosurgeons, orthopedic surgeons or any other group joining this chorus.

Presently the APTA has urged all chapters to prepare for such legislation as that which appeared in Michigan and New Jersey. The APTA State Government Affairs is tracking legislation in all 50 states. In addition, APTA State Government Affairs has set up an EMG Resource Center on the State Government Affairs website: [www.apta.org](http://www.apta.org), click on "Advocacy" then "State Gov't Affairs" then "Top PT Issues in the Statehouse." At the recent CSM in San Diego, Justin Elliott Associate Director of Government Affairs at APTA, spoke at the Chapter Presidents' meeting on this very issue. He also spoke at the business meeting of your Section and outlined much of what has been presented here.

In summation, PT's doing EMG/NCV testing are once again under attack. The effort this time by the various physician groups appears well coordinated with legal counsel arguing their points before the various legislative efforts. In order to meet this challenge, APTA along with your Section will continue to assist as called upon. It is imperative that any member who becomes aware of this type of activity contact APTA and the Section as soon as possible so that a coordinated and an appropriate action can be initiated.

5

EMG/NCV Testing



# 6

## Task Force Update

### Clinical Electrotherapy Task Force Update

On Friday, February 3, 2006, more than twenty interested participants in the SCE-WM Electrotherapy Task Force met at CSM in San Diego. The first item of discussion concerned curricular guidelines for physical therapist and physical therapist assistant education. Participants raised the persistent question regarding criteria for inclusion of selected topics in physical agents and electrotherapy in educational curricula. For instance, if shortwave diathermy is not often practiced in clinical settings, ought it to continue to be taught in the academic setting? The majority of participants believed that education should still drive practice rather than the other way around. Several participants suggested that selected topics need not all be addressed at equivalent levels of detail, proficiency, or clinical skill, but that, as long as an intervention was a part of physical therapy's practice, it ought to be included to an appropriate extent in the professional education curriculum. Such inclusions in the face of an ever-expanding knowledge base and non-expanding timeframe present an educational and organizational challenge.

Andrew Robinson, PT, Ph.D. and Immediate Past President of the Section suggested that since the Section has already developed the Curriculum Guidelines that list WHAT to teach, we might want to develop an accompanying document suggesting HOW such content might be included in educational curricula. During the next year, the Electrotherapy Task Force will attempt to describe alternative methods for organizing and teaching various topics in physical agents and electrotherapy. For instance, if an instructor does not have the time in an Electrotherapy course to cover the use of electrical stimulation or phototherapy for tissue healing, perhaps these content areas (lecture and laboratory) could be included in an Integumentary Systems course rather than a basic procedures course. If you have suggestions regarding the HOW of teaching topics in electrotherapy and

physical agents, please email suggestions to me at [meryl.gersh@mail.ewu.edu](mailto:meryl.gersh@mail.ewu.edu).

Luther Kloth, PT, M.S., another Past President of our Section pointed out the need for regional continuing education opportunities in physical agents and electrotherapy for clinicians if these interventions are to continue to have a life in clinical practice. Short courses could be offered throughout the country and the year, rather than concentrating programming in pre-conference courses at CSM. At our Section's Business Meeting later that day, Carrie Sussman, PT indicated that some transitional DPT programs might also be interested in offering such courses as part of their t-DPT degrees. This would provide a unique opportunity to offer such classes to a geographically diverse group. Please provide feedback to me regarding these suggestions.

Finally, Chukuka Enwemeka, PT, Ph.D., FACSMT, raised an issue of concern regarding the provision of evidence to the Centers for Medicare and Medicaid Services (CMS) in order to influence this office to approve reimbursement of phototherapy for selected physical therapy diagnoses. He urged participants to offer testimony and other evidence to CMS before the deadline of February 24, 2006, in order to positively influence their decision. For more information regarding this issue, please contact Dr. Chukuka Enwemeka at [enwemeka@nyit.edu](mailto:enwemeka@nyit.edu).

If you would like to comment on these issues or have other issues that you would like the Section's Electrotherapy Task Force to address, please let me know. Most importantly, if you are not currently a Section member and have found these topics to be of importance in your practice, please support us, not only with your interest, but with your membership in the Section on Clinical Electrophysiology and Wound Management.

*Respectfully submitted,*  
Meryl R. Gersh, Chair  
Electrotherapy Task Force  
[Meryl.gersh@mail.ewu.edu](mailto:Meryl.gersh@mail.ewu.edu)



# Come One, Come ALL!!!

by Stacy Fisher-Eisen, *Governmental Affairs*

## Plan on Attending the Federal Government Affairs Forum in Washington, DC.

On May 8th–10th, APTA will be holding the next Federal Government Affairs Forum in Washington, DC. I have had the pleasure of representing our section for several years at this event. Last year over 250 therapists and students stormed Capitol Hill to meet with legislators to discuss two federal healthcare issues. I don't know what we will be lobbying this year, but we will get our "assignment" after we arrive in DC. For those who have not done this before, rest assured that we are given all of the information needed to discuss the issues with our respective Senators and Congressmen/Congresswomen. We are responsible for making appointments with each legislator, but often times the state liaisons make these appointments but need to know who will be attending. If you have any interest in participating, please contact the APTA – governance department or use the link on APTA's homepage. You can also e-mail me at [fisherpt@cox.net](mailto:fisherpt@cox.net). Hope to see you there.

## Rocky Mountain University of Health Professions Offers Specialty Training for Electroneuromyographers and Electrophysiologists

**March 24 and 25, 2006**

17th Annual ENMG Symposium • Provo, UT

**August 14-20, 2006 and December 4-10, 2006**

Basic Electroneuromyographic Course • Provo, UT

**November 2-4, 2006**

Intermediate Electroneuromyographic Course • Provo, UT

**January 12-14, 2007**

ECS Examination Preparatory Course • Provo, UT

To register or for more information, visit [www.rmuhp.edu](http://www.rmuhp.edu), email [office@rmuhp.edu](mailto:office@rmuhp.edu) or call 1-866-780-4107.

  
**ROCKY MOUNTAIN UNIVERSITY**  
OF HEALTH PROFESSIONS

# 10<sup>th</sup> ANNUAL WOUND CARE CONGRESS

**SAVE THE DATE**  
November 10 - 14, 2006

Hosted by  *the* CENTER for  
ADVANCED  
WOUND CARE

Mark your calendar and plan to join us at another successful wound care conference, featuring a roster of nationally recognized speakers, experts and leaders in wound care.

Take time to enjoy the grandeur of the Rocky Mountains at a Mobile 5 Star, AAA 5 Diamond resort



THE  
**BROADMOOR**  
COLORADO SPRINGS

# Reimbursement News!!!!

by Pam Unger, Section President

## Wound Care:

**97605** Negative pressure wound therapy (eg. Vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

**97606** total wound(s) surface area greater than 50 square centimeters

These codes have been valued in the 2006 Medicare Physician Fee schedule. For the specific reimbursement, please visit [www.apta.org](http://www.apta.org), and utilize the Medicare Fee calculator. This will give you the specific reimbursement for your geographic area.

**97760** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes

**97761** Prosthetic training, upper and/or lower extremity(s), each 15 minutes

**97762** Checkout for orthotic/prosthetic use, establish patient, each 15 minutes

Please note with the addition of these codes 97504 and 97520 have been deleted.

## Electrotherapy:

**97020** Microwave – has been deleted

**97026** Infrared – is presently under review by Medicare for a potential non-coverage policy.

Please stay tuned to APTA correspondence for further details and updates.

## Clinical Electrophysiology & Wound Management Section

American Physical Therapy Association  
1111 North Fairfax Street  
Alexandria, VA 22314

PRSRT STD  
U.S. POSTAGE  
**PAID**  
Columbia, MD  
Permit No. 1220