

ORTHOPAEDIC SECTION, APTA, INC.
OHSIG CONFERENCE CALL MEETING MINUTES

November 12, 2013
8:00 AM CST

=DRAFT MEETING MINUTES=

Lorena Pettet Payne, OHSIG Vice President/Education Chair, called a special meeting of the Occupational Health Board to order at 8:00 AM CST on November 12, 2013:

Present in Person:

Lorena Pettet Payne, President
Doug Flint, Vice President/Education Chair
Pam Duffy, Board Liaison
Chris Studebaker, Membership/Communications Chair
John Lowe, Nominating Committee
Tara Fredrickson, Executive Associate

The following was presented as a part of the OHSIG Leadership reports:

Update on educational initiatives

Doug Flint explained the dilemmas with how to get a large enough audience for pre-con and programming attendance. It is difficult to balance between mainstream orthopaedics and the OHSIG's vision. How does the OHSIG take elements that have been identified as important in separating a PT and an occupational health PT and make it appealing to bring an audience in?

John Lowe reported that per the practice analysis survey, there isn't much enthusiasm for occupational health physical therapy other than for those truly involved. Need to get past the concept that, just because someone didn't get hurt on the job, it doesn't mean they aren't needing occupational health physical therapy. The OHSIG needs to structure programming to generate enthusiasm this will serve them well in long run. This is clearly a work in progress.

There is nothing wrong with having small audiences for OHSIG programming; however it is necessary to decide if they want to grow membership and enthusiasm, and then use this as a springboard to bring a focus back to specialization?

Employers want to know can the employee come back, what can they do, and when can they come back? There is a gap of what they think they know and what they really want to know.

Chris Studebaker reported that they have PTs that only work with occupational health patients. The doctors perk up on PTs who know how to write notes relating to functional status. Physical therapists having skills, whether or not they are onsite or not, can offer more than the general PT.

May want to consider developing a program involving laws, tests, and case studies presented along the continuum – have it be from beginning to end. This may be something to consider.

Lorena Pettet explained that occupational health has three groups: regulators/employers – looking for better documentation, clinically based PTs needing to document better and how to return a person, and specialists in the field. If we divide these groups, content can be developed based on these three groups.

Where to start? Identify the best venue from these three groups – then plan forward. Offer some programming at different levels – depending on the audience.

The question was raised as to whether or not PTs could earn a general credential/specialization when they leave a CSM program? Pam Duffy reported that she can take this to the Orthopaedic Section Board. A certificate of completion would most likely be okay. Achieving a credential or a title would be much harder to do. A continuing education series may be a better route towards sub-specialization.

The group should think about subject matter/ah-ha moments/experiences and email Doug Flint what these were, and what the differences were. Doug will pull together a 3-tier approach and further define what the OHSIG can to create for CSM 2015.

*Documentation – in academia – massive task to teach this to students. A program towards teaching documentation would be a good idea – help for the educators. The OHSIG needs to come up with a spectrum of the issues out there – this can be addressed little by little –

Should this be a 5-year plan? Start with 2015, and build on it thru 2020?

Tara will check into Sharepoint as a means for sharing information within the OHSIG Board

Doug Flint will develop a template survey with a 5-year plan – he will e-mail this to the OHSIG Board. The group will look at the long-term strategic plan and what it may look like in 2015 for content using the 3-tier model.

The idea of branching out is a good one; promote to insurance carriers/employers. Also look at doing something like this as well – both content-wise as well as attendance-wise. Employers are looking for info!

A plan for 2015 programming submission will be discussed at CSM in Las Vegas

Adjourned – 8:50 AM CST