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P R E S I D E N T ' S M E S S A G E

Preserving the Profession of Physical Therapy: A Little Can Go a Long Way

Christopher M. Powers, PT, PhD, FAPTA

Over the past 50 years physical therapy has transformed from a technical occupation to a profession. Apart from the development of formal qualifications required of a profession (i.e. educational requirements, licensure, etc.), physical therapy has gone through a process of “professionalization” which has included: 1) the establishment of a specialized area of expertise used to provide service to others, 2) the ability to exercise independent (autonomous) judgment in carrying out the service, and 3) a cognitive basis that supports the existence of the service. All three of these attributes are basic requirements of any profession.¹

The primary role of a professional organization is to advance, promote, and preserve the profession it serves. CPTA staff and leadership is committed to protecting the professional status of physical therapy. We do this through education, advocacy, and professional development. Preserving the rights and privileges of physical therapists in California to practice to the fullest extent permitted by law is of paramount importance to CPTA and its membership.

Despite our achievements over the past half century, threats to our professional existence remain. Of major concern is the encroachment of other disciplines seeking to provide services that historically have fallen under the auspices of the physical therapist. Physical therapy is in a particularly vulnerable position as a profession because our basic tools (exercise, manual techniques, modalities, etc.) are not exclusive to us, and are used by others. However, a profession is not defined by the tools it uses, but instead by the context in which they are used. In regards to the physical therapist, we use exercise and manual techniques to “optimize movement

across the lifespan.” In a sense, this defines our specialized area of expertise and service to others to justify our existence as a profession. To this end, CPTA has embarked on an ambitious public relations campaign to educate consumers on our professional expertise in evaluating and treating movement dysfunction.

The ability to exercise autonomy in making decisions in providing physical therapist services is another basic requirement of our profession. Our inability to see patients without a referral has been a long-standing threat to our professional existence and has been a primary focus of CPTA for the past 15 years. The recent passing of our direct access law (AB 1000) was the culmination of more than a decade of tireless efforts of our leadership, staff, and lobbyists. However, it could be argued that our ability to exercise full autonomy in providing physical therapist services still is limited by the insurance industry and restrictions associated with AB 1000. Although we have taken an important step in achieving direct access, there is still much to do to improve our professional standing in this area.

With respect to the cognitive basis to support the existence of our profession, the last 20 years has seen the emergence of a solid scientific basis to justify physical therapist practice. The CPTA and the CAL-PT-FUND have been on the forefront of the “evidenced-based practice” movement nationally, and have done much to promote quality practice and support physical therapy research in California. A recent example of this commitment was a combined pledge of \$100,000 from CPTA and the CAL-PT-FUND for the development of

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MISSION STATEMENT

The Mission of the California Physical Therapy Association is to:

- Meet the physical therapy needs of the people of the State of California through continuous development and improvement of physical therapist education, practice, and research;
- Educate people in California about the unique attributes, benefits, and value of physical therapy;
- Support CPTA membership to strengthen professional identity, communication, leadership, networking, business development and political outreach.

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Capitol Ideas



Summer's Buffet of Bills

Carl London, Rose & Kindel/Grayling

It's State Fair time and if you're like me, any time you've visited a fair's food section, you've been astounded by the choices available, but pretty quickly you hone in on your favorites. So it goes with the Legislature, which offers similar choices with its sheer volume of bills introduced and processed. CPTA monitors all, and is certainly not afraid to dive right in. While our dive this year is not as deep as when we were in hot pursuit of the ultimate prize—direct access to physical therapist services—there are certainly plenty of choices. Step right up and see what you like.

Scope of Practice

AB 161 by Assembly Member Ed Chau (D-Arcadia) is a repeat of bills from the past, with athletic trainers seeking protection of the use of the terms “athletic trainer” or “certified athletic trainer” unless someone holds certification from the national certifying board. Governor Jerry Brown vetoed an identical bill last year, and it's not clear what he will do with this one. What athletic trainers really want is a license, but, in the past, the Legislature has found that to be unnecessary. CPTA is neutral on this certification proposal.

SB 538 by Sen. Marty Block (D-San Diego) expands the scope of naturopathic doctors to allow the prescription and furnishing of certain durable medical equipment devices, as well as some Schedule V substances. This one continues to move despite opposition by organized medicine.

Health Care Access

Funding for the Medi-Cal program has remained flat for several years, and a combination of provider rates and overwhelming paperwork caused many providers to drop from the list of providers that will take Medi-Cal.

AB 366 by Assembly Health Committee Chair Rob Bonta (D-Alameda) requires an annual assessment of access in the program and links adequacy of access to reimbursement levels. CPTA supports this bill, which has rolled through the Legislature to date.

Bonta has also authored AB 533, which requires patients to only be responsible for their in-network obligations in situations where they have received services within a participating health facility but unwittingly receive services inside that facility from a non-participating provider.

SB 546 by Sen. Mark Leno (D-San Francisco) calls for health plans and insurers to file plans related to rate increases and other data prior to rate increases. This bill is heavily opposed by plan and insurance interests, but has made it through the Senate Floor and the Assembly health policy committee.

Sen. Jim Beall (D-San Jose) authored *SB 190, requiring health plans and insurers to provide post-residential rehabilitation services resulting from acquired brain injury*. This is a two-year bill.

Taxes/State Budget

Medi-Cal, services to persons with developmental disabilities, and neglected transportation infrastructure needs were passed over in the 2015-16 State Budget passed by the Legislature and signed by the Governor. But the needs were clearly recognized. As a result, Gov. Brown opened two Special Sessions of the Legislature to run concurrently with the current session, one focused on transportation and the other focused on health care and developmental services. The Governor has stated that stable, ongoing funding sources, must be identified or created to address the needs. It is anticipated that tax increases of some kind will need to be passed for funding increases in these areas.

Additionally, *Sen. Bob Hertzberg (D-San Fernando)* has continued to pursue the dialogue associated with his *SB 8, which proposes a revision of California's tax structures to include a tax on services*. Physical therapy and other health care services could be included, requiring collection and payment of taxes on all services provided. This issue may ultimately end up on the ballot in the form of an initiative before the voters.

Need for More Physicians from California Universities?

AB 174 by Assembly Member Adam Gray (D-Merced) addresses the shortage of physicians that has been widely discussed. There are few proposals aimed at this. *AB 174 appropriates funding to support a multi-year training effort with the objective of starting a medical school at the University of California-Merced.*

SB 22 by Sen. Richard Roth (D-Riverside) calls for the Office of Statewide Health Planning and Development to establish a nonprofit that can solicit and accept funds for the purpose of funding graduate medic

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Capitol Ideas

APTA Federal Affairs Forum

On June 4, 40 physical therapists, physical therapist assistants, and students gathered in the nation's capital meeting face-to-face with over 15 California Representatives of Congress. They discussed legislation including the Medicare Therapy Cap, Locum Tenens, projected physical therapy workforce issues, and concussion management legislation. Co-sponsorship has already increased due to the advocacy efforts. A huge THANK YOU to all the individuals who participated. These individuals include: Amy Flinn, Jane Okubo, Sharon Gorman, Terrance Nordstrom, Matthew DeBole, Thomas

DeFranco, Christopher Reed, Paul Smith, Zuleima Hidalgo, Robbin Howard, Scott McAfee, Chukwuemeka Nwigwe, Cheryl Resnik, Kelley Kubota, Rosalia Arellano, Kimberly Harter, Astghik Harutyunyan, Cornelia Lieb-Lundell, Kelly Prescher, James Syms, April Fajardo, Jessica Owens, Richard Katz, Erin Hayden, Denese Montano, Edward Montano, Peter Muhn, Annie Burke-Doe, Nancy Byl, Oscar Gallardo, Sean Johnson, Louise Lontoc, Robert Williams, Robert Landel and Laura Hendersen. ■



Student Advocacy Challenge



This month marks the eighth year that USC DPT students made visits to their local legislator's office. With the help of CPTA staff, appointments were made for students to meet with the legislator in whose district the student resides. This year, as the CPTA is not running any legislation, the students highlighted their education

as well as the Top 10 Benefits of Physical Activity. Each student completes a reflection about the visit and submits it to the APTA as part of the Student Advocacy Challenge. Students seen in photo include: Jordan Christensen, Christina Diggs, Paul Chang, Chelsea Duncan, Stefanie Cheng, Marisol Kiesz and Sharon Whelchel.



Save the Date
October 30-November 1

Three dedicated CPTA members came together with one goal: to raise \$10,000 for the CAL-PT-FUND.

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For more information contact Kristy Murchison at 916-929-2782 .

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PT Updates

Physical Therapy Practice Structure: Clearing Up Confusion Regarding Corporations and LLCs

Steven L. Simas

For years there has been much confusion about physical therapists working for and owning different types of corporations, and whether a physical therapist may form or work for a limited liability company or “LLC.” Assembly Bill (“AB”) 1000, effective January 1, 2014, resolved much of this confusion by allowing patients direct access to physical therapy. A significant question remains — can a physical therapist work for a general corporation owned by a non-physical therapist layperson? Given the state of the law in 2015, it would be risky for a physical therapist to do so. This article discusses the history and law regarding physical therapy corporations.

History of Confusion: The 1990 Board Resolution and Subsequent Legislative Counsel Opinion

The Moscone-Knox Professional Corporations Act (Moscone-Knox) is the general corporation law that governs professional corporations in California. The Act articulates how certain licensed professionals must incorporate their practices. In 1990, the Physical Therapy Board (Board) adopted a Resolution stating that a corporation not organized as a physical therapy professional corporation could offer physical therapist services under the Physical Therapy Act. By this resolution, the Board stated that a general corporation owned by a lay person could offer physical therapist services.¹ Moscone-Knox did not state otherwise. This Board resolution allowed physicians, other health providers, laypersons, and even physical therapy assistants to own corporations and employ physical therapists.

Confusion regarding who could work for medical corporations and what type of corporations could provide physical therapist services remained. Assembly Member Pedro Nava requested an opinion from the Legislative Counsel on the issue. Thus, in 2010, the State Legislative Counsel (attorneys for the state Legislature) weighed in on the subject. In Legislative Counsel Opinion Number 1021592, dated September 29, 2010, the Legislative Counsel provided its conclusion regarding the discrepancy between the Moscone-Knox Act and the Board resolution in 1990. The Legislative Counsel found that:

- The Moscone-Knox Act² contradicted the Board’s 1990 resolution as it pertained to medical corporations because physical therapists were not listed as authorized providers in the Act;
- Physical therapists could not be employed by medical corporations; and

- The only corporations that could employ physical therapists were physical therapy professional corporations and naturopathic doctor professional corporations as they were listed in the Moscone-Knox Act.

The Legislative Counsel opinion further opined that it would be unprofessional conduct under the Physical Therapy Practice Act for a physical therapist to provide services in violation of the Moscone-Knox Act.³

Rescinding the Board Resolution

Due to the conflict between the Board’s 1990 resolution and the Moscone-Knox Act as highlighted in the Legislative Counsel Opinion, the Board acted to rescind its former resolution. On November 3, 2010, the Board voted to repeal the 1990 Resolution upon two grounds. First, the Board was advised that the 1990 Resolution itself constituted an underground regulation in violation of the Administrative Procedure Act.⁴ In addition, the Board determined that the 1990 Resolution conflicted with the Moscone-Knox Professional Corporations Act.

On July 20, 2011, the Board issued a Summary of Facts, attempting to clarify this history and the ensuing confusion. The Board explained its view of the law after rescinding the 1990 resolution, and reiterated that physical therapists practicing in a corporate setting had to comply with the Moscone-Knox Act:

The [Board] has now clarified to the licensed population that all corporations providing physical therapy must come into compliance with Moscone-Knox (California Corporations code section 13400 et seq.) and those provisions of the Physical Therapy Practice Act that pertain to the corporate practice of physical therapy Business and Professions Code section 2690 et seq.). Failure to comply with Moscone-Knox is unprofessional conduct for licensees and can constitute aiding and abetting (section 2691).

Regardless of when the corporation was formed, any corporation calling itself a physical therapy corporation (or a general corporation offering physical therapy services) must come into compliance with, and remain in compliance with, all provisions of Moscone-Knox. Failure to remain in compliance with Moscone-Knox violates the Physical Therapy Practice Act.⁵

By 2011, given the Legislative Counsel opinion and the Board's "Summary of Facts," physical therapists (and physicians) who did not comply with the Moscone-Knox Act faced license discipline, including for aiding and abetting the unlicensed practice of medicine and/or physical therapy.

AB 1000

In October of 2013, an Assembly Bill (AB) 1000 was introduced that would allow direct access to physical therapist services in California and amend the law regarding professional corporations for physical therapists. The Governor signed the bill into law, effective January 1, 2014. AB 1000 significantly changed the Moscone-Knox Professional Corporations Act regarding:

1. The types of professional corporations that may employ a physical therapist, including medical corporations;
2. The types of professional corporations that may allow a physical therapist to have an ownership interest or serve as an officer or director; and
3. The types of practitioners who may own, serve as officers or directors, or be employed by a physical therapy professional corporation.

As the result of the passage of AB 1000:

- Physical therapists may be employees, officers or shareholders of medical professional corporations.⁶
- Almost any health care licensee listed in the Business and Professions Code, including physical therapists, may be employed "to render professional services" by any professional corporation listed in the Moscone-Knox Act, including the newly added physical therapy professional corporations.⁷
- A new Section 13401.5(p) was added defining who may be legally permissible shareholders, officers, directors and professional employees of physical therapy corporations. These include:
 1. Physicians and surgeons
 2. Podiatrists
 3. Acupuncturists
 4. Naturopathic doctors
 5. Occupational therapists
 6. Speech-language therapists
 7. Audiologists
 8. Registered Nurses
 9. Psychologists
 10. Physician Assistants

These amendments to Moscone-Knox specified which health care providers could own which types of professional corporations and allowed nearly all licensees to work for them. AB 1000 also added and defined a "physical therapy professional corporation." But in spite of all of this clarification, the Legislature did not make any mention of "general corporations."

Status of General Corporations

While the Legislature did not mention general corporations directly in AB 1000, it generally specified how physical therapists should practice in a corporate setting. The Board's Summary of Facts from 2011 regarding general corporations appears to still demonstrate the Board's disfavor of a physical therapist working for a general corporation. Because the Moscone-Knox Act now states just how a physical therapy professional corporation should be structured, any deviation from the Act would likely draw disfavor from the Board. *It is therefore imperative* to discuss this issue with legal counsel.

Final Note on LLCs

One cannot discuss confusion in the business structuring of physical therapy corporations without addressing the issue of Limited Liability Companies or LLCs. It is *illegal* in California for an LLC to render professional services, including physical therapist services. In 2004, the California Attorney General confirmed and refined this point, stating that because health care providers perform professional services under the guise of a professional corporation pursuant to the Moscone-Knox Act, they may not perform such services under an LLC. (See Attorney General Opinion No. 04-103, July 23, 2004).

Conclusion

The area of physical therapy corporations has been a legal minefield and has changed significantly over the years. The issue is not just about the proper entity for a physical therapist to organize and establish; it is also about not offending the Board's perspective on how physical therapists *should* practice. Complying completely with corporate law may still subject a physical therapist to discipline if their actions run afoul of the Board's interpretation of the law.

As history shows, what used to be legal is now likely not. Even with the clarification of AB 1000, physical therapists who practice for a general corporation can be at risk and should always seek experienced healthcare legal counsel to evaluate their situations. ■

Steven L. Simas is the founder of the Government and Administrative Law firm of Simas & Associates, Ltd., in Sacramento and San Luis Obispo, California. The firm serves as legal counsel to the California

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PT Updates

Meeting the Challenges of Prescribing Medically Necessary Equipment through Medicare under the DMEPOS Competitive Bidding Implementation Contracting (CBIC) Program

Lise McCarthy, PT, DPT, GCS and Stephanie Kaplan, PT, DPT, ATP, CPTA Payment Policy Committee Members

The Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding program in California is part of a larger program mandated by Congress through the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The statute requires that Medicare replace the current fee schedule with a competitive bidding contracting methodology for selected DMEPOS items (e.g. walkers, wheelchairs, hospital beds). In round one, DME suppliers who offered the best price and agreed to meet quality and financial standards were offered exclusive three year contracts with Medicare. Those suppliers not awarded a contract were excluded from billing Medicare for selected items for three years.

The intent of CBIC is to reduce beneficiary out-of-pocket expenses and save the Medicare program money while ensuring beneficiary access to quality items and services. When CBIC rolled out in California on July 1, 2013, there were unintended consequences; many beneficiaries could not gain access to needed medical equipment and were forced to pay out of pocket if they could.

**“If you want to go fast, go alone.
If you want to go far, go together.”**

~ An African proverb.

In our areas, we have worked hard to understand and identify how we can help address problems preventing patient access to medical equipment under CBIC. We have logged over a hundred hours engaging in discussions with a lot of people at Noridian Healthcare Solutions (NHS), Palmetto GBA, Pricing/Data/Analyzing/Coding (PDAC), our federal representatives, the California Hospital Association, the APTA, the CPTA, other physical therapists and physical therapist assistants around the country, as well as patients and their families.

Many round one CBIC DME suppliers are no longer participating or have gone out of business. Suppliers who remain are still having great difficulty providing service and expensive equipment. Rather than lose reimbursement for providing costly medical equipment that was underbid, some suppliers continue to tell consumers that the

prescribed item or a part of the prescribed item cannot be obtained. We encourage you to contact your CBIC Liaison when a prescribed item or part is not being supplied; this person will help you resolve these problems.

Northern California	Southern California
Palmetto CBIC Liaison: Cherel Dotson	Palmetto CBIC Liaison: Pamela Greenway
Phone: 803-763-5769	Phone: 803-763-5762
Fax: 803-870-9166	Fax: 803-870-9167
cherel.dotson@ palmettogba.com	pamela.greenway@ palmettogba.com

The good news is that the CBIC program is evolving as more people have become informed about what is required and have taken a proactive stance to help fix problems as they arise. Round two of the CBIC contracting process is underway and should result in awarding new CBIC contracts to DME suppliers who are better able to abide by their contracts.

Partly as a result of CBIC, advances in product development and technology are also occurring, although they take time. For instance, in 2013 Lise contacted Jonathan Miller (the inventor of the U-Step walker) and asked if he would make platform attachments so patients with ataxia and severely collapsed postures could remain safe ambulators. Jonathan anticipates that his U-step platform attachments should be available through Medicare by year's end. (See picture.)

As another example, in 2014 Lise reached out to Gary Cox, CEO of PMDRX (an electronic



documentation technology for physicians), and asked him if would develop a Medicare compliant therapy component for electronic wheelchairs and manual mobility equipment to help minimize documentation denial rates. Gary anticipates completion of the therapy component later this year. He describes his product this way, “The therapy program incorporates a systematic electronic clinical exam process that will meet all Medicare evaluation criteria.”

The collective efforts of all stakeholders are needed to realize the true intent of CBIC, to have a balanced, equitable and sustainable Medicare DME program. For more information, consider these resources:

- 1) This CBIC Supplier Directory webpage has more information about CBIC and suppliers: <http://www.medicare.gov/supplierdirectory/staticpages/resources/competitivebid.html>.
- 2) An example of a PowerPoint presentation about documentation criteria for walker on NHS's website: <https://med.noridianmedicare.com/documents/2230715/2240877/Walkers>.
- 3) In-Step Mobility will help you with the Medicare/insurance paperwork and direct you to a reputable DME company that drop-ships the U-Step walker. <http://www.ustep.com>.
- 4) This website offers a free web tool that helps you create letters of medical necessity (LMNs) in your own words. It is HIPAA secure. You can insert a patient's medical record instead of the patient's name for optimal privacy. <http://www.lmnbuilder.com/lmn/lmn-home>.
- 5) To learn about PMDRX's therapy component, contact Gary: garyc@pmdrx.com. ■

Note: CPTA and its affiliates do not endorse any products mentioned in this article.

Summer's Buffet of Bills

(continued from page 3)

training programs in underserved areas. This bill; however, stalled in the Senate and is a two-year bill.

Certainly, there is a shortage of physicians; however, while proposing all sorts of new schemes to prop up medical schools and training programs, the California Medical Association (CMA) continues to oppose efforts by non-M.D.s to fill the existing gaps. The physical therapy direct access debate was a terrific example of this dichotomy with the CMA openly opposing patients receiving physical therapy directly and calling the model dangerous, while acknowledging substantial physician shortages in other hearings.

Health Issues/Other Issues/Various Resolutions

SB 203 (Monning) requires safety warnings on sugar-sweetened beverages. This issue failed passage in the Senate Health

Physical Therapy Practice Structure

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Physical Therapy Association. Mr. Simas practices in the areas of Healthcare Regulation, Professional Licensing and Regulation and Workplace and Employment Regulation. He can be reached at ssimas@simasgovlaw.com.

¹ Regarding its 1990 resolution, the Board has recently stated:

In 1990, the Physical Therapy Examining Committee (later renamed Physical Therapy Board of California) passed a resolution, authorizing a provision of physical therapy services by a general corporation. The resolution was prepared and adoption recommended by legal counsel provided by DCA. The resolution was consistent with the understanding of the law at that time.

(See Physical Therapy Board's "Summary of Facts Related to the Practice of Physical Therapy by Corporations,"

[Summary of Facts], p. 2, at http://www.ptbc.ca.gov/about_us/meetings/materials/20110804_11_2.pdf.

² Corporations Code section 13401.5.

³ Physical Therapy Practice Act, at Business and Professions Code section 2660.

⁴ Government Code section 11340.5.

⁵ See Physical Therapy Board's "Summary of Facts Related to the Practice of Physical Therapy by Corporations,"

⁶ [Summary of Facts], p. 3, at http://www.ptbc.ca.gov/about_us/meetings/materials/20110804_11_2.pdf.

Corporations Code section 13401.5.

⁷ *Ibid.*

Committee, but will undoubtedly come up again, as Sen. Monning is very committed to the notion that such beverages present a health impact and societal cost.

AB 949 (Gonzalez) would require the Department of Education and the California Interscholastic Federation to develop guidelines and safety standards for the purpose of classifying cheerleading as an interscholastic sport. CPTA supports this bill.

CPTA also supports or is following resolutions related to childhood obesity awareness, arthritis awareness, and physical fitness and sports. ■

PT Updates

ICD-10: Not Quite the Monster it's Been Made Out to Be

Dennis Langton, PT, CPTA Payment Policy Committee

You've heard "It's coming, and we better be ready for it. It's huge and it is going to make everyone's life more difficult." I am talking about the dreaded implementation of ICD-10-CM and ICD-10-PCS scheduled to begin October 1, 2015. Well, it is coming, and it is a big change. But is it the dreaded monster it has been made out to be? Let's take a peek.

To begin with, we should look at some of the developments of ICD-10-CM (ICD-10-PCS is for hospitals and procedures so we concentrate on ICD-10-CM). The World Health Organization (WHO) first published an international classification of causes of diseases in 1948. Prior to this the emphasis was on causes of death rather than morbidity. The WHO has continued to update and upgrade the ICD until its current rendition ICD-10 was introduced for use by its member states in 1994. A common complaint is that ICD-10 has been out for over a decade, why did it take so long for the United States to adopt it? Notice that the term ICD-10 is used instead of ICD-10-CM. While the ICD-10 is owned and copyrighted by the World Health Organization, member states have been authorized by WHO to develop adaptations to ICD-10 for their use, as long as all modifications to the ICD-10 conform to WHO conventions. The adapted version in the United States is ICD-10-CM and was developed by the National Center for Health Statistics (NCHS). Following evaluation by a Technical Advisory Panel and additional consultation with physician groups, clinical coders, and others, the draft of the Tabular List of ICD-10-CM, and the preliminary crosswalk between ICD-9-CM and ICD-10-CM were made available on the NCHS website for public comment. The American Hospital Association and the American Health Information Management Association then conducted field tests of the amended ICD-10-CM. After all comments and analysis of the field tests were completed, additional modifications to ICD-10-CM were added. The ICD-10-CM was ready in 2012 so it has only been available for three years. The clinical modification made over those years represents a significant improvement over ICD-9-CM and ICD-10 including:

- the addition of information relevant to ambulatory and managed care encounters;
- expanded injury codes;
- the creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition;
- the addition of sixth and seventh characters;

- incorporation of common 4th and 5th digit sub classifications;
- laterality;
- greater specificity in code assignment;
- an allowance for further expansion not possible with ICD-9-CM.

As many may remember, in June 2008, the APTA House of Delegates officially endorsed the World Health Organization's International Classification of Functioning, Disability and Health (ICF). So, you ask, what does that have to do with ICD-10-CM? When the WHO was developing the latest international classification system they developed two reference classifications that could be used to describe the health of a person at a particular point in time. Diseases, disorders and other health problems, such as symptoms and injury classification became ICD-10. Functioning and disability were classified separately in the ICF. The ICF classification system focuses on human functioning. It provides a unified, standard language and framework that describes how people with a health condition function in their daily lives, rather than focusing on a labeled diagnosis or the presence or absence of disease. The ICF uses a unique framework in which human functioning and disability are described as a dynamic interaction between various health conditions and environmental and personal factors. It recognizes the impact of the environment on the person's functioning. This is much better suited for physical therapists in day-to-day encounters they have with their patients. The ICD-10 and ICF are meant to be complementary. The ICD-10 provides a diagnosis of diseases, disorders, and other health conditions. Meanwhile, the ICF enriches this information by providing additional information on functioning. In this way, using both classification systems provides a broader picture of the health of an individual. From a physical therapist point of view, using the two together will give the therapist much more specificity from which to establish medical necessity for the treatment of functionally related issues with a broader range of diagnostic codes to support it. Not a monster, but a help.

Now, let's take a look at this monstrous number of new codes. The increase in the number of codes comes largely due to increased specificity. For example, nearly 30% of the additional codes are known as laterality codes. These codes merely separate right and left. Let's take a simple shoulder strain. The ICD-9-CM code is 840.9, and the ICD-10-CM code is S46.811 for the right shoulder, S46.812 for the left shoulder and S46.819 for an unspecified side.

Another example is the “scary” seventh character or “extension” codes. The number of seventh character extensions can be large, 16 in the fractures block. Most physical therapists will deal with three, 7th character options, and most of these are found in the chapter on injuries.

Finally, let’s look a bit at the structure. The ICD-10-CM volume consists of 21 chapters. The subjects of each chapter are broken down into letters in order from A-Z (they excluded V) with each chapter containing one or two subjects. For example the musculoskeletal and connective tissue chapter is 13 with the letter designation “M.” All of the sprains and strains, etc., are located in chapter 19 with a letter designation of “S” (hint hint). A great number of codes physical therapists are involved with are in chapters 13 and 19. Others are in chapters 6 and 18. Chapter 21 is devoted to external causes of injuries (a plus in increasing specificity to show medical necessity). The codes

themselves are broken into a maximum set of seven in a xxx.xxx.x format with the first character being the letter of the subject in the specific chapter. So, all of the strains, sprains, tears etc., all begin with “S.” As far as the seventh character is concerned, chapter 13 has almost none and chapter 19 only states three character options. The monster roar is more like a meow.

I hope this article has given you a better basic understanding of ICD-10-CM, its purpose, its structure and its value to physical therapy in our advancement as a doctoring profession. I also hope that we have been able to remove the impression of the monster that is ICD-10-GM.

Please visit www.ccapta.org to access CPTA’s ICD-10 Resources and Starter Kit. ■

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PT Updates

CPTA's Public Relations Campaign

We've known it all along and now we're shouting it...**"Physical Therapists Improve the Way You Move."** In late 2014, CPTA conducted focus groups to test several campaign messages and it was unanimous – Physical Therapists Improve the Way You Move received 100 percent of the votes!

All year long, CPTA will be promoting the profession through print, radio, online and social media advertising. Bus and radio ads can be customized for a specific practice or multiple practices. Contact Heather Pino at hpino@ccapta.org for details. Here is a glimpse of what we have done so far and how many people have seen our ads.

CPTA Bus Advertisements

CPTA created and purchased bus advertisements throughout California. The ads ran in February and March in San Bernardino. In April they ran in Long Beach. In May and June they ran in the Oakland/Alameda area.

Southwest, The Magazine

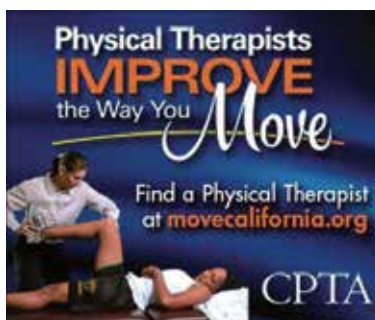
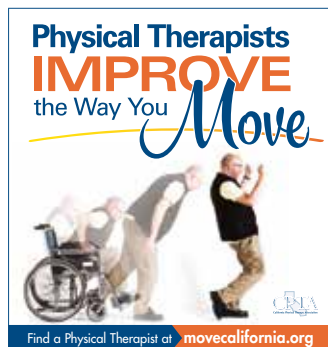
CPTA purchased a 1/3 page ad in Southwest Magazine for the June, July and August editions. July's edition also featured an advertorial.

CPTA Radio Advertisements

CPTA created radio advertisements that aired in Los Angeles in February and March. They also aired in San Bernardino in March and in Santa Rosa in March and April. Fresno heard our ads in May. In June they aired in the San Francisco Bay Area. In August and September ads are scheduled to air in San Diego. You can listen to a sample ad by going to CPTA's consumer website, movecalifornia.org.

Online Advertising

During the focus groups, CPTA learned that most people go to WebMD for medical information. Therefore, CPTA purchased advertising on WebMD in March and April. The ads generated 1,217,899 impressions and 939 clicks to the MoveCalifornia website.



Social Media Advertising

Google Ads

CPTA created a total of five different ads for Google that began in March. So far the ads have generated 1,112,096 impressions and 2,765 clicks to the MoveCalifornia website.

Facebook Ads

Six different ads were created for Facebook. The ads began running in March and so far have generated 566,230 impressions and 5,175 clicks to the MoveCalifornia website.

All of these statistics are phenomenal and show that CPTA is educating consumers about physical therapy. WebMD provided us feedback that our ad was one of the best performing ads on their site. All of our advertisements lead to the MoveCalifornia website. CPTA is tracking traffic to the site and the amount of people that go from our website to the "Find a PT" site.



October is National Physical Therapy Month

Take time this October to increase awareness about physical therapy and market your practice! Make a point to get out in your community. You know the MDs, DCs and ATCs are already there. Volunteer to provide fitness screenings at health fairs. Speak at PTA meetings or local roadrunners groups. Volunteer at any local sporting events where athletes might need consultation and assistance. Or, simply promote our key message, "Physical Therapists Improve the Way You Move" by handing out window decals or purchasing a t-shirt through the CPTA online store. ■

2015 CAL-PT-FUND Research Symposium

Retraining Movement Dysfunction: Translating Current Science to Practice

December 5-6, San Francisco

UCSF Mission Bay Campus, Genentech Hall, 600 16th St, San Francisco, CA, 94158



Join us for this inter-professional research symposium focused on translating research science to practical rehabilitation strategies. We will explore a broad range of topics including aging, musculoskeletal and neurological trauma, degenerative/autoimmune disease, and pain. Well-known researchers will interact with master clinicians to integrate the latest in musculoskeletal, neuroscience, and rehabilitation research with real-world physical therapy strategies to optimize motor control, function and quality of life for patients.

SPEAKERS

Diane Allen, PT, PhD
Mark Allen, PhD
Andrea Behrman, PT, PhD, FAPTA
Elizabeth Blackburn, PhD
Diana Blum, MD
Nancy Byl, PT, PhD, MPH, FAPTA
Howard Fields, MD, PhD
Beth Fisher, PT, PhD, FAPTA
Adam Gazzaley, MD, PhD

Ari Green, MD, PhD
Brian Hutchinson, PT, MS
James Jackson, MD
Mike Jakowec, PhD
Robert Landel, PT, DPT, OCS, FAPTA
Rebecca Lewthwaite, PhD
Michael Merzenich, PhD
Christine Miakowski, RN, PhD, FAAN
Svjetlana Miocinoui, MD, PhD

Linda Noble, PhD
Jill Ostrem, MD
Chris Powers, PT, PhD, FAPTA
Shirley Sahrmann, PT, PhD, FAPTA
Betty Smoot, PT, DPTSc
Richard Souza, PT, PhD
Carolee Winstein, PT, PhD, FAPTA

Register at www.ccapta.org





Frequently Asked Questions

Q: What is the difference between rehabilitative therapy and maintenance therapy?

A: Rehabilitative Therapy – Goal is to reverse, in whole or in part, a previous loss of function. This may occur even when there is a chronic, progressive, degenerative, or terminal condition that exists. This applies in all practice settings.

Maintenance Therapy – Even if no improvement is expected, skilled therapy services are covered when an individualized assessment of the patient's condition demonstrates that skilled care is necessary for the performance of a safe and effective maintenance program to maintain the patient's current level of function or prevent or slow further deterioration.

Q: If a Medicare patient has a plan of care (POC) for physical therapy that will continue after ICD-10 implementation, will new ICD-10 codes be required in the plan for certification/re-certification?

A: CMS is not requiring updated ICD-10 codes in the POC to continue rehabilitation services after ICD-10 implementation; however, claim forms must contain a valid ICD-10 diagnosis code. Physicians will need to provide the appropriate ICD-10 code to the therapist or the therapist will need to crosswalk the previous ICD-9 code to ICD-10 for these claims. POCs created after the transition to ICD-10 must use ICD-10 codes in the documentation.

Q: Is functional limitation reporting still being required for maintenance therapy on a Medicare Part B patient?

A: Yes, since maintenance therapy is billed under a therapy plan of care functional limitation reporting (G-Code) is required.

Q: If my Medicare Administrative Contractor (MAC) does not reimburse for iontophoresis, can I bill the Medicare beneficiary and have them pay me cash?

A: The answer is yes only if the Medicare beneficiary signs an advanced beneficiary notice (ABN) prior to you delivering the service that you expect your MAC to deny. If you provide a service to a Medicare beneficiary that is normally covered by the Medicare program but under the circumstance, your MAC denied that service and the patient did not sign an ABN prior to you providing that service, you can't bill the Medicare beneficiary for that denied service. ■

Blue Shield of California (BSC) Clarifies Provider Network Challenges

The Find a Provider directory is driven by the type of plan the BSC member has and the provider contract. Here are BSC's top two network questions:

1. Can a provider terminate participation in an individual network under the Exchange Plans (Covered California EPO) without impacting their participation with other Blue Shield networks i.e. PPO? Yes, participation in the EPO networks have no bearing on other non-EPO networks i.e. PPO
2. Will opting out of EPO networks remove providers from BSCs "Search for a Provider" on the BSC website for all other plans? No. ■

Centers for Medicaid and Medicare Services (CMS) Releases 2016 Proposed Rule for Outpatient Services

On July 15, 2015, CMS released the 2016 proposed rule for services paid under the Medicare Physician Fee Schedule (MPFS). The proposed rule does impact outpatient therapy services provided in the following settings:

- Private Practice
- Skilled Nursing Facilities
- Outpatient Rehabilitation Facilities
- Comprehensive Outpatient Rehabilitation Facilities
- Home Health Agencies providing Part B Therapy Services
- Hospital Outpatient Departments (excludes critical access hospitals)

In 2016, the proposed conversion factor would be \$36.1096 which is an approximate 0.5 percent increase from the July 1, 2015 conversion factor of \$35.9335. This increase is due to the passage of the Medicare Access and CHIP Reauthorization Act of 2015 that was signed into law in April.

CMS excluded codes that they reviewed in 2010 (those with fewer than \$10 million in allowed charges).

Using this process, 10 of the CPT codes have an impact on physical and occupational therapy services. The 10 CPT codes used by physical and occupational therapy that will be reviewed are:

- 97032 – electrical stimulation, manual
- 97035 – ultrasound
- 97110 – therapeutic exercise
- 97112 – neuromuscular reeducation
- 97113 – aquatic therapy
- 97116 – gait training
- 97140 – manual therapy
- 97530 – therapeutic activities
- 97535 – self-care/home management
- G0283 – unattended electrical stimulation


Comments on the proposed rule must be received by CMS no later than 5:00 p.m. ET on September 8, 2015. ■

Billing Medi-Cal For Medicare Co-insurance & Deductible


A provider may not collect any applicable deductible or co-insurance from a patient who has both Medicare and Medicaid. When Medicare approves a service, Medicare pays the provider 80 percent and the patient is responsible for the remaining 20 percent. In addition, Medicare will apply the appropriate deductible amounts for the allowed services. Patients are generally responsible for payment of the deductible and co-insurance. However, when a patient also has Medicaid, the patient is not responsible for any applied deductible or the co-insurance. The provider's enrollment status with Medicaid does not change this requirement. The patient is responsible for any co-pay determined by Medicaid. ■

CPTA Professional Consulting Service (PCS) Providing You with the Tools You Need for an Effective Practice

Practice and payment issues are often time consuming and difficult to resolve. The California Physical Therapy Association (CPTA) Professional Consulting Services (PCS) can help! The CPTA PCS Program provides members with flexibly designed, cost-effective services for those who experience practice and payment issues daily. Please contact Tameka Island at tisland@ccapta.org for details. ■



Manual Therapy Seminars: Needs of the Complex Patient

Visceral Manipulation: Organ-Specific Fascial Mobilization; Abdomen 1 (VM1)	
Albuquerque, NM	Sep 17-20, 2015
Maui, HI	Sep 24-27, 2015
Somerville, NJ	Oct 1-4, 2015
Lansing, MI	Oct 8-11, 2015
Missoula, MT	Oct 8-11, 2015
Calgary, AB	Oct 22-25, 2015
Big Sur, CA	Oct 25-30, 2015
Tampa Bay, FL	Nov 5-8, 2015
Seattle, WA	Nov 12-15, 2015
Asheville, NC	Nov 19-22, 2015


Gail Wetzler
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CAL-PT-PAC

CAL-PT-PAC Mid-Year Update

Paul Smith, PT, DPT, CAL-PT-PAC Chairperson

As State legislators in Sacramento approach the end of the first year of a two-year legislative session, requests for financial support and attendance at Capitol and district events increase exponentially to the CAL-PT-PAC. Typically, there are two objectives in the requests—helping legislators pay down debt carried over from previous election cycles and fundraising for the 2016 races. As requests are received, CAL-PT-PAC Trustees wisely appropriate your hard earned contributions to those legislators who have and continue to demonstrate their strong support for our profession and consumers of our services in California. At the same time, we continue to monitor the horizon for new opportunities to get behind key members and promising new candidates.

Our ability to support current and future legislators as well as remaining visible and viable is entirely dependent upon you. Attending fundraising events comes with a price of financial and human capital. The CAL-PT-PAC relies upon your continued financial investment as well as your active participation and engagement in the local grassroots efforts. In order for CPTA to remain viable and in a position of strength, every member of our Association must recognize the importance of participation in the whole process.

In a year when we are not actively sponsoring legislation it is easy to become complacent. For the past ten years we have come to Sacramento with some big ASKS in an effort to advance our profession and better meet the needs of the consumers in California. During that time we have urged legislative friends to expend their political capital in an effort to support our primary goal of achieving consumer direct access to physical therapist services or to prevent infringement on our scope of practice. If you look at the score board our successes have outnumbered our failures. In some cases, we have prevailed legislatively where other organizations and professions have gone home empty handed due to their inability to effectively engage with the process, accurately palpate the pulse of the legislature, and adjust their position or request when needed. We only need to look to our friends within the chiropractic profession to witness the damaging and potentially lasting effects of being on the wrong side of an important policy debate or issue of public health which we see with Senate Bill 277 (Pan) Public Health: Vaccinations, that was recently signed into law by Governor Brown on June 30, 2015.

Physical therapist members and your CPTA leadership are continually recognized for exercising sound judgement, providing a clear and consistent message and practical solutions to challenging issues that remain in serving the healthcare needs of every Californian. It is



CSU Students with Assemblymember Patterson's Legislative Director

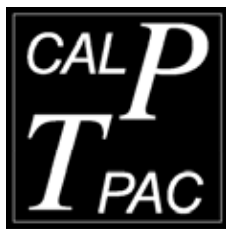
because of this reputation that within the Capitol our credibility remains stronger than ever and we are seen as the primary voice of the profession.

Despite recent changes in term limits, institutional atrophy remains an ongoing issue that we cannot afford to ignore. During these seemingly quiet sessions it is important for us to take the time to reengage with old friends and develop relationships with our new found legislative friends. It is also a time to practice our skills, refine our message, and share our time and expertise locally. When was the last time that you asked your representative, "How can I help you?" All too often they are faced with the contrary, "What have you done for me lately?" What might the impact of that simple message be?

In September, CPTA will travel back to Pasadena for its Annual Conference. Attendees of the second annual Grassroots Advocacy Forum will be provided with tips to develop and maintain lasting

relationships as well as advice to be an effective and successful advocate for our profession at the grassroots level. If that is not enough, the CAL-PT-PAC will be hosting its annual CAL-PT-PAC Dinner on September 26. Plan to join us, bring a colleague or sponsor a student. Please purchase your tickets early as this event is projected to sell out quickly. The CAL-PT-PAC Student Cub Challenge is also in full swing. Students, remember that contributions will be counted up to September 26. Place your school in the running and win five complimentary tickets to the Annual CAL-PT-PAC Dinner.

As the Chair of the CAL-PT-PAC, I personally thank you for your service, advocacy and commitment to our profession and the patients we serve. Please remember that advocacy for the profession is everyone's responsibility. Contribute today and invest long-term in our profession's future. ■



CAL-PT-PAC Contribution Form

I would like to make the following contribution:

☐ \$1,000 (Grizzly) ☐ \$500-\$999 (2600 Club) ☐ \$100-\$499 (Investor) ☐ Other (\$_____)

☐ I am paying by Personal Check (Enclosed) *Payable to CAL-PT-PAC

☐ I am paying by Credit Card: ☐ Visa ☐ MC ☐ DISC ☐ AMEX

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When making a credit card contribution of \$100 or more you have the option of breaking it up into equal payments within the calendar year. Please circle the months you would like to be charged before 12/31/15.

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Are you a member of the CPTA? Yes _____ No _____ District: _____

Occupation: PT _____ PTA _____ PT Student _____ Other _____

Your support is appreciated. Your financial contribution will make a difference in the political fight to meet the needs of physical therapy professionals in California.

*** Contributions are not deductible as charitable contributions for Federal Income Tax purposes***

Annual contributions will be renewed January of each year

CAL-PT-FUND

The CAL-PT-FUND, Supporting Evidence-based Research in California

The highest priority of the California Physical Therapy Fund (CAL-PT-FUND) is to provide research grants to CPTA members to advance evidence-based practice and to build a cadre of practitioner scholars within the state of California. The CAL-PT-FUND annually awards up to \$10,000 in grant funding for relevant research that will continue to build our body of knowledge. There are currently two active research projects funded by CAL-PT-FUND:

Susan Sigward, PT, PhD, ATC—*Does Early Gait Training Improve Lower Extremity Sagittal Plane Loading Following Anterior Cruciate Ligament Reconstruction?*

Jo Armour Smith, PT, PhD, OCS—*Do Changes in Primary Motor Cortex Representation Underlie Impairments in Anticipatory Postural Adjustments in Older Adults with a History of Falls?*

In addition to granting funds for current research endeavors, the CAL-PT-FUND strives to do more for physical therapists in

California. In conjunction with the CPTA, the CAL-PT-FUND sponsors the Annual Research Symposium, the objective of which is to bring outstanding evidence-based research, knowledge, and science to clinicians. The Third Annual Research Symposium, “Retraining Movement Dysfunction — Translating Current Science to Practice” will be held December 5-6, 2015 at UCSF, Mission Bay Campus.

Don’t forget to help the CAL-PT-FUND celebrate physical therapy research in California by raising a glass at the Annual Barrels & Brews, September 26, 2015 in Pasadena.

For more information about the CAL-PT-FUND, contact Kristy Murchison at kmurchison@ccapta.org.

Thank you to all of this year’s Fund Contributors! Every dollar earned helps bring us one step closer to innovative research that will impact the practice of physical therapy. Your support is greatly appreciated! ■

CAL-PT-FUND

Founders of the FUND

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Celebrating Physical Therapy Research

PT Delegates

2015 House of Delegates

Thomas DeFranco, PT, Chief Delegate

The 2015 House of Delegates (HOD) meeting convened in National Harbor, MD this past June. California physical therapists and physical therapist assistants were represented by 35 delegates and 4 alternate delegates. Our two representatives to the PTA Caucus and three California PT students also joined the delegation. Twenty-three motions were on the agenda. Fourteen motions were adopted, two were withdrawn and one postponed indefinitely.

The HOD considered many APTA bylaw motions in 2015 since bylaws are heard in years ending in 0 and 5. The following bylaw motions were considered:

- Allow section delegates to vote in the HOD
- Allow Life Members to serve as chapter delegates
- Change the Board of Director tenures to a one-time/ four-year term
- Change the qualifications for Executive Committee positions

- Allow PTAs a full chapter or section vote, to serve as chapter delegates and to serve as director for the APTA

Only one of the seven bylaw motions was adopted. APTA bylaws now state that PTAs can have a full vote at the chapter or section level, if allowed by the chapter or section.

The HOD also adopted three motions which consolidated and improved the language from 20 existing HOD positions, which are now all rescinded.

- Delivery of Value-Based Physical Therapist Services
- The Association's Role in Advocacy for Prevention, Wellness, Fitness, and Health Promotion, and for Management of Disease and Disability
- Physical Therapist's Role in Prevention, Wellness, Fitness, Health Promotion, and Management of Disease and Disability

(continued on page 20)



PT Delegates

2015 House of Delegates

(continued from page 19)

Furthermore, the HOD adopted positions for:

- Health Priorities for Populations and Individuals
- The Role of the Physical Therapist in Diet and Nutrition
- Management of The Movement System
- Designation of Individuals with Intellectual and Developmental Disabilities as a Medically Underserved Population
- Identification of Physical Therapists by Professional Title

Lastly, the HOD charged APTA to:

- Explore The Roles of Physical Therapists in Primary Care Teams
- Pursue Collaboration to Address Childhood and Adult Obesity
- Promote Incorporation of Standardized Physical Therapist Patient/Client Management Elements in Electronic Health

As you can tell from the strategic and significant issues considered this year, the House of Delegates continues to move the profession to achieve our vision; **Transforming Society by Optimizing Movement to Improve the Human Experience.**

Following the HOD this year was the PT Capitol Hill Event. A majority of the California delegates made the commitment to attend this event, visiting their Senators and House of Representatives in Washington D.C. to advocate for legislation affecting society and the profession.

Please join me in extending a sincere thanks to the delegates from California! These dedicated individuals work tirelessly for the profession and deserve our heartfelt gratitude. Your 2015 California delegates are: Annie Burke-Doe, Daniel Drummer, Sharon Gorman, Carla Griffith, Sean Johnson, Anjum Khan, Kelley Kubota, Dennis Langton, Cornelia Lieb-Lundell, Lorraine Macnaughton, Michelle McCarthy, Denese Montano, Jane Okubo, Amy Pomrantz, Christopher Powers, Kelly Prescher, Christopher Reed, Cheryl Resnik, Michael Simpson, Winkie Sonnefield, Dennis Spillane, James Syms, Kathy Zach, Amy Flinn, Sheryl Low, Rosalia Arellano, Arlene McCarthy, Paul Smith, Erin Hayden, JamesBuenaventura, Terry Nordstrom, Nancy Byl, Oscar Gallardo, Matt Debole, Chukwuemeka Nwigwe, Valerie Teglia, Rick Katz and Robert Williams. Your 2015 PTA representatives are John Linberger and James Pacini, and California student delegates are Charlotte Anderson, Kyle Baxter and Kimberly Harter. ■

Call for Candidates for Chapter Delegate Slate

Candidates are needed for Chapter Delegates/Alternates to the 2016 and 2017 APTA House of Delegates. The 2016 HOD will be held June 5–8 in Nashville, Tennessee.

Candidate for Chapter Delegate are expected to make a commitment of two years and to attend each of the House meetings as well as the delegation meeting held in advance of each House. Interested members must be an APTA member in good standing and have made timely payments (i.e. payments made on or before the due date) for two years immediately preceding the 2016 House of Delegates and must currently be a physical therapist member of the California Physical Therapy Association.

Please email Lisa Ruport at Lruport@ccapta.org by September 14, 2015 if you would be like to be placed on the slate. ■



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2015 PTA Caucus Meeting

John Linberger, PTA Caucus Representative

The 2015 PTA Caucus annual business meeting was held on May 30-31 in National Harbor, Maryland.

Amy Smith was re-elected as Chief Delegate. Chris Garland was elected as Alternate Delegate and Christina Wilson was elected to the Nominating Committee.

An APTA Update was provided by Carolyn Oddo, Board of Directors and PTA liaison, regarding the new APTA Vision. All of APTA's initiatives are grouped into three buckets that reflect the vision: Transforming the Profession, Transforming the Association or Transforming Society. Michael Bowers, CEO, reinforced the idea that all APTA initiatives fall into one of these three categories. He also emphasized how PTAs will be integrated into the association as a whole with various staff involved. Bonnie Polvinale, APTA staff, provided an update on the Advanced Proficiency Pathway (APP).

Geriatrics is the only current track available. Two PTAs are taking part in the pilot group. APP is a five year program. An orthopaedic track for APP is under development.

RC-3, a national bylaw change, was passed by the House of Delegates. This change allows individual chapters of the APTA to change their bylaws and provide a full vote for PTA members of that chapter.

RC-4 and RC-7 did not pass in the House. RC-4 would have afforded PTAs the opportunity to serve as chapter Delegates. RC-7 would have allowed PTAs to run for a director position on APTA's Board of Directors.

I would like to thank Jimmy Pacini, California PTA Caucus Alternate Delegate, and the entire California Delegation for the continued support and service to the profession and the professional association in preparing for the House of Delegates. ■



UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES

The University of St. Augustine for Health Sciences Flexible DPT Program in San Marcos, CA is accepting applications for part time adjunct faculty members. The University of St. Augustine is a proprietary institution with an emphasis on excellence in clinical teaching of physical and occupational therapists. The physical therapy program, utilizing an innovative educational model, is the largest in the U.S. The DPT curriculum is offered in a full-time 7-term residency or a part-time 12-term online-residency format. Adjunct faculty members are employed to provide specific courses on an as-needed basis. Contracts for adjunct faculty members are issued on a semester/term basis. Adjunct Instructors hold the responsibility for the management of courses taught. Adjunct instructors are also expected to be available for a reasonable amount of time for each course taught to counsel students regarding course work.

Current needs include online instructors for Cardio-pulmonary, Cardiac and Pulmonary Physical Therapy; Physiology; and Prosthetics.

Qualifications/Expertise

- Collegiate teaching experience preferred
- Terminal doctoral degree preferred (eg. PhD, EdD, DHS)
- Certified Clinical specialist preferred
- DPT, tDPT, advanced certification, advanced degrees preferred
- Eligible for California Physical Therapy Licensure
- Strong professional values with a minimum of 5 years clinical experience
- Excellent communication skills and ability to work in a collaborative team setting

The University of St. Augustine is a graduate institution that emphasizes health science education. Our mission is the professional development of health care providers through innovative and individualized education. For further information about the University of St. Augustine, please log on to www.usa.edu

PT Delegates

Student Perspectives of the House of Delegates

“Ever since being introduced to the APTA student liaison position I’ve seen exponential growth in my participation in and understanding of the governance of our profession. The latest of these rewarding experiences was an invitation to the APTA House of Delegates (HOD) in which I served as a CPTA student delegate. The trip was an opportunity to experience a side of the profession that few physical therapists know about and even less participate in. The HOD was a clear indication of how an individual has the power and influence to help shape and mold this field as it moves forward. I had the good fortune of meeting dozens of individuals who were quick to offer up advice and guidance, as they all seemed to appreciate the importance of student involvement. While an incredible trip altogether, my favorite part was listening to the passionate, yet respectful debates that took place between states. I was continually amazed at how each motion was interpreted so differently on a state to state basis, yet presented on both sides through valid and pertinent arguments. Ultimately, the HOD provided me a deeper understanding and appreciation for APTA and the individuals who devote their time and effort into advancing our profession. Upon returning to school in the fall, I hope to use the knowledge gained from my HOD experience to spur an increase in student involvement from my fellow classmates. The HOD was a remarkable trip and it would be remiss of me to keep such insight to myself!”

Kyle Baxter, SPT
Fresno State University

“My first HOD experience was both inspiring and humbling, to say the least. As students, we can become so focused on our education and how to clinically apply what we’ve learned, that we overlook the bigger picture, what is our role in advancing the physical therapy profession in society? Until I was involved in CPTA this had never crossed my mind. I didn’t truly grasp the magnitude of effort that PTs and PTAs expend advocating, organizing, and leading our profession until I arrived at the HOD. The hundreds of delegates who volunteer their time demonstrated the clear need for leadership to direct the future of our profession. We can make a difference in how we practice physical therapy, how our profession is viewed by society, and so much more. Following the HOD, I participated in PT Day on Capitol Hill, which further increased my knowledge of the importance of the government’s role in our profession. Thousands of students and professionals from across the country hit the Capitol building, asking our legislature for co-sponsorship of four bills that we feel will benefit our profession, patients and society as a whole. These events were such amazing learning opportunities as well as inspiring. The overwhelming amount of support and mentorship I

experienced over those few days motivates me to be the best student professional I can be and to stay involved in CPTA.” Paul Rockar said it best, “Advocacy is not optional. It is your professional responsibility. You must tell our story!”

Kimberly Harter, SPT
San Diego State University



From left to right:
**Kimberly Harter, Kyle
Baxter, and Charlotte
Anderson**

“Participating in HOD has been a pivotal experience for my career development. The reflective debate over policies revealed a new dimension through which PTs can advocate for their patients. The diverse community of therapists that filled the ballroom portrayed a level of superlative passion and dedication that absolutely floored me. Simultaneously, this group was not simply about business—the spirit of camaraderie during Steve Levine’s memorial reminded me that these mavericks care not only about their work and their patients but also about each other. As if that was not enough, they always had time for fun and a pint, even after long days of deliberation. In short, the House of Delegates embodied everything I aspire to be as a professional and I am humbled by the example it set. In particular, I am grateful for the California delegation and the mentorship they provided in just a short week, through conversations and through including me in caucus proceedings. I even had a chance to speak in front of the House! Now with a taste of what leadership in health policy is like, I look forward to giving back to this inspiring community.”

Charlotte Anderson, SPT
University of California,
San Francisco/San Francisco
State University

CPTA ANNUAL CONFERENCE

September 26-27
Pasadena Convention Center **2015**

Education for a Lifetime

Attend the 2015 CPTA Annual Conference with more than 1,000 fellow physical therapists and physical therapist assistants who will come to Pasadena this year to exchange best practices and establish new strategies that will help elevate our profession.

2015 Conference Events

- Earn up to 14 contact hours
- Two keynote presentations by industry experts
- 2015 research posters
- 2015 Presidential Address
- 2015 Awards Ceremony
- Meet the 2016 candidates
- Professional networking opportunities
- Special Interest Group meetings
- PT industry leading 100 booth exhibit hall
- CAL-PT-FUND Beer & Wine Garden
- CAL-PT-PAC Dinner



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Registration deadline is September 13, 2015

Continuing Education

CPTA Continuing Education Courses

Register for all of these courses at www.ccapta.org.

Credentialed Clinical Instructor Program (CCIP)

November 7-8, 2015
San Diego Mesa College, San Diego, CA

This program is recognized by the American Physical Therapy Association (APTA) as a Clinical Instructor (CI) Education and Credentialing Program. The program was developed through a grant funded by APTA. The program addresses issues of planning and preparing for students from the health care disciplines during their clinical education experiences and developing learning experiences and supporting ongoing learning through questioning and effective feedback. Skills of evaluation are discussed, as well as the identification and management of students with exceptional situations. The program closes with a brief look at legal implications for clinical educators, including issues presented by ADA legislation.

What Every PT Needs to Know About Nutrition

November 7, 2015
San Diego Mesa College, San Diego

This workshop will review the PT's role in nutritional health for your patients and athletes. Long Wang, MD, PhD, RDN from CSU Long Beach will review the Nutrition Care Model (NCP) nutritional screening and the differences in adult and pediatric malnutrition. Do you know when to make a referral? Dr. Wang will introduce you to the standard operating procedure of registered dietitians/nutritionists and review current research about services rendered by RD/RDN. What do you need to know about foods and inflammation, free radicals, and antioxidants? Join us to get insight into issues facing your patients and clients.

CSCS Exam Preparation

November 14-15, 2015
Saddleback Memorial Medical Center, Laguna Hills, CA

This two-day workshop will serve as a final preparation for those who choose to take the CSCS certification exam. Anyone with a BS/BA or DC obtained from an accredited institution is eligible to take both

sections of the CSCS exam. The CSCS exam is a computer-based exam that can be taken at more than 150 sites across the United States and is offered in most major cities throughout the country. You can view CSCS test sites, register, and order review materials at <http://www.nasca.com/Certification/CSCS>. Prior to taking this CSCS workshop and sitting for the CSCS exam, it is strongly recommended that participants spend 1-3 months preparing for the CSCS exam by studying the 22 chapters in "Essentials of Strength Training and Conditioning" textbook (4th Edition, Baechle and Earle, Human Kinetics, 2015 – **note:** this is scheduled to be released Nov 2015). The PowerPoint presentations given in this workshop will provide a good overview and summary of each chapter. Because this workshop is geared primarily towards physical therapists, a few of the 22 chapters in the textbook within the expertise of most physical therapists (e.g., rehabilitation, anatomy, stretching, warm-up, etc.) will not be covered in this workshop so more time can be spent on topics and content that most physical therapists are not as educated on. Even those who are not interested in being CSCS certified and sitting for the CSCS exam can benefit from this workshop by enhancing their understanding of strength and conditioning principles and how to more effectively apply these principles to their patients/clients.

CAL-PT-FUND Research Symposium: Retraining Movement Dysfunction — Translating Current Science to Practice

December 5-6, 2015
Genentech Hall, UCSF Mission Bay Campus,
San Francisco, CA

This two-day, research based course is perfect for the orthopedic or neuro therapist. Various presentations include:

- Review of the benefits of exercise, learning, nutrition, and lifestyle on healthy movement
- Pain and Sensory Dysfunction: The challenge of managing movement dysfunction associated with chronic neuromusculoskeletal, neurophysiologic and cancer related pain
- Parkinson's Disease: Can exercise counter inflammation and abnormal voluntary and involuntary movement to

improve motor control, motor learning and delay disease progression?

- Positive neurophysiological effects of moderate and intense exercise on recovery of mobility, motor control and prevention of progression of PD
- Does physical therapy differ for patients with mechanical cervical neck problems compared to patients with cervical dystonia? What is the evidence?

- Debate on musculoskeletal injuries to the lower limb (mechanical versus neurological problem solving to restore normal movement)
- Multiple Sclerosis: New insights relative to etiology and treatment of progressive movement dysfunction in MS
- Current concepts on recovery of motor function post CVA ■

Therapeutic Neuroscience Education: Teaching Patients about Pain

Course Dates: October 31, 8:00 a.m.–6:00 p.m. and November 1, 8:00 a.m.–4:00 p.m.

Course Location: Memorial Health System, 9920 Talbert Ave, Fountain Valley, CA 92708

Instructor: Louie Puentadura PT, DPT, PhD, OCS, GDMT, CSMT

Groups for which course is planned: PT, PTA, Students, OT, COTA, PA, MD, RN, ARNP, DPM, GP

Level of Instruction: Basic

Registration Fees: \$475 PT, PTA \$237.50 student

How to Register: Call 866-235-4289 or visit www.ispinstitute.com

This class is designed to update attendees on the latest evidence and clinical application of therapeutic neuroscience education (TNE) for patients in pain.

Current best evidence has shown that educational strategies utilizing neurobiology and neurophysiology are able to reduce pain, increase function, reduce fear, improve movement and change brain activation during pain experiences. TNE changes patient beliefs regarding their pain, thus reducing the threat of pain.

This class will discuss the evolution of TNE, why it is needed in patient care and the clinical application of TNE for patients

with acute, sub-acute and chronic pain. Special features include various metaphors, images, examples and case studies explaining neuroscience to patients. In addition, the class will cover clinical issues such as compliance, pacing exercise and activity, incorporation of TNE with traditional movement based therapy, billing and insurance reimbursement concerns and delivering TNE in busy clinical environments.

This class is a must for all professionals dealing with patients in pain.

Louie Puentadura PT, DPT, PhD, OCS, GDMT, CSMT received his physical therapy degree and completed a Graduate Diploma in Manipulative Therapy in Melbourne, Australia. He has been involved in orthopedic manual therapy for over 33 years and has lectured and presented seminars on the various approaches to manipulative therapy. He is currently an Associate Professor at the University of Nevada Las Vegas entry-level DPT program. He completed his post-professional DPT at Northern Arizona University. In addition, he earned a Ph.D. in Physical Therapy from Nova Southeastern University in Fort Lauderdale, Florida. He is a board certified specialist in orthopedic physical therapy, a Fellow of the American Academy of Orthopedic Manual Physical Therapists and is an ISPI Certified Spinal Manual Therapist. Louie has been published extensively regarding research on spinal manipulation as well as on neuroscience education.

15.0 contact hours or 1.5 CEUs

Down to Business

CPTA Governance Review

Thomas DeFranco, PT, Chairperson, Organizational Review Task Force

In 2012, inspired by the Governance Review activities of APTA, CPTA formed the Organization Review Task Force. This task force was charged to review the entire organizational structure of the CPTA, identify barriers and opportunities and make recommendations as needed to best meet the needs of the organization and its members. After two years of reviewing core documents, conducting and analyzing member surveys and receiving member/leadership input at the Organization Review Summit and the Assembly of Representatives, the Task Force made three initial recommendations to help reduce the identified burdens/barriers for the CPTA, Districts and SIGS to operate efficiently and effectively:

1. District and SIG controlled finances, but centralized and managed by CPTA
2. Centralize/Standardize all of the District Bylaws at the CPTA level
3. Eliminate District Treasurer position due to elimination of financial management by Districts

With overwhelming support from the leadership, representatives and members for the positive potential of these recommendations, the Task Force developed and the CPTA Board adopted Chapter Board Procedure: The District Rules of Governance. This procedure replaces and standardizes all of the District's Bylaws and incorporates all of the Task Force recommendations. In addition, CPTA is sponsoring related motions for consideration at the 2015 CPTA Assembly of Representatives. The new procedure and proposed motions lay the foundation to successfully implement the above recommendations while paving the way for future growth and opportunities in the CPTA.

If members have any questions or need clarification, do not hesitate to contact the CPTA.

District Rules of Governance

1. Name and Territorial Jurisdiction

A. Name

The name of this organization shall be the _____, (hereinafter referred to as District) of the California Physical Therapy Association (hereinafter referred to as CPTA or Chapter), a Chapter of the American Physical Therapy Association (hereinafter referred to as Association).

B. Territorial Jurisdiction

The territorial jurisdiction of this District shall be: _____

2. Functions

The functions of the District shall be: to partner with CPTA in the accomplishment of the Chapter's functions; to provide an opportunity for the membership to participate in Chapter and Association activities at a local level; to represent the District membership to the Chapter.

3. Membership

A. Classes and qualifications of members

The membership of the District shall consist of those members assigned by the CPTA.

B. Rights of Members

The rights of District members shall parallel the rights of CPTA members as they apply to the District.

C. Good Standing

A District member shall be in good standing in the District if he or she is in good standing in the CPTA.

4. Leadership

A. District Executive Committee

The officers of the District shall be Chair Person, Vice Chairperson, Secretary, and Chief Representative who shall constitute the District Executive Committee. Additional members may be appointed to the Executive Committee provided the number of elected members exceeds the number of appointed members.

B. Qualifications

Physical Therapist, Retired Physical Therapist, Life Physical Therapist members and (with the exception of the offices of Chairperson and Chief Representative or those that might assume the office of Chairperson) Physical Therapist Assistant, Retired Physical Therapist Assistant and Life Physical Therapist Assistant

members of the District at the time of being placed on the election ballot and on the date of taking office shall be eligible for election or appointment. Elected officers must be willing to fulfill duties of said office.

C. Term

1. District officers shall be elected for staggered two-year terms.
2. No member of the District Executive Committee shall serve for more than two full consecutive terms in the same office.
3. Terms of office begin January 1 following election.

D. Vacancies

If the Chairperson dies, resigns, is removed, or becomes disqualified before the expiration of the term for which he or she was elected, the Vice Chairperson shall succeed to the office vacated for the unexpired portion of the term. The office of Vice Chairperson shall then be declared vacant. Vacancies created by the death, resignation, removal or disqualification of any elected officials other than Chairperson shall be filled by appointment from the District Chair, with approval of the District Executive Committee, until the next election for that office.

E. Job Descriptions

1. The Chair shall:
 - a. Preside at all District meetings;
 - b. Serve as first Assembly Representative for the District;
 - c. Establish District Committees and Task Forces, and appoint Committee and Task Force chairs and members as necessary, with approval of the District Executive Committee;
 - d. Appoint individuals, with approval of the District Executive Committee, to fill vacant District office and committee positions as needed;
 - e. Prepare and submit District reports to the CPTA Board and Assembly as requested;
 - f. Ensure a smooth knowledge transition to the next elected Chair.
2. The Vice Chair shall:
 - a. Assume the Duties of the Chair if he or she is unable to fill his or her position;
 - b. Coordinate the location of District meetings and communicate District meeting details to the CPTA office;
 - c. Notify members of District meetings and events.
 - d. Ensure a smooth knowledge transition to the next elected Vice Chair.
3. The Secretary shall:
 - a. Take and submit to the Chapter office the minutes and/or meeting summary of all District business and Executive Committee meetings;
 - b. Keep an accurate record of meeting and educational program attendance. This may be in the form of a sign in/out sheet;
 - c. Submit an annual budget, prepared by the District Executive Committee, in accordance with CPTA policies;
 - d. Sign off on expenditures prior to submitting to CPTA for reimbursement.
 - e. Ensure a smooth knowledge transition to the next elected Secretary.
4. The Chief Representative shall:
 - a. Assure the registration of each Assembly Representative and attendance at the annual Chapter Assembly of Representatives meeting.
 - b. Inform all Assembly Representatives of the issues coming before the Chapter Assembly of Representatives.
 - c. Report to the District prior to the annual Assembly of Representatives to provide for District input on upcoming business of the Assembly and after the annual Assembly of Representatives meeting to inform the District of actions taken.

5. Delegate to the Association House of Delegates

- A. The District shall elect a Chapter Delegate to the Association House of Delegates that is a current District member and meets the requirements specified in the Association and Chapter bylaws and in accordance to Assembly Procedure 1.
- B. The District-Elected Chapter Delegate shall serve a term of two years, commencing on January 1 following election.
- C. The District-Elected Chapter Delegate will be subject to ratification by the California Assembly of Representatives.
- D. If the District-Elected Chapter Delegate is unable to attend a session of the House of Delegates, the member will be replaced for that session by an elected alternate from the Chapter's rank order list.

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Down to Business

CPTA Governance Review

(continued from page 27)

- E. A vacancy created by the death, resignation, removal, or disqualification of the District-Elected Chapter Delegate shall be filled by appointment from the District Chair, with approval of the District Executive Committee, until the next election for that office. These individuals will be subject to ratification by the California Assembly of Representatives. If the vacancy occurs after ratification of the Delegation, the position will be filled for that session by an elected alternate from the Chapter's rank order list.

6. Representation to CPTA Assembly of Representatives

- A. Each District shall elect a Chief Representative for its initial 8-50 Physical Therapist, Life Physical Therapist and Retired Physical Therapist members after which it shall be entitled to elect another Representative for each additional 50 Physical Therapist, Life Physical Therapist and Retired Physical Therapist members, or major fraction thereof. Any District that would be entitled to fewer than two Representatives according to the previous sentence shall be allowed two Representatives. Each Physical Therapist member Representative shall have one vote. In addition each District shall be entitled to elect a Physical Therapist Assistant member Representative for its initial 16-100 Physical Therapist Assistant, Life Physical Therapist Assistant and Retired Physical Therapist Assistant members, after which it shall be entitled to elect another Physical Therapist Assistant member Representative for each additional 100 Physical Therapist Assistant, Life Physical Therapist Assistant and Retired Physical Therapist Assistant members or a major fraction thereof. Each Physical Therapist Assistant member Representative shall have one vote. The number of Physical Therapist Assistant member Representatives from a District shall not exceed the number of Physical Therapist member Representatives to which that District is entitled with a proviso that this take effect January 1, 2011.
- B. Only Physical Therapist members in good standing may serve as Physical Therapist member Representatives. Only Physical Therapist Assistant members in good standing may serve as Physical Therapist Assistant member Representatives.
- C. Election and Term of Representatives
 - 1. Representatives shall serve staggered two-year terms.
 - 2. The Chief Representative shall be elected as a District officer in the same manner as other officers.
 - 3. The District Chairperson shall serve as first Assembly Representative for the District.
 - 4. Other Representatives as may be needed shall be elected by the District membership in conjunction with the election of District officers.
 - 5. Elections for other Representatives shall be by plurality, providing for filling of positions by rank order for:
 - a) Representatives for a two-year term;
 - b) Representatives for a one-year period to establish or maintain the staggered term system as closely as possible; and
 - c) Alternates to replace Representatives unable to attend an Assembly of Representatives session or to complete terms of Representatives who die, resign, are removed, or become disqualified before expiration of their terms.
 - 6. When the District's elected Representatives and Alternates Representatives are not able to attend a meeting of the Assembly of Representatives, or if there are vacancies in the allocated number of Representatives for a District, the vacant positions may be filled by appointment from the District Chair, with approval from the District Executive Committee. Representatives appointed to fill these vacancies will serve only for the forthcoming meeting of the Assembly of Representatives.
 - 7. A Representative who does not attend a designated District meeting at which issues of the Assembly of Representatives are to be discussed or who does not attend a session of the Assembly of Representatives, may be replaced for the remaining portion of the term by an elected alternate from the rank order list or by appointment from the District chair, with approval of the District Executive Committee, if there are no such elected alternates remaining on the rank order list.
 - 8. The number of District Representatives to be elected as District or alternate representatives is based upon apportionment and the number completing their terms at the end of the year during which the election is held. This number will be provided by the Chapter office.
- D. The District Chair, with approval of the Executive Committee, shall appoint a Student Physical Therapist member or Student Physical Therapist Assistant member Representative from each accredited physical therapist or physical therapist assistant education program, or from each education program having candidate for accreditation status, located within the geographical boundaries of the District. These Representatives shall be selected to serve for one year.
- E. In addition to meeting the requirements of the CPTA bylaws, Article 7, Section 6, representatives shall:
 - 1. Be responsible for preparing for the Assembly, including but not limited to participating in Pre-Assembly conference calls.
 - 2. Be knowledgeable of American Physical Therapy Association and California Physical Therapy Association Bylaws.
 - 3. Participate in at least one legislative advocacy activity per year.

7. Committees and Task Forces

- A. Nominating Committee
 - 1. The Nominating Committee shall consist of three District members who shall be elected by the District membership.
 - 2. One member shall be elected each year for a three-year term. The senior member shall chair the committee. The newly elected member shall take office on January 1 following election.
 - 3. The Nominating Committee shall:

- a. Prepare a list of nominees for each office from those consenting to serve, attempting to secure at least two candidates for each open position.
 - b. Promote Association, Chapter, and District leadership opportunities and professional development activities to the District.
 - c. Communicate with the Chapter Nominating Committee on a regular basis.
- B. Committees and Task Forces of the District
- 1. District Committees and Task Forces shall be created by the Chair as are deemed necessary and with the approval of the District Executive Committee.
 - 2. The length of appointment, size, and composition of the committee shall be appropriate to the task of the committee as determined by the Chair.
 - 3. Vacancies created by the death, resignation, removal or disqualification of any District committee or task force member shall be filled by appointment from the District Chair, with approval of the District Executive Committee, for the remainder of the term.

8. Elections

- A. Election of officers, members of the Nominating Committee, and Representatives is held during the latter part of the year and is conducted in time to allow completion of the election and approval by the Chapter Board prior to December 1.
- B. Elections may be held by mail or electronic ballot, or at a District Business Meeting.
- C. Elections shall be determined by plurality.
- D. In the event of a tie for the greatest number of votes, the tie shall be broken by drawing of lots conducted by the Nominating Committee.
- E. Elections shall be held in accordance with the election procedures outlined in Chapter Board Procedure 8.
- F. Results of the election shall be reported to the District membership.
- G. In odd-numbered years, Districts GG, GL, IC, LB, NE, OC shall elect:
- 1. Chairperson
 - 2. Vice Chair
 - 3. Nominating Committee Member
 - 4. District representatives to the Chapter Assembly of Representatives
- H. In even-numbered years, Districts GG, GL, IC, LB, NE, and OC shall elect:
- 1. Secretary
 - 2. Chief Representative
 - 3. District-Elected Delegate to the Association House of Delegates
 - 4. Nominating Committee Member
 - 5. District representatives to the Chapter Assembly of Representatives
- I. In odd-numbered years, Districts RE, SD, SG, SV, SJ, and TR shall elect:
- 1. Secretary
 - 2. Chief Representative
 - 3. District-Elected Delegate to the Association House of Delegates.
 - 4. Nominating Committee Member
 - 5. District representatives to the Chapter Assembly of Representatives
- J. In even-numbered years, Districts RE, SD, SG, SV, SJ, and TR shall elect:
- 1. Chairperson
 - 2. Vice Chair
 - 3. Nominating Committee Member
 - 4. District representatives to the Chapter Assembly of Representatives

9. Reports

A written annual report to include a financial report is to be prepared for the membership. This report and any other reports requested will be submitted to the CPTA Board.

10. Meetings and Quorum

- A. The District shall hold at least one business meeting annually.
- B. A quorum shall consist of one more than two times the number of members of the District Executive Committee.

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Down to Business

CPTA Governance Review

(continued from page 29)

11. Funds and Finance

- A. The fiscal year will be January 1 through December 31.
- B. An annual budget will be developed by the District Executive Committee for submission to the Chapter Board by December 31 of the previous year.
- C. Financial management of the District will be consistent with the Chapter.
- D. The District shall have no dues and shall levy no assessments.

12. Dissolution

- A. The District may petition the CPTA Board to be dissolved upon the affirmative vote of two-thirds of the voting members present at a regular or special meeting of the District provided that a quorum is present and notice of the motion to dissolve has been mailed to all members at least thirty days prior to the meeting.
- B. The District may be dissolved by the CPTA as provided in CPTA Bylaws.
- C. Upon dissolution of this District, all property and records of the District shall be disposed of in accordance with provisions of the CPTA Bylaws.

13. Ethics and Discipline

The ethical standards of the Association as defined in its Code of Ethics and Guide for Professional Conduct for the physical therapist and the Guide for Conduct of the Physical Therapist Assistant Member shall be the ethical standards of the District and will be binding on the membership. Complaints to the effect that a member has violated the ethical standards of the Association shall be made in writing either to the CPTA Board or to the Judicial Committee of the Association.

14. Parliamentary Authority

Robert's Rules of Order, Newly Revised shall be the authority for any procedure not specifically covered in the District Rules of Governance.

15. Amendments

- A. Proposed changes to the District Rules of Governance require a simple majority vote by the members present at a business meeting of the District.
- B. Upon passing, proposed changes must be sent to the CPTA Board for approval before taking effect.
- C. Any changes approved by the CPTA Board will include an adoption date.
- D. Approved changes to the District Rules of Governance will apply to all Districts. ■

Preserving the Profession of Physical Therapy

(continued from page 1)

a Center of Excellence dedicated to advancing health services and health policy research capacity in physical therapy.

Similar to any professional organization, CPTA relies heavily on membership dues to carry out its strategic goals and initiatives to preserve and advance our profession. This has proven to be problematic as only 27% of physical therapists and physical therapist assistants in California choose to join CPTA. While many of our ongoing activities such as our public relations campaign are funded through membership dues, our legislative and research efforts are supported by the efforts of the CAL-PT-PAC and the CAL-PT-FUND respectively. However, both the CAL-PT-FUND and the CAL-PT-PAC rely on donations beyond that of membership dues to carry out their strategic goals and initiatives.

The high cost of membership is the most common reason given by those who choose not to join CPTA. Currently, there are approximately 27,000 PTs and PTAs in California. If every licensed

PT and PTA were to give just \$5 to the CAL-PT-PAC and to the CAL-PT-FUND, \$135,000 would be provided annually for each entity. This amount would surpass the annual contributions currently made by relatively few individuals. While the price of achieving professionalism has been high, the price to preserve our status as a profession would be very minimal, if members and non-members alike, were to contribute just a little. Imagine what could be achieved if everyone gave \$20 to the CAL-PT-PAC and the CAL-PT-FUND!

In reality, a little can go a long way. I would like to think that every physical therapist and physical therapist assistant in California has a vested interest in their professional livelihood. Wouldn't you like to play a part in ensuring your profession is around for another 50 years? ■

1. "Profession." Wikipedia: The Free Encyclopedia. Wikipedia Foundation. Retrieved 21 July 2015



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Dr. Raymond Butts

DPT, PhD, MSc (Neuro Sci), Cert. SMT, Cert. DN

SMT-1: HVLA Thrust Manipulation (all regions)

Portsmouth, NH .. Aug 29-30	Dallas, TX Dec 11-12
Denver, CO Sep 26-27	Atlanta, GA Jan 8-9
Rome, ITALY Sep 28-29	Phoenix, AZ Feb 12-13
Stamford, CT Oct 3-4	Baton Rouge, LA .. Mar 18-19
Buffalo, NY Oct 23-24	Oakland, CA Apr 23-24
Thousand Oaks, CA Nov 7-8	Milwaukee, WI ... May 14-15
Brescia, ITALY Nov 7-8	New York, NY May 21-22

SMT-2: HVLA Thrust - Cervicothoracic (Advanced)

Las Vegas, NV	October 16-17, 2015
Rome, ITALY	December 17-18, 2015
Atlanta, GA	February 19-20, 2016
Dallas, TX	May 14-15, 2016

SMT-3: HVLA Thrust - Lumbopelvic (Advanced)

Minneapolis, MN	September 19-20, 2015
Dallas, TX	November 13-14, 2015
Rome, ITALY	December 19-20, 2015
Palm Springs, CA	April 29-30, 2016

SMT-4: Certification in Spinal Manipulative Therapy

Atlanta, GA	December 4-5, 2015
Atlanta, GA	December 2-3, 2015

EMT-1: Extremity Manipulative Therapy

Columbia, SC	August 14-15, 2015
Dallas, TX	August 29-30, 2015

DN-1: Cervicothoracic & UE Dry Needling

Portsmouth, NH ... Aug 14-16, 2015	Dallas, TX Nov 6-8, 2015
Columbus, GA Aug 21-23, 2015	Atlanta, GA Dec 11-13, 2015
Richmond, VA Aug 21-23, 2015	Portland, ME Jan 22-24, 2016
Salt Lake City, UT ... Sep 18-20, 2015	Las Vegas, NV Feb 26-28
Charlotte, NC Oct 23-25, 2015	Phoenix, AZ Mar 11-13

DN-2: Lumbopelvic & LE Dry Needling

Baltimore, MD .. Sep 11-13, 2015	Phoenix, AZ Nov 6-8, 2015
Denver, CO Sep 25-27, 2015	Salt Lake City, UT .. Nov 13-15, 2015
Rome, ITALY Oct 2-4, 2015	Charlotte, NC Dec 18-20, 2015
Portsmouth, NH .. Oct 9-11, 2015	Dallas, TX Jan 15-17, 2016
Richmond, VA .. Oct 16-18, 2015	Atlanta, GA Feb 5-7, 2016



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Down to Business

Fall Assembly to Consider Bylaw Amendments

The following are proposed bylaw amendments that will be considered at the Fall Assembly of Representatives meeting, which will be held September 25 at the Pasadena Convention Center in Pasadena. The meeting will be held in conjunction with the 2015 CPTA Annual Conference. This notice of proposed amendments meets the requirement of the CPTA Bylaws, Article XVIII. Amendments, Section 2., Amendment by Assembly of Representatives, which requires that at least 30 days prior to this meeting a copy of the proposed amendment be provided to all Physical Therapist, Retired Physical Therapist, Life Physical Therapist, Physical Therapist Assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant. These motions have been reviewed and approved by APTA and the CPTA Reference Committee.

Proposed by: Northeast District

That the Chapter Bylaws, Article IV. Membership., Section 1. Categories, Qualifications, Rights, and Privileges of Members., C. Physical Therapist Assistant Members., 3. Privileges. be amended by striking the word, “one-half” before the word, “vote” and inserting the words, “the right to” so that the section reads:

A Physical Therapist Assistant member shall have the following membership privileges: ~~the right to vote one-half vote~~; to serve as a Physical Therapist Assistant Representative, subject to provisions of Article VII. Assembly of Representatives; to hold elected District office or position except Chair or Chief Representatives or any position which may succeed to the chair, subject to District bylaws; and to serve on appointed committees, including chair, subject to further qualifications.

Function: 1

Rationale: The 2015 House of Delegates of the American Physical Therapy Association (APTA) changed the bylaws defining the rights and privileges of the Physical Therapist Assistant (PTA) member of the APTA. This change allows chapters within the APTA to provide the PTA a full vote at the Chapter level.

One of the primary reasons former PTA members of the Association state for not renewing their membership is the lack of value in belonging to the Association. This bylaw change is intended to begin the process of inclusion and value of the PTA into the California Chapter of the APTA.

Current Bylaw: Article IV. Membership., Section 1. Categories, Qualifications, Rights, and Privileges of Members., C. Physical Therapist Assistant Members., 3. Privileges., A Physical Therapist Assistant member shall have the following membership privileges: one-half vote; to serve as a Physical Therapist Assistant Representative, subject to provisions of Article VII. Assembly of Representatives; to hold elected District office or position except Chair or Chief Representatives or any position which may succeed to the chair, subject to District bylaws; and to serve on appointed committees, including chair, subject to further qualifications.

Proposed by: Chapter Board

(Note: This is a motion with two conforming amendments—Parts A and B.)

PART A

That the Chapter Bylaws, Article V. Districts., Section 2. Bylaws. be amended by

striking the word, “Bylaws” and inserting the words, “Rules of Governance,” so that the section reads:

“Section 2. Rules of Governance Bylaws.

District Rules of Governance Bylaws in their original form and as amended, shall be approved by the Chapter Board and shall not be in conflict with Chapter and Association Bylaws.”

Current Bylaw: Article V. Districts., Section 2. Bylaws., “District Bylaws in their original form and as amended, shall be approved by the Chapter Board and shall not be in conflict with Chapter and Association Bylaws.”

PART B

That Chapter Bylaws, Article V. Districts., Section 7. Dissolution., B.3. be amended by striking the words, “its own bylaws” and inserting the words, “the District Rules of Governance” so that the section reads:

“The District does not abide by the District Rules of Governance ~~its own bylaws~~.”

Current Bylaw: Article V. Districts., Section 7. Dissolution., B.3., “The District does not abide by its own bylaws.”

Function: 1

Rationale: This motion would align the Chapter Bylaws with the changes contained in the proposed District Rules of Governance.

Proposed by: Chapter Board

That Chapter Bylaws, Article V. Districts., Section 5. Organization and Operation., A. be amended by substitution so that the section reads,

“The Executive Committee shall consist of a minimum of four elected members, including a Chair, a Vice Chair, a Secretary, a Treasurer, and the District’s Chief Representative to the Assembly of Representatives.”

Function: 1

Rationale: This motion would align the Chapter Bylaws with the changes contained in the proposed District Rules of Governance.

Current Bylaw: Article V. Districts., Section 5. Organization and Operation., A., “The Executive Committee shall consist of a minimum of four elected members, including a Chair, a Secretary, a Treasurer, and the District’s Chief Representative to the Assembly of Representatives.”

Proposed by: Chapter Board

That Chapter Bylaws, Article V. Districts., Section 5. Organization and Operation., C. be amended by replacing the words, “shall be effected January 1” with the word, “annually” so that the section reads,

“A base operating amount determined by the Chapter Board shall be disbursed to the District annually ~~shall be effected January 1~~.”

Function: 1

Rationale: This motion would clean up confusing language and bring the bylaw in line with current practice.

Current Bylaw: Article V. Districts., Section 5. Organization and Operation., C., “A base operating amount determined by the Chapter Board shall be disbursed to the District shall be effected January 1.”

Proposed by: Chapter Board

That Chapter Bylaws, Article VII. Assembly of Representatives., Section 3. District Representatives., B. be amended by deleting the last sentence so that the section reads:

“Only Physical Therapist members in good standing may serve as Physical Therapist member Representatives. Only Physical Therapist Assistant members in good standing may serve as Physical Therapist Assistant member Representatives. Districts may establish additional qualifications for Representatives, except that these qualifications shall not exceed the qualifications for election as a District officer.”

Function: 1

Rationale: This motion would clarify that the qualifications for Representatives in all Districts will be those contained in the District Rules of Governance.

Current Bylaw: Article VII. Assembly of Representatives., Section 3. District Representatives., B., “Only Physical Therapist members in good standing may serve as Physical Therapist member Representatives. Only Physical Therapist Assistant members in good standing may serve as Physical Therapist Assistant member Representatives. Districts may establish additional qualifications for Representatives, except that these qualifications shall not exceed the qualifications for election as a District officer.”

Proposed by: Chapter Board

That Chapter Bylaws, Article VII. Assembly of Representatives., Section 3. District Representatives., C. Election and Term of Representatives. be amended by substitution so that the section reads:

- “1. Representatives shall serve staggered two-year terms.**
- 2. The Chief Representative shall be elected as a District officer in the same manner as other officers.**
- 3. Other Representatives as may be needed shall be elected by the District membership in conjunction with the election of District officers.**
- 4. Elections for other Representatives shall be by plurality, providing for filling of positions by rank order for 1) Representatives for a two-year term, 2) Representatives for a one-year period to establish or maintain the staggered term system as closely as possible, and 3) Alternates to replace Representatives unable to attend an Assembly of Representatives session or to complete terms of Representatives who die, resign, are removed, or become disqualified before expiration of their terms. When the District’s elected Representatives and Alternate Representatives are not able to attend a meeting of the Assembly of Representatives, or if there are vacancies in the allocated number of Representatives for a District, the vacant positions may be filled by appointment from the District Chair, with approval from the District Executive Committee appointment; or the District may hold a special election to fill those allotted vacancies if provided by District bylaws. Representatives appointed to fill these vacancies will serve only for the forthcoming meeting of the Assembly of Representatives.**
- 5. The District Chairperson shall serve as first Assembly Representative for the District. Notwithstanding the provisions of Article VII, Section 3, C, 1, 3, and 4, a District may provide in its Bylaws that its Chairperson shall serve as one of its additional Representatives.**

~~6. If any of a District’s Representatives are unable to attend a session of the Assembly of Representatives, the member may be replaced for that session by an elected alternate from the rank order list provided in Article VII, Section 3, C, 4.~~

~~6. Notwithstanding the other provisions of the subsection, a District may provide in its Bylaws that a Representative who does not attend a designated District meeting at which issues of the Assembly of Representatives are to be discussed or who does not attend a session of the Assembly of Representatives may be removed by the Chief Representative and replaced for the remaining portion of the term by an elected alternate from the rank order list or by appointment from the District Chair, with approval from the District Executive Committee, a special election if there are no such elected alternates remaining on the rank order list.”~~

Function: 1

Rationale: This motion brings the bylaws in line with the proposed District Rules of Governance and eliminates redundancy in the language regarding Alternates.

Current Bylaw: Article VII. Assembly of Representatives., Section 3. District Representatives., C. Term of Representatives.,

1. Representatives shall serve staggered two-year terms.
2. The Chief Representative shall be elected as a District officer in the same manner as other officers.
3. Other Representatives as may be needed shall be elected by the District membership in conjunction with the election of District officers.
4. Elections for other Representatives shall be by plurality, providing for filling of positions by rank order for 1) Representatives for a two-year term, 2) Representatives for a one-year period to establish or maintain the staggered term system as closely as possible, and 3) Alternates to replace Representatives unable to attend an Assembly of Representatives session or to complete terms of Representatives who die, resign, are removed, or become disqualified before expiration of their terms. When the District’s elected Representatives and Alternates Representatives are not able to attend a meeting of the Assembly of Representatives, or if there are vacancies in the allocated number of Representatives for a District, the vacant positions may be filled by District Executive Committee appointment; or the District may hold a special election to fill those allotted vacancies if provided by District bylaws. Representatives appointed or elected to fill these vacancies will serve only for the forthcoming meeting of the Assembly of Representatives.
5. Notwithstanding the provisions of Article VII, Section 3, C, 1, 3, and 4, a District may provide in its Bylaws that its Chairperson shall serve as one of its additional Representatives.
6. If any of a District’s Representatives are unable to attend a session of the Assembly of Representatives, the member may be replaced for that session by an elected alternate from the rank order list provided in Article VII, Section 3, C, 4.
7. Notwithstanding the other provisions of the subsection, a District may provide in its Bylaws that a Representative who does not attend a designated

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Fall Assembly to Consider Bylaw Amendments

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District meeting at which issues of the Assembly of Representatives are to be discussed or who does not attend a session of the Assembly of Representatives may be replaced for the remaining portion of the term by an elected alternate from the rank order list or by a special election if there are no such elected alternates remaining on the rank order list.”

Proposed by: Chapter Board

That Chapter Bylaws, Article VII. Assembly of Representatives., Section 5. Student Physical Therapist Member and Student Physical Therapist Assistant Member Representatives. be amended in the first sentence by adding the words, “Chair, with approval from the District Executive Committee,” after the word, “District” and replacing the word, “select” with “appoint” so that the sentence reads:

“Each District Chair, with approval from the District Executive Committee, shall appoint select a Student Physical Therapist member or Student Physical Therapist Assistant member Representative from each accredited physical therapist or physical therapist assistant education program, or from each education program having Candidate for Accreditation status, located within

the geographical boundaries of the District. These Representatives shall be selected to serve for one year.”

Function: 1

Rationale: This motion brings the bylaws in line with the proposed District Rules of Governance and clarifies that the Student Physical Therapist Member and Student Physical Therapist Assistant Member Representatives are appointed by the District Chair.

Current Bylaw: Article VII. Assembly of Representatives., Section 5. Student Physical Therapist Member and Student Physical Therapist Assistant Member Representatives., “Each District shall select a Student Physical Therapist member or Student Physical Therapist Assistant member Representative from each accredited physical therapist or physical therapist assistant education program, or from each education program having Candidate for accreditation status, located within the geographical boundaries of the District. These Representatives shall be selected to serve for one year.” ■



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You Can Make a Difference in Our Organization

Kathy Zack, PT, DPT Chair, CPTA Nominating Committee

The election of officers and nominating committee members can be an exciting time but also a stressful time. The nominating process gives all members a chance at leadership roles. By refreshing leadership positions with new blood, you can promote new ideas and keep your district or Special Interest Group (SIG) vibrant. Convincing people to consent to be slated for a position is the difficult part.

Try to identify and develop the leadership potential in all members. Use past officers as mentors to attract new leaders. Create interesting member opportunities to involve them. Education and mentoring can help them grow into an elected position. Consider appointing a “Rising Star” to a committee that might fit their interests and talents. This may allow them to achieve their long term goal and inspire them to consider an elected position in the future. Promote opportunities at your district meetings or social events on your website or in your newsletters.

Have clear, easy to understand job descriptions. Many elected positions take time and require a person to give their time for an extended period. Therefore, try to involve those who want to be leaders. Provide them specifics about their role and time commitment. Share details of what CPTA, the districts or SIGs have accomplished and plans to achieve new goals. This keeps them informed and helps them to understand the organization and allows them to be a part of the action. Ask for their insights. Their comments may be worthwhile to weave into the plans and goals of the organization.

Individuals who regularly attend meetings and sponsored events may be better at serving in a position that organizes and conducts these activities. Other members may better serve in brainstorming or recruiting activities.

Some of the best potential candidates have probably never considered running for an elected position. They will likely say no to you if you lead with that request. You may begin by saying that you are trying to find good candidates to run for a particular position and would like to get their thoughts and suggestions about potential candidates. A possible transition from this general discussion about candidate names is to interject “Your name keeps coming up as someone who would be a good candidate. Have you ever thought about running for this position?”

Another approach when speaking to a potential candidate is to listen for their “hot buttons.” Use a personal question to ask for their

participation. Speak to them in their language to get a commitment. This is a powerful approach to get a yes.

Reassure the candidate that, if they are elected, officer training will be provided. Past officers and committee members can also act as consultants. CPTA conducts a Leadership Training Program in December that they can attend prior to the time they assume their position.

As an individual, consider submitting your name as a potential candidate at the district, SIG or CPTA levels. Recommend a colleague. Committee members are needed at the CPTA and district levels. Recommendations for CPTA committee members are due November 2, 2015. Go to the CPTA website at ccapta.org for specifics on CPTA committees. Contact your district officers or Lisa Rupert, Executive Associate of Governance at CPTA, lrupert@ccapta.org, for questions or comments.

If you are always doing the same thing, the same way, you will only get what you have always gotten. Change your perspective. Challenge yourself to discover new things and shape who you are as a person and leader. Be open to change and anxious for the opportunity. Your service can make a difference in our organization.

Remember to vote for the candidates at the CPTA, District and SIG elections. Your vote matters. ■

Chapter Committee Appointments

Members Requested to Apply or Make Recommendations for CPTA Committee Vacancies

Deadline: November 2, 2015

CPTA Board Policy provides that “Members shall be requested to recommend themselves or other members for appointments to Chapter Committees....” Committees are advisory to the CPTA Board. They also carry out assigned tasks, submit material for the CPTA Newsletter, and recommend topics for the CPTA Annual Conference Program. In some cases, the CPTA Board delegates specific responsibilities and authorities to Committees to act on behalf of the CPTA Board.

If you are a member and are interested, or you know another member who is interested and qualified, now is the time to make your suggestions.

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Chapter Committee Appointments

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Members are appointed to Committees by the CPTA Board for terms of three years (Exceptions: Finance Committee appointments are two years; Nominating Committee is elected; and Reference Committee appointments are made by the Vice President). We have one student position open each year on the Education and Membership and Communications Committees. CPTA Board Committee appointments are made by the Board at its December meeting each year.

Expenses of Committee members are reimbursed according to CPTA Board policies.

In 2016 the following Committees will have vacancies: California Physical Therapy Political Action Committee, Payment Policy,

Continuing Education Application Review, Education, Finance, Government Affairs, Membership and Communications, and Quality Practice.

Please visit our website for a brief statement of the function of these Committees as well as the number of Committee meetings/conference calls each Committee has every year. An Electronic Recommendation Form is also available online, www.ccapta.org, (click Leadership then CPTA Committees). You may also contact Lisa Ruport, lrupart@ccapta.org at the CPTA Office for a copy of these forms and to answer any additional questions you may have. ■

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Assembly of Representatives Forum and Meeting

The regular Fall Forum and meeting of the Assembly of Representatives will be held on Friday, September 25, 2015 at the Pasadena Convention Center in Pasadena, CA. The Forum is scheduled from 9:00 - 10:00 a.m., with the meeting from 10:30 a.m. - 5:30 p.m.

Any member of the APTA may attend the Assembly Forum and meeting. A current valid membership card is required for admission.

For further information, please contact the CPTA Office. Any CPTA member may download the agenda and exhibit material from our website at www.ccapta.org. ■

2014 CPTA Annual Report

The CPTA Annual Report is complete. In the spirit of “going green” we did not print the report this year. It is available on the CPTA website under Leadership, then CPTA Budget and Annual Reports.

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For information on how your business can benefit from participation in CPTA's Business Partners of Physical Therapy Program, please contact Allison Wiesemann at (916) 929-2782, awiesemann@ccapta.org or visit our website at www.ccapta.org.

In Memorium

Rochelle Howard lost her battle with cancer on July 8, 2015 at her home in Sacramento with her family by her side. She was only 30 years old. She joined the CPTA family in 2010. Rochelle was Assistant to Education and Meetings and worked closely with CPTA Student Conclave, the CAL-PT-FUND and Annual Conference. She was a beautiful and amazing person, always smiling and willing to lend a hand. Rochelle will be forever remembered as a sincere, caring and loving partner, daughter, sister and friend by the many people whose lives she touched.



Rochelle was committed to good health. She frequently shared information, research and news on the benefits of healthy living. She enjoyed Olympic Weightlifting at the gym and engaged in many lively debates about exercise and fitness trends. Rochelle loved exploring new restaurants, clubs and festivals. She had her finger on the pulse of all things new, hot or trendy in Northern California.

She loved her pets. She rescued dogs and cats from the Sacramento animal shelter. If she could adopt them all, she would. And Rochelle was someone who had enough love to go around!

Rochelle is survived by her partner Kyle Lawlor, her parents Christine and Mike Townshend and her two brothers Chaston Howard and Zachary Townshend. Donations can be sent to the CAL-PT-FUND, the American Cancer Society or the Front Street Animal Shelter in Sacramento. ■



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dates and locations, please visit at
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SEPTEMBER

- 5**.....CPTA Blackout Period Begins, September 5–October 11, 2015
- 7**.....Labor Day — CPTA Office Closed
- 19–21**...APTA State Policy & Payment Forum — Denver, CO
- 25**.....Assembly of Representatives Meeting — Pasadena, CA
- 26–27**....Chapter Annual Conference — Pasadena, CA

OCTOBER

- 1–31**.....National Physical Therapy Month
- 11**.....CPTA Blackout Period Ends
- 12**.....Columbus Day (Federal holiday)
- 15**.....Government Affairs Committee Meeting — CPTA Office, 9:00 a.m. – 4:00 p.m.
- 23**.....Education Committee Meeting — CPTA Headquarters, 8:30 a.m. – 4:00 p.m.
- 27**.....Finance Committee Meeting — CPTA Office, 9:30 a.m. – 3:00 p.m.
- 31**.....Deadline for Receipt in CPTA Office of District and SIG 3rd Quarter Financial Information.

NOVEMBER

- 3**.....Deadline for Receipt in CPTA Office of Recommendations/Solicitations for Appointments to CPTA Committees
- 7**.....CPTA Sponsored Continuing Education — What Every PT needs to know about nutrition — San Diego Mesa College, San Diego. Speaker: Lang Wong, MD, PhD, RDN

- 7–8**.....CPTA Sponsored Continuing Education — Credentialed Clinical Instructor Program — San Diego Mesa College, San Diego, Speaker: Marijean Piorkowski
- 11**.....Veteran's Day — CPTA Office Closed
- 12**.....CAL-PT-PAC Conference Call, 5:00 – 6:30 p.m.
- 14–15**..CPTA Sponsored Continuing Education — CSCS Exam Prep — Saddleback Memorial Medical Center, Laguna Hills, Speaker: Rafael Escomilla
- 18–19**..PTBC Meeting Bay Area
- 26–27**...Thanksgiving Holiday — CPTA Office Closed

DECEMBER

- 1**.....Deadline for Receipt of District and SIG Election Results
- 5–6**.....CAL-PT-FUND Research Symposium — San Francisco
- 10**.....Executive Committee Meeting, San Francisco Airport Bayfront in Burlingame, 6:00 – 8:00 p.m.
- 11**.....Board Meeting, Hilton San Francisco Airport Bayfront in Burlingame, 10:00 a.m. – 5:00 p.m.
- 12**.....Leadership Orientation, Hilton San Francisco Airport Bayfront in Burlingame, 10:30 a.m. – 5:00 p.m.
- 25–31**..Christmas Holiday — CPTA Office Closed
- 31**.....Deadline for Receipt in CPTA Office of District and SIG 2016 Budget Information