

**INSIDE THIS
ISSUE:**

Annual Meeting	1
President's Update	2
Residency/ Fellowship	2-3
Chief Delegate Report	4
PTA Caucus	5
APTA Annual conference	6
Why be a member?	7
Clinical Pearl	8-9
OPTA Mid-Year Meeting	10
Contact Information	11
Important Dates	12

Annual Meeting

The OPTA Annual meeting in April 2011 was held at the Moore-Norman Technology Center. As an association we want to thank the participants, speakers, and vendors for contributing to the success of the conference. During the business meeting elections were held, awards were given, and those finishing their terms in office were recognized.

Those members elected included:

2nd VP: Autumn Aneshansley

Treasurer: Joe Streich

Nominations Committee: Keith Khoo

PT Advisory Committee (PT): Bob Eskew, Jennifer Ball, & Michelle Gottschalk (one to be assigned)

PT Advisory Committee (PTA): Nancy Davis

Ethics Committee: Ken Randall & Jennifer Ball

Jeff Jankowski recognized Mike Strakal for his contributions as Treasurer and Tam Hart for her contributions as 2nd VP. Each served on the OPTA BOD for 4 years.



The following individuals also received awards:

WK West Scholarship award

-Sarah Warren, SDPT, OUHSC

Professionalism award

-Paula Young, SPTA, Carl Albert

-Bree Chambless, SPTA, Murray State

-Michael Shores, SDPT, Langston

-Kelly Kuhlman, SDPT, OUHSC

-Brian Schnorrenberg, SPTA, TCC

OPTA Minority scholarship

-Josh Kelley, SDPT, OUHSC



(Pictured: Kelly, Josh, Bree, & Jeff)

Outstanding CI award

-Keith Khoo from OUHSC

-Cindi Talyor from TCC

-Dick Stewart from Langston

Kennett Ball Service Award

-Janie Taylor

Founder's award

-Karol Andrew

- (presentation at the Mid-Year Meeting)



Jeff announced, Kelly Kuhlman, SDPT from OUHSC will also receive the Mary McMillan award at the APTA conference.

President's Update

The 2011 Legislative Session did not finish as well as we would have hoped. Senator Clark Jolley authored SB 675 for us which would have updated language in our practice act and would have given Physical Therapists the ability to implement a fitness and wellness program to the general population. We had strong early support including over 100 participants at the PT Day at the Capitol in February and the bill passed through the Senate with a unanimous vote. However, as the session progressed we were not able to get a hearing in the House Health Committee after the Patients First Coalition (representing the MD and DO associations in the state) blocked the bill.

During the process I was invited to meet with this Coalition and stood before them answering questions such as "who gave Physical Therapists the right to perform wound care" and answering claims like "Physical Therapists do not need to know the difference between a lumbar strain and a HNP". To hear these comments and questions from the leaders of our state's physician associations was obviously very concerning and has caused your OPTA Board of Director's and

legislative team to re-evaluate our overall strategy for upcoming legislative sessions. It has also reminded us about the importance of developing a strong grass roots network in the state that will help us to overcome legislator's concerns when listening to these types of comments from physicians in the future.

Your OPTA Board is continuing to work with the APTA on your behalf as we look at trends such as continuing declines in reimbursement for our services, evaluating how ACO's will effect therapy in Oklahoma, and investigating ways to help access to therapy in our state. If you have co-workers that are not members please let them know that in this time of uncertainty in Health Care Reform their membership is more vital now than at any other time in the history of our association.

We have many challenges ahead of us but with challenges brings opportunities. I am excited to continue working with your Board of Directors on your behalf and look forward to one more year as your President.

Jeff

Have you ever wanted to be a Resident or Fellow?

Residency & Fellowship Programs

Areas:

Orthopedic Manual Therapy

Hand Therapy

Cardiovascular & Pulmonary

Geriatric

Neurology

Pediatric

Sports

Women's Health

In 2000, there were just a handful of residency and fellowship programs in the United States. As of 2011, there are 114 programs that are credentialed through APTA. As the profession continues to mature and evolve, post graduate education is becoming more important and obtainable. Vision

2020 focuses our attention on professionalism, direct access, Doctors of Physical Therapy, Evidence-Based Practice and to be the practitioner of choice for individuals with neuromuscular disorders. For our profession to obtain the goals set out before us, we are going to have to rise to the occasion and demonstrate that our training and expertise enable us to be a point of entry into the health care system.

A clinical residency program is designed to substantially advance a resident's expertise in examination, evaluation, diagnosis, prognosis, intervention, and management of patients in a defined area of clinical practice (specialty). Often, the residency experience prepares an individual to become a board-certified clinical specialist. Becoming board certified is one way for physical therapists to demonstrate advanced

Cont page 3

competencies. The clinical residency program should be completed within a minimum of 1,500 hours and in no fewer than nine (9) months and no more than 36 months. You can think of a residency program as a fast track to board certification. Residency programs are designed to be started soon after graduation from physical therapy school, however many therapists with years of experience are attending residency's since the programs are so new.

A fellowship program is designed to provide greater depth in a specialty or subspecialty area as compared to what is covered in a residency program. Fellowship program applicants must be licensed as a physical therapist and possess one or more of the following qualifications: 1) specialist certification, 2) completion of a residency in a specialty area, or 3) demonstrable clinical skills within a particular specialty area.

Many Oklahoman's have completed or are completing residency's or fellowships. Elizabeth Darter stated "I started the residency program after I began working at PT Central. I was feeling stuck after being out of school only 2 years. I had attended continuing education classes but didn't learn anything spectacular from them. I was

Looking for something more... something that would take me a lot further with my clinical reasoning and manual therapy skills. Evidence in Motion's residency program was exactly what I've needed. I am so excited to be part of the program and see where it takes me."

Shawn Smith stated "I completed both the residency and fellowship program through the Manual Therapy Institute. I was looking to improve and expand my clinical skills and fulfill my need to be an expert clinician. I completed both programs but saw the fellowship as the way to provide me with mentoring and more hands on practice to reinforce what I had learned during the residency."

So if you are interested consider one of the programs offered in Oklahoma.

- 1) EIM (Evidence in Motion) (www.evidenceinmotion.com), multiple locations in the US. Physical Therapy Central in OK.
- 2) MTI (The Manual Therapy Institute) (www.themanualtherapyinstitute.com), multiple locations in the USA. CORE Physical Therapy in OK.

Cont page 7



Welcome to the
Physical Therapy Central Family!

Now Open in
Davis & Elk City



Back to Work.



Back to Play.



Back to ... *Life*

www.ptcentral.org

We provide specialized care in the areas of:

- Orthopaedics
- Post Operative Care
- Spinal Injuries
- Total Joint Replacement
- Balance and Fall Rehabilitation
- Work Related Injuries
- Women's Health
- Neck & Back Pain



Join us on facebook!

Email: info@ptcentral.org

Chief Delegate Report

The past few months have been very productive! I thought it might be of interest to highlight a few things that have occurred:

Members of the MW Caucus agreed to utilize a surveymonkey instrument to gather input from members regarding the 2011 RC's. Although not preferred by the Oklahoma delegation, ultimately we used the survey created by the North Dakota delegation.

- Fifty (50) OPTA members completed the survey. It was difficult to interpret the results because the majority of respondents replied "yes" to every RC. Some of the RC's were contradictory of one another. This was discussed at the post-House Chief/Section/Assembly meeting and was consistent w/ all chapters who surveyed their members in this way. Rich discussion ensued about how to better seek meaningful & informed input from members.

The motion Oklahoma co-authored with Missouri regarding PTA's serving as CI's for SPTA's without the PT seeing each patient daily, RC-14 became incredibly intense while at the House requiring additional meetings w/ the Reference Committee and negotiating/collaborating with the Board of Directors, California, Colorado, Florida and Pennsylvania. Minnesota became a co-author. Eventually a substitute motion was submitted by California w/ Oklahoma & Missouri original co-sponsors. This substitute motion "14 – A" passed the House UNANIMOUSLY!!

Remaining RC's all passed except RC 27 "Student Member Access to Section Web Sites" was defeated. **Interesting note: Student Assembly delegate spoke in opposition to this motion stating that the potential financial harm this could cause the Sections was not worth it. Students can find what they need online – and should join sections! RC-29 was submitted without previous notice & did not receive enough support to be heard.

A summary of the disposition of the 2011 House of Delegates business has been created by the HOD Secretary. I will post this to the OPTA list serve on July 1, 2011. Of particular note is that RC 3 "Physical Therapist Responsibility and Accountability for the Delivery of Care" passed w/ edits and a Proviso that nothing takes effect on that motion until 7/1/12. RC 4 – 12 (the accompanying RC's) were referred to the Board of Directors for study and fact-finding/brainstorming. A Task Force is being created to study this and provide possible direction. It is anticipated that motions will be forthcoming next year following the Board's work.

My sincere thanks to our delegation for their diligence, commitment and passion to our profession to put in the time, energy & effort! Oklahoma was well represented and I wholeheartedly enjoyed working with each of you: Brent Harper, Lynn Jeffries, Janie Taylor, Jeff Jankowski (Alt) & Debbie Simmons (PTA Caucus Rep). Kudos again to Debbie for being slated for National office!!

Respectfully, Peggy D. Newman, PT
Chief Delegate



Pictured: Jeff Jankowski,, Maggie Cochrane, Janie Taylor, Peggy Newman, Lynn Jeffries, Debbie Simmons, & Brent Harper.

PTA Caucus Update

I, along with the rest of your Delegation represented Oklahoma at the APTA's 2011 House of Delegates Meeting in National Harbor, Maryland June 4-8.

During the HOD, extensive discussion was heard relative to RC 3-11 that proposed expanding the current model of service delivery (ie, PT, PTA, PT aide/tech) to include other support personnel with the requisite training to provide physical therapy interventions under the direction and supervision of the physical therapist. **This motion passed with a proviso delaying the effective date of the position to July 1, 2012.** Prior to discussion of RC 4-11 the House adopted a motion referring RC 4-11 through 12-11 to the APTA Board of Directors with instruction to conduct a thorough investigation into possible service delivery models and their impact on the profession and patient/client care and called for the review of PTA education with any models of service delivery and the necessary changes in position(s) associated with them to be presented to the 2012 House of Delegates.

What does this mean? That nothing changes at this time. A task force will be selected and they will be charged with reviewing the current model of practice ie. PT/PTA team vs adding other extenders to that team. They will also look at the current level of education of the PTA program. I am posting a link on the OPTA facebook and list serve to the APTA application form for that taskforce. We (PTA Caucus) are looking for PT/PTA members who are familiar with and supportive of the current model to apply to serve on this task force.

In preparation for the above activity the following occurred, The PTA Caucus was welcomed with brief comments from David Emerick, PTA Caucus Chief Delegate, Dr. R. Scott Ward, APTA President, and John Barnes, APTA CEO. Dr. Janet Bezner, APTA Deputy Executive Director provided a leadership training workshop on negotiation and influence.

The delegate summary of 2010-2011 activities included use of the data collected from the Representatives Survey at the 2010 House of Delegates (House) to update and prioritize PTA Caucus goals and objectives; and to facilitate the development of two new task forces within the PTA Caucus – Communication and Education. The Delegates also reviewed the FSBPT's revised model practice act and monitored payment concerns, especially the situation with Kansas BC/BS; and developed RC 13-11 as a result of this activity.

Motions to the 2011 House were discussed, including motion content and possible ramifications of each motion, especially in regards to those motions of greatest importance to the work and career of the PTA.

RC 14-11 that addressed **PTA student supervision was passed** allowing PTAs to provide clinical supervision to PTA students with general supervision by the physical therapist. Thank you goes out to our Peggy Newman for her considerable time and the horrendous work that went into this RC.

Newly elected PTA Caucus leadership includes: Carrie Perkins (AZ), delegate; Paul Purdue (WA), delegate; Niki Wallen (MO), alternate delegate; and Christina Wilson (AL), Nominating Committee.

As you can see, this year will be very busy as we tackle these important issues. Feel free to contact me if you have any questions or concerns at Debbiepta@cableone.net

As always, it is an honor to serve you.
Debbie Simmons PTA, CLT
PTA Caucus Representative



Postural Restoration Institute
MYOKINEMATIC RESTORATION
An Integrated Approach to Treatment of Patterned Lumbo-Pelvic-Femoral Pathomechanics

OCTOBER 8-9, 2011
OKLAHOMA CITY, OK
15 contact hours
Early tuition \$415 (before September 10th)

Register today!
www.posturalrestoration.com

Postural Restoration Institute
5241 R Street • Lincoln, NE 68504
Toll Free 888.691.4583 • Fax 402.467.4580
Email info@posturalrestoration.com

LAWTON PHYSICAL THERAPY PRIVATE PRACTICE



Physical Therapist to join an expanding multi-office practice established in 1976. Earning capacity in \$100,000 range with advancement opportunities within the physical therapist owned company.

Job satisfaction enhanced by providing care to injured soldiers. Patients present opportunity to practice as orthopedic and sports physical therapist. Additional opportunities include golf performance, home health, work place injury care and wellness.

To discuss this professional opportunity call 940-569-3630 and reference Lawton physical therapist job or email wbreland@brelandhealth.com

Oklahoman's in D.C.
Brent Harper, Debbie Simmons, Lynn Jeffries, Jeff Jankowski, Peggy Newman, Gary Robinson, & Janie Taylor.



APTA Annual Conference

Oklahoma was well represented at the APTA Annual Conference with the following posters presented.

Shores M, Holman N, Jorge M. Current management of female urinary incontinence: What does the research literature tell us?

Chaudry A, Beasley E. The Business Plan reality: Students of Today Learning to Become Clinic Administrators of Tomorrow with Core Values Instilled.

Chaudry A, Ball J. The Bar for PT-PTA Best Practice: A PT-PTA Program's collaborative Approach to Enhance Teaching & Learning of Appropriate Delegation and Supervision in Physical Therapy Practice.

Jeffries L, McEwen I, Hamilton T. Teaming: The values and beliefs of an early intervention transdisciplinary team.

Pollard E, Patterson B, Swank B. Novel Approach to Pediatric Health Promotion and Disease Prevention: Facilitating Healthy Choices Through Interactive Games.

Pollard E, Beasley E, Swank B, Wiley S. Learning Through Performing Community Health Screening.

Leahy, T. Thacker, M. The utilization of concussion management guidelines by rural and urban high school coaches: A descriptive study.

Traylor E, Jorge M., Physical therapy student involvement in the U.S. Paralympics Endeavor Games through service learning within the Exercise Science and Sports Physical Therapy course.

Langston University students, graduates, and faculty presenting at Annual Conference 2011 pictured to the left: Back row (l-r): Michael Shores, Elicia Pollard, Kelley Vaughn, Jamie Clapp, Rachel Outhier, Millee Jorge, Melissa Thacker, Lynn Jeffries, Eddie Traylor, & Nicholas Holman. Front row (l-r): Terry Leahy, Aliya Chaudry, Sierra Wiley, Bethany Patterson, &Brittany Swank.

In order to answer this common question one first must answer the question: Why did you initially choose to become a physical therapist or therapy assistant?

Although the answer to the latter question is personal in nature, it usually centers on a desire to help others. You may be the one who guides a child as she takes her first steps, or provides the necessary treatments to increase his mental interactions. Perhaps you facilitate adolescent athletes returning to their sports, injured workers to their jobs, or the grandmother of six to the joys of playing with her energetic grandchildren after a total knee replacement.

As a friend and co-worker said, "It is not about me as the individual provider of services, it is about the benefit of the patient."

Why then do we go into the field of physical therapy? To help others. Focus is on the patient.

So why should we take some of our focus and energy away from our patients and become active members of the APTA? Because we must ensure that we are able to advocate for our patients: for the children, the teens, the workers, parents, and the grandparents. Without laws supporting our practice, there will be no practice. You must become part of the professional team in order to influence the laws passing through the legislature, which have a direct impact on your practice. Do not deceive yourself. Without the direct action of each physical therapy professional empowered by the collective voice of the APTA, we may not only fail to attain our professional

goals, but you may lose the rights of practice that drove you into the profession and allow you to optimally treat your patients. In other words, without the efforts of the APTA (and that includes your voice) we may not be able to do what we love the most: help others.

In advocating for your profession, you advocate for your patients.

Being active in the physical therapy profession, the APTA, can take on many forms: becoming a member of the APTA, attending APTA meetings at various levels, or holding positions of office at the district (local) level, the state (chapter) level, the national level or at the sectional level (varied clinical specialty sections). Your level of involvement is based solely on time available to perform such service.

Membership involvement can be at many levels, but the focus remains a constant: the patient.

So, why be a member of the American Physical Therapy Association (APTA)? To advocate for our profession so we may optimize our ability to treat our patients in the manner in which we deem are most beneficial for them. Remember, it is not about us as individual providers, it is about our collective voice advocating the needs of our patients.

Join today!

Brent Harper, PT, DPT, DSc, PhD, OCS, FAAOMPT

Peggy Newman speaking at the House of Delegates meeting



Getting ready to speak with legislators: Lynn Jeffries, Joe McFarlane, Jeff Jankowski, Debbie Simmons, Brent Harper, & Brandon Trachman.

Residency's and Fellowships continued:

- 3) NAIOMT (North American institute of Orthopaedic Manual Therapy) (www.naiomt.com), multiple locations in the US. Excel Physical Therapy in OK.
- 4) OGI (The Ola Grimsby Institute) (www.olagrimsby.com), multiple locations in the US. SouthCrest Hospital in OK.
- 5). Oklahoma Institute of Orthopedic Manual Therapy (www.oklahomaphysicaltherapy.com/oiomt) Oklahoma Physical Therapy in OK.

Bridgit Finley, PT, DPT, M.Ed., OCS

** If there is another residency/fellowship program not on this list, please contact the newsletter editor

HOW TO YOU DETERMINE IF A PATIENT HAS A DEEP VEIN THROMBOSIS (DVT)?

By: Josh Williams, PT, MPT, CSCS

Proximal deep vein thrombosis (PDVT) can be a condition that has major implications on quality of life and can even lead to death. Although it is generally considered a condition that warrants attention during physical therapy evaluations and subsequent treatment sessions, a wide variety of strategies are used by clinicians in an attempt to identify patients who are suspected of having a PDVT and require further medical diagnostics and management. These strategies generally include the patient's reported symptoms, associated risk factors, and objective measures/tests such as Homan's sign. Although this has become the typical way of recognizing and managing patients with this condition, research shows that better alternatives do exist.

A patient with PDVT will typically complain of lower extremity pain, calf tenderness, and lower extremity swelling. However, these symptoms can also be seen in a variety of other conditions including trauma, hematoma, phlebitis, peripheral artery disease, sciatica, osteoarthritis, tendonitis, dermatitis, cellulitis, congestive heart failure, etc. Homan's sign also has limited diagnostic value with reported sensitivities around 50%. This means that a negative Homan's sign could be found in as many as half of the patients that actually have a PDVT. Therefore, Homan's sign provides no more clinical utility than flipping a coin. That is a very concerning "coin flip" considering the possible implications and possible death that can result from a PDVT.

Luckily, in 1995 Wells and colleagues developed a clinical decision rule (CDR) that helps us estimate the probability that a patient might have a PDVT. This probability can in turn be used to make clinical decisions regarding the management of a specific patient. This CDR (listed below) uses a point symptom to rank a patient into a high-probability, moderate probability, or low probability category. Wells et al recommend that the CDR be applied to any patient exhibiting symptoms that could possibly be attributed to PDVT. A score of 0 or less indicates an approximately 3% probability of having a PDVT, while a score of 1 or 2 indicates a 17% probability of PDVT, and a score of 3 or more indicates a probability of 75%.

Peripheral deep vein thrombosis can be a complicated issue facing many therapists. However, using sound, research-based tools we can make appropriate clinical decisions in the management of patients presenting with symptoms.

If you want an app to help with the DVT Well prediction rule check out: [MedCalc](#)

Clinical Finding	Score
Active cancer (within 6 months of diagnosis or palliative care)	1
Paralysis, paresis, or recent plaster immobilization of lower extremity	1
Recently bedridden >3 days or major surgery within 4 weeks of application of clinical decision rule	1
Localized tenderness along distribution of the deep venous system ¹	1
Entire lower extremity swelling	1
Calf swelling by >3 cm compared with asymptomatic lower extremity ²	1
Pitting edema (greater in the symptomatic lower extremity)	1
Collateral superficial veins (nonvaricose)	1
Alternative diagnosis as likely or greater than that of deep vein thrombosis ³	-2

1. Tenderness along the deep venous system is assessed by firm palpation in the center of the posterior calf, the popliteal space, and along the area of the femoral vein in the anterior thigh and groin.
2. Measured 10 cm below tibial tuberosity
3. Most common alternative diagnoses are cellulitis, calf strain, and postoperative swelling.

References and other Recommended readings

Riddle DL & Wells PS. Diagnosis of lower-extremity deep vein thrombosis in outpatients. *Physical Therapy*. 2004; 84(8): 729-735.

Riddle DL, Hillner BE, Wells PS, Johnson RE, Hoffman HJ, & Zuelzer WA. Diagnosis of lower-extremity deep vein thrombosis in outpatients with musculoskeletal disorders: A national survey study of physical therapists. *Physical Therapy*. 2004; 84(8): 717-728.

Kahn SR, Shrier I, & Kearon C. Physical activity in patients with deep venous thrombosis: A systematic review. *Thrombosis Research*. 2008; 122: 763-773.

OPTA Annual Conference Activities:



Oklahoma Physical Therapy Association 2011 Mid Year Meeting

August 20, 2011: Saturday

Speakers & Courses

Shawn Smith, PT, BSPT, OCS and Tyler Pomeroy, PT, BSPT, OCS, FAAOM “Addressing the Scapula: Consideration for the Unresolved Upper Quarter Patient” (7.5 CEUs)

Justin Berry, PT, DPT, MS “Spinal Stabilization for the Physical Therapy Assistant” (7.5 CEUs)

Arthur Hulbert, PT “Recent Healthcare Reform Legislation and Impact on Therapy” (7.5 CEUs)

Kathy King: “Student Course: Creating A Winning Resume and Optimizing your Job Search - From a Recruiters Standpoint” (no CEUs)

David McIntosh, PT, DPT “Why do my Patients Fall, and what can I do about it?” (3 CEUs)

Peggy DeCelle Newman, PT, MHP “Ethics: New Code – Who Cares” (3 CEUs)

Schedule

7:00-8:00 “Come & Go” OPTA Mentorship Program Coffee Reception*

7:30 a.m. Exhibitor Hall open

7:30 – 8:00 PTA Special Interest Group Meeting

8:00 – 5:00 Spinal Stabilization for the PTA, Addressing the Scapula and Recent Healthcare Reform Courses

8:30 – 12:00 Why do my Patients Fall, and what can I do about it?

9:30 – noon Student Course: Creating A Winning Resume and Optimizing your Job Search

12:00 – 1:30 Lunch

1:30 – 5:00 Ethics: New Code – Who Cares

***Mentorship Coffee Reception** - Come join the OPTA membership committee if you are interested in serving as a mentor in the OPTA mentorship program or if you are a protégé seeking mentorship from our Association. The reception is an opportunity to learn about the OPTA Mentorship program structure, meet other therapists from across the state, and enjoy coffee and donuts courtesy of OPTA.

Online registration at : www.okpt.org

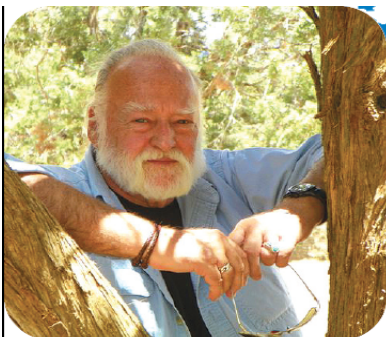
Early registration Discounts apply before August 6, 2011.

Please join us at the OPTA Mid-Year Meeting. The course speakers are outstanding!

OPT-PAC:

We want to thank Vicky Davidson for hosting a wonderful event: If you were not there, join us next time.





John F. Barnes, PT
International lecturer,
author, and authority
on Myofascial Release.

Fascial-Pelvis

Myofascial Release

This seminar will teach you a logical, step-by-step progression of techniques for treating back pain, pelvic pain, fibromyalgia, and menstrual problems in a comprehensive and effective manner.

Fascial-Pelvis Techniques for the:

- Erector Spinae
- Lumbar Area
- Pelvic Floor
- Psoas
- Sacro-Iliac Joints
- Lower Extremities
- Quadratus Lumborum
- Sacrum



**Oklahoma City,
Oklahoma**

Sept. 16 - 18, 2011

Approved by the Oklahoma State Physical Therapy
Advisory Committee Board of Medical Licensure.

Register Today! ... Call **1-800-FASCIAL**
Visit our website **www.MyofascialRelease.com**



OPTA Publication Information

SMOKE SIGNALS is published by the Oklahoma Physical Therapy Association, A Chapter of the American Physical Therapy Association

EDITOR:

Lynn Jeffries, PT, PhD, PCS
lmjeffries@lunet.edu
405-466-3694

EXECUTIVE DIRECTOR:

Laura Brookins,
laura@okpt.org
405-562-1280

Photographer,

Keith, Khoo, PT & Others

OBJECTIVES & POLICY:

Smoke Signals' purpose is to communicate chapter activities and news to the membership. The dates of publication may vary according to schedules of office Association business. The editor reserves the right to restrict, edit, or reject any materials submitted for publication or advertising in accordance

with existing or future OPTA policy. Published articles express the views of the author or contributor and do not necessarily represent official policies or views of the Association.

All articles submitted must include the name, title and contact information for the author.

Advertising: Smoke Signals' accepts paid advertising. An ad appearing in an OPTA

Publication does not imply or constitute endorsement of those products, services or employers by the OPTA or sponsorship of an educational event. Pricing information is located on the OPTA website. www.okpt.org.

Current OPTA Board Members

President: Jeff Jankowski, PT, ATC
Jeff.jankowski@redbudpt.com

1st Vice President: Debbie Christian, PT, DPT
Debrac@nrh-ok.com

2nd Vice President: Autumn Aneshansley, MPT
autumn-aneshansley@ouhsc.edu

Secretary: Vince Lepak, PT, DPT, CWS
louis-lepak@ouhsc.edu

Treasurer: Joe Streich, PT
Joe.streich@valir.com

Chief Delegate: Peggy Newman, PT, MHR
peggy-newman@ouhsc.edu

PTA Caucus Rep: Debbie Simmons, PTA
debbiepta@cableone.com

Eastern District Chairperson:
Cindi Cathey, PTA
canngreen@yahoo.com

Eastern District Director:
Brent Harper, PT, DPT, PhD, OCS
Brent.harper@soutcresthospital.com

Western District Chairperson:
Samantha Keppler, PT, DPT
ousammy@gmail.com

Western District Director
Bridgit Finley, PT, DPT, M.Ed. OCS
bfinley@ptcentral.org



IMPORTANT EVENTS:

OPTF Golf Tournament

August 19, 2011

Sand Springs, Oklahoma

OPTA MID-YEAR MEETING

August 20, 2011

Tulsa, Oklahoma

SMOKE SIGNALS

The Oklahoma Physical Therapy Association
Newsletter, a Chapter of the American
Physical Therapy Association

Post Office Box 5354
Edmond, Oklahoma 73083

**PRSR STD
U.S. POSTAGE
PAID
OKLA. CITY, OK
PERMIT NO. 926**

ORGANIZATION