FOTa 2015 ANNUAL CONFERENCE

ENGAGING LIVES THROUGHOUT THE LIFESPAN

NOVEMBER 6 - 7 2015

#FOTA15
THE DOUBLETREE HOTEL | UNIVERSAL IN ORLANDO - FLORIDA
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Cover art by Nikita Mathew. Nikita was the winner of the Student Design Contest. Nikita Mathew is currently a 2nd year student at Nova Southeastern University pursuing her doctorate in occupational therapy.
PRESIDENTIAL PONDERINGS
Elena Vizvary, OTR/L
FOTA President

FOTA JOINS NEW ADVISORY GROUP

FOTA has accepted the invitation to participate on the Professional Advisory Resource Group in support of the Florida Healthcare Workforce initiative. So far, I have joined the initial conference call August 25 and will attend a group face-to-face meeting October 23. Initiatives of this group include: identify gaps in workforce supply and demand, collect and analyze data at the state and regional level, develop recruitment and retention strategies, and identify emerging workforce roles.

In one of the reports I have been given, “Supply/Demand Workforce Gap Analysis on Health-Related Programs as Part of the Environmental Scan of the Board of Governors Health Initiatives Committee” (May 18, 2015), there is a detailed review of numbers of OT graduates, licenses issued, and projected need.

Other members of this resource group include Florida Coalition of Advanced Practice Nurses, FL Hospice and Palliative Care Association, Florida Dental Association, FL Nurses Association, FL Society of Health-Systems Pharmacists and FL Physical Therapy Association. By joining this group, we demonstrate alignment with FOTA Strategic Plan’s Partnership component: “Build and maintain a positive presence in the medical and community agencies”. Look for future news related to this group and FOTA’s role in it. Please contact me if you are interested in learning more about this group or any of the data and reports we now have access to.

CONFERENCE

There is another great FOTA conference coming up next month. November 6&7 at the Doubletree Hotel at Universal in Orlando, FOTA15 presents “Engaging Lives Across the Lifespan”. I guarantee there is something for everybody! Five fabulous Pre-conference Institutes, engaging keynote speaker, outstanding educational sessions and networking opportunities, President’s Reception and exhibit hall, membership meeting and award ceremony, free yoga class, and…another fun “after party” Friday night! Early Bird Registration closes October 25. Don’t wait! Register now!! www.fota.org.

UPCOMING LEADERSHIP MEETINGS

Our next Leadership meeting will be a teleconference October 15, 6:30-9:30pm.

Board members and leaders are expected to submit reports and action items by October 1. If you would like to participate as an observer in this electronic meeting, please RSVP to Deb Misrahi dpmotr@aol.com by October 10. Deb will provide you with call in information. One more leadership meeting will be the evening before conference, on November 5, 7-9pm. FOTA Leadership will meet face to face to review last minute conference details and their responsibilities.

MEMBERSHIP

Where else can you find out about matters important to you as an OT practitioner or student in Florida? Your membership in FOTA gives you access to a synergistic group. Your membership in FOTA gives you an opportunity to network, as well as keep up with critical news and information important to your practice. Your membership in FOTA supports the profession of occupational therapy in Florida in practice, education and advocacy. It is an investment in your future and the future of OT in Florida that you won’t regret. Feel good about your decision to become and stay a member of FOTA! You are in the best company!

I look forward to seeing you November 6&7 at conference in Orlando. Please find me and introduce yourself. If you need to reach me before then, ervizvary@verizon.net works well. I will respond as quickly as I can. -Elena

Membership at FOTA
Adrienne Lauer, PhD, OTR/L, FOTA Membership Chair.

The FOTA conference is fast approaching and it is a great time to consider renewing or joining The Florida Occupational Therapy Association.

Of course if you are a member, it is a opportune time to encourage other practitioners to join and attend conference and be involved in their regional forum. Conference is sure to offer many exciting and relevant practice and policy topics for discussion, networking opportunities, and opportunities to hear from your Florida Occupational therapy association board members!

Please take the opportunity to join or renew and encourage your fellow practitioners to join as well. FOTA. Is as strong as it's membership! Remember, membership is less than .25 cents a day for OT's and OTA's!!!
We are looking forward to seeing you at the Florida Occupational Therapy Association annual conference in Orlando. We can’t stop talking about it because we have so many educational opportunities for clinicians and educators across all areas of practice. See the schedule posted on our website and see what is interesting to you!

We are also looking forward to our keynote speaker, Dr. Cynthia Hughes Harris. She will be discussing leadership and she has the credentials to back it up! A former Vice President of the American Occupational Therapy Association, Dr. Hughes Harris has been active in leadership roles throughout her career.

I look forward to seeing all of you in November. A big thanks to all the people who have volunteered to make this happen. Also, thank you to all the presenters, exhibitors, and sponsors.

See you all soon!

Debora Oliveira, Ph.D., OTR/L
Vice President FOTA

FOCUS EDITOR:
We are so pleased to announce that Past President, Kurt Hubbard will be the new editor for FOCUS. Please send Kurt an email if you would like to be featured in the next issue. fota.focus@gmail.com

REGIONAL REP: Please welcome Sylvia Young as our newest Regional Rep Representative position for the Capitol Region (Tallahassee, region 2). Sylvia is a 1994 graduate of Florida A & M University. She has worked in long term care and in patient rehab, with a dabble here and there in acute care and outpatient. She loves having interns and helping the next generation of OTs expand their horizons. She was also honored to receive the FLOTEC Award of Excellence in 2006 and 2013. She currently practices at Tallahassee Memorial Rehab Center and works with adults with various physical and neurological deficits. We are so pleased to have you on our team. You can contact Sylvia at sylvia.yount@tmh.org
Motor Improvement possible in individuals recovering from a CVA using forced aerobic exercise

Kristin Antolino, MOTR/L Program Director, Keiser University OTA Program West Palm Beach

Individuals recovering from a CVA face many challenges returning to their independent occupational roles. In 2014, statistical evidence in the United States reports that there are 795,000 individuals with post CVA (Go et al., 2014). Due to residual effects of a stroke, such as weakness, balance impairment, decreased active range of motion of the upper and lower extremity, deficits in sensation and cognition, and coordination impairments, these individuals may have some sort of decline in their daily occupations. The main goal of occupational therapy with individuals with post CVA symptomatology is to improve overall motor control for increased independence in daily occupations. A recent study in The American Journal of Occupational Therapy reported evidence of forced aerobic exercise to increase a single case study occupational performance due to increased motor control (Linder, Rosenfeldt, Rasanow, & Alberts, 2015). The study has left an open door for occupational therapist to take this concept and build more evidence on the benefits of forced aerobic exercise for improving motor outcomes of clients with post CVA.

The main concept behind forced aerobic exercise is to promote neuroplasticity while engaging in aerobic exercise. According to Linder et al (2015), when individuals participate in controlled forced aerobic exercise, brain-derived neurotrophic factor (BDNF) is released which has a positive correlation with motor recovery. The idea is that patients who can participate in forty-five minutes of forced aerobic exercise followed by 45 minutes of repetitive occupation-based tasks will show improved motor recovery increasing their participation in daily occupations. A typical treatment session may include:

- **Aerobic Exercise for 45 minutes:** Currently used in the study outcomes, a patient was placed on a stationary motor-driven bicycle. The patient started with 5 min warm-up, 35 min exercise set, and 5 min cool down. The forced aerobic concept deals with the amount of RPM’s the patient is required to maintain during the main exercise (example starting could be 70 RPM). As the patient continues the program, the RPMs should be adjusted to their cardiovascular capacity.

- **Within 15 minutes of the aerobic exercise, the patient will then participate in repetitive functional tasks.** Through occupational role evaluation, these tasks are geared towards the client’s desired goals, such as dressing, home management, meal preparation etc. Each session should include 3-4 different tasks repeated (10 sets of 10 repetitions).

  - A continual activity analysis and grading of the aerobic exercise and functional task should be done as the patient continues.
  - Patient’s vitals are recorded and monitored throughout each session.
  - Length of this program: 3 x/wk for 8 weeks

Although research is still greatly needed to evidence the effects on forced aerobic exercise and motor recovery in CVA patients, it is a concept with potential to increase research practice within stroke rehabilitation. Barriers such as limited patient care time can lead to occupational therapists turning away from completing such an intense program with their patients. However, the concept should open the thought of how on a daily basis can we increase patient aerobic activity followed by repetitive occupation based intervention. The study discussed treating a patient for 3 x a week, when most skilled nursing facilities and inpatient rehab have the opportunity to see stroke patients 5-7 days a week. A modified version of this treatment session would include 30 minutes of forced aerobic exercise (upper body bicycling, in-chair aerobics etc.) followed by repetitive occupation based activities for 30 minutes (dressing, transfer training, home management etc.). Forced Aerobic exercise is a safe approach for increasing motor recovery in CVA patients with the result of improved occupational performance.

- http://dx.doi.org/10.1161/01.cir. 0000441139.02102.80

Want to share workplace, school or other OT related events with the FOTA Community?

Email: FOTA.FOCUS@gmail.com
Increasing Patient Attendance Rates: A Lean Journey
Tim Finlan, Administration SIS

The pressure of raising production in the healthcare environment today has never been greater. Balancing clinicians’ schedules between maintaining expected production levels without overwhelming their ability to provide quality levels of care is directly impacted by the patients’ attendance rate. A typical clinician is expected to bill for six out of 8 hours in the regular work day.

Average patient attendance rates (PAR) hover between 70-80%. Using 75% as a model, the average clinician working an eight hour day would need to have all eight of those hours filled with patients for six hours of patients to show to allow the clinician to achieve the target of six billable hours for the day. To the administrators observing from afar, this may seem to be logical and even generous as the clinician has two hours of “free time” each day.

To the clinician working that type of schedule it creates anxiety and decreased on the job satisfaction. Most clinicians state that they enjoy being busy. What most clinicians don’t state, is that they enjoy being predictably busy. Those cancellations and no shows result in ineffectively used time. Two hours of cancellations may result in 1 hour or less of effective time that clinicians would have to devote to tasks beyond direct patient care such as program development, clinical development and marketing to name a few.

This article now presents a case study of a free standing pediatric hospital in Florida that demonstrated a similar PAR to our hypothetical one above. Beginning in January 2013, the PAR was 78% and by the end of 2013 the annual PAR remained at 78%. Today the annual PAR is 84% and holding steady. The 7% improvement in attendance rate now allows for clinicians to be scheduled for 7.25 hours of the day, but provides 45 minutes on average each day that the clinician has “planned” down time. This “planned” down time gives the clinician the ability to dedicate time to those activities outside of patient care that has improved patient care, organizational function, and on the job satisfaction.

This improvement in PAR was achieved using Lean 6-Sigma principles and the DMAIC process. The DMAIC process, based on W. Edward Demings’ “Plan-Do-Check-Act”, is a methodical continuous improvement process that requires the team to systematically work through the steps of the process to insure that they have correctly identified the issue at hand and created a performance improvement plan that will address those issues.

DMAIC is defined as:

- **Define** the problem. Continue to drill down through the symptoms to the root cause of those symptoms.
- **Measure** the current process and collect data for future comparison.
- **Analyze** the variables that are contributing to the data that you collect to assist in identifying root causes and/or opportunities for improvement.
- **Improve** the process. Establish new and enhance current methods based on the data gathered and from the analysis completed.
- **Control** the new process. Set up checks and balances to hardwire the new process into the culture.

Utilizing Lean 6-Sigma principles requires a rigorous and disciplined approach. The tendency of most teams is to focus on symptoms and they do not drive down deep enough to the root cause of the problem. Focusing on symptoms is not the only shortcoming of most teams. A majority of teams do not take the time to measure or analyze their current processes and jump directly to improvement. Treating symptoms only shifts the issues to another area that will need to be addressed at a later time.

As an example, the assumption in this case study was that a number of patients who cancelled at a high frequency were effecting the overall attendance rate. In fact, when the data was analyzed, the majority of patients were canceling >25% of their appointments. The average patient led to a departmental attendance rate of <75%. The data showed that it was the average patient that needed the attention as much as the occasional patient with a high cancellation rate.

Lean 6-Sigma is not the silver bullet of fixes for patient attendance rate or for any other specific challenge that an organization or department faces. Furthermore, the tactics utilized to achieve the improvements in this case study are not guaranteed to achieve the same improvements if applied to another department or organization. Just as each patient with a similar diagnosis has unique variables that the clinician must account for to improve the patient’s function, each organization has variables unique to that organization that must be accounted for to improve the outcomes. Lean 6-Sigma is a tool that is designed to assist an organization to systematically define, analyze and improve inefficient or dysfunctional processes that are unique to that organization.
At this year’s FOTA Conference, the Administration and Management SIS will host a SIS Buzz titled “Addressing Patient Attendance Rates” where participants will be able to share their challenges with patient attendance rates and their successful and unsuccessful attempts at improving those rates.

- Shook, J. (2010). “Managing to Learn: Using the A3 management process to solve problems, gain agreement, mentor and lead.” Lean Enterprise Institute, Cambridge, MA.

Tim Finlan is the Director of Therapeutic & Rehabilitation Services at Nemours Children’s Hospital, Orlando and Chair of the FOTA SIS for Administration. Should you have questions or if you would like to discuss this concept in greater detail you may contact him at tfinlan@nemours.org.

Hello All,

I am very excited to be taking on the very important role of FOCUS Editor. I am committed to transitioning this periodical to be more scholarly and portable for the reader. That being said, I encourage all of you to submit what you are up to that is relevant to our wonderful profession. Content is what makes people want to read a periodical and want to submit articles to it. We want to be of service to the research and clinical communities by encouraging new ideas and debates on hot topics. These are laudable ambitions, but we must aim high. Very little will be achieved without good content, and we can improve on that only with the help and recommendations of YOU the readers. I hope you enjoy this edition and consider submitting articles in the future.

Recently, I had the opportunity to present my dissertation titled the Current Capacity Building Needs of Occupational Therapists Related to Older Driver Screening, Assessment, and Intervention and I have provided pictures to share. Please feel to contact me if you have any questions.

Respectfully,
Ranyouri Hines Senia, PhD, OTR/L, DRS, CLT
FOTA Region 9 Rep
The Health Professions Division Library and the OT Department at Nova Southeastern University (NSU) recently hosted a 3-D printed prosthetic hand assembly “party” in order to assemble five 3-D printed prostheses for children with digital amputations. The inter-professional members of the party included occupational therapy and physical therapy students led by the occupational therapy graduate students of Dr. Jerry Coverdale’s research group. These prosthetic hands will be on display in the HPD library in order to expose students to this rapidly developing technology.

3-D Prosthetic Hand Assembly Party at the Nova Southeastern University OT Department

Dr. Jerry Coverdale and Dr. Jacqueline Reese Walter coordinated this event as a celebration of Hand Therapy Week June 1-5, 2015. Their aim was to promote awareness about the specialty focus of hand therapy within the occupational and physical therapy professions. Students who participated demonstrated evaluation tools such as grip and pinch strength testing, light touch and stereognosis testing, and edema evaluation. Students also demonstrated fabrication of various upper extremity orthoses as well as, adaptive ways to dress following a hand injury.

“It was exciting to see busy students donate their time for such an amazing cause and find creative ways to overcome some of the challenges that were presented to them in the prosthesis assembly process” stated Dr. Jacqueline Reese Walter Ph.D., OTR/L, CHT, assistant professor at NSU.

The 3-D printed hands may also be donated to children in need of a prosthetic hand via the e-NABLE project. NSU is now an approved provider of 3-D printed prosthetic hands for e-NABLE, a non-profit organization who matches up children in need of prosthesis with a provider of the printed prosthetics. E-NABLE is a passionate group of volunteers which is comprised of engineers, academicians, students, occupational and physical therapists, 3-D print enthusiasts and others who want to make a positive difference in the world. They have provided an estimated 1500 free hands around the globe. A hand can be provided for a child at a cost of approximately $50 compared to the thousands of dollars a traditionally manufactured prosthesis can cost. This is invaluable when a growing child may outgrow their prosthesis within 6 months to a year. If you know someone in need of a 3-D printed prosthetic hand please visit www.enablethefuture.org, complete the intake form on the e-NABLE website and hit submit. For additional information please contact Dr. Jerry Coverdale at jcoverdale@nova.edu.

The event successfully provided valuable education to other health care profession students about the role of OT and PT in hand therapy.
New team members of the Fort Lauderdale Master of Occupational Therapy Class of 2016 became certified last summer with the Community Health Environmental Checklist Mobility (CHEC-M) from Washington University (WU) and conducted their first visits using the checklist at restaurants at the Fountain Shoppes in Plantation Florida. The purpose of the CHEC-M is to assess the usability of public environments for persons with mobility impairments. Assessments by the team will be sent to WU for uploading to their website that may be accessed by individuals visiting the area for pleasure or business who desire information about the ease of parking, entering the building, use of facilities, and public bathrooms. The students plan to visit and assess other community venues in the greater Fort Lauderdale area. The team members, featured from left to right, consist of Professor Rachelle Dorne, M.Ed., Ed.D., OTR/L, CAPS, and the following second year students: Michelle Schlesinger, Jennifer Kane, Grace Evasco, Alexis Smith Issacs, Brittany Augustin, Brianna Ruja, Kathryn Fortenberry Hayes, and Cheryl Voyles. For more information about the project, please contact Dr. Dorne at dorne@nova.edu.

FAMU Master of Science in Occupational Therapy students participated in CarFit at the FAMU-FSU College of Engineering as part of National Transportation days.

Volunteer Coordinator News
Benefits: Benefits -network
• make new friends
• learn from peers
• career advancement
• share your experiences
• have fun

“Looking Forward to Seeing Everyone in November” Contact me anytime at sueslearning@gmail.com for FOTA Volunteer Opportunities
Sue A. Guerrette OTD, OTR/L, BCG (2009-2014), CAE

#FOTA15 RAFFLE
We are seeking Raffle items for conference, please contact us if you would like to donate.
email: fota.janine@gmail.com
Build your career with Miami Children’s Health System! We are looking for talented, enthusiastic, driven individuals who are great collaborators and want to grow with us!

About Nicklaus Children’s Hospital: Nicklaus Children’s Hospital, part of Miami Children’s Health System, is one of the nation’s premier pediatric health care systems with facilities in Palm Beach, Broward and Miami Dade counties. The only licensed free-standing specialty hospital exclusively for children with 289-beds. We are renowned for excellence in all aspects of pediatric medicine with several specialty programs ranked among the best in the nation in the 2014-15 rankings by U.S.News and World Report. Nicklaus Children’s has also been designated an American Nurses Credentialing Center (ANCC) Magnet facility since 2004. Our Ambulatory Care Centers are conveniently located throughout South Florida:

To learn more & apply, visit our Career webpage: www.wearemch.com

Palm Beach Gardens  Miami Lakes  West Kendall
Weston  Miramar  Doral  Midtown  Palmetto Bay

Semi-annual Florida Occupational Therapy Educational Consortium (FLOTEC) meeting at Nova Southeastern in Tampa.

On September 19, 2015, FOTA president Elena Vizvary met with FLOTEC members and discussed continued FLOTEC and FOTA collaborative efforts.

FOTA brand posters were distributed to meeting attendees. (top: Flotec’s Pam Kaysan-Howe and FOTA’s Elena Vizvary. Bottom: Bonnie Inkel, faculty at Keiser Jacksonville, notes FOTA logo on poster.)

#FOTA15 BRONZE SPONSOR
What’s in Your Bag?

Nova Southeastern University faculty teaching the Adult Intervention Course to year II students were repeatedly disheartened when occupation-based intervention approaches being taught and encouraged were not being supported in many fieldwork clinic settings. In order to help students lead the way and bridge the gap between academia and clinic, course instructors, Dr. Jerry Coverdale and Dr. Adrienne Lauer instituted an assignment early on in their course to assist students in being “armed in occupation” when they entered the clinic.

The assignment (in part) read as follows:

“This assignment will assist you in bridging the gap between your academic learning and your fieldwork experience.

For this assignment, you will complete the occupation-based worksheet and assemble an occupation-based activity kit using the following guidelines:

1. Assemble common everyday objects that can be found around your house, at big box stores, and the dollar store that can be used to facilitate occupation in a treatment session.
2. The activities you assemble must be age appropriate for the setting in which you are currently assigned.
3. The activities you assemble must be appropriate for the continuum of care in which you are currently assigned.
4. The activities should be small enough to carry to the clinic in a carrying tote.
5. Keep in mind your activity may be a component of a larger activity which can be used to grade the activity.
6. Include 7-10 activities in your tote bag.

Students were asked to bring their “tote” to class and present one or two of the occupations they included in their bag! Ideas students shared included check writing activities, money management, nail care activities, meal prep activities, shopping activities, simulated pet care activities, laundry activities and more!

Ultimately the students were encouraged to bring the tote to their fieldwork clinical setting to utilize with clients as appropriate. Reception was mixed! One student reported their CI actually had a tote and it was better than theirs – so they went with that of the CI! YEA! Some students were allowed to use activities from their tote with clients during interventions for standing balance. This of course is the response we hope will become the norm! One student was told, “You can leave that in the car.” Some CI’s responded that they liked the idea “but we don’t have time for that.” Some CI’s responded by saying the tote was “amazing” and “a good idea” but chose activities such as searching for pegs in putty or the arm cycle and pegboard activities over using the tote.

Students remain optimistic and encouraged about occupation despite the underwhelming response some received. Course instructors were encouraged as well by the assignment and the potential to empower students in the clinic setting to use their knowledge to influence and steer their own practice.

A new team of members of the Fort Lauderdale Master of Occupational Therapy Class of 2016 became certified last summer with the Community Health Environmental Checklist Mobility (CHEC-M) from Washington University (WU) and conducted their first visits using the checklist at restaurants at the Fountain Shoppes in Plantation. The purpose of the CHEC-M is to assess the usability of public environments for persons with mobility impairments. Assessments by the team will be sent to WU for uploading to their website that may be accessed by individuals visiting the area for pleasure or business who desire information about the ease of parking, entering the building, use of facilities, and public bathrooms. The students plan to visit and assess other community venues in the greater Fort Lauderdale area. The team members, featured from left to right, consist of Professor Rachelle Dorne, M.Ed., Ed.D., OTR/L, CAPS, and the following second year students: Michelle Schlesinger, Jennifer Kane, Grace Evasco, Alexis Smith Issacs, Brittany Augustin, Brianna Ruja, Kathryn Fortenberry Hayes, and Cheryl Voyles. For more information about the project, please contact Dr. Dorne at dorne@nova.edu.
Medicare Information from First Coast Service Options Inc.

First Coast Service Options, Inc., (First Coast) is the Medicare Administrative Contractor for jurisdiction 9, serving Medicare providers and beneficiaries in Florida, Puerto Rico, and the U.S. Virgin Islands. The Provider Outreach and Education department has been working to promote Electronic Remittance Advice (ERA) to those providers still receiving paper remittances through regular mail. We have been performing focused education by reaching out to those providers that we show still receiving paper remittances and offering education and assistance. With this email, we are continuing our efforts on educating providers about ERA.

I’m writing to you requesting your assistance in dispersing the attached flyer/information to your peers, colleagues or members. This flyer provides additional information about ERA, including free software and additional resources. There are numerous benefits to the use of ERA and it is First Coast’s endeavor to assist providers in this transition so that they may reap the entire benefits of moving forward with technology. Any assistance you can provide in sharing the attached information would be greatly appreciated.

If you are able to distribute this information, please share any or all of the following back with us:

- How and when did you distribute the article?
- To what total number of members or colleagues was the information distributed (estimates are fine)?

Please don’t hesitate to let me know if you have questions or need additional information. Thanks for your partnership in reaching our Medicare provider community!

Thank you,
Stephanie Scott, CPC-A
Provider Relations Representative

Electronic remittance advice -- what you need to know

Background and resources

What is Electronic Remittance Advice (ERA)?

ERA is the electronic version of the standard paper remittances (SPR) that notify providers, billers, and suppliers of their claim payments and adjustments. These electronic notifications provide the same information that is found on the SPR, as well as additional information, including additional data and administrative efficiencies, not available in an SPR.

How is ERA generated, and how can the information be viewed?

The ERA is produced in the Health Insurance Portability and Accountability Act of 1996 - Compliant Accredited Standards Committee (ASC) X12N 835 format, often referred to as Transaction 835. This file is not easily readable and must be converted to a readable format. The Centers for Medicare & Medicaid Services (CMS) provides free software for use in the conversion.

- For Part A: PC-Print
- For Part B: Medicare Remit Easy Print (MREP)

ERA resources

- PC-Print is free software provided by CMS for Part A providers: http://medicare.fcso.com/PC-print_software/
- MREP is free software provided by CMS for Part B providers: http://medicare.fcso.com/MREP/
- Electronic Data Interchange (EDI) Enrollment form is the form for Medicare providers who want to apply for or revise existing information pertaining to ERA: http://medicare.fcso.com/EDI_forms/137486.pdf
- Frequently asked questions on ERA and PC-Print for Part A providers: http://medicare.fcso.com/FAQs/205645.asp
- Frequently asked questions on ERA and MREP for Part B providers: http://medicare.fcso.com/FAQs/205762.asp
The North Central Florida Occupational Therapy Forum's 5/19 “Speed Dating with an OT” Community Event was a success! 76 participants total! 26 Occupational Therapy community practitioners participated, including 18 from within the UF Health organization. Various clinical settings were represented to demonstrate occupational therapy service delivery across the continuum of rehabilitation and mental health care from pediatrics to geriatrics and to translate the profession's contribution and distinct value to overall health and wellbeing. Occupational therapy's distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary and familiar activities of everyday life. Occupational therapy is client centered, achieves positive outcomes and is cost-effective. Acute rehab, inpatient rehab, skilled nursing, hand therapy, outpatient orthopedics, outpatient neuro/movement disorders, contract/traveling therapy, research design and implementation, occupational therapy management, home health, mental health, pediatric outpatient, and occupational therapy entrepreneurial opportunities were just a few of the areas highlighted.

The North Central Florida Occupational Therapy Forum is a local chapter of professionals and students invested in the promotion of the profession and the clients it serves. The forum meets the third Tuesday of every month and partners with the Florida Occupational Therapy Association and the American Occupational Therapy Association. Contact Becky Piazza piazzr@shands.ufl.edu and check us out on Facebook! https://www.facebook.com/pages/North-Central-Florida-OT-Forum-FOTA-Region-3/152936268081648?ref=hl

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Annual Legislative Social

Nova Southeastern University
Terry Building
3200 S. University Drive
Fort Lauderdale, FL 33328

Sign-in 5:30 followed by a meal
and networking until about 6:30.

2 CEs awarded to attendees

Wednesday, October 21st from 6:30 - 8:30.

Tentative agenda
Hector Huerta: 6:30 - 6:45 Region 7 introductions and welcome
John Ray: 6:45 - 7:15 followed by 5 minutes Q&A
Topic: Updates on the focus of the AOTA Legislative Affairs
Rene Hinson: 7:20 - 7:50 followed by 5 minutes Q&A
Transforming operations: Occupational Service Delivery within the Framework of the Affordable Care Act
Evelyn Terrell: 7:55 - 8:25 followed by 5 minutes Q&A
Topic: Telehealth: Ethical, Legal and Regulatory Considerations

www.fota.org
How to facilitate lifelong learning in the occupational therapy profession
Kurt K. Hubbard, PhD, OTD, OTR/L, National Dean of Occupational and Physical Therapy Studies and Associate Professor at Remington College

AOTA’s Centennial Vision states “We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs” (AOTA, 2007). The best way to achieve the intended result of this vision is through members engaging in lifelong learning. One way to do this is for Occupational Therapy (OT) educators to embrace the continuum of healthcare professional education. The impetus for this article is to set into motion a discussion that develops a clinician from school admission to retirement that values, exemplifies, and assesses lifelong learning skills. These skills are desired and needed in today’s healthcare environment. They emphasize interprofessional and team-based education and practice; employ tested outcomes-based continuing education methods, and link healthcare professional education and the delivery of care. The necessary steps to achieving this must include encouraging an understanding of and support for cultivating quality lifelong learning. This can be done by facilitating the collaboration among stakeholders responsible for the interdependent elements of this vision. This would include academic institutions, healthcare systems, continuing education providers, accrediting bodies, licensing and credentialing boards just to name a few. Here are a few ideas that could be implemented to facilitate lifelong learning:

1. Implement new and emerging practice findings from the extensive literature to improve the quality of continuing education (CE). This will improve the visibility of OT in these new areas while also demonstrating the need for OT services secondary to the positive outcomes achieved.

2. Decrease the focus on the didactic lecture as the primary format for CE. Traditional CE models focus on meetings, conferences, courses, and in-service training delivered via didactic methods. Although this method is effective at transmitting new knowledge or delivering updates, there is little evidence that they produce change in the practice of OT (Buchanan, 2011).

3. Increase awareness of practice-based learning. Many OT/OTA programs have undertaken shifts towards problem-based learning. However, most entry-level programs continue to rely on a primarily didactic, lecture-based approach, followed by rotations through standard clinical settings, with the emphasis still, for the most part, on knowledge acquisition and application (Royeen, 1995).

4. Facilitate interprofessional education at the entry-level as an opportunity to provide CE. There are compelling studies and reviews that suggest the positive impact of the development of interprofessional teams in primary care, geriatrics, and other specialized areas of OT (Volz, 2005). Using this literature provides evidence for the need to educate new and practicing healthcare professionals simultaneously and collaboratively.

The implementation of these 4 suggestions need to take place in 3 areas; education, practice, and regulatory.

1. Education: These suggestions should be realized by academic institutions, which include those faculty members responsible for basic and undergraduate training, encouraging them to promote interprofessionalism, collaboration, and the development of lifelong learning skills. To go one step further, these recommendations should also include the providers of CE (both educational leaders and facilitators) who support the adoption of innovative and more learner-centered teaching methods. These shifts in the preparation of faculty redesign of curricula and development of relevant resources requires “buy-in” on the part of the OT/OTA programs regarding the importance of these skills.

2. Practice: These suggestions should be made and implemented within healthcare institutions and systems, insurance agencies, and other consortiums to support developments in the workplace as well as interprofessional and lifelong learning.

3. Regulatory: Recommendations should be made and heard by the accrediting bodies. In OT, lifelong learning is established by appropriate and supportive accreditation standards. These suggested changes encourage the inclusion of diverse, evidence-based methods for the delivery of CE. This should facilitate information being integrated into practice and delivered more efficiently in the workplace. Similarly, accrediting bodies responsible for entry-level education should be encouraged to support the development of lifelong learning skills and to recognize workplace learning in the programs they oversee.

4.
In conclusion, lifelong learning should be specific to identifying key competencies including the following: understanding of evidence-based practice, familiarity with literature search and retrieval strategies, practice-based learning and improvement methods, and self-reflection and assessment. The process of lifelong learning represents the value of OT, which leads practitioners to attaining complex, critical competencies to meet the needs of society. Some of the suggestions put forth are being implemented at some level and there has been some progress made. If we as a profession can continue with the resolve and fortitude to implement some of these changes, we can continue to get noticed by the healthcare environment as the “difference makers” that we have been for almost a century.

References:

Hand Therapy Week
Dr. Jerry Coverdale and Dr. Jacqueline Reese Walter coordinated a celebration of Hand Therapy Week June 1-5, 2015 with OT and PT students at Nova Southeastern University. Our aim was to promote awareness about the specialty focus of hand therapy within the occupational and physical therapy professions. Students who participated demonstrated evaluation tools such as grip and pinch strength testing, light touch and stereognosis testing, and edema evaluation. Students also demonstrated fabrication of various upper extremity orthoses. The event successfully provided valuable education to other health care profession students about the role of OT and PT in hand therapy.
The Breastfeeding Mother: Does Difficulty with Breastfeeding Affect Occupational Performance and Role Satisfaction in the Post-Partum Period?

Anjali Kher Parti, OTD, OTR/L, Academic Fieldwork Coordinator in the OTA Program at Remington College and Kurt K. Hubbard, PhD, OTD, OTR/L

I was an Occupational Therapist before I acquired the occupational role of mother. Awareness of the psychosocial stressors and the ability to view this new role as multi-faceted helped me be cognizant of my own personal signs and symptoms of depression during the post-partum period. This knowledge base helped me identify that I had a very difficult time achieving role satisfaction. For me, the source of my difficulty transitioning to my new role was anxiety with milk supply and the consequent poor weight gain in my first newborn. What I had perceived would be a natural and relaxing bonding experience with my newborn proved to be the exact opposite.

The Issue:
As an Occupational Therapist, I have identified this topic as an emerging practice area for our profession and one that can facilitate the transition to the very important new role as a mother. There are an infinite amount of social and familiar stressors relating to the importance of breastfeeding on the new mother. “Perceived breast-milk inadequacy is underpinned by a complex and synergistic interaction between socio-cultural influences, feeding management, the baby’s behavior, lactation physiology and the woman’s psychological state” (Dykes & Williams, 1999; p. 232-246). Lactation problems are common even among mothers who are motivated to breastfeed. If the situation is not handled properly, inadequate milk supply can lead to excessive infant weight loss and in some cases even death (Dewey, Nommsen-Rivers, Heinig, & Cohen, 2003). Literature suggests that stressors on mothers engaging in breastfeeding during the post-partum period do indeed impact occupational performance (Labarere, 2012). OT must understand how common difficulties with breastfeeding impact occupational performance (Pitonyak, 2014). Is this new reality stressful to the new mother who is trying her very best to heal, return to her prior level of function, live up to societal pressures to breastfeed and meet all needs of her newborn? Yes!

Relevance to OT:
Feeding has been identified as a primary occupation of mothering, important not only for nutrition, but for the biopsychosocial development of the child, including attachment (Whitcomb, 2012). The expertise of occupational therapy practitioners in establishing performance patterns is a good fit for clients desiring to initiate and maintain breastfeeding in balance with other occupations and roles (Pitonyak, 2014). As an educator, I educate my students on the benefits of the interdisciplinary approach. Breastfeeding includes interdisciplinary collaboration with nursing, lactation specialists, and other health professionals which is necessary for defining the role for OT, particularly in establishing and supporting breastfeeding routines (Pitonyak, 2014).

Future Plan:
My plan is to conduct a study with new mothers who delivered their babies in the past 24 months. Participants will receive surveys consisting of open-ended questions specifically geared to psychosocial aspects of the breastfeeding experience. Qualitative and quantitative data will be collected and analyzed to explore themes regarding occupational performance. I would also like to explore if we can work alongside Lactation Consultants and assist with positioning and coping strategies by providing the Canadian Occupational Performance Measure pre and post intervention. Ultimately, I would like to provide an OT intervention model to help mitigate the post-partum depression and anxiety symptoms related to breastfeeding with a functional approach.

Most importantly, my plan is to continue to bring awareness of this topic to my fellow OT practitioners with an aim to facilitate a woman’s transition to her new role as a mother in hopes to increase role satisfaction. My vision is to ultimately increase awareness of the reality of this difficult transition and how OT can help.

Anjali K. Parti, OTD, OTR/L
Dr. Parti is the Academic Fieldwork Coordinator in the OTA Program at Remington College

References
OT and Telemedicine Vs. Telehealth. What is Telemedicine?
Prachi Rathi OTR/L, LMT, MHA, CAPS 904-880-9900 X 112 prachi@prismhealthservices.net

American Telemedicine Association defines “Telemedicine” as, the use of medical information exchanged from one site to another via electronic communication to improve a patient’s clinical health status.

While this term may be unfamiliar to many, as it was for me until 9 years ago, this method of practice of healthcare is over 40 years old! It is hard to believe, that even though we have been in healthcare for such a long time, some of us have not heard of this term. Quite a few do not know why it was introduced and what amazing things are already happening in our country and the world in this field!

Most of us have seen a very preliminary glimpse of telemedicine and didn’t think much about it. Remember, working in a hospital, especially in ICU, where if, you were to do bedside ADLs, you were fiddling with multiple wires attached to a box in the patients’ gown pocket! The Telemetry! That device was transmitting the patient’s vital signs to the nurse’s station wirelessly during the activity. The nurses are able to keep track of each of the patients’ condition, sitting at the nurse’s station! That is Telemedicine in practice.

Thanks to the significant development in technology, these days it has significantly expanded much further than the ICU walls. These days Doctors are able to consult with the patients from their offices and even their homes 1000s of miles away! Today the doctor can hear a patient’s heart beat including all the nuances (murmurs, etc.) which is as clear as being in person or even better. Dermatologists are able to examine any abnormalities of the skin, Cardiologists are able to examine the heart, etc. and make therapeutic recommendations all remotely. Surgeons are able to perform surgeries remotely as well. Amazing..., sure!

Benefits of Telemedicine: There are several benefits in every aspect of healthcare, I will mention a few:

- Rural Healthcare has always been known to suffer due to limited access to healthcare experts
- Stroke intervention in rural hospitals has significantly improved due to access to Neurologists
- Radiological readings have improved where proper diagnosis and intervention are being effectively administered
- School Based Telemedicine allows:
  - Access to children who are bound to their homes due to illness, as well as
  - School health professionals are able to avoid sending kids home for minor illness which results in lost work and pay for many parents.
- Mental Health patients are able to receive healthcare from the comfort of their homes, decreasing anxiety/risks involved with traveling to healthcare clinics.
- Seniors in Nursing homes do not have to expend energy to visit the specialty doctors when they can consult the doctor from their facility, saving the patient / facility transportation cost.
- All patients have access to specialists even in areas where the doctors / specialists are sparse. All these years, this field has been dominated and used by physicians thus the probable coining of the word “Telemedicine”. However, over the last 1-2 decades other experts from other fields have begun understanding and exploring the potential of provision of healthcare while overcoming the distance barrier! This opened up a huge debate of what term is the correct term to use for this type of healthcare delivery. Telemedicine was deemed to be limiting to the practice of “medicine” which was the domain of physicians only. Thus, the term “Telehealth” was coined at the national level, to accommodate the practice of allied professional as on this innovative healthcare delivery platform.
- Gradually the states began considering the correct use of terminology to reflect appropriately what is included in this method of healthcare practice. Currently, each state has a different interpretation of and reimbursement criterion for the word “Telemedicine” and “Telehealth”.

The world:
You would be amazed to know that there are several third world & developing countries, who do not have proper access to health care, are now using Telemedicine to access healthcare professionals & experts all over the world. For instance, an orphanage in Guatemala is able to access pediatric physicians in Georgia for consultation via telemedicine. There as been care provided by health care professionals in countries like Haiti, Honduras, India, etc. There are many more stories and articles re: creative and innovative ways of delivering telemedicine in other countries as well.

Our Country:
There are lots of positive things happening all over the country in the area of Telemedicine. Some of the recent developments are mentioned here:

- Indiana: Signed into law on 5/5/15 - SB 358: Medicaid reimbursement to pharmacists for medication therapy management via telehealth.
- Georgia: Signed into law on 5/20/15 - HB 505: includes PT in Telehealth!
• Minnesota: Signed into Law on 5/22/15 - HF 1638: Telehealth parity under private insurance
• Maine: Signed into Law on 6/2/15 - LD 662: Out-of-state telemedicine license registration

State of Affairs in Florida:
Definition of Telemedicine in Florida:
  
  **64B8-9.0141 Standards for Telemedicine Practice.**

  (1) “Telemedicine” means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.

This is the most current 2014 language of the Florida Board of Medicine which is clearly limited to Florida Physicians and Physician Assistants!

Florida is in its infancy stage, in the field of Telemedicine, and the work to begin collaborating and uniting to present to our legislators, so that the law allowing the use of Telemedicine can be passed in Florida. This work began with some help of from our neighboring state Georgia. GA has been successful in establishing a wide network of practitioners, who provide healthcare via Telemedicine all across the state. Some of the Florida leaders who have been the champions of Telemedicine / telehealth in Florida are Rep. Mia Jones, Rep. Cummings, Sen. Rene Garcia, Sen. Arthenia Joyner, Sen. Aaron Bean, etc.

We in Florida would like to start out on the right foot, thus, I will call this “Telehealth” from this point forward.

In Florida, this debate started during Governor Jeb Bush’s administration, at the tail end of his term and then was placed on the back burner due to other seeming priorities on the legislative agenda. Last year, a few of the stakeholders have been meeting in three different parts of the state to brain storm and strategize our approach to the Florida legislation in order for them to get engaged and pass a favorable bill re: Telehealth! There has been some movement in the legislative sessions on this topic.

Southeastern Telehealth Resource Center (SETRC) which works under the umbrella of Georgia Partnership for Telehealth (GPT)

**Our Profession: OT**

I had invited Rep. Mia Jones to my office in Dec. 2014, to show her how Occupational Therapists can impact people’s lives. OTs successfully keep them safe at home allowing them to Age-In-Place. We discussed how OT use of Telehealth may save a lot of tax payer dollars and thus, OT needs to be included in the bill. I have urged Rep. Jones to include our profession (I have included all other allied licensed professions) when proposing the language for the bill. I forwarded (a sample of legislative language from another state) to her, to include in the bill.

Currently, we need all the support we can get. If you know your local legislator / representative, senator make an attempt to meet with them, explain to them how paramount our profession is going to be in making lives better for the public and saving valuable dollars! Let us all work together to move this forward in Florida.

Where even the third-world and developing countries are beginning to recognize the value of Telehealth and use it to their benefit, we Floridians in a developed nation, cannot afford to be left behind!

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Click on the following links for more info regarding the aging in place and specialty certs available.

- Alzheimer’s disease Initiative-
- Home Care for the Elderly
- National Family Caregiver Support Program
- Grandparents caring for Grandchildren
- Specialty Certification in Environmental Modifications (SCEM) from AOTA-
- Certified Environmental Access Consultants
- Executive Certificate in Home Modification
- Rebuilding Together
Welcome to the FOTA15 Conference Guide. Here is a list of the course offerings and schedule.

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**344 Torticollis: Fresh Treatment Approach**
**Nancy Neiditz, PT**
February 20, 2016
Tampa, FL Tampa General Hospital

**226 Respiratory Muscle Strength Training**
**Erin Silverman, Ph.D. CCC/SLP**
November 7, 2015
Ocala, FL HealthSouth

**179 OSTEOPOROSIS: The Meeks Method**
**Sara M. Meeks, PT, MS, GCS, KYT**
April 9-10, 2016
Orlando, FL Florida Hospital

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**114 Donatelli’s Pathophysiology and Mechanics of the Shoulder with Lab**
**Robert Donatelli, Ph.D, PT, OCS**
March 5-6, 2016
Orlando (Maitland), FL ProForm PT

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For information visit:
www.motivationsceu.com
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FOTA 2015 Education Sessions

Conference Home  l  Conference Registration

FOTA 2015 Conference Institutes: Earn an additional 4 CEUs!!!
4-hour Pre-Conference Institute. Please note there is an additional charge for these courses and you can select which institute(s) you would like to attend when you submit your conference registration form.

IN-1 Home Modifications Institute for the OT Practitioner
This institute is dedicated to the occupational therapy environmental modification practice. Therapists will learn about the tools they need to assess environments for safety and function while making recommendations for products and services that support long term living and aging in place.

IN-2 AT for OTs in the Schools
This session will cover resources and materials for supporting IEP teams’ consideration and use of assistive technology (AT) in the schools. Specific Florida resources will be shared to help OTs be more familiar with AT and incorporate it into their treatment sessions. Free tools and resources will be shared.

IN-3 OT Toolbox
Treatment tools for Visual processing to enhance outcomes through a single case series review, discuss progression through a visual perceptual strengthening program to improve visual processing skills. Review methodology and practical application of the tools that has enhanced learning to meet daily needs through movement, handwriting and communication methods.

IN-4 The Occupation of Sleep
Sleep impacts every aspect of an individual’s occupational participation. In this institute participants will learn the neurophysiological basis of sleep, strategies for assessment and client centered evidence-based interventions for promoting health and balance. Experiential and practical applications will be included.

IN-5 Evidence-Based Research and the Patent Process Made Easy
This "Institute" is intended to demonstrate how occupational therapy professionals can bring their visions and innovations derived during practice to other clinicians around the globe through the use of a patent.
FOTA 2015 Conference SIS Buzz Sessions

- BZ-1 The Future is Now: Technology and Home Health Care by Julie Ring, MS, OTR/L
- BZ-2 Therapeutic Use of Crafts For the Physically Disabled, Kristin Salvato, MOTR/L
- BZ-3 Are we using the Sensory Integration fidelity principles within our treatments? And what does that mean for Thomas Decker OTD, OTR/L
- BZ-4 The distinct value of occupational therapy in improving quality of life for older adults Belkis Landa-Gonzalez, EdD, OTR/L
- BZ-5 Making Our Way Back: Opportunities and Challenges in Re-entering Mental Health Mirtha Whaley, PhD, MPH, OTR/L
- BZ-6 Creating the Consultant Therapist for Community-Based Practices, Kathleen Frahm OT
- BZ-7 Occupational Therapy and RTI: What’s Happening Now in Florida? Thoughts and Ideas on Integrating OT further into RTI! Kristin Winston PhD, OTR/L
- BZ-8 Do Play Video Games and Use Internet Help Your Patients? Pey-Shan Wen Ph.D., OTR/L
- BZ-9 Exchange of ideas on mobile apps geared toward management of age-related macular degeneration, Rick Davenport Ph.D., OTR/L
- BZ-10 Work In Progress: Occupational Therapy in Transitional Return to Work Programs Melissa Cunningham MHS, OTR/L, CHT, CEAS
- BZ-11 Addressing Patient Attendance Rates, Tim Finlan OTR/L
- BZ-12 FOTA President Meets with Students, Elena Vizvary MS, OTR/L
FOTA 2015 Conference Workshops

• WS-2 A Journey in Volunteering, Mentoring and Leadership, Sara-Jane Crowley, Adv.Dip.OT, OTR/L
• WS-3 The Role and Contribution of OT Services in Emergencies and Disasters; Michael Steinhauer, OTR, MPH, FAOTA
• WS-4 Virtual Dissection in Teaching Basic Sciences for Entry-Level and Continuing Education Using a Blended Model, Thomas Arnold PhD
• WS-5 Medication Management Evaluation and Intervention, Jaclyn Schwartz PhD, OTR/L
• WS-6 Evidence and Applications of Mindfulness in Occupational Therapy, Ricardo Carrasco PhD, OTR/L, FAOTA
• WS-7 Incorporating Low Vision Assessment and Strategies Into Practice, Yu-Pin Hsu, EdD, OT, SCLV
• WS-8 Pediatric Pain: Not Just a Face on a Scale, ErinDavis M.S., OTR/L
• WS-9 Legal Issues and Fieldwork, Pamela Kasyan-Howe MS, OTR/L
• WS-10 Art, Movement, and Play: Healing Trauma Exposure - Building Natural Resilience, Sharon Robertson PHD ATR OTR/L
• WS-11 Playapy’s Smart Guide to Printing Letters, Amy Baez MOT, OTR/L
• WS-12 Understanding executive functioning: applications for occupational therapists in and out of the classroom Megan Hyman M.S., OT/L
• WS-13 Grassroots Mentoring for Leadership Susan Hermes MS, BCP, OTR/L
• WS-14 Lifestyle Mobility Program: Wellness & Joint Care for Community Dwelling Older Adults Suny Faradj-Bakht MS, OTR/L
• WS-15 The role of postural stability in manual dexterity and fine motor coordination; applications for treatment and implications on function in the pediatric population Amanda Mihelich MOT, OTR/L
• WS-16 Ethics and Fieldwork Education: Keys to ethical practice Shirish Lala MHS, OTR/L
• WS-17 Understanding and applying kinesiology tape using the Neurostructural Microcirculatory Approach Marcia Hamilton MSHS, OTR/L, BCP, NSTP-1
• WS-18 Value-Based Purchasing: Are YOU Part of the NEW Healthcare Paradigm? Katie Hasse OTR/L, MBA
• WS-19 Cultivating evidence based, occupation rich culture through documentation: Use of the electronic medical record (EMR) in an inpatient rehab hospital to promote occupation through occupational terminology and occupation based opportunities Becky Piazza MS, OTR/L
• WS-20 ANIMAL ASSISTED THERAPY: Is there a dog in the house? Henri Nolin Master K9 Trainer, CPP, CFR
FOTA 2015 Conference Short Courses

- SC-2 Comprehensive Behavioral Intervention for Tics and Tourette Syndrome; An OT Behavioral Therapy Program, Heather Simpson, MOT, OTR/L
- SC-3 Sexuality and the Roles of Occupational Therapy, Mariana D'Amico, EdD, OTR/L, BCP, FAOTA
- SC-4 Moving To Doctoral Education: Other Professions’ Logic, Ron Carson MHS, O
- SC-7 Sensory Processing and Learning Disabilities: Case Studies of a Neurodevelopmental Approach to Assessment and Successful Treatment in a Pediatric Population. Tim Conway, Ph.D.
- SC-8 Designing safe, playful and fidelity-based sensory integration environments. Gustavo Reinoso, PhD, OTR/L
- SC-9 Electrical Stimulation and Occupational Therapy Interventions, Divya Desai, OTD, OTR/L
- SC-11 Therapists' Treatment Approach in an Adult Inpatient Rehabilitation Setting. Lynne Richard, PhD, OT/L
- SC-12 Does Occupational Science Inform Occupational Therapy or Vice Versa? Ricardo Carrasco, PhD, OTR/L, FAOTA
- SC-13 Constraint-Induced Movement Therapy in Pediatrics: Program Development and Outcomes. Teresa Dufeny, PhD, OTR/L
- SC-14 Building Capacity for Lifespan Leadership, Sandra Dunbar, DPA, OTR/L, FAOTA
- SC-15 Engaging in Occupation with Windows 8 Speech Recognition Software. Adrienne Lauer, EdD, OTR/L
- SC-16 Cyber-Education: An Introspective look at doctoral students: An experience in the timely exchange of advanced theory and knowledge with their faculty-mentors. Stanley Paul, PhD, MD, OTR/L
- SC-17 Caregivers Concerns about Drivers with Memory Disorder. Dennis McCarthy, PhD, OTR/L
- SC-18 Today's fieldwork students and fieldwork educators: The impact of generational cohorts in contemporaneous practice. Gustavo Reinoso, PhD, OTR/L
- SC-19 Mirror Therapy/Graded Motor Imagery, Marsha Shuford, OTR/L, CHT, CLT
- SC-20 Family Based Intervention for Children with Sensory Processing Disorders: We Play Too! Gustavo Reinoso, PhD, OTR/L
- SC-21 Servant Leadership: A Model for Clinical Fieldwork Educators, Kristin Winston, PhD, OTR/L
- SC-22 Tailored Activity Program Intervention for Managing Dementia Linda Struckmeyer, MA, OTR/L, ATP
- SC-23 Telehealth: Ethical, Legal, Regulatory and Evidenced-Based Practice Considerations in Occupational Therapy, Evelyn Terrell, OTD, MHSA, OTR/L
# Schedule

**Friday, November 6, 2015**

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## Registration For Institutes

**REGISTRATION OPENS UP FOR NON-INSTITUTE ATTENDEES**

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<td><strong>IN-1</strong> Home Modifications Institute for the OT Practitioner</td>
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<td><strong>IN-2</strong> Assistive Technology for OTs in the Schools</td>
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<td><strong>IN-3</strong> An OT’s Toolbox: Making the Most Out of Visual Processing Skills</td>
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<td><strong>IN-4</strong> The Occupation of Sleep: Neurophysiology, Assessment and Intervention</td>
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<td><strong>IN-5</strong> Evidence-Based Research and the Patent Process Made Easy</td>
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## LUNCH

**KEYNOTE SPEAKER Dr. Cynthia Hughes Harris / Ballroom**

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<td><strong>WS-10</strong> Art, Movement, and Play: Healing Trauma Exposure - Building Natural Resilience</td>
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<td><strong>SC-2</strong> Comprehensive Behavioral Intervention for Tics and Tourette Syndrome: An OT Behavioral Therapy Program</td>
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<td><strong>BZ-6</strong> Creating the Consultant Therapist for Community-Based Practices</td>
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## Exhibit Hall Open

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<td><strong>SC-2</strong> Sexuality and the Roles of Occupational Therapy</td>
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<td><strong>SC-8</strong> Designing Safe, Playful and Fidelity-Based Sensory Integration Environments</td>
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Winter 2015  
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<tr>
<td>7:30 am</td>
<td>REGISTRATION</td>
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<td>8:00</td>
<td>SC-20 Family-Based Intervention for Children with Sensory Processing Disorders: We Play Too!</td>
<td>UNIVERSAL C</td>
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<td>8:00</td>
<td>WS-5 Medication Management Evaluation and Intervention</td>
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<td>SC-23 Telehealth: Ethical, Legal, Regulatory and Evidenced-Based Practice Considerations in Occupational Therapy</td>
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<td>WS-7 Incorporating Low Vision Assessment and Strategies Into Practice</td>
<td>UNIVERSAL F</td>
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<td>WS-14 Lifestyle Mobility Program: Wellness &amp; Joint Care for Community Dwelling Older Adults</td>
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<td>BZ-10 Work In Progress: Occupational Therapy in Transitional Return to Work Programs</td>
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<td>9:00</td>
<td>WS-9 Legal Issues and Fieldwork</td>
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<td>SC-4 Moving to Doctoral Education:</td>
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<td>BZ-8 Do Playing Video Games and Use of the Internet Help Your Patients?</td>
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<td>BZ-9 Exchange of Ideas on Mobile Apps Geared Toward Management of Age-Related Macular Degeneration</td>
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<td>SC-19 Mirror Therapy/ Graded Motor Imagery</td>
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<td>SC-12 Does Occupational Science Inform Occupational Therapy or Vice Versa?</td>
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<td>LUNCH</td>
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<td>11:30</td>
<td>Town Hall Membership Meeting &amp; Awards / Ballroom</td>
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<td>WS-12 Understanding Executive Functioning: Applications for Occupational Therapists In and Out of the Classroom</td>
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<td>WS-6 Evidence and Applications of Mindfulness in Occupational Therapy</td>
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<td>WS-18 Value-Based Purchasing: Are You Part of the New Healthcare Paradigm?</td>
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<td>BS-5 Making Our Way Back: Opportunities and Challenges in Re-entering Mental Health</td>
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<td>SC-22 Tailored Activity Program Intervention for Managing Dementia</td>
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<td>SC-19 Today’s Fieldwork Students and Fieldwork Educators</td>
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<td>SC-21 Servant Leadership: A Model for Clinical Fieldwork Educator Too!</td>
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<td>SC-15 Engaging in Occupation with Windows 8 Speech Recognition Software</td>
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<td>WS-17 Understanding and Applying Kinesiology Tape Using the Neurostructural Microcirculatory Approach</td>
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<td>WS-8 Pediatric Pain: Not Just a Face on a Scale</td>
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<td>WS-3 The Role and Contribution of OT Services in Emergencies and Disasters</td>
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<td>WS-20 Animal-Assisted Therapy: Is There a Dog in the House?</td>
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<td>BS-7 Occupational Therapy and RTI: What’s Happening Now in Florida?</td>
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<td>BS-11 Addressing Patient Attendance Rates</td>
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<td>SC-17 Caregivers Concerns about Drivers with Memory Disorder Dennis McCarthy, PhD, OTR/L</td>
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<td>SC-16 Cyber-Education: An Introspective Look at Doctoral Students’ Timely Exchange of Advanced Theory and Knowledge with Faculty-Mentors</td>
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<tr>
<td>4:00</td>
<td>BS-12 FOTA President Meets with Students</td>
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Winter 2015 www.fota.org
FOTA Executive Board:

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Region 7 Facebook
Region 7 Website

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Region 9 Central West: Ranyouri Hines
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FOCUS

• Submit Non-Advertising articles and manuscripts to the FOCUS editor at FOTA.focus@gmail.com.

• If submitting an article, please also submit a .jpg headshot. If submitting photos, please include captions and identify who is in the pictures.

• Please review Article submissions guidelines prior to submission.

• If you submit photos or articles, FOTA reserves the right to publish on our website and social media.

• FOCUS Deadlines
  • Winter - Dec. 15
  • Spring - March 15
  • Summer - June 15
  • Fall - Oct. 15