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Florida Occupational Therapy Association's Newsletter

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IN THIS ISSUE

From the Editor's Desk	2
Message from the President	3
The Role of The Nintendo Wii for Occupational Therapists as a Health Promotion Program and Therapeutic Intervention for Older Adults	5
2017 FOTA Awards	6-7
Effective Occupational Therapy Intervention for Individuals with Parkinson's Disease	8
Sexual Dysfunction in Stroke Patients: A Patient's Journey of Self Discovery Post R-CVA.	9-10
Motivations Inc Ad	11
FOTA Leadership Changes	12-13
Clinic Source	14
2017 FOTA Conference Student poster winners:	15
Assessing Individuals with Intellectual Disabilities: A Client-Centered Interaction Model	16-17
South University OTA Students designed and created a sensory garden for a local Assisted Living Memory Care facility in Tampa Bay.	17
Cost Effective Occupational Therapy Assessments for Adult and Geriatric Populations.	18
Florida Based Fellowship Program Offers Opportunity for Professional Growth	19-20
Volunteer Information	20
University of Saint Augustine, Miami Campus Masters of OT Program (SOTA), Philanthropy	21
FLOTEC Annual Fieldwork Educator of Excellence Recognition	22-23



From the Editor's Desk

Kurt K. Hubbard, PhD, OTD,
OTR/L, FAOTA

Editor, FOTA FOCUS Newsletter

fota.focus@gmail.com
khubbard55@gmail.com

Hello All FOTA Members,

The New Year is a great time to sit back and reflect on what you've have all accomplished in the past year, what you hope to accomplish

in the coming one, and what you'll need to do to make that happen. But finding a FOCUS and figuring out an approach can be overwhelming. Luckily, we are OT Professionals and are experts at this. But we all need a little inspiration to make our personal and career-related resolutions come to fruition. So whether you are in the competitive, fast-paced world of academia, in a skilled nursing facility, running a home care business, or a doctoral candidate, I wish you all the best! I hope you all consider taking on or continuing the extra responsibilities participating in the many activities that FOTA offers. I know we are all busy juggling professional and personal lives, but we all need to do our part to contribute to the greater good for our great state of Florida.

Happy New Year,
Kurt



On January 10, our annual Hill Day took place in Tallahassee. While, it was too late to include an update in this issue, please be on the lookout for updates in the next issue of FOCUS and on our website! We are very proud of our Government Affairs team and of all the FOTA members who took the time to advocate for our profession and for our organization.

Thank you for all you do!



From the President

Brent Cheyne, OTD, OTR/L
FOTA President

Happy 2018! As we say goodbye to 2017, we can all take account of the highlights, rewards, and challenges of the past year and move forward looking to improve. At FOTA, our commitment is to support you as a member in **practice, education, and**

advocacy in this new year. The FOTA board is working together on developing future leaders in our organization through our **Ad Hoc committee on Leadership Development**. After last fall's success with our OTA Leadership course, we plan to offer a continuing education course to select future leaders this spring. Our commitment is to foster and support leadership in FOTA for our success in the future. Your opportunity to be involved includes volunteering for an event, project, or committee, and serving on the FOTA board. The **FOTA Elections 2018 will take place in March**, where **nominations for President-elect and Secretary** will open on the website January 22nd.

Our **Conference Convener**, Tia Hughes, and her team will begin plans this month for **#FOTA 2018 Conference to be held at the Renaissance at Seaworld, Orlando, October 26-27**. The call for papers will open March 1st. Our goal is to involve more OT clinicians from around the state in our annual conference, and to provide an attractive array of courses on topics to be used in the field by advanced practitioners. Volunteering at conference is a great way to get involved in FOTA, and we need more help on our conference team to create another great annual conference in 2018.

In advocacy, our **Governmental Affairs Co-Chairs**, Kelly Uanino, and Sharon Rosenberg, together with our lobbying firm Corcoran & Johnston, are working hard to promote awareness of OT practice in Florida, and protect practitioners and consumers alike through their monitoring of legislation proposed during **2018 session of the Florida legislature, January 9th through March 9th**. Kelly and Sharon organized another **FOTA Hill Day on January 10th, 2018**. The agenda for the day included a variety of interactions with legislators and their staff to inform them about the importance of OT practice, the benefit of OT to Floridians, and to address issues such as the proposed bill on Telehealth. We are reaching out to OTs in Florida with expertise in Telehealth to assist us in developing a strategy to address OT in Telehealth in the future.

Other big goals for FOTA this year include building a larger group of members, especially OT and OTA clinicians. Our **Membership Chair**, Rachel Romero is developing a strategy to bring more OT practitioners into the organization, and provide greater value in membership to

all. We are examining better ways to communicate and provide information and education through our website technology, e-mails, newsletters, and our social media platforms. Our **Regional Reps** are working hard to build FOTA at the more local and grassroots level by promoting FOTA membership and supporting local OT forums and networking in their communities. The **Special Interest Sections Chairs** are providing their subject area expertise to support the practice of our members and advise all advocacy efforts in our state. And the board is working on committees to review our strategic plan, financial plan, and update our policies, procedures, and bylaws.

As **President**, my goal is to lead all these initiatives forward and provide structure and support for success in our endeavors. I hope to provide better outreach to all members so that they feel informed and included in our organization, and to encourage more and more involvement in the organization through a variety of communication platforms. I look forward to a busy and productive year.

Brent Cheyne, OTD, OTR/L
FOTA President

President@flota.org



Want to be published in FOCUS?

Send your articles, event photos and OT related info to our editor at focus@Flota.org

We are also looking for FOCUS Cover art. Do you like photography or did you take a fabulous photo on your last vacation? We would like to feature natural Florida photography on our cover page. Send your submission to the above email address and we will make sure to give you the photo credit.

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The Role of The Nintendo Wii for Occupational Therapists as a Health Promotion Program and Therapeutic Intervention for Older Adults

Sebastian Kazmierczak, OTS

Health promotion programs for older adults are important for preventing further decline in health and functioning (Agmon, Perry, Phelan, Demiris, & Nguyen, 2011; Jorgensen, Laessoe, Hendriksen, Nielsen, & Aagaard, 2012). As the current elderly population ages, there is an increased need to educate older adults about the ability to improve their occupational performance (Jorgensen et al, 2012). One method that has been used by many healthcare facilities is using video game consoles and many organizations have invested in using consoles such as the Nintendo Wii or other similar video game consoles to improve the quality of life in older adults (Agmon et al., 2011; Young, Ferguson, Brault, & Craig, 2011).

Health promotion programs with technology can improve almost all areas of occupation (Young et al., 2011). One example of a health promotion program is using the Nintendo Wii with Wii sports for golfing, bowling, and tennis or Big Brain Academy (Agmon et al., 2011; Jorgensen et al., 2012, Young et al., 2011). A study by Padala et al. (2017), found that older adults in the research group improved their static and dynamic balance on the Berg Balance Scale compared to the control group over the course of 8 weeks. The study used the research group for 45 minutes 3 times per day playing the Wii-Fit (Padala et al., 2017). Similarly, multiple research has shown that using the Nintendo Wii can be beneficial to decrease falls in community-dwelling older adults (Agmon et al., 2011; Jorgensen et al., 2012; Young et al., 2011). However, the console itself not only improves physical and cognitive functioning, but can improve social and emotional processing as well. A study by Chesler, McLaren, Klein, and Watson (2015) found that playing Nintendo Wii Bowling with a group of residents at a long-term care facility, improved scores on Geriatric Depression Scale, Social Provisions Scale, and the Visual Analog Scale for mood. The study was conducted for 6 weeks while playing the Nintendo Wii for 1 hour in groups of three (Chesler et al., 2015).

Therefore, as occupational therapists working with older adults, we should look to using the Nintendo Wii as a method for therapeutic activities. The console itself and the games the Nintendo Wii offers to provide a wide variety of benefits. The Nintendo Wii can be used in a variety of methods. Whether the goal is to improve balance, hand-eye coordination, ROM, strength, cognition, or social support (Chesler et al., 2012; Jorgense et al., 2012; Padala et al., 2017; Young et al., 2011;). Therefore, OTs working with older adults should look at using the Nintendo Wii for interests a client has (Agmon et al., 2011; Chesler et al., 2017). For example,



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if a patient enjoys golfing then using Wii sports with golf would be beneficial to improving the client's goals (Agmon et al., 2011). When working with older adults OTs must explain the rationale behind using the Nintendo Wii, whether it is for therapeutic activities or for health promotion classes as most older adults maybe hesitant when using the Nintendo Wii (Jorgensen et al., 2012; Young et al., 2011). In conclusion, there is plenty of research to support that the Nintendo Wii can be beneficial for improving occupational performance for older adults.

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The 2017 FOTA Awards

Announced at FOTA17 Conference in Orlando, November 4, 2017

This November it was a great pleasure to celebrate the contributions of individuals in our state and honor the achievements of special people in our association. At a ceremony held at the annuals state conference, the following awards were given:**The FOTA Award of Appreciation 2017**

This award is for other persons and/or organizations that have rendered special services to FOTA or the occupational therapy profession in Florida. There may be more than one recipient for this award.

Nominees shall have demonstrated

significant contributions to FOTA in any of the following categories: political support, leadership, or contributions of education, equipment, leadership, employment etc.

This year's awards went to **FL. Sen. Denise Grimsley, and Rep. MaryLynn** for their support of FOTA in the legislative process and their role in securing coverage for OT in the state employee health plan. After more than 20 years of advocacy, State of Florida employees now can access occupational therapy services through the state group health insurance plan. The Florida Occupational Therapy Association (FOTA) led the efforts to include the added benefit for state employees in the 2017 General Appropriations Act passed by the Florida Legislature and signed by Gov. Rick Scott. The addition of occupational therapy as a covered benefit for state employees is considered a huge success by FOTA. State employees will be able to access occupational therapy services at the same level as they currently have for physical therapy. State employees have historically been unable to access occupational therapy services, as it was not a covered benefit unless the patient was diagnosed with a developmental disability. FOTA is thrilled to share this achievement and thanks Senator Denise Grimsley and Representative MaryLynn Magar.



FL. Sen. Denise Grimsley & FL. Rep. MaryLynn Magar

The FOTA Award of Recognition 2017

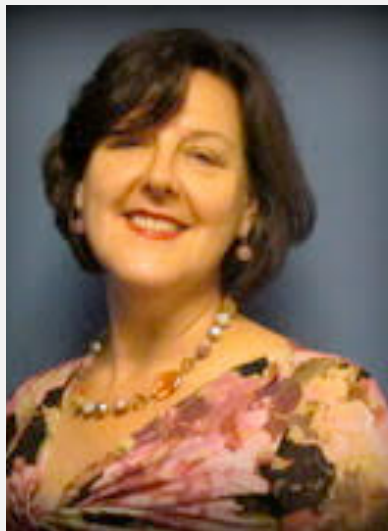
Nominees shall have demonstrated significant contributions to the promotion and recognition of OT in Florida, in any of the following categories: FOTA involvement, education, political advocacy, presentations, clinical practice, administration, publications, or consumer advocacy.

The Florida Occupational Therapy Association Governmental Affairs Co-Chairs, **Sharon Rosenberg, and Kelly Uanino** were awarded for their service to their committee, and leadership in the effort to add OT to the state employee health plan. Additionally, they implemented several successful FOTA Hill Day events, coordinating OT practitioners, and students in engaging with Florida legislators and promoting OT in the halls of our state capitol of Tallahassee. They also served on the selection committee to secure a new lobbying firm: Corcoran and Johnston –Government Relations. A firm who continues to collaborate with FOTA and represent our interests in state legislative efforts.



Sharon Rosenberg, OTR/L & Kelly Uanino, OTR/L

Con't



Susan Skees-Hermes

The FOTA Award of Recognition 2017

Susan Skees-Hermes is also 2017 winner. Susan has served on our FOTA Leadership Exploratory Committee and Leadership Development Program Committee over the past 3 years. She acted as a bridge between the exploration of leadership needs for FOTA and the implementation of a pilot program for leadership development held this year in August addressing OTAs in leadership with our state association. Her encouragement, creativity, and passion have helped our efforts to identify and include new leaders in FOTA.

Ms. Hermes is American Occupational Therapy Association Board Certified in Pediatrics, certified in the administration of the Southern California Sensory Integration and Praxis Test (SIPT) through Sensory Integration International, Florida Training for Occupational and Physical Therapist in Early Intervention (TOPSEI) certified through the University of Florida, and Handwriting Without Tears Level 1 certified. She has participated in data collection for the Sensory Processing Measure, the Goal-Oriented Assessment of Lifeskills (GOAL), and the Print Tool. She has previously been a presenter at the World Federation of Occupational Therapist Congress, the American Occupational Therapy Conference and at the Kentucky, Massachusetts and Florida state conferences, respectively.

The David D Clark OT Award of Excellence

The nominee shall have demonstrated excellence in contributions to the advancement of OT in at least three of the following areas: clinical practice, education, research, administration, involvement with FOTA and AOTA, advocacy at state and/or national level and specialty certifications.

This year's winner is **Debora Oliveira, PhD, OTR/L**. Debora has been a tireless contributor to FOTA and to the Florida OT community. Her volunteer work in FOTA includes both elected and appointed positions. Debora served two consecutive terms as Vice President and in this capacity, she managed FOTA educational programs, including the annual conference and the Sanctioning program. Besides overseeing the critical review and vetting process for all accepted conference sessions, she had to develop and coordinate the conference schedule of events and activities, and was involved in other important conference decisions. When her term as Vice President ended June 30, 2017, Debora volunteered to chair and coordinate the 2017 conference exhibit hall duties. Debora has been a FOTA voting board member for many years. Two different FOTA presidents appointed her Government Affairs chair. In this role, her responsibilities included: communicating with both the FOTA lobbyist and the Florida OT community, keeping track of critical bills, visiting legislators and coordinating FOTA Hill Day in Tallahassee. The other

appointed position she held was nominations chair. Debora sought out and secured candidates to run for the open officer positions. This required her to market the positions, select and vet eligible candidates and then assure a fair and appropriate election process was followed.

In 1997, Debora was the first recipient of the Louise Samson award, the highest honor FOTA can bestow on an occupational therapist in Florida. This award acknowledges a practitioner who has developed leadership capacity to serve the profession, FOTA, or the community; and whose leadership skills have contributed to supporting FOTA's mission. Debora was an excellent first candidate for this award as she no doubt had demonstrated extraordinary leadership by that time, and certainly had built the leadership capacity of others in FOTA. Debora is currently the Director of the OT program at FAMU. As Director, she is responsible for all the administrative duties in the Masters in Occupational Therapy (MSOT) program, which is no small feat. At FAMU, Debora also teaches scientific inquiry and biopsychosocial development of adults. She is well respected and loved by her students. She also manages to be a continuing education provider for area occupational therapists. Before she ventured into academia, she started her Florida OT career as Chief OT at Tallahassee Memorial Hospital, and then worked for Rehab Works as Assistant Regional Director and then Director of Operations. So we see a trend even in Debora's OT work experience in Florida, that reflects commitment and leadership in OT. In the spirit of professional acknowledgement and gratitude, I nominate Debora Oliveira for the Dave Clark Award of Excellence. This award is designed for those members who have made longstanding and significant contributions to FOTA and the profession of OT in Florida



Effective Occupational Therapy Intervention for Individuals with Parkinson's Disease

By Kristin Antolino MOT, OTR/L

The second most common neurodegenerative disorder in the United States, is Parkinson's disease (PD). The prevalence of PD increases within the aging population; however, it does have a substantial effect on younger adults (Knipe, Wickemaratchi, Wyatt-Haines, Morris, & Ben-Shlomo, 2011). The characteristics of PD are progressive decline in speed, flexibility, and coordination of fine and gross motor functions throughout the body. PD is also known for its resting tremors, shuffling gait, and postural instability putting a person diagnosed with PD at high risk for falls and decline in occupations. Although PD is primarily known as a neurodegenerative disorder affecting an individual's movement, nonmotor problems are associated with PD. These nonmotor deficits include: cognitive impairment (executive dysfunction and dementia), neuropsychiatric conditions (depression, anxiety, and impulse control), sleep and autonomic disturbances, and sensory disturbances (Foster, Bedekar, & Tickle-Degnen, 2014).

The diagnosis of PD is a progressive disorder that presents with limitations early in the onset of the diseases. As PD progresses, individuals start developing deficits in their performance skills which effects their participation in daily occupations. Occupational therapists are trained in understanding the normal changes in roles, occupational participation, physical, and psychosocial changes that occur among individuals diagnosed with PD. With this knowledge, occupational therapists are able to provide intervention for individuals with PD that enhances daily participation in occupation and improve quality of life. There are three categories of occupational therapy intervention supported by evidence that provides positive occupational therapy outcomes, (1) exercise or physical activity; (2) environmental cues, stimuli, and objects; and (3) self-management and cognitive behavioral strategies (Foster, Bedekar, & Tickle-Degnen, 2014)

Individuals with PD who participate in task-specific training are noted to improve their performance skills allowing for increased participation in occupation. Activities focusing on physical activity training on motor performance, postural stability, and balance improve functional movement during occupation (Foster, Bedekar, & Tickle-Degnen, 2014). It is hypothesized that timing in movement and the utilization of rhythmic cues (tactile, verbal, and visual) helps to synchronize gait patterns for functional mobility among individuals with PD. Caregivers training on using external supports can be provided to improve motor control during functional mobility in the natural environment. The use of cognitive-behavioral strategies can improve quality of life and participation in occupation. When intervention focuses on promoting wellness and personal control, individuals with PD become empowered to participate in daily occupation (Foster, Bedekar, & Tickle-Degnen, 2014).

In conclusion, occupational therapy intervention for individuals with PD provides positive outcomes to improve quality of life and participation in occupation. When providing intervention to individuals with PD occupational therapist should encourage engagement in regular physical activity. The more complex and interpersonal the exercise the greater benefits for improved motor movement. Recommended external cues or supports such as verbal and tactile cues with timing of movement can improve physical performance in daily occupations. Occupational practitioners should consider the incorporation of client-centered self-management strategies to enhance self-efficacy in valued occupations, roles, and routines.

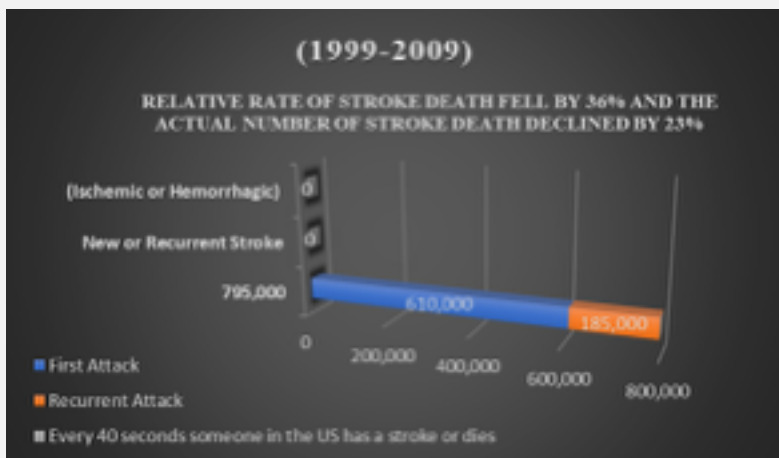
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Sexual Dysfunction in Stroke Patients: A Patient's Journey of Self Discovery Post R-CVA.

Mayte Gomez Sosa

Sex and sexuality after a stroke are usually overlooked among health care professionals. *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* (AOTA, 2017) lists sexual activity as an activity of daily living (ADL). Post stroke patients tend to develop several kinds of dysfunctions as a result of the incident, for example; lack of coordination, paralysis, visual perception, aphasia, sensory deficits among other issues including impotence. Korpelainen, Nieminen, and Myllala (1999), suggests that Cerebrovascular Accident (CVA) may commonly result in sexual dysfunction, leading to a



marked decrease in sexual activity. While working in the sub-acute setting, most clinicians tend to provide services to individuals who have sustained strokes. Some patients like to reveal personal history and establish an immediate rapport with the therapist, others are afraid to express their own feeling due to increased shame among themselves. From 1999 to 2009, the relative rate of stroke death fell by 36% and the actual number of stroke deaths declined by 23%. Yet each year around 795,000 people continue to experience a new or recurrent stroke (Ischemic or Hemorrhagic). Approximately 610,000 of these are first attacks and 185,000 are recurrent attacks. On average, every 40 seconds, someone in the United States has a stroke and dies of one approximately every four minutes (Go AS, Mozaffarian, Roger, et, al, 2013).

The following case study will establish discussion among sexuality, physical and emotional components noted on an individual who had a recent stroke.

“Male patient was admitted to a sub-acute rehabilitation center. He was in his mid-60’s and prior his incident he was completely independent in all areas of self-care and mobility. He mentioned that he has lived with his partner for many years and had a successful sexual life. This gentleman experienced a R-CVA resulting in L-Hemiplegia with lack of mobility ranging from upper to

lower extremities, sensory deficits, decrease communication skills and demonstrated decrease safety awareness. This patient worked hard during his rehabilitation sessions and made daily improvements. He was able to regain 60% of AROM of LUE; ADL’s such as dressing/bathing/toileting/grooming and hygiene were at Supervision level upon discharge with a length of stay of 2 months during inpatient rehabilitation services. During his stay he seemed anxious as if he wanted to ask personal questions but couldn’t, he stopped himself every time and said “never mind”. When he was asked about what was happening he denied his feelings and concentrated on the assigned task. One day as part of OT assessments he was asked about his sexual expectations as part of his daily routine. He nervously started to laugh and then stated he was ashamed about sexual dysfunction and how he felt unworthy of his partner”.

Discussion

The Baby-Boom generations feels strongly that sex is for every age, not just for the young. Most adults, regardless of their age, are interested in sex, find sex satisfying, and consider sex to be an important part of their lives (National Council of Aging, 1998). People with disabilities, especially patients who have sustained a stroke, exhibit changes involving body chemistry and composition. Interpersonal factors and coping mechanism are affected as well as cognitive processing where denial sets in and the person experience subsequent anxiety and/or depression as the result of the current situation and deficits. Perception and body image are some of the most important aspects people have to overcome in order to regain confidence and improve quality of life.

Burton (2006) stated that if a person feels inadequate as a sexual, sensual and lovable human being, the motivation to pursue other avenues of life can be affected. Therefore, education must be provided in order to achieve higher goal expectancy facilitating and promoting sense of awareness and increased self-esteem that will help to cope with disabilities and its related co-morbidities.

As occupational therapists we need to prioritize patient’s basic values and beliefs. Sexual history should be taken during the evaluation or during the re-assessment period as permitted by the patient. Sexual consultation should not only be discussed with client but with present partner in order to synchronize their desires and address their needs prior to discharge. Also a review of medications is important due to the fact that most of the drugs administered to stroke patient could result in sexual dysfunction and the inability to copulate. Hawton (1984) found that medications being received by male stroke patients included anti-hypertensives (30%), anticonvulsants (18%), anticoagulant (18%), analgesics (18%), diuretics (14%), hypnotics (10%), muscle relaxants (10%), vasodilators (6%), antidepressants (8%),

hypoglycaemic agents (6%), and minor tranquilizers (6%), as well as a number of other preparations. Sexuality comprises more than just sexual intercourse. It's a complex phenomenon that includes psychological, biological, behavioral and interpersonal behavior (Shah, 2009). People with chronic diseases and long-term disability such as Stroke/CVA tend to develop the fear of continuing their sexual life.

Evaluation/Assessments

- Barthel Index
- The Dash (Disabilities of the Arm, Shoulder and Hand)
- Stroke Impact Scale
- Changes in Sexual Functioning Questionnaire
- Sexual Interaction System Scale
- The PLISSIT intervention model (permission, limited, information, specific suggestions, intensive therapy)

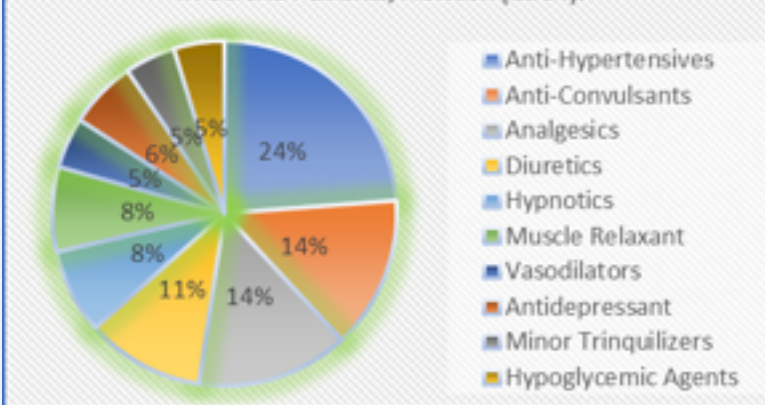
Treatment Implementation

As part of treatment implementation for the above case study, discussions on how to regain his confidence and self-esteem were introduced during treatment sessions. Documentation such as pamphlets with detailed sexual positions including pictures was discussed with both parties as a couple for compensation of deficits including fatigue and lack of mobility due to hemiplegia. Recommendations on using pillows, lubrication and other mechanical devices were also discussed. ROM, muscle strength, modalities and self-care retraining were part of daily routine during the rehabilitation stay. During his journey at the rehabilitation center, he discovered that having a disability does not impede the person achieve his fullest potential for recovery. This patient recognized his fears, concerns and was able to manage it accordingly. He was able to manage his anxiety and overcome depression in order to fulfill his desire and improve his quality of life. Sexual rehabilitation is designed to be person-centered, time-based, functionally oriented and aims to maximize activity and participation (social integration) using a biopsychosocial model (Ng, Sanson, Zhang, & Khan, 2014).

Conclusion

Occupational therapists have an important role when it comes to sexuality and patient care. Some of their roles are to provide education in areas of ADL's, mobility, implementation of adaptation, remediation and/or modification techniques during treatments in order to improve overall functional performance. Allowing patients to explain their concerns, feelings and emotions in regards to sexual performance are essential to achieving higher level of awareness. A range of formats may be used in sexual rehabilitation, including oral information, visual information, written materials, audiovisual and practical training. Sexual rehabilitation may be short-term (such as once-off counseling or a medication prescription) or longer-term, for example providing cognitive behavioral therapy targeting psychological and physical aspects of

Medications Affecting Sexual Dysfunction In Stroke Patients, Hawton (1984).







sex and intimacy (Song, 2011). Quality of life is achievable when there is willingness to articulate, adapt or modify patient's behavior within the environment. Part of our job as Occupational Therapist should be introducing more evidence based research during our treatment plan and overall course of care. Activity analysis needs to be implemented at a higher-level power in order to assist with problem solving when it comes to dealing with clients with chronic diseases and disabilities such as stroke.

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<p>206 Innovative Stroke and Neurological Rehab Treatment Approaches J.J. Mowder-Tinney PT, PhD, NCS</p> <p>206 Jacksonville, FL St Vincent's Health April 7, 2018</p>	
<p>179 The Meeks Method™: For Osteoporosis and other Musculoskeletal Conditions Sara M. Meeks, P.T., M.S., G.C.S.,</p> <p>Ocala, FL Ocala Rehab September 22-23, 2018</p>	
<p>215 Vestibular Rehabilitation: Evidence-Based evaluation and treatment to decrease dizziness and restore balance Brady Whetten, DPT, GCS</p> <p>June 15-16, 2018 Jacksonville, FL</p>	
<p>254 Assessment & Treatment Strategies For Stroke Recovery Ewa Jaraczewska, PT, CKTI</p> <p>April 21-22, 2018 Mt Sinai Medical Ctr Miami, FL</p>	
<p># 256 Brain and Concussion Rehabilitation: Custom Treatment Plans Tailored to the Brain Injury Survivor</p> <p>Orange Park, FL Orange Park Medical Center March 17-18, 2018</p> <p>Eli Day PT, MPT,ATP, cNDT</p>	

<p># 385 Kinesio Taping® Advanced Techniques and Clinical Reasoning (Day 3 toward certification with Kinesio University)</p> <p># 386 KT4: Specialty Pediatric Concepts of the Kinesio Taping Method (K4 Toward Specialization)</p> <p>Patricia Martin, PT Tampa, FL Tampa General Hospital June 2-3, 2018</p> <p>Certification by Kinesio Taping Association</p>	
<p>329 Pediatric NDT Intensive Handling Techniques Gail Ritchie, OTR, C/NDT</p> <p>Tampa, FL Tampa General Hospital January 20-21, 2018</p>	
<p># 304 AEIOU: An Integrated Approach to Pediatric Feeding Tampa, FL</p> <p>Tampa General Hospital February 9-10, 2018</p> <p>Nina Ayd Johanson, MS, CCC-SLP, CEIM, CHHP</p>	



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A Salute and Thank You to FOTA Leadership

FOTA is an organization that is successful only through its volunteers and member-leaders. As we begin a new year, I wanted to take the opportunity to acknowledge and thank individuals who have served in leadership roles in FOTA over the past year and have now stepped down or moved into new roles. I also welcome new people who are serving FOTA in various capacities. These individuals were recognized at the annual conference in November, but for those unable to attend the conference, I wanted to provide you with their names and images.



**Adrienne Lauer,
Membership Chair**



**Belkis Landon -
Gonzales,
SIS Gerontology**



**Cheryl Mae
Granada, Student
Resources Editor**



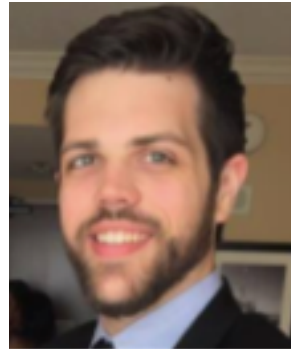
**Debbie Misrahi,
Volunteer
Coordinator**



**Debora Oliveira, Vice
President 2015-2017**



**Elena Vizvary,
President 2013-2017**



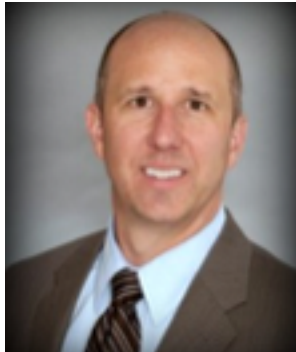
**Jonathan Pitts,
Student Resource**



**Jordan Powers,
Student Resource**



**Pey-Shan Wey, SIS
Research**



**Tim Finlan, SIS
Administration**





Welcome to New Leaders

Please welcome new leaders who are serving FOTA in various capacities. These individuals were recognized at the annual conference in November, but for those unable to attend the conference, I wanted to provide you with their names and images.



**Brent Cheyne,
President**



**Debbie Mlsrahi,
Vice President**



**Elena Vizvary,
Volunteer Coordinator**



**Lindsey Davidson,
Regional Representative
Region 6 South**



**Lynn Jaffe, SIS
Research Co-Chair)**



**Regina Boygne, SIS
Work Programs**



**Sarah Fabrizi, SIS
Research (Co-Chair)**

*Interested
in
Volunteering?*

Please contact leaders in your area of volunteer interest. Find leader contact information either on the website www.flota.org or elsewhere in this FOCUS under “Key People to Know”. Feel free to contact our Volunteer Coordinator ervizvary@verizon.net with specific requests or an idea of how you’d like to share your special skills with FOTA. FOTA wants and needs **YOU!** Please know that any volunteer service is appreciated and will give you a fantastic connection to the FOTA organization.



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2017 FOTA Conference Student poster winners:

OT Overall Winner:

Golf Swing Analysis For Discussion and Education Relating To Occupational Performance

Presenters: Amanda Erwin, Katelyn Kidwell, Danielle Chini, Karlen Geldmaker | **School:** Florida Gulf Coast University
| **Faculty Advisor:** Maria Colmer

Golf-related injuries typically occur due to overuse, spinal rotation, and repetitive actions associated with the golf swing. The purpose of this study is to evaluate the total distance the golf ball travels when comparing a half golf backswing to a full golf backswing and determine differences in spinal rotation. This study also evaluates the relationship between continued golfing and quality of life in the elderly population.

OTA Overall Winner:

You're Hired! Occupational Therapy Virtually Helps Individuals Living with Mental Illness Land a Job

Presenter (s): Kimberly Magan, Julie Smith, Carmen Valenzuela, J'aimie Niquette | **School:** State College of Florida }
Faculty Advisor: Amanda Kotolski

Individuals living with mental illness make up 16.03% of Florida's population and are among the highest percentage of unemployed. Research shows positive correlation between improvements in job acceptance and training for job interviews via virtual reality Occupational therapy practitioners can help clients in education-based settings develop a stronger understanding of social roles, manage anxiety, and improve overall social cognition to achieve successful interview outcomes.

Honorable mentions:

Scientific Rigor

Qualitative Analysis of Temporal Experiences for College Students with Learning Disabilities and Attention Disorders

Presenter: Mackenzi Slamka | **School:** University of Florida | **Faculty Advisor:** Consuelo Kreider

College students with learning and attention disorders (L/AD) face diagnostically related obstacles pertaining to time. This qualitative analysis is based on eight transcripts from group discussions with 15 college students with L/AD. Struggles with time are vast and contribute to all areas of life for students with L/AD; challenges extend beyond the management of time. Themes that emerged include: temporal challenges, misconception, strategies/supports, and reframing.

Dynamic Presentation

Cognitive Behavior Therapy and the Veteran Client: The Role of the Occupational Therapy Assistant

Presenters: Martha Leigh Ottinger | **School:** Polk State College | **Faculty Advisors:** Annette Bullard and Anjali Parti

Based on the principles of cognitive behavioral therapy (CBT), a short list of questions was developed that may be used to formulate thoughts that a patient is having and what might work best for intervention and goals. This insight can help occupational therapists develop more effective patient intervention plans.

Visually Appealing

Operation Teamwork: Reintegration of Veterans into Higher Education through Participation

Presenters: Garcia, Angelo Cruz Grace Stoner, Victoria Spaziani | **School:** Florida Gulf Coast University | **Faculty Advisor:** Brigitte Belanger

This is the second stage of a multi-year project evaluating the diversity of requirements needed by higher education to optimize reintegration of veterans into higher education. The aim of this study is to compare outcomes of student veterans as measured against non-veteran students when engaged in leisure-based activities designed to foster problem-solving and team-building. A pre-posttest design recorded measures of quality of life, well-being, and sense of community.

Soul of OT

A Need for Occupational Justice: The Impact of Microaggressions on Occupations

Presenters: Emily Grullon, Carlnesia Hunnicutt, MeLisa Morrison, Olandria Lockhart | **School:** Nova Southeastern University |
Faculty Advisor: Mirtha Montejó Whaley

Microaggressions limit many individuals from the freedom to engage in meaningful occupations and result in increased occupational injustice. Negative stressors associated with microaggressions have a direct influence on engagement. Regardless of an individual's abilities, socioeconomic status, or cultural background, occupational therapists have a duty and play.



Assessing Individuals with Intellectual Disabilities: A Client-Centered Interaction Model

**Kathleen B. Frahm, MBA,
OTR/L, SIS Developmental
Disabilities Chair**

Many types of assessment instruments are available for client-centered occupational therapy program development.

Being able to find appropriate and comprehensive ones that will give the therapist an accurate description of the areas of the individual's concerns and wants is particularly challenging when assessing those individuals with low functioning cognitive and very limited communicative skills.

Intellectual disabilities can make understanding of even the most basic oral and written assessments very challenging. For example, these individuals' tendency for *acquiescence* has been shown to cause misinterpretation of the individual's true feelings; that is, answers are always given in the affirmative, which indicate agreement even if two questions are opposite (Are you happy/ Are you sad). The individual wants to please the interviewer, appearing positive (Heal & Sigelman, 1996). Likert *scales* are of very limited in their use (Cummins & McCabe, 1994). In addition, there also tends to be a homeostatic effect. These individuals tend to make the most of things and find ways to cope and feel satisfied (Brown, Hatlon, & Emerson, 2013).

According to the Model of Human Occupation, the way to apply the client-centered model is by understanding volition and its 3-stage continuum of exploration, competency, and achievement. Throughout the continuum, the individual applies personal capacity, interests, and values that are influenced by and influencing the environmental supports and restraints that are part of the individual experiences (de las Heras, Geist, Kielhofner, & Li, 2007). One has to have the motivation or have volition to participate in order to experience those things that are meaningful.

The Volitional Questionnaire (VQ) is a very detailed, observation-based assessment tool that can give insight into what types of activities, under what types of supports that can be provided, and promoting the individual's performance and experience. With this assessment, the therapist can record observing, for example, behaviors that indicate that the individual is interested by looking at or manipulating objects and/or people, showing a preference for certain objects, qualities or people, or by staying engaged in an activity. The observations can be categorized as passive,

hesitant, involved or spontaneous. The VQ allows for the therapist to provide any physical or emotional support or encouragement needed (de las Heras, Geist, Kielhofner, & Li, 2007). However, there is no recording form for the types of environmental supports or restraints throughout the observations and interactions. Moreover, there is no discussion of a hierarchal-type interaction model as there is for the 3 stages of volition.

A Client-Centered Interaction Model

Occupational therapy treatment involves a relationship with the individuals. For many of those who have spent their lives being cared for by many people, the individual has to feel safe and able to trust before interacting with new things and people in their environment. Observed disinterested, agitated, aggressive, or "stubborn" behavior is a sign of a lack of establishing an effective and satisfying relationship - one that begins by transferring control to the individual.

Giving someone a choice, even of choosing something very small, like what color to use, transfers control to that individual. The individual can now realize there are choices, opportunities to have control over what that individual has and does. With consistent, predictable choice-giving behavior done in a "natural way" by the therapist, the individual begins to learn to trust; this is where the relationship exploration begins. The two individuals can explore personal space, tolerance of others, and objects close by, usually beginning with parallel play at a comfortable distance and some "gifting" remotely of objects to each other. The individual gradually allows the therapist to touch, hold, and guide. The therapist always asks permission, seeking agreement/consent after saying and showing what is to be done. Instead of throwing or pushing things away, the individual can be taught to make a gesture, like shaking the head "no." Desired objects or people can be pointed at or reached out to. This relationship exploration is throughout the course of the program.

In time, the relationship enters a partnership phase where the two can take turns in actions and maybe even in selecting activities. They each give and receive assistance, share pieces and parts, negotiate, as well as helping each other organize and sequence and problem solve. They can do all of this collaboratively, eventually setting up routines of activities that the individual feels competent doing. Here the therapist and individual can be the instructor, modeling task behavior, including giving and seeking feedback.

The satisfaction of achievement of mastery encourages the individual and the therapist to try new challenges because they now have the mutual trust and enjoyment. The individual can take control more and more over the selection and the level of participation in desired



Cost Effective Occupational Therapy Assessments for Adult and Geriatric Populations.

Amanda Kotolski, Ph.D., OTR/L

Over the past year, occupational therapists have been working with the new evaluation and re-evaluation

billing codes. These new codes brought about a resurgence on use demand of standardized testing in justification of OT services as medically necessity, level of charges and service protocol. With decreasing payment rates and increasing cost of therapy supplies; expensive assessments are not a priority at facilities or therapist purchase lists. However, online resources do allow therapists access to dozens of free or low-cost assessments.

The new evaluation codes differentiate based upon the number of performance deficits identified during the evaluation. AOTA (2016) stated that “Ideally, the therapist will use standardized assessments to identify a performance deficit and decide with the client whether that deficit should be addressed.” To identify these performance deficit areas, therapists should not look at ADLs such as bathing, dressing and hygiene as well as all the areas of the (OTPF) Occupational therapy practice framework (AOTA, 2014). The OTPF

provides us with not only ADL and IADLs but rest/sleep, education, work, play, leisure and social participation. Here are some quick and free assessments to assess not commonly thought of areas:

- Stanford Health Assessment Questionnaire (HAQ-20) Disability Scale: www.camapcanada.ca/Stanford.pdf
- RAND Social Support Survey: https://www.rand.org/health/surveys_tools/mos/social-support.html
- Engagement in Meaningful Activities Survey: http://dolivewell.ca/wp-content/uploads/2015/05/Engagement-in-Meaningful-Activities-Survey_May-2015.pdf

If you are interested in additional free and quick assessments; please like and follow the FOTA home and community health facebook page: www.facebook.com/FOTAHomeandCommunityHealthSIS/

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OT Neurologic Fellowship Coordinator
Brooks Institute of Higher Learning www.BrooksIHL.org
FOTA Regional Representative Region 1

Have you ever thought about specializing in an area of practice? Do you think about wanting to learn more, but not having many opportunities to advance your knowledge and clinical skills? Do you struggle with implementing current research into your practice? An AOTA Accredited Fellowship Program may be a good choice for you. According to AOTA, “additional post-grad experience is helpful for those who want to jump-start their career” (2017, para. 1). The purpose of a fellowship program is to develop clinical experts and leaders through an advanced post-professional clinical experience. Fellowships offer the opportunity to complete didactic education, engage in mentored clinical practice in a specialty area, and participate in scholarly and/or professional activities.

Recently the AOTA Residency Program changed its name to the AOTA Fellowship Program. According to Safiya Correia, the Fellowship Program Coordinator for AOTA, “the term ‘fellowship’ better reflects a program designed to help licensed occupational therapists specialize in a focused practice area.” Fellowships exist in a range of practice areas including acute care, burns, hand therapy, mental health, neurology, pediatrics, and physical rehabilitation. All fellowships are required to include a minimum of 1400 hours during a 9-12 month period of time. A mentoring component consisting of 340 hours of mentored service delivery is also required. Mentoring activities include observation of the fellow, observation of the mentor, review of assessment and treatment plans, establishing and reviewing intervention outcomes, and establishing and implementing strategies to develop competencies in collaborative practice, advocacy, and leadership.

Fellowship graduates are eligible to apply for AOTA Board Certification after only three years of practice instead of the usual five-year requirement. Since fellowships are new to the occupational therapy

profession, there is no research on the outcomes of fellowship graduates. However, since physical therapy has incorporated fellowship training into their post-professional practice since 1997, there are some studies that we can look to for more insight. For instance, physical therapists who completed a fellowship program reported an increased ability to logically reason, perform evaluations and treatments effectively and efficiently, and diagnose accurately (Smith, Tichenor, & Schroeder, 1999). Another study, in the physical therapy literature, by Jones, Bellah, and Godges (2008), found that graduates of residency programs demonstrated advanced leadership and other professional skills and earned a higher income than non-residents. There may be benefits to clients as well. According to a study by Rodeghero et al. (2015), completion of fellowship training in orthopedics resulted significantly better patient outcomes.

Currently, there are only 17 accredited programs in the country and only one in the state of Florida, located at Brooks Rehabilitation in Jacksonville, FL. The OT Neurologic Fellowship offered by the Brooks Institute of Higher Learning is a multidisciplinary program involving both occupational and physical therapists. Started in 2015, the third cohort of fellows are currently enrolled in the program. There have been eight graduates, who are all working in specialized neuro settings. Graduates of the program are eligible to apply for AOTA Board Certification in Physical Rehabilitation after only three years of practice instead of the usual five years. The Brooks OT Neurologic Fellowship is unique in that it offers fellows the opportunity to rotate through different settings and work closely with different patient populations such as spinal cord injury, brain injury, stroke, and more. Another feature of the program is that fellows are full-time employees and receive full salary and benefits while completing the program, something not offered by many other fellowship programs. The program is one year in length and accepts up to five residents each year. Current practitioners and students are eligible to apply. Students must have Florida licensure or a temporary Florida license by the second Friday in June to participate in the program. The program begins each year in July. The application deadline is April 24, 2018, more information is available from [http://
www.brooksihl.org/programs/residency-fellowship-
programs/residency-programs/neurologic-residency/](http://www.brooksihl.org/programs/residency-fellowship-programs/residency-programs/neurologic-residency/).

Another fellowship opportunity will likely be available soon, as the Nicklaus Children’s Hospital in Miami, FL submitted a letter of intent and is currently completing their AOTA Fellowship Site Application to offer a pediatric fellowship. You can find information about other fellowship sites on the AOTA website. The AOTA Fellowship Program is growing fast. It is an exciting time to be involved with this post-professional opportunity.

Con’t

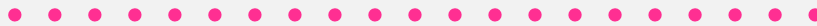
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Jones, S., Bellah, C., & Godges, J. (2008). A comparison of professional development and leadership activities between graduates and nongraduates of physical therapist clinical residency programs. *Physical Therapy Education*, 22(3), 85-88.

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Smith, K.L., Tichenor, C.J., Schroeder, M. (1999). Orthopedic residency training: A survey of the graduates' perspective. *Journal of Orthopedic Sports Physical Therapy*, 29(11), 635-655.



Would you like to feel more connected to FOTA?

Perhaps you would like to get more involved? I can help! As FOTA's Volunteer Coordinator, my job is to connect members with volunteer opportunities. There are many! Here's just a few: assist FOTA with Advocacy efforts; help with various committees like Membership, Special Interest Sections (practice areas), or Fundraising; write an article for FOCUS; or mentor others. Conference is FOTA's annual educational and networking event for which there is always a great need for volunteers both before and day-of. Or, you might like to work on a short term project.

Maybe you want to get even more involved in FOTA and aspire to leadership either as an elected officer, voting board member or committee chair. Elected Officers are President, Vice President, Treasurer and Secretary. Terms of office are staggered and candidates are processed by the nominations committee.

FOTA voting board members coordinate one of the standing committees: Practice, Regional Representatives, Conference, Member Concerns, or Government Affairs. Other leadership positions are filled by committee chairs who are not voting board members but they are a vital part of FOTA leadership's team. For example, there are Special Interest Sections (SIS) committee chairs responsible for one of fourteen practice area. Other leaders, called Regional Representatives, are member liaisons from one of nine regions in the state. One leader/committee chairperson is responsible for membership, one for awards, one for nominations. In addition, there are FOTA members who edit FOCUS, help with the website, assist with the Strategic Plan, assist with by-laws, operating procedures and job descriptions, plus other important tasks. Did you know that FOTA had all these volunteer options?

So, now that you know more about FOTA volunteer opportunities, how do you sign up to volunteer? The first thing is to make sure your FOTA member profile reflects your volunteer interests, includes your correct name, current phone number and email address. The FOTA Leadership team will access profiles to identify members who want to help them in their particular area. It's important that they can find you!

You can also contact leaders in your area of volunteer interest. Find leader contact information either on the website www.flota.org or elsewhere in this FOCUS under "Key People to Know". Feel free to contact me ervizvary@verizon.net with specific requests or an idea of how you'd like to share your special skills with FOTA. FOTA wants and needs YOU! Please know that any volunteer service is appreciated and will give you a fantastic connection to the FOTA organization. In the process, you will learn more about FOTA and realize that there is a whole lot going on in FOTA!

Elena Vizvary, MS, OTR/L FOTA Volunteer Coordinator



University of Saint Augustine, Miami Campus Masters of Occupational Therapy Program Student Occupational Therapy Association (SOTA), Philanthropy

Pamela Kasyan-Howe, OTD, OTR/L, Ed.S

The inaugural cohort of Occupational Therapy students started at the University of St. Augustine Miami campus in September 2017. In addition to coursework, the first elected board of the Student Occupational Therapy Association (SOTA) participated in the first philanthropy. Under faculty advisor, Professor Kasyan-Howe, and SOTA president Lea Stemplewiski, SOTA collaborated with the arthritis foundation during the annual walk to cure arthritis.



From Left to Right: University of Saint Augustine SOTA members, Katherine Bennnett, Hannah Young, Ashley Hoecker, Scott Haynes, Josh Peterson, Lea Stemplewski,



Linda Kasyan, Arthritis Foundation Trainer, and Community Support Network Leader, Aiden Itzkowitz, Teagan Howe, Chase Itzkowitz, Jacob Itzkowitz, Dylan Perrego, James and Pam Howe. Family and friends support for SOTA and the Arthritis Foundation.



Right to Left: Linda Kasyan, Arthritis Foundation Trainer, and Community Support Network Leader with SOTA board members Lea Stemplewiski and Ingrid Ramos

On October 29, SOTA members arrived at the Arthritis Foundation Annual Walk for a Cure at Tropical Park in Miami. SOTA collaborated with Kimberly Marlow, the foundation's Executive Officer, and Linda Kasyan, the foundation's Support Network Leader. SOTA participated through fundraising, sponsoring a water station, and disseminating information for the foundation. SOTA was also given the opportunity to disseminate information about the value of Occupational Therapy to improve the lives for individuals with Arthritis.

The Arthritis Foundation is determined to not only help those with arthritis live better but to also work towards the ultimate goal of finding a cure. Leading the fight, the foundation helps develop personalized plans for living a full and meaningful life through access to optimal care, advancements in science, and providing the most up-to-date information. Walk to Cure Arthritis began in the 1990s and has since drawn crowds of thousands that have since helped to raise over \$100 million. This signature event occurs nationwide and 100% of the proceeds from the walk go directly to research.



Florida Occupational Therapy Educational Consortium Annual Fieldwork Educator of Excellence Recognition

Pamela Kasyan-Howe, FLOTEC president

Every year FLOTEC selects fieldwork educators from across the state and honors them with an Award of Excellence. Eligible FLOTEC members nominate a fieldwork educator who represents a fieldwork educator of excellence. Fieldwork Educators who receive the Award of Excellence, are recognized by receiving a FLOTEC plaque, letter of recognition, and recognized at their facility or at the annual FOTA conference.

Please join FLOTEC and FOTA members in congratulating the **2017 Fieldwork Educators of Excellence**. Recognizing the members of the fieldwork team: the fieldwork educator, nominating institution, and employer.

- Adventist University: Kelly Simpson, OTR/L, Florida Hospital Orlando
- Barry University: Enid Arroyo-Scionti, MS, OTR/L, St. Anthony's Hospital
- Concorde University: Adriana Tilley, MS, OTR/L, A.T. Services, INC
- Daytona State College: Sandy Alderman, COTA/L, Ridgecrest Rehab
- Florida Gulf Coast University: Jeanine Kenny, OTR/L, Encore Rehab
- Florida International University: Laura Sardinas, OTR/L, Dade Therapy
- Florida State College Jacksonville: Diana VanKleeck, COTA/L, Gama Rehab Services
- Keiser University: Luz Maria Mendoza, OTR/L, Gama Rehab Services
- Nova Southeastern: Melanie Trevisani, OTR/L, Tampa General Hospital
- South University: Loraine Dobies, OTR/L, Tamarac Rehab
- Polk State College: Alexis Lopez, MOT/L, Quantum Leap
- State College of Florida: Jennipher Lenoir, COTA/L, Sun Terrace
- University of Florida: Lauren McKenna, OTR/L, UF Shands Hospital
- University of St. Augustine: Anna Sebastian, OTR/L, St. Vincent Medical Center

To all practitioners who enjoy mentoring students, Thank-you on behalf of FLOTEC. The mentorship provided to current OT and COTA students ensures the growth and sustainability of our profession. Thank you for providing an exceptional learning environment for occupational therapy and occupational therapy assistant students in our state.

FOTA president Brent Cheyne and FLOTEC president, Pamela Kasyan-Howe at the Annual FOTA conference. To support FOTA and the FE recipient, FLOTEC provides all fieldwork educators of excellence with a year membership to FOTA.

Con't.





Left to right: Lauren Pearl, AFWC Keiser, Pamela Kasyan-Howe, AFWC University of Saint Augustine, Chelsea Stephans, COTA/S, Lorrie Dobbies, OTR/L, and Millie Pinal-Rincon, AFWC, South University.

FLOTEC members present the Award of Excellence to Lorrie Dobbies. Lorrie was recognized by multiple Academic Fieldwork Coordinators as an educator of excellence for both MOT students and COTA students.

Below: Fieldwork Educator of Excellence awardee, Jennipher Lenoir, COTA/L at annual conference.





Scenes from #FOTA17



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mdshu@comcast.net

Practice SIS: Ricardo Carrasco

rc1265@nova.edu

Regional Representatives: Cathy Peirce

cpeirce@nova.edu

Conference Convener: Tia Hughes tia.hughes@adu.edu

AOTA Rep (FL): Dr Edwin Myers, emyers@fgcu.edu

SIS Chairs:

Administration: Michael Steinhauer, OTR, MPH, FAOTA

pipestone1992@gmail.com

Developmental Disabilities: Kathleen Frahm

frahmk@bellsouth.net

Education: Kurt Hubbard

khubbard55@gmail.com

Fieldwork Education: Pam Kasyan

pkasyan@southuniversity.edu

Gerontology: Analji Parti aparti@polk.edu &

Annette Bullard abullard@polk.edu

Health Promotions and Wellness: Elizabeth Strickland

elizabeth.strickland@baycare.org

Home & Community: Amanda Kotolski

amanda@aktherapy.org

Mental Health: Martha Montejo-Whaley

mwhaley@nova.edu

Physical Disabilities: Kristin Salvato

ksalvato@keiseruniversity.edu

Research Co-SIS: Lynn Jaffe, PhD, OTR/L ljaffe@fgcu.edu

Sarah Fabrizi, PhD, OTR/L sfabrizi@fgcu.edu

School Systems: Kim McKinney

kimberly.mckinney@remingtoncollege.edu

Sensory Integration: Gustavo A. Reinoso,

greinoso@nova.edu

Technology: Rick Davenport

rd418@nova.edu

Work Program: Regina Bonyнге,

therightapproach@verizon.net

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Region 1 North West: OPEN

Region 2 Sylvia Young

sylvia.young@tmh.org

Region 3 North Central Linda Struckmeyer

[Region 3 Facebook](#)

Region 4 North East: Julie Watson

jwatson@usa.edu

Region 5 Central East: Karen Rathgeber

krathgeber@usa.edu

[Region 5 Facebook](#)

Region 6 South East: OPEN

Region 7 South: Cathy Peirce

cpeirce@nova.edu

[Region 7 Facebook](#)

[Region 7 Website](#)

Region 8 South West: Karen Tinaglia

kc.tinaglia@gmail.com

Region 9 Central West: Dana Dixie

ddixie@southuniversity.edu

FOCUS

- Submit Non-Advertising articles and manuscripts to the FOCUS editor at FOCUS@Flota.org.
- 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