President’s Message

By Chris Murphy, PT

Change has been a recurrent theme of this letter for the past few years and the pace only seems to be increasing. Over the next few months we will see an increase in covered patients and new plans with the rollout of the Affordable Care Act and insurance exchanges, a new prior-authorization program from Regence, and the testing phase for ICD-10.

Unfortunately, despite all the changes, one thing remains the same – Congress still hasn’t acted to repeal the Therapy Cap and SGR and the exceptions process will expire at the end of the year without action in DC. Once again we need your help at the end of the year. Log onto the APTA Legislative Action Center, download the new APTA PT Action app, or just call your Congressman and Senators to urge them to repeal the Cap.

Not all of the change is troubling, though. Later in this newsletter you’ll hear about some positive changes that OPTA has made to our governance process to make it easier for you to get involved and share your ideas for moving our profession forward. Pub Night continues to change too – we’ve had great attendance and expanding numbers with 9 locations in Oregon now! The word is spreading and there are now PT Pub Nights inspired by the OPTA model in 7 other states. For those of you heading to CSM this year, be sure to join us for a special PT Pub Night event in Las Vegas.

Speaking of education, we just had another successful Doc talk and have some exciting programming heading your way next year. This is anchored by our Annual Conference to be held April 26 and 27 at the Sheraton Portland Airport Hotel. Make plans now to join us there for some great programming, networking and camaraderie.

Despite all the challenges our profession is facing, there’s never been a more exciting time to be a physical therapist. Beginning next month our patients will have unrestricted direct access to our services. We are poised to make a crucial difference in the lives of our patients and in the health care delivery system as we move towards a coordinated care model. So as we enter the holiday season and you take some time to relax with your friends and family, start to plan the steps you’ll take next year to help provide better care, a better experience and more value for your patients.

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OPTA Continuing Education Calendar

April 26-27, 2014
OPTA Annual Conference
Sheraton Portland Airport Hotel
Portland, OR

* All listings are subject to change
**Vice President’s Message**

By Derek Fenwick, PT, MBA, GCS

I always get excited this time of year. Our great organization just completed another successful fall conference and we’re now busy prepping for strategic planning in January. This time of year gets you thinking. It gets you dreaming. It gets you pushing the leading edges to start another year with a strong step forward.

I currently represent OPTA on a task force to support our State Plan for Alzheimer’s Disease in Oregon (SPADO). With each meeting, it becomes more clear to me how well-positioned we are as physical therapists in today’s health care industry. We are the world’s movement and function experts. We are smart and relational people. And most importantly, we know how to translate all of this into real-world action to help other people. We are in a good place.

So I ask you, as you wind down another year and prepare for 2014, what is your leading edge? Where will you take a step forward in your career, in your personal life, in the balance between the two?

Over the summer the APTA redefined the vision statement for our profession: “Transforming society by optimizing movement to improve the human experience.” How does this apply to your life?

We have a lot on our docket for the next year. We need to successfully enact unfettered direct access across our state. We need to connect our entire state on the Third Thursday of every month. We need to take the final steps to meet our chapter’s strategic goals for 2015. We need to transform society by optimizing movement to improve the human experience.

I could not wish for a better place to be than where we stand together today. Enjoy the remainder of your 2013. You are going to be busy transforming society next year.

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Government Affairs Update

By Chris Murphy, PT, Government Affairs Chair

Over the past two months we have seen the pace of health care reform quicken notably as the major provisions of the Affordable Care Act begin to roll out. At the same time the challenge of our charged political climate in Washington has seen our government literally come to a halt. As part of the continuing resolution to fund the government after the shutdown, Congress formed a budget committee that will be tackling some significant issues for physical therapists with a reporting deadline of mid-December.

- The state health insurance exchanges (Cover Oregon) have begun accepting new enrollees via telephone and paper application. At this writing they are still sorting out some challenges with their web portals. The web does have information available about the plans and cost estimates.
- We have less than 30 days until the end of the year which not only brings the first wave of newly insured patients under the Affordable Care Act, but also the expiration of the Therapy Cap exceptions process and the implementation of SGR cuts to the Medicare Physician Fee schedule. The APTA has launched a website for policy makers (http://policy.apta.org) to serve as a resource for lawmakers seeking information about physical therapy. Stay tuned for PTeam updates.
- The manual medical review process associated with the Therapy Cap has come under heavy criticism for some inefficiencies recently. APTA has received reports of requests for documentation not being sent, claims being denied despite approval of the documentation after medical review, and of reviewers losing documentation. APTA is working with CMS to solve these challenges, but needs your help. If you experience a problem with the manual medical review process please report it to APTA at http://www.apta.org/Payment/Medicare/CodingBilling/TherapyCap/
- Functional Limitation Reporting has been required for 3 months now and clarification is still coming from CMS regarding the requirements. Most recently, we found that many of the MACs did not turn on the edits

Continued on page 4
for the G-codes until October 1, allowing some claims in the previous quarter to be paid improperly when G-codes were not submitted.

- Regence has partnered with CareCore National to begin a pre-authorization program to curb over utilization of physical medicine services. Chiropractic and physical therapy services are significant targets in the program which began a testing phase on November 1 and is a requirement as of February 1, 2014. We met with Regence and expressed our disappointment in not being consulted in the development and rollout of this process. This led to some positive dialogue about how the prior-authorization process can be improved.

- ICD-10 testing begins January 1 with final implementation on October 1, 2014.

- The questions around dry needling/intramuscular manual therapy continue to bubble as we await a decision from the Oregon Court of Appeals in the case between the Oregon Association of Acupuncture and Oriental Medicine and the Oregon Board of Chiropractic Examiners.

- The Oregon Association of Acupuncture and Oriental Medicine has proposed a bill to clarify their scope of practice. The OPTA is working with the acupuncture association to ensure any language does not override the Oregon Physical Therapy Licensing Board’s July 2009 opinion that dry needling is within the scope of the physical therapist as long as they have had the appropriate training.
A couple of years ago, I heard the phrase “ethical (or moral) compass”. What an interesting concept. A compass does not actually take you to your destination but does point the way. A GPS actually leads you step by step to your final destination. A GPS might be nice but doesn’t the term “moral GPS” just sound a bit robotic? At times I have wanted a GPS but the moral compass really is the right tool.

As Physical Therapists and Physical Therapy Assistants we confront ethical decisions almost daily. When I first entered the profession in 1981, my idea of ethics was simply doing the right thing. After all I am an ethical person. Right? As long as I did not do something illegal I was demonstrating good ethics, right? But the profession has changed since 1981. It has grown, our responsibilities are increasing and ethical decision making has become a bit more complex. Ruth Purtilo, in her 2000 Mary McMillan lecture in Indianapolis describes how advances in our profession calls us to greater accountability both to the individual patient and to society. “Oftentimes, I consider simply right and wrong but there may be other factors that enter into a final decision.” (Who is affected, how is my “solution” going to affect others, etc.) Laura Lee Swisher in 2005 provided a framework that I use in class at George Fox University. This RIPS model is designed to help each of us breakdown a situation into components that allow for a more holistic approach than I had used in the past. Those of you who graduated after 2007 may have used this model and others may have picked it up along the way, but, today, I would like simply to introduce the components of the RIPS model and then, in the future we might be able to use it to solve some simple and not-so-simple ethical issues.

**Step 1 Recognize and define the ethical issue**

**REALM** - Simply put, there are three realms - individual, organizational and societal.
- The individual realm is concerned with the good of the patient and focuses primarily on relationships and rights of individuals.
- The organizational realm is concerned with the good of the organization and usually involves policies that advance the organizational goals.
- The societal realm is much more complex and has to do with the needs of society as a whole.

As you can imagine, many of the ethical decisions we make could fit into all of these realms. It is important to make a decision, early on, in which realm will you be working.

**INDIVIDUAL PROCESS** - comes out of the work of James Rest where he asked “What must happen in order for moral behavior to take place?” He suggests there are 4 components for:
- Moral sensitivity - framing the ethical situation correctly
- Moral judgment - right versus wrong actions which involves generating options and evaluating the potential effect on people involved
- Moral motivation - prioritizing the ethical decision over other values such as self-interest
- Moral courage - developing a plan and implementing the chosen ethical action

**SITUATION** - Identifying the nature of the ethical situation is next in line. Swisher Identifies 5 Ethical Situations:
- Issue or problem in which important values may be challenged
- Dilemma or “right versus right”
- Distress where you know the right course of action but are not authorized to perform it
- Temptation or “right versus wrong” in which you might stand to benefit from doing the wrong thing
- Silence – a case where no one is addressing the ethical situation

**Step 2 Reflection**

Once the Issue has been defined under RIPS, Swisher calls us to reflect and interpret relevant information which will help in the final analysis.

Factors such as:
- Relevant facts and context
- Major stakeholders
- Possible consequences – intentional and unintentional (usually to the stakeholders)
- Relevant laws - Legal - State Practice Act, Statutes and Rules by the Licensing Board
- Professional resources (APTA Core values, Code of Ethics, Guide for Professional Conduct, Guide of - Conduct for the
Physical Therapy Assistant, Standards of Ethical Conduct for the Physical Therapy Assistant

- Right versus Wrong tests
  {Front-page test, Stench test – gut feeling of wrong, Mom test (my personal favorite) If Mom knew would I get “the look”? (Enough said)} - If any of these tests are positive then the situation is probably right versus wrong or a moral temptation.

**Step 3 Decide the right thing** to do based on the information gathered above.

**Step 4 Implement** and then **Re-assess**

Develop a plan and pay attention to the potential consequences to all stakeholders. Your decision may affect a large number of people.

Reassess which leads to your own professional growth. How can I personally change so this situation does not reoccur or I am more capable of handling it?

The above process seems long and involved and it is but our decisions—including ethical decisions—may have lasting effects. After all we are, now, both a patient and societal focused profession.


**Example:**

The following was a case presented in JAPTA in 2010 by Ernest Nalette EdD, PT. *Constrained Physical Therapy Practice: An Ethical Case Analysis of Recommending Discharge Placement from the Acute Care Setting.*

Mary practices at North East Region Hospital Physical Therapy Clinic, a large acute care hospital, and provides services to a variety of patients who average a 3 to 4 day length of stay. Mary has 20 years of experience in a variety of practice settings. She starts her typical work day by setting her schedule for the day and then moves on to look at the new

Continued on page 7

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patient referrals. There are an unusually large number of new referrals, and as is typical, the referrals do not contain sufficient information to help Mary triage these patients. Although there is not a written policy, Mary knows the expectation: all patients are seen, then decisions are made whether or not to provide ongoing treatment. There is never a question about whether a new referral will be seen— they all are, every day.

The practice does not have sufficient resources to provide all necessary services to all referral patients. Some patients receive an initial evaluation and recommendations for follow-up services, whereas others receive an initial evaluation and intervention. For those patients who qualify for transfer to an inpatient rehabilitation facility within a short period of time (usually 2–3 days), only an initial evaluation is provided, with documentation regarding the patient’s abilities and rehabilitation needs. Those patients who do not qualify for rehabilitation services or who are very involved and will be remaining in the hospital for an extended time are scheduled for follow-up intervention before discharge. In these cases, the discharge settings vary from independent living to senior housing to long-term care in a nursing home.

Mary completes an initial evaluation for Mr. Smith. Her evaluation indicates that Mr. Smith qualifies for transfer to a rehabilitation facility and would likely be discharged in less than 3 days. She contacts the case manager, who agrees with Mary that Mr. Smith is a candidate for transfer to a local rehabilitation facility. The case manager informs Mr. Smith of the decision. Mary discharges Mr. Smith from physical therapy.

That afternoon, Mary passes by Mr. Smith’s room. He calls Mary into his room and says “I don’t understand. My wife and I think I really need physical therapy.” Mary responds, “But you will receive all the physical therapy you need at the rehabilitation center and you’ll be there in a couple of days.” Mr. Smith retorts, “But what about now? Wouldn’t I get better faster if I started now?”

Mary and her colleagues recognized a about a decade ago that they no longer had sufficient personnel to carry out these interventions. The administrators were informed of the lack of sufficient staff to meet all of the patient needs and they responded “You’ll have to do learn to do more with less. Reimbursement to the hospital is getting tighter”. Due to these externally imposed constraints, the physical therapists developed and instituted the current unwritten rationing procedure. Mary was unaware of any research that demonstrated the loss of a single day of therapy would have a significant negative impact on long term patient outcomes.

So, Mary replies, “Well, right now we just don’t have the ability to give you the therapy you really want. In rehabilitation, you will receive intensive physical therapy, and I’m sure you’ll be happy with the staff there.” Mr. Smith asks “Why should I trust you? How can you and an organization like this turn your back on me?”

STEP 1 Recognize and define the ethical issue
REALM - This scenario could easily fit into each of the realms
Individual - Between Mary and Mr. Smith: Certainly, this individual interaction has sparked a reexamination of her ethical compass
Organizational - The unwritten policy is coming into question. There is an external strainer (management) placed on Mary and, most likely, placed on the institution by payer sources. The question has to do with the limits placed on the treatment options—are they fair in all circumstances?
Societal - There is current debate, now, as to how the medical community (and physical therapy) profession will be able to meet the needs of the public in an environment constrained by policies and decreasing reimbursement.

For me, this discussion is more about organization but Mary is motivated by a conflict in the individual realm.

INDIVIDUAL PROCESS –
• Moral sensitivity – To me this is the strongest moral component. Mary is faced with the moral sensitivity as she confronts the department’s practice of treating or not treating based on the discharge plan.
• Moral motivation – Prioritizing is the correct word, here. Should Mary prioritize the individual or organizational values? In this scenario, she can only choose one. The time taken to fully evaluate, develop a plan of care and treat Mr. Smith would take time away from her other charges of screening every person admitted to the hospital.
• Moral courage – Is the motivation great enough to question the status quo that she helped to develop decades before.

Continued on page 8
SITUATION – Mary is faced with a dilemma. The central moral issue is the between the desire to give full treatment to all patients and the reality that the hospital staffing has constrained this. To do so affects herself and her coworkers. If this was a case of good versus evil then Mary would have an easy choice but it is a choice between two goods.

1) Follow the hospital’s unwritten procedure and 2) provide Mr. Smith with care.

Step 2 Reflection
Once the issue has been defined under RIPS, Swisher calls us to reflect and interpret relevant information which will help in the final analysis.

Factors such as:

- Major stakeholders
- Mary, Mr. Smith, Mr. Smith’s family, Mary’s colleagues, Hospital
- Reflection of options
  - Choice #1 Follow the hospital procedure
    Justice (fairness) and Autonomy are her guiding principles- Given the circumstances of the organization (constraints) Mary, understands that it is her responsibility to treat all who enter her hospital with fairness. The current model addresses this fairness.
  - Choice #2 Treating Mr. Smith
    Patient Autonomy- Mr. Smith presumably understands the treatment options and desires to choose one Mary may not quite be willing to provide. Can it be considered “doing harm” to ignore a patient’s logical request? Mary’s autonomy-as a physical therapist what is guiding her professional judgment? Her skills or a policy.
- Possible consequences to the Stakeholders
  - Mr. Smith and his family- will the added treatment affect his long term physical outcome or his attitude toward Physical Therapy?
  - Mary’s colleagues, as they will need to take on extra responsibilities, and, will this influence a change in their unwritten policy?

Continued on page 9
Hospital- Expectations put on them by the public. The question could be asked “Why is Mr. Smith getting treatment and not my mother?”

- Professional resources
  APTA Core values
  Accountability- Responding to the patient needs and goals
  Altruism- Providing patient/client services that go beyond expected standards of practice
  Compassion/Caring- Being an advocate for patient’s/ client’s needs
  Integrity- Resolving dilemmas with respect to a consistent set of core values

Code of Ethics
2. Trustworthy and Compassionate in addressing the needs and rights of patients/clients over the interest of the physical therapist.
2C. Physical Therapists shall provide information necessary to allow patients to make informed decisions about physical therapy care.
2D. Physical Therapists shall collaborate with patients to empower in their decisions about health care.
3. Physical Therapists shall be accountable.
8. Physical Therapists shall be responsible stewards of health care resources and shall avoid over utilization and under utilization of physical therapy services.

STEP 3 Decide the right thing to do based on the information gathered above.
Mary is reviewing her Ethical compass. What is the final “right” answer? I don’t know. I think this is for the individual to decide. It is to Mary’s own accountability that she must answer. My response would be to, along with her coworkers, revisit the policy that allowed the constraints in the first place. As they use their moral compass as a guide, perhaps, seek out new policies.

Step 4 Implement and then Re-assess
Reassess which leads to your own professional growth. How can I personally change so this situation does not reoccur or I am more capable of handling it?

Continued on page 16

Sign up for an Online Fall Prevention Course and earn Continuing Education Credits (CEUs)

Do you work with older adults? Are you interested in preventing falls in older adults? Do you want to earn 20 contact hours of continuing education?

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Sign up for the class here: http://www.pierce.ctc.edu/el/sail
Learn more about the SAIL Program at www.synapticseminars.com
Regence Launches Prior Authorization Requirements
By Chris Murphy, PT, OPTA President

As most of you are aware, Regence has launched a program that will require prior authorization for all physical medicine procedures including physical therapy. The program rolled out on November 1 in a pilot phase with full implementation scheduled for February 1, 2014.

The OPTA has been working with other professional associations and with our partners in the Washington chapter to smooth the bumpy rollout of the program. I met with Regence Deputy Medical Director, Csaba Mera, and others from Regence at the end of October. In that meeting I expressed the OPTA’s concern that the program will place additional burdens on providers in a time when we are striving to increase efficiencies and that the poor communication surrounding the rollout of the program was placing patients and providers at risk. Dr. Mera acknowledged that communication and engagement with the OPTA and our members should have been better in the rollout phase and has been a great partner in seeking to improve that over the past few weeks. Here are a some of the key points about the program that OPTA members should know:

• According to Dr. Mera, Regence initiated the program after reviewing utilization rates for physical medicine codes versus other Blue Cross/Blue Shield entities around the country and versus other insurers in the northwest. In both cases they found that utilization of physical medicine procedures was higher than average for Regence customers.

“I couldn’t be happier to be a part of this wonderful team and organization. PT On Call has a reputation in the community for being easy to work with, organized and flexible with their therapists - since I’ve been here, I’ve seen that to be true! I’m so glad I get to be a part of a team that has the ability to truly benefit the therapists that we work with and can offer options that are the right fit for both the therapist and client.”

– Jen Deale

We’re happy to announce that PT On Call has a new Hiring Manager, Jen Deale

Jen Deale joins us with nearly 10 years of experience helping Physical Therapists find the perfect career opportunity. We’re currently hiring full time, part time and on call Physical Therapists and PTAs and Jen would love to speak with you about our current opportunities!

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Continued on page 11
should be noted that physical medicine codes include not only physical therapy, but also chiropractic, massage therapy, acupuncture, occupational therapy, and speech therapy in addition to some codes billed by naturopathic physicians, osteopathic physicians and medical doctors.

• Regence has partnered with CareCore National to produce the utilization management program. CareCore has provided utilization management programs for radiology, lab diagnostics, medical oncology, sleep management and cardiology. More information about the musculoskeletal program is available here: http://www.carecorenational.com/news/attention-regence-asuris-and-bridgespan-providers.aspx If you bill Regence for services you should take a look at this site to learn how to register with CareCore and to review the treatment guidelines they will be using to determine authorization.

• Physical therapists will be placed into tiers based on prior, risk-adjusted utilization data from Regence. Tier A providers will only be required to give notice that they are treating a Regence patient within 7 days of the evaluation. Tier B providers are required to provide notification within 7 days, but patients have an annual waiver that will allow them to see a Tier B provider for 6 visits without a requirement for additional authorization. Tier C providers are required to obtain authorization prior to initiating treatment after the first visit.

• One of our concerns was that the program would place different requirements for different providers within the same facility. Dr. Mera states that all providers within a facility should be in the same tier. If they are not, please contact CareCore National at 855-252-1115 and they will review the tiering information to correct this. All OT and SLPs will be classified as Tier B; the default of Tier B for OT/ST may cause some confusion.

• All treatment provided on the initial date of service is considered a single visit. There have been some initial reports that CareCore was counting treatment billed on the same date as the evaluation as a separate visit. If your clinic has specific examples of this, please provide the information to us for investigation and follow up.

While we disagree with the method of implementation for this program, it is difficult to argue against the premise that resources are limited and they need to be allocated in an efficient manner. The OPTA is continuing to work with Regence to find a solution that minimizes the administrative burden for providers while ensuring that resources are used to provide the care our patients need.

Questions Regarding Your Physical Therapy License or Practice?

Contact the
Oregon Physical Therapist Licensing Board
971.673.0200

OPTA Members Only Section Log-In

It’s just like your log-in for the APTA website. Your APTA membership number is your User Name. Your last name is your Password. In the members only sections of the site you have access to: the membership directory, past Log Newsletters, government affairs information, and more.

Take a look for yourself at www.opta.org.
Treasurer’s Report

By Kirstin Pauken, PT, OPTA Treasurer

We continue to have a strong financial year: Revenue is up, and expenses are down! In more detail, we are running at 81% of income accumulated, having only completed 75% of the year, or are ahead (positive) just over $10,000 compared to this time last year. This is mainly due to higher than expected membership dues income and evening workshop revenue.

On the expense side, we are running below budget (that’s a good thing!) We have spent 63% of what we budgeted for, with 75% of the year complete; we are ahead by just over $7,000. Our biggest line items, annual conference and evening workshop, expenses were lower than expected.

Overall, that brings us to have a surplus for Year-To-Date of $35,000, a healthy reserve.

Our investments have performed well this past year with strong growth seen in most of our holdings, averaging a 20% gain since 1/1/2013.

We will be exploring some strategic investments for our organization and profession in coming meetings while maintaining a healthy financial base. Members are always encouraged to come and participate in the discussions to shape the future of our organization.

Changes in OPTA Governance

At the Fall business meeting the OPTA membership passed some changes to the bylaws that will change the structure of our board of directors and committees. These changes were the result of an extensive review and an effort to lower the barrier for members to serve the organization and be more engaged in the process. Here’s a quick summary.

• The Board will consist of a President, President-Elect, Secretary, Treasurer, Chief Delegate, PTA Caucus Representative, and four Directors. The Executive Director will serve as a de facto member of the Board.

• Committee chairs will serve as advisors to the Board, along with student liaisons, delegates, nominating committee members and workgroup/task force leaders.

• Board members will serve a one year term and are eligible to serve three consecutive terms in one position.

• Elections will be held in the Fall around the time of the annual Fall meeting, but will occur by mail or electronic ballot.

• Officers will assume their roles on January 1 of each year.

As we transition to the new election cycle we will have a special election in the Spring of 2014 to elect a President-Elect who will become President on January 1, 2015. The nominating committee is seeking candidates for that position now, so don’t be shy! With every position up for election each fall, the slates will be much more broad. Please help your nominating committee and consider volunteering for a year or more of service on the Board. If you’re not yet ready, put us in touch with someone who might be.

OPTA Offers a Medical Screening for the Physical Therapist Home Study Course!

OPTA offers a Medical Screening course in a home study format! You can now purchase the DVD home study program and take the course when it is convenient for you.

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CE Credits—the course is a great way to earn CE credits on your time and schedule.

  The full course is a 12 hour course
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If you are interested in purchasing a home study program contact OPTA at 503.262.9247 or toll free at 877.452.4919 or order on-line at www.opta.org
The Oregon delegation has had a great governance year of collaboration, learning about the issues and candidates, and came away from the 2013 House of Delegates with a new APTA Vision Statement.

“Transforming society by optimizing movement to improve the human experience.”

It was truly an incredible experience to collaborate with the Vision Task Force and watch this take shape on the floor of the “House.” When Terry Nordstrom, PT, EdD, California delegate, spoke about the “human experience,” there was hardly a dry eye in the room. He was incredible and gave a compelling argument for this part of the Vision statement. The APTA website has more in-depth information under “Guiding Principles of the Vision.”

The motion to give sections a vote did not pass. There was a lot of discussion about it. I am confident this issue will come up again. What was really great though, was that I got emails from Oregon PTs voicing their opinion about this. That was wonderful and I hope can continue in the future. The goal of the Oregon delegation is to represent the OPTA members. We do want to know how you feel about the issues. Thank you to those who sent emails.

Elections at the House went smoothly with the election of Directors to the Board, Nominating Committee members and Secretary. Voting was done through the Automatic Response System. This is a hand held device that registers your vote. It made voting quick and very easy.

Plans are well underway to visit the Oregon PT and PTA schools to talk about the OPTA and APTA. Thanks to delegates who have assisted with updating the Emerging Student Leader award application form, and for those who are able to visit Pacific University, George Fox University, Mt. Hood Community College and Lane Community College. It is great fun to further inform students about the importance of membership in our organizations.

This is the time to begin thinking about any ideas for potential motions to be brought forward next June. It is not too early to begin getting your thoughts, crafting language, and getting input from other chapters. Please contact any delegate to share an idea.

I am finishing my two terms as Chief Delegate. I have learned so much and have loved all the experiences I have had. It has been a privilege to serve and I am very thankful for the opportunity to work with such dedicated PT’s and PTA’s in Oregon and throughout the country.
Student Synergy at National Student Conclave

By Mike Olson, SPT, Emerging Student Leader Award Recipient

During the last weekend of October I had the opportunity to attend the 2013 National Student Conclave in Louisville, Kentucky. I joined over 1,400 of my physical therapy student colleagues in an energetic weekend full of thoughtful conversation and inspiration. The weekend was as much about our own personal development as it was about the direction of the profession. As the conference progressed, I could see a subtle transformation in many of the attendees; a transition from seeing physical therapy as the profession we are passionately seeking to enter as students, to seeing physical therapy as “our profession.”

The weekend was packed with meaningful and fun events. As is the nature of students, everyone worked hard and played hard, trying to get the most out of a short conference. Here are just a few highlights from the conference:

• Open discussion with current APTA President, Paul Rockar
• Keynote on Transcending Limitation on Disability
• Interviewing and resume success
• Personal finances & financial planning (Planning for $100,000+ in debt!?!)
• Student advocacy-understanding the issues ahead

Upon returning from the conference I reflected on the many conversations I had with students and the important theme that kept resurfacing. Many of us realize that as individual members of the physical therapy profession, we each have a responsibility to represent, contribute, and advocate on behalf of our patients, our profession, and ourselves. We realize that engaged membership serves

COME JOIN THE PT NORTHWEST FAMILY

PT Northwest is looking for outstanding therapists to join the PT Northwest Family. Many members of our rehab team have been a part of the PT Northwest family for 10, 15, and even 20+ years. We would like you to join our family.

We offer the following:

• Strong Compensation
• Sign On/Relocation Bonus
• One of the Best Continuing Education Packages in the Nation
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• Health & Dental Insurance
• Life & Disability Insurance
• Paid Vacations & Paid Sick Time
• Paid Holidays & Birthday
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• Multiple Paths for Specialization & Leadership
• Section 125 Cafeteria Plan
• Clinical Mentoring Program
• Flexibility in Schedule

PT Northwest is a growing, independent, and progressive physical rehabilitation group with over 35 years of experience in Oregon. Therapist owned and operated, PT Northwest strives to provide the leading physical rehab services in the Pacific Northwest, while nurturing a family-friendly atmosphere. Our highly motivated rehab team provides physical, occupational, and speech therapy in the following settings:

• Our Outpatient Clinics
• Inpatient Hospitals
• Our Outpatient Clinics
• Inpatient Hospitals
• High Schools & Universities
• Minor League Sports Teams

If you are interested in joining the PT NORTHWEST FAMILY, please contact us at 503.540.8701 or email us at admin@ptnorthwest.com. You can also check us out at: ptnorthwest.com
Committee Members:
Derek Fenwick PT, Ann
Horinouchi PT, Dode Jackson
PT, Mike Mulligan PTA, Jeannie
Thompson PTA

Pub Night Sub-Committee
members: Analee Edlefsen PT,
Jessica Kinsey PT, Lee Sowada
PT, Raymond Kater SPTA, Sarah
Gross PT, Sukhee So PT

The school year has started for
our PT and PTA programs here
in the state. The Membership
Committee sent out a letter to all
students in all programs wishing
them success in the new year
and inviting them to join us if
they haven’t already. This was
sent to over 300 students, many
of whom may be in attendance at
the fall and/or spring meetings,
so reach out to them and help
them feel welcome in their new
profession!! Please share with
them why membership matters
to you, and how it is helping you
shape your career!

On the national front,
the APTA is launching an
e-Newsletter specifically geared
toward new members and new
graduates to make of the most
of their APTA membership,
including a new member survey
that goes out to them within a
month of joining. On the state
level, it is my goal to reach out
locally to each new member
within the first few months
of membership to keep them
informed of local opportunities,
successes and ways to get
involved.

Current Activities: OPTA
Pub Night is our monthly
gathering of physical therapy
colleagues the 3rd Thursday
of each month. September
Pub Nights across the state
celebrated 21 NEW attendees,
and the activity is closing in
on reaching 300 in Oregon.
Thanks to Oregon leading the
way, there are now Pub Nights
forming or in process in 7 other
states!! Watch the website and
your email for invites to future
gatherings, and ask a friend
(member or potential member)
to attend with you.

Future Activities: The
Membership Committee is
always looking for activities for
new and continuing members
beyond education, membership
recognition and Pub Night
activities. Are there topics
you’d like to see us present at
future gatherings beyond the
typical continuing education
fare, information regarding such
topics as financial planning,
long-term care insurance, etc?
The Membership Committee
is happy to explore putting
together presentations that
may be of interest to members,
we just need to know what you
may be interested in. If there is
something you would like to see
us do, don’t hesitate to send me
an email! debbie.vandover@
mhcc.edu

Student Synergy, continued from page 14

as the cornerstone of our
professional organizations and
allows us the great privilege
to work as therapists in the
complicated and political world
of healthcare. As students we
must take an active interest in
policies that shape the scope of
our practice, stay informed on
national healthcare reform, and
maintain strong integrity in
our daily efforts as clinicians.

During the conference I was
further reminded that physical
therapists are some of the
most passionate, caring, and
talented people around. I am
also confident that the future
of the profession is in good
hands with talented emerging
leaders across the nation who
are already stepping up and
making a difference.

OPTA Fall
2013 Election
Results

The Fall 2013 elections took
place on Saturday, October
19, 2013. The following
members were elected: Ann
Stanley, Chief Delegate; Ann
Carlin Zymkowitz, Active
Delegate; Jane Montgomery,
Active Delegate; Michael
Pagliarulo, Active Delegate;
Mike Hmura, Active Delegate;
and Jeannie Thompson, PTA
Representative.

The proposed bylaw
amendments were also
approved at this meeting.
APTA recently selected Oregon’s Sarah Gross as a recipient of this year’s Emerging Leader Award. This award honors individuals that have demonstrated extraordinary service to the profession early in their careers. Recipients are regarded by the state association as individuals who have made exceptional accomplishments and contributions to the association. Sarah is one of 25 APTA members from around the country that is recognized with this award this year, and was recently featured in PT Magazine.

Sarah has focused her career on chronic pain intervention and management. She currently is the sole physical therapist in the Kaiser Permanente Pain Management Clinic in Portland, OR. Gross’ involvement and interest in chronic pain management connects with multiple elements of APTA’s strategic plan, including “improve the quality of life of their patients and clients” and “explore alternative and innovative models of care and promote implementation of innovative models of practice that target patient and client-centered care.” Another element of APTA’s strategic plan calls on PTs to “demonstrate and promote interprofessional and intraprofessional collaboration.”

Gross created a regional pain management committee comprised of both physical and occupational therapists in order to improve how they treat patients with chronic pain. Further, says Chris Murphy, PT, president of the Oregon Physical Therapy Association, “She also leads her clinic’s efforts to consult with pain management physicians in coordinating patient care, imaging needs, and differential diagnosis.”

Congratulations Sarah and thank you for your many contributions to OPTA and APTA.

Classified Ad

Owner of long established PT clinic in NW Portland is retiring. Looking for someone to take over practice. Contact 503.223.1856.

RIPS, continued from page 9

This is a time to reassess and, as an organization look at alternatives. A couple of alternatives could be - 1) change the criteria that would allow for a limited amount of treatment in similar cases, - 2) increase staffing to allow treatments in these cases.

I believe the situation might have been different if Mary had discussed the case with the patient up front. It seems that delegating the responsibility to a case manager was not the correct way to go here. If any of you have questions, or comments, please feel free to email me at pshew@georgefox.edu.
<table>
<thead>
<tr>
<th>Welcome New and Returning OPTA Members</th>
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<tbody>
<tr>
<td>Shiva Aframian, SPTA</td>
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<td>Jennifer Aguilar, PT</td>
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<td>Leah Alberson, PT, DPT</td>
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<td>Kristen Allen, SPT</td>
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<td>Jeffrey Armas, MSPT</td>
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<td>Laura Aspinwall, PT</td>
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<td>Michael Baer, PT</td>
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<td>Maya Rose Bernadette-Peters, SPT</td>
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<td>Molly Billingham, SPT</td>
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<td>Matt Blijevernicht, DPT</td>
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<td>Elizabeth Bolte, PT</td>
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<td>Jordan Brandon, SPT</td>
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<td>Charles Brockman, PT, MPT, OCS, CSCS</td>
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<td>Nathanael Bush, SPT</td>
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<td>Lauren Calvert, SPT</td>
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<td>Andrew Carlson, SPT</td>
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<td>Joanna Chadd, SPT</td>
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<td>Kylie Chandler, SPT</td>
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<td>Joshua Christopherson, PT, DPT</td>
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<td>Kelley Clark, PT</td>
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<td>Laura Cooper, PT, DPT</td>
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<td>Alexandra DeAvila, SPT</td>
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<td>Lindsey DeCampos-Stairiker, SPT</td>
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<td>K'rene Delplanche, SPT</td>
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<td>Chandra Denherder, PT</td>
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<td>Melinda Dinning, PT, DPT, BS</td>
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<td>Christina Dodini-Marquez, SPT</td>
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<td>Michelle Downing, PT</td>
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<td>Luke Dumyahn, SPT</td>
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<td>Krista Dunton, SPT</td>
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<td>Shane Durando, SPT</td>
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<td>Nancy Durben, PT, PCS, MSPT</td>
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<td>Annalise Dussell, PT</td>
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<td>Geetanjali Dutta, PT, PhD</td>
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<td>Melanie Embree, PT, OCS</td>
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<td>Charles Felder, PT, DPT, MBA, SCS</td>
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<td>Barbara Forgeron, PT</td>
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<td>Elijah Freeman, PT, DPT, OCS, CSCS</td>
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<td>Lindsay Froman, PT</td>
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<td>Catherine Garwacki, PT, DPT</td>
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<td>Bianca Giganti, PT</td>
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<td>Ian Gilkison, PT, DPT</td>
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<td>Marylynn Gordon King, SPT</td>
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<td>Amy Grupa, PT</td>
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<td>Karli Gutman, PT, DPT</td>
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<td>Dane Happeny, PT, DPT</td>
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<td>Jason Harris, PT, DPT</td>
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<td>Jill Harsch, SPT</td>
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<td>Cory Harum, SPT</td>
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<td>Susan Hendrickson, MSPT</td>
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<td>William Hogg, PT</td>
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<td>Jeff Houck, PT, PhD</td>
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<td>Natasha Houn-UYen Bui, SPT</td>
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<td>Tomoko Iwanaga, SPT</td>
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<td>Candice Kalb, SPT</td>
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<td>Christine Kieu, SPT</td>
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<td>Laurie King, PT, PhD</td>
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<td>Kathryn McElroy, PT, DPT, ATC</td>
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<td>Lenore Morrissey, PT, MPT, OCS</td>
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<td>James Wallace, PT</td>
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<td>Andrew Yoho, PT, MPT</td>
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<td>Mattea Zabala, SPT</td>
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<td>Matthew Zwerling, PT</td>
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Oregon Log Advertising Policy
The Oregon Log is published quarterly (four issues per year) in March, June, September and December. All display ads must be pre-sized in camera-ready form. OPTA reserves the right to not publish advertisements or articles of OPTA’s choosing. Deadlines for the 2014 issues are: February 7 for the 1st quarter issue, May 2 for the 2nd quarter issue, August 1 for the 3rd quarter issue, and November 7 for the 4th quarter issue.

<table>
<thead>
<tr>
<th>Ad Size</th>
<th>Per Issue</th>
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<tbody>
<tr>
<td>Full Page - 10” high by 7.5” wide</td>
<td>$350.00</td>
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<tr>
<td>Half Page - 4.5” high by 7.5” wide</td>
<td>$200.00</td>
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<tr>
<td>Quarter Page - 4.5” high by 3.5” wide</td>
<td>$125.00</td>
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OPTA Announces Advertising Package Opportunities!
The OPTA publications committee has a advertising package plan that offers a variety of advertising opportunities.
If you are interested in purchasing a package, please contact Sandra Fisher at the OPTA office at 503.262.9247 or 877.452.4919 or via e-mail at info@opta.org.

Advertising Packages

<table>
<thead>
<tr>
<th>Package Includes</th>
<th>Gold</th>
<th>Silver</th>
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<tbody>
<tr>
<td>Web site logo &amp; link</td>
<td>1 year</td>
<td>N/A</td>
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<tr>
<td>Web site employment advertisement of 100 words</td>
<td>1 year</td>
<td>1 year</td>
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<tr>
<td>Newsletter display ads</td>
<td>1/2 pg ad for 1 year</td>
<td>1/4 pg ad for 1 year</td>
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<tr>
<td>Vendor listing in newsletter</td>
<td>4 issues</td>
<td>2 issues</td>
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<tr>
<td>Conference exhibit space</td>
<td>1 booth</td>
<td>25% off fee</td>
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<td>Conference brochure vendor listing</td>
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<tr>
<td>Conference name displayed on vendor list</td>
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<td>1 listing</td>
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<tr>
<td>Package prices:</td>
<td>$2,000</td>
<td>$1,000</td>
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Classified: Classified advertising for employment opportunities or sales items are charged at the rate of $35.00 per ad plus $2.00 per line of type (approx. 45-50 characters including spaces and punctuation). One line complimentary heading is included.

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