

4. Enhancement of research, surveillance, and evaluation.

Highlights and important new bone health information will be featured in at the Bone Health SIG Business Meeting at CSM 2010.



Nancy Abodeely, PT, MA, OCS is Vice Chair of the Bone Health and Chair of the SIG Practice Committee. She is a 1983 graduate of the University of Cali-

fornia San Francisco Physical Therapy program. She is in current clinical practice at Kaiser Permanente in San Francisco. She is an outspoken advocate for bone health and fracture prevention for older adults.

## SECTION ON GERIATRICS 2009 SLATE AND CANDIDATE STATEMENTS

**All Section on Geriatrics (SoG) Members will be able to vote online or through a paper ballot. An email will be going out to Section members in September with instructions for voting on line. Those members without a valid email addresses will receive a paper ballot in the mail. Ballots are also posted online for you to print and mail in. Ballots must be returned to the Section Office by October 21, 2009 or earlier in order to be counted. We appreciate every member's participation in this year's election, and thank all of our candidates for their willingness to serve the SoG!**

### SLATE

#### Treasurer (Elect 1)

Don Backstrom, PT, MBA, GCS  
Anne Coffman, PT, MS, GCS

#### Director (Elect 2)

Linda Eargle, PT, DPT, MIn Ed  
Nora Francis, PT, DHS, OTR  
Bob Thomas, PT, MSPT  
Mary Thompson, PT, PhD, GCS

#### Nominating Committee (Elect 1)

Patrice Anthony, PT, GCS, CAPS  
Kathy Brewer, PT, GCS, Med

### Candidate Statements

The Section on Geriatrics (SoG) candidates for office were invited by the Nominating Committee to provide a candidate statement by answering several questions within an 850-word limit. Below are the candidate statements and biographical information provided by each of the candidates.

### TREASURER

1. How do you view the role of the Treasurer and its interaction with

the Section on Geriatrics Board and its membership?

2. What prior experience has prepared you for the role of Treasurer for the Section on Geriatrics?
3. How can the Section prioritize members' services while maintaining a balanced budget?



**DON BACKSTROM, PT, MBA, GCS**

**Residence:** Ulster Street, CO

**Credentials/Degrees:** PT, MBA, GCS

**Employment:** Kaiser

Permanente

**Section Membership:** 15 years

**APTA Membership:** 20 years

**Activities, SoG:** Geriatric Specialty Council Member; Chair of Geriatric Specialty Council; Participated in strategic planning process and represented the Geriatric Specialty Council as part of the ABPTS.

I embrace the spirit of volunteerism and I am grateful to the APTA for the past experiences that I have had. I believe that my carrier experiences as a director and as a therapist with an advanced degree in business qualify me for consideration to the position of Treasurer of the Section. Since leaving the council, I have been looking for opportunities to share my strengths and benefit our great profession. Thank you for your consideration.

**Role of the Treasurer:** I view the role of Treasurer as a position of trust. Trust that members' dues will be treated and used as if they were my own. Trust that I will manage members' resources with a

high degree of care and good judgment. Managing the budget allows the Section to serve members and provide a variety of services to members that result in success of our membership, our Section, our profession, and our patients. The role of Treasurer is to follow policy and procedure resulting in the assurance that more is coming in than going out. At the same time, the role of Treasurer is to assist the Section in the accomplishment of the strategic plan. In the last two years the role of Treasurer has been influential in expanding the creation of new knowledge areas of geriatrics. More funds have been allocated to the Geriatric Fund of the APTA Foundation. Spending funds to advertise in external publications has increased awareness of the public to view physical therapists as the authority in geriatric rehabilitation, wellness, and prevention. Ensuring that members' dues and investments are used to support the strategic plan and mission of the Section is a primary role of the Treasurer. In addition, growing our assets ensures the sustainability of our Section. In the last four years, our current Treasurer has doubled our Section assets. This was done by making wise decisions about short term and long term savings funds and using conservative approaches during a bear market. While most 401K plans lost money, our Section grew its savings. This is an excellent example of the role of the Treasurer. My goal as Treasurer would be to further this conservative approach and continue investing in educating the public, supporting member education, and increasing evidence-based research. Specifically, my personal experience has left me with a passion for the continuum of care of older adults. Acute care, SNF, acute rehabilitation, home health, out-

patient, and wellness settings are all represented by our membership and are rolled into the strategic plan. Another relevant priority for the next Treasurer is to re-evaluate our portfolio of investments. Currently 80% of our assets are in low interest, conservative accounts. As the market improves, we may want to increase our risk slightly to keep up with inflation and increase income. The role of Treasurer is not only to balance the budget but to influence and guide the Section in making wise decisions that support the strategic plan to meet the needs of our Section.

**Prior experience:** My passion for excellent care for older adults, in many ways, prepares me to serve the Section on Geriatrics. In addition, I have over 10 years of experience managing budgets that range in scope from several hundred thousand dollars to my current position in which I manage over one-hundred million dollars. My educational background includes an MBA which provides a solid theoretical and educational background for financial management and accounting. I have four years of experience serving the Section as a member of the Geriatric Specialty Council, 2002-2004 as the chair. In this role I observed a variety of Section activities and participated in Section board meetings. My experience, my education, and my prior service to our Section prepares me for the position of Treasurer.

**Maintaining a balanced budget:** Many business leaders say that strategy is everything. Continually asking, how are we fulfilling our mission of “furthering our members’ ability to advocate and provide best practice physical therapy for optimal aging.” A clear example of strategy is the planning done by the Section every two or three years. Balancing the budget involves saying “no” when the request for funds does not align with the strategic plan. Balancing the budget also means saying “yes” to requests that further our mission and support our strategy. Whether it is creating new knowledge related to geriatric PT practice or advertising in external publications, the mantra is the same: what will give us the most bang for our buck. My goal as Treasurer would be to continue the progress and success of the Section and Dr. Staples as Treasurer. I

will use the knowledge that I have of business as well as the interpersonal skills that I have for listening and reaching consensus. Thank you for your consideration. I humbly ask for your vote for Treasurer of the Geriatric Section.



**ANNE COFFMAN,  
PT, MS, GCS**

**Residence:** New Berlin, WI

**Credentials/**

**Degrees:** PT, MS, GCS

**Employment:**

Gentiva Healthcare Services

**Section Membership:** 19 years

**APTA Membership:** 19 years

**Activities, SoG:** Vice President, Director, CSM Program Chair, Awards Chair, Joan Mills Awardee

**Activities, APTA Chapter(s):** Treasurer, Delegate, Federal Government Affairs Liaison

**Activities, National:** Committee on Chapters and Sections

**Role of the Treasurer:** The Treasurer serves on the Board as well as the Executive Committee of the Section so this person has the same responsibilities as the rest of the Board: to participate in Board meetings, strategic planning, and any other required meetings and to address members’ needs by completing all assigned projects and communicating with the membership. Being responsible for the budget, the Treasurer also offers guidance to the Board in deciding which projects to fund based on their relevance to the strategic plan and advising the Board of the financial ramifications of their decisions. Particularly in lean economic times, it is critical that the Board focus its efforts and resources in areas that will advance the Section towards achieving its strategic plan. The Treasurer is responsible to communicate the financial status of the Section to our members at Member Meetings and through print/electronic communications to allow all members the opportunity to understand the financial position of the Section.

**Prior experience:** I have served on the Section on Geriatrics Board for nine years, three years as Director and six years as Vice-President, from 2000-2009. During my Board terms, I was on

the Finance Committee for three years which led me to be involved with the budgeting process and final decisions before presenting a balanced budget to the Board. As a Board member and previously as a committee chair, I have been involved with the Section’s strategic planning for over ten years. This gives me a strong historical perspective to understand what has happened previously in the Section and how we have funded/prioritized different goals and projects.

I also served as the Treasurer for the Wisconsin Chapter from 2000-2005. As the WPTA Treasurer, I revised the budgeting process to more closely align it to the chapter’s strategic plan and also to further involve the committee chairs and Board members in the budgeting process. During this time, the WI Chapter received the APTA Component award for Outstanding Financial Management.

In addition to my volunteer experiences, I served as a regional director of operations for a large national rehab company from 2000-2002. In this position, I was responsible for the budgeting and management of over 25 skilled nursing facility contracts. This gave me plenty of experience with reading and analyzing spreadsheets and understanding the budgeting process.

**Maintaining a balanced budget:** I believe that the Section needs to fund its basic services through its annual revenues as opposed to utilizing reserves for day to day operations. The best way to maintain member services while keeping a balanced budget is through membership growth which requires the effort of all Section members, not just the Board. While this is difficult to achieve, it is critical to the long term stability of the Section.

Managing the current funds and maintaining member services requires communication with the membership to identify their priorities as well as thoughtful strategic planning by the Board to prioritize the larger goals and objectives for the Section. From these two processes, the Treasurer leads the Finance Committee and Board in creating a balanced budget that provides funding for the identified priorities.

From having served as the WI Chapter Treasurer for five years and having served on the Section Board for nine

years, I believe I am well prepared to lead the Section over the next three years as its Treasurer and I would appreciate your support. Thank you.

## DIRECTORS

1. What experiences do you bring to the position of Director that makes you a strong candidate for this position?
2. What three activities would you like the Section to accomplish while you are on the Board of Directors?
3. What is the greatest challenge facing the geriatric practitioner and how can the Section help?



**LINDA EARGLE,**  
PT, DPT, MIn Ed  
**Residence:** Sun City  
Center, FL  
**Credentials/Degrees:**  
PT, DPT, MIn Ed  
**Section**  
**Membership:** 20+

years

**APTA Membership:** 43 years

**Activities, SoG:** Wellness and Health Promotion Special Interest Group, Nominating Committee 2005-2007, liaison to EXPAC 2010 Steering Committee 2009, Committee on Cultural Diversity 2002-present

**Activities, APTA Chapter(s):** I became a member of the Florida chapter in 2009; in the SC chapter: Nominating Committee 2002-2005, 1995-7, Finance Committee 2003-2006, History Committee, 2000-2008, Quality Assurance Chair 1997-99, Co-editor of SCAPTA Newsletter, 1996; Chairman, Public Relations Committee 1978-83, Chairman, By-laws Committee, 1991 - present; Chief Delegate, 1994-95, 1992-93, 1990-91, 1988-89, 1987; September 2007- December 2008 (moved out of state); Delegate, 1986, 1998, 1999-2001.

**Activities, National:** Physical Therapist Assistant Educators Special Interest Group, Nominations Committee, 1988; Secretary, 1991, 1993-94, Program Committee, 1992 Combined Sections Meeting, APTA Committee for Screening Proposals/Abstracts 2008-2011, APTA Committee for Physical Therapist Assistant Recognition, 2007-2010 Commission on Accreditation in Physi-

cal Therapy Education, 2009 Onsite reviewer for PTA programs; 2006-present Onsite reviewer PT educational programs, Commissioner appointment term Jan 99-June 2000, and July 2000-2004 to central panel, appointed to Criteria Revision Group for PTA criteria, Jan. 1999, Nominating committee chair for CAPTE 2001, 2002, 2003, Commissioner appointment term 1995-1998, Executive committee Fall 1996-Spring 98, PTA Panel Chair Fall 97-Spring 1998, on-site evaluator and Reader-Consultant to newly developing programs, 1988-1995, 1998-99, Normative Model for Physical Therapist Assistant education, member of development committee, October 1997.

As a Section member, I've benefitted from the excellent Section leadership for a number of years. This nomination gives me the opportunity to give back. I just retired so have time to dedicate to the Section on Geriatrics position of Director. I now have the opportunity to practice in home health and outpatient settings in Sun City Center, FL, one of the early adult living communities, where I live.

**Prior Experience:** Directors have a responsibility to represent Section members. I feel the experiences of regularly attend the CSM business meetings, contributing to the work of the Health Promotion and Wellness SIG and participation on the Committee on Cultural Diversity have given me the experience to represent a broad spectrum of the Section members. I've been an active member of the Section for more than fifteen years and of APTA for more than 40 years.

APTA membership has afforded me leadership experience in a number of appointed positions such as the Commission on Accreditation for Physical Therapy Education, the Committee for Screening Proposals/Abstracts, and the Committee for Physical Therapist Assistant Recognition.

I have had the opportunity to practice, predominately in geriatric PT, but also I've also been involved in PT and PTA education. In 2008, I retired from full time practice. My most recent experiences are quite eclectic, adding to my strength should I be elected as a Director. I live in an adult retirement community, where I practice PRN in both

private practice out patient and home health settings: teach online PT education courses and both the basic and Advanced Clinical Instructor Credentialing Courses. Currently, I am working with the Carolina Clinical Education Consortium (CCEC) in a part time executive director role. I previously served the CCEC as secretary and chair.

I am new to the Florida chapter, but have 25 years of experience as a member of the SC chapter board of directors, chief delegate, member of the nominating committee, and in multiple appointed positions.

I agreed to be slated for a director candidate because I feel a responsibility to the Section and I have both the time and energy to devote to the position. Being slated for Geriatric Section Director is an honor and privilege.

**Activities to Accomplish:** The Geriatric Section has been a leader in providing information to students at CSM to encourage practice in geriatrics, has made great strides in supporting diversity in Section leadership, and continues to provide excellent continuing education opportunities. I would like to continue these activities, which are directly related to Section Strategic Goals and the position statements on Cultural Diversity and the Geriatric Practitioner in 2020. Additionally, I see a need to search for innovative ways to encourage PTs and PTAs to utilize best practice for optimal aging, to inform PT and PTA program faculty about the wealth of Section resources available, and to make the public aware of Section consumer resources.

**Greatest Challenge:** I believe the greatest challenge is lack of public awareness of consumer resources and the advantages of direct access to physical therapy for health promotion and wellness as well as to improve impairments and functional limitations. I am very worried about Medicare reimbursement, both as a person on Medicare and as a PT clinician. My neighbors do not have a clear understanding of physical therapy, how PTs can help them prevent future limitations and disability, or how to self manage chronic impairments and functional limitations. The Section can help by enabling Section members to teach their patients and to reach to out in their community. I envision more in-

volvement among Section committees, such as the Section on Geriatrics Advocates to the States and Special Interest Groups to garner ideas and disseminate information.



**NORA FRANCIS,  
PT, DHS, OTR**

**Residence:**

Evanston, IL

**Credentials/**

**Degrees:** PT, DHS,  
OTR

**Employment:**

Northwestern University

**Section Membership:** 13 years

**APTA Membership:** 21 years

**Activities, SoG:** Member, GeriNotes Editorial Board; Member, Geriatrics Section, 1996 - present

**Activities, other Sections:** Best Poster - Health and Policy Administration Section Research Committee (Francis N, Sanders B. Intent and choice of female physical therapists' employment before and after childbirth. Department of Physical Therapy and Human Movement Sciences, Northwestern University, Feinberg School of Medicine, Chicago, IL, American Physical Therapy Association, Combined Sections Meeting, February, 2009.); Member, Section on Administration, 1988- 1992; Member, Bylaws Committee, 1988-2000, Chairperson, Bylaws Committee, 1989-1990, Member, Publications Committee 1991-1992; Member Education Section, 1994 - present

**Activities, APTA Chapter(s):** Illinois: Chairperson, Membership Committee, 1996 - 1998, Assembly Representative, Eastern District, 1997 - 2000, Membership Division Director, 1998 - 2000; Indiana: Member, Ethics Committee, 1992 - 1994, Vice President, 1993 - 1995; Michigan: Member, Legislative Committee, 1996 - 1998, Chairperson, Western District, 1985 - 1986, Vice President, 1986 - 1990, President, 1991 (then moved to Indiana)

**Activities, National:** Member House of Delegates, 1985, 1986, 1990, 1991, 2000; Membership Development Task Force, 1998 - 1999; Member, Ad Hoc Clinical Performance Instrument Revision Group, 2003 - 2006; Author, PT

CPI: Version 2006 Online Rater Training Program, 2006 - 2008

I am honored to be asked to serve as Director and am excited about the possibility of serving the Geriatric Section. If elected, I would enthusiastically embrace my duties.

**Prior Experience:** I have many previous experiences that I believe help to make me a compelling candidate for Director in the Geriatrics Section. First, I have 29 years of experience as a physical therapist; 16 of those have been as an educator in physical therapist professional and physical therapist assistant education programs. In addition, because of my passion for geriatric clinical practice, for the past 11 years, I have served as the course coordinator for the Issues in Geriatrics course at Northwestern University Department of Physical Therapy and Human Movement Sciences. I have been a member of the APTA since 1978 and I have held a wide variety of leadership positions at the district, state, and national levels. I have also served as a member of the *GeriNotes* editorial board since 2008 and I am a member of the Section's Bone Health Special Interest Group. Lastly, I believe I demonstrate effective organizational and verbal/written communication skills, I respond to requests in a timely manner, and I am a strong team player.

**Activities to Accomplish:**

- Promote the type of research that may be funded by the Section on Geriatrics Fund and the Marilyn Moffat Endowment Fund for Geriatric Research provided by the Foundation for Physical Therapy. In addition, I would like to have the Section explore possible funding on smaller scale than the Foundation, such as \$1,000-\$10,000, for practicing clinician or academic faculty research.
- Communicate to members the interdisciplinary outreach and engagement in which the Section is engaged. By promoting and evaluating the activities in which the Section is participating, we can ensure that physical therapists are well-positioned as leaders in the larger field of geriatric health care.
- Develop a self-assessment guide for physical therapists who provide services for older adults to assist them

in developing a plan for individual achievement of the Section on Geriatrics Position Statement - "2020 PT Practitioner for the Aging Population". This self-assessment guide can assist each practicing geriatric physical therapist to determine the steps he or she specifically needs to take now so we can all meet the vision as delineated in the Geriatrics Position Statement.

**Greatest Challenge:** I believe that we as geriatric physical therapists have an amazing opportunity to promote and demonstrate our skills to the growing older adult population. Therefore, we must continuously advance our skills so we may meet the health promotion and movement function needs of older adults in the future. I think that one of the greatest challenges is keeping up to date with the professional literature and using appropriate outcome measures in geriatric practice. The Section can help by developing the self-assessment guide to which I referred in the second question above. Only by doing so will we achieve our vision of the "2020 PT Practitioner for the Aging Population".



**BOB THOMAS,  
PT, MSPT**

**Residence:** Portland,  
OR

**Credentials/**

**Degrees:** PT, MSPT

**Employment:**

Infinity Rehab,

Merit Rehab

**Section Membership:** 14 years

**APTA Membership:** 19 years

**Activities, SoG:** Active Member - Section on Geriatrics (1995 to present); Oregon Liaison to Section on Geriatrics (1996 to 2000); SNF Committee, Section on Geriatrics (2001); Wrote "Reimbursement Issues in HealthCare: Understanding the Medicare and Medicaid Systems", Section on Geriatrics, APTA, Home Study Series, Spring 2008; Wrote Medicare Medical Review: Changes and Updates". *GeriNotes*, July 2005; Wrote "Supervision Requirements for the Physical Therapist", *GeriNotes*, Section on Geriatrics, APTA, winter 2002

**Activities, other Sections:** Active member - Private Practice Section, (2009 -

present); Active Member – Neurology Section (1997 – present); Active Member – Health Policy and Administration Section (1999 – present); Prior Member – Cardiopulmonary Section (1998 – 1999); Prior Member – Section on Administration (1996 to 1998)

**Activities, APTA Chapter(s):** Active Member (1990 to present); Reimbursement Committee, 2004-2005, 2008-present; Member at Large #1/ Board of Directors (2001-2003); Legislative Committee – OPTA (1999 – present); Treasurer/Board of Directors – OPTA (1996 to 1998); Annual Conference Committee – OPTA (1993 to 1998)

**Activities, National:** Active Member – APTA (1990 to present); APTA House of Delegates (1995 – 1997, 2001-2003); Key Contact (2000 – present); Federal Affairs Liaison (2002); Lecturer, Maximizing Reimbursement using the MDS, American Physical Therapy Association Annual Conference, Indianapolis, IN, June 17, 2000; Lecturer, PPS and the MDS, American Physical Therapy Association Annual Conference, Indianapolis, IN, June 16, 2000; Lecturer, Balanced Budget Act, Reimbursement & Coding Update, American Physical Therapy Association, with Nancy Garland, Helene Fearon, and Karen Ravitz, Boston, MA, March 31-April 1, 2000.; Lecturer, Balanced Budget Act, Reimbursement & Coding Update, American Physical Therapy Association, with Nancy Garland, Helene Fearon, and Karen Ravitz, Las Vegas, NV, January 14-15, 2000.; Panelist, “PPS Roundtable”, PT Magazine, November, 1999; Research presentation, Supine to Stand in the Elderly: Relationship to Age, Activity, Strength and Range of Motion, World Confederation of Physical Therapy Conference, Washington, DC, June, 1995

**Prior Experience:** For most of my career as a physical therapist, I've been in some form of leadership position. Currently, I serve as the President of Infinity Rehab, a multistate rehab organization. We have grown substantially over the last 10 years since the company was founded. The skills I've gained through that growth include strategic planning oversight, financial management, and culture development.

In addition, I am a member of the Board of the Oregon Physical Therapy Association (OPTA) and the National Association of Rehab Providers and Agencies (NARA) organizations that serve therapists in various aspects of practice and profession. From these current as well as past board positions, I've been involved in collaborative decision making and committee and work group oversight.

I believe my experience and skills will allow me to make a contribution to the Section but the driving force for my professional life is that I have a passion for our profession, for therapists, and for the geriatric client. I believe this passion coupled with my experience makes me a strong candidate for Director.

**Activities to Accomplish:** I would like to see the Section accomplish the following activities as part of the Strategic Plan:

Increase collaboration with other Sections, other organizations, and potentially universities to enhance education on the physical therapy care and treatment of the older adult in all practice settings. Increasingly, the older adult is becoming a prominent patient type in more than just traditional settings. I would like the Section to look to facilitate the education of practitioners in a targeted, outcomes oriented, best practice approach to the older client in all settings.

Increase training and education on impending changes to our health care system, Medicare, and other reimbursement systems that we are expected to experience in the next 10 years. I believe our Section can take a strong role in helping geriatric practitioners prepare for resulting practice changes to maintain professional viability and patient quality.

Increase advocacy and promotion of Geriatric Practice as a prime choice specialty. In my experience teaching in our local university and around the country through continuing education courses, my impression is that geriatric practice, as in other health professions, is often perceived as a second or third choice to other practice settings and patient populations. With the aging population and a current shortage of physical therapists, it will be necessary for growth of a larger population of geriatric physical therapy practitioners who have a passion for the older adult.

**Greatest Challenge:** I believe the greatest challenge facing the geriatric practitioner is the coming Perfect Storm. In the next 10 years, we will see the confluence of 1) increasing demands for quality and outcome driven care and performance, 2) expedited decline in reimbursement, 3) an increasing shortage of geriatric practitioners, and 4) a substantially increasing geriatric patient population base. I see geriatric practitioners working harder to provide quality care, to more people, with less help and for less reimbursement. I see the Section on Geriatrics as being an organization that can bring not only clinical but practice solutions for these coming challenges through education, practical strategy development and advocacy.



**MARY THOMPSON, PT, PhD, GCS**  
**Residence:** Celina, TX  
**Credentials/ Degrees:** PT, PhD, GCS

**Employment:** Texas Woman's University, School of Physical Therapy  
**Section Membership:** 29 years  
**APTA Membership:** 29 years

**Activities, SoG:** APTA, Section on Geriatrics Home Study Co-Editor (2001), Editor (2002 – 2007); 2007 American Physical Therapy Association, Section on Geriatrics President's Award for Exceptional Contributions to the Section on Geriatrics.; 2007 American Physical Therapy Association, Section on Geriatrics Distinguished Educator Award for Excellence as a Physical Therapy Educator

**Activities, other Sections:** 1996 American Physical Therapy Association, Section for Education Adopt-a-doc

**Activities, APTA Chapter(s):** Delegate for the North Texas District to the Texas Assembly of the Texas Physical Therapy Association (1996, 2001).

**Activities, National:** American Physical Therapy Association, Clinical Residency and Fellowship Program Credentialing, Reviewer Subcommittee Member (2007 – present); APTA Education Strategic Planning: Participant (August 21 - 22, 2005); American Board of Physical

Therapy Specialties: American Board of Physical Therapy Specialties board member, geriatric representative (2003 – 2007), liaison to the Section on Women's Health (2004 – 2007), direct patient care task force (2003-2004), chair elect (July 2003 - 2005), chair (July 2005 – 2006), immediate past chair (July 2006 – 2007), Geriatric Council (July 1998 - June 2002; chair July 1999 - June 2001).

**Prior Experience:** My experiences related to geriatric practice, professional and postprofessional education, and professional organizational service make me well qualified for the responsibilities of a director. I have practiced in the area of geriatrics for 29 years and continue a practice part-time to maintain my specialization. I have extensive experience in various roles that help therapists develop professionally. I served as Co-editor of the Section's home studies in 2001 and then as Editor from 2002-2007. I surveyed members to determine their professional development needs, and fostered the development of new authors and future editors. In that role, I also attended Section board meetings at CSM and became familiar with the activities of the Board. My knowledge of the specialization process comes from 4 years on the Geriatric Council and 4 years on the American Board of Physical Therapy Specialties where I was able to promote geriatric practice at the highest level. Since 2007, I have been involved in the APTA Clinical Residency and Fellowship Program Credentialing as a reviewer subcommittee member. As Chair of the Education Committee of the Texas State Board of Physical Therapy Examiners from 1999-2008, I was instrumental in modernizing the rules for continuing education requirements for licensure renewal. As a Foreign Education PT Standards Committee member and then as FCCPT board member, I understand the educational challenges of foreign educated therapists and the need to maintain integrity in the licensing process. In my role as coordinator of postprofessional programs at Texas Woman's University, I advise physical therapists about paths that may lead to (1) ABPTS specialization, (2) contemporary practice in line with APTA's Vision 2020 through a tDPT, and/or (3) filling our profession's faculty shortage

by preparing physical therapists to transitioning to the academic environment by earning a PhD in Physical Therapy. I teach geriatric content in the entry-level and postprofessional levels.

**Activities to Accomplish:** The first activity I would like the Section to accomplish while I am on the Board of Directors is better communication and coordination between the "parts." I believe the Section provides a variety of quality professional development opportunities for members from face-to-face programming at CSM, and regional courses including the new Certified Exercise Expert for Aging Adults course series, to "distance education" in the broadest sense (eg, home studies, the *Journal of Geriatric Physical Therapy*, the listserv, *GeriNotes*, and mentoring). I believe the leaders involved in these individual efforts would benefit from periodic group communication/planning so that each aspect builds, reinforces, and supports the others and so that we do not compete with ourselves. Since each Section endeavor has different planning timelines, some years in advance, this is a long term goal.

The second activity I would like the Section to accomplish while I am on the Board of Directors is a better assessment of learner outcomes across the entire spectrum of professional development. Programming and publications are costly to produce. Are member learners getting the outcomes they expect? APTA is working on the development of evaluative methods for face-to-face CE offerings, but the Section could pilot ways to determine learner outcomes in other arenas. Do the Section's home studies, the *Journal of Geriatric Physical Therapy*, the listserv, *GeriNotes*, and mentoring experience help you in your practice? Knowledge of outcomes will help us be fiscally responsible.

The third activity I would like the Section to accomplish while I am on the Board of Directors is to explore ways that the Section can better serve members who seek Board specialization and provide additional resources for members seeking to start geriatric residency programs.

**Greatest Challenge:** Physical therapists working with older adults across settings face a number of challenges

that compound upon one another. Just as I rarely have a patient with a single problem, these challenges are not singular. Insufficient numbers of physical therapists committed to geriatric practice probably results from inadequate reimbursement, but it also fosters practice which does not meet current standards of being evidence-based and efficacious. Pressures on our day-to-day practice force us to be vulnerable to cutting corners in an ever changing health care environment, and make us neglect our own well being and professional development. We may feel isolated in our geriatric practice because of our affinity for older adults and our wish to be better at what we do. The Section plays a major role in combating our isolation in practice, responding to work force needs, providing models for practice that include balance in our personal lives, and providing resources in clinical and administrative areas. The Section is a virtual place where like-minded physical therapists can exchange ideas, experiences, and research evidence we can incorporate into practice.

## NOMINATING COMMITTEE

1. Please describe what attributes you value in a candidate. How would you identify individuals who meet these qualifications?
2. How would you go about developing new leaders within the Section?
3. What skills and experience qualify you to serve on the Nominating Committee?



**PATRICE ANTONY,  
PT, GCS, CAPS**

**Residence:** Orlando, FL

**Credentials/Degrees:** PT, GCS, CAPS

**Employment:** Elder Advocates, Inc. and Adaptable Living Design LLC

**Section Membership:** 31 years  
**APTA Membership:** 31 years

**Activities, SoG:** Nominating Committee Chair for the Section on Geriatrics, APTA, 1997-2000 and 2003-2005; Editorial Board for *GeriNotes* (Section on Geriatrics publication) current

**Activities, other Sections:** Nominating Committee, Educational Commit-

tee, Conference Planning Committee, membership in Orthopedics, Obstetrics, Geriatrics, Cardiopulmonary, and Community Health

**Activities, APTA Chapter(s):** Florida Physical Therapy Association - member 09/1978 to present

**Attributes in a candidate:** I look for candidates who show initiative and a track record in attendance at conferences and SOG business meetings. I realize that the current economy may limit the ability of individuals to attend out of state conferences, but there are many ways to be involved with the Section including serving on a committee, participation with the list serv, publishing articles, serving on the editorial board of a journal, and becoming a certified specialist. The Section needs “new blood” to stay fresh and on the leading edge. It is important to recruit experienced leaders, but also to mentor new leadership for the future.

**Developing new leaders:** We need to encourage and recruit new/enthusiastic members to serve on committees and mentor them into leadership positions. I think that members need to know the value of networking with leaders across the country and the many ways that this network can enhance career opportunities and growth. The tremendous relationships that I have nurtured and relied upon throughout my career have sustained me in tough economic times and provided value added service to the patients that I work with. I don't think that newcomers realize how valuable that is. This is not something that happens with a couple of months of effort, but something that grows with years of investment.

**Skills and experiences:** I have been a member of this Section for over 25 years. I have served on the Nominating Committee twice for 3-year terms each time, and have chaired the committee through very big election periods. I am very familiar with the nominating committee process and its inherent deadlines, and I have a working knowledge of the leadership within the SOG. I currently have 2 growing businesses with a vast network of contacts and feel that my knowledge of “people” make me a good candidate for this position.



**KATHRYN BREWER, PT, GCS, MEd**  
**Residence:** Phoenix, AZ  
**Credentials/Degrees:** PT, GCS, MEd  
**Employment:** Mayo

Clinic

**Section Membership:** 20+ years

**APTA Membership:** 34 years

**Activities, SoG:** Joan Mills Award; GeriNotes editorial board (98 – current); Delegate (2 terms); CSM Program committee; previous nominating committee member

**Activities, APTA Chapter(s):** PT of the Year AZ – 2006; Nominating committee (current); Public Relations Committee (current); Community Advocacy Committee (current); district chair (past)

**Activities, National:** Steering committee reviewing the National Action Plan for Falls Prevention; APTA liaison to the National Council on Aging; APTA liaison to the American Geriatric Society; abstract/program review for annual meeting.

I feel that the Nominating Committee is an often overlooked, yet vital place to serve the association. Identifying, recruiting, mentoring, and retaining Section leadership is a year round task and deserves a dedicated effort. I have consistently made time in my professional life to participate within APTA at a state and Section level. I have always found the benefits to far exceed the costs and would look forward to this continued opportunity.

**Attributes in a candidate:** Though experience, collaboration, communication skills, diversity, accessibility, flexibility, and open mindedness are all great credentials--the greatest in my mind is passion. Individuals with passion for their work and their profession are transparent. Their enthusiasm, creativity, and dedication speak volumes about who they are as a professional. Through advocacy, education, and excellence in practice, they contribute to the efficacy of optimal physical therapy practice for the aging population. Identifying and recruiting candidates requires networking throughout the Section and being present at Section functions. Recom-

mendation from faculty and managers, peers, and friends who see potential is the first step to identifying our future leaders. Working with candidates to match skills and interests to the right position, both now and in the future is the responsibility of the nominating committee members.

**Developing new leaders:** Leadership development is a process not a task. Mentoring committee members and volunteers, encouraging them to take on more responsibility, and celebrating their successes contributes to building of self confidence and the willingness to move to the next level. Maintaining existing leadership is also necessary, perhaps identifying fresh and challenging roles for them.

**Skills and experiences:** I have been an active member of the state association in Arizona since 1980, participating in leadership at a variety of levels including Public Relations and Community Advocacy committees, and current Nominating Committee. I have been involved with the Section on Geriatrics as Section Delegate and Board member 2002 - 2007, a member of the GeriNotes Editorial board since 1998, Nominating Committee member 1998-2000, CSM Program Committee since 2002 and CSM Preconference Program Chair, 2000-2002. At the national level, I have been involved with several committees, task forces, and projects which have allowed me to become familiar with the leaders, staff, and resources at APTA on a firsthand basis. This experience across the organization has exposed me to many individuals who possess the qualities and characteristics needed to be a successful and effective leader. I believe that I am sufficiently networked throughout a variety of education and practice settings and professional communities across the country to help identify those who have passion for their profession and are ready for service at the Section leadership level.