Continuing Education Program
Volume V

5 Continuing Education Credits Enclosed

The Demand for Physical Therapists and its effect on Baby Boomers
Update on ICD-10 and Where it is Headed
Healthcare Concierge
The History of the Syringe
New Disease, New Names
Welcome to the AMCA Continuing Education Program

**Congratulations** on your Allied Healthcare Career. In order to keep you AMCA Certification active, you are required to complete 10 continuing education credits over 2 years. In order to do this the AMCA has developed a Continuing Education Program that fits your busy schedule.

Below you will find everything you need in order to complete and submit five continuing education credits. Simply read each continuing education article and answer the 5 questions that follow each article. The answer to each continuing education article can be entered on the AMCA Continuing Education Order Form below.

Once you have completely filled out the necessary information on the AMCA CE Program Order Form, you can choose to mail or fax the form to the AMCA.

### AMCA CE Program Order Form

**Step 1: Personal Information**

Students Name: ____________________________ SS #: __________

Students Address: ________________________________________________

City: ____________________________ State: __________ Zip: __________

Phone Number (C or H): __________ Email Address: ______________

**Step 2: CE Article Answer form**

- **The Demand for Physical Therapists and Its Effects**
  1) A B C D  2) A B C D  3) A B C D  4) A B C D  5) A B C D

- **Update on ICD-10 and Where it is Headed**
  1) A B C D  2) A B C D  3) A B C D  4) A B C D  5) A B C D

- **Healthcare Concierge**
  1) A B C D  2) A B C D  3) A B C D  4) A B C D  5) A B C D

- **The History of the Syringe**
  1) A B C D  2) A B C D  3) A B C D  4) A B C D  5) A B C D

- **New Diseases, New Names**
  1) A B C D  2) A B C D  3) A B C D  4) A B C D  5) A B C D

**Step 3: Payment Method and Information**

(NO PERSONAL CHECKS ACCEPTED, CREDIT CARD OR MONEY ORDER ONLY)

**Total Amount:**

- ☐ 5 CE Credits for $79.00
- ☐ Reinstatement Fee $25.00
- ☐ $16.95 per Wall Certificates: Indicate which certification

**Order Total:** __________

☐ Credit Card (Select One) ☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Name on Card: ____________________________ Exp. Date: __________ / __________ CSV: __________

☐ Money Order # Amount Enclosed $ __________

**Step 4: Student Signature Required:**

Questions: Please call 973.582.1800, ext. 110
The Demand for Physical Therapists and Its Effects on Baby Boomers

A new constant demand for physical therapists and other healthcare professionals within this industry is beginning to grow immensely due to the aging baby boomer generation. Hospital stays are becoming shorter which in turn is leading to a greater emphasis on long-term wellness.

Physical therapists are able to assist these patients to get back on their feet and becoming strong healthy individuals again. The demand for Physical Therapists is expected to grow at a 30% between 2008 and 2018 according to the Bureau of Labor and Statistics. Since the growth of Physical therapists is on the rise so are the careers that assist this profession. To become a Physical Therapist a person would need to obtain a Doctor of Physical Therapy degree, and most states require a physical therapist to be licensed.

Physical Therapy Assistants work side by side with the Physical Therapist. The assistants are involved with the direct care of the patients and help the patient manage their pain by offering them a variety of techniques, massages or exercises. To become a Physical Therapy Assistant most states require an associate's degree from an accredited physical therapy program. Many states require a Physical Therapy Assistant to either be licensed or certified. They also must pass the National Physical Therapy Exam. The demand for Physical Therapy Assistants is growing rapidly at a 41% from 2012 to 2022.

A physical therapy aide works under the physical therapy assistant or the physical therapist. An aide does not necessarily work directly with the patient. The main job duties of a physical therapy aide is to clean and help maintain therapy equipment and therapy space, help the patients move or assist during exercises, and manage the office by answering the phone and scheduling appointments. To become a physical therapy aid one must have a high school diploma or the equivalent. Most of the experience is gained by on-the-job training. Physical therapy aides do not have to certified or licensed- but having a certification does make one more marketable. Similar to physical therapy assistants, aides are also on the up rise- 41% is expected from 2012 to 2022.

Questions:

1. Who is in charge of maintaining the office and making sure things run smoothly?
   A. Physical Therapist
   B. Physical Therapy Assistant
   C. Physical Therapy Aide
   D. Office Assistant

2. For a Physical Therapist, what type of schooling is required?
   A. Some High School
   B. Associate's degree
   C. Doctor of Physical Therapy degree
   D. Job Training

3. What is the expected job growth for Physical therapy aides and Assistants?
   A. 35%
   B. 30%
   C. 41%
   D. 10%

4. When dealing with patients which two have direct contact?
   A. Assistants and Aides
   B. Aides and head Therapist
   C. Assistants and head Therapist
   D. No one

5. What is the process for becoming a Physical Therapy Assistant?
   A. Associate degree, passing national exam, becoming certified/licensed
   B. On-the-job training
   C. Graduating high school or equivalent
   D. No education or training is needed

Sources
http://www.bls.gov/ooh/healthcare/physical-therapists.htm
Update on ICD-10 and Where it is Headed

The transition from ICD-9 to ICD-10 is required to be implanted across the United States by October 1, 2015. This transition can be extremely overwhelming for the people that work in the field. The constant talk that ICD-10 is coming and how much things are going to change can cause an office to go into complete panic mode. ICD-10 is the first coding system that has been introduced in the past thirty years. Some would argue that the change from ICD-9 to ICD-10 needs to be implemented because ICD-10 has greater potential and will advance health care in many ways. For example, the United States is the only industrialized nation in the world that is not using an ICD-10 coding system. This is a huge downfall on the United States part because sharing items such as disease data is being hindered because nothing can be shared between systems. ICD-10 will open this avenue for the United States which will in return help the public health of the nation and the world.

In addition to many health benefits that will come from ICD-10, the cost and incentives that are offered to providers and payers will greatly improve. Since ICD-10 will provide better and more efficient data, this will help enhance health policy decision making. This is can be a huge cost saving benefit to providers as well as payers. This is something that ICD-9 lacks and does not offer. Many people are arguing if ICD-9 has worked for the past thirty years why switch? ICD-9 is holding the United States back and is having a hard time keeping up with modern day medicine. Since the data that ICD-9 provides is not as accurate or precise as ICD-10 it affects diagnoses, procedures, severity, quality and technology within the healthcare field. ICD-10 CM and PCS will provide higher quality and accurate information.

Summarized Benefits
★ More accurate payment for new procedures
★ Fewer rejected claims
★ Fewer fraudulent claims
★ Better understanding of new procedures
★ Improved disease management

Questions: (place answers on order form)
1. When is ICD-10 being implemented?
   A. October 1, 2015
   B. It already has been implemented
   C. October 31, 2015
   D. It is being delayed two more years

2. Which one is not a benefit from ICD-10?
   A. Fewer fraudulent claims
   B. More accurate payment for new procedures
   C. More coding errors
   D. Improved disease management

3. How long has the healthcare field been using ICD-9?
   A. Eleven years
   B. Thirty years
   C. Fifteen years
   D. Twenty years

4. What is a huge downfall by the U.S. using ICD-9?
   A. There is no downfall- everything is fine
   B. Coding errors
   C. Sharing items such as disease data is being hindered
   D. ICD-9 is accurate

5. The use of ICD-10 will enable the U.S healthcare system to:
   A. Advance in many ways
   B. Be better than other nations
   C. Cost more but be worth it
   D. Eliminate the use of billers and coders

Source: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_036866.hcsp?dDocName=bok1_036866
Healthcare Concierge

A profession that is on the rise in the healthcare industry is a healthcare concierge. By definition a concierge is someone who is caretaker typically at an apartment or hotel. However, in the healthcare field, the word concierge has taken on a new meaning. A concierge be depicted as two things in the healthcare field, a doctor can act as a concierge and a person, such as an LPN, can act as a concierge. A few years ago, several doctors started to provide healthcare concierge services; this is something that is still controversial today. This form of assistance is new and upcoming in the allied healthcare field. Since the baby boomer generation is getting older, the need for these types of services is going to be a constant demand.

If someone did not have health insurance or simply could not afford proper care, doctors would try to meet the needs of these people. A doctor who provides this type of care is most likely on call 24/7 because the patient that he/she is assisting usually is chronically ill or need immediate attention and care. For a low cost per month, the doctor will see them for an unlimited number of visits and provide them with a low prescription plan. In addition to the visits and low prescription plans, many tests such as EKGs, blood tests, and biopsies are done at a low cost.

Another form of concierge services that are provided in the healthcare field is through the work of a healthcare concierge. This is when someone provides care and assistance to someone that can no longer manage their own care or healthcare plan. For example, if an elderly woman can no longer transport herself to and from the doctor’s office for checkups and routine appointments, a healthcare concierge would be there to drive the woman to the doctor’s office and provide her with transportation home. A healthcare concierge is also there to provide answers to some questions that a doctor or patient might have about billing, medications a patient is on or pricing. Providing one-on-one education and support to the patient is one of the main duties of a healthcare concierge.

Concierge services can also be seen in hospitals. A hospital concierge runs services to help patients, visitors and employees with simple tasks that are often difficult to meet in a hospital setting. Making the patient more comfortable, providing hospital tours, helping employees with personal responsibilities because of demanding work schedules, and making a room more comfortable are just a few tasks that a hospital concierge manages on daily basis. Concierges need at least a high school diploma or the equivalent. Some employers require certification for a hospitality service program; on-the-job training is required by most. Job growth for a concierge is going to continue to grow upward because of the constant demand.

Questions: (place answers on order form)

1. All of these are a daily task of a hospital concierge except:
   A. Making a room more comfortable
   B. Drawing blood from the patient
   C. Providing hospital tours
   D. Making the patient more comfortable

2. Where can you have access to concierge services?
   A. A hospital
   B. A grocery store
   C. The fitness center
   D. A daycare center

3. What type of schooling does a hospital concierge need?
   A. Some high school
   B. A bachelor's degree in Event Planning
   C. A high school diploma and a certification from a hospitality program
   D. An associate's degree

4. What type of service does a healthcare concierge provide?
   A. Assisting the doctor in administering medicine
   B. Transportation to and from doctor’s appointments
   C. Running tests on a patient
   D. Running the office

5. A doctor that provides concierge care does all of the following except:
   A. On call 24/7
   B. Runs test such as EKGs, blood tests, and biopsies at a low cost
   C. Charge patients with a high co-pay every visit
   D. Provides patient with a low prescription plan

Source: http://collegemouse.com/jobs/how-to-become-a-concierge.html
The History of the Syringe

Although they are perceived as tiny tools of terror, medical injection devices are one of the most valuable inventions of our time. Paired with a needle, the hypodermic syringe is a tool that functions for many purposes. It breaches the boundary of the human skin and creates an imaginary bridge. This bridge can be used to collect blood or to administer anesthesia, vaccines, and other substances necessary to assist in the process of finding health and balance within the human body.

The development of the hypodermic syringe also helped to bridge the gap to modern medicine. It was one of the first devices that allowed medical practitioners to have direct access to their patient's bodies. This created more options for administering care, outside of the traditional use of potions and pills.

A brief look at the development of the hypodermic syringe will reveal a basic concept that has been modified to fit the needs of each era of medicine. The term, “hypodermic” is derived from the Greek root words, “hypo” and “derma”, meaning under the skin. One of the first instruments believed to bear a resemblance to the syringe emerged in Egypt around 900 A.D. It was a thin, hollow glass tube that provided suction, allowing Egyptian surgeon Ammar ibn ʿAli al-Mawsil to remove cataracts from his patient's eyes.

As time passed, Ammar ibn ʿAli al-Mawsil's instrument would be influenced by many, including Blaise Pascal, a French physicist. His work, which would later become known as Pascal's Law, explains one of the most significant components of the medical syringe: pressure. According to Pascal's Law, any pressure applied to a fluid at rest in a certain portion of a closed container, will be applied to the fluid and space in any other parts of the container. Although Pascal's research was not geared directly to the creation of the syringe, his theory was essential to instrument's function.

After many years, recognition for the creation of the syringe was ultimately given to Dr. Alexander Wood, a Scottish medical practitioner. Dr. Wood created a metal syringe that was used to inject morphine directly into his patient's bloodstream. He was later credited as the first physician to use the hypothermic syringe to provide effective, therapeutic treatment for his patients.

Although we have traded Dr. Wood's metal syringe in for the use of more practical, and safe, plastic devices, his influence and the influence of his predecessors is still very much alive.

Questions:

1). According to this article, one of the first instruments believed to bear a resemblance to the syringe emerged in ____.
   A. Scotland  
   B. America  
   C. Egypt  
   D. None of the above

2). Who is Blaise Pascal?
   A. A Scottish doctor who created the syringe  
   B. A French physicist who created the syringe  
   C. A French physicist who studied the theory of pressure  
   D. None of the above

3). Who used a hollow tube to remove cataracts from his patient's eyes?
   A. Blaise Pascal  
   B. Ammar ibn ʿAli al-Mawsil  
   C. Alexander Wood  
   D. Alexander Pascal

4). The first syringe was used to inject ____ into the patient's bloodstream.
   A. Saline  
   B. Morphine  
   C. Anesthesia  
   D. None of the above

5). Who is credited for being the first person to create the syringe?
   A. Blaise Pascal  
   B. Ammar ibn ʿAli al-Mawsil  
   C. Alexander Wood  
   D. None of the above

Source:
New Diseases, New Names

Recently, the World Health Organization published an article detailing a policy for the process of creating names for new human diseases. At the present moment, a number of the names previously selected for diseases can be categorized as eponyms, meaning that they are associated with people, animals, or regions. They often have no connection to the symptom, or method of transmission that is typical for the disease. Going forward, the policies established by the World Health Organization will function to eliminate confusion, or unnecessary negative perceptions created by the use of certain terms.

Here are a few examples of present diseases that are categorized as eponyms:

**Legionellosis**: Individuals who suffer from this disease are commonly infected through aspiration of contaminated water. Symptoms include fever, loss of appetite, headache, and fatigue. This condition which is commonly known as Legionnaires’ disease, was identified at the Legionnaires' convention in 1976.

**Ebola Virus**: Individuals who suffer from this disease are commonly infected by person-to-person contact through bodily fluids. Symptoms include sudden onset of fever, fatigue, muscle pain, headache, and sore throat. This condition is named after the Ebola River in Africa.

**Epstein-Barr**: Individuals who suffer from this disease are commonly infected by person-to-person contact through bodily fluids. Symptoms include sore throat, fever, and swollen lymph nodes. This condition is named after Michael Anthony Epstein and Yvonne Bar, the individuals who discovered the virus.

Going forward, the World Health Organization encourages organizations to include the following components when selecting a name for new human diseases.

**Generic descriptive terms**: Selection of disease name should reflect a reference to generic terms that are descriptive of symptoms, physiological processes and body systems that are affected. Ex: respiratory, pulmonary, infection

**Specific descriptive terms**: Selection of disease name should reflect a reference to age group, severity, seasonality, or environment. Ex: juvenile, severe, seasonal

**Time**: Selection of disease name may reflect year of initial detection. Ex: 2014, January 2015

The World Health Organization discourages organizations from including any of the following terms in the selection of a name for new human diseases.

**Geographic location**: Selection of disease should not reflect specific city, country, or continent. Ex: Bonholm Disease, Ebola virus

**People’s Names**: Selection of disease should not include the name of patient or physician. Ex: Epstein Barr

**Term that creates fear**: Selection of name of disease should not include words that create a fearful perception. Ex: Fatal, deadly

Questions: (place answers on order form)

1). What is an eponym?
   A. A disease named after a person.
   B. A disease named after a place.
   C. A disease named after a region.
   D. All of the above

2). Which of the following is the disease, Legionellosis named after?
   A. Legionella River
   B. Dr. Yvonne Legionella
   C. Legionnaires’ Convention
   D. None of the above

3). According to this article, which of the following is not a symptom of the Ebola virus?
   A. Fever
   B. Blurry vision
   C. Headache
   D. None of the above

4). Which of the following is an acceptable term to use when naming a new disease?
   A. Respiratory
   B. Infection
   C. Pulmonary
   D. All of the above

5). Which of the following is not an acceptable term to use when naming a new disease?
   A. Respiratory
   B. Fatal
   C. Pulmonary
   D. Juvenile

Source: Best practices for naming of new human infectious diseases. 2015
http://www.who.int/topics/infectious_diseases/naming-new-diseases/en/