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- JEWISH AMERICAN HERITAGE MONTH
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- ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER MONTH
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DID YOU KNOW?
2024 MARKS THE 10 YEAR ANNIVERSARY OF THE ALS, AMYOTROPHIC LATERAL SCLEROSIS, ICE BUCKET CHALLENGE MOVEMENT THAT INCREASED AWARENESS AND FUNDING OF ALS RESEARCH. THIS CHALLENGE WAS KICKED OFF BY PRO GOLFER, CHRIS KENNEDY, WHO BEGAN THE CHALLENGE IN SUPPORT OF HIS COUSIN’S HUSBAND ANTHONY SENERCHIA WITH ALS.

HERE’S HOW TO TAKE PART IN COMMEMORATING #ICEBUCKET10
1. FILL UP A BUCKET WITH WATER AND ICE
2. RECORD A VIDEO OF YOURSELF SAYING: “MY NAME IS __ THIS IS MY ALS ICE BUCKET 10.”
3. NOT NECESSARY BUT IF POSSIBLE: NOMINATE A CLASSMATE, FRIEND, OR FAMILY MEMBER!
4. POST OR SHARE WITH THE CLASS ON SOCIAL MEDIA TAGGING @ALS @DUKEDPTSTUDENTS
5. DONATE AND BRING AWARENESS!
INTERVIEW WITH DAVID INGRAHAM

Join us in an interview with David Ingraham! We have had the opportunity to see and learn from him in class and this interview will help us learn a little bit more about him as we celebrate Limb Loss Awareness Month in April.

David: My full name is David Ingraham originally from New Paltz, N.Y. and currently am in Cary, NC, and have been a left above-knee amputee from Osteogenic Sarcoma for 52+ years.

Interviewer: How would you say your amputation has impacted your life?

David: On one hand very little impact. Meaning I have led and continue to lead a very “normal” life, played school sports, dated throughout my teenage and young adult life. I married the love of my life and raised 3 children. I’ve held a job at IBM for over 30 years and have traveled the world. I continue to play golf, spend time with my grandchildren, and still enjoy traveling with my wife.

On the other hand, being an amputee has dramatically impacted my life. It has given me the opportunity to share my story, overcome daily challenges, participate in the advancement of prosthetic technologies, encourage new amputees, and work with Duke surgeons to help their patients have a positive mindset by educating/motivating them pre-op through post-op to receiving their prosthesis.

Interviewer: I know you’re a peer/mentor at Hanger. How did you get to your current position?

David: I started volunteering at Duke as a peer visitor back in the late 1990s. In 2009, I retired from IBM and was offered a position at a private orthotic and prosthetic company to help build relationships with Duke Nursing, MDs, PTs, and Duke patients. I joined Hanger Clinic in 2018 and I continued my role as Community Care Coordinator/Peer Visitor.

I’m very proud of 2 programs that I assisted in creating at Duke:

1. The Duke Amputee Clinic which we have built over the years, has provided a much-needed venue for patients and caregivers to meet and discuss the best options for the amputee patient and family based on a multidisciplinary team approach.

2. The Duke DPT involvement. Years ago, I volunteered to help answer questions and provide insights to the DPT students. Since then the program has grown and expanded to allow for a much more informative/experiential program. For me, it’s a way to give back to the community that helped me.

Interviewer: Are there any last remarks you want other people to know about?

David: I never saw myself as an amputee, rather I saw myself as an individual who happened to be an amputee. At the young age of 11, I was given less than 20% of survival after amputation. I had a mentor, Floyd Patterson. Floyd was a 2-time heavyweight boxing champion. He visited me and attempted to encourage me, and said to me “David, I’ve been knocked down more than any other boxer in the history of boxing, but never knocked out. So that must mean that I’ve gotten up more than any other boxer in the history of boxing.” I understood what he was trying to say and I’ve tried to live my life by having a positive mindset and always getting back up.

Interviewer: Thank you so much for sharing your story with us David!
May marks the observance of AANHPI Month. This month honors the cultures, traditions, and contributions of the AANHPI community. AANHPI community is made up of culturally and linguistically diverse people, representing populations from many countries and islands.

**LOCAL EVENTS IN THE AREA:**
- Spring Open House - Chapel Hill (MAY 18TH, 11am)
  - Small Festival Style gathering with AAPI inspired food, vendors, music, and activities
- Local Farmers Markets
  - Fearrington Farmers' Market
    - Tuesdays 4pm-6pm
    - 2000 Fearrington Village Ctr, Pittsboro, NC 27312
  - Chapel Hill Farmers' Market
    - Saturdays 9am-12pm
    - 201 S Estes Dr, Chapel Hill, NC 27514
  - Carrboro Farmers' Market
    - Saturdays 9am-12pm
    - 301 W Main St, Carrboro, NC 27510
  - South Durham Farmers' Market
    - Saturdays 9am-12pm
    - 5410 NC-55, Durham, NC 27713

- We encourage you to delve deeper into the rich history, traditions, and contributions of the Asian American, Native Hawaiian, and Pacific Islander community! Additional resources can be found in the linktree.
CREATIVE BILLING: ALIGNING PATIENT-CENTERED CARE WITH PRODUCTIVITY AND BILLING STANDARDS

What better time than Mental Health Awareness Month to explore how Physical Therapists can provide comprehensive, integrative care for our patients? I’m sure we all know first-hand that psychological distress can and will send exercise plummeting far down the list of priorities...so what do we do when patients come in and the last thing on their minds is to get moving? And what do we tell insurance companies who want to see sit-to-stands, SOAP notes, and progress towards goals of care?

Before we worry about today’s session, let’s go back to the beginning. No, really...how did we document our eval? A Plan of Care based on the initial evaluation guides treatment, and it’s at least part of what insurance uses to determine the progress made in therapy. A thorough patient interview with objectively measured and documented impairments, a sound assessment based on clinical judgment, and a diverse list of plausible interventions will set you up for success later on.

Now that you had a great evaluation and were especially prepared for “one of those days” with your patient, here’s a few billing codes and explanations that you might find helpful as you sit down to write your notes*:

**Therapeutic Activities (97530)** i.e: education focusing on pacing, graded activity and/or pain exposure

**Neuromuscular Re-Education (97112)** i.e.: education about pain, neuroplasticity, our nervous system, etc

**Cognitive Intervention (97129)** i.e.: creating compensatory strategies, initiating, organizing and sequencing tasks (97130): for each additional unit after the first 15 minutes

**Behavioral Identification Assessment (97151)** i.e. administering the Fear Avoidance Beliefs Questionnaire

This includes a lot of patient education, some of which may seem a little out of our comfort zone, take this opportunity to sharpen your communication skills. Spend the time it takes to figure out what works for each patient and let them talk you through what’s right for them. As a clinician, it’s our responsibility to figure out the best way to help, not to simply give commands. When documenting for your session, take care to explicitly state the topic and purpose of patient education, any visual aids or analogies, and any “homework” given to the patient. Our words are far from worthless (just ask the Duke Bursar), put that “Dr.” title to use! Know also, that “Psychologically Informed Physical Therapy” has an expansive body of evidence supporting it, so you are not alone in the fight to provide excellent patient care. Even better, you don’t have to come up with ideas on your own! We’ve all taken EBP; don’t be afraid of a quick PubMed search!

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CELIAC DISEASE AWARENESS

May is also Celiac Disease Awareness month. In the USA, as many as 1 in 141 Americans have celiac disease, and some may be unaware that they have it. So what is celiac disease? Celiac disease is a genetic and chronic digestive and immune disorder that damages the small intestine, which can prevent the body from absorbing nutrients from food. As you may already know, celiac disease is triggered by gluten, which is found in wheat, barley, rye, and other grains. But did you know gluten is even in some household products that you wouldn’t expect like toothpaste and lip balm? Though celiac disease is not curable, lifelong adherence to the gluten-free diet is the only known treatment for celiac disease. #glutenfree

Fun fact!
Greek physician and medical writer, Aretaeus Cappadocia wrote the first medical description of “The Celiac Affection” around 101-200 AD as, “if the stomach be irretentive of the food and if it passes through undigested and crude, and nothing ascends into the body, we call such persons coeliacs.”

WHAT’S EVERYONE READING?

Relating to topics discussed here...

**ALS**- Eyes to the Wind by Ady Barkin

**Jewish American**- The Amazing Adventures of Kavalier and Clay by Michael Chabon

**AAPI**- The Henna Artist by Alka Joshi

Pachinko by Min Jin Lee

For Fun

**Autobiography**- Crying in H Mart by Michelle Zauner

**Fantasy**- Fourth Wing by Rebecca Yarros

**Romance**- Alone With You in the Ether by Olivie Blake

**Thriller**- The Silent Patient by Alex Michaelides

**Historical Fiction**- Carrie Soto is Back by Taylor Jenkins
CROSSWORD

SCROLL TO THE NEXT PAGE FOR ANSWERS TO THE CROSSWORD!

Across
3. ____ Johnson, famous AANHPI figure who is most commonly known as the Rock
6. Custom ARC created to assist people in adaptive climbing
7. Let's get this dough?

Down
1. Challenge that took social media by storm in 2014 to raise awareness and funds for ALS
2. Unleavened bread that is part of traditional Jewish cuisine; typically eaten during Passover
3. The better, more superior blue in North Carolina
4. Clean notes?
5. Protein naturally found in grains (wheat, rye, etc)

LINKTREE
Scan the QR code to access resources from the topics discussed in this Newsletter and provide us feedback!
Thank you for taking the time to read our second edition of the renewed Diversi-TEA Newsletter. If you would like to get involved, please contact us!

Brought to you by:
The Diversi-TEA Newsletter Team