Another school year has started. I always look forward to this time of year. It’s the time when every child needs a physical for one reason or another and oh by the way the school needs the form by yesterday!!! Seriously, it is the one time of the year that we get the opportunity to see many children and adolescents and play a role in readying them for school. It is our opportunity to contribute to healthy minds, healthy bodies and healthy families.

According to the Ohio Department of Mental Health, about 21% or 240,000 children in Ohio need some level of mental services. Only about half receive any intervention or mental health services. Suicide is the second leading cause of death among children youth ages 10-19. Studies show that 90% of youth that commit suicide were suffering from a diagnosable and treatable mental illness at the time of their death. The American Academy of Pediatrics is urging pediatric health care professionals, educators, and mental health specialist to collaborate to develop school-based mental health services, including preventive programs. Their position statement, “School-Based Mental Health Services,” appears in the June issue of Pediatrics (PEDIATRICS Vol. 113 No. 6 June 2004) It is also available on line at: www.aappolicy.aapublications.org/cgi/content/full/pediatrics

Another great resource is NAPNAP’s KySS Program. The KySS (Keep children/yourself Safe and Secure) Program: A National Effort to Reduce Psychosocial Morbidities in Children and Adolescents, is available in the March/April Issue of the Journal of Pediatric Health Care which can be found at: www.2.us.elservierhealth.com/

I hope you are wondering what you can do to improve this situation for children and families, because I have suggestion. Ohio NAPNAP is participating the first annual KySS Across America Walk-A-Thon Sunday, October 24th at Bicentennial Park in Columbus, Ohio. The purpose of the this one-day event being hosted in multiple cities across the U.S. is to raise visibility and public awareness of children & teens ‘ mental health issues, raise publicity for NAPNAP’s KySS campaign and PNP’s and raise funds to support future initiatives of NAPNAP’s KySS campaign. This 2 mile walk will start at 2pm and is open to anyone who is concerned with mental health issues impacting children and families.

There is one more way you can help. This is an election year. It might make a difference to legislators if they were aware of the financial impact of mental illness on children and families in the community. The average cost for a child to receive outpatient mental health treatment in the community for one year is $3,400 and the average cost for a child to receive outpatient substance abuse treatment services is $1,200. It cost taxpayers $57,000 to incarcerate a child in a Department of Youth Services’ correctional institution for one year. Lets all urge legislators to budget the money for services now to help children and save money.

I can’t talk about school and learning without taking an opportunity to encourage all of you to meet in Cleveland to learn about what’s new in pharmacology. Take the time to see some familiar faces and get your pharm CEU’s.
IMPORTANT TO YOUR PRACTICE!!

Missing Overweight Teens

The number of overweight teens is increasing, tripling since the 1960’s. Identifying teens that are overweight is important as this group has a higher rate of metabolic syndrome that is beginning in the teen years. The pediatric definition of overweight (a BMI, body mass index, of equal or greater than 95th percentile for age and gender) underreports overweight adolescents by approximately 9.9% when compared with adult standards of overweight (a BMI greater than or equal to 25kg/m2). Many teens are now falling into the gray area between adult and pediatric standards for overweight.

It is recommended that health care providers working with adolescents continue to plot BMIs against growth charts but that adult criteria should also be applied as appropriate to avoid missing overweight teens. A diagnosis of overweight is thought to have more influence on parents and teens than a warning of being at “risk for overweight” and will more positively influence a change in behavior and decrease the risk for future weight related diagnoses.

Sports shorts: Sports medicine literature in 2003 discussed important topics
Concussion:

Athletes that suffer from prolonged symptoms, such as headache for more than one week, will have a longer recovery period. The American Journal of Sports Medicine (2003, 31, (2), 168-173) reported that athletes that still reported posttraumatic headache at an average of 6.8 days post injury had slower reaction times on a battery of neurologic tests and higher scores on symptom scales.

Experts continue to conclude that young athletes in high contact sports should not be allowed back to play until they have been totally symptom free for at least one week. Symptom free includes the absence of symptoms (either at rest or during exertion) such as headache, irritability, sleeplessness, dizziness or anxiety.

The rules for return to play for high school athletes are and should be more conservative than those for older players because of the growing evidence that recovery from brain injury is slower in adolescents than in older athletes.

Sports psychology:

Athletes initial desire to participate in a sport and then the influence to progress to intensive training was examined in a British study of elite adolescent athletes (Journal of Sports Medicine and Physical Fitness, 2003, 43 (2), 250-255). The study found that athletes that progressed to intensive training did so more often because of encouragement from influential adults than from self-motivation.

The American Academy of Pediatrics policy statements advise that children participate in a variety of sports rather than specialize in just one because the risk of injury increases with specialization (Pediatrics, 2001, 106 (1), 154-157). A balance between organized and “free style” sports should be encouraged and no specialization to one sport until, at least, 12 years of age.
News: APN’s can sign for Physical Therapy

Below is section from PT law that gives APN authority to order PT. There remains confusion from some Physical Therapist about this issue. We are in process of getting PTs better informed. In the mean time you can print off the attached section of the Ohio Revised Code (ORC) and attach to your PT orders.

OAAPN Legislative Team

4755.48 Offenses; exemption; referral or prescription.

(A) No person shall employ fraud or deception in applying for or securing a license to practice physical therapy or to be a physical therapist assistant.

(B) No person shall practice or in any way claim to the public to be able to practice physical therapy, including practice as a physical therapist assistant, unless the person holds a valid license under sections 4755.40 to 4755.56 of the Revised Code or except as provided in section 4755.56 of the Revised Code.

(C) No person shall use the words or letters, physical therapist, physical therapy, physiotherapist, licensed physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical therapist assistant, physical therapy technician, licensed physical therapist assistant, L.P.T.A., R.P.T.A., or any other letters, words, abbreviations, or insignia, indicating or implying that the person is a physical therapist or physical therapist assistant without a valid license under sections 4755.40 to 4755.56 of the Revised Code.

(D) No person who practices physical therapy or assists in the provision of physical therapy treatments under the supervision of a physical therapist shall fail to display the person’s current license granted under sections 4755.40 to 4755.56 of the Revised Code in a conspicuous location in the place where the person spends the major part of the person’s time so engaged.

(E) Nothing in sections 4755.40 to 4755.56 of the Revised Code shall affect or interfere with the performance of the duties of any physical therapist or physical therapist assistant in active service in the army, navy, coast guard, marine corps, air force, public health service or hospital service of the United States, while so serving.

(F) No person shall practice physical therapy other than on the prescription of, or the referral of a patient by a person who is licensed in this or another state to practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery, or to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife or certified nurse practitioner, within the scope of such practices, and whose license is in good standing, unless either of the following conditions are met:

(1) The person holds a master’s or doctorate degree from a professional physical therapy program that is accredited by a national accreditation agency recognized by the United Stated department of education and by the Ohio occupational therapy, physical therapy, and athletic trainers board.

(2) On or before December 31, 2003, the person has completed at least two years of practical experience as a licensed physical therapist.

(G) In the prosecution of any person for violation of division (B) or (C) of this section, it is not necessary to allege or prove want of a valid license to practice physical therapy or to practice as a physical therapist assistant, but such matters shall be a matter of defense to be established by the accused.

Effective 5/4/04
President-Elect Report  Shirley Saxton

I, first, want to thank you all for electing me to this position last spring. I humbly accept this position and will do my best to fill the shoes of those who have gone before me. I am proud of Ohio NAPNAP and working together we can continue our goals for the betterment of all the lives of children.

I am so excited about the KYSS program and the WALK coming up Sunday, October 25. We, again, are one of the states doing this pilot program this year. We have a hard working committee, including, Mary Ann Rosencrans, Theresa Thorpe, Cynthia Tuck, Judy Pitts, Wendy Bowles, Deborah Chestnut, Carey Nelson, Keeley Harding, Leora Langdon, Barbara Schaffner, Becky Blackton, Cindy Yensel, Stephanie Marszal and Laurie Stephan. This is a real challenge, getting this organized, in short notice. We look forward to a fun time, as well as making an awareness of the needs and opportunities for children with mental health problems.

Looking forward to seeing you all in Cleveland.

Health Policy  Keeley Harding

The Statehouse has been fairly quiet as the Ohio General Assembly has been in recess and probably won’t reconvene until early November 2004. Many important issues remain on the table and will need a final push for passage before the close of the 125th Ohio General Assembly on December 31, 2004. Some of these issues are, APN Title Protection, the Handicap Placard Bill and Physician Assistant Prescriptive Authority. Hopefully, this past year you have received regular updates about important health policy issues either through this newsletter or via the OHIO NAPNAP listserv.

I would like thank the APN’s from Columbus Children’s Hospital for giving me the opportunity to talk to their group about Legislative Updates in Ohio.

I continue to encourage anyone interested in becoming more involved in Health Policy to contact me at KeeleyAHarding@aol.com.

OAAPN 14th Annual Meeting & Conference

“Integrating Traditional and Alternative Medicine into APN Practice”
November 4-6, 2004
Akron, Ohio

For more conference information and registration brochure, please visit www.oaapn.org or contact Keeley Harding at KeeleyAHarding@aol.com

Membership  Jeanne Reitz

We currently have 214 members that have renewed since July. WHAT A RESPONSIVE GROUP OF NPs!!!! Remember the Early Bird Deadline is August 31, 2004. You may download a membership application at www.Ohio-napnap.org. Hopefully all are receiving their membership card, brochure, and directory in a timely fashion. Contact me for problem or change of address.
A basketful of CUDOS and THANK YOU goes to Mary and Laura for the outstanding Spring Ohio NAPNAP conference in Canton. The Marriott McKinley provided a wonderful place for the sharing of Knowledge, practice pearls, networking, and fun.

Ohio NAPNAP is sponsoring a special Fall Conference--- UNDER THE BIG TOP... Pediatric/ Adolescent Pharmacology--- that will provide ALL pharmacology CEUs for CtP renewal and the required 1 Ohio Law CEU. The conference will be held on October 15 & 16, 2004 at the Cleveland Airport Marriott, 4277 West 150th St. Cleveland, Ohio. Topics to be presented will be the Pharmacotherapy of ADHD, depression, Type II diabetes, antibiotics, herbals, STD treatment, pharmacodynamics, and contraceptives. Brochures are in the mail and may be downloaded from our website www.ohio-napnap.org. Call or email me if you have questions. REMEMBER to register early--- there will be limited seating!!!

As you hopefully know--Ohio NAPNAP is now a provider of NAPNAP CEUs. Please encourage local providers of CEUs to provide NAPNAP CEUs for their programs---i.e., dinner presentations by pharm representatives. The application process is short and painless and a great service for all nurses and APNs. Again, call or email me if you require further information.

Program Advisor Linda Kerr

Ohio NAPNAP is pleased to announce that they will be participating in the first annual

KySS Across America Walk-A-Thon
SUNDAY, OCTOBER 24TH

BICENTENIAL PARK COLUMBUS, OHIO

Kyss Across America is a one-day event in multiple host cities across the US. The Purpose of KySS Across America is:

*Raise visibility and public awareness of children & teens' mental health issues
*Raise publicity for NAPNAP's KySS campaing
& pediatric nurse practitioners
*Raise funds to support future initiatives of NAPNAP's KySS campaign

This 2 mile walk will start at 2pm with registration starting at 1pm. The walk is open to anyone who is concerned with mental health issues impacting children, teens, and their families.

For information on registering or how you can make a pledge please contact Mary Ann Rosencrans at maraprn@msn.com or Shirley Saxton at ssax1@juno.com. We will be updating information regularly through the listserve & NAPAP's web site.