



AKTA Executive Board Meeting Minutes  
Midyear Planning Meeting  
Hyatt Place Houston, TX  
Meeting Place 1 – Day One  
May 19, 2013

Call to Order: A combined meeting of the Executive Board Meeting of the American Kinesiotherapy Association (AKTA) and the Council on Professional Standards for Kinesiotherapy (COPS-KT) was held in the Hyatt Place Hotel, Meeting Place One in Houston, Texas on May 19, 2013. The meeting convened at 8:05AM, President Lori Shuart presiding and Cindy Cater, Secretary.

Members in attendance: **AKTA-** Lori Shuart, Cindy Cater, Robert Ordonez, Melissa Hosford, Kreg Morris, Melissa Zeigler, Cynthia Howell, Jennifer Kosel, Kelly Jansen, Regina McWhirter  
**COPS-** Jerry Purvis, Marge Ferraresi, Lorie Hansen, Doris Woods

**Marketing Representative:** Rich Bruer

Documents provided for meeting:

- AKTA Mission
- 2013 Midyear Planning Meeting Agenda
- Bylaws
- Kinesiotherapy Scope of Practice
- Kinesiotherapy Standards of Practice
- 2013 AKTA/COPS Strategic Plan
- Comparison Presentation

A. Introductions and Overview of Sunday and Monday Morning

- Introductions of all board members and COPS members

B. Presentation of assessment report and discussion of its implications for the strategic direction, brand and marketing of AKTA

- Lead by Rich Bruer
- Purpose: This will help set the stage and identify issues to address and consider during our midyear planning meeting
- Data collected via online surveys, phone interviews to AKTA membership and MFA. The goal is to identify trends/themes coming from our membership and develop a framework for a plan from this data.
- Marketing strategies will be determined based on our strategic direction and goals. The decisions we make as a board will guide our plans and direction with marketing in the future.
- Data collected was reviewed with the board showing comparisons/contrasts and themes/trends among data

Data collected revealed:

- Membership wants greater value from AKTA in obtaining legislation/licensure and job opportunities
- About 1 in 3 KT's is unhappy with the cost of dues
- Relevance of AKTA mission: vast majority like the mission statement – those unhappy with the mission felt that the mission was good, but that we are not meeting our mission
- Value placed on Today's benefits: Number one: highest is advocacy in DC and state capitals (we don't have lobbyist in DC where our competitors do and are able to shut down our attempts at licensure)
- What would get members more involved: Communication (tell us what to do)
- Perception of profession: vast majority feel that KT is losing ground in the marketplace
- Greatest Challenge for KT: Low recognition of KT outside of VA and Reimbursement
- Other challenges: Open-ended questions reflected that the membership is sad, discouraged, and worried about the long-term potential of the profession of KT
- Distinguishing qualities of KT: holistic approach, exercise based regimen, adaptive Idea generation: problem with holistic approach is that other professions are starting to adopt that as well. We need something that really differentiates us from the other professions adapt our scope of practice to add a nutrition component
- Scope of Practice is too narrow: Study shows that the membership does not feel the scope is too narrow. In reality the scope is too narrow and was written that way. This is one thing we need to address.
- Health, wellness, prevention – this was our early mission. We have moved into the other categories (more discussion on this to come)

MFA survey information

- MFA: review of licenses/certificates that they hold
- Enhancement Needs for their Centers: KT's would fit into all of these (fitness programming for disabled members or chronic disease management perhaps would be our niche)
- Familiarity with KT: about one third of those surveyed were not familiar; they also felt that we are in a holding pattern
- MFA's view our greatest challenge – low recognition
- MFA's view practice area for KT to be in the health and wellness population

Phone interviews (consisted mostly of KT's)

- Focus on promotion, education, licensure and out-of-the-box thinking
- Themes with disadvantages of KT being low awareness and PT domination
- Opportunity areas (affordable treatment when insurance runs out / transitional rehabilitation specialist)
- Recurring themes: KT profession is under marketplace duress and AKTA can be greater value to its members

### C. The case for kinesiotherapy vs. other therapeutic or training methods

- Purpose: AKTA is the standard bearer for the profession, which has been greatly challenged by alternative methods. If it is to survive and thrive, it needs to find and create distinction from the competition and relevancy with KT employers and patients. What are the areas and niches KT can own expand or create and what can the AKTA do to make that happen? Decisions here directly shape the marketing strategies and messages going forward.
- Lead by Melissa Hosford
- Overview of professions with emphasis on clinical kinesiologist, exercise physiologist, health coach, personal trainer, athletic trainer, PT, OT, KT
- Comparison of salary/pay, Scope of practice, Accreditation/Certification
- Rich Bruer suggestion is to research and find things that the PT is not delivering on (scope is so broad and covers so much – they aren't doing everything in the scope)
- Idea generation on strategies for continuing our profession (partner with PT to work under them, partner with other smaller allied health professionals to get numbers to combat PT)
- Job opportunity idea generation: Millennium to contract KT's out into the DoD
  
- What do the comparisons tell us: Other professions have been aggressive in getting out there – KT's have not. The psychosocial theme seemed to be an area of focus amount the KTs
- Distinction: Psychology, nutrition, wellness, transitional rehabilitation – Niche is possibly our transitional rehab therapist. After the acute injury and initial reahab the TRS would come into play to get the person from acute medical injury to the wellness category
- Ideas to take forward in conference:
  - Add to or emphasize scope to reflect nutrition, psychosocial, transitional rehab therapist. Alliances with athletic trainers, chiropractors, physicians groups
  - Communication- align with medial fitness health professionals that have a seat with NHC, transitional rehab focus
  - Research Chicago group (KT's successfully running a clinic in the private sector) and how to duplicate
  - Group therapy – cost effectiveness of KTs with psychosocial aspect (KT driving cost effectiveness while driving people to healthy lifestyles at the same time)

### D. Review of AKTA's current vision, mission and organizational strategies

- Purpose: Branding and marketing are subservient to the mission and organizational strategy. In light of the assessment findings, discuss how well the vision/mission and strategies are serving the organization. Any changes here impact the brand and marketing going forward
- Review of Vision and Mission statements of competing health professions
- Review of Kinesiotherapy Mission

- Section 1 “To promote Kinesiotherapy and improve recognition of the profession” – This is our Mission statement. Possibly need to make changes to this mission statement. A mission statement should inspire. Our mission should be the mission of the association not the profession.
- Section 2 – strategies to promote and improve recognition of the profession (The format of our Mission statement and Vision is off compared to other professions). These strategies are currently not working or either we are not doing these things effectively. Section 2 d is not effectively being pushed. Missing part is the sense of urgency (don’t need to communicate this in the mission, but this should be the driving force of our mission)
- Strategic Goals reviewed and break into small groups to refocus goals or prioritize (what is working, what is not working, changes to be made)

E. Identification of priority audiences and their needs. Break out into groups to correspond to each of the priority audiences (KTs, VA, higher education, fitness centers, others)

- Purpose: Mission looks at what “we” want to achieve. Equally important to consider what AKTA’s stakeholders want. Essential rule of thumb in communications: Know your audience. Also, key to creating a viable value proposition. Preceding discussion about KT vs. other approaches may influence which groups are seen as priority going forward
- Suggestions from Rich – make bold moves (save our schools, partner and sponsor – set an audacious goal that we want to accomplish – 3 full time staff working for the AKTA to accomplish this)
- 3 fulltime staff members – funding from grants and sponsors
- Fund developer, education coordinator, executive director (needs to be professionally run and organized)
- **Major Goals: Jobs in the private sector, protect the VA, Education through schools, partnerships (merger – MFA to consume us possibly)**
- Need schools and clinical sites to produce therapists to fill positions
- Need more job opportunities and strength in the private sector
- Alliances/Partnerships to create more jobs and Mergers to protect the profession
- The first step is establish our identity
- Partnership with ACE? Discussion on pros and cons about joining with ACE. Discussions around goals for our organization.
- Goal: Enter into conversations with ACE or ACSM to begin discussions on merging or partnering.
- MFA’s goal to have medical fitness buildings across the world – potentially with KT’s filling those job positions. This is a pivotal moment in our profession – we shouldn’t think of merging as losing our board, but as preserving our profession. Conditions and criteria’s would have to be met by the other merger (KT would have a subcommittee or two members sitting on the MFA board at all times). In MFA’s case what would we do with the VA? Maintain the AKTA? Is this a partnership vs. a merge?  
Goal: explore ACE and MFA about alliances and partnerships. Not ready

for merging at this time. These are two avenues into the marketplace in order to protect the profession.

- Marketing goals: 1) Awareness 2) jobs 3) schools

#### F. Identification of priority audiences and stakeholders (their needs)

- Purpose: Share the small group conversations and outcomes
- Clients / Patients
- KT members
- KT non-Members
- University (students and administration)
- VA
- Other Employers
- Partners (potential partners)
- Physicians
- VA service organization (PVA)
- Insurance
- Obama Care (who do we talk to?)
- 
- Group Insurance and Obama Care
- Group VA and VA service organization (Lori, Robert)
- Group KT members and non-members (Cindy, Jen, Melissa H, Kreg, Regina)
  - I don't want to have to explain what KT is and what we do (inside VA and outside VA)
  - Little room for growth (pay/advancement, job relocation, specialty)
  - No drive for growth or involvement in AKTA
  - Don't feel appreciated
  - Board feels urgency but the membership doesn't (if you aren't on the board, you don't know what's going on especially with jobs being replaced by PTs)
  - Job security
  - Negativity in workplace; low work morale
  - Lack of communication along the way
  - Separation
  - Tired of explaining
  - Therapists have no initiative to keep up skills (CHECK) Processes started to make addition of registration as a qual standard within the VA for new hires. This will hold KTs to a higher standard of therapy/care. The ones already there would be grandfathered in and required to maintain CEUs. This way if it's a requirement at the VA level, KT's would be required to keep up their registration or lose job
  - **Lack of respect**
  - **PT / KT turf war**
  - **Young KT's feel unprepared**
- Group University students and admin/Educators (Doris, Melissa, jerry)
  - Encouraging student membership

- Funding strains
- Staffing (must have RKT on staff) – small pool of KT's have PhD
- Programs too small – not worth maintaining programs that aren't producing
- Find intern venues
- Politics between programs
- Employment Opportunities (too reliant on VAs)
- (Need COE)
- NEED JOBS (volunteers job to check in on the programs to communicate needs to the AKTA)
- Protection of educators jobs (succession planning and refilling positions / not allowing them to be
- Group Patients/Clients
- Group Other Employers and referral sources (Lorie, marge)
- Partners
  - MFA - Pt to gym floor and best practices in rehab fitness
  - PT – wants to be #1 rehab therapist; don't want to treat more complex conditions; fee-based services by KT to fill revenue gap; we bridge gaps in what they don't do; employers and bosses are PTs; short-term plan to have a goal for connecting communication with private PT practices; huge group of people not being treated = \$ (we need to size this market for numbers and approach them as a business professional to show the need for our therapy treatment in your clinic and to increase revenue at the same time
  - Chiropractors – conversations at organizational level

G. AKTA value proposition for priority stakeholders (not covered in meeting)

- Purpose: Given the needs identified in the previous discussion, consider how AKTA can be of highest value to those who matter to it most. What does/should AKTA be offering?

Meeting adjourned by President Shuart at 5:15 PM Central Time.



AKTA Executive Board Meeting Minutes  
Midyear Planning Meeting  
Hyatt Place Houston, TX  
Meeting Place 1 – Day Two  
May 20, 2013

Call to Order: A combined meeting of the Executive Board Meeting of the American Kinesiotherapy Association (AKTA) and the Council on Professional Standards for Kinesiotherapy (COPS-KT) was held in the Hyatt Place Hotel, Meeting Place One in Houston, Texas on May 20, 2013. The meeting re-convened at 8:03AM, President Lori Stuart presiding and Cindy Cater, Secretary.

Members in attendance: **AKTA-** Lori Stuart, Cindy Cater, Robert Ordonez, Melissa Hosford, Kreg Morris, Melissa Zeigler, Cynthia Howell, Jennifer Kosel, Kelly Jansen, Regina McWhirter  
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Review of prior day and its implications for the organization, strategy and marketing

- Purpose: The boards need time to reflect on what the conversations mean for the direction of AKTA. Any high-level change direction needs to be supported in the subsequent marketing plan
- What we learned
  - We focus on how to do things but don't pinpoint a specific goal
  - Need to reprioritize goals
  - Need to focus on 2-3 goals
  - We have passion
  - Our profession has more options
  - Shared sense of overwhelm
  - Need to focus on "building up" the new board members
  - Mission should inspire
  - Focus on Jobs first
- What we want to learn

- What are our goals
- Who's "we" and who's going to do "it"
- Skills that are lacking
- How to offer hope to KTs
- Direct marketing of our members (leverage our networks to reach our members)  
We are going to have to make personal contact with our members
- How do we communicate to our different audiences
- **Goals (Priority goals bold)**
  - **Jobs** (protection of current jobs and develop new jobs)
    - **Goal Statement: Preservation of existing VA jobs and growth of private sector jobs**
      - Role of KT in VA with focus on 'exercise as medicine' and wellness (white paper strategy) – field advisory has identified areas in the VA that KT can make their "own" and action steps have been taken to make this happen
      - Do research to determine more about private sector jobs and creating private sector jobs in geographic areas surrounding schools
  - **Awareness of KT and AKTA identity**
  - Partnerships
  - **Revenue plan** (how much do we need? And where is it going to come from?)
    - **Current annual revenue is \$70,000** (this is a modest/humble figure and could realistically be close to \$250,000) There is a skills gap here that may need to be filled by another person. Possibly get a field advisory board member to assist (have professionals in finance/budget to assist)
  - Schools
  - Activate membership/leadership
- **Goal: Job Strategies (identify audiences)**
  - Target Audiences
    - MFA facilities in Mississippi (both certified and not certified) and those geographically close to VAs
    - Bariatric centers
    - Contracting agents
  - Have a packet (PowerPoint) to present to these audiences addressing important issues
    - Cost effective with low overhead (we can increase your revenue)
    - References from well-known organizations
    - Uniqueness
    - Qualifications
    - Benefits to audience
    - Examples of programs from KTs
    - Outcome data (empirical research)
    - Known demand and market demand (sources)
  - Leaders (board members)
    - Task force with dates
    - Responsibilities
- **Goal: Revenue**

- Plan for funds usage
- Plan task force for getting this goal accomplished
- Use Kickstarter campaign for video production
  - Friends
  - AKTA members
  - Program to raise funds for a particular program
  - All or none program (if goal isn't reached none of the money comes)
- Private donors
  - Dr. Len Greninger
  - Jon Kabance
  - Ask in person
- Company sponsors
  - Fundraiser by hosting an event (maybe more than we want to take on)
  - Underwriting
  - African-American population Campaign for Grants
    - Obesity related (ties into the bariatric goals for jobs)
- Push the corporate membership
- Equipment relationship / sponsorship
- Video sells (geared towards a special population)
  - PVA sponsor / production / pay
  - University
- Private sector franchise
  - Business plan and model
  - Package and implement
- Foundation capable of grant

Review of KT's identity: it's overarching promise, core values, personality traits, distinctive and relevant qualities

- Purpose: Given the conversations to this point, AKTA will benefit from considering its brand. We will explore the organization's identity, which will help guide the presentation of AKTA in its subsequent marketing and communications.
- A kinesiologist is... (idea generation)
  - Mobility specialist that specializes in chronic disease management and movement
  - Specialist in therapeutic exercise for the management of chronic disease
  - Transitional rehabilitation specialist
  - Maximizing potential
  - Exercise based rehabilitation therapist that educates and treats those people/individuals suffering from chronic disease, illness or injury.
  - **Exercise-based rehabilitation therapist that educates and treats those people/individuals suffering from chronic conditions**
- Why you should care about a KT
  - We help those who slip through
  - We pick up where other practices end
  - We can help reduce the cost of healthcare
  - Give the consumer another alternative/choice
  - Treat the whole person/body not only the part/problem
  - We improve the quality of life of our patients/clients

- Psychosocial component: Reframe pt's view on their capacity/capability and the role of others as support system
- Leads to a healed individual rather than treating an injury and having recurrent/repeating problem
- Empower and inspire those with life-changing chronic diseases, injury, illness etc. to adapt and live a fulfilling life with the existing condition (enjoy a higher quality of life) – gives them a sense of hope
- Video / testimonials (show people the value of KT's to the patients – possible market)
- Meet the patient or client where they currently are in their health/fitness level. We work with them to build that relationship with the patient that leads to the commitment of the patient to make healthful decisions
- Build a partnership/relationship over a long-term period or lifetime

#### Review of AKTA's identity

- AKTA is... (idea generation)
  - Professional organization
  - Governing body of KT's
  - Volunteer-driven
  - **Nonprofit organization that advocates for the practice and education of KT and the underserved populations KT's treat**
  - Organization concerned with promoting and empowering the health and wellbeing of the underserved, chronically ill population
- Why should I care?
  - We ensure the future of the KT profession

#### Marketing Wrap-up

- Determined Goals
- Set up for a revenue plan
- Set up for a job plan
- Determined some direction for our marketing plan

#### Scope of Practice Review/Update – Lori Shuart and Jerry Purvis

- Discussions pertaining to changes that need to be made to our Scope of Practice
  - Therapists are currently being limited by the verbiage and vagueness of our Scope
  - Changes made to verbiage to reflect the specific limiting factors being placed on the practicing therapist
  - Tentative changes made to the document
  - Changes to be finalized in time frame of two weeks
  - Marge Fararesi – Lead
  - COPS-KT to complete and reformat Scope and send it out to Board

#### Other business

- Creating task force
  - Field advisory council (Robert and Lori)
    - council to assist AKTA and COPS-KT in growing our school and job opportunities
    - Plan to reach out to schools and universities to have our program reintegrated

- Target a West coast university (close to Long Beach – where this initiative is starting)
  - Make the COE a branch for students to feed into from the exercise science education tract
  - Potential setbacks
    - Need RKT on staff at university with masters and teaching experience
  - Lori propose 2-3 members from each board to work on this initiative
  - Jerry to work on this (strategies to approach these universities)
  - Advantage: Support of the higher level administrative persons in the VA
- AKTA Succession planning
  - Secretary
    - Cindy
  - President-Elect
    - Cynthia
  - Treasurer
    - Regina
  - Options
    - Shaun Brown
    - Brian Garrison
    - Brandon Daniels
    - Alex
    - Tammy Williams
- COA
  - Another position could be added
- COPS-KT Succession planning
  - 5 long term members (currently filled)
  - 5 assistants (not filled)
  - Board must be independent of organization (two separate entities)
  - COPS-KT members are appointed then approved by the executive board
  - COA are three year appointment terms – functions as a part of COPS maintaining existing programs and make site visits
  - Need to train an assistant director or registration to assist Doris Woods
  - Need help in COEs
    - Paid position (?)
    - Need two positions
    - Field advisory board members
  - Need help in Bridget's position
  - Having assistant position was the plan for succession (hasn't worked well so far)
  - Public Member (possible nominations)
    - Susan Kleber
    - Jim Galliger
    - Rick Green
    - MFA
- Reach out to the non-registered KT's to get them registered
  - We do need registered members

- Option to “Grandfather” them in
  - Alternative registration process to capture them
  - COE is possibly a way to recapture this membership
    - PowerPoint’s and learning modules
  - Qual standards change will force them into registration
    - Ways to ease this transition for the
      - Offer mentorship
      - COE power points and learning modules
      - Offer a test review workshop at the annual conference (Jerry)
      - Test review study via Skype
      - Discount on test – option rejected by majority
- Registration cards online
  - Convenience for printing
  - Convenience for employment
  - Cost \$3,000 to get started
  - Put this on hold for now – not top priority
- Conference committee choice between hotel indigo or Horton hotel
  - Indigo
  - Horton
    - MFA
  - Board preference is Horton for networking with MFA
  - Conference committee to decide
- Conference Giveaways
  - MFA / AKTA
    - Goniometer
    - Lunch bags
    - Body measuring tapes
    - Letter opener
    - Post-it notes
    - Mouse pads
    - Ear buds w/pouch
    - Measuring tape on keychain
  - Continue conversation at dinner
- Use of AKTA logo
  - Member requested use of logo for the design and production of t-shirts for their VA
  - Need document that has guidelines for our membership to use our trademarked logos
  - Need approval from the board for use of the logo – given
  - No changes allowed to the logo
  - Observe need for licensing agreement for others to use our logo
- Registered Kinesiotherapist trademark is up this year
  - Bridget following up

- Comes from COPS budget
- When our “Registered Kinesiotherapist” comes up it should have circle R or TM behind it – this shows that we have trademarked the term

#### Strategic plan goals (focus on our goals and assign task forces)

- Job strategies (bring new people in)
  - Packet development – Cindy lead with Marge helping
  - Audiences (focus geographically near USM, Long Beach, or places with students needing jobs (around schools or VAs)
    - Bariatric centers – lead Lori and Robert
    - Contracting Agencies – Melissa H. and Kreg
    - MFA – Melissa Z.
      - Certified/non certified in MS
      - Close to large VA centers
  - Time frames
    - June 19<sup>th</sup> 7PM Central time first stage report (conference call)
    - Roll out by end of the year
    - Audiences
      - Identify who and where
      - Timeframe for completion 4 weeks
    - Packet development – identify possible helpers (Susan Brown, Michelle Powers, Leah Jakubowski)
      - Two sections of the packet
        - Services that make us unique
        - Qualifications
        - Timeframe for completion 4 weeks
- Revenue
  - Phase I: Create a proposition to independent private donors
    - Presentation of marketing plan to private donors
      - Story of future/personal appeal to donor and legacy of association
      - How our presence will benefit them and the population
      - Make sure you understand your potential donor and what is important to them
      - Must be personalized with human appeal to outcomes of our work
    - Letter writing campaign to AKTA membership (Kelly lead)
      - Story with emotional appeal and engage their hearts
      - Highlight the meanings and purpose of the profession
    - Create a proposal to a “kickstarter” type program (indiegogo) (Jen lead)
  - Phase II: Developing a product
    - Video/DVD series/Amazon/Netflix (Regina Lead)
      - 8 weeks up and go! 8 activity plans for a progressive exercise series for weight loss
    - Create an “app” (Cynthia lead)
      - Work station/ activity at your desk
      - Obese/DM population – motivational sayings/tips/activities

- GPS type exercise tracker (game)
- Contacting universities regarding production
- Additional Options
  - Membership dues increase to \$200 (discuss at executive board meeting 2013)
  - Franchise adapted gym in private sector
  - Look into Capacity Building Grant from Foundations (Lorie and Doris)

Mentorship program

- Guidelines formed – Lori
- Review of work completed so far

Meeting adjourned by President Shuart at 7:05PM Central Time.

**Minutes Respectfully Submitted,  
Cindy W. Cater  
Secretary, AKTA**