Greetings! What a year we have experienced! The AAWM has experienced unprecedented growth and recognition in the medical and wound care community. Currently there are over 2900 Certified Wound Specialists (CWS®) and almost 200 Certified Wound Care Associates (CWCA®). You may have noticed a concerted effort to market and increase the visibility for our certifications. This is a direct response to feedback from you and will serve to educate those in the community about the importance of receiving their care from a professional who is certified in wound management from the AAWM. Check out our updated website at www.aawm.org for information, news and available marketing materials.

As the national discussion on healthcare reform continues, it is more crucial than ever that we remain united as providers of wound management. Certified Wound Specialists® as well as Certified Wound Care Associates® are represented in every state in this country as well as every healthcare delivery setting. The mission of the AAWM is to stimulate, support and promote advanced wound management through a rigorous credentialing process. By obtaining your certification, you have demonstrated to your patients and other providers that you are committed to excellence and the continuing pursuit of knowledge.

The CWS® is accredited (effective 2007) by the National Commission for Certifying Agencies (NCCA), which is the accreditation body of the National Organization for Competency Assurance (NOCA). NCCA accredits certification programs based on the highest quality standards in professional certification (think of NCCA as the “Joint Commission” of the certification world). AAWM joins an elite group of 79 organizations with 190 programs that have received and maintained the prestigious NCCA accreditation. This year we are applying for the same accreditation for our CWCA® exam after collecting two years worth of examination data and statistics as required by NOCA.

The AAWM is offering a new voluntary certification for physicians called the Certified Wound Specialist-Physician (CWS-P), which is available beginning September 2009. This new certification will serve as a progression from the CWS® level for our MD, DO, and DPM diplomates. Our hope is that this examination will help spur interest and creation of residencies, fellowships and board certifications in wound management within the respective physician boards.

Make sure to promote your CWS® and CWCA® in your hospitals, clinics, offices and academic institutions as the gold standard for wound management professionals. Check our website often (www.aawm.org) for updated information and news. Thank you for your continued support and I wish each of you peace and success in the coming year.

Stanley K. McCallon DPT, CWS, FACCW
I am happy to report that AAWMs investments have been holding their own during this economic struggle. Our investments took a hit in March and the account had a negative -8.7% return. Then starting in April (and every month since) the account has grown considerably and is now positive at 8.82% (as of 8/25). This is a performance reversal of over 17%. Not only is the portfolio producing income at the aggregate rate of 5.835%, the account had appreciation (increased bond values) of close to $21,000. Not too shabby!

Going forward, we would expect to see more normal bond valuations as the economy improves and we should not expect to witness the same degree of “selling” pressure on bond prices as we saw the past 2 years.

Our financial advisor, Greg Grande, has been terrific at looking out for the AAWM investments by providing timely and accurate suggestions. I would like to personally thank Greg and Chris Murphy for their expertise and close observation with the financial aspect of the AAWM.

Have a wonderful fall season!

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The fall is always a busy time for the Exam Committee as it works to update the test item banks with current content questions. This involves several steps that began with an Item Writer Workshop. Twelve Certified Wound Specialists (CWS®), representing a cross-section of disciplines will gather to receive instruction on how to construct defensible test items and will then spend the remainder of the day writing questions. It is hoped that several hundred new items will be produced during this meeting.

On November 4th and 5th, two separate groups of specialists will convene in New York at the offices of Professional Testing Corporation, to review items for inclusion in the data bank. On the first day, a committee will be approving items for the CWCA® item pool and the CWS® review will follow on the second day.

Test construction for the 2010 exams will occur sometime after the first of the year. At the test approval meetings, a multi-disciplinary team reviews the items that have been selected and assures that the items are properly coded and represent the content percentages prescribed by the test blueprint. The location for this meeting has yet to be determined.

A separate subcommittee process has been developed for item approval and test construction for the Certified Wound Specialist-Physician (CWS-P) Exam. This exam is being offered for the first time in the fall of 2009.

The committee will continue to meet regularly with the goal of improving the exam process and content. Your comments and suggestions are appreciated. Please send your comments to our headquarters and we promise you that they will be addressed.

We encourage all wound care providers physicians to take the exam not only to support the process but also to be part of this pioneer group of CWS-P. Good Luck!
The AAWM has a great deal to talk about these days. We have had a busy schedule in 2009. By now many of you have probably received post card mailers or even some cookies (the kind that taste good) in your office or clinic mailboxes. All of these are an effort to inform our diplomates that we are diligently working to promote our credential process.

The exciting news is that the AAWM has produced yet another high quality examination toward a new credential—The Certified Wound Specialist—Physician or CWS-P. This is an exam designed for and open to the MD, DO, and DPM diplomates of the AAWM, whose CWS® is in good standing. Currently, the CWS-P is a 200 question written exam with in-depth questions focusing on assessment and diagnosis, pathophysiology, treatment, prevention, and compliance. An oral exam component and fellowship requirement will be added into future testing cycles.

Earning this added credential will strengthen ones credibility amongst their peers and serve to strengthen the AAWM as the premiere interdisciplinary wound credentialing body. With increased participation in this new exam by physicians the AAWM positions itself to remain the leader in certifying wound care specialists and progressing to recognition by outside associations and medical and podiatric specialty boards. It is certainly an exciting time for the AAWM.

The number of diplomates (CWS®) and associates (CWCA®) continues to increase with each exam cycle. This was notable when the AAWM traveled for the first time out of country and had the pleasure of exhibiting at the American Podiatric Medical Association 2009 Annual Scientific Meeting in the great city of Toronto, Canada. The response was overwhelming from DPM Diplomates and APMA members who showed a great interest and support of AAWM and its credentialing process—many thanks to those who stopped by our booth.

The AAWM Marketing Committee is always interested in your views and how earning the CWS® or CWCA® credential has benefited your practice. Perhaps you notice more patient referrals or inquiries from patients themselves as to what those letters on your wall or jacket mean. The AAWM does have promotional brochures for your office or clinic. This helps to inform patients and other colleagues why it is important to seek wound care from a certified wound care professional.

Look for the AAWM at the Clinical Symposium on Advances in Skin and Wound Care in October 2009 in San Antonio, TX, and the Southern Regional Burn Conference in November 2009 in Shreveport, LA. Please stop by the booth so you can receive a CWS® or CWCA® pin and/or ribbon to add to your name badge. Wear your credential with pride because we have a great deal to talk about these days.

Committee/Exhibiting Chair Report

Donald E. Mrdjenovich, DPM, CWS, FACCWS

“Wear your credential with pride.”

New!!

Certified Wound Specialist-Physician (CWS-P) Exam

September 12–26, 2009 $750

Coming Soon:
2010 Dates for the Certified Wound Specialist-Physician (CWS-P) Exam
PT Update: Sharp Debridement and Alphabet Soup

By Harriett B. Loehne, PT, DPT, CWS, FACCWS

SHARP DEBRIDEMENT

Physical therapists (PTs) who are performing excisional debridement in inpatient settings have recently caused reimbursement issues. The American Physical Therapy Association (APTA) has responded with comments and definitions supporting PTs’ role in delivering this wound management intervention.

As background, the APTA House of Delegates policy/position states “the PTs scope of practice as defined by the APTA Guide to Physical Therapist Practice includes interventions…and sharp selective debridement, which is a component of wound management.” The Position Statement HOD P06-00-30-36 states that physical therapist assistants (PTAs) should not perform sharp debridement.

Procedural Interventions Exclusively Performed by Physical Therapists HOD P06-00-30-36 (Program 32) [Position]

The physical therapist’s scope of practice as defined by the American Physical Therapy Association Guide to Physical Therapist Practice includes interventions performed by physical therapists. These interventions include procedures performed exclusively by physical therapists and selected interventions that can be performed by the physical therapist assistant under the direction and supervision of the physical therapist. Interventions that require immediate and continuous examination and evaluation throughout the intervention are performed exclusively by the physical therapist. Such procedural interventions within the scope of physical therapist practice that are performed exclusively by the physical therapist include, but are not limited to, spinal and peripheral joint mobilization/manipulation, which are components of manual therapy, and sharp selective debridement, which is a component of wound management.

The APTA does not make laws, though its policies and statements are considered in reimbursement and litigation. Because it is the national professional organization, all PTs and PTAs are expected to know and follow the policies. Each state’s PT practice act provides legal guidelines; each one is different, so all PTs and PTAs should check their states’ excluded services. One example is Washington, which recently enacted the following:

New Section

WAC 246-915-360 Sharp debridement education and training.

Licensed physical therapists may perform sharp debridement upon showing evidence of adequate education and training. Physical therapists may not delegate sharp debridement. The board will accept the following as adequate education and training:

1. Twenty hours of mentored sharp debridement training mentored training includes observation, cotsreatment, and supervised treatment. Twenty hours mentored training in a clinic setting must include a case mix similar to the physical therapists’ expected practice; or
2. Certification as a wound care specialist by the American Academy of Wound Management, meets the requirements of this section; or
3. A licensed physical therapist who has performed sharp debridement and can verify twenty hours of mentored sharp debridement training, meets the requirements of this section.

The Guide to Physical Therapist Practice and the American Hospital Association (AHA) literature are helpful in defining the services and appropriateness of delivery by PTs. The following is from a draft of the APTA response:

In describing Integumentary Repair and Protection Techniques (Chapter 3, What Types of Interventions Do Physical Therapists Provide?), the Guide to Physical Therapist Practice notes that these techniques are intended to “…enhance wound perfusion, promote an optimal wound environment, remove excess exudate from a wound complex and eliminate nonviable tissue from a wound bed.” It further notes that integumentary repair and protection techniques may include non-selective debridement and selective debridement including debridement with agents such as autolysis, enzymatic debridement, and sharp debridement.

The following excerpts of the literature of the AHA, from the APTA draft, support the comments of the Guide:

Excisional debridement is defined as the “cutting away of devitalized tissue, necrosis, or slough” (AHA Coding Clinic for ICD-9-CM, 1988, fourth quarter, page 5). Documentation of sharp debridement is not always indicative of excisional debridement. Description of sharp debridement must be documented as definite cutting away of tissue before excisional debridement (code 86.22) can be assigned (AHA Coding Clinic for ICD-9-CM, 2004, second quarter, page 5). Debridement can be performed on any body site and does not have to be performed in the operating room to be considered excisional. Nonexcisional debridement, which is classified to code 86.28, includes “brushing, irrigating, scrubbing, or washing of devitalized tissue, necrosis, or slough” (AHA Coding Clinic for ICD-9-CM, 1988, fourth quarter, page 5).

Debridement of the skin that is preparatory to further surgery should not be coded as a separate procedure (AHA Coding Clinic for ICD-9-CM, 1991, third quarter, pages 18-19). In addition, do not assign code 86.22 when debridement of an open fracture site is performed. Debridement of the skin is considered inherent for this procedure (AHA Coding Clinic for ICD-9-CM, 1995, third quarter, page 12).

Excisional debridement is the definite cutting away of devitalized tissue, necrosis, or slough that includes cutting outside or beyond the wound margin. Excisional debridement can be performed in the operating room, emergency room or at patient’s bedside depending on circumstances such as patient’s condition or location availability. An excisional debridement can be coded when performed by a nurse, therapist, physician assistant or physician. (See Coding Clinic, second quarter 2004, page 5, Coding Clinic, second quarter 2000, page 9, and Coding Clinic, fourth quarter 1988, page 5.)

(continued on next page)
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These comments and the definitions from the Guide to Physical Therapist Practice clearly indicate that excisional debridement can be performed by PTs.

ALPHABET SOUP

Another hot topic for PTs and PTAs is the use of credentials, which caused controversy both in the house of delegates at APTA in June and at the Oxford Debate at PT 2009 Annual Conference.

The APTA position designates the initials PT for physical therapist and PTA for physical therapist assistant. The older designations of RPT and LPT, and academic or professional degrees should not be substituted. Regulatory designation takes precedence over any other credentials.

APTA Position Statement HOD P06-03-17-14 recognizes the following preferred order:

1. Highest earned physical therapy-related degree (PT/PTA).
2. Other earned academic degree(s).
3. Specialist certification credentials in alphabetical order (specific to the American Board of Physical Therapy Specialties).
4. Other credentials external to APTA.
5. Other certification or professional honors (e.g., FAPTA). APTA supports the designations SPT and SPTA for physical therapist students and physical therapist assistant students, respectively, up to the time of graduation.

Following graduation and prior to licensure, graduates should be designated in accordance with state law. If state law does not stipulate a specific designation, graduates should be designated so as to make clear that they are not licensed PTs or licensed or regulated PTAs.

Limiting PTs to using only the credentials PT and highest academic degree was hotly debated both in the APTA House of Delegates and at the Oxford Debate (with entertainment value added) at the annual conference. The amendment was defeated in the house, and PTs may use credentials that include certification specializations and honors, unless state law indicates otherwise. PTs should list credentials in the order detailed here.

Exam Questions: Always Needed!

The American Academy of Wound Management is challenging all CWSs to write at least one question for the Exam Committee for potential submission to the Board Certification Examination for Wound Management Professionals.

Some guidelines for writing questions:

1. They must be multiple-choice format.
2. They must have four possible answers (with the correct answer identified).
3. They must have a referenced source with each question.
4. They should be designed for participants to recall, understand, apply or evaluate.

AAWM is also looking to include case studies with photographs for future examinations. When submitting a photograph/digital image, the same question guidelines apply, as well as the following for photographs:

1. Photographs/digital images may be in either color or black/white (no Polaroids).
2. If using a digital camera, a high-resolution setting produces quality images.
3. The area of interest should be clear and easily identifiable.
4. Patient privacy must be respected; No names or identifying information may be visible.
5. If possible, a ruler (in cm or mm for scale purposes) should be visible in the photograph.

Please remember that all case studies and photographs/digital images become the property of the AAWM for use as determined by the AAWM. If you have a question or case study you feel would make a good addition to the examination, you may submit those to Sally Ann Henry, Professional Testing Corporation, at shenry@ptcny.com.

VISIT
www.aawm.org
AAWM and Board Certification Information & resources for wound care professionals
Recent Certified Wound Care Associates®

Congratulations to all who passed the first Certified Wound Care Associate® exam held in August 2009. We were happy with how well the CWCA® was received and look forward to certifying more wound care clinicians in the future. The AAWM Board of Directors would like to congratulate the following CWCA®'s.

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State</th>
<th>CWCA® Certification</th>
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<tbody>
<tr>
<td>Angela Allstott, RN, CWCA</td>
<td>Kennewick, WA</td>
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<td>Francis Alu-Mensah, LPN, CWCA</td>
<td>Duluth, GA</td>
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<td>Barbara S. Badger, LPN, CWCA</td>
<td>Pearl City, IL</td>
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<td>Beth A. Blanchard, RN, CWCA</td>
<td>Wharton, NJ</td>
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<td>Leeann S. Brown, RN, CWCA</td>
<td>Cottage Grove, OR</td>
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<td>Carol L. Byrd, RN, CWCA</td>
<td>Saylorsburg, PA</td>
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<td>Teresa M. Cave, RN, CWCA</td>
<td>Porterville, CA</td>
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<td>Tina G. Clements, LPN, CWCA</td>
<td>Hazlehurst, GA</td>
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<td>Kimberly L. Cook, RN, CWCA</td>
<td>Magnolia, TX</td>
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<td>Clare Cucco, RN, CWCA</td>
<td>Clark, NJ</td>
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<td>Beth Culpepper, RN, CWCA</td>
<td>Newnan, GA</td>
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<td>Geraldine Denby, LVN, CWCA</td>
<td>Stockton, CA</td>
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<td>Clare Devlin, RN, CWCA</td>
<td>Beverly Hills, FL</td>
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<td>Julia L. Fishburn, RN, CWCA</td>
<td>Wooster, OH</td>
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<td>Jessica A. Florkowski, RN, CWCA</td>
<td>Keppton, PA</td>
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<td>Heather L. Garner, LPN, CWCA</td>
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<td>Robin R. Goldsmith, RN, CWCA</td>
<td>Hattiesburg, MS</td>
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<td>Regina M. Gomes, RN, CWCA</td>
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<td>Rhonda Gordon, RN, CWCA</td>
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<td>Laurence A. Hahn, LPN, CWCA</td>
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<td>Michelle L. Helms, RN, CWCA</td>
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<td>Vickie A. Hickner, RN, CWCA</td>
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<td>Lisa Hobbis, RN, CFCN, CWCA</td>
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<td>Christina L. Holcomb, RN, CWCA</td>
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<td>Kathleen T. Hollasch, RN, CWCA</td>
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<td>Michelle L. Hornung, RN, CWCA</td>
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<td>Lisa M. Hugh, MHA, RD, LD, CWCA</td>
<td>Waldorf, MD</td>
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<td>Pamela B. Johnson, RN, CWCA</td>
<td>Moultrie, GA</td>
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<td>Jason E. Jones, LPN, CWCA</td>
<td>St. Marys, GA</td>
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<td>Mary L. Laesch, RN, CWCA</td>
<td>Rockford, IL</td>
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<td>Janna Lindsay, RN, CWCA</td>
<td>Nederland, TX</td>
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<td>Amanda H. Martin, RN, CWCA</td>
<td>Punxsutawney, PA</td>
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<td>Kimberly R. Masters, RN, CWCA</td>
<td>West Monroe, LA</td>
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<td>Carole J. Mauro, RN, CWCA</td>
<td>Youngstown, OH</td>
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<td>Joni L. Montee, LVN, CWCA</td>
<td>Chandler, TX</td>
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<td>Joey C. Moss, LVN, CWCA</td>
<td>Dallas, TX</td>
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<td>Claudia Oaxaca, RN, CWCA</td>
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<td>Faye M. Parker, RN, CWCA</td>
<td>Nashville, TN</td>
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<td>Margaret R. Robertson, RN, CWCA</td>
<td>North Conway, NH</td>
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<td>Rachel M. Schultz, RN, CWCA</td>
<td>Fair Haven, MI</td>
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<td>Danielle R. Self, CWCA</td>
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<td>Corinne A. Shane, RN, CWCA</td>
<td>Flower Mound, TX</td>
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<td>Marie C. Valley, RN, CWCA</td>
<td>Erie, PA</td>
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<td>Rebecca C. Waite, RN, CWCA</td>
<td>Alexandria, VA</td>
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<td>Teresa A. Wolfe, LVN, CWCA</td>
<td>McKinney, TX</td>
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2010 Testing Dates

CWS®

2010
April 10–24
Early Registration Deadline: 2/26 $550
Late Registration Period: 2/27–3/12 $600

October 16–30
Early Registration Deadline: 8/20 $550
Late Registration Period: 8/21–9/3 $600

CWCA®

2010
February 13–27
Early Application Deadline: 12/18 $300
Late Registration Period: 12/19–1/8 $350

August 14–28
Early Application Deadline: 7/10 $300
Late Registration Period: 7/11–7/25 $350

CWS-P exam dates coming soon.
ATTENTION DIPLOMATES:

The AAWM is offering informational patient brochures for use in offices, waiting rooms or for your personal use.

200 Brochures for $10.00
(Previously 75 brochures for $25.00)

For more information, email
Trish Calamari, Director of Administration,
at tcalamari@aawm.org
or complete the order form below and send to AAWM Headquarters:

AAWM
1155 15th Street, NW, Suite 500
Washington DC 20005
Fax: 202-539-0659

Patient Brochure Order Form

The AAWM is offering Diplomates the option to order informational brochures to provide an overview of the AAWM and the CWS® certification. Please return payment to the AAWM at the address listed below. Please allow two weeks for delivery. Brochures are sold in batches of 200 for $10.00 per batch.

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Method of Payment: (please choose one)

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Please mail _______ batches at $10.00 per batch for a total of $ _______.

Cardholder Billing Address

www.aawm.org
Lapel Pins $5 • Patches $5 • AAWM Certificates $25

For more information, email Trish Calamari, Director of Administration, at tcalamari@aawm.org or complete the order form below and send to AAWM Headquarters:

AAWM
1155 15th Street, NW, Suite 500
Washington DC 20005
Fax: 202 530-0659

Order Form

Name

Certification Date (Month/Year)

Address

City State Zip

Phone (optional)

Circle one: CWS® or CWCA®

Please mail _______ pins at $5.00 each
________ patches at $5.00 each
________ certificates at $5.00 each

for a total of $_______.

Method of Payment: (please choose one )

☐ Check Enclosed

Credit Card  ☐ VISA  ☐ MasterCard  ☐ AMEX

Account Number  Exp. Date

Cardholder Name

Signature

Cardholder Billing Address
