

## PRESIDENT'S MESSAGE



By Judith Zaczek, PA-C

At the 32nd Annual AAPA Conference this past June, the casinos bustled with people and the temperatures soared to 102 F, but that did not stop physician assistants from placing their bets on APAOG having another excellent year.

Our presence was strongly noted in our various CME topics and speakers. Topics range from areas of gynecology, obstetrics and urogynecology. Valerie Davis-Rankin, MD was well received with her lecture on female sexual

fatigue. Other topics included polycystic ovarian disease, pre-eclampsia, uterine artery embolization and post partum depression. Becky Lehman and Barb Clark our famed board duo gave a dinner symposium on extended oral contraception. Paul Taylor spoke on uterine prolapse and also on HPV. We are grateful to all those who contributed their expertise including other APAOG members: Glen Combs and Mark Behar.

Our general membership meeting was well attended and focused on APAOG accomplishments listed below:

1. Website redesigned
2. Liaison with ACOG, ARHP and NAMS
3. Professional Practice Survey
4. Physician Assistants in Women's Health Issue Brief
5. Updated Mission Statement
6. Selection of CME topics and speakers at the annual AAPA Conference
7. PA Reporter Program with NAMS
8. Helped facilitate initiation of new OB/GYN Postgraduate Residency Program in San Bernardino, California
9. Corporate relations and funding

We encouraged all our members to write us with their input and suggestions of other initiatives they would like APAOG to explore. There was discussion of a possible switch from our current employment search with ACOG (NTN) to the AAPA Health Careers with a link to ACOG. We also discussed increasing our organization's visibility not only with our membership pins, but

also with teal ribbons and our logo for our badges. Of course, Barb Clark continues to create designs for fashion wear for APAOG!

Unfortunately our main speaker for our meeting, Francine Panley, PA-C was unable to attend due to a knee injury and required surgery the same week of the conference. I did my best to communicate her thoughts with Francine's slides. We appreciate her commitment to share her research on "The evolution of a physician assistant team providing health care services to women", based on her experiences in the Department of OB/GYN at the New York Hospital Medical Center in Queens, New York.

During the conference I had the opportunity to meet with Guillermo Valenzuela, M.D., Medical Director of the Arrowhead Postgraduate Physician Assistant Residency Program. He was very impressed with our two resident PAs in training and is even considering a third position in the future. APAOG would like to congratulate Dr. Valenzuela and his staff at Arrowhead for their support of the physician assistant profession and for their recent formal accreditation of their program!

This year has certainly proved to be one of multiple opportunities of expansion for APAOG and we hope to continue this trend in the future. Soon I will be heading to the Leadership Summit in Alexandria, Virginia to represent APAOG. I wish you all a wonderful summer and thank you for your support of APAOG!

## THIS ISSUE

Depo-Provera Low.....	2
Website Work Continues on <a href="http://www.paobgyn.org">www.paobgyn.org</a> .....	2
On your Body and Off Your Mind Introducing Ortho Evra™.....	3
Hot Flashes!.....	3
Review of the Female Gynecological Examination.....	4
Hot Tips.....	5
American College of OB/GYN Annual Clinical Meeting.....	5
PA Leadership Summit 2004.....	6
APAOG at the AAPA.....	7
CME Corner.....	8

The *Monitor* is Sponsored by:

# Pfizer, Inc.

# DEPO-PROVERA LOW

By Barbara JB Clark, PA-C

Yet another contraceptive option, 'Depo-Provera Low' is on the horizon. At a recent Advisory Board meeting sponsored by Embryon for Pfizer that Rebecca Lehman, MPAS, PA-C and I attended, information about this exciting new product was provided. The dose is 104 mg depot medroxyprogesterone acetate, compared to 150mg and can be given subcutaneous rather than IM. This would allow for self-administration. It will hopefully be available by the end of the year and is being submitted to the FDA for approval for contraception and the relief of symptoms of endometriosis. In head to head studies with Lupron, the new DMPA low has shown equal effect in reducing symptoms of endometriosis with decreased cost and fewer side effects. It is not known if the new dosage will treat endometriosis, but it has been shown to reduce pain and other symptoms.

Despite the effectiveness of oral contraceptives, missed pills are common

and contribute to unplanned pregnancy. Many women in all population categories would benefit from the convenience and reliability of non-daily contraception. The highest efficacy rates with typical use are associated with agents that require minimal user participation, i.e. Depoprovera.

DMPA has been used worldwide for over 30 years and has been available in the USA since 1992 with a proven safety profile. Overall, the long-term experience with DMPA demonstrates it to be a convenient, highly effective option in both perfect and typical use.

In addition, DMPA has been reported to offer noncontraceptive health benefits in certain populations (patients with menstrual cycle related disorders) and is an appropriate choice in women who cannot tolerate, or have contraindications for, estrogen-containing contraceptives. These may include cerebral vascular disease, complicated migraine headaches, diabetes, liver disease, smokers 35

years and older, Systemic lupus erythematosus, patients scheduled for surgical procedures associated with an increased risk of VTE or need for anticonvulsant therapy.

Safety profile for DMPA is well established. Numerous studies fail to show any increase in cardiovascular events, breast cancer, other gynecological malignancies, or postmenopausal fractures from decreased bone mineral density. Counseling with regard to common patient concerns such as potential effects on weight, mood or menstrual pattern is very important and can further improve patient adherence. Notably, amenorrhea experienced by the majority of DMPA users is considered by many (especially with appropriate counseling) to be desirable.

DMPA is a very effective contraceptive option that can be recommended as appropriate in the majority of patients. Hopefully soon it will have approval for symptomatic treatment of endometriosis and be available in a subcutaneous administration.

## WEBSITE WORK CONTINUES ON WWW.PAOBGYN.ORG

By Rebecca Lehman, MPAS, PA-C  
Website Committee Chair

Have you checked out the new APAOG website? Please take a look and send me your comments at [rebeccalehman@comcast.net](mailto:rebeccalehman@comcast.net). The APAOG board and website committee want the website to be as useful to you as possible. Please send suggestions for links, CME offerings, and other useful tools to you in your

practice. By the end of July, we hope to have the members' only section up and running. That technology will enable us to offer the newsletter online. It will also allow us to keep an updated membership directory available for members use. Paper directories are outdated by the time they are published. Other ideas for the members' only section include a slide library and message board. What would you like to see?

## CHECK IT OUT!

APAOG on the web:  
[www.paobgyn.org](http://www.paobgyn.org)

Looking for employment in OB/Gyn? Our website has a new link for job seekers – AAPA Health Careers.



# ON YOUR BODY AND OFF YOUR MIND... INTRODUCING ORTHO EVRA™

By Sarah Lindahl, PA-C

“The Pill” is one of the most widely used forms of contraception with 12 million American women relying on this method. While clinical trials have demonstrated that oral contraceptives can be 99.9% effective, the 1995 National Survey of Family Growth reported first year failure rates range from 7.3-8.5%. This translates to approximately one million unplanned pregnancies associated with unsuccessful oral contraceptive use. Inconsistent and incorrect uses are responsible for the majority of these failures. As one missed pill may result in an unplanned pregnancy, the contraceptive patch was manufactured as an alternative to the daily burden of the pill. Ortho Evra™ contains norelgestromin and ethinyl estradiol and offers a consistent mean serum concentration over a seven-day period. Women change the patch weekly for three weeks and then have an off week to allow for a withdrawal period.

## Hot Flashes!

*This is the place for APAOG members to share a better technique, a superior product, an easily understood explanation or a great piece of equipment, which improves their role as an ob/gyn PA. Please share your pearls.*

By Linda Burdette

When performing a vulvar biopsy, try injecting the lesions with lidocaine and then “tent” the lesion with your fingers. You can easily snip the crest of the tent with biopsy forceps making it easier than trying to biopsy smooth or retracted skin.

The patch shares the same contraindications with oral contraceptives, with an additional consideration for patients’ weight. Most studies evaluating the efficacy of the patch noted that the patch was less effective in patients who weighed greater than 200 pounds. Some of the most frequent concerns from patients are whether or not the patch will maintain adhesiveness and if it will interfere with their lifestyles. They can be reassured that studies found that complete detachment was very infrequent and serum concentrations of hormones were maintained under conditions of heat, humidity, exercise and water immersion. If the patch does become detached or if a woman forgets to change the patch, she should be instructed to apply a new patch and use back up contraception for one week.

Twenty percent of studied women reported skin irritation as a side effect of the patch, but only 2.6% were bothered enough to stop using the patch. Headaches, nausea and breast discomfort were the most commonly reported side effects with the patch, with the exception of breast symptoms, side effects were less frequent with the patch compared with the pill. As weight gain is an important patient concern, studies noted weight gain is minimal (average 0.3kg) and is similar to the contraceptive pill.

The clinical trials found that the patch is as effective as the pill as a method of preventing pregnancy and patient compliance with the patch is statistically superior to oral contraceptives. As compliance limits the pill’s success in the real world, it is anticipated that improved compliance with the patch will decrease the number of unplanned pregnancies. Many women even noted that the patch provided a visual reminder, which helped them use it correctly. When counseling women about the patch, it is important to discuss how she will feel about wearing

the patch, as some women resent how the patch exposes their method of contraception. Women may also be reluctant to embrace a new method, or one that may be different from her peers, but OB/GYN Physician Assistants can address their concerns and encourage women to accept this new contraceptive option.

# THANK YOU

## SPECIAL THANKS TO OUR CORPORATE SPONSORS

On behalf of APAOG, we are grateful for the dedication and sponsorship of our organization during the past year. Our membership extends a heartfelt “thank you” for your contributions.

### Barr Laboratories

- Dinner Meeting and Initiation of Dialogue Regarding Future APAOG Support

### Ortho-McNeil Pharmaceuticals

- Silent Auction

### Pfizer

- Newsletter

### Proctor & Gamble

- Osteoporosis Speaker's Bureau

### Wyeth Ayerst Laboratories

- Annual Conference Meeting
- Planned future support of APAOG

# REVIEW OF THE FEMALE GYNECOLOGICAL EXAMINATION

By Cynthia Pentz, MPAS, PA-C

Recently the junior class in our PA program endured learning the female gynecological examination. As we all remember, it might have been a rewarding experience or a terrifying experience depending on our own level of comfort. With any examinations we adapt and conform to what works best for us and often will use those techniques without much thought as they become second nature. However, it might be worthwhile for some of us who have been out of PA school for awhile to revisit the female gynecological examination and review the common steps and techniques.

We will review the most common review of system questions concerning the female gynecological exam, the approach to the female patient, performing the examination and concluding the examination. This will be covered in a three part series starting with the review of system questions. Keep in mind as we review that this is based on primary care practice so questions may differ from the specialized practice of gynecology, however prudence is applied.

**Question 1:** The first day of your last menstrual cycle is always a good question to begin the review of system questions with. The last menstrual period should be dated from the first day of the last menstrual cycle noting any light days that she may have experienced as well.

**Question 2:** Asking about her last pap smear, when it was and if it was normal reveals information on whether she is returning for her yearly pap or if other concerns should be addressed. **Question 3:** Age of menarche is important for the younger patient and can be a vital indicator of hormonal deficiencies or genetic anomalies if sexual characteristics are present or absent.

**Question 4:** Frequency of menses generally ranges from 21 days up to 35 days, however most women are on a 28 days cycle. **Question 5:** Difficulties with men-

strual cycle can vary from irregularity to physical symptoms, so if she responds “yes” it is important to have her elaborate further and describe what difficulties she may be having. **Question 6:** Having bleeding between periods requires further evaluation and questioning. Bleeding that exceeds 7 days (polymenorrhea or metrorrhagia) is abnormal and the cause should be determined just as when the menstrual flow is excessive which is termed hypermenorrhea or menorrhagia. If prolonged bleeding occurs at frequent and irregular intervals, the term menometrorrhagia or hyperpolymenorrhea is used. The mean duration of bleeding is generally 5 days with ranges from 3 to 7 days. **Question 7:** Typically a few clots will be present, however clots larger than a dime in size should be documented. A good reference point for both PA and patient is too reference clots to coins.

**Question 8:** If there are vulvovaginal symptoms present inquire further about the duration, amount, color, consistency and if odor is present. **Question 9:** Sexual history questions are always a sensitive matter and should be approached with care. Asking this question further investigates any potential risks the patient may be exposing herself to. **Question 10:** Whether the patient is postmenopausal or not, any postcoital bleeding needs further investigation. It may suggest cervical disease or in older women, atrophic vaginitis.

**Question 11:** Family planning should always be in the forefront of a woman’s health history. Gathering information related to the patient’s birth control history helps make known potential risks or possible alternatives to contraceptive choices if it is desired. **Question 12-15:** These questions are related to obstetrical portions of the health history. Typically, the TPAL system is used to record the obstetrical history. Gravida indicating the number of pregnancies, parity indicating the outcome of pregnancy; term, premature delivery, abortion including missed, therapeutic, etc, and number of living

children. Lastly, ask the patient if there is any chance she could be pregnant. Most women answer this question very honestly.

These questions may be considered extensive or short depending on what practice setting used in. Having good review of system questions is an essential component of the health history when providing quality health care to our female patients.

## Performance Checklist Questions for the Female Gynecological Examination

### REVIEW OF SYSTEMS

1. What was the first day of your last menstrual cycle?
2. When was your last pap smear? (normal/abnormal?)
3. What age did you start having your menstrual cycle?
4. How often do you have your menstrual cycle? (28-35 days?)
5. Are you having any difficulties with your menstrual cycle now?
6. Have you ever had bleeding between your periods? (when, for how long)
7. Do you have heavy bleeding or large size clots with your menstrual cycle?
8. Are you experiencing any discharge, itching or burning sensations in or around your vaginal area?
9. Are you sexually active now? How many partners have you had in the last 6 months? Were they men, women or both?
10. Have you ever had bleeding after having sexual intercourse? (postcoital bleeding?)
11. Are you using any form of birth control? (what type & for how long?)
12. Have you ever been pregnant? (if so how many times?)
13. Have you had any preterm deliveries, miscarriages, abortions? (how many?)
14. How many children were born alive?
15. Is there any chance you could be pregnant now?

## HOT TIPS

Rebecca Lehman, MPAS, PA-C

Here is a list of useful programs that you can download or buy on the web. Check it out.

### Useful PDA Programs

1. ePocrates Drug Database (dosing schedules, adverse reactions, contraindications) [www.epocrates.com](http://www.epocrates.com)
2. Pregnancy Calculator (calculates EDC from LMP & vice versa, lists needed prenatal labs associated with specific EGA) [www.thenar.com/pregcalc/](http://www.thenar.com/pregcalc/)
3. Interventions: Prenatal Care (supposed to give procedural and treatment protocols) [www.healthypalmpilot.com/Interventions/](http://www.healthypalmpilot.com/Interventions/)
4. Taber's Cyclopedic Medical Dictionary (big green book now can be carried in your pocket) [www.skyscape.com/products/](http://www.skyscape.com/products/) (go to "dictionaries")
5. Griffith's 5-minute Clinical Consult (a must for all PA and Med students with PDA's) [www.skyscape.com/products/](http://www.skyscape.com/products/) (go to "5-minute series")
6. Gynecological Pearls, Obstetrical Pearls, Obstetrics and Gynecology Recall, plus other software programs available for demo or purchase, go to [www.medicalpocketpc.com/software/obgyn.shtml](http://www.medicalpocketpc.com/software/obgyn.shtml)
7. The American Society for Colposcopy and Cervical Pathology Established in 1964, the American Society for Colposcopy and Cervical Pathology (ASCCP) is the organization of health care professionals committed to improving health through the study, prevention, diagnosis, and management of lower genital tract disorders. <http://www.asccp.org/>

## AMERICAN COLLEGE OF OB/GYN ANNUAL CLINICAL MEETING

Barbara Clark PA-C  
AAPA liaison

### May 1-5, Philadelphia

As the AAPA liaison to ACOG, I again had the wonderful opportunity to attend the 52nd ACM of ACOG in Philadelphia in early May. Judy Zaczek, APAOG President, and Linda Burdette, immediate past president were also able to attend. They were both a tremendous help and support in setting up and staffing the AAPA/APAOG booth in the exhibit hall.

The meeting was well attended with thousands of physicians and other health care providers present for numerous educational sessions, exhibits and activities. We had many questions regarding PAs in women's health at the exhibit booth, mostly how do I find a PA for my practice? A luncheon meeting was included regarding PAs in OB/GYN and we were delighted to provide written materials for their program.

Journalists from around the country attend this meeting and news conferences were held on patient safety, hormone therapy, emergency contraception, and HPV and cervical cancer. A featured speaker was Katie Couric on colorectal cancer. Since the death of her husband from this disease at the age of 42, she has been an advocate for awareness and early detection.

Dr Vivian Dickerson, MD, was sworn in as ACOG's 55th-and third woman-president. In her inaugural address she urged us to expand our roles as advocates of women. She introduced a Women's Health Bill of Rights, with thoughts to improving the overall quality of women's lives as well as their health care. She

urged the FDA to not "succumb to political pressure" and reject OTC status for emergency contraception.

Next year's conference is in early May, 2005 in San Francisco. I would encourage any of you to attend and take advantage of the many educational opportunities. Judy, Linda and I all welcome any questions you may have regarding this meeting!

## EDITOR'S COMMENTS

Cynthia J. Pentz MPAS, PA-C

Greetings from your new newsletter editor! I am very pleased to be able to contribute to APAOG and I hope to continue and improve on the quality that has been a tradition for the Monitor. As with any organization it takes devoted Board of Directors and dedicated members committed to bringing quality and up to date information on women's health and our profession.

Special articles, CME spotlights, literature watch and case corner are just some of the new ideas that we are planning to incorporate into the Monitor, however we are dependent on you, our members, to give us feedback and ideas in what you would like to see. If you have any suggestions or would like to discuss possible ideas, please feel free to contact me at [cpentz@westernu.edu](mailto:cpentz@westernu.edu). I look forward to hearing from each of you.

# PA LEADERSHIP SUMMIT 2004

By Judith Zaczek, PA-C

Every year the AAPA hosts the Leadership Summit Conference in Arlington, Virginia. This motivating conference brings together the leaders of the constituent state chapters, specialty organizations, liaisons, councils and other groups to meet and network with the AAPA board of directors and staff.

Over 15 liaison groups were represented, including APAOG's Barbara Clark, PA-C as the liaison to ACOG. I attended as President of APAOG as well as Tammy Webb, our legislative chair, who also serves on the Professional Practice Council. I was also pleased to find other members of APAOG serving on other state chapter boards or committees!

Barb and I had the opportunity to attend both this year and last year and we returned home motivated and energized regarding the PA profession and its future. We toured the

AAPA headquarters in Arlington and were introduced to the dedicated staff of our great organization.

During the conference we were enlightened with the captivating motivational speaker, Jeffery Cufaude of Idea Architects. William Kohlepp, PA-C guided us through the maze of financial responsibilities needed to maintain our subspecialty organization. Greg Thomas, PA-C spoke on the new pharmaceutical guidelines and how these will affect future pharmaceutical support.

A highlight of the leadership summit was a workshop on lobbying skills where we role played interactions with our state and local congressmen and senators, as well as practiced presenting public testimony, the "do's and don't's" of effective lobbying.

Ann Davis, PA-C, Director of the State Government Affairs talked on "hot legislative issues" and of impor-

tance to APAOG is the legislation in some states to prohibit PAs to perform surgical abortion or prescriptive abortion. Bob McNellis, PA-C did a tremendous job to cover "hot topics facing the PA profession". Some issues of importance include patient safety, focus on the uninsured in the U.S. and health disparities, drug importation from Canada and Mexico because of cheaper prices, counterfeit drugs, and emerging infectious diseases. Also, the AMA and WHO are pushing for a public database of prescription drug trials, to help identify publication bias of certain drugs.

The AAPA encourages all board members and committee chairs of each organization to attend this exciting conference. It indeed was an excellent experience to "strengthen our knowledge base for leadership" and learning. We even found time to have a short tour of Washington, D.C.!



Judy in front of AAPA headquarters.



Tammy Webb and Judy Zaczek at the Washington Monument.

# APAOG AT THE AAPA



The APAOG booth at the AAPA meeting always gives us a chance to meet new and potential members.



Paul Taylor, PA-C, Corporate Relations chair



APAOG president Judith Zaczek, PA-C



Jane Getting MS, PA-C, Director-at-large and Membership chair



## CME CORNER

### Second National Forum on Women's Health Issues in Gastroenterology and Hepatology

October 1-3, 2004  
Philadelphia, Pennsylvania  
(215) 842-6998

### Reproductive Health 2004

September 8-11, 2004  
Washington, D.C.  
[www.arhp.org](http://www.arhp.org)

### Mayo Clinic: OB/GYN Clinical Reviews

November 11-12, 2004  
Rochester, Minnesota  
[www.mayo.edu/cme](http://www.mayo.edu/cme)

### 13th Annual Primary Health Care of Women

December 2-3, 2004  
Ann Arbor, Michigan  
<http://cme.med.umich.edu>

## 2003–2004 APAOG BOARD OF DIRECTORS COMMITTEE CHAIRS AND COMMITTEE LIAISONS

### BOARD OF DIRECTORS

#### President

Judith Zaczek, PA-C  
11148 Glenis Drive  
Sterling Heights, MI 48312  
313-593-7500 (W)  
313-593-8840 (F)  
[ajzaczek@aol.com](mailto:ajzaczek@aol.com)

#### Past President

Linda Burdette, PA-C  
613 Voltaire  
Yakima, WA 98902  
509-575-1234 (W)  
509-575-6518 (F)  
[lindaburdette@charter.net](mailto:lindaburdette@charter.net)

#### Vice President

Barbara J.B. Clark, PA-C  
765 N Kellogg, Ste. 107  
Galesburg, IL 61401-2859  
309-343-5117 (W)  
309-343-0029 (F)  
[reid@maplecity.com](mailto:reid@maplecity.com)

#### Secretary

Sylvia Chen, PA-C, MMS  
Office of Dr. Shobhana Gandhi  
Hollywood Presbyterian Hospital  
1300 North Vermont Avenue  
Los Angeles, CA 90027  
323-953-8821 (W)  
[schenobgynpa@yahoo.com](mailto:schenobgynpa@yahoo.com)

#### Treasurer

Rebecca Lehman, MPAS, PA-C  
8750 Torrington Drive,  
Roswell, GA 30076  
[rebecca lehman@comcast.net](mailto:rebecca lehman@comcast.net)

#### Directors-At-Large

Jane Getting, MS, PA-C  
Mayo Clinic  
EI, 4A, GYN  
200 1st Street, SW  
Rochester, MN 55905  
507-289-3904 (W)  
507-266-7953 (F)  
[getting.jane@mayo.edu](mailto:getting.jane@mayo.edu)

Dawn Smith, PA-C  
Marquette University PA Program  
1700 Building  
Post Office Box 1881  
Milwaukee, WI 53201  
414-288-0604 (W)  
414-288-7951 (F)  
[Dawn.smith@marquette.edu](mailto:Dawn.smith@marquette.edu)

#### Student Representative

Cindy Hildebrand, MMS, PA-C  
Post Office Box 143  
Evergreen, CO 80437  
303-526-3020 (H)  
[Cindica@msn.com](mailto:Cindica@msn.com)

### COMMITTEE CHAIRS

#### Membership

Jane Getting, MS, PA-C

#### Professional Practice

M. Chrystal Solola, PA-C, MHS  
9413 Oriole Drive  
Munster, IN 46321-3513  
708-349-1462 (W)  
219-922-9926 (F)  
[mcs pa@msn.com](mailto:mcs pa@msn.com)

#### Research & Development

Sylvia Chen, PA-C, MMS

#### Corporate Relations

Paul Taylor, PA-C  
80 Butler St, Box 26015  
Atlanta, GA 30345  
404-675-2020 (W)  
404-633-7569 (F)  
[papht@aol.com](mailto:papht@aol.com)

#### Public/External Relations

Barbara J.B. Clark, PA-C

#### CME Chair

Linda Burdette, PA-C  
613 Voltaire  
Yakima, WA 98902  
509-575-1234 (W)  
FAX: 509-575-6518  
[LindaBurdette@Charter.net](mailto:LindaBurdette@Charter.net)

#### Legislative

Tammy Webb, PA-C  
University Health Center  
University of Georgia, Athens, GA  
Athens, GA 30602  
706-542-5543 (W)  
[webbta@earthlink.net](mailto:webbta@earthlink.net)

#### Diversity

Jane Getting, PA-C

#### Newsletter Editor

Cynthia J. Pentz MPAS, PA-C  
Assistant Professor  
Primary Care Physician Assistant Program  
Western University of Health Sciences  
309 E. Second Street  
Pomona, California 91766-1854  
[Cpentz@westernu.edu](mailto:Cpentz@westernu.edu)

#### APAOG Administrative Office

Kathy Mohelnitzky  
PO Box 1109  
Madison, WI 53701  
800-545-0636 (W)  
608-283-5424 (F)  
[kathym@wismed.org](mailto:kathym@wismed.org)

#### Website Committee Chair

Rebecca Lehman, MPAS, PA-C

#### Website Administer

Jason Hendricks  
PO Box 1109  
Madison, WI 53701  
800-545-0636 (W)  
608-283-5424 (F)  
[jasonh@wismed.org](mailto:jasonh@wismed.org)