10 HABITS of Highly Successful PTs and PTAs
Help protect your loved ones with Term Life Insurance

A simple way to better protect your family's financial future should something happen to you

Take comfort knowing these APTA Term Life benefits can be available to help your family in time of need.

- **Life Insurance Available** – $50,000 to $2,000,000*
- **Three Plan Options** – to help meet your needs & fit your budget
- **Competitive Group Rates** – exclusively for APTA members
- **Portable Coverage** – that travels with you even if you change jobs

*Group Term Life face amounts available between $50,000 to $1,000,000; Group Level Term Life face amounts available between $100,000 to $2,000,000.

Call today or go online to learn more!
800.982.9491 | hpso.com/apta
columns

3 My Perspective
Early-career professionals share their thoughts on how they stay excited about the profession and avoid burnout.

24 Career Coach

26 APTA Resources

28 Cool Careers
Learn about how physical therapists can help cancer patients.

features

4 10 Habits of Highly Successful PTs and PTAs
Just because you’re done with school doesn’t mean it’s time to stop learning. These 10 habits will help you build a successful career.

10 Embracing Evidence
As the case for evidence-based practice gets clearer, early-career PTs and PTAs can put the best evidence to work for their patients and their practices.

16 Your Future Begins Today
Don’t get too caught up in the day-to-day work; rather, start preparing for your future now.

16 Stay Protected
Away from the clinic doesn’t mean away from standard procedures.
Great teams need great teammates.

Highlights of EIM Programs

• A versatile learning environment for the busy PT utilizing a blended learning model of online and weekend hands-on coursework decreasing time away from your clinic
• Affordable and flexible tuition options
• Accredited by the APTA or within APTA guidelines (based on the specific program regulations)
• Diverse curriculum topics

Currently Offering

• Executive Program in Practice Management
• Residency Orthopaedic, Sports and Neuro PT†
• Fellowship and Pre-Fellowship in Orthopaedic Manual PT
• Postprofessional DPT and OTD with multiple concentrations
• Continuing Education Courses – Online and hands-on. Now offering Functional Dry Needling courses*. Visit our website for course schedules and locations.
   *In partnership with International Spine & Pain Institute
   †In partnership with NeuroRecovery Training Institute
   ‡In partnership with KinetaCore

Connect with us at evidenceinmotion.com to get started.

EVIDENCE IN MOTION

Great teams need great teammates.

Published by the American Physical Therapy Association
703/684-2782 • www.apta.org

Advertising Sales Office
Ad Marketing Group Inc
2200 Wilson Boulevard, Suite 102-333
Arlington, VA 22201
703/243-9046

Advertising Manager Julie Hilgenberg
Editors Monica Baroody, CAE, Lois Douthitt, Scharan Johnson, CAE
Managing Editor Kathleen Rakestraw, CAE
Editorial Design Jhoanna Fernandez
Chief Executive Officer Justin Moore, PT, DPT

Perspectives

In the first 5 years of your career as a physical therapist or physical therapist assistant?
APTA has designed special resources and events just for you.

©2016 by the American Physical Therapy Association. Requests for permission to reprint should be sent to the Publications Department, Attn: Michele Tillson. Perspectives is published by the American Physical Therapy Association, 1111 N Fairfax St, Alexandria, VA 22314-1488; 703/684-2782; pubs@apta.org. Website: www.apta.org.

APTA Editorial Advisory Group:
Thanks to the following APTA members who have contributed their time and efforts by serving on APTA’s Perspectives Editorial Advisory Group: Nicole Bettin, PT (IL); Melissa Buness, PT, DPT (PA); Rebecca Edgeworth, PT, DPT (FL); Daniel Flowers, PT, DPT, OCS (LA); Alexis Lemonis, PTA (OH); Erin Mattau, PT, DPT (MD); Chukwuemeka “Emeka” Nwigwe, PT, DPT (CA); Sarvarkhwan Pathan, PT (NC); Meghan Simonetti, PT, DPT, MSHA (IL); Lauren Tremstra, PTA (IL); Lauren Trosch, PT, (DC)
How do you stay excited about your profession and avoid burnout?

I keep my interest in physical therapy by taking continuing education courses and discussing cases with colleagues.

Emma Steinmetz, PT | Fairfax, Virginia

Because I practice in a small town I have a physical therapist who comes 2 times a week to help with additional patients and clients. Talking with her about interesting cases I have had and letting her share provides a good learning experience. I read physical therapy magazines but don’t push to read every research article. I initially was very dedicated to reading anything that might apply to me; however, I realized this excessive dedication to new knowledge was going to burn me out, and I needed to pursue the topics I found most interesting or had the most trouble with.

Additionally, I’m active in the community, which provides a refreshing big-picture view.

I make interactive posters to promote physical therapy at the community health fair and at my place of employment. Making the posters interactive provides the employees with motivation to learn and a healthy spirit of competition. For example, last October I wrote about balance and leg strength related to falls and taped a foot on the floor, challenging people in the break room to single-leg stand for as long as they could, likely while waiting for the microwave to heat their lunch. I posted the age norms for people’s reference. A prize for the top winners per age category helped. Overall, people felt very good about this. One woman even came up to me afterward and said, “I worked all month for those 60 seconds.” She was proud of herself, and it was encouraging to know what a big difference small feats of encouragement can have.

Alice Fasnacht, PT, DPT | Springfield, Minnesota

One of the things that excites me most about this profession is the flexibility and opportunities for growth. As a student I loved being involved at a district, state, and national level. I was constantly inspired by PTs and PTAs who were out there fighting for our profession, who were teaching or leading the way in research. Now as a new professional I have realized that I can be that professional who gets involved and stays involved. My greatest struggle has been learning when to say no. It’s a work in progress.

Gail Bachman, PT, DPT | Pomona, California

After 3 years of practicing, I found myself less and less interested in my job. I realized I wasn’t keeping up with the current literature and felt my treatment was suffering as a result. When I found myself becoming complacent, I decided to return to school and complete a yearlong residency in orthopedics. I am using this residency as motivation to reinvigorate my treatment style, focus on current literature, and prepare for the board-certification exam for orthopaedic physical therapy. By setting a new goal and taking steps to meet it, I have re-found my passion for physical therapy.

Kelly Gerrity, PT, DPT | Philadelphia, Pennsylvania
Just because you’re done with school doesn’t mean it’s time to stop learning. These 10 habits will help you build a successful career.

By Meredith Victor Castin, PT, DPT
During physical therapy school, our brains are inundated with clinical information. We dutifully memorize the brachial plexus and neuromuscular pathways. We spend years honing our clinical reasoning skills. By the time we pass the licensure exam, we are deemed competent clinicians, ready to take on the world. What many of us don’t realize during school, however, is that success in a professional environment requires an additional skillset beyond clinical expertise. Some of the skills that make us the most successful may not be taught in school.

So what is success? Some people feel success is represented by prominence in one’s field. Others wish to make buckets of money,
and some people feel that success is the ability to find fulfillment in the form of a healthy work-life balance. For that reason, there is no set prescription for success and no set list of “ultimate skills.”

Still, there are habits newly minted physical therapists (PTs) and physical therapist assistants (PTAs) can adopt to improve their chances at happiness and success in the profession.

1. Be accessible to physicians. It can be tempting to fly below the radar when you’re a new graduate. Although you certainly know your stuff, talking to physicians can feel intimidating. If you always duck into the bathroom when a physician calls, you are selling yourself short. Put yourself in their shoes. If they are trusting you with their patients’ well-being, they will want to know as much about you as possible. If you step up to the plate and represent yourself in a professional and poised manner, they will specifically request you as the PT of choice in the future. On the other hand, if you scurry off to the break room and avoid discussions, you will forever remain known only as “the PT who worked with room 506.”

Speaking with physicians forces you to stay on top of your anatomy knowledge and keep current with surgical advances. It is also a way to start building your brand early, in the form of networking. If you plan to open your own practice, face time with physicians can help you establish yourself in the medical community years before you take the plunge. Chatting with physicians can quickly become overwhelming. If you aren’t used to having to clinically reason, treat, document, and follow up with other providers, you can quickly become overwhelmed. This is both good and bad. Having full responsibility for a patient’s or client’s care is empowering, but responsibilities can pile up quickly. If you aren’t used to having to do partial documentation. In the real world, it’s all on you. This is both good and bad. Having full responsibility for a patient’s or client’s care is empowering, but responsibilities can pile up quickly. If you aren’t used to having to clinically reason, treat, document, and follow up with other providers, you can quickly become overwhelmed.

2. Be confident, yet humble. As a new graduate, you have fresh knowledge that sets you apart from more seasoned PTs and PTAs. You have completed clinical rotations and passed the national exam. You should feel confident that you are an integral part of your patients’ and clients’ successful outcomes. At the same time, you are still just out of school. Regardless of whether you’re new to the field or not, there are still plenty of things to learn. Brenda Dorman, PTA, has been a PTA for more than 15 years. She is a certified clinical instructor and the lead PTA at the Orlando Health Rehabilitation Institute. Dorman encourages her students to seek opportunities to connect with PTs. Newly minted clinicians can do the same with more experienced PTs and PTAs, as well. There are plenty of skills to be learned, and communication is key. Dorman points out that PTs and PTAs alike need to be prepared to describe their scope of practice at a moment’s notice, because patients and clients are curious to know what clinicians’ titles mean. Practice your description aloud, and say it with confidence.

That said, confidence is fantastic, but arrogance on any level is offensive. It alienates and intimidates others. Even extremely experienced PTs and PTAs still encounter new presentations and have new questions, and everyone makes mistakes. You are bound to make a mistake occasionally. When you do, make sure to own up, apologize, and make things better.

3. Maintain professionalism. You may feel like a caged animal set free when you first leave school, but that doesn’t mean you should share your adventures of midnight foosball tournaments with your colleagues or your patients and clients. Even when you feel a personal connection with patients, it’s not a great idea. They may not look to you with the same amount of respect, and we all know instilling in patients and clients the belief that you are guiding them with expertise is vital to their outcomes. Also, you never know who is listening, judging, and ready to report your behavior to your manager.

Dressing professionally goes a long way, too; it shows your patients and colleagues that you’re proud of your position and that you respect them enough to dress accordingly.

4. Prepare for productivity requirements, and accept them with grace. During clinical rotations, some clinical instructors make a point to ensure you treat a full caseload of patients. However, this doesn’t always happen. Even if you do see a full caseload, you may only do partial documentation. In the real world, it’s all on you. This is both good and bad. Having full responsibility for a patient’s or client’s care is empowering, but responsibilities can pile up quickly. If you aren’t used to having to clinically reason, treat, document, and follow up with other providers, you can quickly become overwhelmed. Productivity requirements can feel daunting, but they are a reality in our profession. If you are having trouble keeping up, ask other practitioners for help. If you are working in acute care, getting to know the nurses can help you. Once you know the other staff members by name, you can leverage your relationships to help set a productive schedule for your day.

5. Surround yourself with passionate people. The saying goes, “you are the average of your 5 best friends and associates.” This is especially true for a budding PT or PTA. As with any profession, you will find people who still feel passionate about their field and others who feel less inspired.

Keith Mahler, PT, MPT, owns a private outpatient clinic in San Diego, California. A certified ergonomic
assessment specialist, he believes the most important habit of a successful PT or PTA is seeking out others who share your passion for physical therapy. “If you don’t make a point of being around people who love physical therapy, the lack of enthusiasm will rub off on you,” he said. He recommends choosing a job where the staff PTs and PTAs are motivated and passionate to learn more about physical therapy. He concedes that this can be hard to gauge during an employment interview. He recommends that, if you find that your colleagues aren’t passionate about physical therapy, try to find “your people” elsewhere. Join clubs, attend conferences, and volunteer for organizations where you will meet the right people who stoke your fire for the field.

6. Respect others’ boundaries, and set boundaries of your own. We work in a very hands-on field. Between myofascial release of the pectoral region and inferior glides of the hip joint, you’re bound to feel uncomfortable some of the time. It is our job to set proper boundaries and ensure everybody feels comfortable with the patient-provider relationship. It’s OK to tell a patient that his or her joke makes you squeamish, and it’s OK to switch the patient to another PT or PTA if the patient continually makes you feel uncomfortable—or if the patient doesn’t enjoy working with you.

Similarly, be aware that some patients or clients are uncomfortable with the nature of our field. They may have signed up for physical therapy and not realized how much physical contact is involved. If they do not wish to be touched, be respectful, and work with them to find an appropriate treatment plan that makes them feel comfortable.

Setting boundaries extends beyond patients and clients. Some clinics will ask more of your time than you are willing to give. If you find you are working the clinic booth at every marketing event, you may come to resent your employer. If you always volunteer, or simply never decline, your managers may erroneously decide you love volunteering your time more than you really do. Remember, it is nobody’s job to read your mind. If you are feeling exploited, or even underused, speak up.

7. Arrive 15 minutes earlier. Timeliness is a must in our field, and arriving on time is especially important in an outpatient job, where arriving late can cause major inconveniences to others. By making a point to arrive not just early but 15 minutes earlier than you’d normally plan, you are building in an automatic cushion. Some PTs and PTAs like to use that time for extra chart review. For others, a few extra minutes in the morning can give you a chance to socialize with the rest of the team and ask any quick clinical questions you may have. The best part is that the 15-minute padding means you’ll never have to rush into a treatment, sweating and apologizing profusely for the morning’s traffic jam.

8. Always keep learning. When you leave school, it can be tempting to jump at the first job offer, regardless of the specifics. Brenda Dorman warns against falling into this trap. She says the best way to make sure a new grad lands in a supportive environment is to ask the right questions during the interview process. She implores new graduates to emphasize that a supportive, mentoring environment is a top priority. Look for clinics with continuing education allowances and frequent staff in-services.

As new grads, we are usually eager to learn as much as possible about clinical care. As time marches forward, sometimes we can get complacent or stuck in a rut. If you feel like you hit a point where you are no longer able to work, or no longer desire to do so, ask for help. Sometimes a change of scenery or more responsibility can help. If you are stuck in what feels like a dead-end job, reach out beyond the walls of the clinic. See if a local research team needs a hand with writing a paper. Start a blog. There are any number of things you can do to reignite your passion for your career.

9. Use free time and documentation effectively. Appropriate use of chart time can prevent you from
feeling overwhelmed. “It can be tempting to chat with the front office staff, but then you end up having to stay late or come in early the next day to catch up on paperwork,” Mahler said. When things are slow, reach for a textbook or ask a co-worker to observe a treatment. That is how you grow as a PT, and it is also how you justify that you deserve pay raises and more responsibility. Garin Wyberg, PT, DPT, is head PT at Revolution Physical Therapy and Specialized Fitness in Cranberry Township, Pennsylvania, and board-certified in sports physical therapy. He recommends PTs “document in real time,” rather than letting notes pile up. Not only will your documentation be more accurate, you’ll enjoy a better work-life balance.

10. Less is more. During your first few years in the clinic, Wyberg recommends focusing on a single intervention per visit. “If you know that an intervention improves your patient’s pain or range of motion, max out the benefit of that technique before adding more,” Wyberg said. He notes that using 2, 3, 4, or more techniques in a single treatment can make it difficult to know what actually helps your patients. Cramming multiple techniques into short sessions can also wreak havoc on your body mechanics.

This also is the best time to commit to protecting your body so it carries you through many years of clinical care. Don’t be too embarrassed to ask another PT to help you with demanding treatments. In addition, don’t be afraid to ask another PT to watch you perform transfers and treatments; it can be easier for someone else to point out that you’re using your back instead of your legs.

Good luck out there, new grads. Be sure to ask your colleagues about their own recommendations for successful habits.

Meredith Victor Castin, PT, DPT, is the cofounder of NewGradPhysicalTherapy.com. She works as intake liaison at South Bay Rehab Center in National City, California, and is a certified strength and conditioning specialist. She can be reached at meredithvictor@gmail.com.

“If you don’t make a point of being around people who love physical therapy, the lack of enthusiasm will rub off on you.”

– Keith Mahler
APTA has trusted HPSO to provide Professional Liability Insurance coverage to its members for over 20 years. With HPSO you’ll receive:

- **Important Protection You Need.** The average cost of paying a malpractice claim for a physical therapist is $84,188.1
- **Quality Coverage You Can Trust.** HPSO insures approximately 100,000 physical therapists and businesses.
- **Outstanding Claims Service.** 96% of HPSO insureds who experienced a claim would recommend their coverage to a colleague.2

---

Embracing Evidence

As the case for evidence-based practice gets clearer, early-career PTs and PTAs can put the best evidence to work for their patients and their practices.

By Katy O’Grady
How do you make sure you’re providing your patients and clients with the best possible care? The physical therapy profession advocates using evidence-based practice, a straightforward concept. Physical therapists (PTs) and physical therapist assistants (PTAs) should apply the best evidence available to make decisions when providing treatment. But the reality of implementing that concept is more complicated.

Although research from the literature is certainly a crucial component of evidence-based practice, the approach also has 2 other important aspects: clinical expertise and the values, needs, and experience of patients and clients. The clinical expertise draws on the PT’s or PTA’s own experience and on the shared expertise of mentors and established clinicians. “And then we absolutely need to consider the patients themselves, what circumstances they’re coming from and their goals for physical therapy,” said Anne Reichert, PT, DPT, PhD. A board-certified specialist in orthopaedic physical therapy and a certified health education specialist, Reichert has been a practicing clinician for more than 30 years and was a faculty member prior to joining the staff of APTA as a senior practice specialist.

To help PTs and PTAs at all levels of experience get a better handle on the 3 elements of evidence-based practice, APTA has launched a communication series called Narrow the Gap. The effort aims to share a range of voices and topics, from journal research to PTs’ implicit biases to using technology and data. “For a clinician, the real trick is to figure out the balance in those 3 things and then apply that specifically to the individual patient in front of you,” said Raine Osborne, PT, DPT. A board-certified specialist in orthopaedic physical therapy, Osborne is the research manager and member of the residency and fellowship faculty for Brooks Rehabilitation in Jacksonville, Florida.

Making such balance a habit is another key to success for early-career clinicians, according to Reichert. “The habits you create early on will influence how you practice the remainder of your career,” she said.

Just what might those habits look like? First, Reichert says, keep up with the literature and learn how to seek and gather the information you need for your patients and clients. Become a lifelong learner who stays engaged in the field. “As you get older and more involved in your own career, it’s harder to stay engaged; you’re busier,” said Troy Elliott, APTA program director of strategic messaging and point person for the Narrow the Gap effort. “When you make engagement a habit, it’s easier to hold on to.”

This engagement extends to a second habit—building your own library of reflection on your own practice. Often, the literature may not specifically
NEW EVIDENCE RESOURCE:
THE PHYSICAL THERAPY OUTCOMES REGISTRY

Policywise, this is an interesting time to be starting a career, said Karen Chesbrough, director of APTA’s Physical Therapy Outcomes Registry. The registry aims to help PTs and PTAs stay on top of changes brought by the Affordable Care Act and maximize reimbursement for enhanced patient and client care. During the program’s pilot period, from late 2014 to June 2016, clinicians tested technical aspects and evaluated data collection, and a scientific advisory panel provided guidance. APTA is moving forward to fully launch the registry, which will interface with electronic health records, in February 2017. As the data set in the registry grows, clinicians and researchers will be able to use its analysis to influence care by identifying best practices within certain populations, as well as interventions that are not as successful.

This is the last year of Medicare’s Physical Quality Reporting System (PQRS), which has required providers, including PTs, to take and report certain measurements for the patients they treat. PQRS is being succeeded by the MIPS program in 2017, and although PTs and PTAs aren’t required to participate in 2017, their participation may be mandated in future years as early as 2019. The sooner PTs and PTAs learn how to report data and take advantage of the tools available through a registry such as APTA’s, the easier it will be for them regardless of what decision about mandatory quality reporting is made down the road, Chesbrough said. Participating in the registry will contribute to the robust data set needed to run complex data analyses and apply the results in far less time than is required for a clinical trial, Chesbrough said.

In addition, she said, employers are eager for the business analytics the registry can provide. “They want to be able to see how their PTs are doing across the board, in comparison to all the PTs in the practice, and all the PTs in a specific geographical area. They want to see how they’re measuring up against other practices. They want to see whether or not an intervention is really making an impact on patient outcomes,” she said. This information will also help guide decisions about providing targeted in-services for PTs in a practice or system.

Learn more about the registry, PQRS, and MIPS:
http://www.apta.org/pqrs/
address a situation you’re facing with a particular patient or client. Therefore, “you need to be able to reflect on those previous patients as you build your experience, then recognize similarities between them,” Reicherter said.

**Are You Listening?**

The third habit is improving listening skills. “When I was early in my training, one of my clinical mentors said to me, ‘If you just listen to the patients, they’ll tell you what’s wrong with them and what they need to get better,’” Osborne said. Although you may not have a lot of experience with the interpersonal aspects of physical therapy, particularly with asking questions to identify what’s really important to the individual in front of you, it’s imperative to ask patients and clients about their goals, incorporate those into the physical therapy goals, and use patient-centered outcomes measures to achieve them.

Knowing what questions to ask is crucial. “You have to understand how to direct patients without leading them to specific answers, and then listen to what they’re saying,” Osborne said. “The patient’s not going to tell you, ‘Well, I’m afraid I’m not going to get better, and what does this mean for my work and my family? How am I going to put food on the table?’ and all of those deeper and often more important questions. ‘And yeah, I have trouble putting on my socks,’” he said.

Reicherter suggests motivational interviewing, which uses open-ended rather than yes/no questions. Open-ended questions allow for further discussion and provide clearer insights into the patient’s or client’s situation. In this approach, you “reflect” or repeat back individuals’ statements to confirm or clarify that you’re truly understanding what they’re trying to say. Reflecting demonstrates your understanding and builds trust.

Learn more about motivational interviewing on the APTA website at www.apta.org/PTinMotion/NewsNow/2012/12/3/2013/Podcast/ and www.apta.org/NEXT/News/2014/6/14/MotivationalInterviewing/.

**Your Expertise**

In addition to using your interaction and questioning skills to acquire evidence from patients and clients, you also need to be aware that you bring a potentially negative factor—implicit bias. Although every person is biased in some way, you can learn to identify and address your own biases. “This is about understanding something about the evidence that you’re bringing as a PT to the situation,” Elliott said, regarding a post on the topic in the Narrow the Gap series. Read the blog post at www.apta.org/Blogs/PTTransforms/2016/7/20/SneakyBias/.

Of course, the positive evidence you bring to treatment is your experience. To maximize the value of this evidence component, Osborne believes PTs and PTAs need to see themselves as clinician–scientists. “Our clinicians have to think in terms of being systematic in taking measurements and making observations and then about reflecting on those observations and patterns and measurements and seeing what is deeper in the data,” he said.

Achieving depth and insights from data can also require getting a wider view from pooled data. In addition to the caring component of viewing each patient or client as a unique individual, Osborne said, “How do you view your patient as a series of data points that can be aggregated with other data points to make better sense of our clinical practices, which leads to better care for all of our patients?”

**Reaching the Research**

Gaining access to the research literature can be difficult—and sometimes the information you need is not there. Reicherter emphasizes the “available” aspect of best-available evidence. “The amount of evidence and the breadth of it to cover a particular kind of patient or client can be a challenge,” she said. For example, information about low back pain is abundant, but a study may not be specific enough to specifically address spinal stenosis or a herniated disk. Then, for a clinician treating an older patient with a herniated disk, the topic is even narrower, making applicable research more difficult to find. “Everyone has different comfort levels with technology and electronic searching for the information,” Reicherter said, which can present another challenge. For early-career and seasoned clinicians alike, finding the best available evidence on how to help your patient or client can be difficult. “Clinicians often can’t find the time to search out and read a lot of research studies for their specific patient problem,” Reicherter said.

Unfortunately, once PTs and PTAs are out of school and no longer have a university affiliation, full-text access to major databases is limited and expensive. Additionally, Osborne says it can be difficult for early-career PTs and PTAs to find mentors who can help them learn to apply evidence in practice, and they often lack designated time to do research to support their patients’ and clients’ care. He is concerned about the emphasis in the field on direct interventions rather than considering the bigger picture. “The role of the PT is to provide care for patients, which also includes finding information, and figuring out what will be best for them. That’s not rewarded in our reimbursement systems and therefore not in our employment systems,” he said.

To help PTs and PTAs with the issue of access to research, APTA offers the PTNow portal, which is under Reicherter’s oversight. PTNow provides distilled information, authors review research on a topic and make it more easily digestible in the clinic. Visit http://PTNow.org.
The value of evidence-based practice goes beyond excellent patient and client care. The American health care system is moving away from the fee-for-service system toward alternative models of payment based on outcomes and/or value assessments. Although reporting of quality measures is not yet mandated for PTs and PTAs, PTs and PTAs need to be prepared to participate in new quality reporting programs such as the MIPS that begins next year. While not yet mandatory for PTs and PTAs, it likely could be in the future. (See “New Evidence Resource” sidebar on page 12.)

Even as payers may begin demanding extensive reporting, patients and clients also are becoming savvier about their care. “Many of them do their research,” Reicherter said. “They have access to medical resources online, and they’ll call the office and say, ‘I noticed this, and it says you do rehab for that.’” Using evidence-based practice and especially having analytics on a practice’s patient and client outcomes can serve as powerful marketing tools, whether to consumers who are comparing potential practitioners or when pursuing bundled-care agreements with hospital organizations.

Using evidence in practice not only adds value to patient and client care but also can contribute to a healthy, positive working environment for PTs and PTAs, especially early in their careers, Reicherter said. She strongly encourages new cliniciants to seek employers that support and encourage evidence-based practice and mentorships. One way to explore this before accepting a position is to speak to current PTs when interviewing, rather than only talking to a manager. Shadowing for a day or 2 and talking with members of local APTA chapters and districts can also provide useful perspective on a potential employer. (See APTA’s Career Management page for more information: www.apta.org/CareerManagement/)

At the most essential level, Osborne believes evidence-based practice is important for the physical therapy profession. “The ability to get this right and do it well is critically important to the future of our profession,” he said. Patients and clients, payers, and policy makers all need to understand the value of physical therapy. “If we’re not producing and using evidence about how our services help patients, someone else will. And if we’re not able to show from a data standpoint how we’re more effective or what our role is in the future, that’s at our own peril.” Learn more about evidence-based practice: www.apta.org/EvidenceResearch/
Since 1980, MGH Institute of Health Professions in Boston has educated more than 1,000 physical therapists who have made their mark on the profession. Take a look at our current program offerings:

**Residency in Orthopaedic Physical Therapy**
Our 12-month program includes mentored practice as a part-time employee of one of our clinical partners, as well as course work and other development opportunities. Contact Keshrie Naidoo, Course Coordinator, at knaidoo@mghihp.edu. Visit [www.mghihp.edu/orthoresidency](http://www.mghihp.edu/orthoresidency) for more information.

**PhD in Rehabilitation Sciences**
Join an interprofessional program to advance your knowledge and skills to conduct clinical research with an emphasis on assessing clinical outcomes in rehabilitation. Fully funded fellowships and assistantships are available. Visit [www.mghihp.edu/phd](http://www.mghihp.edu/phd) for more information.

**Master of Science in Health Professions Education**
This innovative master’s program is designed for credentialed health professionals who wish to improve their teaching methods. Visit [www.mghihp.edu/hped](http://www.mghihp.edu/hped) for more information.
Your Future Begins Today

Don’t get too caught up in the day-to-day work; rather, start preparing for your future now.

By Chukwuemeka Nwigwe PT, DPT, OCS
It was once said, “The future belongs to those who prepare for it today.” To usher in the future you envision for yourself, it’s important to prepare today, not tomorrow. You may think that with everything else you have on your plate—increased professional responsibility, workplace productivity demands, work-life balance, and student loan repayment—preparing for the future it best left to, well, the future. Not so.

What is the best way to ensure your future is bright? A few early-career physical therapists (PTs) have some advice.

**Invest in a Mentor**

It’s no secret that mentors can provide both a valuable sounding board and a push in the right direction. Having a mentor not only helps you improve your clinical skills but can also aid in your life-skills development and future planning. Lyssa Cleary, PT, DPT, a physical therapist at SportsFit Physical Therapy and Fitness in Santa Monica, California, encourages new professionals to actively seek out mentorship. “Rather than leave it up to chance, be proactive about finding and using a mentor,” she said. “Be direct about what you would like and firm on what you need advice on.”

Having a mentor is an evolving process, and as you journey through your career and life it is never a bad idea to invest in multiple mentors. Different mentors can provide varying tools and encouragement.

“During residency, my mentors had an impact on the advancement of my clinical reasoning, decision-making, and skill acquisition,” said Garin Wyberg, PT, DPT, a 2015 graduate from the University of Southern California sports physical therapy residency program and board-certified in sports physical therapy. “My current mentors are helping me develop and strengthen my business and leadership skills, and they remind me to create a life outside of the office.”

“Invest in yourself,” said Danielle Luna, PT, DPT. “New professionals should absolutely be thinking about their future 5, 10, and even 30 years from now. They should spend time developing a 5- and a 10-year plan to stay on track and be reminded of their goals and aspirations.”

**Keep Your Passion**

With the stresses inherent in any new career, passion can sometimes transform into frustration, survival, and contemplation. You might even wonder if becoming a PT was the right investment for your future. Remember what brought you into this career in the first place. “I think back to my first interaction with physical therapy and remember how quick I fell in love with a profession dedicated to helping people move and feel better,” said Zuleima Hidalgo, PT, DPT, and current orthopedic resident at Kaiser Permanente, Los Angeles, California. Luna concurs. “I think back on all the people I have been able to help, and it reminds me that more people are counting on me to be there for them.” Reflection can be the missing link to restoring passion and excitement in your career.

Attending one of APTA’s many conferences, getting involved with your state chapter, volunteering in your community, pursuing a specialization, or taking advantage of APTA’s Volunteer Interest Pool are just some of the many ways PTs and physical therapist assistants (PTAs) can rejuvenate their passion and excitement for their profession.

**Stay Committed**

Just because you’ve graduated, that doesn’t mean your learning is over. It’s imperative to stay committed to learning and expanding your knowledge base and clinical practice. The physical therapy field continues to evolve and transform the current landscape of rehabilitation, health and wellness, and movement performance. “If we treated patients following ACL reconstruction surgery the way we did 10 to 15 years ago today, it would be considered malpractice,” Luna said.

To keep up with the evolving profession, you need to stay committed and invest in your professional learning.
APTA offers myriad resources and opportunities to continue growing as a PT. Some of these examples include attending a national conference such as Combined Sections Meeting (CSM) or NEXT and completing continuing education credits through the APTA Learning Center. Conferences not only help you enhance your clinical practice but also let you continue building knowledge across a variety of practice settings, even if you aren’t currently focusing your career in that area.

You may find structured learning works best for you, or more creative, informal learning might be more your style. Hidalgo and former classmates from the University of Southern California created a Facebook group to help them stay on top of their professional development. “We use the group to share articles, ask each other clinical questions, and share ideas and knowledge,” she said. “We also post continuing-education courses we plan to attend to keep everyone in the loop on the types of courses and learning opportunities being offered.”

For Wyberg, learning is not solely confined to continuing-education courses and reading articles. “Social media has a surprisingly good amount of helpful information and is a place where professionals share what they’re learning and doing.”

“If you find an approach that really works for you, think about getting professional development in that area,” Luna said. “Meet with a journal club or practice group to learn and grow with other professionals.”

Stay committed to learning, and challenge yourself to learn something new every day. Turn to APTA, colleagues, and social media for resources along your professional path. Starting today, confirm your commitment to learning to better improve the human experience for all.

Make a Difference

“Having strong leaders and advocates for the physical therapy profession will absolutely be necessary to establish ourselves as the premier providers for neuromusculoskeletal dysfunction and movement performance,” Wyberg said. Each PT and PTA is an advocate for the profession, and its future will depend on the compass we use for its navigation.

Advocating for the profession comes in all shapes and sizes, and there is no one-size-fits-all approach. Advocacy can be simple, Hidalgo says. “Wear your APTA pin with pride, post a picture of physical therapy ads on social media, and tweet ‘ChoosePT.’”

Luna focuses on making a difference in her community. She says community involvement not only gives you the opportunity to educate community members about the profession and its benefits but also allows you to better advocate for community members’ needs and represent their voices.

Cleary agrees. Community involvement, she says, “allows me to have a positive influence on the lives of all those around me.”

Your Future Self

These new professionals had the following guiding principles to share with others early in their career.

Hidalgo: Don’t get lazy. Remember why you pursued this profession, and continue to provide quality care to all your patients and clients.

Wyberg: Never stop caring for the people around you and performing acts of kindness.

Luna: Always remain hungry. Reflect on your experiences, and remember that health is happiness.

Cleary: Keep looking at each patient as a new puzzle. Each year should be a different year, not the same year over and over.

Remember, don’t let your future just happen; be prepared for it. Invest in a mentor, develop the blueprint for your career, keep your passion, stay committed, and make a difference. Lift your career beyond the stresses of today to the hopes of tomorrow.

Starting today you can begin the necessary preparation for the future you envision. What will your future say about you?

Chukwuemeka Nwigwe PT, DPT, is an instructor of clinical physical therapy at the University of Southern California in Los Angeles, California. He also is board-certified in orthopaedic physical therapy. Nwigwe is on the Perspectives editorial advisory group and can be reached cnwigwe@usc.edu.

Danielle Luna, PT, DPT

Always remain hungry. Reflect on your experiences, and remember that health is happiness.
Save BIG With Career Starter Dues

HOW IT WORKS!

• Make sure that your APTA student membership is active at graduation.

• Maintain continuous APTA membership postgraduation.

• Enjoy Career Starter Dues savings automatically applied at renewal.

Renew your APTA membership first year postgraduation, and save 50% on your national and chapter dues (savings up to $270).

First Year Postgraduation
50% off national & chapter dues

Plus receive a FREE registration to APTA’s NEXT Conference & Exposition.

Limited-Time Pilot Opportunity for Members 2-4 Years Postgraduation

<table>
<thead>
<tr>
<th>Second Year Postgraduation</th>
<th>Third Year Postgraduation</th>
<th>Fourth Year Postgraduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% off national &amp;</td>
<td>30% off national &amp;</td>
<td>20% off national &amp;</td>
</tr>
<tr>
<td>participating chapter dues</td>
<td>participating chapter dues</td>
<td>participating chapter dues</td>
</tr>
</tbody>
</table>

Visit apta.org/CareerStarterDues for details.
Stay Protected

Away from the clinic doesn't mean away from standard procedures.
If you’ve ever been at a volunteer or promotional event to offer your expertise as a physical therapist (PT), you know the informal and sometimes boisterous setting can be quite different from your professional clinical environment. If you offer advice or do a minor adjustment, what’s your liability if something goes wrong?

The vast majority of physical therapy malpractice claims and lawsuits involve standard-of-care allegations. In other words, the patient alleges the quality of the treatment received falls below industry standards. However, PTs should be aware that an increasing number of claims involve allegations of a PT’s failure to secure the patient’s informed consent prior to treatment. These claims can be difficult to defend.

Informed-consent allegations are rarely brought independently; most often they are incorporated into standard-of-care claims. In many cases, patients may initially bring a standard-of-care claim and later allege the PT failed to warn them of the risks of the treatment at the time of the issue, resulting in a distinctly separate informed-consent claim. Savvy attorneys will almost always include an informed-consent claim when filing a lawsuit against a PT, as it is often more difficult to get an informed-consent claim dismissed in the early stages of litigation.

Because informed-consent claims are fact-based (as opposed to expert testimony-based as with a standard-of-care claim), documentation is often the PT’s only defense. Although most PTs think of informed consent as what they communicate to the patient, there is a big difference between communication and documentation, although they are equally important.

Informed consent and documentation may seem routine when you're at work, following standard procedures. But when you're outside your typical clinic environment, it might not be as easy to remember to follow them. Let's take a look at an example.

John, a PT, was at a local golf and country club for a demonstration day. In this case, the golf and country club invited John to talk to golfers at the course; he wasn’t paid for his time. The purpose of the event was to entice club members to join a golf training center for further training to improve their golf game. John owns 50% of the golf training center and also works 2-3 days a week as a PT at an unaffiliated outpatient facility.

Bill, a golfer, was at one end of the driving range with the club’s head golf pro. John walked over to them, and the pro introduced John and Bill.

Bill told John he had back problems. John asked Bill to lie down on the massage table so he could do a brief assessment, to see if there was anything John could do to benefit the golfer for further training. John did minor manipulations, extending the golfer’s legs and arms. When John performed minor manipulations, Bill screamed in pain. John apologized and ended the session immediately. Bill and John went their separate ways, and Bill returned to the driving range to hit golf balls for about 30 minutes. About an hour later Bill approached John again, complained about the pain from the initial, brief assessment, and left the course.

In this case John was introduced to the golfer at the driving range rather than in his clinic. It could be that the casual setting caught him off-guard, and he failed to complete a proper medical history before performing the preliminary assessment that allegedly caused Bill’s pain. Bill sued John and won.

Had John been more mindful of professional standards, documentation as to his communications with the patient, and the informed-consent process, he might not have lost the lawsuit. PTs need to keep in mind that no matter where they are that if they are assessing or treating someone they need to follow the same standards of
practice. Following are some tips to successfully defend against an informed-consent claim:

• Comply with all state laws relating to informed consent.
• Include a written treatment plan for each and every plan you present to the patient or client. Even if you believe the individual is not going to accept your recommended plan, document exactly what treatment you suggest.
• Document the specific risks of the treatment you discussed, and further document that you advised the risks of declining treatment.
• Once you have settled on a treatment plan, present the patient or client with a written consent form. The form should include the risks of the treatment, as well as the risks of declining the treatment.
• Adopt an informed-consent process that includes discussion and teach-back from the patient or client and demonstrates that the individual understands the risks associated with treatment.
• Remember, whether a specific “risk” of treatment should be discussed with an individual is not based upon how often that complication has occurred during your years of practice. Informed consent is based upon what a reasonable person would want to know regarding the treatment and whether the person would choose to forgo the treatment had he or she known of those risks.
• Make all chart notes on the day you make the recommendations for treatment. Adding notes later will only put you in a bad light and make it look like you are adding inaccurate information to protect yourself from your own wrongdoing.
• If a patient is signing a consent form, be sure the specific treatment is noted on the form. A general consent form will not be as effective in providing evidence of consent as one including the specific treatment.
• Always ask patients and clients if they have any questions regarding the consent. If the individual’s spouse is present during the presentation of the form, ask the spouse if he or she has questions.

Remember, you always have the opportunity to present your side of the story when it comes to defending a claim or lawsuit alleging failure to secure informed consent. However, if you can testify that you adequately informed the patient of all risks and benefits of a procedure and the testimony mirrors the documentation in the patient chart, the chances of convincing a jury you fulfilled your duty are significantly increased.

**Witnessing a Consent Form**

Before witnessing an individual’s signature on the consent form, make sure the patient is competent, awake, alert, and aware of what he or she is doing. The patient shouldn’t be under the influence of alcohol, illicit drugs, or prescribed medications that impair understanding or judgment.

Explain the proposed treatment and expected outcome to the patient’s satisfaction. Be sure to tell the patient about the risks of the procedure, the possible consequences of refusing it, and alternative treatments. Ask if he or she understands what was said.

Ask patients if they have any concerns or questions about the condition or the treatment. If they do, answer their questions to their satisfaction. Let patients know they can refuse the treatment without having other care or support withdrawn and that they can withdraw consent after giving it.

Don’t have patients sign a consent form if you suspect they have doubts about the condition or the procedure,
haven’t been properly informed, or have been coerced into giving consent. Address these specific concerns as part of your informed-consent process.

Maintaining a consistent, professional patient health information record is essential to effectively communicating with other clinical care team members, providing quality patient care, and establishing an effective defense should litigation arise.

**Documentation Do’s**

No matter your setting or where you find yourself with a potential patient or client, you’ll have to document the episode. Here are some general principles for proper documentation:

- Document all actions and patient or client discussions as soon as possible after the event.
- Never leave data spaces unfilled.
- Identify late entries, and make sure they are dated and timed as such.
- Prohibit late entries for any reason after a lawsuit has been initiated.
- Never alter a health information record for any reason.
- Document initial evaluation, history, and physical examinations.
- Document contemporaneous actions and patient diagnostic, treatment, and intervention events, including a summary of patient’s current condition and response to treatment; presentation of problem; clinical findings, assessment, and physical therapist diagnosis; plan of care or interventions; patient’s response to treatment or interventions and resulting modifications to the plan of care; patient condition that indicates need to contact primary care practitioner and/or referring practitioner.
- Document all discussions with the patient regarding results (normal and abnormal), progress in achieving prognosis, and recommendations for continued treatment interventions, as well as the patient’s response.
- Document patient telephone encounters, summary of discussion, advice provided, and action(s) taken.

Electronic documentation tools offer many features designed to increase both the quality and the utility of clinical documentation, enhancing communication between all health care providers. However, experts consistently identify the following documentation practices as problematic in electronic documentation:

- Information copied and pasted from a different patient’s record.
- Identical verbiage used repeatedly for all patients seen by a PT for a specific timeframe with little or no modification regardless of the nature of the presenting problem (eg, use of pronoun “he” instead of “she,” indication that patient has no pain when the documentation includes a record of pain).
- Verify validity of information on entry when possible. Many systems either warn or do not allow impossible information, such as a hysterectomy code for a male patient, but PTs should not rely on the system for detecting documentation errors.

Check for duplication and conflicts. Despite a system that will not allow duplication of patient identification numbers or one that will warn of conflicting medical management options, there is emerging evidence of a phenomenon known as “prompt fatigue.” This can lead to lack of use or even misuse by the providers entering information.

Control and limit automatic creation of information. Avoid the temptation to create documentation automatically, whether through a copy-and-paste or pull-forward function. These features, although they are time-savers, are dangerous to the organization and the individual practitioner because they create liability for the practitioner, making it difficult to defend in court.

Monitor corrections and additions to the medical record. Corrections, amendments, clarifications, and additions to a medical record are a normal part of clinical documentation. The electronic record should have the ability to handle these events easily, thoroughly, and of most importance, properly, as outlined by your facility.

PTs face liability risks and expose themselves to potential liability lawsuits whether they are in the clinic or volunteering. By following these simple strategies, PTs can protect themselves from litigation and focus on their patient’s or client’s treatment and care.

---

The views and opinions expressed in this article are solely those of the author, namely Healthcare Providers Service Organization (HPSO), and do not necessarily reflect the official policy or position of APTA. Examples provided within this article are only examples. This risk management information was provided by Healthcare Providers Service Organization (HPSO), provider of professional liability insurance for over 1 million health care professionals, including physical therapists and physical therapist assistants. The professional liability insurance policy is administered through HPSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. For questions, send an email to service@hpso.com or call 1/800-982-9491. www.hpso.com.
Successfully progressing through your career as a physical therapist (PT) or physical therapist assistant (PTA) requires hard work. But if you only work hard—and not smart—you might look back 20 years from now and find that your 2 decades of experience are more like that first year repeated 20 times over. It’s easy to fall into a rut and stop growing. How can you avoid that? Consider these tips from people outside of our profession.

Never Miss a Monday
A client with whom we worked last year made impressive progress with her health and fitness. When we asked if she had a secret to success, she answered, “Never miss a Monday!”

Right.
Huh?
The key, she explained, is to start the week strong. If she skips her workout early Monday morning, it’s easier for her to sleep in on Tuesday, too. Then, if Tuesday is taxing at work and/or home, Wednesday starts looking dicey for exercise. At that point, she figures, she might just as well bag it and try again next Monday.

On the other hand, if she commits to working out on Monday, a healthier set of dominoes tends to fall. She more likely stays on track on Tuesday, and then she’s got positive, rather than negative, momentum.

The career application there? Commit to making a strong start as an early-career PT or PTA. As you see opportunities to add new roles and responsibilities, seize them. Do your best to nail your first day, first week, first month in each new capacity. Too many of us sit back early on, thinking it’s best to just blend in. We’re like shy students in a classroom. Yes, we know the material, but we’re a bit nervous. We’re content to wait to be called on. But if you become entrenched in that mindset, 1 year turns into 2, and 2 turns into 10, with stagnation as your legacy.

If you’re on the fence right now about stepping up to take on a new project or position, why wait? Early momentum can carry you to great heights. Gravity is a powerful force. Sure, it’s tough to get off the couch when you’re comfy. But once you’ve stood up, there are all kinds of places you can go.

The Body Follows the Eyes
Experienced cyclists know that when you spot a rock on the road as you’re flying down a hill, the worst thing you can do is stare at it while repeating in your mind the words, “Don’t hit the rock! Don’t hit the rock!” The more intently you focus on it, the likelier you are, somehow, to point your wheel right at it. The body follows the eyes.

Rather, the smart cyclist makes a mental note of the rock’s location, then shifts focus to the direction in which he or she needs to go. A clear pathway comes into view. Danger is skirted. The road opens wide.

The career application there? What’s your vision for your career? Are you clearly focused on where you want to be, or are you fixated on what you’d rather avoid? When you head off to work each morning, is your focus on drudgery in the present or the potential and excitement of the future? You get to choose. Set your mind’s eye on the open road, and you will get there. You’ll leave behind the obstacles that could throw you off.

Optimize the Moment
You’ve undoubtedly heard the word “mindfulness” bandied about. But where did it come from, and what does it really mean? It has its roots in Buddhist meditation. The Google search engine defines it as a “therapeutic technique” and “a mental state achieved by focusing one’s awareness on the present moment, while calmly acknowledging and accepting one’s feelings, thoughts, and bodily sensations.” It’s a concept that’s gained traction across a wide range of applications, from personal life to leadership capacity.

Mindfulness is all about making the most of what’s happening right now—tuning in to and soaking up, to the greatest extent possible, every last drop of this exact moment in time. As we seek to do the first 2 things on this column’s list—start strong and maintain a clear focus—there’s perhaps no more important technique
at our disposal than zeroing in on, acknowledging, and accepting what’s directly in front of our eyes.

The career application there? Review your typical thought process. “How many patients am I seeing today?” “How many more CEUs do I need this year?” Where do I stand on that project that’s sure to come up in tomorrow’s staff meeting?” Those all are important things. However, what’s most important at any given moment of your day is what you’re doing at that specific moment.

If you’re reading this article while thinking about something that will happen an hour or a week from now, you’re not giving these tips your full consideration. If you’re treating a patient but aren’t devoting your undivided attention to that individual, how can your interactions and outcomes possibly be optimal? Just think about the energy and ideas you can bring to your next staff meeting if you see it as a fresh new moment of opportunity rather than as a template for boredom. Imagine what you’ll get out of that weekend continuing education course if you focus on the material in front of you rather than on your plans for the evening.

The circumstances of our lives conspire to push and pull us in many different directions at the same time. But in our career, as in our personal life, there’s a lot of power in being mindful of the moment.

You may be just starting out now, but before you know it you’ll be in your 10th, 20th, or 30th year in our wonderful profession. At every point, try to make the most of your career by heeding the advice of outsiders such as motivated wellness clients, veteran cyclists, and the wide range of individuals who apply the concept of mindfulness in various facets of their life.

Start strong, and don’t look back. Focus on where you want to be. Optimize every minute. You’ll be glad you did. Your patients and clients will be, too.

Brad Cooper, PT, MSPT, MBA, ATC, is the founder of the Catalyst Coaching Institute, which provides the only wellness coach certification (CWC) to earn the approval of the Federation of State Boards of Physical Therapy, the National Athletic Trainers Association, the National Consortium for the Credentialing of Health & Wellness Coaches, and the American College of Sports Medicine. In addition, the institute now offers the Coaching MBA (see details and applications at www.C-MBA.com.) Cooper himself is a certified wellness coach and is manual therapy certified. For more information, contact Cooper at Results@CatalystCoachingInstitute.com or 303/521-1570.

NeuroRTI’s “blended” approach is different from other programs that are costly, limit the number of participants and often require students to relocate.

Our 7- to 15-month programs combine online coursework with weekend intensives, providing flexibility and allowing you to maintain your current residence and job!

**Neurologic PT Residency (Starts September 2017)**
- Time: 13–15 months | Cost: $12,625

**Certification in Neurological Clinical Practice: An Alternative to Residency (Starts September 2017)**
- Time: 7 months | Cost: $6,300

**Specialty Certification in Stroke Recovery (Rolling admission: January, March, July, and September)**
- Time: 11–15 months | Cost: $4,525

**NCS Prep Course: Use code “NRT50” for $50 off!**

www.neurorti.com | info@neurorti.com | 1.888.709.7096
Take Your Newest Member Benefit for a Spin: Rehabilitation Reference Center Provides Point-of-Care Information

Rehabilitation Reference Center (RRC), available free to members from the PTNow website, is an easy-to-use system that connects physical therapists and physical therapist assistants with information on diseases and conditions, drug information, patient education materials, exercise images, and practice resources. How can it help you?

• More than 9,800 exercise images can be downloaded and customized for repetitions and frequency and shared with your patients.
• Contains 800 clinical reviews of diseases and conditions (including ICD-10 codes) so you’re ready when your patient arrives.
• Offers 1,500 patient education handouts available in English and Spanish.

RRC joins other resources available at PTNow, including ArticleSearch, clinical practice guidelines, Cochrane Reviews, and member-written clinical summaries and test summaries. Visit www.ptnow.org/RRC for more information and be ready for your next patient today.

Advanced Proficiency Pathways for PTAs

The Advanced Proficiency Pathways (APP) is a program for physical therapist assistants (PTAs) to help demonstrate advanced proficiency in several different areas of care. The APP program uses multiple approaches to help applicants gain and demonstrate proficiency in areas of interest that include acute care, cardiovascular and pulmonary, geriatrics, oncology, orthopedics, pediatrics, and wound management. Participants take online core courses common to all of the APPs as well as content-specific courses for the selected area of work, followed by experiences with a qualified mentor of the participant’s choosing. A dedicated program mentor at APTA ensures participants stay on the pathway and arrive at advanced proficiency as efficiently as possible.

The next APP program application cycle opens November 1, 2016, and closes February 1, 2017. For more info, visit www.apta.org/APP.

Emerging Leaders

Each year, APTA and its components identify and honor emerging leaders for their extraordinary service early in their physical therapy careers and their exceptional contributions to APTA and the component. Congratulations to the following members in the first 5 years of their careers who were selected as 2016 APTA Emerging Leaders.

• Rebecca Edgeworth, PT, DPT, Florida Chapter
• Erik Gregersen, PT, DPT, Wisconsin Chapter
• Albert Hulley, PTA, MBA, Rhode Island Chapter
• Heather Jennings, PT, DPT, Massachusetts Chapter
• Lauren Mitchell, PT, DPT, Academy of Acute Care Physical Therapy
• Alicia Nichols, PT, DPT, Indiana Chapter
• Holly Shilling, PTA, North Dakota Chapter
• David Tipton, PT, DPT, Arkansas Chapter
• Stephanie Weyrauch, PT, DPT, MSCI, Education Section
• Audra Zastrow, PT, DPT, Section on Women's Health

For a complete list of the 2016 Emerging Leaders and to learn more about each recipient, see the October edition of PT in Motion magazine at www.apta.org/PTinMotion.

APTA Member Value Programs

Seeking liability or business insurance? Perhaps you’re planning a trip, or it’s time to update your wardrobe. Did you know APTA members are eligible for discounts or special rates on insurance or financial programs, select hotel and car rental programs, and retailers for your office and home? APTA has carefully selected companies that pass our rigorous vetting process. Visit www.apta.org/ValuePrograms to learn more about these programs that were designed for you as an APTA member, and check out the APTA Shopping Mall.
is passionate about cancer rehabilitation and feels clinicians who treat this population have a responsibility to support patients both physically and emotionally on a personal level to help guide them to achieve their goals. “It’s inspiring to witness patients’ motivation and determination to reclaim their lives even when faced with unfavorable odds and physically overwhelming cancer treatments,” Wechsler said.

In addition to treating patients in a hospital-based outpatient oncology clinic, Wechsler is the social media chair for the Oncology Section. A regular part of his role is performing literature searches to provide the most recent evidence regarding cancer rehabilitation. Social media followers include PTs, doctors, patients, and organizations worldwide. The Oncology Section site also provides continuing education opportunities, links to useful resources, and calls to action to gain support for Oncology Section initiatives.

Continued advances in the diagnosis and treatment of cancers will lead to a growing need for oncology rehabilitation. By collaborating with a comprehensive oncology team, providing evidence-based and impairment-specific interventions, and connecting to patients on an emotional level, PTs can have a positive impact on patients’ quality of life throughout the continuum of care from cancer diagnosis through survivorship.

Steve Wechsler, PT, DPT

Wechsler, a board-certified specialist in neurologic physical therapy, was initially drawn to the oncology population due to the medical complexity and uniqueness of each patient. He said it quickly became clear that this population desperately needs PTs to treat the wide variety of physical impairments affecting their quality of life. He remains passionate about this population due to his positive experience in helping people return to as normal a life as possible.

Nicole Bettin, PT, DPT, is a physical therapist at Northwestern Medicine Central DuPage Hospital in Winfield, Illinois. She is on the Perspectives editorial advisory group.
Helping cancer patients is the most rewarding part of the job for Kimiko Yamada, PT, DPT. As a physical therapist (PT) focused on oncology, Yamada helps her patients before, during, and after cancer treatments. According to the American Cancer Society, there are expected to be more than 20 million cancer survivors in the United States by 2026, making oncologic physical therapy a growing field.

Yamada has been working in oncology care for 10 years. She is board-certified in orthopaedic physical therapy and a certified lymphedema therapist. She spends most of her time in the clinic treating patients 1 on 1 but also leads community classes specifically for cancer survivors. Having fun with her patients is an integral part of helping them put some enjoyment back into their lives. In addition to providing patient care, Yamada does research in oncology rehabilitation and works as clinical faculty for the University of Southern California.

Cancer survivors often experience significant adverse effects from their disease or its treatment, including but not limited to functional movement deficits, cardiopulmonary disease, lymphedema, peripheral neuropathy, cognitive changes, and deconditioning. According to G. Stephen Morris, PT, PhD, president of APTA’s Oncology Section, these adverse effects in combination with comorbidities qualify cancer patients as complex patients who require a specific skill set and clinical experience for successful management.

APTA’s House of Delegates approved oncology as a board-certified specialty area in June 2016, recognizing the uniqueness of physical therapist practice in the context of oncology. The American Board of Physical Therapy Specialties anticipates offering its first oncology specialty exam in spring 2019. Prior to sitting for the exam, PTs will have to submit documentation of completion of at least 2,000 hours of clinical practice in oncologic physical therapy.

What exactly can PTs do for oncology patients? In addition to treating the orthopedic and neurologic deficits identified on evaluation, PTs can help survivors improve their overall physical wellness. The American Cancer Society recommends 150 minutes of moderately intense exercise or 75 minutes of vigorous exercise per week. PTs can help patients explore different types of exercise such as yoga, Zumba, resistance exercises, balance exercises, Tai Chi, strength training, and stretching in a skilled and monitored environment to find what best suits their activity needs. Steve Wechsler, PT, DPT,
Get to the bottom of your patient’s pain. With a quick and simple scan using the 3D BodyView®, you get a complete and easy-to-understand picture of how the feet impact the entire body. Educate your patient and order their custom-made functional orthotics within moments.

• Advanced 3D laser technology
• Offer the world’s most research-backed custom-made orthotics with 3 arch support
• Explain to patients correcting pedal asymmetries is vital with a powerful Report of Findings
• World class customer support

Crafting the perfect orthotic since 1952

FootLevelers.com
sales@FootLevelers.com
888.966.0970

© 2016 Foot Levelers, Inc.
We provide the training that will elevate your career and patient care.

- You’ll learn an evidence-based* system of patient management including ... 
  - Active Examination 
  - Systematic Evaluation 
  - Dynamic Diagnosis 
  - Reliable Intervention 

In the end, the McKenzie Method® gets you extraordinary results with educated and happy patients.

We aim to train the finest clinicians in the world and perfect your practice of an active clinical examination and diagnostic management system designed to direct the best patient-specific intervention for musculoskeletal conditions.

*Review the evidence at mckenzieinstituteusa.org/research-reference-list.cfm

**Treat with confidence and take your career to the next level.**

**Get started today at mckenzieinstituteusa.org**