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columns

3 My Perspective
Early-career members share what APTA’s vision statement means to them.

24 Career Coach

26 APTA Resources

28 Cool Careers
Like adventure and change? Becoming a travel physical therapist might be right for you.

features

4 Transform Yourself
Four early-career physical therapists share their vision of what transforming society, optimizing movement, and improving the human experience can look like.

8 Hidden Gems
Capitalize on your APTA membership by taking advantage of these 4 valuable membership benefits. You’ll be glad you did.

14 Embrace Innovation
As health care payment evolves, it’s important for PTs to think outside the box and innovate where necessary.

18 Leadership: Not Such a Leap
Early-career PTs and PTAs who want to learn more and make a difference can benefit themselves—and the profession—by pursuing leadership roles.
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Managing Editor Kathleen Rakestraw
Editorial Design Jhoanna Fernandez
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APTA’s vision “Transforming society by optimizing movement to improve the human experience” is now 4 years old. Have you participated in an activity related to physical therapy that is helping to transform society in your community or beyond?

I advocate the use of health promotion and wellness, including crucial components of nutrition, in the practice of physical therapy. For physical therapists to truly transform society, we need to care for the whole person and not solely their functional impairments. We are in a unique situation in which we can be the health care providers that alter the burden of chronic disease.

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Patrick Berner, PT, DPT | Greenville, South Carolina

By providing high-quality, patient-centered care I am transforming the lives of people in my community. By serving as a core team member of PT Day of Service for the past 3 years, I can expand my reach by empowering communities across the globe through acts of service. Healthy and empowered communities can transform the world.

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Keaton Ray, PT, DPT, ATC | Board-Certified Orthopaedic Clinical Specialist | Milwaukie, Oregon

I volunteered to help teach body-weight management at my alma mater, helping students outside of the health, recreation, and human performance department to understand the principles of physical activity and healthy eating for lifelong change. I also helped organize local events for Fall Prevention Day (September 22) to educate community-dwelling elders.

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Brendon Larsen, PTA, BS | Prosser, Washington

The vision speaks to me and my ability to transform society by focusing on helping 1 person at a time, 1 day at a time. It might not be accompanied by much fanfare or recognition, but by giving each patient my undivided attention, listening to understand their motivations, guiding them through a plan, and being a trusted expert in the community, I feel as though I can improve the lives of people, communities, and societies.

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Matt DeBole, PT, DPT | Board-Certified Orthopaedic Clinical Specialist | Menlo Park, California

Every day in the pediatric setting, I have an opportunity to educate future leaders and their families on the positive effects physical therapy will have not only on their lives but on the lives of those around them. I discuss beyond the pediatric setting and how physical therapists are having a significant impact across multiple settings. Aside from helping patients return to their full activity, the most rewarding part of my day is when children enjoy their experience so much they ask the question “How do I become a physical therapist?”

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Rob Hofschulte, PT, DPT, LAT | Certified Strength and Conditioning Specialist | Milwaukee, Wisconsin

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### APTA’s Sections at a Glance

Connect with colleagues who share your interests by getting involved in one or more of APTA’s 18 sections, www.apta.org/Sections. Many give you the opportunity to participate in special-interest groups (SIGs) focusing on specific areas of physical therapy practice. SIGs are bulleted below.

#### Acute Care
- Total Joint Replacement

#### Aquatic Physical Therapy

#### Cardiovascular and Pulmonary

#### Clinical Electrophysiology & Wound Management
- Wound and Integumentary Management

#### Education
- Academic Faculty
- PTA Educators
- Clinical Educators
- Residency/Fellowship Education

#### Federal Physical Therapy
- Amputation Care

#### Geriatrics
- Balance and Falls
- Bone Health
- Cognitive and Mental Health
- Health Promotion and Wellness
- Residency/Fellowship

#### Hand and Upper Extremity

#### Health Policy and Administration
- Global Health
- Technology

#### Home Health

#### Neurology
- Assistive Technology/Seating and Wheeled Mobility
- Balance and Falls
- Brain Injury
- Degenerative Diseases
- Spinal Cord Injury
- Stroke
- Vestibular Rehabilitation

#### Oncology
- HIV Disease
- Hospice and Palliative Care
- Lymphedema
- Pediatric Oncology

#### Orthopaedic
- Animal Rehabilitation
- Foot and Ankle
- Imaging
- Occupational Health
- Pain Management
- Performing Arts

#### Pediatrics
- Academic and Clinical Educators
- Adolescents and Adults with Developmental Disabilities
- Early Intervention
- Hospital-Based Pediatric
- Neonatology
- Pediatric Sports-Fitness
- School-based Physical Therapy

#### Private Practice
- Administrator’s Council
- National Student

#### Research
- Biomechanics
- Early Career Researchers
- Evidence-Based Practice
- Qualitative Research

#### Sports Physical Therapy
- Emergency Response
- Female Athlete
- Golf and Golf Performance
- Hip
- Knee
- Physically Challenged Athlete
- Professional/College Therapist
- Residency & Fellowship
- Running
- Shoulder
- Sports Performance Enhancement
- Youth Athlete

#### Women’s Health
- Student
Transform Yourself

Four early-career physical therapists share their vision of what transforming society, optimizing movement, and improving the human experience can look like.

By Chukwuemeka Nwigwe PT, DPT
A
PTA’s vision statement, “Transforming society by optimizing movement to improve the human experience,” is designed to be bold, inspiring, and serve as a promise to the public. It embraces physical therapists (PTs) as movement specialists and solidifies the important role PTs and physical therapist assistants (PTAs) have as members of the health care team and in every community. But how will APTA bring forth this transformative change? It has long been said, the world is what you make of it, and true change occurs first from within before it can occur on the outside.

In essence, transforming society begins with each of us. A few early-career members shared how their self-transformation is leading to a better society, optimizing movement, and improving the human experience.

Transform Yourself

The path to self-transformation consists of listening to your heart, following your passion, setting no limits, and responding to life’s challenges. It becomes a shift in your awareness, acknowledgment of your potential, and acceptance of the responsibility to improve the human experience. “After working for 4 years, something in my gut told me it was time to do more. I wanted a new task,” says Karen Wilson, PT, DPT, MPH, a community health volunteer with Peace Corps Ecuador. “I’ve always been driven to service and knew I wanted to become more involved in global outreach. After looking into volunteer opportunities with the Peace Corps, I decided it was finally time to listen to my heart.”

For Jessica Mena, PT, DPT, and Josh D’Angelo, PT, DPT, self-transformation blossomed from the need to solve life’s challenges. Mena, a resident in the Ortho Physical Therapy Residency program at Kaiser Permanente, Los Angeles, California, and a certified strength and conditioning specialist, has been a runner for more than half of her life, running her first marathon at the age of 13. “There was an abundance of running blogs written by passionate runners and coaches, but none written by a physical therapist,” Mena said. “It became clear to me of the need and importance to create TEMPO: The Elite Movement and Performance Organization.”

For D’Angelo, a board-certified specialist in orthopaedic physical therapy, it was unsettling to accept the reality that many people around the world need PT services but can’t access them. To address this need, he and Efosa Guobadia, PT, DPT, cofounded Move Together, a nonprofit organization whose mission is to increase access to quality rehab medicine around the corner and around the world.

Often personal experiences serve as the catalyst for self-transformation, opening your eyes to the need of change. Dana Zeitlin, PT, is the perfect example of this. The senior PT at Kessler Institute for Rehabilitation in Saddle Brook, New Jersey, Zeitlin jumped at the chance to serve as lead PT for Kessler’s new Cancer Rehabilitation Program. “My family and personal experience with cancer showed me how overwhelming and scary navigating the health care system can be for patients and family members affected by cancer,” she said. “I wanted to change this experience for others.”

Reforming society can be an overwhelming undertaking, and the idea of it may cause you to doubt your abilities or feel pressure to create the next big thing. Understand this is merely an illusion. To transform society simply look within and begin first by transforming yourself. Listen to your heart, follow your passions, set no limits, and respond to life’s challenges.

Your commitment and internal desire to transform may be challenged along the way. D’Angelo, however, is not a believer in obstacles. “With a shift in your mindset and perspective, you can easily see that every obstacle is an inherent opportunity.” During the development of Move Together, D’Angelo thoroughly enjoyed the opportunity to learn the legalities of forming a nonprofit organization, the ins and outs of web design, and the impact of surrounding himself with a supportive team to expand outreach. Obstacles are stepping-stones toward something greater and essential to redefine your commitment to society.

When Wilson shared her plan to serve as a volunteer with Peace Corps Ecuador for 2 years, friends and family members questioned her decision. “Each time I had to explain my decision and desire to serve, it was an opportunity to strengthen my decision, live my passion, and truly know there was no better time than now to volunteer,” Wilson said.

For Zeitlin, her obstacle came when working with professionals and family members with an inaccurate assessment of a patient’s prognosis. However, this obstacle presented her with the opportunity to strengthen her communication skills, reaffirm her commitment to patient needs, and incorporate principles of restorative and supportive care in every interaction.

Mena offers, “For those who face obstacles that are stubborn to transform into opportunities, trust your gut, and never stop taking steps toward your goal. The obstacles along your journey will attempt to lead you...”
astray and test your commitment and desire to transform. Stay committed and surround yourself with people who encourage you.”

Optimize Movement
Optimizing movement is strengthening the effectiveness of how individuals are able to function and cultivating communities that encourage movement to occur. The profession of physical therapy is able to improve the way individuals move on many levels. It is the essential ingredient to the profession’s identity and complements the extensive educational training PTs receive in the human movement system. “By providing sustainable quality care abroad and domestically to the underinsured, uninsured, and underserved, Move Together has the ability to help people move better, live a better life, and create healthier communities,” D’Angelo said. Optimizing movement comes in all shapes and sizes, but at its core it places an emphasis on the manner individuals’ and their communities’ needs are met to improve their human experience.

The Peace Corps approach to optimizing movement is building sustainable efforts and meaningful change that remain long after service is completed. During her 2-year volunteer program in Ecuador, Wilson will focus on the promotion of healthy behaviors through various initiatives including clean water and sanitation, healthy nutrition, physical activity, and HIV mitigation. By improving the community’s access to essential supplies and providing education on health promotion, Wilson will be able to enhance the movement of those she serves by increasing their capacity to change and refine the community.

For Mena, optimizing movement through her website is about providing runners with reliable and proven content to achieve their running goals while promoting the role of PTs. “Physical therapists do much more than massage and stretch,” she said. “Physical therapists are here to help runners improve running mechanics, limit injuries, and provide knowledgeable insight to perform better.” Mena acknowledges that although she may not work directly with runners subscribed to her website, her website aims to inspire runners to seek the services of PTs to optimize their movement.

The Cancer Rehabilitation Program at Kessler Institute for Rehabilitation aims to improve movement using a multidisciplinary approach along 3 continuums of restorative care, support, and discharge planning. The goal is to maximize functional independence and patient autonomy and improve the quality of life for patients with cancer across all continuums. To Zeitlin, maximizing functional independence preserves patients’ self-respect and dignity. “It ensures the attainment of patient-specific functional goals, appropriate training to caregivers, and provision to patients of appropriate assistance upon their transition home.”

Optimizing movement is about making a difference. It’s about putting action to change and doing your part to make the world a better place. As you optimize movement and make a difference, never settle for the status quo. Strive to find what’s yet to be discovered.

Improve the Human Experience
The first step toward improving the human experience is to believe in yourself and know you can make a difference. Society depends on you and only asks that you begin taking action today. Be your best you. Be intentional and passionate, because nothing great can be achieved
“Transforming society by optimizing movement to improve the human experience is a mouthful to say,” said LD Woods, PT, DPT, Pike Road, Alabama. “In my community, I have focused on shifting the perception of physical therapy as a service to a profession. Within this shift, I have been afforded the opportunity to work with patients, friends, family, and anyone in the community on prevention along with health and wellness. In this realm, we work on nutrition, fitness, and goal setting to help everyone reach maximum potential. In essence, I have implanted myself in the community as a resource to help optimize the human experience.”

“Two things come to mind when you ask how I may have lived out APTA’s vision statement,” said Jillian Tanych, PT, DPT, Lyndonville, Vermont. “I have participated in PT Day of Service (PTDOS), both in Vermont and Massachusetts. This idea, which has grown into a worldwide movement, is in essence transforming society. Through PTDOS, I helped pick apples and donate them to food shelves in rural Vermont, and I participated in a run/walk with fellow PTs and community members in Boston, Massachusetts, for Breast Cancer Awareness. I am wicked excited to continue my involvement with PTDOS and to watch this incredible movement continue to grow.”

“I’ve spent the past year working with stakeholders in the community, including people affiliated with fitness centers, food banks, parks and recreation, senior living, community centers, and the school district, to develop the networks and structure necessary to improve residents’ wellness through increased physical activity,” said Marcus Williams, PT, DPT, MBA, Columbus, Ohio. “We all believe motion is medicine, so the goal is to empower residents in the community to move more by teaching them how to move better. This process started as introductory conversations, progressed to a brainstorming and strategy session, and we have now entered the piloting stages. This past May, we launched a pilot program consisting of 5 different physical education workshops with topics ranging from performance strategies for the overhead athlete to exercising with osteoarthritis. Anyone who’s interested can participate. As things progress, we hope to collaborate with the county’s department of public health to conduct some impact studies.”

[See “My Perspective” for more examples of how some early-career members are living the APTA vision statement.]
Feeling overwhelmed by student loan debt? You’re not alone. Trying to find streamlined, evidence-based information to help your patients? You’re not alone there, either.

“Our members are really crying out for more information on how to refinance their student loans and best practices in terms of how to deal with student loan debt,” said Jennifer Rondon, business development manager, APTA.

Not only do you want to pay off your loan in the quickest, most efficient way possible, you also want quick and easy access to evidence-based research and literature to be the best physical therapist (PT) you can be and provide optimal care to your patients.

“To have access to the current research is something we pride ourselves on as evidence-based physical therapists,” said Chelsea Lasky, PT, DPT, Children’s Hospital of Richmond at VCU, Richmond, Virginia. “It allows you to continue to grow as a physical therapist.”

“I think there’s a big need for accessing knowledgeable and reliable information,” said Scott McAfee, PT, DPT,
orthopedic resident at Adventist Health, Los Angeles, California. “I need a quickly accessible tool that will solve my problem.”

Not sure where to begin to solve your financial and informational struggles? Look no further than the resources that come free with your APTA membership. Here are some hidden gems you can’t afford to miss.

**HIDDEN GEM #1: THE APTA FINANCIAL EDUCATION PLATFORM: Living a Financially Healthy Life**

Any way you look at it, the financial burden of a physical therapy education weighs heavily on many new professionals. Even with a steady job outlook, the debt-to-income ratio for newly graduated PTs continues to climb.

“Overall, we know the cost of attending physical therapy school has been skyrocketing and that tuition costs for graduate and professional programs have tripled in the past 15 years,” said Stephanie Bird, client success manager at Enrich, a financial wellness provider. “Private education costs have increased 4.6% per year, and public education costs have risen 7.9%.”

APTA teamed with Enrich, an online financial education platform, to help PTs, physical therapist assistants (PTAs), and students gain control of their finances. “APTA members were really pushing for an interactive, step-by-step, easy-to-use budgeting tool,” said Dan Goniprow, vice president of product at Enrich.

The result was the APTA Financial Education Program, an online platform designed to help members live a financially healthy life. “We take a really holistic approach to financial wellness,” Goniprow said. “For us, that means having a command over money management, student loans, and career development. When you ask people what keeps them up at night, usually that answer is something related to personal finances.”

“Overall, our intention is to decrease stress and to live happy lives,” Bird said. “So our platform and the resources we offer is an attempt to relieve that stress and give people plans of action for moving forward.”

Using the platform, members receive an individualized experience that begins with a quick assessment analyzing their financial goals and interests. After completing the assessment, users are brought to a personalized dashboard with relevant, suggested resources from around the platform, such as articles and videos, interactive budgeting tools, calculators, and courses. It also provides a community forum where members can interact with each other and Enrich experts. A chat feature is available for those who’d like to talk to a certified personal finance counselor.

Courses pick up where the quick onboarding assessment leaves off, allowing users to dive deeper into topics such as budgeting, improving credit, investing, and preparing for retirement. Users also receive a student loan snapshot widget that help them track student loans and model repayment options.

Goniprow says Enrich hopes to demystify the complexities of personal finance and make it a fun, engaging process. “We are constantly adapting our platform and rolling out new features and content to help users achieve the goals that are most important to them.”

**HIDDEN GEM #2: THE APTA STUDENT LOAN REFINANCING PROGRAM: Lifting the Burden of Student Debt**

For many early-career PTs and PTAs, the path to financial wellness could easily start with refinancing their student loan, thanks to the new APTA Student Loan Refinancing Program, offered in partnership with Laurel Road, a division of Darien Rowayton Bank.

According to Jenny Large, manager at Laurel Road, the United States has about $1.3 billion in student loan debt, 93% of which is from federal student loans. On average, PTs start their careers with about $100,000 in student loan debt. As a result, they often aren’t saving or contributing to their 401ks because the bulk of their extra cash from their paycheck is going to student loan payments. “That’s why so many organizations like APTA are focusing on their members’ financial wellness,” Large said. “Professionals can have a tough time focusing on their career when they’re worried about their finances.”

“Physical therapy is one of the professions that can really benefit the most from student loan refinancing,” Large said. “Because they have such large amounts of student debt on average, they stand to save even more than the average graduate by refinancing their loan to a lower interest rate.”

APTA members who want to refinance with Laurel Road automatically receive a 0.25% discount off of their refinanced rate. Customers who set up automatic payments from a bank account receive an additional 0.25% discount. Laurel Road offers both fixed and variable loans, with payment terms ranging from 5 to 20 years.

“A quarter percentage point over the life of the loan can add up to thousands of dollars in savings,” Large said. And that’s on top of the savings members receive by refinancing their student loan in the first place. On average, Laurel Road borrowers will save more than $20,000 over the life of their loan.

Large stresses that it’s important for members to explore their refinancing options. “It’s not something that all
students learn about when they graduate,” she said. College financial aid offices tend to talk about federal aid programs rather than private student loan financing. In reality, Large says, private student loan refinancing is often a better choice for those who have good credit, stable income, and are confident in their ability to repay their loans.

With federal student loan programs, everyone receives the same interest rate, regardless of creditworthiness. Refinancing offers PTs the opportunity to receive a lower interest rate because their education and profession make them less risky from a credit perspective.

“That’s why we’re eager to work with health care professionals and provide them with competitive rates on their loans,” Large said. “We recognize their dedication to their professions and have confidence in their trajectory to become long-standing customers of Laurel Road.”

Federal loans typically have a 6-month grace period after graduation before the first payment is due, so the sooner new grads look into their student loan repayment options, the better.

The Laurel Road online application process takes just 5 minutes to get an initial rate estimate. To get started, applicants provide basic information about their education, employment, and income. Laurel Road also does a “soft” credit pull early on in the application, which has no impact on the customer’s credit score.

To offer the initial estimate, Laurel Road operates with a “trust, but verify” system, which means Laurel Road assumes the information the applicant initially provides is correct, and then verifies that information by asking applicants to upload proof of identification, proof of income, and current student loan payoff statements.

Once they’ve verified the information, Laurel Road sends final rates within 24-48 hours. The applicant chooses the desired loan and term. When the loan closes, Laurel Road pays off the existing loan and funds the new loan at the lower interest rate.

Launched in April 2017, the APTA Student Loan Refinancing Program is off to a great start. “We’re really excited about APTA members’ interest in our program,” Large said. “It’s really a fantastic benefit to have at the start of your career.”

HIDDEN GEM #3:
THE REHABILITATION REFERENCE CENTER: Practical Solutions for Patient Care

The Rehabilitation Reference Center (RRC) provides quick access to synthesized, clinical reviews of the latest physical therapy research as well as drug information.
exercise images, and patient handouts in English and Spanish. “That’s our all-in-one, point-of-care tool,” said Gini Blodgett, lead information resources specialist, APTA. “It really makes a nice one-stop-shopping place for information users.”

It took less than a minute for McAfee to realize RRC’s potential value. Twenty seconds, to be exact. He first heard about the RRC on social media when he was in physical therapy school at the University of Southern California. “I checked it out and quickly realized how valuable it was going to be for my clinical practice.”

McAfee started using RRC to look up different conditions and evidence for treatments. “I really enjoyed the efficacy of it and how simple it was to use.” He found he could easily access all of the information he would want on a given condition, rather than using more tedious and ineffective methods such as random Internet searches or going to his Google Drive folder and clicking through old files and lecture slides. “This can solve a critical problem a lot of clinicians have,” he said.

McAfee says PTs face a barrier when it comes to needing quick refreshers before going in to see patients, especially when the conditions they haven’t seen in a while pop up on their schedule at the last minute.

He finds the RRC fills that need. “It gives you everything—from diagnosing the condition to treating the condition to educating your patients about the condition,” McAfee said.

When McAfee saw he had a patient with a cervicogenic headache on his schedule recently, he remembered an extremely helpful differential diagnosis chart that would come in handy during the evaluation. He typed

• Take Enrich’s 2-minute assessment, or view the “Watch How It Works” video. https://enrich.apta.org/

• Spend 5 minutes and see what rate you could get refinancing your student loan from Laurel Road. laurelroad.com/apta

• Print out a customized patient handout—in English and Spanish. ptnow.org/RRC

• Do a quick article search on a topic of interest. ptnow.org/ArticleSearch

• Check out PTNow ArticleSearch’s new search engine. As part of annual program enhancements, ArticleSearch just launched a new search engine allowing members to search more easily across several platforms, including PTNow, ArticleSearch databases, APTA’s website, Physical Therapy, the Cochrane Library, ERIC, PEDro, and MoveForwardPT. PTNow.org/ArticleSearch
“cervicogenic headache” into the RRC search bar. “I was able to find the article I was looking for pretty quickly right before the evaluation. It was a nice refresher.”

McAfee also uses the RRC to look up reliable drug information, a particularly difficult task with a straight Internet search. When a patient is on a medication he’s not familiar with, he’s able to find that drug information quickly. Exercise handouts are also helpful, and he finds being able to print them as needed for patients is much easier than storing inventory for all of the conditions he sees.

Encouraging others to take advantage of the resources available, McAfee says the best way for new users to get familiar with the RRC is to simply type something into the search bar, press search, and “just kind of explore. You can quickly realize that this will be beneficial for you.”

HIDDEN GEM #4: ARTICLESEARCH – Streamlined Access to Evidence-Based Research

As physical therapy graduates transition from student life to practitioner, much of their focus is on finding a job and starting their career—not on the valuable access to information they may be losing once they leave the university environment.

“I don’t know if people coming out of the program realize how much they relied on the literature at their university when they were in school,” Blodgett said. “And when they get out, they don’t always have access to that.”

That’s where APTA’s ArticleSearch can help. ArticleSearch provides access to a collection of literature databases, such as the world-renowned Cochrane Library, and includes the latest evidence-based research. Unlike RRC, which provides synthesized reviews, ArticleSearch provides individual articles. “One of the perks of the APTA membership is having that access. ArticleSearch on PTNow has really become an all-encompassing, robust product,” Blodgett said.

ArticleSearch gives full-text access to articles that normally would require a subscription to a particular journal or information service. Alerts let members track their favorite journals, topics, and authors to see when new articles are available.

Lasky discovered APTA resources in her first year of physical therapy school at Boston University back in 2013, and she’s been an avid proponent ever since. “I love the resources,” she said. Although Lasky still has access to university libraries and resources through her job, she finds ArticleSearch a streamlined, easy way to search across numerous databases at once. “It’s super accessible. All you need is your APTA login ID and password, and you’re going already. It just makes things a lot easier.”

Lasky works in an outpatient pediatric setting, focusing on gross motor development, gait training, learning to walk, and, occasionally, some orthopedic injuries. “Because the orthopedic injuries are so few and far between in my demographic, I like to look up what’s been happening on the research side of things before I delve into their treatment.”

She finds ArticleSearch especially useful when she’s searching for new articles and evidence for her more challenging patients. “I have an incredibly complex caseload at times, so I lean on these resources to help me be the best physical therapist.”

Lasky enthusiastically sums things up for early-career PTs and PTAs looking to expand their knowledge and stay current in their field of interest. “Being an APTA member and having these resources at your fingertips—you can’t really beat it.”

Hidden gems, indeed.
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Embrace Innovation

As health care payment evolves, it’s important for PTs and PTAs to think outside the box and innovate where necessary.

By Carmen Elliott and Heather Smith, PT, MPH

It’s no secret health care is changing. For decades, health policy leaders have raised important concerns about whether the country was receiving value equal to its high level of health care spending. The threats associated with the predominant fee-for-service model, and the growing concern about quality and effectiveness of care, have caused stakeholders to embrace the potential of payment innovation. Across the country, a fundamental shift from volume to value has begun.

Physical therapists (PTs) and physical therapist assistants (PTAs) are an instrumental part of the health care system and provide critical services for improving individuals’ health and function across their lifespan. Although the health care environment is dynamic, there are plenty of opportunities for PTs to demonstrate their value and to be innovative, carving out niche areas of practice. The shifting health care paradigm also poses challenges for our profession, requiring PTs to have access to real-time data on the quality of care provided to achieve the best outcomes for their patients. Additionally, PTs will need to shift their approach to patient care, focusing not only on individual patients but also on patient management at the population level for new and emerging episodic payment models.

The Affordable Care Act (ACA) has brought coverage to millions of Americans who had been unable to access the health care system. With a focus on the triple aim—improved health for individuals, improved health care for societies, and contained costs—ACA also has been instrumental in encouraging key stakeholders to work together to ensure coverage can be provided affordably and services delivered efficiently and effectively. As the public and private environments address coverage of care and affordability, the physical therapy profession stands ready to partner with consumers, patients, payers, and fellow health care professionals to develop innovative models and payment systems that are meaningful and that represent the value physical therapist services provide.

Legislation over the last few years has catapulted providers into the value-based environment. The Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law on April 16, 2015. MACRA permanently repeals the flawed sustainable-growth-rate formula for determining Medicare payments for clinicians’ services and establishes a new framework for rewarding clinicians for value over volume through the Quality Payment Program (QPP). QPP streamlines legacy quality-reporting programs such as the Physician Quality Reporting System (PQRS) into a single new system, the Merit-Based Incentive Payment System (MIPS), and outlines participation in certain alternative payment models (APMs), such as accountable care organizations. QPP gives the option of either participating in MIPS or through APMs.

Currently, PTs are not formally included in MIPS; their participation is voluntary only. However, they may be added as early as January 1, 2019, and so it is important for PTs to know how the MIPS program works. To gain MIPS reporting experience, PTs should take advantage of their voluntary opportunity to report in MIPS without risk of penalty or the possibility of incentive. PTs are eligible to get involved now in APMs, which offer participating clinicians incentive payments for improving quality and reducing care costs. APMs address a specific clinical condition, episode of care, or patient population. Advanced APMs offer participants opportunities to earn higher incentive payments for taking on additional risks based on patient outcomes measures. Advanced APMs must feature quality measures comparable to MIPS quality measures. The ultimate goal is to move all providers to APMs in the future as we embrace value-based care.

Coordinated Approach

To keep pace with the evolving health care system, and programs such as MIPS and APMs, APTA launched a coordinated approach to help ensure that as health care moves toward meeting the triple aim PTs are recognized and paid for their judgment and clinical decision making—and not solely for the procedures they perform. Part of this coordinated approach involved new Current Procedural Terminology (CPT) or procedural codes in physical medicine and rehabilitation—the area that includes physical therapy’s 97000 series of codes. The codes were designed to move the profession from a procedure-driven classification system to one showing the complexity of the patient’s condition and the level of clinical decision making required by the PT.
The multiple level evaluation codes allow for the identification of the complexity of the evaluation and when combined with measurement tools can provide needed data on patient outcomes from PT evaluation and treatment. This data will contribute to future quality programs, which will continue to move forward, as the Centers for Medicare and Medicaid Services considers them an important way to answer the overarching triple-aim question: “Is the patient getting better?”

Data generated from quality programs will help payment evolve into an episodic or bundled payment model, which most experts believe is the ideal model to meet the triple aim. Without good data, however, it will be hard to develop episodic models that hold providers accountable for their services. This is where another significant APTA reform initiative fits in—the Physical Therapy Outcomes Registry. Once it is in widespread use, the Registry will help provide the profession, and other stakeholders, with key information, such as number of visits for certain episodes, patient complexity patterns, and outcomes of care for patient populations PTs treat.

In an evolving health care environment, in which increased scrutiny is being placed on value by demonstrating outcomes, it is imperative PTs collect outcome data. The Registry will enable the physical therapy community to demonstrate the value of PT services to consumers and payers—while also providing benchmarking data to enhance patient care. Registries are a valuable tool in determining real-world outcomes in delivering health care services. The Registry will assist in gathering quality components that are classified as either basic elements of good practice—which can be viewed as a basic checklist that should be considered for all outcomes registries—or as potential enhancements to good practice that may strengthen the value of existing information in particular circumstances. The Registry will assist in improving the quality of care, including conducting programs to measure and/or improve the practice of physical therapy and/or public health.

**Time to Change**

Although change can be overwhelming at times, keep your eye on these key themes to help you navigate the payment landscape:

- **Value.** Achieving high value for patients is the overarching goal of health care delivery, with value defined as the health outcomes achieved per dollar spent. Value defines the framework for performance improvement in health care. Since value depends on results, not inputs, health care value is measured by the outcomes achieved, not the volume of services delivered. This shift in focus from volume to value is a central challenge. Measuring, reporting, and comparing outcomes are perhaps the most important steps toward rapidly improving outcomes and making good choices about reducing costs. PTs contribute to the value equation by providing high-quality, cost-effective services, while improving patient outcomes.

- **Innovation.** The health care landscape is ripe for innovation. Both public and private payers have adopted

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**Evolving Payment System**

**WHERE WE’VE BEEN**

- Fee for service
- Quality-reporting programs
- Manual medical review
- Functional limitation reporting

**WHERE WE ARE**

- Complexity-based evaluation codes
- Outcomes-based payment
- Alternative payment models
- Physical Therapy Outcomes Registry

**WHERE WE’RE GOING**

- Episodic payment based on meaningful outcomes
aggressive targets to shift payment away from fee for service to a value-based system tied to alternative delivery models. In response to this shift, PTs across the country are participating in a variety of exciting and innovative practice models. These models are as diverse as the environments in which PTs practice and offer innovative ways of addressing disparate challenges such as payment, transitions in care, interdisciplinary collaboration, and staff shortages. Others take advantage of opportunities in new areas of practice or emerging technologies. PTs play a huge role in integrated-care models and delivery systems. Now is the time to form strategic partnerships with other providers, payers, and stakeholders.

Opportunity. An exciting aspect of innovation is the opportunity factor. Think outside the box. As early-career PTs and PTAs, you can gather information by networking, taking advantage of social media, reading articles on new models, and contacting colleagues who are involved in practice settings that appeal to you.

If you come up with an idea for an innovative model, be sure you’re in compliance with all applicable laws and that you have adequate liability insurance. Use good legal and financial consultants to help you structure it—whether it’s something you’re doing yourself or in a partnership—so you’re protected. Often, people don’t want to spend money on the front end setting something up. That can get them into trouble. Spend the necessary resources and legwork up front to ensure successful models.

With the shift to value-based care, APTA is primed and ready to provide PTs and PTAs with the necessary resources for coming changes. The association has launched a coordinated approach to help ensure that as health care moves toward meeting the triple aim our members are recognized and paid for their value and innovation—and not solely for the procedures they perform.

Carmen Elliott, is APTA’s vice president, payment and policy management, and can be reached at carmenelliott@apta.org. Heather Smith, PT, MPH, is APTA’s director, quality initiatives, and can be reached at heathersmith@apta.org.

For More Information

Innovations in Practice
www.apta.org/InnovationsinPractice

Payment Reform
www.apta.org/PaymentReform

MIPS
www.apta.org/MIPS

APMs
www.apta.org/Payment/Medicare/AlternativeModels/

The Physical Therapy Outcomes Registry
www.ptoutcomes.com/
LEADERSHIP: Not Such a Leap

By Katy O'Grady
Leadership takes many forms—and they’re all accessible to early-career PTs and PTAs.

Leadership isn’t just for the self-confident and those who already are established in their careers. Leadership opportunities take many forms, and early-career physical therapists (PTs) and physical therapist assistants (PTAs) can take advantage of all of them.

Being a leader in one’s profession isn’t limited to accepting committee assignments or taking on elected roles. “You’re a leader to your patients,” notes Matt Gratton, PTA, a member of APTA’s Early Career Team Task Force who works at Lutheran Hospital in Fort Wayne, Indiana. “You’re a leader within your organization just by being there on time, being passionate with your patients, and having a positive attitude.”

Aaron Embry, PT, DPT, MSCR, debunks the notion that leadership requires special abilities or resume points. Although he is president of the South Carolina Physical Therapy Association and a research associate at the Center for Rehabilitation Research at the Medical University of South Carolina, he insists that there is nothing inherently special in any of that. “What is most important,” he says, “is that I show up, pay attention, and hustle—that I work hard. If you do all of the basic, common-sense things—be inquisitive, care, and be there for patients, clients, and colleagues—you’ll be amazed at how much will happen to develop you into someone who can lead people.”

Leadership involves consistently taking on challenges, Embry says. “Do I face challenges with integrity, honesty, and bravery,” he asks himself, “and acknowledge that I might succeed, but also that I might fail? What do I learn from my missteps to ensure that they’re not true failures?” He finds, he says, that dealing with each new challenge helps him better tackle the next one.

Assuming leadership roles within APTA opened doors for Fred Gilbert, PT, DPT, helping him land his current position at Focus Physiotherapy in Huntsville, Alabama. He served as president of APTA’s Student Assembly in 2014–2015 and is a member of the APTA Early Career Team Task Force. When he applied for the job at Focus, his employers said his leadership connections enhanced his value to the practice.

Early-career leadership is vital for the profession itself at this changing time in health care, says Jennifer Green-Wilson, PT, EdD, MBA. “We have to put leadership in the mix in order to advance practice and enhance our value,” she says. “Health care is transforming. We’ve got to be part of that change process, and leadership is all about influencing change.” Green-Wilson, a principal and consultant with the Institute for Business Literacy & Leadership, formerly directed the LAMP (Leadership, Administration, Management, and Professionalism) Institute within HPA: The Catalyst (APTA’s Health Policy and Administration Section).

Gratton’s role as a voice to his fellow PTAs—especially those, like him, who came into the physical therapy profession later in their working career—is a big motivator, he says. Many PTAs “don’t think their involvement matters, or don’t even know where they can be involved,” he notes. “But our voice is extremely important. You need to have a PTA in there saying ‘That works great for that particular PT, but it doesn’t necessarily apply to PTAs and where they exist professionally and financially.’”

Transitioning to Leadership

Graduation from school offers PTs and PTAs opportunities to self-reflect, connect, and grow. Although she’d been a student leader, Rebecca Ditwiler, PT, DPT, saw her commitment to leadership increase when she moved to Florida after graduation and sought ways to connect with her PT peers there. Ditwiler, a board-certified clinical specialist in orthopaedic physical therapy, is an assistant professor of physical therapy and rehabilitation sciences at the University of South Florida, an active clinician, and the Florida Physical Therapy Association’s West Central District’s regional director.

“Talk about being in the right place at the right time,” Detwiler says. “I just happened to be at a district meeting, and they needed someone on the nominating committee.” She stepped up. The state chapter then sponsored her for LAMP training. That, in turn, led her to develop a more-focused leadership plan than simply “being there and saying yes,” she says. “Yes” definitely is the default response for Gilbert, however. He describes his approach as “don’t say no to any opportunities.”
Conceding that this can be difficult for busy early-career PTs and PTAs, he nevertheless preaches “embracing the discomfort.” With time, he has become more selective about his commitments. Still, he recommends surrounding oneself with people who present opportunities for growth. “I wouldn’t be where I am in my career today if I hadn’t just said yes to some of those early things people asked me to do,” Ditwiler says. “It may seem like a lot to take on at the time, but it’s definitely valuable to follow through.” She has found great benefit, she says, from the nationwide connections she’s made through LAMP participation and association involvement.

The LAMP Light

LAMP (www.aptaahpa.org/page/LAMP) offers leadership training to PTs, PTAs, and students through in-depth mentoring, leadership tools, and structured self-assessment of participants’ strengths and weaknesses. “Through our relationships within the profession, we can lead change, inspire the future, and rally effective teamwork,” Green-Wilson says. LAMP adds foundational knowledge that’s important to leadership. “Even if we don’t have the title of ‘leader,’ we should be modeling these behaviors, because leadership is about that behavior and those relationships,” Green-Wilson says.

LAMP 101 and 201 courses are offered annually at APTA’s Combined Sections Meeting. LAMP training uses The Leadership Challenge by James Kouzes and Barry Posner, which outlines 5 practices of exemplary leadership: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart.

“Model the way” relates to self-awareness, especially regarding level of interaction, credibility, honesty, and ability to engage. “Inspire a shared vision” addresses motivating and working collaboratively with patients. “Challenge the process” relates to change and advancing practice. “Enable others to act” involves empowering patients. “Encourage the heart” means connecting with 1 person at a time, “which we do really well as PTs and PTAs,” Green-Wilson observes.

LAMP participants engage in extensive self-assessment and create personal mission statements. Gilbert describes it as identifying, “Here’s what I value most, and want everyone to understand.” For him, constant challenge and intentional discomfort are central. But other individuals’ mission statements take different tacks, such as focusing primarily on patient care or the practitioner’s life balance. The mission statement “gives us a sense of purpose and clarity around our values, passions, and strengths,” Green-Wilson says. “It helps guide decision-making and keeps you focused on the things that are important to you.” She recommends Stephen R. Covey’s The 7 Habits of Highly Effective People as a resource for developing a personal mission statement.

Embry found the self-assessment process worthwhile but painful. “I figured, ‘How difficult can it be?’ he recalls. “I told myself, ‘I’ll learn something, maybe meet some

“Through our relationships within the profession, we can lead change, inspire the future, and rally effective teamwork” —Jennifer Green-Wilson, PT, EdD, MBA
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The general educational information provided by the APTA Financial Education Program powered by Enrich and the APTA Student Loan Refinancing Program provided by Laurel Road, which contains information regarding a method of student loan refinancing, does not constitute and shall not be construed as professional financial advice.
new people, and hopefully develop some quality that I can bring back to the chapter.” But he found himself confronting unexpected and difficult aspects of his personal and professional life. “It made me step back and look at who I really am, what I was doing, and how that affected the way I was leading myself and might lead others,” Embry says.

Gilbert’s work on his mission statement and personality evaluation gave him particular insights into communication styles, he says. “There are so many times—in the clinical setting and in leadership meetings—when people are saying the same thing, but they’re saying it differently, so it sounds like a disagreement,” he notes. “Understanding how to step back and open those lines of communication is very helpful.”

Mentors Matter

In the LAMP course, developing a personal mission statement leads into working with a mentor and crafting a leadership plan with measurable goals. Such measurement can be challenging when goals relate to emotional or relationship skills, but many leadership planning tools are available online. Ditwiler also notes that PTs who are recent graduates may have done some self-analysis and planning in their DPT programs.

To help measure progress on Ditwiler’s goal of learning how to lead a group, her mentor suggested she survey participants in a session that she’d led. “It was very eye-opening, because I didn’t get the most positive feedback,” she says. “I learned what that felt like. I think it made me a stronger person and a better leader.”

Those who progress through the training are assigned to be LAMP mentors themselves. Embry managed LAMP mentor/mentee pairing and development for a few years. “One of the most fascinating and difficult things,” he says, “is attempting to successfully pair individuals who have widely divergent backgrounds—such as number of years in practice, different communication skills, different practice settings, and varied experiences in leadership engagement.”

Issues related to his age and background have driven Gratton’s commitment to leadership. From his previous 10-year career as a high school band teacher, Gratton learned to work with and benefit from those with different levels of skill and experience. In a physical therapy setting, this may mean that early-career PTs are working side-by-side with PTAs who have been in their job for 30 years or with veteran PTs who entered the profession with a bachelor’s degree. “It’s important to respect those differences, learn from them, and draw from those people,” Gratton says. “I learn as much from the older PTAs with whom I work as I do from the PTs. If you’ve been at your job for 30 years, you’ve seen a ton of things,” he notes. “I want to learn as much as I can from you.”

Seize Opportunities

Moving into leadership with the state or national organization, or even within a practice, requires identifying one’s passion and making it known.

When Gilbert ran for president of APTA’s Student Assembly, he had no previous association experience. Still, he felt he could contribute. “If it interests you, even if it seems like you’re shooting for the moon, just put your name in the hat,” he advises. “The worst that can happen is that people will see that you want to get involved, and they’ll find something else for you to do.” Running for an elected position enhances others’ familiarity with you, Gilbert notes—and that can increase your likelihood of being selected for the next opportunity.

“What are you passionate about?” is Gratton’s response when PTs and PTAs ask him how to get involved. Once they know their passion, they can determine which APTA section relates most closely to that area and look for ways to get involved. “Start small, be focused, and try to make a difference,” Gratton says. Sometimes, he adds, simply asking the question is the crucial step. “If I’m with the section and you’re asking me, ‘How can I get involved?’ I know that you’re interested and that it’s up to us in the section to find your best fit.”

Associations need a steady inflow of new energy, so some state chapters have developed specific programs to engage new professionals and give them opportunities to connect. Ditwiler and other chapter leaders in Florida saw how those who got involved as students often dropped away after graduation. They responded by creating special interest groups for students and early-career professionals and by including group representatives in core chapter activities such as strategic planning.

“There isn’t anything magical about being a leader or leadership,” Embry sums up. Rather, it’s driven by a desire to learn more and make a difference, and it requires willingness to accept both successes and failures. “Leadership really is just about developing yourself and those around you,” he says.
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You started focusing on becoming a physical therapist (PT) or physical therapist assistant (PTA) years ago. Maybe you fell in love with the physical therapy profession back in high school and “just knew.” Or, perhaps toward the end of your undergraduate work, all of the pieces fell into place and it was, “Next stop, DPT!”

Whatever the catalyst, from that time on, you were revved and ready for the challenges looming on the road ahead: Get the grades. Cross your fingers that you’re accepted by your school of choice. Buckle down when you get there. Shine during your clinical affiliations. Interview for jobs. Get ready to start making your mark.

You always knew what the next step was going to be before it arrived. And each step led to where you are now. You’ve started your career. You’ve fulfilled your longtime dream. All your hard work and focus has paid off. You’ve found an employer that appreciates your unique skills. You’re having a positive impact on the lives of patients and clients. It feels great!

The thing is, though, that the road you’d traveled all these years has reached its end. It’s not that you’re done—not by a longshot. There are plenty of other roads ahead of you. It’s just that the one that got you to this place has reached its terminus. On the map of your professional life, you’re standing on the spot labeled “You are here.”

Don’t get me wrong—it’s a sweet spot. You like where you are. You’re happy with both the journey and the outcome. It’s just that, as you scan all the potential destinations on that map, you’re not so sure how long you want to stay “Here.” Five years? Ten? Fewer? More?

That’s where pondering your next act comes in. After all that time in school, it’s tempting to kick back and say, “Been there. Done that. Got the T-shirt.” By which I don’t mean to imply that you’re slacking off on the job or providing anything other than the best patient care you can. You’re engaged, interested, meeting your continuing education requirements, following the latest research. But, at the same time, you’re exhaling. You’re taking a breath. The future you’d worked for is the here and now. It’s natural—even good—to appreciate and savor this time. You’re still working some things out—how to be the best PT or PTA you can be, along with, maybe, the best spouse and parent. There’s that work-life balance thing to nail down.

And, let’s face it: Getting “here” was exhausting. There’s absolutely no reason not to mentally kick back a little and say to yourself, “I’m good. All of those other roads out there can wait.” You’ve pulled into a rest stop and don’t yet feel the need to reenter the highway.

But the fact is, inertia can be a powerful force. It’s all too easy for a year, or 2 years, to turn into 10, then 20. There can come a point when “getting settled” transitions into “settling” for a role and place in the profession that no longer optimizes your strengths, feeds your ambitions, and excites your imagination.

That’s why, as happy as you may be with how things are now, it’s time to take a fresh look at that map, to give the future some thought, and turn “You are here” into “Where are you going?”

Get started by asking yourself these questions:

• What do I want to be doing in 10 years?
• What expertise will that PT or PTA (10-years-out guy or gal) bring to the table?
• What type of role will he or she play? (Go-to clinical expert? Educator? Owner? Other?)
• Where will I be doing this (in terms of both setting and geography)?
• How do I get there from here? (Hint: This road is not paved with good intentions alone! It will take planning and work to reach your destination.)

To start entertaining these questions in a meaningful way, think about what you—what all of us, really—tend to do in the here and now. We’ve all heard the phrase “life is about choices.” But the fact is, the vast majority of our daily choices aren’t choices at all. They’re simply habits. From the foods we eat at each meal to the hour at which we turn out the light at night, our outcomes generally are driven by rote, not by purposeful decisions. And, too often, rote turns to rot, in terms of developing our potential.
The great news is, you needn’t fall into this trap. While still treasuring everything that’s good about the present, you can use questions like the ones above to create a broader sense of purpose for every one of your future days as a PT or PTA.

Let’s say, for example, that you’re a PT and, upon reflection, you see yourself owning a clinic in a neighboring town a decade from now and feeding your passion for managing musculoskeletal conditions by also being a board-certified clinical specialist in orthopaedic physical therapy. You know where you are, but how do you get there—to that place where you’re the boss and where you’re also an expert in the area of the practice that excites you the most?

Here’s what you do. Map out these steps:

- Continuing education (What courses? When? Where?)
- Mentorship (Who can teach you more about business ownership? About preparing for the specialty exam?)
- Increased responsibility (What’s the next rung on the ladder? How can you best position yourself for a managerial role?)
- Networking (Who do you know in that neighboring town? Who are your potential referral sources? How can you start establishing yourself there?)
- Financial planning (You’ll need capital to open that clinic. How are you going to accumulate it?)

You get the idea. Home in on your vision, and get started. The 2 biggest things that hold us back from reaching our potential are our routine-focused, workaday blindness—blindness being the antithesis of vision, after all—and its associated fealty to the word “Someday.”

Getting back to the idea that an array of roads stretch out before us, some of them climb, transporting us to new heights. Others remain flat. Still others take us downhill. Which road will you take? What better time than now to decide and to steer yourself onto it?

Brad Cooper, PT, MSPT, MBA, ATC, is the founder of the Catalyst Coaching Institute (www.CatalystCoachingInstitute.com), 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 International Consortium for Health and Wellness Coaching, 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 as a physical therapist. For more information, contact Cooper at Results@CatalystCoachingInstitute.com or 303/521-1570.
Emerging Leaders
Each year, APTA and its components identify and honor emerging leaders for extraordinary service early in their physical therapy careers and for their exceptional contributions to APTA and the component. Congratulations to the following early-career members who were selected as 2017 APTA Emerging Leaders:
- Kaelee Brockway, PT, DPT, Michigan Chapter
- Donald Johnson III, PT, DPT, Connecticut Chapter
- John Kuczynski, PT, DPT, Board-Certified Clinical Specialist in Orthopaedic Physical Therapy, Ohio Chapter
- Keaton Richardson-Ray, PT, DPT, ATC, Oregon Chapter
- Sarah Stineman, PT, DPT, Board-Certified Clinical Specialist in Orthopaedic Physical Therapy, Wisconsin Chapter
- Carissa Wengrovis, PT, Academy of Pediatric Physical Therapy
- Tamra Wroblesky, PT, Section on Women’s Health
For a complete list of the 2017 Emerging Leaders and to learn more about each recipient, see the October 2017 edition of PT in Motion magazine at www.apta.org/PTinMotion.

Residencies and Fellowships Expand Your Clinical Knowledge
Residency and fellowship programs are postprofessional programs that occur after a graduate physical therapist (PT) has obtained his or her license to practice. Both offer opportunities for ongoing mentorship and feedback. Residencies advance your knowledge and skills in patient and client management in a specialty area. Fellowship programs train PTs in a subspecialty area (beyond specialty training). Are you considering applying to a program? Learn more, and find a list of American Board of Physical Therapy Residency and Fellowship Education accredited programs at www.abptrfe.org.

Stay Informed With Friday Focus
Opt in to Friday Focus. Sign up to receive these weekly electronic newsletters, free to APTA members, dedicated to 4 specific topics:
- “Professional Issues” includes career development, practice management, and licensure (delivers the first Friday of the month)
- Evidence and Care” covers evidence and research related to patient care and health services (delivers the second Friday)
- “APTA and You” focuses on association and member issues (delivers the third Friday)
- “Payment” covers payment trends, health care reform initiatives, and legislation and regulation (delivers the fourth Friday)
These dynamic articles and posts feature health care news, trends, events, member tools, and research across practice settings and specialty areas. To begin receiving any or all of the Friday Focus newsletters, personalize your email preferences in your member profile at www.apta.org/MyProfile.
## Resources for Early-Career Development

As you establish your career, there are numerous resources available on the APTA website.

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Spencer’s first travel contract didn’t have a formal mentorship program; however, he said he still learned a lot and expanded his skills. “The job was in a community hospital with a wide patient population that introduced me to practice areas I hadn’t experienced in any depth before—prosthetics, oncology, wound care, and even a bit of acute care and ED work. As a new grad, you will grow a ton in your first-year of practice, and it helps to have a steady, supportive work environment helping you grow.”

Professional development also can be a challenge for travel PTs, as well as building any sense of community. Spencer always felt travel physical therapy was offering him a once-in-a-lifetime experience to see and truly get to know parts of this country. And, although he loved the variety in life and profession that traveling allowed, he also felt obstructed in being able to truly progress in any specific direction. He felt that he had acquired a great breadth of scope in his practice but not extreme depth in any area.

Both PTs also stress that the companies hiring travel PTs are looking for results. Being able to effectively interview and describe who you are as a clinician is a must for travel PTs. Your phone interview is your 1 chance to make an impression and let the employer know what you have to offer. Spencer recommends that you know your strengths as a clinician and be prepared to talk about some of your clinical experiences, especially if they are similar to the job for which you’re interviewing. However, Spencer encourages travel PTs learn the value of being flexible and open to new experiences. “You don’t always have to have all of the experiences. Sometimes you just have to be willing to learn, and you will learn something on every single travel assignment if you are open to it.”

“All of my professional decisions are highly influenced by what is going on in my life,” Spencer said. For his first assignment he waited for his then-girlfriend, now his wife and also a PT, to be ready for travel. His next biggest priority was to see different places. He and his wife developed a pattern of taking winter contracts in Aspen, every other summer in New England and somewhere else on opposite summers—5 of those were on different islands in Hawaii.

Some PTs travel because the pay typically is better than that for a permanent job. There are some tax advantages if you choose to take the housing stipends and per diems, but that’s not enough to make you rich, Spencer and Fajardo said. There are moving costs, storage fees, and big trips to the store for supplies on every move. Spencer figured that at the end of the year he made the same amount as nontravelers, but he was able to live in amazing places and take more time off.

Spencer has enjoyed being a travel PT, but after 10 years he and his wife chose to take permanent positions in Aspen, Colorado, and welcomed their first child earlier this year. Spencer now works at Aspen Valley Hospital, primarily in outpatient services, with some inpatient and ED. He hasn’t stopped traveling, though. Over the years, while working winters in Aspen as a travel PT, Spencer learned about Aspen Challenge, a program providing recreational sports opportunities to those with physical and mental challenges. One of the organization’s fundraisers is to host a marathon, typically in different countries. This past summer Spencer joined the Aspen Challenge team to run a marathon in Reykjavik, Iceland.

To learn more about travel physical therapy, check out HoboHealth.com and TheVagabondingDPT.org.
Travel Physical Therapists

New cities. New people. Different work settings. All of these can be enticing for someone who is interested in becoming a travel physical therapist (PT). But when is the right time for early-career clinicians to consider it? It depends on you. We checked in with James Spencer, PT, DPT, who has been a travel PT for the last 10 years, and April Fajardo, PT, DPT, a 2015 graduate, who has been traveling for 2 years.

Spencer, a board-certified orthopaedic clinical specialist and certified strength and conditioning specialist, worked in a private practice for 6 months before hitting the road. He has traveled from Maine to Colorado to Hawaii and other spots along the way. He blogs about his experiences on HoboHealth.com. Thinking about becoming a travel PT? Spencer recommends that new graduates work somewhere for at least a year before striking out on such a career. He believes working in a stable setting before becoming a travel PT builds your professional development as a new clinician and your ability to compete for the assignments you want. A permanent placement gives you a place to grow.

He’s found that small community hospitals consistently need travelers. These facilities need PTs willing to work across the spectrum of care—emergency department (ED), acute care, short-term rehab, outpatient, and sometimes home care. “As I gained more experience working in different settings, I became more marketable to facilities that needed PTs to see diverse populations. Specific to the travel market, you are unlikely as a new grad PT to get assignments that are at facilities in the settings you would like. I recently have had several PTs write to me who tried travel as new grads, didn’t have the success in travel they had hoped to have, and attributed their failure to not being able to compete for the assignments they really wanted.” Bottom line, Spencer says: without experience on your resume, you are a less-competitive candidate for the most desirable travel contracts.

Fajardo, who blogs at TheVagabondingDPT.org site, says although travel physical therapy isn’t for everyone, especially new grads, it was a good option for her. During her DPT program she had been on 3 very different clinical rotations in different states and different settings. She thrived on the challenge of learning something new in a relatively short period of time. She also knew she’d want breaks to be able to participate in international mission trips. Travel physical therapy offered her the flexibility she needed. In between contracts, which typically are 13 weeks long, she’s been able to take time for international mission trips and to work with Move Together, a nonprofit that works to bring rehabilitation services to the underserved globally.

Taking the Leap

How do you know if you’re ready? Fajardo suggests learning from your clinical experiences at school. Ask yourself questions before considering travel physical therapy. What’s your learning style? Do you need more time for observation, or can you jump in and figure it out as you go? Do you know when to ask for help? How do you deal with stress? How do you handle change? Is living in a new place an adventure, or do you think it’s a chore? Are you the kind of person who will seek out opportunities to meet people?

Spencer adds that flexibility is huge. Being open to a variety of practice settings widens your possibilities. Should a contract fall through or end early you need to be ready for the next opportunity. That includes being licensed in multiple places to expand your search area for a job. For Spencer, obtaining new licenses has been the hardest part. There is a great variety among regulations state-to-state, and it’s important as a travel PT to stay on top of your verification requests and various other forms. That effort may be eased up in the near future, as APTA supports, and some states already are pursuing, a compact that would establish a multistate agreement for physical therapy licensure. This will enable PTs to obtain a license in one state and practice in all states participating in the compact. Spencer believes the compact is long overdue and will drastically change the travel physical therapy market. For more on the compact, see www.apta.org/StateIssues/InterstateLicensureCompact/.

Both Spencer and Fajardo recognize the value of mentors and realize they often aren’t available for travel PTs. Fajardo encourages travel PTs seek out their own mentors. She has found mentorship through APTA and the Academy of Neurologic Physical Therapy as well as with other clinicians she’s worked with in the past.

Continued on page 27

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