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Do you use your physical therapy knowledge in your volunteer activities? If so, what is your activity, and why did you choose it?

When I’m selecting volunteer events to participate in I tend to select running-specific events and serve on the first-aid committee during the event. I do this so I am able to apply my physical therapy skill set if necessary during an acute musculoskeletal injury and also provide assistance with taping techniques to the athletes. While in my DPT program, the importance of volunteering and giving back to the community was expressed regularly by the staff, so that definitely stuck with me while I began my career as a licensed physical therapist.

Blake Banner, PT, DPT | Alexandria, Virginia

I do presentations in the retirement community I call therapy talk (inspired by TED Talks). I’m a board-certified geriatric clinical specialist. I love sharing my knowledge and clinical expertise with older adults and encouraging them to be active. Exercise has personally made a huge difference in my physical and mental health. I read a lot of research and love to spread evidence-based practice to all the older adults I’m able to reach. I do this because I love my job in helping older adults stay active and keep moving. My motto is, “It’s never too late, and you are never too old.”

Amutha DeSilva, PT, DPT, MS | Cincinnati, Ohio

I certainly use my physical therapy knowledge in volunteer activities and more specifically in the relationship between physical activity and health outcomes. I most recently started showing up to local town hall meetings and being an advocate for environments that support active lifestyles. I’m trying to use my physical therapy knowledge to spark change in my community’s health.

Patrick Berner, PT, DPT | Taylors, South Carolina

I love reaching out to curious people. When I volunteered at a local museum’s human body exhibit, I used my knowledge of anatomy for improved engagement with visitors. We had a life-sized 3D cross-sectional touch screen of the human body. Kids love learning and movement, so I turned an anatomy walkthrough into a “tap-the-structure-and-do-a-movement-with-that-structure dance.” Anatomy turned more fun when the parents were interested, too.

Elizabeth Garcia PT, DPT | Dallas, Texas

I became a Big Sister through Big Sisters Association after graduating with my DPT in 2014 and moving to Boston. I wanted to learn about my community in a deeper way by connecting 1-on-1 with another individual. Nazareth and I have been matched for more than 3 years now, and we enjoy all sorts of activities together, including hiking, rock climbing, and basketball. I use my knowledge from physical therapy in several ways, including the need to meet others where they are, flexibility, and active listening.

Maegan Brady, PT, DPT | Somerville, Massachusetts

I volunteer giving community presentations to pregnant and postpartum moms and their families. I use my physical therapy knowledge to educate on body mechanics during child care activities and functional mobility. It is great information for families and also helps those experiencing pain. It is a wonderful feeling to use foundational tips to help people improve their lives.

Arantzazu Garate Cioce, PT, DPT | Albuquerque, New Mexico
Today’s physical therapists (PTs) and physical therapist assistants (PTAs) start their careers in a much more culturally diverse landscape than did previous generations, making it more important than ever to look beyond the world you know to treat patients whose values and beliefs may differ from your own. Social trends recently released by the Pew Research Center say that by 2025, the foreign-born share of the US population will surpass the immigration waves of a century ago. Census projections from the Brookings Institute predict that the United States will be a “minority white” country by 2045.

“The population is becoming more diverse, not the other way around,” said Johnette Meadows, PT, MS, APTA’s program director of minority and women’s initiatives.

When treating these increasingly diverse populations, you may face cultural differences, socioeconomic disparities, communication challenges, and more. How you respond to those challenges could mean the difference between successful and poor patient outcomes.

The Case for Cultural Competency

As an early-career PT or PTA, you may find the myriad patient scenarios daunting: An autistic boy who doesn’t like to be touched. A woman whose religion doesn’t allow certain body parts to be exposed. A foreign-born grandmother who doesn’t speak English or trust doctors. A manual laborer with a back injury who can’t take time off work to heal. A person who doesn’t feel safe getting out to exercise. A single mother who can’t afford to go to a clinic 3 times a week. The list goes on. And since no checklist could possibly cover the nuances of every unique situation, a better approach is to develop strong cultural competency skills that equip you to adapt your evidence-based treatments to individual patients.
“People in the physical therapy profession have to be culturally competent practitioners. It’s a part of our vision,” Meadows said. “We need to understand the whole person, and unless we understand the whole person and how they think and feel about health care, then we are not doing our jobs as professionals.”

“It’s more than just taking a few classes or lectures,” said Kim Nixon-Cave, PT, PhD, FAPTA, associate professor and program director, Doctor of Physical Therapy Program and Post-Professional Education, Department of Physical Therapy, Thomas Jefferson University. “It’s understanding and respecting that patients come from all different experiences, have different ideas about their health, the health literacy skills they have, and the contexts in which they communicate about health, which may reflect their cultural values and beliefs.”

To be culturally competent in an increasingly diverse landscape, you need to look beyond what you can see—which often is race—and delve into the less-obvious elements of diversity, such as a person’s culture, age, sexual orientation, religion, socioeconomic status, place of origin, and environment. “We know that a person’s culture is more than race,” Meadows said. “Race is something you can see. Some of the others you have to ask about.”

Gaining that deeper insight means inviting the patient into the treatment conversation. Making assumptions about people from certain geographic areas, socioeconomic backgrounds, or other factors can affect patient interactions. “Don’t judge someone on how they look. Don’t judge someone on how they sound. Don’t judge someone on anything, really, until you’ve talked to them and understand where they’re coming from, what their needs are, and what they want their goals to be,” Meadows said.

“We have to be careful about making assumptions about groups of people based on some demographic marker,” said Kai Kennedy, PT, DPT, associate professor, Department of Physical Therapy and Rehabilitation Sciences, University of California – San Francisco. “If you approach a particular person and expect them to think or behave or act in a particular way, then that degrades your ability to develop an authentic relationship with them.”

Your own values and beliefs also come into play, so it’s important to be aware of those as well. “Sometimes we may not understand a patient’s culture or the way they were raised, or their belief systems are different from our own. If we aren’t sensitive or respect these differences we may lose opportunities to establish better rapport,” said Marie Vazquez Morgan, PT, PhD, associate professor, Department of Rehabilitation Sciences, Program in Physical Therapy, Louisiana State University Health Shreveport. “So cultural competence goes both ways. We have to be aware of our own preconceptions before we can be effective therapists to diverse populations.”

That understanding requires you to recognize your own biases and not let them negatively influence interventions. Kennedy advocates the notion of cultural humility, in which you ask yourself what experiences, ideas, and assumptions you bring to a care experience that may help or hinder your ability to be effective. “Cultural humility is recognizing your own limits alongside your own strengths and attributes that you can bring.”

Part of the ongoing process, Meadows said, is learning as much as you can—not only about the patient but also about yourself. “You should never let your own biases interfere with your ability to treat the person in front of you,” Meadows said. “And it’s always the person who’s in front of you, not the disease.”

Make Room for Nonclinical Factors

Understandably, PTs focus much of their attention on the treatment plan. Addressing the needs of the individual, however, requires you to shift your focus from strictly clinical factors, such as the diagnosis and evidence-based treatments, to nonclinical factors, such as the patient’s culture, values, beliefs, and environment.

“Providing proper patient care includes treating the whole client, and the whole client comes with a host of things that may have nothing to do with physical impairment or diagnoses,” Morgan said. She requires her students to research cultures, ethnicities, or races they’re not familiar with to guide their examination process and even patient treatment options.

“Those contextual factors, environmental and personal, can change everything in how you make a clinical decision,” Nixon-Cave said. She cautions her students about relying solely on procedural, diagnostic information and instead encourages them to be more
reflective and inquisitive practitioners—listening to a patient and working to build a connection and a rapport. Ultimately, this leads to a better understanding of what’s really going on with the patient, regardless of culture, and helps inform decisions about the best treatment approach. It also brings patients into the decision-making process, making it easier for them to take ownership of their health care.

Nonclinical factors extend to the practice setting as well, including variables such as the type of practice, time constraints, and available equipment and resources. You may need to modify treatments based on patients’ ability to fit them into their day-to-day life and environment. “We tell people they need to get out and exercise more,” Meadows said. “That’s very nice, but if they live in a neighborhood with no sidewalks or streetlights or that’s otherwise not safe enough to get out and exercise, you need to find other ways to help them.”

“We can say all day long, ‘This is what we think is best,’” Nixon-Cave said. “But if the patient’s not buying into it or there are limitations and barriers for them to participate fully, your treatment is ineffective, and it’s not going to happen.”

When Nixon-Cave discovered that many of her treatments were considered “work” on Friday evenings and Saturdays to Jewish patients, she had to adjust her thinking and come up with treatment options that aligned with what they could do on the Sabbath, rather than just skip the treatments entirely. She asked her patients what types of activities would be allowed within their religious constraints.

Similarly, when patients’ jobs don’t allow them to rest or take time off for treatment or exercises, alternatives are needed, such as exercises they can do when they get home or better body mechanics to use while at work.

“This is their job,” Nixon-Cave said. “There are no other options, so how do you make an intervention decision when this is the environment that they’re in? Improving the human experience is really considering all possible factors or influences that are going to come into play. You get better patient outcomes, you get better quality care, and, hopefully, it will eliminate or reduce these racial/ethnic disparities that we know are out there.”

“We need to be prepared as professionals to meet every individual where they are,” Kennedy said. “We have enough tools in our toolbox to address many of our patients’ needs within an economic bracket that works for them.”

When more expensive specialty items are warranted, such as wheelchairs or hospital beds, resourceful PTs have had success finding appropriate funding through charitable partnerships, government sponsor programs, and community engagement.

When Kennedy taught in rural Virginia, she participated in a community-wide health equipment loan program that quickly extended beyond the Shenandoah Valley to reach underserved communities in Haiti. It began with individuals, hospitals, and other organizations donating equipment, which was then loaned out to members of the local community on an as-needed basis. The program became so popular that the organizers soon had equipment coming in faster than they could loan it out. Knowing that Kennedy frequently worked in underserved communities abroad, the program organizers offered her the chance to take the surplus equipment to Haiti. “It was a huge win both for the local community and for our partners abroad,” Kennedy said.

Like Kennedy, Morgan has found that PTs and PTAs can play a vital role in reaching out to diverse communities, especially those struggling to gain access to quality health care. “We have to do as much as we can on our end to try and bridge the gap that currently exists,” Morgan said.

When Morgan discovered that many residents in an economically challenged Shreveport community lacked the ability to get to a clinic, she took the help to them. “It’s wonderful that we have an outpatient rehab clinic, but if I can’t get those individuals that need it the most into the clinic, then we have to go to them.” Along with students and colleagues, Morgan started offering bi-annual health fairs at the local food pantry. They provided free health screenings, health education, and community resource referrals. The health fairs also gave them the chance to engage the residents in conversations about what being healthy means to them and the health topics they would like to see included at future events.

After a few months, Morgan started to see people returning to the health fairs, asking follow-up questions, and wanting to learn more ways to improve their health. Some had even started going to a local free clinic for annual exams.

As an outsider, Morgan had wondered at first whether

Creative Solutions to Socioeconomic Challenges

Diverse populations sometimes come with socioeconomic challenges, especially in rural and urban areas. When state-of-the-art treatment facilities aren’t an option, you may need to be creative about finding treatment solutions.
the outreach efforts would be accepted. “There’s some inherent distrust in the medical system that we’ve seen with some cultures,” Morgan said. “However, health education and health care have been shown to be better accepted coming from providers who are of the same culture, race, or ethnicity as the populations they serve. That is the reason we must increase diversity within our profession.”

Leading to Better Understanding

When it comes to communicating with diverse populations, language can pose an obvious barrier. Here, too, the answer lies in establishing a relationship with the patient. “Sometimes it’s not so much that you can’t speak the language; it’s how to make that interpersonal connection,” Nixon-Cave said.

A student of Morgan’s recently did a presentation showing how learning a few key words in the patient’s language can make a big difference. “If you know how to say a few simple words in a patient’s native language, like the word ‘pain,’ and be able to do a 0-to-10 pain scale, it can make a huge impact,” Morgan said. “It shows the client that you care enough to learn how to better communicate with them, and that really enhances rapport.”

For communication to be most effective, Morgan recommends using a translator whenever possible and, if doing so, being careful to address the patient directly rather than the interpreter. Some facilities may even require translators to help prevent liability issues should something be misunderstood. If translators aren’t available, technology such as translation apps and phone translation systems can be valuable tools. Home exercise programs can be translated online.

To help ensure that patients understand the instructions you give them, Morgan recommends having them demonstrate what you have told them to do.

Mastering cultural competency is an ongoing journey, not a destination. “It’s a process,” Meadows said. “You’ll never know everything there is to know about someone else.”

“Our job is not to become cultural experts,” Morgan said. “However, we must strive to provide evidence-based treatment in an unbiased manner, recognizing different cultures and being sensitive to different beliefs and values.”

“Competence, to some, conveys an achievement, like a place that we’ve reached,” Kennedy said. “It’s really about lifelong reflection—reflecting purposefully on your own experiences and what they bring into a clinical space.”

Kennedy encourages PTs and PTAs to invite and celebrate cultural differences rather than looking at them as challenges to overcome. “When you’re able to reframe those differences as a benefit, there’s a whole different energy that’s brought to an exchange between people,” Kennedy said. “We all have our strengths, and we all contribute to the greater good.”

For more ideas on how to incorporate diversity into your practice setting, visit learningcenter.apta.org.
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Passion and Purpose Drive Pro Bono Service

Let your passions drive your commitment to giving back to the community, either locally, nationally, or internationally.

By Katy O’Grady

Two days after the baby boy died, doctors finally discovered his diagnosis—and it had been a treatable condition. His physical therapist (PT), Mary Elizabeth Parker, PT, PhD, found herself deeply angry and considered quitting practice. Instead, she focused the anger into a passion for undiagnosed and rare disorders, making a volunteer commitment that transformed her practice, research, and dissertation direction. “There’s more that we could do. We couldn’t save him, but I bet there are others we can save,” she said. Partnering with 2 women who had lost children to undiagnosed causes, she founded U.R. Our Hope, a nonprofit that supports families coping with undiagnosed and rare disorders. Parker is a board-certified clinical specialist in pediatric physical therapy and in neurologic physical therapy and is on the faculty at Texas State University.

Service to older adults is the passion driving Nileshkumar Soni, PT, DPT, a board-certified geriatric clinical specialist. The source of that passion is Soni’s family—his children, who follow his example and volunteer themselves, and his parents, especially his mother. Her dedication and service to others “is an inspiration to me and
a guiding light to respect other human beings,” he said. It led him to take on leadership and fundraising roles in 2 senior-focused volunteer organizations. He also founded a nonprofit called Being Strong, through which he gives health lectures in the community and fitness screenings for older adults. As a component of Being Strong, he engages PTs and physical therapist assistants (PTAs) across the United States to volunteer their time in similar service in their own communities, for which he provides organizational training.

Of course, not all PTs begin pro bono work by creating their own organizations. A friend invited Marne Iwand, PT, to assist with the Healthy Athletes Fun Fitness program of Nebraska Special Olympics. That was 12 years ago, and Iwand, who has an assistive technology professional certification and works at Munroe-Meyer Institute (MMI) in Omaha, Nebraska, has now served her fifth year as the program’s coordinator. Her work with people with disabilities has expanded into a seat on the board of Gotta Be Me, an organization promoting community inclusion, and volunteering weekly with its choir. She also participates with ride-along program Team Triumph and serves on the medical staff at a 1-week summer camp for children with muscular dystrophy. There, she advises for and teaches transfers, helps keep the kids safe, and works on the equipment when it breaks down.

Summer camps can provide a great way to get your feet wet doing pro bono work. “I used my PT knowledge this summer at Catholic Heart Work Camp to teach some of the teenage boy volunteers appropriate lifting mechanics when we were rebuilding a retaining wall,” said Alice Fasnacht, PT, DPT, of Springfield, Minnesota.

APTA’s Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant specify that APTA members provide pro bono physical therapy services and/or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, or underinsured. Whatever the spark that lights the path to pro bono work—a mother’s inspiration, anger after a patient’s death, or a simple invitation to participate—giving service provides personal and professional fulfillment and growth. “You get a great education, and you come out very prepared, but now you’re on a new learning slope. Work has become the learning, and it’s continuous learning, both about yourself, your patients, and your practice,” Iwand said.

Learning From Service

Years of volunteering with disabled people of all ages have shown Iwand just how much a PT or PTA can learn from broader connections with patients. “When you only treat people in a clinic situation, you don’t always see all the impacts,” she said. For example, in evaluating a patient’s needs in the clinic, “sometimes you miss things if you don’t get in that home to assess the equipment needs or the community needs.”

Iwand’s pro bono service has evolved from representing MMI at event booths to helping patients do things in the community they’ve always wanted to do, whether that means an assisted half-marathon or performing on stage for an enthusiastic audience. Volunteer work has also enhanced Iwand’s professional communication skills and given her clarity about questions when evaluating patients for equipment needs. Now, instead of asking why patients don’t do a specific exercise, she takes a more holistic, functional focus, asking, “What do you like to do, and what do you think is impacting you not being able to do it? OK, if you love fishing, let’s figure out what’s holding you back.”

For Parker, founding U.R. Our Hope radically changed her life. “I feel like I landed where I was supposed to be,” she said. Seeing her students’ interest in undiagnosed and rare disorders blossom gives her particular satisfaction. She also values her role as
an educator for professionals, giving talks to other clinicians about how to refer back for further diagnosis and how to get networked into research studies, especially if patients lack funding. In 2018, Parker received APTA’s Societal Impact Award for her work with U.R. Our Hope.

Giving back provides energy and a boost for Soni. “The biggest thing is the self-respect in the eyes of people I love. I’m doing it because I feel good, I can stand in front of the mirror and look at myself. I’m not a saint, of course, but I’m someone who is a little good for society,” he said. Volunteering to support older Americans also connects him with colleagues across the country and to local health care professionals outside of physical therapy. In a mentoring capacity, he advises on conducting health fairs, giving back, and “how to keep your sanity in spite of all the distractions when you’re trying to do good,” he said.

Iwand has also experienced additional connections with colleagues through the nonprofit she started with her husband, which involves refurbishing and loaning out therapeutic equipment in the community. The program provides her with “a nice way to reach other therapists who reach out to me, and educate them as well as provide a service for them,” she said.

Passion and Priorities
Keeping sane and managing the work/life/volunteer balance certainly has challenges. “There are days I get frustrated and days that I just have to go, ‘OK, today I can’t answer anybody’s emails and phone calls when they want it. It’s going to have to be when I can do it,’” Parker said.

For Iwand, “My problem is saying no. I want to help everyone and sometimes that can be overwhelming, especially, when it comes to equipment,” she said. Soni relies on support from family. “They understand that I’m intense when it comes to doing such things, but they understand why I want to do it,” he said.

Parker also gets frustrated at a lack of awareness of what PTs and PTAs do and works to be sure her students don’t leave her program thinking that they’re “just” a PT. “I think that mindset is part of the problem,” she said. She knows PTs and PTAs can be a vital part of a team and be strong advocates for their patients. “We are with our patients for lots of time. We are really keen observers of movement, of posture and function, and we get to know the family really well,” she said.

To help stay balanced, all 3 PTs accept their limits and enforce their boundaries. “Learn to say no if you need to. It’s OK,” Iwand said. She has learned to keep an eye on the bigger picture of her commitments and cancel an activity if it’s too much, which is especially important in a physically demanding field like physical therapy. “And now I don’t feel guilty doing that; it took me a while,” she said.

Soni sets specific goals for his commitments. In 2015 and 2016, for example, he dedicated Fridays from 10:00 am to 3:00 pm solely to his volunteer work. He also emphasizes “being the cause in spite of.” This means continuing to be the cause of the change in spite of all the distractions, and he has found this skill helpful in both charity and professional work. Parker encourages PTs and PTAs to pick 1 thing they like, do it well, and not spread themselves too thin. “Don’t just volunteer to volunteer because your office thinks it’s a nice thing to do. Go out and do something you’re passionate about,” she said.

Pursuing Pro Bono
Following your passion can help early-career PTs and PTAs make a stronger impact. Like Parker, Soni advises choosing 1 area in which to volunteer. “Stick to it, and center all your efforts back to that particular cause. When you look back over 10 years, 20 years, 30 years, you’ll see that you made a sizeable dent in an area,” he said.

Mentorship and professional connections from volunteering can also be beneficial. Parker encourages PTs and PTAs to connect with their local group within APTA right away. “Get to know the other clinicians there, and see what they’re doing. Be part of the organizations and find a niche for yourself,” she said.

Initial forays into pro bono work may be as simple as...
Iwand’s early approach of joining a fundraising walk for Down syndrome or muscular dystrophy. “Have a booth, or maybe join a patient’s team and do the walk. You could make it a family event by having your spouse or children come with you, and that way you’re educating your children,” she said.

Soni has done just that. His son, now 16, started shadowing him and volunteering at health fairs 8 years ago. Soni sees influencing his children positively by his actions as 1 of his biggest achievements.

For students and early-career PTs, existing programs such as the Special Olympics Fun Fitness screenings provide valuable exposure to a large client population that may be unfamiliar. “It’s a great way for students and young PTs and PTAs to learn how to engage people with disabilities if they haven’t had that opportunity,” Iwand said.

Calvin Cook, PT, DPT, based in Phoenix, Arizona, concurs about the benefits of volunteering with an already-established program. “I, along with several other colleagues, was able to participate in a community outreach event focusing on triathletes,” he said. “I chose to volunteer my time to this cause because I was a student athlete and didn’t understand the positive effects physical therapy could have until I was done competing. This community outreach provided me with the opportunity to spread knowledge about the positive impact physical therapy can have.”

Some PTs and PTAs have entered the profession specifically because of their volunteer work. Gail Bachman, PT, DPT, said, “It was actually volunteer activities that caused me to pursue a profession in physical therapy. I served as a Peace Corps volunteer for 3 years in Ethiopia and during that time observed so many individuals struggling with physical disabilities, which limited their ability to work or participate fully in their communities. During PT school and after, I have tried to address the issues I faced in Ethiopia, not only in my own community but also in Tijuana, Mexico,” said Bachman, who is based in San Diego, California.

Soni, Iwand, and Parker all say the joy and fulfillment of their pro bono work keeps them returning. Iwand finds fulfillment in making community activities available to people of all abilities. “I have the opportunity of seeing the lifespan and knowing what I’m doing at an early age may affect them in their adulthood,” she said. She also cherishes “the smile on the faces of adults who for the first time are dancing at choir or participating in a play and having an audience clap for them.”

Guidance for Going Forward
APTA provides extensive resources and information about getting started with pro bono physical therapist services, including basic considerations, settings for services, and identifying and evaluating charitable organizations. Visit www.apta.org/ProBono/. And if passion and purpose motivate you to go beyond the US border, opportunities abound to serve people around the globe. Read more and see APTA’s list of international organizations with pro bono opportunities at www.apta.org/ProBono/International/.
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By Gini Blodgett

Graduation was months ago. You passed your exams and found a great job in your specialty area. But this is no time to sit back and take it easy. It’s important to stand out from among your peers, and one of the best ways to do this is by staying current on physical therapy research and resources and incorporating these resources into your daily work.

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CINAHL Complete. The Cumulative Index to Nursing & Allied Health Literature (CINAHL) is the most comprehensive source of full-text articles for nursing and allied health journals, covering more than 1,300 journals. This database, consisting of articles from 1937 to the present, covers rehabilitation research from around the world more predominantly than any other on the market. Start here if you’re unsure where to look for your topic.

Find it at: PTNow>ArticleSearch>Search Databases Directly> EBSCOhost Research Databases.

Cochrane Database of Systematic Reviews.
The Cochrane database contains full-text articles of systematic reviews, as well as protocols, focused on the effects of health care. The evidence-based data presented may be combined statistically (with meta-analysis). Only the most recent version of a systematic review is included in PTNow; turn to PubMed to look for historical bibliographic records. Check the search strategies in the appendices for terms and search tips. Check included (and excluded) studies for more details about articles reviewed, and check out the bibliographies for additional sources.

Find it at: PTNow>ArticleSearch>Search Databases Directly>EBSCOhost Research Databases.

Alternatively, you can search more than 550 Cochrane reviews already vetted for you by the PTNow team. Find these at: PTNow>Cochrane Systematic Reviews.

ProQuest Health & Medical Complete and ProQuest Nursing & Allied Health Source (combined). These databases offer journal coverage of clinical and biomedical topics, consumer health, and health administration, including journals, videos, dissertations, reference books, and more. Searchers have access to more than 3,300 publications in complete text and images. Search these databases directly for best results.

Find it at: PTNow>ArticleSearch>Search Databases Directly>ProQuest Nursing & Allied Health Source, ProQuest Health and Medical Complete.

Here you’ll also find APTA’s PT Magazine (January 1999-September 2009), PT in Motion magazine (October 2009-present), and Medcom videos (access via the “Browse” tab, then Video Training Programs).

Rehabilitation Reference Center. Rehabilitation Reference Center (RRC) is a clinical reference tool designed for use by physical therapists (PTs), occupational therapists, and speech-language pathologists at the point of care. It provides several different resources under 1 site, allowing you to maximize your time with patients. See the “Where to Start?” section below for details about clinical reviews, drug information, patient handouts, exercise images, and more.

Find it at: PTNow>Rehab Reference Center.

SportDiscus. A comprehensive database covering
sports and sports medicine journals from around the world, SportDiscus provides full-text articles for 550 journals with coverage from 1985 to the present. If you’re thinking about movement, search SportDiscus.

Find it at: PTNow>ArticleSearch/Search Databases Directly>EBSCO Research Databases.

Where to Start?
Wondering where to start? It depends on what you need to find. Just like when you go to a public library or a grocery store, you already may know what you’re looking for—a magazine, book, DVD, dictionary or vegetables, fruit, ice cream, and so forth. What you need determines the document you retrieve: clinical practice guideline, systematic review, research article, test/measure, and so forth.

Books. A small collection of electronic books are accessible in their entirety thru RRC, including a medical dictionary; visit the Practice Resources tab for details. When searching the CINAHL Complete and SportDiscus databases, limit your results to “Full text,” and under “Source types” choose “Books” to find books on your search topic. When using the ProQuest databases, use the Advanced search feature and limit your results to “Books” under “Source type.”

Clinical practice guidelines. CPGs selected for PTNow are based on a systematic review methodology and were published by national organizations from around the globe, including almost 2 dozen by APTA specialty sections. Search via keywords below the gold “Filter Results” bar or by selecting a “Health Condition” or “Age” range from the pull-down menus.

Find them at: PTNow>CPGs.

CPG+. CPG+ saves you time by repackaging lengthy guidelines into concise reports with brief recommendations. Identified member experts in research methodology review selected CPGs and grade them based on the AGREE II tool. The result? A quality ranking of the guideline with highlights, plus a “Check Your Practice” list describing how you can incorporate the guideline into your clinical care. View the complete CPG for more details.

Find them at: PTNow>CPGs.

Clinical summaries. PT-authored clinical summaries on more than 3 dozen conditions are posted under “Clinical Summaries.” The clinical summaries and related “Clinician QuickTakes” synthesize evidence on managing specific conditions in different populations. Several also have short “Portable Summaries” downloadable in PDF format when you’re on the go.

Find them at: PTNow>Clinical Summaries.

Clinical reviews. RRC contains more than 800 clinical reviews on research topics germane to physical therapy, occupational therapy, and speech-language pathology. These reviews are connected with other point-of-care tools in RRC: patient handouts, exercise images, research articles, and more.

Find them at: PTNow>Rehab Reference Center>Diseases & Conditions.

Continuing education. APTA members have free access to 150 CEU modules from CINAHL Information Systems via PTNow’s RRC. Each module is 0.1 CEU and is aligned with a current clinical review on the same topic. Submit a keyword search on your topic and click on “CEUs” tab for results.

Find it at: PTNow>Rehab Reference Center>Diseases & Conditions>CEUs (after running a subject search)

Drug information. Looking for why a patient isn’t improving sufficiently? Check this resource by AHFS Drug Information Essentials, which contains information on 11,700 medicines, plus manufacturers of drug products, drug interactions, cautions, and toxicity.

Find it at: PTNow>Rehab Reference Center>Drug Information.

Exercise images. More than 9,800 exercise images from Visual Health Information (VHI) are available thru RRC. Each image includes text explaining how to perform the exercise, plus spaces for the number of repetitions and frequency. Custom-print options let you add personal care notes, plus order and sort exercises based on a treatment plan.

Find it at: PTNow>Rehab Reference Center>Exercise Images.

Health news. Read Health Day News stories via RRC to stay current on the health stories your clients are reading and seeing in the news media.

Find it at: PTNow>Rehab Reference Center>Health News.
**Journals.** Looking for full-text articles in a particular journal? “Publications” features supplied by the ArticleSearch literature databases and Discovery search engine make your quest easier. In the Search All Databases search engine, click on the “Publications” link in the top blue menu bar, and enter the publication title (or portion of it), subject, or International Standard Serial Number, then click the search button. Results display on a new page showing the availability of full text across the resources. Follow the same procedure when you access the EBSCO Research Databases. In the ProQuest resources, click on the “Publications” link above the search field to find full text.

**Patient handouts.** RRC provides more than 1,500 evidence-based patient handouts in English and Spanish; a custom-print feature allows members to add personalized care notes. Content is easy to read, and it has anatomical images and user-friendly formatting.

Find it at: PTNow>Rehab Reference Center>Patient Info.

**Tests and measures.** Evaluate a patient’s condition and track progress during treatment. Although many tests and measures are easy to administer, few are easy to find in their published formats. PTNow offers members licensed access to some 270 instruments for use in the clinic, with another dozen postings in development. Search by keyword or use pull-down menus to search by health condition, practice area, ICF domain, G-codes, and body region.

Find them at: PTNow>Tests.

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**SAMPLE SEARCH**

**One of my pediatric patients has been diagnosed with Fragile X Syndrome; how do I stay current about the condition?**

Set up an email alert by following the instructions in the ArticleSearch database or databases of your choice. For example, in the “Search across all databases” search engine, create a search using “Fragile X Syndrome” AND “physical therapy”. From the results page, click Search History and check the box for this search, click the “Save Searches/Alerts” option, and follow the directions on the screen. You will have to create a free registration with the database for this personalized service.

**SAMPLE SEARCH**

**I’m working on my searching skills, but I can’t always find the clinical research I need. Is there a form I can use to help me obtain better results?**

PICO Search provides quick and easy fill-in-the-blank searching for clinical research. Go to ArticleSearch, use “Search across all databases” search engine, and click PICO Search under the search field. Complete each line in the popup box—Problem/Population, Intervention, Comparison, Outcome (PICO)—with concise terms to run a clinical search. Boolean connectors (OR, AND, NOT) are not required if you restrict yourself to 1 concept per field, but they may be used for multiple concepts in a field.

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**Need More Help?**

**Tutorials.** Short video tutorials for the various search engines within ArticleSearch are available on the ArticleSearch page. Scroll down to the Research Assistance section and select the EBSCO or ProQuest option.

**Ask-A-Librarian.** You’re not alone. Assistance is available when you have questions about search terms, full-text access to a publication, the best literature database to use, and more. Look for the Ask-A-Librarian links in the databases and email your PTNow Librarian or directly email articlesearch@apta.org.

**Clinical questions.** If you have specific clinical questions, you can email them to ptnow@apta.org.

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_Gini Blodgett is APTA’s lead information resources specialist. She can be reached at giniblodgett@apta.org._
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FRAUDULENT RECRUITMENT AND PREDATORY JOURNALS

As an early-career PT or PTA, you need to be wary of being taken advantage of; if it sounds too good to be true, it probably is.
Scams aren’t new. Any time money changes hands, there’s a possibility someone will help themselves. But now, with the Internet changing the way we communicate and share information, a new breed of criminal has emerged. From fraudulent recruitment ploys to predatory journals eroding the scientific process, there are plenty of dangers to watch for.

**Fraudulent Recruitment**

Fraudulent recruitment tactics can be aimed at anyone in the workforce but often are targeted at recent graduates or students. They usually work like this:

- Scammers post online job advertisements.
- The job-seeker is informed that certain purchases are required, but the “employer” will send a check to compensate for the required resources. The victim receives a check and is instructed to deposit it in his or her personal checking account.
- The scammer then instructs the person to withdraw the funds from the checking account and send a portion, via wire transfer, to the “vendor,” who purportedly will provide the equipment, materials, or other items necessary for the job.
- The checks sent by the scammer turn out to be fraudulent. However, the victim’s money has been sent before it’s apparent that the check from the “employer” was no good.

The FBI warns that the job-seeker is responsible for reimbursing the bank the amount of the counterfeit checks. The person’s bank account may be closed due to fraudulent activity, and the bank could file a report with a credit bureau or law enforcement agency. And the scammers often obtain personal information from the job-seeker while posing as an employer, leaving them vulnerable to identity theft.

The FBI offers these tips to help identify the scam:

- Never accept a job that requires depositing checks into a personal account or wiring portions to other individuals or accounts.
- Many of the scammers are not native English speakers. Look for poor use of the English language in emails such as incorrect grammar, capitalization, and tenses.

Some scams add an additional level of sophistication to their efforts. They create fake job listings, websites, and recruitment emails for well-known and reputable businesses. The primary goal, in fact, may be to collect personal data from applicants. These fake listings may request Social Security and banking information or money for training materials, uniforms, or seminars.

Concentra, a national health care company with more than 530 centers in 44 states, issued a warning last year that it had been informed “that scammers are using the company’s name to mislead individuals who believe they are applying for an opportunity with Concentra or receiving a job offer from Concentra. This scam and those behind it have even taken images and names from Concentra’s recruiting team and use email addresses that contain the word ‘Concentra.’ It cautioned: “Those behind this may ask job candidates to send money at some point...A legitimate Concentra recruiter or hiring manager will never ask you to send money. Also, you will never receive a job offer from Concentra if we have not verbally interviewed you.”

Kindred Healthcare issued a similar notice, stating in part: “There have been candidates contacted by individuals who are falsely representing themselves as Kindred Healthcare executives and recruiters. The candidates have been contacted from email addresses that do not contain the Kindred.com, Gentiva.com, or RehabCare.com domain and via text messaging stating that they qualify for a position. Upon going through the process, candidates are offered a position and then are being asked to send money to an address in order for Kindred to purchase equipment.”

Kindred continued, “Representatives of Kindred Healthcare, any of its hospitals, nursing centers, Support Center, Rehab Care, Kindred at Home or any of its affiliates will never ask for cash, check, money order, or bank information of any candidate and will not employ the use of third-party domain email addresses (Yahoo, Google, etc.) or send personal text messages to communicate or to extend offers.”

**Predatory Publishing**

It used to be that research papers would be accepted by scientific journals only after a rigorous and time-consuming peer-review process that often yielded major suggestions and identified areas of weak science or research. It was a process that tested and safeguarded the integrity of public information.

With the advent of the Internet and open access, a new breed of journal has appeared—the predatory publication. “A predatory publication,” says Chad Cook, PT, PhD, “doesn’t follow the traditional peer-review process...
for scientific manuscripts. In essence, it just pushes a paper through, typically for a fee, and without any true scientific oversight.” Cook is the program director for Duke University’s Doctor of Physical Therapy Program. He also is editor of “Viewpoints” in the Journal of Orthopaedic & Sports Physical Therapy (JOSPT).

Questionable publications typically result from open-access publishers using the “gold” (author pays) model. In gold open access, published research is free to readers, with the publishing costs financed by fees charged to authors upon acceptance of their submitted articles. In return for a payment from the authors, a predatory publisher will almost immediately publish the manuscripts in its open-access journal.

Not all open-access journals, however, are predatory. As Jeffrey Beall, a librarian at the University of Colorado – Denver, explains, “Theoretically, there’s nothing wrong with this model (publishers who use open access but require authors to pay once their papers are accepted), especially because it makes published research free to all readers, including those who are unaffiliated with academic libraries and who live in developing countries. In fact, several legitimate journals use an open-access model either exclusively as a publishing method or as a choice within a standard structure [with an associated fee].”

But, Beall adds, “The quick and easy acceptance that predatory and low-quality journals offer is a threat to medical science.”

Often these publications have legitimate-sounding names that can fool researchers and readers alike. Legitimate authors are being conned into submitting their work, but, when it’s published, it often goes into a “black hole” where no one ever reads it, Cook says. “Readers, if they do get access to it, will read it as if it’s a legitimate scientific paper, when in reality it has had no oversight and no peer review. And the public is duped. People often forget where they receive information. Legitimate sources of information are weighed against these predatory sources.”

“Clara Patterson, PT, DPT” (a pseudonym), practices at a sports medicine clinic affiliated with a university in the southeast United States. She is a legitimate author whose name ended up appearing in a predatory journal. Here’s what happened: She participated in a study years ago. When it was complete, she and her colleagues submitted their research to several scientific journals. But their paper was rejected. Then the lead author moved out of state.

“I assumed,” Patterson says, “that we were going to let it fade into oblivion and not do anything more with it. Then I received an email from a colleague saying he

found my name in a predatory journal. I asked, ‘What journal? And what article? What are you talking about?’ I really had no idea.”

Perhaps because of the dubious success of these predatory journals, their numbers are on the rise. According to an analysis cited in JOSPT, they have grown in number by 600% in the last 4 years.

“What is most astounding,” Cook comments, “is that really talented people submit to these publications. The number 1 funding source for publishing in predatory journals, a recent study found, is the National Institutes of Health [NIH]. So, NIH dollars are being spent for authors to submit their work to predatory journals.”

Cook adds that 1 of his students traced the addresses associated with a few predatory publications and found they led to residential houses. “So, it’s not even a publishing company,” Cook says. “They’re running this fake series of journals out of their home. It really is shady.”

To avoid such publications, Cook suggests readers and researchers determine if they are affiliated with a legitimate scientific group or professional society.

Second, he advises, researchers should communicate with their well-published peers who can help them navigate the world of peer-reviewed publications.

Third, many peer-reviewed publications are accepted into the NIH National Library of Medicine’s Medline database, a standard most strive to achieve. Not all reputable journals are indexed in Medline, however, so it is not an exclusive list.


REFERENCES
Isn’t it a great when the folks you spend your time with agree with you 100% and support your every decision? Actually, no. If that’s your reality, it’s a red flag that your personal or professional growth is incremental at best, if it hasn’t stopped altogether. Growth most often arises from discomfort of some sort. What, exactly, is uncomfortable about having everyone around you nod their heads in agreement with your sage choices and plans? Are you really that uniformly sage?

Abraham Lincoln famously had his “team of rivals,” as described by historian Doris Kearns Goodwin in her well-received 2005 book of that name. William H. Seward, Salmon P. Chase, and Edward Bates were the 3 men who Lincoln bested to claim the Republican Party’s presidential nomination in 1860. After winning the general election and becoming the nation’s chief executive, he named Seward his secretary of state, Chase his secretary of the treasury, and Bates his attorney general. Lincoln brought his greatest rivals into his inner circle to challenge and stretch himself. An effective and formidable team was formed, and history was made as they somehow worked together at a key point in the nation’s life.

I’m not saying that I’ve been quite as purposeful (or gutsy) as was Lincoln in forging my relationships with others. However, while I wouldn’t consider any of the following individuals “rivals,” per se, it’s absolutely true that their differing opinions, outlooks, and perspectives have been invaluable in shaping my life and career:

The most obvious example is my wife, Suzanna. Anyone who knows us picks up pretty quickly on the fact that she and I are, well, very different people—in our personalities, approach to life, priorities, mindset, and more. Those differences have helped round out our lives together. They’ve also been invaluable to raising our 3 (now-adult) children over the last 24 years and building our pair of businesses over the past dozen. Suzanna and I often don’t agree on how to do things—and that’s good. It’s produced a lot of strong decisions and actions—the results of fruitful debate, informed by respect for each other’s insights and gifts.

Pam, Chris, and Bernard were key members of my management team in my previous role overseeing physical therapy facilities. Different? Are you kidding me? In seemingly every way, they and I came at problems from divergent directions. From those distinct perspectives, however, clear pathways emerged, and the results were outstanding.

In my current PhD program, the 2 professors with whom I regularly interact are as different as different can be—both from each other and from me. But we respect and learn from each other. It works—incredibly well.

Eric, my editor at APTA, and I are another example of the value of differences. He likely just shakes his head at the rough state of some of the draft columns I send him. However, by the time they hit your eyes, they’ve been polished to a pretty good sheen. We’ve learned a lot from each other during the nearly 20 years we’ve collaborated, starting in PT Magazine, long before it was renamed PT in Motion, and here in Perspectives. Readers are the beneficiaries of this give-and-take union.

So, who’s on your team? Maybe you’re like me, and you aren’t sure you want to go to the extreme of enlisting “rivals.” However, can you see the value of partnering with those who see things notably differently from you?

Consider building a small “advisory team.” These are folks you’ll want to approach to bounce off ideas or discuss forks that present themselves in the road. You likely have people around you right now who roughly fit that description, but are they the right people? Are they “back-patters” who simply nod their heads and tell you to follow your heart? Or, are they willing to apply the brakes to your proposals, ask you tough questions, and challenge your way of doing things? (Hint: The second option is much more valuable to optimizing your future pursuits than is the first)

Relax, I’m not urging you to spend all your waking hours arguing with the people around you. That would be counterproductive—and exhausting. There certainly are times and places for the simple enjoyment of relaxing with like-minded people. There are instances, too, when
we really need encouragement and support. But the key concept here is that overloading yourself on agreement and encouragement can create a blind spot, one through which peak performance and some amazing outcomes can slip.

I suggest that you start simple. You’re reading this column because you want to optimize your career, so let’s begin there. With whom are you currently discussing your career pursuits and direction? Are all the people on that list saying things like, “Oh yeah, you’re doing great.” or “You’ve got a good job. Don’t rock the boat; just enjoy it”? Conversely, is anyone asking you such questions as, “What was the last role you took on that stretched your knowledge and abilities?” and, “Where do you see yourself in 3 years, and what steps are you taking to get there?”

Sir Isaac Newton had a pretty good sense of the realities of life when he noted a few centuries ago that objects at rest tend to stay that way. Humans tend not to move in new directions unless, as Newton observed about objects, we’re acted upon by some outside force. The thing is, though, that outside forces don’t always present themselves at opportune moments in our lives. That’s why we must be purposeful in seeking out those who can provide that force—and then be willing to listen to their advice.

You’re an “N of 1”—a single case in point, with your own specific strengths, weaknesses, and goals—and viewpoints diverging from your own may not be the best ideas for you at a given point in your career or life. It’s important to recognize that. However, it’s also instructive to note that, absent discomforting input, the tendency to remain at rest is greater, with potential negative implications for your career and life.

So, look around yourself. Do you see a rival—or at least someone whose mindset you don’t quite get? Is your instinct to keep a distance from that person? Try closing the gap. Because you know what I see? I see a possible teammate, maybe even a mentor. I see a growing you.

Brad Cooper, PT, MSPT, MBA, ATC, is the chief executive officer of US Corporate Wellness and hosts its Catalyst Health & Wellness Coaching Podcast, which provides tools and resources to PTs and PTAs who want to provide wellness services to patients and clients. Visit CatalystCoachingInstitute.com for details and/or contact Cooper at Results@CatalystCoachingInstitute.com.
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 2018 APTA Emerging Leaders:

• Maggie Abrams, PT, DPT, Ohio Chapter
• Karl Burris, PT, DPT, board-certified orthopaedic clinical specialist, Arizona Chapter
• Brendan Connor, PT, DPT, Massachusetts Chapter
• Alexandra Hill, PT, DPT, Section on Women’s Health
• Corey Irby, PT, Alabama Chapter
• Justin Ledbetter, PT, DPT, Hawaii Chapter
• Cariann Litz, PT, DPT, Florida Chapter
• Bethany Lukens, PT, DPT, Oregon Chapter
• Ryan McConnell, PT, DPT, board-certified orthopaedic clinical specialist, Tennessee Chapter
• Brandon Smith, PT, DPT, Virginia Chapter
• Jonathan Wood, PT, DPT, Academy of Acute Care Physical Therapy

For a complete list of the 2018 Emerging Leaders, see the December 2018 edition of PT in Motion magazine at www.apta.org/PTinMotion.

Financial Solutions Center
Are you financially savvy? Learn how to manage your finances and better understand how to successfully get out of debt. The Financial Solutions Center at www.apta.org/FinancialSolutions offers 3 different resources to help.

• APTA Financial Education Program is a customizable, multiformat learning platform powered by Enrich. In addition to education it offers calculators, videos, and infographics to make understanding your finances easier.

• APTA Student Loan Refinancing Program. Provided by Laurel Road, it offers a loan-consolidation program with discounts on loan-repayment rates for eligible APTA members. The loan-refinancing program criteria was expanded to include physical therapist assistants who have completed their associate’s degrees and have worked at least 1 year in the profession.

• Find a Certified Financial Planner. If you find you need a little help, consider working with a financial planner. Visit www.apta.org/FinancialSolutions for more information and tools.

Student Loan Management
Seeking additional ways to manage your student loans? Learn more about federal student loan forgiveness opportunities and the eligibility criteria at www.apta.org/DebtManagement/FederalOpportunities.

APTA’s #PTTransforms Blog
The #PTTransforms blog highlights and explores key issues and trends affecting the physical therapy profession. Recent topics have included primary care and the physical therapist lessons from the military, the use of motivational interviewing, and the 3 things you need to know about the PROMISe of global outcome measures. Explore www.apta.org/Blogs for more.
Move Forward Radio
The Move Forward Radio podcast series explores the impact of physical therapy from a consumer-focused perspective. Topics cover a broad spectrum, such as information about the fourth trimester, the story of a former NBA player and his experience with opioid addiction, Washington Spirit’s Joanne Lohman reflections on her “ACL Journey,” and more. Listen to the podcasts at www.moveforwardpt.com/Radio.

PTJ podcasts
*Physical Therapy*, APTA’s research journal, supplements its regular articles with podcasts featuring conversations between authors and PTJ editor-in-chief Alan Jette, PT, PhD, FAPTA. The podcasts are a good way to gain perspective on the articles themselves. If you’ve already read the article, you get more context. If you haven’t read the article, the podcasts serve as a great introduction. Listen at https://academic.oup.com/ptj/pages/podcasts.

Friday Focus Newsletter
Get the updates you want by opting in to receive 1, 2, 3, or all 4 of these free member electronic newsletters. Each issue focuses on 1 topic area, and you can select which ones to receive. The topics are professional areas, evidence & patient care, APTA & you, and payment. Visit www.apta.org/FridayFocus to learn more and subscribe.

Resources for Early-Career Development
As you establish your career, there are numerous resources available on the APTA website.

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The Physical Therapists Professional Liability Insurance available through HPSO offers up to $1 million each claim (up to $3 million annual aggregate) of medical malpractice insurance, plus it pays your legal expenses.

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MAKE IT PERSONAL

Mechanical Diagnosis gives you the power to empower your patients.

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at mckenzieinstituteusa.org