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perspectives
for PTs and PTAs in the first 5 years of their careers
Spring 2017

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

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How has being a clinical instructor benefited you or your career?

Being a clinical instructor continues to keep me honest, evidenced-based, and up-to-date. When I have a student, I am challenged by questions and new perspectives that keep me thinking. Every time I get a student I believe my practice changes for the better. Watching someone so excited about their job, finally understanding a concept, or actually making a difference in a patient’s life for the first time really does keep me feeling fresh and excited about my field.

Kiley Holmes, PT, DPT | Annapolis, Maryland

Being a clinical instructor has kept me from falling into bad habits and held me accountable for explaining my rationale on a routine basis. It has helped me stay current with literature and new treatment methods. More important, it has allowed me to share my passion for physical therapy with the next generation of treating clinicians.

Nicole Bettin, PT, DPT | Warrenville, Illinois

My mentoring has brought more self-awareness than most other learning opportunities as a young clinician. Instructing another student allows you to take a third-person view on your own way of practicing and thinking. Plus, it’s always great to be asked my favorite question: “Why did you choose to do it that way?”

Wesley McGeachy, PT, DPT | Board-Certified Neurologic Clinical Specialist | Portland, Oregon

Being a clinical instructor (CI) has granted me the personal satisfaction of helping guide new professionals as they make the transition from school to the clinic. It holds me accountable for having the knowledge to exercise sound clinical judgment in patient care. Having the joy of serving my profession as a CI also motivates me to stay current in my practice, which benefits me as well as my patients.

Rocio G. Antone, PT, DPT, OT | Board-Certified Orthopaedic Clinical Specialist | Houston, Texas

Working with students energizes me in my own career as I am reminded about the subtleties and complexities of physical therapy while helping students learn to treat patients. Being a clinical instructor helps me stay up-to-date on research and neuroanatomy. I love encouraging students to apply their knowledge from the classroom in the clinic.

Jennifer Meyer, PT, DPT | Board-Certified Neurologic Clinical Specialist | Nashville, Tennessee

Being a clinical instructor gives me a fresh perspective on how to treat my patients. My students and I often brainstorm and exchange treatment ideas based on our clinical experiences and the current evidence. I learn the most as a clinician when I have a student to teach as well as learn from.

Stacey Abraham, PT, DPT | Philadelphia, PA

Not only do I have the positive experience of knowing I have had an impact on a new physical therapist’s career, being a clinical instructor has also allowed me to examine my own skills, ethics, and personality as a practitioner. It gives me an opportunity to take a look at a little piece of myself, in a third-person perspective, and effectively make a change with the ultimate goal in mind—doing what’s best for my patient.

Mark Magdaleno, PT, DPT | Thornton, Colorado
How Can You Grade Yourself?

Now that you’re out of school and not getting regular grades, how do you know how you’re progressing? Ask yourself these questions to help keep up with trends, new skill sets, and best practices.

By Kim O’Connell
When Heather Jennings, PT, DPT, started her career, she found that mentorship opportunities were lacking at her first professional position. Without the regular interaction with professors she had enjoyed in her studies at Simmons College, she knew finding mentors would be an important way for her to continue growing in her field. So when she switched to her current employer, a Veterans Affairs hospital in Boston, she was able to find willing mentors and has already advanced in her career, including becoming a board-certified clinical specialist in neurologic physical therapy and being named a 2016 Emerging Leader by the Massachusetts Chapter of APTA.

Seeking out mentors is just 1 way new physical therapists (PTs) can stay current within the profession once they are out of the academic environment. In school, it was easy to use grades and instructor feedback as a way to gauge your performance. In the professional world, without those indicators, it’s difficult to always know how well you’re keeping up. Here are some questions you can ask yourself today to make sure your skills are up-to-date and you’re doing the best job possible.

**Do I have a mentor?**

As Jennings found, having a mentor can be invaluable to new professionals by giving them a sounding board, setting a professional example, and opening doors to new networks and opportunities. Chelseana Davis, PT, DPT, also has found this to be true in her position at The Ohio State University (OSU). Davis received her undergraduate degree at OSU and returned after earning her DPT to do a 16-month sports medicine residency. After that, she joined the sports medicine staff, where she is able to learn from several mentors and senior staff. She also is a board-certified clinical specialist in sports physical therapy.

“Working in a large entity, we have so many PTs, and a lot are senior to me, so I am continually learning from my coworkers and colleagues,” Davis said. “We reach out to each other’s departments as needed on a case-by-case basis.”

For Brittany Cogbill, PT, DPT, director of the Jackson Clinics’
Shirlington, Virginia, office, the fact that the company has a good mentoring program was a strong selling point when she was considering joining the team. The clinic offers classes and a residency program, and Cogbill credits that with preparing her to pass the American Board of Physical Therapy Specialties exam for her board certification in orthopaedic physical therapy. “After I graduated I was looking for a place that would make me better and help lead me to the next step in my career,” Cogbill said. (She now has a role in helping others in their careers too; see sidebar.)

Am I a mentor myself?

Just as it is important to learn from senior PTs, it can be equally rewarding to mentor or teach others. “I am on the sports residency faculty here at OSU, and I do a lot of mentoring in the clinic,” Davis said. “That holds me accountable to stay current with the research. That’s a piece of my work that I love.”

Working with students keeps you honest about your knowledge and where the gaps might be. “A good thing is to get involved with students,” Jennings said. “When they ask questions, you’ll realize whether or not you really know the answer. And if you don’t, you better know where to go within your interdisciplinary team to get the answers.”

Am I working toward a specialty?

Another way to stay sharp is to develop an area of expertise, which can help you fill an important niche in a large organization or be an important thought leader among peers. Narrowing down to a specialty can actually widen your network, according to Jennings. When Jennings opted to specialize in neurology, she found a group of peers who were also studying for the certification exam, and they met once a week for 6 months to study. “In school I had a group that I studied with, so this was a nice way to connect with people in my area of practice,” she said.

Cogbill, for example, brought to her practice a special interest in treating patients with Parkinson disease, and Davis has developed a specialty of working with young diving athletes, a sport she herself once competed in as a member of the USA National Team for springboard diving.

Am I taking advantage of APTA resources?

APTA offers a wealth of information about issues related to practice and professional development through its website and member communications. New professionals can join their local chapters, find the sections related to their specialty, and access myriad resources, including self-assessment tools, articles, and more.

One of the advantages of APTA membership is the ability to contact staff for consultation in working through specific issues. Anita Bemis-Dougherty, PT, DPT, MAS, APTA’s vice president for practice, said she enjoys these opportunities to connect with early-career members.

“When PTs come out of school, they are eager to try out the skills they learned in their PT program, but they will have questions about how to do this or how to do that, and where they should go for answers. Hopefully the clinic encourages professional and career development,” said Bemis-Dougherty. “If not, it’s best for them to network with others, find a mentor, maybe a former professor. APTA chapters, sections, and national conferences are a great way to network as well.”

“The biggest thing is to constantly evaluate if you know what you’re doing,” Jennings said. “The state chapter has given me a lot of mentorship, too.” Jennings continues, advising that PTs “get to know people who are more experienced, get recommendations for continuing education, and go to the APTA national conferences. My goal is to continue to be better at patient care and stay up with best practices.”

PTNow is APTA’s comprehensive evidence-based practice portal, which includes an article search function, clinical practice guidelines, tests and measures, and clinical summaries in a wide range of areas.

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“Am I doing self-assessments?”

Through its website, APTA offers members several self-assessment tools, designed as important checkpoints to ensure members haven’t lost sight of the ideals they strove
DO’S AND DON’TS FOR POTENTIAL NEW HIRES

As the clinic director for the Jackson Clinics’ Shirlington, Virginia, office—a bright, busy clinic not far from the nation’s capital—Brittany Cogbill, PT, DPT, has had a range of experiences interviewing potential new hires. She can differentiate pretty quickly between the team players and the ones who are in it only for themselves.

Headquartered in Middleburg, Virginia, the Jackson Clinics boast 14 physical therapy locations around northern Virginia, so most new recruits have initial interviews with upper management before they are sent to a specific clinic for interviews with onsite staff and time spent shadowing current employees. Although staff members only spend about 2 hours with potential new hires, Cogbill says it’s usually enough time to get a sense of their personality and how well they would fit in.

Cogbill says she is impressed when candidates assert themselves during shadowing in a helpful but not arrogant way, such as introducing themselves to a patient, running to grab a pillow, or jumping in to clean a table. “I don’t want them to necessarily be aggressive,” she says, “but you can tell [a lot about a candidate] if they are immediately helpful and they assert themselves gracefully.”

She also likes it when potential PTs ask how their particular expertise can help the clinic or if they have a special interest that could grow the practice, so she wants to hear about that when recruits come through.

What’s a red flag? One is when candidates seem overly concerned about how the work schedule might inhibit their personal life (such as the person who once declared that a later start time would be necessary because of an all-night karaoke habit). “A better way to present that would be, ‘What will my schedule be like?’” Cogbill says. Other turn-offs are braggarts who want to list all their qualifications to patients and staff.

for in school. One of these, “Professionalism in Physical Therapy: Core Values,” asks PTs and physical therapist assistants (PTAs) to self-assess, on a scale of 1 (never) to 5 (always), how often they practice certain indicator activities within several core values such as compassion and accountability. Indicators include things such as “using evidence consistently to support professional decisions” and “embracing the patient’s emotional and psychological aspects of care.”

Although there is no particular rule as to when PTs and PTAs might want to do a self-assessment, Anne Reicherter, PT, DPT, PhD, board-certified clinical specialist in orthopaedic physical therapy and a senior practice specialist with APTA, suggests waiting until at least a year out of school to self-assess, after you’ve settled into a routine. She recommends using a self-assessment tool to check for big-picture compliance with core values and then drilling down with “Check Your Practice” tools and clinical practice guidelines to ensure you’re using specific best practices.

Are my interventions based on the best evidence?

Evidence-based practice is a means to reducing unwanted variation in patient care. APTA’s PTNow information portal is designed to give you access to the best available evidence-based research that can be implemented in practice. One new development that could help you is APTA’s Physical Therapy Outcomes Registry, a national registry for clinical outcomes that will provide a database to improve clinical research and evidence-based care and
to support payment for physical therapist services in the evolving environment of value-based payment.

In addition to participating in national efforts such as the registry, PTs can either develop or participate in similar best-practices efforts within their own clinic, institution, or specialty. Davis is involved in a committee at OSU called Paper to Practice, which helps ensure practitioners are using evidence-based practices and helping with knowledge translation. “This is a newer initiative within Ohio State that I believe is going to grow immensely within both the university and the field of physical therapy,” she said.

**Am I pushing the envelope, both in my own development and in my clinic?**

For new professionals, it’s hard to know when to be assertive in a professional environment and when to show more deference to existing ways of working. Compliance and congeniality are important in any workplace, but it is easy for complacency to set in. Here’s where staying abreast of current thinking and approaches can provide support in certain situations in which you might be upending the status quo.

“One of the things I’m seeing is some new grads falling into the complacency of the clinic they are in,” Bemis-Dougherty says. “Maybe the clinic’s documentation practices are not in sync with how the new grad was taught to document in their education program. Rather than try to suggest changes, the new grad may just follow what the other PTs in the clinic do, which may not be best practice. We try to encourage PTs not to be afraid to use what they learned in their education to make suggestions for performance improvement opportunities in the clinic. I would encourage PTs to continue to enhance their skills and knowledge throughout their career. There is always something new to learn that will enhance their growth as a PT.”

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Eight months after Lauren Mitchell’s student finished his clinical rotation with her, he emailed to thank her for teaching him how to think critically. The student explained he was placed in a situation in which he didn’t feel familiar enough with the type of care he needed to provide. But he quickly realized, “Lauren taught me how to think through things, not that I need to have the answers.”

“That really stuck with me, that I taught him a skill that was transferrable to whatever setting of physical therapy he went into,” said Mitchell, PT, DPT, who has been practicing acute-care physical therapy at Johns Hopkins Hospital since she graduated 5 years ago. “[He] was using skills that we used in the hospital in terms of how to critically think through a situation.”

Physical therapists (PTs) and physical therapist assistants (PTAs) new to the profession may think they don’t have enough experience to be clinical instructors (CIs). But that’s not necessarily true, said Ralph Utzman, PT, MPH, PhD, chair of the APTA Credentialed Clinical Instructor Program (CCIP) Advisory Work Group. Utzman is director of clinical education at West Virginia University.

“I always tell them, ‘You know a lot more than you think you know,’” he said. “The first year of practice is usually a big transformation for new professionals, and they often underestimate what they have to offer a student.”

Teach Students How to Think

You may think that as an early-career physical therapist or physical therapist assistant you don’t know enough to be a clinical instructor. Not true. Being able to teach a student how to find answers is more valuable than knowing all the answers.

By Melanie Padgett Powers
PTs and PTAs can become clinical instructors after practicing for 1 year. Most programs place 1 student with 1 instructor, but some programs may have 2 to 3 students per instructor. Full-time clinical rotations typically last 8 to 12 weeks, although they can be shorter. Most CI positions are unpaid; however, depending on the state, CIs may be able to earn CEUs.

New clinicians 1 year removed from graduation have been out of school long enough to build their experience, but they can still remember what school is like. “It is still fresh in their mind how nervous they were on that first day,” said Tara S. Pearce, PT, DHS, another member of the CCIP work group and associate director of clinical education at the University of Alabama at Birmingham. “They remember the things they liked and disliked about their own clinical instructors when they were in school. That can sometimes help them develop their own teaching style.”

New PTs and PTAs shouldn’t sell themselves short, Mitchell said. “Knowing all the answers is not what’s expected of you, but being able to teach a student how to think and how to find the answers is really valuable.”

**Personal Gain as an Instructor**

So far, Mitchell has taught 3 full-time students. After she loved the experience teaching her first student, she decided to take the CCIP course to improve her skills. PTs and PTAs who successfully complete the course earn 1.6 CEUs and the clinical instructor credential. The program, which is celebrating its 20th anniversary this year, has had 57,000 PTs and PTAs complete the course since its inception. (See sidebar for more information.)

In 2012, 670 APTA-credentialed CIs in the United States responded to a survey addressing PTs’ motivation to take the CCIP course. (The study was published in the fall 2012 issue of *Journal of Physical Therapy Education,*). The survey showed CIs were motivated to teach more by their own desire than by any external factors. The 2 most significant intrinsic factors were contributing to the education of students and a CI’s own professional development.

Mitchell can relate. She loves the joy she gets from watching her students progress over several weeks. They move from heavy reliance on her expertise to being able to think through a situation and to confidently develop a plan. “Watching them grow as clinicians is probably 1 of the best things,” she said.

Mitchell said the CCIP course taught her how to teach students to think, apply their knowledge from school, and find the right resources when they don’t have all the answers. She also learned a variety of teaching styles and when to use them, such as when to give students information vs when to guide them, or how to determine whether a student likes to actively learn vs being pulled aside and told the answer. She learned when to let students fail and how to teach them to learn from their failures. The course also taught her how to give feedback in a constructive way, which can be challenging, she said.

Penny Goldberg, PT, DPT, ATC, a sports therapy PT at ReQuest Physical Therapy in Gainesville, Florida, said 1 of the most valuable aspects of the course was learning how to handle the “challenge of being able to quickly identify someone’s learning style so you can tailor their experience to what’s going to work best for them, because we don’t have students all that long.”

Clinical instructors also learn from their students. “If you can teach somebody to do something, it’s 1 of the easiest ways to say you’ve mastered these skills,” Pearce said. In addition, she explains, there are many ways to do things, and students might have a different approach from their instructor. They may also have information on new resources, research, techniques, and technology they can share.

That’s a reason Goldberg encourages CIs to take students from programs other than their own. Goldberg graduated from the University of St Augustine for Health Sciences and knows well the school’s 18-step evaluation program all PT students learn. But, she pointed out, other schools organize evaluations differently, and she can learn from those programs. “It benefits me as an instructor to have people who didn’t learn it the way I learned it come in and tell me how it’s being taught to them,” she said. Learning different philosophies allows her to try a new approach, particularly when she has a student who is having a hard time learning the way she typically teaches it, she said.

Goldberg pointed out 2 other benefits to accepting students from programs other than your own: helping inform undergraduates and building a bigger network. Goldberg’s facility, which is less than 2 miles from the University of Florida, has a constant flow of undergraduate seniors doing semester internships. By becoming knowledgeable about programs across the country, she is able to educate undergrads about some of the aspects of each program they might be considering.

Networking is vital as a new PT or PTA building your career, but attending national conferences where you know no one can be overwhelming. However, if you’ve worked with programs around the country, teaching their students, you will often be invited to that school’s alumni and friends receptions, Goldberg said. Plus, you’ll...
likely feel more comfortable stopping by that school’s booth in the expo hall or approaching someone from that school after a session. “It’s a cool way to grow your network,” she said.

Through her teaching experience and networking, Mitchell was selected to serve on an Academy of Acute Care Physical Therapy task force that spent 3 years developing core competencies for entry-level practice in acute-care physical therapy. From that, she had the opportunity to help Johns Hopkins revise its acute-care physical therapist student expectations. And because her supervisors knew she loved to teach, they recruited her to teach a class that Hopkins requires all new PT hires to take.

Overcoming Challenges

Becoming a CI can have its challenges. The biggest might be time: the time to structure your educational program, the extra time it takes to explain to students, and the time to evaluate and plan for future teaching moments with the students. Utzman said the CCIP course helps clinical instructors figure out the best way to manage their time—in a way that doesn’t have a negative impact on their clinic.

Another challenge is learning how to manage students who either exceed expectations or need more time or different approaches. Goldberg has been teaching in some form since she was a teenager. She was a swimmer and began coaching younger kids in swimming when she was 16 years old. After college, she was an athletic trainer, which included teaching, for 10 years before going to PT school. So it didn’t occur to her that she might have PT students who weren’t strong students, either in academics or professionalism. The course made her

How to Become a Credentialed Clinical Instructor

APTA’s Credentialed Clinical Instructor Program (CCIP) has been teaching physical therapists (PTs) and physical therapist assistants (PTAs) how to teach students for 20 years. The 16-hour course typically takes place over 2 days and is offered throughout the year all over the United States. The course is available to new and experienced PTs and PTAs interested in developing their CI skills. It’s also open to other health care providers, such as occupational therapists and audiologists.

The program covers how to:

1. Plan and prepare for physical therapy students during their clinical education experiences
2. Develop learning experiences
3. Support ongoing learning through questioning and effective feedback
4. Develop skills of performance evaluation
5. Identify and manage students with exceptional situations
6. Identify legal implications for clinical educators, including issues presented by Americans with Disabilities Act legislation

The course includes hand-on learning and large- and small-group discussions that benefit even experienced educators. PTs and PTAs who successfully complete the didactic part of the course and the 6 stations of the Assessment Center earn APTA’s clinical instructor credential. Learn more at www.apta.org/CCIP.
realize she needed to be able to step back and be ready to help those students. She has since had at least 2 students who needed academic remediation and 1 who also needed lessons in professionalism.

Preparing to Become a CI
Even if new professionals don’t feel they are quite ready to become clinical instructors, they can begin to learn more about the process and opportunities. “Start having a conversation with the clinical education coordinator at local schools,” Utzman said. “Find a mentor in your practice or community who is serving as a CI. Ask questions about what they like about it, how to get started. Take some steps in that direction so when you do feel you’re ready you’ve got some resources and some support.”

Being a clinical instructor can be incredibly rewarding and a way to continue to expand your skills. “You get a lot of growth and development,” Pearce said. “You get a lot of confidence in your own skills as you teach others. And, you learn from your mistakes. It solidifies your own confidence and your own knowledge and the skills you’re teaching.”

Convince Your Facility to Add A Clinical Rotation Program
Not every physical therapy facility has a clinical rotation program, which could be a lost opportunity to recruit future employees and build a stronger facility. Physical therapists interested in expanding their clinic’s existing program, or who are trying to convince their supervisors to start a program, have a few options. Suggestions from clinical instructors (CIs) include:

• **Reach back to your own university program for help.** You already have contacts there, and the school’s clinical education coordinators and directors can help you begin to educate your facility leaders on how to set up a program.

• **Explain to your supervisors that CI programs are a great way to recruit future employees.** CI programs allow clinics to evaluate students’ strengths, plus students will recommend strong programs to their fellow students as great places to work.

• **Let your supervisors know what a great tool CI programs are for employee professional development and possibly retention.**
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Amarillo, TX ..............................................July 22-23, ‘17
Twin Falls, ID ...........................................September 16-17, ‘17

Home Health: A Specialty of Its Own
Deborah Rodgers, PT, GCS, GTC, CEEAA
Middleburg Heights, OH ..........................May 20-21, ‘17
Birmingham, AL ......................................July 22-23, ‘17
Pensacola, FL ............................................October 7-8, ‘17
Wilmington, NC ......................................November 4-5, ‘17

Comprehensive Rehabilitation Strategies for the Geriatric Patient
Doug Dillon, PT, GTC, CSST
South Bend, IN .....................................August 12-13, ‘17
Palm Springs, CA .....................................September 16-17, ‘17
Albuquerque, NM ..................................October 14-15, ‘17

Taking Balance to the Limits
Janene Barber, PT, GTC
Billings, MT .............................................July 22-23, ‘17
Nashville, TN .........................................September 16-17, ‘17

Putting It All Together: Using Case Studies for Excellence in Evidence-based Geriatric Treatment, One Patient at a Time
Linda McAllister, PT, GCS, GTC, CEEAGN
Toledo, OH ..............................................December 2-3, ‘17

Rehab of Persons with Common Medical Pathologies
Dr. Steven Tepper, PhD, PT
Phoenix, AZ ..........................................May 20-21, ‘17
Oklahoma City, OK ..............................August 12-13, ‘17
Savannah, GA ........................................October 14-15, ‘17

Total Joint Arthroplasty
Alisa Curry, PT, DPT, GCS, GTC
Atlanta, GA ...........................................May 20-21, ‘17
Syracuse, NY ..........................................July 22-23, ‘17
Denver, CO ............................................August 12-13, ‘17
Philadelphia, PA .......................................September 16-17, ‘17

Powerful Treatment for Fragile Patients: Muscle Energy and Soft Tissue Releases
Carleen Lindsey, PT, MScAH, GCS, CEEAA
Derby, CT ..............................................October 14-15, ‘17

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Tips for Managing Your Finances

Now that you’re finally out of school and actually getting a paycheck, you might think you can relax the hold on your finances. Not necessarily.

By Jennifer Rondon
You’ve made it. You are now a physical therapist or physical therapist assistant and are committed to transforming your patients’ lives. As you focus on helping others, remember this is also a critical time in your career to build the future you want and need for yourself. Whether your goal is home ownership, paying down student debt, or financing a dream trip or wedding, the best way to get there is by managing your money effectively. It’s time to get serious about your finances. Let’s take a look at 8 tips to help you make the most of your money.

Tip #1: Chart your goals and priorities. It’s easy to let your personal finances take a back seat right now, particularly as you’re putting so much of your time and energy into your new career. Resist that temptation by writing out your goals and priorities, complete with a timeline for accomplishment. Doing this will help keep these goals front and center and ensure you will dedicate the necessary finances to meet your short-term and long-term goals and priorities. The act of writing down your goals is a simple, yet effective way to keep yourself on track.

Tip #2: Develop good financial habits. The habits you develop today could have major repercussions on your ability to achieve your goals in this decade and beyond. For example, it may seem like a long way off, but now is the time to set aside a portion of your income for retirement. An effective way to do this is to opt for an automated debit from your paycheck or regular bank account into a savings account. This forced savings helps you pay yourself first so you are able to finance the goals and priorities you have set for yourself.

Tip #3: Focus on saving instead of spending. Take advantage of this phase of your life to cultivate the habit to save. Target to save at least 15% of your income for your savings. Without adequate savings, repaying your liabilities (mortgage, student loan debt, or a car payment) can consume a major part of your earnings. And because you are likely a few years away from accumulating these major liabilities, now is the ideal time to save as much as you can. In addition to helping you pay off the big-ticket items, your savings can be invaluable during emergencies, job transitions, retirement, or, distant as it sounds while you still have your own student debt, potential college tuition for your children.

Tip #4: Boost your cash reserves. Always keep a healthy reserve of cash on hand. The rule of thumb is about 4-6 months of your monthly earnings. Although having investments builds wealth over time, a good cash reserve will help you deal with any emergencies or unexpected life changes that may come your way.

Tip #5: Have adequate insurance. Many people view insurance as a drain on their hard-earned money. This is a natural reaction, since you pay a premium each year or month and rarely see a tangible result in return. However, the true worth of insurance becomes visible when calamity strikes. As your assets increase, ensure you purchase enough coverage for yourself (health, life, disability, and professional liability insurance) and for your assets (home/renters and car insurance). In addition, don’t forget to maintain adequate health insurance for you and your family. Medical bills can quickly overwhelm an individual’s or family’s finances in the event of a serious illness.

Tip #6: Diversify your investments. Investing in stocks is a worthwhile pursuit, as you may achieve higher yields than with more conservative investment avenues. However, avoid putting all your eggs in the same basket—no matter how profitable a specific stock might appear.
NEW FINANCIAL EDUCATION TOOL

APTA is pleased to introduce a new free financial education resource powered by Enrich, an award-winning online financial education platform. Enrich provides a holistic approach to financial education that includes student loan debt management and personal financial literacy. The platform is customizable to each user and features a variety of videos, articles, webinars, quizzes, online communities, and live chats. The financial education program is open to APTA members, prospective members, and future students of physical therapy. Take it for a spin at enrich.apta.org.

Follow the sage advice of seasoned investors like Warren Buffett, and diversify your portfolio. Consider investing in exchange-traded funds and mutual funds. These let you diversify your investments and also come at a relatively low cost of entry. You may also wish to consider investing a portion of your portfolio in index funds, which tend to be safe as well as stable. Also consider seeking the advice of financial advisors and note that investing can be risky, making it difficult to predict long-term gains.

Tip #7: Keep checking your credit report. Your credit report is a statement of your credit worthiness. It lists your credit score and shows your past record of payments. Regular reviews can help you correct factual inaccuracies, deal with a potentially delinquent account, or flag identity theft, all of which can have a considerable impact on your credit score. You can check your credit report for free at AnnualCreditReport.com. Contact the credit bureaus directly to correct any errors.

Tip #8: Never give in to envy. In this early phase of your career, while acquiring and accumulating, it is tempting to feel envious of your friends, siblings, or colleagues who seem to be wealthier, happier, and more assured.

Resist this temptation. It is important to avoid accumulating unnecessary debt in attempts to “keep up with the Joneses.” Be satisfied with what you have, and keep your personal goals and priorities in mind. Consider contributing time or funds to charitable causes; giving provides personal satisfaction and helps you make a real difference in someone else’s life. Cultivate the attitude of gratitude.

As you embark on your career path, now is the time to maximize your wealth by adopting healthy financial habits. By starting early and making the most of your productive years, time will be on your side. You will get the most out of your money; help yourself achieve the personal goals and priorities you have set for yourself, and lay a solid foundation for a comfortable future.

Jennifer Rondon, is APTA’s manager, business development and can be reached at jenniferrondon@apta.org.

The information in this article does not constitute and shall not be construed as financial advice and shall serve only as financial well-being consulting and education.
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Small Steps for a BIG JOURNEY

Make an impact on your career by getting involved in APTA sections. A few small steps can lead to paths you may never have imagined.

By Monica Baroody, CAE
Distinguishing yourself in a specialty area. Developing your skills. Talking to experts. Making an impact on the profession. These topics are bound to cross your mind at some point as you start out in your career. One way to take the first step toward making your mark is by getting involved in an APTA section.

Early in your career as a student or a new clinician, you may begin exploring different clinical settings—or you may know exactly where you’re headed. Regardless of your path, an APTA section can help you get there. When he graduated, Evan Papa, PT, DPT, PhD, knew he wanted to work in the area of balance and falls, so he joined the Academy of Neurologic Physical Therapy (ANPT). He’s now a faculty member at the University of North Texas Health Science Center in Fort Worth, Texas, and has joined 3 more sections, the Section on Research, the Education Section, and the Academy of Geriatric Physical Therapy (AGPT).

(Note: While many sections have adopted the term “Academy” for their names, all are within the category “section” per the APTA bylaws.)

Genevieve “Jena” Colon, PT, DPT, of Saginaw, Michigan, works for Hometown, a home health agency, and per diem in outpatient rehabilitation for Covenant Healthcare. A member of both the Oncology Section and Home Health Section, Colon wants to keep the skills she learned in school sharp. Her involvement in the Oncology Section helps her stay abreast of current trends. When she works with chemotherapy patients, she’s able to help them work on quality of life and manage pain once they are home.

Before she even started PT school, April Fajardo, PT, DPT, knew he wanted to work in neurology, particularly with stroke victims. While in school, she explored the ANPT website and contacted the section managers about creating a student special interest group within ANPT. Section managers agreed, and Fajardo began talking up the special interest group with other students, both during the National Student Conclave and during conferences, where she helped staff the ANPT exhibit booth. Thanks in part to her work, student involvement is now strong in ANPT.

Gain Knowledge, Maintain Skills
As an early-career clinician, it’s important to know where your skill set might be lacking and to work to improve in those areas. As a home health physical therapist (PT), Colon sees a broad range of patients. Some of her patients are undergoing chemotherapy, and she says her involvement in the Oncology Section helps her stay sharp—and fill in any knowledge gaps.

Faunice Jackson, PT, DPT, knew she wanted to learn more about women’s health and pelvic health. Her PT program had limited education opportunities in pelvic health, so she joined the Section on Women’s Health. She works in home health for Homecall in Annapolis, Maryland, and is also a member of the Home Health Section. She finds section membership invaluable when issues arise specific to a particular practice setting.

Section membership and involvement can also help early-career clinicians find mentors. When Papa received the Section on Research traveling research fellowship, he got the opportunity to meet Mark Rogers, PT, PhD, FAPTA, visit his lab at the University of Maryland, where he is a professor, and zero in on Parkinson disease research in addition to balance and falls. Rogers continues as one of Papa’s mentors.

Fajardo says she’s built some phenomenal relationships from her section involvement. “When you find people with the same passion and interest, it gives you the space to discuss, learn, and grow from other people who have far more or different experiences. It reignites the passion you have for working with that patient population.”

Take the Phone Call
Joining a section is the first step, but you can further take advantage of section membership. Through volunteering within the section, you can make valuable contacts, grow your skill set, focus your career, and much more. And it can be as simple as saying yes.

A few years ago, Papa met the Education Section president and then reconnected later at a faculty conference. Shortly after that, she contacted him about a volunteer opportunity in the section, and he’s been involved ever since. Currently, Papa serves on the Education Section’s awards committee and helps review applications for various section awards. He says his small investment of time to review the applications helps him learn what makes others successful. He gets to see firsthand how some people become successful when they don’t necessarily take the standard path in their career.

Becoming involved in a section doesn’t have to take a large amount of time. Many commitments are small, Papa says, but still important. “You get to choose; you don’t have to be president of the section.” As your clinical skills improve and you feel you have more time for new things, you can increase your involvement, Papa says.
And she passes along the relationship-building benefits. Calling herself a connector, Fajardo loves introducing people to others based on shared interests and was part of the team that upgraded ANPT’s mentorship program.

Sections allow you to experience connections with PTs and physical therapist assistants (PTAs) beyond your local area and scope. Leah Michelsen, PT, DPT, first learned about sections as a student. She was interested in hand and upper extremity, and most hand therapists she knew were occupational therapists. “It’s hard being a PT in hand because it’s such an OT-dominated profession,” she says. After joining the Academy of Hand and Upper Extremity Physical Therapy (AHUEPT), she no longer felt isolated and was able to build connections with others in the same field. She met Kim Kraft, AHUEPT’s membership chair, who invited Michelsen to shadow her for a few days.

Now codirector of occupational and rehabilitation services at Northwest Return to Work in Seattle, Washington, Michelsen is actively involved in AHUEPT. Early in her career, she worked in the industrial outpatient setting and saw patients with work-related injuries, including traumatic hand and finger amputation and reimplantation. She researched the topic to better help her patients. When the section held a contest for students and early-career clinicians, Michelsen used her skills as an undergraduate student in journalism and her research to submit an article on the topic. Her article was selected and published in the section’s Handprints newsletter. That has led to more participation in research and publishing, including serving as a guest editor for Handprints one month.

You never know when one good thing will lead to another, Colon says. As a graduate student research assistant, and continuing through today, Colon has been involved in research projects. She’s been published multiple times in the Oncology Section journal, Rehabilitation Oncology. She says her publication track record has opened up numerous opportunities and helps distinguish her from others when looking for a job.

Awards create opportunities as well. The Academy of Neurologic Physical Therapy created an Early Career Award in 2015 that recognizes leadership and involvement. Award winners receive financial support to attend APTA’s Combined Sections Meeting (CSM), including travel, meals, and a portion of the hotel fees. Fajardo was one of the first recipients in 2015. With that she was able to attend CSM 2016 and continue making connections.

Different sections provide different opportunities. Some sections offer mentor programs. Others have volunteer coordinators in place to help you find your niche on a committee, task force, or 1-time opportunity. Yet others offer opportunities to present and build your leadership whether it’s presenting a poster or platform at CSM, writing an article for the section journal, or working on an awards committee.

Fajardo’s path to involvement took many different turns. Although she began her section involvement by helping create a student special interest group, twists and turns along the way led her to get more involved in social media, specifically Facebook and Twitter. After she started an ANPT Twitter group, her role grew until she was on the ANPT Membership and Public Relations Committee, which gave her the chance to become involved with the mentorship subcommittee.

Michelsen says section membership helped her focus. Because there are so many different areas and practice settings, it can be overwhelming when starting out. She says being a section member helped point her toward opportunities she wouldn’t have known about otherwise and motivated her to achieve her professional goals.

Don’t let a lack of knowledge or experience keep you from joining a section, these early-career clinicians say. It’s never too early to start learning about an area about which you’re passionate. Go to meetings, reach out to others, and explore how others got to where they are.

One small step can lead to more and more chances for involvement and growth. For example, when Colon was scheduled to present at CSM 2016 but her presentation ended up getting canceled, she attended the business meeting since she was already at CSM. There, she met the Oncology Section president. This chance meeting led to
an invitation to serve as the federal affairs liaison for the Oncology Section. She attended the State Government Affairs Forum in fall 2016 and the Federal Affairs Forum in spring 2017. She continued to do oncology research and has presented at a variety of conferences, including CSM 2017 in San Antonio, Texas.

Jackson agrees that one small thing can lead you down a path you may not have considered otherwise. She credits the Section on Women’s Health and its president, Pat Wolfe, for their efforts to encourage students and early-career members to become more involved in the section. Jackson started out simply by joining membership committee phone calls for the section, which was followed by volunteering at a breakfast for newly certified specialists at CSM. While at CSM, she talked with the membership chair about future involvement and became the membership committee’s liaison to the section office.

Jackson encourages early-career PTs and PTAs to talk to the section’s volunteer coordinator about the opportunities that might be right for you. By starting small, section involvement doesn’t have to be overwhelming while you’re early in your career and being pulled in countless directions.

Getting involved is well worth the time investment, say these early-career volunteers. The key is taking that first step and putting yourself out there. Say yes to a small opportunity; it can lead to a wealth of experiences. Check out the sections at www.apta.org/Sections.

Monica Baroody, CAE, is APTA senior membership development specialist. She can be reached at monicabaroody@apta.org.

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Dreams. You have them for your career, personal pursuits, and life in general. As an APTA member who’s reading Perspectives at this very moment, you have the immense advantage of already having begun your dream journey in physical therapy.

Albert Einstein is quoted as having said, “Compound interest is the eighth wonder of the world. He who understands it, earns it. He who doesn’t, pays it.” On a related note, there’s a thing in economics called “the rule of 72.” It holds that by dividing 72 by the annual rate of return, investors can roughly estimate how many years it will take them to replicate their initial investment. By that math, a 9% annual return doubles every 8 years. That’s wondrous, all right. Let’s dream bigger, though. Think about the power of compounding not just money but broader success in life.

As an early-career physical therapist (PT) or physical therapist assistant (PTA), you’ve already experienced the power of compounding. You invested years educating yourself in a profession that is well-respected and whose graduates are in high demand. That will pay dividends for the rest of your life, regardless of where you end up using your education and training. (Seriously, who doesn’t think PTs and PTAs are cool?). It wasn’t easy to get into school or to get through your program, but you did it. You made the most of the reality you faced and came out on the other side.

Which nicely sets the scene for today’s focus: optimizing reality.

Most of us grow up hearing our parents, teachers, and others tell us we can be anything we want to be. It’s a nice message—a comforting bit of encouragement. But it’s not accurate, because it’s not the whole story. For example, no matter how hard I might work, how doggedly I might train, what resources I might tap, and even what drugs I might put into my body, I will never, ever, play linebacker for a National Football League team. I’m over 50, weigh 142 pounds, am only moderately coordinated, and have a high percentage of slow-twitch muscle fibers—a nice way to say I’m slow in the 40-yard dash. I could give my utmost effort, stretch my abilities and adrenaline to their limits, but that pro football contract still wouldn’t materialize. It’s just not going to happen, folks.

Some things simply are unrealistic to the point of being impossibilities. But the fact is, most things in life really are possible—particularly if we take the right perspective. This is where the concept of what I call optimizing reality comes in.

How is this done? We start with our current reality, then take massive, purposeful steps toward enhancing
it as much as we can. The outcomes can be tremendous, provided we take the 3 key steps I’m about to describe. Once we’ve taken them in 1 area of life, we can learn to apply them to other areas, as well.

**Vision.** Engage the mapping system on your phone or in your car and give it a general description of where you want to go. Try saying, “That big yellow house on the other side of town.” Nothing happens, right? The tool is useless unless and until you clearly state your destination, using an actual address. Otherwise, the device just sits there, asking you repeatedly for useful details before it can provide any value. We tend to operate in much the same way in our daily lives. We just kind of sit there, doing what we’ve always done, until we give ourselves a specific destination to reach. Let’s call it a vision. As is the case with that mapping system, once we’ve identified a clear vision, the steps needed to achieve it may be multiple, and the road along the way may be bumpy at times, but we can and will get there.

The interesting thing about vision is that each of us pursues one. Many if not most of us, however, follow someone else’s vision for our life. That someone may be a parent, spouse, close friend, or other influencer. The question isn’t whether a vision will motivate us—it’s whether we’ve chosen the vision to which we dedicate our lives. Letting others dictate our vision is easier and safer than taking personal responsibility for identifying and pursuing a vision unique to us. But doing the latter is the vital first step toward optimizing reality.

**Obsession.** This word gets a bad rap. It’s paired with “compulsive” in the name of a mental disorder and hangs out in the same neighborhood as pejorative nouns such as “delusion,” “phobia,” and “craze.” However, a quick peek at synonyms for “obsession” at Thesaurus.com also yields “enthusiasm” and “passion.”

Let’s get serious here. If we’re ever going to set our sights above mediocrity, we can’t simply show up. We must step things up. The “same ol’ same ol’” won’t get it done. Again, we’re talking here about optimizing reality. The word obsession has some legitimate negative connotations, but too often it’s used to justify taking the easy way out. Optimal performance requires constant, unwavering, intense focus. Some might call that obsession.

Our present reality is what we’ve been given. The optimization process involves taking every single component of that, breaking it down to see where opportunities lie, then pursuing those opportunities moment by moment, day by day, perhaps year to year, to see them to fruition. If you’re not willing to take your effort to that level, take optimizing reality off the table.

**Ally.** Clear and meaningful vision drives obsession. But even when we’re obsessed, we still need an ally or allies—that person who provides the encouragement and guidance we need to keep us going and striving higher. Whatever we accomplish in our lives, we never do it completely alone. Even in individual sporting events and 1-on-1 business dealings, there’s always at least 1 person (and usually many) who’ve helped make our achievements possible. While we credit “rugged individualism” as a keystone of what’s shaped our incredible nation, we all need allies to truly optimize reality.

When my teammate and I won the Race Across America (2-person division) cycling competition in 2015, we would have been toast without our crew. When the Aerobar Edge computerized training and facing device that my company developed was named one of *Triathlete Magazine*’s most innovative products for this year, I knew full well that it never would have happened without product developers extraordinaire such as Matt Smith and Brandon Leafblad. When I was about ready to give up on the idea of taking our wellness business national, my dad came through with 6 simple words that refueled our fire: “I really think you’re onto something.” Most of all, every time I’ve stumbled and struggled in my pursuits, my wife, Suzanna, has been there to ask, “Why couldn’t you still do it?”

Vision. Obsession. Ally. They’re 3 words that, taken together, transport us from fine to fantastic. From getting by to getting ahead. From accepting current circumstances to optimizing reality.

As you move forward in your career, put this “VOA” strategy into place. Say goodbye to the status quo and hello to optimally living your life.

*Brad Cooper, PT, MSPT, MBA, ATC, is the founder of the Catalyst Coaching Institute, which provides the only wellness coach certification (CWC) to earn the approval of the Federation of State Boards of Physical Therapy, the National Athletic Trainers Association, the 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.*
Career Resources
Take advantage of APTA career management resources to help you select your next physical therapy position.

- **Red Hot Jobs**: View thousands of jobs with specialized features and multiple search options, such as practice setting and benefits (like APTA dues reimbursement!).

- **Considerations for Practice Opportunities and Professional Development**: This resource offers questions and tips to assess practice or work opportunities including financial, professional development, quality of care, and ethical and legal considerations.

- **Negotiating your Salary**: See tips for showing your value.

Set yourself up for success and visit [www.apta.org/CareerManagement](http://www.apta.org/CareerManagement).

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Move Forward Radio Podcasts
APTA’s consumer-oriented podcast series offers interviews with PTs and other health care experts. See recent topics such as learning how to fall safely, running mechanics, country music star Clay Walker talking about managing his multiple sclerosis, physical therapy helping performers stay on stage, how physical therapy helped a college student control pain and avoid opioids, and many more. Looking for one to share with your patients? Check out episodes at [www.moveforwardpt.com/Radio](http://www.moveforwardpt.com/Radio) or subscribe on iTunes.

APTA members are encouraged to alert their patients to the radio series and other MoveForwardPT.com resources to help educate the public about the benefits of treatment by a physical therapist.
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Resources for Early-Career Development

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

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12 years after the original amputation? Are they using their prostheses? What issues are they presenting with now? Do they have coping skills at this time, or are they experiencing additional diseases or disorders such as depression or balance issues? With the data, the 2 postdoctoral researchers will take the dataset and make the information clinically applicable in the form of research articles.

What’s Next?

Sions hopes to see additional multidisciplinary teams established in other locations, which would add more data from different sites to the dataset. Patients are now starting to come back to the clinic for re-checks. With the data collected, researchers will be able to assess how individuals with limb loss progress over time. Do changes to their prosthesis have an impact on their participation in the community and getting them more active? Sions says if we can start to better understand and evaluate these patients over time, we can help improve their outcomes.

Although Sions originally focused her research career on low back conditions, she now splits her time between low back and amputation research. She counsels other PTs who are considering changing direction during their career: “Maybe it isn’t what you thought you would be doing,” she said, “but you realize you can make a difference following an unexpected path.”

For more information on working with patients who have limb loss, visit:

- Academy of Acute Care Physical Therapy’s Amputee Rehabilitation Focus Group, www.acutept.org
- Federal Physical Therapy Section Amputation Care Special Interest Group, www.federalpt.org

Monica Baroody, CAE, is APTA senior membership development specialist. She can be reached at monicabaroody@apta.org.
When limb loss comes to mind, you might think about the soldier who survived a traumatic injury or a driver in a car accident. However, people facing complications from chronic diseases such as diabetes also may face amputation of a limb.

There is a wealth of data on the military and its soldiers who experience limb loss but less so on patients in the general community. And you can’t translate military patient outcomes to community patient outcomes, because, as Megan Sions, PT, DPT, PhD, explains, they are different patient types. The military is predominantly healthy, young men. The majority of nonmilitary patients with amputation haven’t experienced a trauma. They may be older and have peripheral vascular disease or diabetes causing the limb loss. Their rehabilitation, then, will be different. In an effort to address this lack of research data on the general population of amputees, Sions is taking action.

Sions, a board-certified orthopaedic clinical specialist and an assistant professor and clinical scientist at the University of Delaware, is a physical therapist (PT) who’s working hard to close the knowledge gap in caring for these patients. She works on a multidisciplinary health care team of PTs, physicians, and prosthetists to gather and evaluate the data about this patient population.

It’s typical for patients needing prostheses to first be seen in a hospital setting. However, 5 or 6 years later they may need a replacement prosthesis or may need a subsequent amputation on the same side of the body. But who’s monitoring these patients and collecting data over the continuum of care? To address this issue, Independence Prosthetics-Orthotics Inc approached the University of Delaware with the idea to establish a clinic for studying patients with amputations within the Delaware Physical Therapy Clinic. Independence also recently donated funds to support 2 postdoctoral researchers to evaluate the data over the next 6 years. This model of follow-up care brings the acute-care team-based approach to an outpatient setting for subsequent patient followup. It brings together the community’s need for care, and meets university’s initiatives to foster research, student hands-on learning, and community partnerships that tackle health care problems.

Sions coordinates the team collecting the data to address questions related to limb loss for people with chronic diseases. The Delaware Physical Therapy Clinic and Independence hold a monthly Amputee Clinic, and every patient who participates in the clinic is asked to be a part of the study. Of the 180 patients they’ve seen at the clinic, 140 have agreed to participate. Most are new patients who come for a 1-time evaluation.

Although some researchers are addressing limb loss as a result of vascular disease and diabetes, most aren’t PTs. That’s now changing, thanks to the work of this multidisciplinary team. The PTs examine not just the affected limb strength, range of motion, and walking, but also the whole self to see what other, if any, comorbidities exist. Is the patient at high risk for further amputations? What else needs to be addressed?

This evaluation is enough to know where to start. With data from 1-time visits, the study is generating a large-scale database that will be able to answer questions such as: What do patients with limb loss look like 10 to
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