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What do you know now as a clinician that you wish you had known at graduation from your PTA program?

You won’t always know all the answers. Trust your clinical judgment and gut feelings. There are amazing mentors in our profession who will help you along the way.

Chandra Price, PTA | Private outpatient orthopedic clinic | Pocatello, Idaho

Within 3 years of working, I have realized how much impact we make in people’s lives. I wish I knew we don’t just focus on body movement, but we also need to understand the physiology of pain for a patient who suffers with chronic pain. Also, I now know an insurance company can have an impact on treatment. Certain insurance companies only allow 25 visits a year or indicate that you cannot treat 2 body parts on the same day.

Heena Patel, PTA | Outpatient clinic | Wilmington, Delaware

I wish I had known more about neuroscience and treatments for patients with strokes. I am reading Berta Bobath’s “Adult Hemiplegia” and implementing her approach to patients. It is a wonderful opportunity to be able to help a patient with a stroke, but 3 years ago I wish I had been more competent with neurodevelopmental issues and the Bobath approach.

Christopher Reilly, PTA | Skilled nursing and rehabilitation facility | Whitefield, New Hampshire

I wish I’d known the emotional impact a patient’s death can have on you. For better or worse I always seek to make a human connection with my patients. I love to share stories to better understand the person I’m treating and their wants, needs, and motivators. When you truly see patients for who they are and not just their diagnosis, you can’t help but be affected by their passing. I wouldn’t trade it for anything, though.

Matthew Nape, PTA | Small acute care rehab/skilled nursing facility | Broomfield, Colorado

I wish I had known how big an impact patients make in your daily life. During clinical rotations you get that in such a small dose, but when you’re with these patients for 40+ hours a week it’s a large part of your life. Seeing my former patients around the community enjoying life after they’ve been discharged warms my heart. I spend a lot of time off the clock thinking about my patients, and I wish I’d known how much they’d end up meaning to me.

Elizabeth Coons, PTA | Senior living community | Beech Grove, Indiana

The one thing I would have liked to have known, or felt, upon graduation is that I wouldn’t have all the answers, and that’s OK. I actually knew way more than I gave myself credit for. One thing I always carry with me from my professors is to be confident with what you know and never stop pushing yourself to be the best you can be for your patients.

Stephanie Thomson, PTA | Outpatient clinic | Bowie, Maryland

APTA’S SECTIONS AT A GLANCE

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

Acute Care
- Total Joint Replacement

Aquatic Physical Therapy

Cardiovascular and Pulmonary
Clinical Electrophysiology & Wound Management
- Electrodiagnosis
- Wound and Integumentary Management

Education
- Academic Faculty
- Anatomy Educators
- Clinical Educators
- PTA Educators
- Residency/Fellowship Education
- Scholarship of Education

Federal Physical Therapy
- Amputation Care

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

Hand and Upper Extremity

Health Policy and Administration
- Global Health
- Technology

Home Health

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

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

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

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

Private Practice
- Administrator’s Council
- National Student

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

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

Women’s Health
- Student
Your data has power. Every day, physical therapists (PTs) and physical therapist assistants (PTAs) use data from patient measures to guide their treatment decisions. But those measures—and, in fact, every piece of information that goes into a patient's chart—can do more. Data can demonstrate your efficacy and the value of physical therapy on a broad scale. And as value-based payment, merit-based incentives, and interprofessional care teams become more prevalent, communicating the impact of physical therapy will be crucial.

PTs and PTAs play a vital role in patient outcomes across an entire episode of care—and a patient's life. For those early in their career, “it's going to become very important to say, 'I help manage people over a lifetime,'” said Paul Rockar, PT, DPT, CEO of the UPMC Centers for Rehab Services in Pittsburgh, Pennsylvania. When a PT or PTA helps a patient's situation, such as overcoming low back pain, and becomes “their go-to person to keep in touch and help them manage that problem,” Rockar said, the practitioner's information about that success is a significant selling point.

“We've realized that a lot of health care providers still may not fully understand what happens in physical therapy,” said Mike Osler, PT, vice president of growth and development for Rock Valley Physical Therapy, an orthopedic practice across Iowa and Illinois. “Frequently, it’s 'I didn't know you guys treated fill-in-the-blank.'” Rock Valley Physical Therapy has used case data to demonstrate how 10 or 12 physical therapy visits can increase a patient's level of functionality to 80% or 90%.

“A lot of times we make assumptions that people know what we do or what we can bring,” said Heather Smith, PT, APTA's director of quality initiatives. She encourages early-career practitioners to feel empowered and understand their role in educating others about what PTs and PTAs do and the benefit they bring to the health care team. “Everybody needs to understand what kind of outcomes can be derived from the type of evidence-based care that we do,” said Bud Langham, PT, chief clinical officer of Encompass Health's home health and hospice division.

Across the episode of care, Smith emphasizes tracking not only factors PTs and PTAs affect directly, such as function in activities of daily living, but also tracking how they help the health care team ensure patients' successful transitions to other health care settings or how physical therapy might help a patient stay at home and avoid a readmission. “Collecting data and being able to look at that data on a regular basis is critical to understanding our role and the value that we bring,” she said. Rockar agrees: “Data is going to be what you really need to show your value.”

APTA provides extensive resources and continuing education on outcome measures in patient care (see www.apta.org/OutcomeMeasures/).

Early-career PTs and PTAs can be central to a practice's success in fully understanding outcomes data. “It's important for our new grads to be on board with wanting to measure performance and standardize how we collect information so we can honestly represent an episode of care and make sure we're doing it
Spring 2019

in a consistent, reliable manner,” said Randy Boldt, PT, CFO of Rock Valley Physical Therapy.

Peyton Fandel, PT, of Columbus Orthopaedic Clinic in Columbus, Mississippi, has been a PT for just under 5 years. The practice participates in the Physical Therapy Outcomes Registry, APTA’s platform that analyzes a practice’s EHR data and benchmarks patient outcomes. Physical therapists can view their performance metrics in an easy-to-use dashboard and use these insights to improve their practice. Using the registry helps the practice “make sure we’re going in the right direction, we’re recording the right things, keeping us a step ahead,” Fandel said. The registry allows providers to track their data and outcomes over time, providing a longitudinal view of their outcomes and of patient populations. “If they see an area where they have an opportunity for improvement, they would be able to change something about the delivery of care and then be able to follow that measure out over time to see how they’ve impacted it,” Smith said.

(Read more about the Physical Therapy Outcomes Registry at www.ptoutcomes.com/home.aspx.)

The increased use of data is a cultural change in health care, Smith said. Although PTs and PTAs collect extensive data in practice with patients, it typically is used only at the individual level to evaluate the plan of care. But a larger picture of the outcomes a practitioner and a whole practice achieve is essential for value-based health care.

Promoting the Profession

Promotion begins when PTs and PTAs “do your job and do it well,” Langham said. Clinicians can then share outcomes data with the community, which he refers to as “your ecosystem of health care providers.” This sharing benefits patients, the community, and the profession.

The insights Columbus Orthopaedic has gained from the registry have helped its staff be sure they are making patients better, by both objective measures and patients’ subjective impressions. “So many times, we get caught up in numbers and measurement,” Fandel said. “We look at the patient and say, ‘You’ve got full range of motion, and you’ve got full strength.’ But the patient says, ‘Well, I still can’t do X, Y, or Z.’” The required documentation and patient questionnaires “help us look more at the patient as a whole and make sure we’re helping them achieve their goals, not just our goals.”

The assessments and documentation that build the data are critical, Smith said. “It’s those objective data that will allow you, over time, to really look at the impact you have. It really starts with every patient you see.”

With a solid grasp of that impact, PTs and PTAs can then take Langham’s second step: professionally advocating and explaining “what we can do, what we should be doing, how we can benefit, and how we can help.” He urges practitioners to network and explain the value of what PTs and PTAs do in a way people can understand.

Osler quotes the founder of Rock Valley Physical Therapy: “I quickly realized I had 2 options. I could just stand here on an island and hope that people send me patients, or I can engage the medical community and become a peer with other providers.” He notes that the push toward autonomous physical therapy practice doesn’t mean practicing in isolation but engaging other providers.

Kara Gainer, JD, APTA director of regulatory affairs, also urges early-career practitioners to be self-promoters and marketers, using data to show employers and other providers how PTs and PTAs reduce costs and improve quality. Practitioners can share their specific assessments, tools, and protocols for care coordination and transition that contribute to lower costs and higher quality. Taken together, this information supports a “pitch to these other providers to say, this is my value, this is why you need me” to succeed in value-based payment models, Gainer said.

To paint a picture of their impact for 1-on-1 meetings with some partner physician groups, Rock Valley Physical Therapy has developed handouts with information such as, “We saw 86 of your patients last quarter. Here’s what they looked like from a data standpoint when they started, here’s what they looked like when they ended, and here’s how many visits it takes us on average,” said Eric Sacia, PT, DPT, Rock Valley Physical Therapy’s COO.

Rockar points to the APTA vision statement: “Transforming society by optimizing movement to improve the human experience” and its guiding principles. He sees the emphasis on interdependence as central to the PT’s role going forward: “We need to work out there in the community if we’re going to promote our message and the value of what we do and how we can lend that to all the other disciplines.”

Connecting With Interprofessional Teams

Real, in-person conversation is Langham’s recommended method for building connections among health care
Think of all the combinations that make the perfect match. It might be a furry friend with a treasured bone or it might be something like Life Care’s unwavering commitment to provide quality outcomes combined with your passion to deliver patient-centered therapy. Now that’s something to wag about.

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professionals. He suggests contacting referring physicians or their office staff to say that you appreciate being trusted with patients’ care and report back about patient progress. “Communicate only the relevant information related to that patient and let them know through your frequent, consistent communication that they can trust you with patients,” Langham said. PTs and PTAs can then seek opportunities to come in and just talk. “You don’t have to bring cupcakes, you don’t have to bring lunch. Just to come in and build those relationships.”

From connections with other providers, PTs and PTAs can look to participating on an interprofessional care team. Before pursuing involvement, PTs and PTAs should get a picture of that team, who they aim to serve, and how they will evaluate their success.

Questions to consider:
1. What is the team’s purpose and the PT or PTA’s role? Ensuring that team members work cohesively is vital; Rockar has encountered team situations in which the members “started to run into each other because everybody was going in their own direction.”
2. What is the specific patient population?
3. What are the primary sources of reimbursement?
4. Are measures in place to demonstrate the team’s outcomes, and, if so, which of those measures could the PT or PTA affect?
5. Does the team work only in a particular setting, or are there other roles in which they’re reaching into another setting?
6. What are the opportunities for a PT or PTA to continue to grow and learn (in terms of support for attending national conferences or courses)?
7. What technologies is the team using? Is telehealth included? “You want to be able to join a practice or team that’s looking toward the future and not stuck in the past,” Gainer said.
8. Does the team have everyone it needs? Rockar encourages practitioners to ask questions and suggest others who may be of value on the team.

Gainer acknowledges that, to date, value-based or alternative payment models across health care, whether Medicare or commercial payers, generally exclude physical therapy providers and other nonphysicians. But understanding the new models and the impact they will have is vital.
“All of us have to be doing our homework, understanding what’s going to happen, anticipating the consequences, and reaching out with our association to legislators and the Centers for Medicare and Medicaid Services, communicating our concerns to make sure we get this right,” Langham said.

“The shift for us is within our organization, of trying to make sure we’re ready [for value-based care],” Boldt said.

Gainer notes that coverage is not changing and patient needs are not changing, but the government is trying to better align payment with resource use. “We’re going to see a significant shift in employment and use of PTs just in the postacute care space over the coming year,” she said. Collaboration with hospitals, physicians, and local and state agencies will require self-promotion by PTs and PTAs who are equipped to demonstrate their value with data. “That contributes overall to the physician better understanding the physical therapy profession and when PTs can be utilized,” Gainer said. “It’s all wrapped together, and it helps the profession in the long run.”

Although change can be intimidating, Langham points out that it creates opportunity. He believes demand will always exist for skilled rehabilitation providers. “If you’re driving value, better outcomes, and satisfaction with your patients, and you’re a good employee and coworker, driving the culture of your organization, there’s always going to be a place for you. We still need to strive to be the kind of professionals we thought we would when we were in school. You’ve got to stay positive, strive to do better, and lift your peers to help them do better.”

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What I Wish I Knew Then

PTAs share what they’ve learned since graduating that they wish they’d already known before taking their first job.

by Sandra Conrad
It’s said that hindsight is 20/20. The ability to look back on your career offers fresh insights about what you might have done differently had you known then what you know now. It’s impossible to go back, of course, but those insights can provide valuable advice to others just coming up in the profession.

We asked physical therapist assistants (PTAs) from a variety of practice settings to reflect on the things they wish they’d known when they started their careers. Their answers illustrate realities they encountered after leaving demanding PTA education programs and navigating the real world of physical therapy.

I Wish I’d Known... That I Still Had a Lot to Learn

PTAs who’ve been out in the field for a number of years agree that an important lesson they learned fresh out of school was how much they still had to learn. “When you graduate, you don’t know everything,” said Chris Noland, PTA, who is on staff at Restore Therapy, in
“There’s a constant learning process because orthopedic surgery techniques change, and, therefore, the protocols change. You want to be as sharp as you can for your patients.”

“I wish someone had said, ‘It’ll take about a year or 2 until you feel like you really know what you’re doing,’” said Jennifer Novik, PTA, a senior PTA and volunteer/observer coordinator at Penn Presbyterian Medical Center in Philadelphia, Pennsylvania.

“You realize there’s so much more to learn on the job, especially in pediatrics,” said Al Hulley, PTA, a school-based PTA at Meeting Street in Providence, Rhode Island. “That’s 1 thing that becomes immediately apparent your first days, weeks, months on the job. You feel like you don’t know anything.”

“I wish I had known more of the basics—more exercises, more treatment ideas of how to progress the patient along the path,” said Cindi Cathey, PTA, a physical therapist assistant at Carter Healthcare in Tulsa, Oklahoma. “In school you learn all these different things, but sometimes it’s hard to put it all together.”

These clinicians encourage new PTAs not to be scared when they first encounter things they didn’t learn in school and that it’s okay not to know everything at first.

I Wish I’d Known...

I wish I had known more of the basics—more exercises, more treatment ideas of how to progress the patient along the path. In school you learn all these different things, but sometimes it’s hard to put it all together.

CINDI CATHEY, PTA

What Other Practice Areas Were Like

It’s easy for PTA students to get so focused on a particular practice setting that they might miss out on other areas available to them. Having a broader understanding of all practice areas gives PTAs a more holistic view of their career options, both short- and long-term.

Cathey remembers thinking in school that she wanted to work in rehabilitation. She did her clinicals at a rehabilitation facility, on a burn unit, and in an outpatient clinic, but she didn’t become familiar with home health or skilled nursing facilities until she got out into the working world.

As she progressed in her clinical work, she realized other practice options might offer a better fit. “I thought, you know, this isn’t what I want to do. I want to try something different.” She says it would have been helpful to have gained a more basic understanding of what PTAs can do in a variety of settings, including the differences from state to state.

Cathey encourages students to have an open mind when it comes to envisioning their “dream job” and learning about a variety of practice areas while still in school.

Although Novik loves her job working in a variety of inpatient settings, including subacute and acute care, she wishes someone had suggested keeping up with the outpatient and time-management skillset she acquired in PTA school. Back then, however, she didn’t consider what would happen years down the road if she hadn’t done any outpatient work since her student clinical.

“I wish I had known to get a PRN job working part-time in a different setting or with a different population from my full-time job,” Novik said. Even 1 outpatient shift a month could have kept those skills fresh, she said. “Whatever setting you go into, I recommend you get a side job working in the opposite setting,” Novik said. “So if you’re going to work full-time in outpatient, keep a shift a month in an acute-care hospital or rehab.”

I Wish I’d Known...

That the Real World Is Much Different From School

Cathey says it would have been nice to know that it’s okay, and sometimes even necessary, to vary from the by-the-book treatment methods learned in school as long as treatments are still within evidence-based practice. “The real world’s different from school,” she said. “You’re taught a certain way to do things in school, but just because you were taught that way doesn’t mean that’s how it’s going to
work out for you with your patients.” She advises students to learn to adjust. Even something as simple as muscle testing is different because you’re not necessarily going to isolate every muscle in every setting, Cathey said.

Hulley said his PTA program focused almost exclusively on adult rehabilitation. “In school, pediatrics isn’t something that gets a lot of coverage,” he said. “You get into it and discover that none of that actually works with kids, especially kids who are nonverbal with cognitive delays. You can’t just say, ‘I want you to do this.’”

He found that to be successful with a special-needs population, he’d need to be resourceful and find ways to modify what he learned in school and adapt it to his students’ needs.

“I was very rigid for the first year, and then I started realizing, ‘What if I tried doing it this way…or that way?’” As he gained more experience, Hulley felt more comfortable trying new evidence-based approaches, including being flexible, changing things around—always discussing options with the physical therapist (PT).

“You still operate within the plan of care, you’re still working toward this end goal, but you realize being innovative is where it really becomes fun,” Hulley said.

While he would have liked to have figured things out sooner, it took time for him to gain that comfort level. “I’m always trying to figure things out,” he said. “You just sort of build on what you’ve done.”

I Wish I’d Known…

To Stay Flexible and Adapt in The Moment

As a home health provider working in assisted-living facilities, Cathey realized she had to learn how to communicate with those who had dementia, especially when their cognitive abilities could vary daily. “You have to learn how to get them to follow your commands and get on their level,” Cathy said.

She learned to work with patients in the moment and pick up on changes in their behavior, such as the time she suspected a urinary tract infection when a patient went from seeming fine one day to being weak and not being able to stand the next. “You start to learn all those things you didn’t know anything about when you were in school,” Cathey said. “It all comes with practice.”

Noland also learned she needed to observe and adapt to the moment with her older population. “Nothing is typical when you’re dealing with 85- to 99-year-olds,” Noland said. She found that being aware of the big picture and being flexible allowed her patients to get back to the treatment task at hand.

During a school-based clinical experience, Hulley discovered that the vast array of equipment required for the special-needs population constantly needed to be adjusted and maintained. He found that his engineering interests would come in handy. “I spend a significant amount of time fixing things that break,” Hulley said. “Because if you can’t fix the wheelchair, the students won’t be mobile. If you can’t get them in their standers, they won’t be weight bearing. Those secondary items become critical to what you and your patients can accomplish.”

I Wish I’d Known…

How Complicated and Time-Consuming Paperwork Would Be

Working in home health, Cathey wishes she’d known more about the complexities of dealing with regulations around documentation, insurance, and billing. “I had no clue about any of that,” Cathey said. “And it changes all the time.”

Noland was disappointed to discover the political bureaucracy surrounding insurance, documentation, and coding. She found that, very often, approvals and denials dictated patient care more than what the patient actually needed. “It’s frustrating if you’ve got a patient who has to wait on the insurance approval,” Noland said. “You could make an amazing amount of clinical progress if you could omit all of the tracking and paperwork you have to take care of.” Recognizing that isn’t an option, though, she says that time management and making minutes count during the day are important to help lighten the load.

I Wish I’d Known…

How Valuable Colleagues, APTA, And Mentors Would Be

Even after retiring early from a 30-year career in management, Hulley knew when he first got out of PTA school that in many ways he was starting over. “You go through school, you do the work, and you spend all this time learning. Then you realize how little of the depth you really know,” Hulley said.

Knowing he needed the support of others, Hulley reached out to colleagues and relied heavily on those around him to fill those knowledge gaps. Hulley looked not just to PTs, but to occupational therapists, speech-language pathologists, special-education teachers, teacher assistants, and parents to provide insight on effectively working with his mostly nonverbal,
severe, and profound special-needs students. He found he could learn a lot from those who spent a great deal of time with the students, especially on how to communicate with them. “You learn by asking questions,” Hulley said. “You figure out fairly soon that there’s no formal training that covers all the situations, so you work through them using insights from the team combined with what you already have learned.”

Bringing others into the discussion often resulted in a much different approach from what he might have been thinking about on his own. “You have to always keep listening,” Hulley said.

Something as simple as an APTA membership goes a long way in equipping PTAs for the challenges ahead. As a student, Cathey joined APTA because she knew she was “supposed” to, but she didn’t fully appreciate its significance at first. “I had no clue how important it was until getting involved and getting out in the world and understanding that it’s your backbone—it’s the group that fights for you,” said Cathey, who is the Oklahoma APTA Chapter secretary. “I wish I knew then more of the value of it like I do now.”

As she got more involved, she found legislative representatives and officers a helpful resource on what was happening in the profession. She also learned about other groups within APTA.

In addition to APTA, Cathey says she was fortunate to have a good mentor when she worked rehabilitation, and she encourages others to find someone they feel comfortable asking for advice—whether it’s someone they work with or someone outside their practice. “Find somebody who will be a mentor,” Cathey said. “It’s important to know that it’s okay to ask for help, and it’s okay to ask questions.”

Noland also says a mentor was important in her early years as a PTA. “I was fortunate to be able to go to someone who was already experienced in the field.” She found that being a part of APTA’s Academy of Orthopaedic Physical Therapy and Academy of Geriatric Physical Therapy provided helpful resources as well.

I Wish I’d Known…
To Take Care of Myself, Not Just My Patients

For Novik, taking care of herself as well as her patients came as a hard-won lesson. “I wish I had known that a good sleep routine, good diet, and exercise were still as vital to my well-being as a clinician as they had been during school, in order to not be overwhelmed after an exhausting day.”

While in school, Novik considered healthy eating and exercise a necessity, not a choice. She kept a strict routine, telling herself things such as, “If I have this doughnut I’m not going to be able to get through today.” If friends wanted her to go out, she’d likely turn them down in favor of exercise and a good night’s sleep.

After she graduated, Novik was tempted to loosen up a little. “I was like, ‘let’s go out, let’s eat the doughnuts and ice cream. Let’s not work out for 3 weeks and see what happens,’” Novik joked. “And then I’d come in to work and have a raging headache because I hadn’t eaten right or slept well.”

Novik assumed she would immediately dive into all of the therapy-related activities she had envisioned doing as a PTA. She pictured herself taking on extra projects at work, reading all the latest research, and taking all the continuing education courses that interested her.

Instead, she found herself exhausted and not wanting to get involved in any of those things. After working 2 part-time jobs and going to school full time, she was burned out. “I was just so tired,” Novik said. “I felt like it wasn’t ever going to change, like I was going to be tired forever.”

Despite her earlier enthusiasm, she felt unreasonably guilty for not participating in the profession to the extent she thought she should. She also felt disconnected from friends and loved ones as her new work schedule required her to work some weekends and holidays.

Looking back, Novik realizes she just needed a break. After giving herself permission to take some time to settle into her new career, she’s now back to enthusiastically doing all of the things she wants to do. “I wish someone had told me to not feel guilty, because eventually I would have too many projects on my plate and be excited for more.”

For Noland, taking care of herself meant finding balance between helping patients and not being overwhelmed by the emotional weight her new profession would bring. “Some days are really emotional, and when I got off work I just wanted to sit in a quiet place and decompress,” Noland
said. Her PTA program didn’t offer a lot of guidance on dealing with the emotions she’d experience working with patients, especially in a geriatric orthopedic setting.

Patients in chronic pain suffer a drain on their emotional and mental well-being as well. “Sometimes you can come away with some of that,” Noland said. “At some point you have to have that barrier to cushion yourself.”

“That’s unfortunately 1 of those on-the-ground learning kind of things that I’ve had to deal with,” Noland said. “I came out of school all excited, and one of my first downers was realizing that I can’t fix everybody.” She says there always will be patients who waited too late to start physical therapy or who have their minds set on surgery. “You think you’re going to fix the world, and it dawns on you after a while that you have people who plateau and you can’t help them improve.”

Many of Noland’s patients are retired academics and business people experiencing the realities of getting older. “It’s frustrating for them,” Noland said. “My patients are still very mentally sharp, but their bodies are betraying them.” She focuses on keeping residents mobile and independent for as long as possible.

“Watching that scenario is hard sometimes,” Noland said. She has learned to be sympathetic and empathetic, while compartmentalizing that she is giving her patients the tools they need to be successful.

Noland finds satisfaction seeing patients in community settings doing what they couldn’t have done before they came to physical therapy. At a recent Mardi Gras party, Noland watched as 1 of her hip fracture patients got up and started dancing. She says all of that emotional toll melted away. “You see somebody reclaiming that quality of life—that’s the best part.”

APTA HAS THE TOOLS AND RESOURCES TO HELP YOU MANAGE YOUR FINANCES.

Visit APTA’s Financial Solutions Center and learn more about managing student loan debt, refinancing student loans at a discount, and connecting with a certified financial planner.
Your Voice Matters
You, your colleagues, and your patients have a powerful voice.
Don’t be afraid to use it.
You have something to say. You advocate. It might be as simple as when you talk with your patients about what physical therapy can do for them. Or perhaps you’ll be attending a town hall meeting and have a chance to talk with a legislator about the power of physical therapy. You might join forces with your chapter and APTA to be a champion for your patients and clients. Together our voices can make impactful changes. Whether you’re an advocate to consumers, legislators, or colleagues, you have the power to be a voice for the profession.

For many, the Medicare therapy cap—and the annual need to create short-term patches to protect patients who needed care beyond the cap limits—had been a fixture since 1999 when the Balanced Budget Act capped the amount of therapy coverage an individual could receive from a physical therapist (PT). In early 2018, APTA, its members, and, more important, your patients and clients, celebrated the end of the hard cap. It didn’t come easily, and it couldn’t have been done without your voice and those of your colleagues and patients.

“We had to keep fighting to work toward a permanent fix for the hard therapy cap,” said Michael Matlack, APTA’s director of congressional affairs. “Eventually, members of Congress voted to have a permanent fix to the therapy cap.”

Change will not happen on its own. It takes your voice and that of your colleagues to make the most beneficial changes to the profession. No one knows this better than Matlack. “If we had said ‘they’re never going to fix this’ and given up, then members of Congress would think there wasn’t a problem anymore. That’s why it was important for members to continue beating the drum.”

Your Role

Getting started can be as simple as joining APTA’s PTeam, attending a town hall meeting where your legislator will be, or spying a red coat at a conference. Kendra Lucas, PT, DPT, an aquatic PT at Kettering Health Network in Centerville, Ohio, remembers attending an APTA conference and coming across the PT-PAC booth, where she saw the PAC trustees wearing red jackets. She spoke with Brad Thuringer, PTA, a PAC trustee, and asked what the red jackets were for and how she could get one. Thuringer educated her about PT-PAC, which provides financial contributions to the campaigns of elected officials based on where they stand on physical therapy issues and how they can help the profession and your patients and clients. Thuringer encouraged Lucas to get involved, and his support was her entry point to advocacy.

The Medicare Therapy Cap:

A shared victory, by the numbers:

- 4 Times a hard cap on therapy services was implemented due to lack of congressional action
- 3 Times the hard cap was delayed thanks to advocacy efforts
- 13 Times the temporary exceptions process to the hard cap was extended thanks to advocacy efforts
- 10 Times APTA proposed legislation to stop the hard cap
- 23 Lead cosponsors on therapy cap legislation in the House and Senate earned through advocacy efforts
- 60 Millions of Medicare beneficiaries who no longer need to worry about a hard cap on therapy services
Your Voice
APTA empowers you to advocate for your patients and clients and for the physical therapy profession. Save time and take advantage of these resources to strengthen your voice.

Legislative Issues: APTA Action App
Download the free APTA Action app, and you’re minutes away from advocating for policy affecting the profession and the way you practice. The app gives you tools and information to educate and inform members of Congress, health care providers, and consumers about the physical therapy profession. The app allows you to:

- Take action on federal issues affecting the physical therapy profession in just a few minutes
- Look up your members of Congress and see if they have cosponsored APTA’s bills
- View APTA’s Twitter feed and videos
- Join the PTeam to receive email updates on federal legislative and regulatory news and action alerts when it is time to contact your members of Congress
- Send APTA feedback after meeting with a legislator, attending a town hall or a fundraiser, or hosting a practice visit
- Find out what’s happening on your state’s advocacy front
- And more

With the APTA Action app you can use your phone to respond to breaking news in just a few minutes. To download the app and get started, search “APTA Action” in the iTunes or Google Play stores.

Regulatory Issues: Take Action
Once legislation is passed, federal regulations are written, usually in draft form first with a period for accepting comments from the public. APTA regularly submits comments on draft regulations and encourages members to do the same, to strengthen the impact of our feedback. The association even provides letter templates you can use for easy submission. Visit www.apta.org/RegulatoryIssues/TakeAction to learn more and see what’s up for comment today.

As a student Lucas was the PT-PAC liaison from the Student Assembly, where she built on her passion for advocacy. During her final year in her PT program, she interned at APTA headquarters in the government affairs department and learned more about grassroots efforts and how PT-PAC functioned. She attended congressional events, fundraisers, and meetings on Capitol Hill. She was even invited to a birthday party for her congressional representative. She learned how to talk to legislators and build those relationships.

Now, just 2 years after graduation, Lucas is 1 of the 8 PT-PAC trustees—and gets to wear the red coat. Think you’d look good in red? Learn more at PTPAC.org.

Working in the States
For some, the state level is where they find themselves most active. After graduation, Stephanie Weyrauch, PT, DPT, found herself working in Minnesota. She wanted to get involved and joined the Minnesota Chapter. Then-president Craig Johnson, PT, and the rest of the chapter
leadership were excited to have her join and were great mentors to her, she said. While serving on the Minnesota state government affairs committee and as chair of the grassroots subcommittee, Weyrauch had the opportunity to be part of the group that developed Minnesota’s advocacy priorities, and she recruited key contacts and members to contact their legislator regularly as well as in times of need.

One of the items the chapter championed was a bill allowing PTs to distribute disability parking placards to Minnesotans who needed them. Weyrauch testified in favor of the bill before the state’s transportation committee with a fellow chapter member. This bill became law in 2019.

Weyrauch has since moved to Connecticut and is already active on their public policy committee as they advocate for modifying the board of examiners in that state to include an additional PT.

Getting involved in policy advocacy can start with a few minutes of your time. The fastest way to share your voice is via email or phone. Lucas suggested joining PTeam (see sidebar) and also downloading the APTA Action app, where you can quickly send a templated letter to your Congress member. Lucas said she’s even received responses back from legislators asking for her opinion on various issues.

If you have more time, Matlack suggests meeting with your member of Congress in their home district or state. “It’s the best way to connect,” he said.

If you are planning to attend a town hall or district meeting or want to schedule a practice visit in your clinic, connecting with APTA’s grassroots office and your component’s federal affairs liaison is a good first step. APTA staff can offer strategies for approaching legislators, insights about what’s happening right now with a piece of legislation, and where your legislator stands on the issue. The APTA grassroots office or your federal affairs liaison can even offer a specific question or comment you could bring up with the legislator or let you know what issues your Congress members have previously supported so you can thank them.

**Relationship Building**

Advocacy is about building relationships. It’s the daily encounters with your patients, your coworkers, and legislators. Whether you attended a national advocacy dinner as a student, donated to PT-PAC, or took part in your state’s advocacy forum, you’ve made a difference. As you develop those relationships, you’ll find yourself getting in the door. Remember legislators are just people, Lucas said, and they want to please their constituents. You just need to talk to them.

Weyrauch agrees. You might get a chance to talk with the legislator, or you might be dropping materials off with a staffperson. Not comfortable with the idea of speaking with legislators in person? Weyrauch suggests using social media to let legislators know you are actively engaged. Also encourage your patients to talk to their legislators about their personal experiences with health policy, insurance, or copays.

When Weyrauch first started getting involved with advocacy, she attended a few federal advocacy forums. Being new to advocacy, she sat back and watched. She wanted to learn as much as she could before visiting specific legislators. After watching and listening for a while, as well as connecting with mentors familiar with the issues, she felt confident enough to have productive discussions with legislators. While she was still in Minnesota, she received a call from a state representative asking her how she felt a proposed health care bill would affect patients in Minnesota. That’s the power of building relationships.

**It’s Not Won and Done**

Just because legislation passes, that doesn’t mean the advocacy work is done. Federal legislation then requires federal agencies to provide additional details that address how the legislation is going to be implemented. Your voice is still needed to contact the federal agencies to offer comments.

Consider TRICARE, the health care insurance for the military and their families. Originally, physical therapist assistants (PTAs) weren’t able to provide services for TRICARE. After vigorous federal advocacy using APTA’s lobbyists and member grassroots advocates, last year Congress passed legislation to allow PTAs to provide services billable under TRICARE.

State-level committees are another way to help out in the advocacy arena. If you’re interested in policy, Weyrauch suggests joining your state chapter’s government affairs committee to get involved.

What do you want the future of the physical therapy profession to look like? Add your voice to the thousands of other physical therapy professionals to make a real difference. “We have a choice to make a difference together, to speak up and be a champion for change,” Lucas said. “I don’t want other professions to dictate the way we practice. It’s more imperative than ever for us to stay vigilant and ensure that our voices are heard so we can practice at the top of our license and to the full extent of our education. It’s up to us to secure a voice for our profession. If we don’t do it, someone else will.”
Editor’s Note: In case you missed this #PTTransforms blog Building a Strong PT-PTA Relationship: What One Award-Winning Team Has to Say that appeared on March 22, 2019, we’ve reprinted it here. To read more blogs or to submit a story idea, see www.apta.org/Blogs.

Jodi Maron Barth, PT, and Gincy Lockhart Stezar, PTA, co-owners of the Center for Facial Recovery in Rockville, Maryland, received the 2018 APTA Outstanding PT-PTA Team Award. They also are clinical instructors and members of the Maryland Physical Therapy Association House of Delegates. #PTTransforms interviewed Barth and Stezar for their insights into building a strong PT-PTA relationship.

#PTTRANSFORMS: Jodi, to start off, how and why did you become a PT?

Jodi Maron Barth: I was a high school athlete and really wanted to do something with sports medicine. My cousin was a physical therapist, and he said, “You don’t want to be an athletic trainer, you want to be a physical therapist, because you can do a lot more.” I graduated from Ithaca College and started out at an acute care hospital, Albert Einstein, in the Bronx, where because of rotations I had great exposure to all areas of service.

Later on, I was still geared to the sports medicine side of things and got bored. I started doing more with spines and manual therapy. When I was working with low-back patients, I noticed that their feet were a problem, and I started specializing in orthotics assessments. Later, I began evaluating the jaw.

Currently I specialize in treating temporomandibular joint (TMJ) disorders. About 10 years ago one of my referring docs asked me if I could do anything for a patient who had an acoustic neuroma and developed facial palsy. I had to do some research and training, and Gincy and I combined the skills and techniques we learned with our background in manual therapy to develop our own technique using neuromuscular reeducation.

#PTTRANSFORMS: How did you come to found the Center for Facial Recovery?

JMB: The center was formed out of passion. I was heading toward the administrator track at NRH, and I didn’t want to do that. Gincy was running one of the clinics. We both love patient care—that’s why we went into this profession—and we knew there was a need for treatment for facial palsy patients. Not too many therapists have an expertise in facial palsy and, honestly, not many therapists want to work with this population. But we do. Of all the patients we have treated through the years, facial palsy patients are the most cooperative. All they want to do is get better, and it’s such a team approach between us and the patient.
**#PTTRANSFORMS:** So do you only treat patients with facial palsy or do you see other patients as well?

**GLS:** We also see former patients from time to time who come to us for treatment for cervical, low-back pain, and other orthopedic dysfunctions.

**JMB:** Most of our patients are kind of head-to-toe patients. There’s not just a jaw problem. It’s not just a shoulder problem. But our specialty, and where we feel we shine, is treating facial palsy and TMJ patients.

**#PTTRANSFORMS:** When you were nominated for the APTA Outstanding PT-PTA Team Award, several people mentioned your mutual trust and respect. If I were to see you in operation as a team, how would I see that manifested?

**GLS:** Jodi does the evaluation, and she sets up the plan of care. We’ve worked together for so long that once she sets the plan of care, we just take it from there.

**JMB:** We treat the patient together. I’ll start with one patient, and she’ll finish with that patient, or she’ll start treatment with one patient, and I’ll finish with that patient. We believe patients should get the best of both worlds.

One of our patients said once—because when we “hand off” we physically hand off—that it was such a smooth transition, he didn’t even realize that Gincy’s hands were on him versus my hands until he saw me talking to someone else.

**GLS:** Even though Jodi is doing the evaluation, I’m recording a lot of the information and hearing as much as Jodi is about what the patient’s aches and pains, complaints, and concerns are. I’m not starting treatment with a patient without knowing anything about them other than what’s written down. I get to know them from the very beginning—and they also get to know me.

**#PTTRANSFORMS:** You both also are clinical instructors, is that right?

**Together:** Correct.

**#PTTRANSFORMS:** It’s so funny that you answer at the same time!

**JMB:** It happens all the time.

**#PTTRANSFORMS:** Has your working relationship always been as strong and collaborative as it is now, or has it grown over time?

**GLS:** I definitely think it’s congealed. The attraction in the beginning was that we had a very similar philosophy of care. I liked the way Jodi treated her patients—I thought that was the way patients should be treated. As time went on it came into a natural ebb and flow of treatment. She doesn’t have to tell me all the time: “You need to do this. You need to do that.” I know this is what needs to be done, and what the next steps will be. We’ve worked together long enough that we know what each other is thinking.

**JMB:** I would say also that our work ethic is the same. So no one is working harder than the other. And, even though she has a PTA degree, [when we first started working together] Gincy was diligent about looking things up and asking a lot of questions. She worked hard to get up to her current performance level.

**GLS:** The other thing that’s helpful is that we take classes together. We come back with the same knowledge, and that reinforces our collaboration.

**#PTTRANSFORMS:** Do you also conduct research together?

**JMB:** We do. With the help of some great supporters, we’ve established a nonprofit foundation geared toward research for facial palsy and TMJ. We’ve published articles together. Many years ago, we actually went to Italy to teach therapists there how to treat facial palsy.

We also teach workshops with the performing artists at schools such as the University of Maryland and Penn State and have presented at conferences for the National Association of Teachers of Singers.

**#PTTRANSFORMS:** What would you say is the most important element in building a healthy strong PT-PTA collaboration?

**GLS:** Communication and respect. I feel respected by Jodi even though I don’t have a physical therapist degree. She instilled in me that, just because I don’t have that degree, it doesn’t mean I can’t think.

**JMB:** I think, [for a PT], the willingness to learn from a PTA. And for the PTA to realize [he or she] is not a technician. Many PTAs I’ve worked with were happy with putting on the hot pack, doing electrical stimulation, doing some massage, teaching some exercises, and sending the patient on their way. Gincy wanted to learn more. She wanted to be the best that she could be.

**#PTTRANSFORMS:** Jodi, what advice would you give another PT who might be struggling to form a better more effective or supportive relationship?

**JMB:** PTs should go into the relationship open-minded...
and take each person as an individual. If that PTA is there for them, the PT should be responsible for getting them up to the level of care that the PT is providing.

#PTTRANSFORMS: Gincy, what advice would you give a PTA?

GLS: Show what you have to offer, and show your interest. Find someone you have a good rapport with, and who respects you, and will listen to you—and build on that. Your PTA brain is equal to any PT’s brain. You just have limitations on your evaluation and discharge, and that sort of thing.

JMB: But I do think the PTA needs to do due diligence: You have to do reading, you have to do research, get into continuing education. Going to classes with the PT is very helpful, because we learn those new skills together. There has to be a give and take, but there also must be respect—and that, I think, has to come from the PT.
These 10 titles offer evergreen ideas.

By Brad Cooper, PT, MSPT, MBA, ATC

Getting a Good Read
On Your Next Steps

East of Eden, Catch-22, Of Mice and Men, The Sun Also Rises. The classics of American literature, right?

Sorry, but I’m probably not the best person to rank novels. I just finished reading that first title above—written by John Steinbeck. But those 601 pages were more fiction than I’d previously read since high school.

When it comes to the nonfiction genre of this glorious thing called books, however, I’m all in! And I’m thinking, since this column is for individuals in the early years of practice, why not take a peek at some of the motivational, career-shaping classics I read when I was a new physical therapist back in the 1990s?

I know this, in part, because each of these books is still relevant to me. They all reside in my home library, where I still pick them up from time to time.

1. **The 7 Habits of Highly Effective People** (Stephen R. Covey). This book deserves a spot on the Mount Rushmore of business books. It focuses on timeless principles of fairness, integrity, honesty, and human dignity—and it shows you, the reader, how to develop a personal mission statement based on those precepts. If you have the time and inclination to read only 1 book from this list, make it this one.

2. **How to Win Friends and Influence People** (Dale Carnegie). The title frankly turned me off at first. “Win” friends? Really? But so many people recommended it to me that I finally picked it up. Carnegie’s advice and tips, written when your grandparents were young, will still help you with everything from connecting more effectively with patients and clients to expanding your practice.

3. **You Are the Message** (Roger Ailes). Never mind what you might have read or heard about this book’s controversial author. There are valuable nuggets here. It’s interesting, for sure, that he wrote a book with this title given how his career ended. But if you want to save time on reading the whole thing, just take its title to heart. The life that you live truly is the message you convey to the world—as clinician, leader, spouse, parent, business owner, and so on. As long as you’re always mindful of that, so many other things will take care of themselves.

4. **Dig Your Well Before You’re Thirsty** (Harvey Mackay). All of Mackay’s books are filled with sound advice, but the title of this one conveys a timeless message. In your career, the time to begin thinking about the next step in your professional development isn’t when your job is on the line or a promotion is dangled in your line of sight. Rather, the time is now. Which interests and skills can you begin developing immediately, so that 1, 5, or 10 years down the road you’re primed for a big opportunity?

5. **The One-Minute Manager** (Ken Blanchard and Spencer Johnson). This 1981 title is the first of a series of “One Minute” books emphasizing the need to keep relationships central even as the pace of change gets faster and faster, with all the upheaval that brings. If you’re new to a management role, invest a few minutes in this book to give yourself a running start. On a related note, if you find that you seem to be taking on everybody else’s tasks and struggling with delegation, read this title’s follow-up book, *The One-Minute Manager Meets the Monkey*. (That’s the monkey on your back.)

6. **The Goal** (Eliyahu Goldratt). If you decide to stick with that new management role after reading *The One-Minute Manager*, this book is a good next choice. It’s a “business novel,” meaning that you’re reading along, enjoying the story, then, suddenly—boom! You realize you’re starting to understand the theory of constraints. What’s that? I won’t ruin the story for you, but suffice it to say, you’ll never look at a group hike (or your clinic’s operational systems) the same way.
7. **The Brand You 50** (Tom Peters). I’m thinking you might want to go with a print copy here, because my own dog-eared paperback is supplemented by so many asterisks, “notes to self,” and underlined passages that I may have written as many words as the author did. Peters’ unassailable point is that, yes, you might have an employer who signs your checks, but you are the executive officer of “You, Incorporated.” Your employer is, in fact, your biggest client. Every new day, every new project gives you a new opportunity to demonstrate your value in the worldwide marketplace. How strong is your brand?

8. **Who Moved My Cheese?** (Spencer Johnson). This book was penned in the mid-1990s specifically for physical therapists (PTs) and physical therapists assistants (PTAs) who were adjusting to big changes in managed care. Just kidding! But it could have been written for us, as our workplaces changed dramatically during that decade—and again in the next decade, and again in this one. Johnson’s business fable, involving mice, makes a big and valuable point in a minimum of words and pages. When—not if—your cheese gets moved, you can do 1 of 2 things: You can sit and whine about it, hoping someone will return it to its spot. (Hint: That’s not going to happen.) Or, you can take action, move forward, and live your new (albeit confusing at times) life to its fullest.

9. **The E-Myth** (Michael Gerber). There may come a moment when you decide it’s time to venture out and become your own boss. Should you do so—or even if you merely want a constructive way to start thinking about it—this exceptional book offers a good framework. Gerber’s central point is that most creators of businesses aren’t actually entrepreneurs (thus the “E,” or entrepreneurial, myth). Rather, they’re technicians (or, in our case, clinicians) who’ve been hit with an “entrepreneurial seizure.” When they regain their equilibrium, they discover that they’re actually stuck in a new job of their own creation that’s more demanding and confining than the role they’d shed in search of greater freedom. This book provided me, my wife, Suzanna, and the members of our team with valuable guidance as we established US Corporate Wellness in 2007 and the Catalyst Coaching Institute 4 years later.

10. **Multiple Streams of Income** (Robert G. Allen). This one didn’t hit the printing press until 2000, but the concept had been floating around for a while, and the message will serve you well throughout your career if you take it to heart. The core point is that most of us go through life with a single stream of income (our job) that keeps our lake (our lifestyle or life pursuits) filled. The water analogy provides an easy visual to illustrate what happens when the stream gets cut off. If that single stream dries up, those folks are in deep trouble. That’s where Allen brings in the “multiple streams” concept—identifying the importance of creating additional feeders before they’re needed, even if they’re more like trickling brooks than robust waterways. That way, should your primary stream stop flowing, you’ll remain afloat for a while.

Over the course of my working life, which began in my teens, I’ve held many jobs, had multiple careers, and started (or tried to start) 10 different businesses. Only 2 of those (potentially 3; we’ll see) have gained notable long-term traction. But those 2 successes have provided a life for me and my family beyond anything I could have imagined back in 1991. While the “answers” I’ve needed (and frankly the questions I’ve had to ask) along the way have changed continually, the value of plugging into the expertise of others has been a constant. Hopefully some of the ageless advice from the titles I’ve just named will give a running start to the next phase of your career.

One last note. As this list makes clear, too few women have historically been represented in the field of business books. Physical therapy is a female-skewing profession, and we have many exceptional female practice owners and entrepreneurs in our midst. So, if you’re a female PT or PTA who’s thinking of following in their footsteps, you might consider whether you could see yourself someday writing books. Physical therapy is a female-skewing profession, and we have many exceptional female practice owners and entrepreneurs in our midst. So, if you’re a female PT or PTA who’s thinking of following in their footsteps, you might consider whether you could see yourself someday writing about those experiences and sharing your insights with others. I’d love to see your book on the top-10 lists of future generations of professionals.

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**Brad Cooper, PT, MSPT, ATC, MBA,** is the founder of the Catalyst Coaching Institute (www.CatalystCoachingInstitute.com), which provides the only wellness coach certification (CWC) to earn the approval of the Federation of State Boards of Physical Therapy, the National Association of Nutrition Professionals, the International Consortium for Health and Wellness Coaching, and the American College of Sports Medicine. The institute also provides the Catalyst Health and Wellness Coaching Podcast, where some of the world’s greatest minds address health and wellness issues and applications. To hear an interview with 2 PTs on offering wellness services, visit www.catalystcoachinginstitute.com/catalyst-coaching-podcast/. For more information on the institute, contact Cooper at Results@CatalystCoachingInstitute.com or 303/521-1570.
4 Ways to Increase Visibility of the Profession And Your Facility

Check out these resources for members to share with patients and others to help increase public understanding of all the profession has to offer. Extend your reach and promote physical therapy to consumers and your facility at the same time.

1. **Update your Find a PT profile (for physical therapist (PT) members only).** Help consumers (and referring health care providers) find you via Find a PT, the association’s online PT directory. All APTA PT members are eligible to create profiles in this national database, which is accessible via APTA.org and MoveForwardPT.com, APTA’s official consumer information website. Already have a profile? Ensure it’s up-to-date and includes a headshot. ([www.apta.org/FindaPT](http://www.apta.org/FindaPT))

2. **Advertise your clinic with customizable brochures.** APTA offers members a collection of patient handouts that include multiple text boxes in which you can add your clinic’s contact information. These customizable handouts are an easy, inexpensive way to promote the benefits of physical therapy and your clinic. ([www.apta.org/PRMarketing/Consumers/PatientHandouts](http://www.apta.org/PRMarketing/Consumers/PatientHandouts))

3. **Tell patients who PTs and PTAs are.** Aside from descriptions of what PTs and physical therapist assistants (PTAs) do, consumers also can read and hear stories from individual members about why they love what they do and what sparked their passion. The “Defining Moment” columns from *PT in Motion* magazine are published online in print and as podcasts, narrated by the authors themselves. Their stories can show consumers how dedicated and driven PTs and PTAs are to provide individualized services to their patients and clients.

4. **Share inspirational patient stories on social media.** MoveForwardPT.com has a library of powerful patient stories, including inspirational videos. One of these includes a 73-year-old triathlete with visual impairments who has completed 8 Ironmans and more than 50 marathons. Share these videos from your social media accounts to demonstrate the transformative power of physical therapy. ([www.MoveForwardPT.com/WhyTherapy/Stories.aspx](http://www.MoveForwardPT.com/WhyTherapy/Stories.aspx))

*MoveForwardPT.com* is always evolving and is a great resource for members to share with patients and others to help increase public understanding of the physical therapy profession.

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**Career Resource: Red Hot Jobs**

View thousands of jobs with specialized features and multiple search options, including practice setting and benefits such as APTA dues reimbursement.

- An anonymous resume database puts control in the hands of the job seeker. Contact information is confidential and not shown to potential employers until the applicant accepts their request. This is a great way to gain visibility for your resume while keeping confidentiality.

- Online resume and cover letter builder tools allow you to create customized resumes and cover letters or upload an existing resume.

- You can create custom job alerts and be notified immediately as jobs are posted that fit your personal criteria. ([www.apta.org/Jobs](http://www.apta.org/Jobs))
Learning Center
Exploring a new area of practice, want a refresher in a particular area, or need continuing education credits to renew your license? The APTA Learning Center is your resource to enhance your skills and empower you to thrive. Whether you’re interested in a single course on payment policy or a bundled set of courses on oncology, the Learning Center is your first place to look. Is 2019 your year to broaden your knowledge across multiple areas such as coding and billing, telehealth, or value-based payment? Then the Passport to Learning might be for you. The Learning Center allows you to get the professional development you need at free or discounted rates for members whether it’s 1 course, a bundled course, or a whole year’s worth of courses. (learningcenter.apta.org)

Member-Value Programs
In addition to insurance and financial programs, APTA members have access to member-value discounts sure to help as you plot a weekend trip or your summer vacations.

• Travel: Find hotel and car rental deals from the Wyndham Hotel Group, Avis, Budget, and Payless.
• Retail: Do you need a few things before you leave or perhaps you’d like to ship a few things ahead? You’ll find deals from UPS and the APTA Online Mall, too. (www.apta.org/ValuePrograms)

PTNow: Your Portal to Evidence
PTNow gives you access to databases and current physical therapy-related intervention strategies.

• Access full-text research articles from more than 4,500 clinical and academic publications in ArticleSearch.
• Rehabilitation Reference Center helps clinicians provide the best plan of care for their patients with nearly 800 clinical reviews of diseases and conditions, information on more than 11,700 drugs, and more than 9,800 exercise images that can be customized for home-exercise programs.
• Clinical Practice Guidelines (CPGs) decrease unwarranted variations in practice and the knowledge-translation gap. CPGs standardize communication, describe best evidence-based intervention strategies, and identify tests and measures integral to establishing a plan of care.
• Cochrane Reviews are a collection of gold-standard systematic reviews that contain independent evidence to inform health care decision making.
• Clinical Summaries provide evidence on managing specific conditions with “Clinician’s Quick Takes” offering a brief overview.
• Tests commonly used in clinical practice are available and licensed for your use. (www.ptnow.org)

When asked about challenges, Kornetti said documentation can be the biggest challenge. Burnout can come from administrative burden, the volume of paperwork, and requirements to meet the rules. Kornetti developed the habit of completing the documentation while she’s still in the patient’s home. If she needs more time, she finds herself finishing up in the driveway in the car. “Your office is your car. Make sure when you’re done with your day, you’re done.”

The keys to success, Kornetti said, are being creative and resourceful—“the MacGyver of physical therapy.”
Looking for independence, autonomy with your schedule, and the ability to affect patients’ independence in their homes? Then home health may be for you. Perspectives talked with 2 physical therapists (PTs) working in home health to get their insights.

Sarah Staudenmeier, PT, DPT, is with Penn Medicine at Home, a home care agency under the Penn Medicine health system located in Philadelphia. When she first graduated 2½ years ago, Staudenmeier planned to work in home health later in her career, after she’d gained some additional experience. However, while she was searching for her first job, she discovered a home health residency for new graduates. This residency allowed her to gain the experience and education she needed to be successful in the home care setting, and she hasn’t looked back since.

Diana “Dee” Kornetti, PT, started out in a variety of settings, including acute care, inpatient rehabilitation, outpatient, and private practice. For the past 20 years, she’s worked in the home health care field, first as an owner of a home care agency and now as a consultant. When she first started in home care, Kornetti says there weren’t a lot of people talking about home health, so she got involved in her state home care association. She submitted presentations for conferences, and her teaching and training expanded around the country. She’s currently the APTA Home Health Section president.

Kornetti said the best thing about home care is that “you practice to the highest ability of your license every day.” Home health PTs and physical therapist assistants (PTAs) work with patients directly in their own environment—where they live and succeed every day. While patients may thrive in a skilled nursing facility with a well-trained staff, they may struggle once they get home and no longer have that built-in support system.

“Home health has taught me how to work with a team and communicate effectively with others,” Staudenmeier said. “It has also taught me how important functional-related tasks and a patient’s environment can be. I think that no matter what setting you work in you should always get a good sense of how patients function at home. This also includes family dynamics, housing, equipment, etc. You would be surprised what a patient may tell you via phone or in a clinic vs what is actually going on in the home.”

Staudenmeier and Kornetti agree that home health is ideal for PTs and PTAs looking for some autonomy in their schedule.

Staudenmeier’s day starts at the computer for chart reviews. Some agencies require providers to check in at the office at the beginning and end of each day, but she goes in only when she needs supplies or for meetings. She’s usually at her first patient by 8:00 am or 9:00 am and has sessions with 5-7 patients throughout the day. She’s been to a wide variety of homes, such as apartments, townhouses, houses, shelters, halfway houses, drug and alcohol recovery homes, and assisted-living facilities in the Philadelphia area. Her patients have ranged in age from 21 to 102 years, with varying diagnoses such as COPD, cancer, organ transplants, spinal surgeries, or neurologic surgeries.

Both Staudenmeier and Kornetti believe clinicians early in their career could consider working in the home health setting, although Kornetti emphasizes the importance of being realistic and having confidence in your skills, even if you aren’t proficient in all settings. Staudenmeier adds that good communication skills are necessary, especially since you do not see all members of the medical team each day and often have to depend on conference calls, email, and electronic database messaging to collaborate on patient care. Both agree that creativity and critical decision-making, including the ability to act quickly, are important. Kornetti adds that a sense of service helps too.

Staudenmeier completed a residency in home health immediately following graduation and recommends that new grads have an internship, residency, or an extended orientation to better prepare for the ins and outs of this setting. In addition to a home health residency after graduation, she had 2 acute care placements for her internships while in school.

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