SPECIAL THEME ISSUE:

DOES YOUR CAREER PLANNING STACK UP?

› Early On
› After a Break
› For Retirement
If you’re not:

• You’re not getting the full picture of patients’ biomechanical dysfunction
• You may not be providing the best tool for postural stability and balance
• You’re missing out on a solution - Custom Orthotics
• An additional revenue stream is walking out your door

LOOKING AT THE FEET?
Foot Levelers custom orthotics - experience the benefits yourself.
LOOKING AT THE FEET?

If you’re not:

• You’re not getting the full picture of patients’ biomechanical dysfunction
• You may not be providing the best tool for postural stability and balance
• You’re missing out on a solution - Custom Orthotics
  • An additional revenue stream is walking out your door

Foot Levelers custom orthotics - experience the benefits yourself.

FootLevelers.com 888.966.0970
18 **FINANCIAL STRATEGIES FOR RECENT GRADUATES**

Many PTs face financial challenges early in their careers. These can arise from such circumstances and factors as student loan debt, starting a family, caring for an aging relative, or starting a private practice. What strategies can new (and not so new) PTs use to address their financial issues?

---

28 **RECKONING WITH REENTRY**

Stepping out from full-time practice looks different from how it once did. The options during and after a hiatus vary for PTs and PTAs.

---

38 **RETIREMENT PLANNING FOR PTs AND PTAs**

Guidelines for successful retirement planning have changed from previous generations and continue to evolve. Here’s what some PTs and PTAs have discovered.
Earn PT CEUs online!

The Invisibles: When the nervous system takes a wrong turn

NEUROLOGY VIRTUAL CONFERENCE RECORDINGS

5 recorded webinars | 2-hour courses
Guest Editor: Mike Studer, PT, MHS, NCS, CEEAA, CWT

View Courses: PhysicalTherapy.com/NeuroRecordings

Become a PhysicalTherapy.com member for access to all five virtual conference recordings plus unlimited 24/7 access to our growing library of 400+ evidence-based online courses. PhysicalTherapy.com is a nationally recognized CEU provider, a BOC Approved Continuing Education Provider, and a RESNA CEU Provider.
I distinctly remember writing an entire Combined Sections Meeting presentation while I was on maternity leave with my second child. Fortunately, she was a great sleeper.

Carrie Pagliano, PT, DPT, in “Reckoning With Reentry” (page 28)
Three Configurations Available for Your Diverse Clinical Needs

L300 Go
LOWER CUFF
for Foot Drop

L300 Go
THIGH STAND-ALONE CUFF
for Thigh Weakness and Knee Instability

L300 Go
THIGH & LOWER CUFF
for Foot Drop and Knee Instability

The L300 Go is a functional electrical stimulation system capable of producing measurable mobility improvements for patients with foot drop and/or knee instability caused by upper motor neuron injury. L300 Go promotes recovery by activating the neuromuscular pathways required for gait.

L300Go.com | 844.669.2653

Important Safety Information and Risks: For Indications for Use, Contraindications, Warnings, Adverse Reactions, Precautions, and other safety information please refer to www.bioness.com/Safety_and_Risk_Information.php (also available in the L300 Go Clinician’s Guide).

Individual results vary. Patients are advised to consult with a qualified physician to determine if this product is right for them.

©2020 Bioness Inc.
Online Comments

Social Responsibility Finds a Home in the House
February 2020

The author writes: “There will be concerns expressed that the physical therapy profession should stay out of this debate and only focus our efforts on public health issues that would be directly impacted by a physical therapist, movement, and/or exercise,” the support statement acknowledged. However, APTA is ready to address the firearms crisis and is still properly 'in its lane' due to visionary work over the last several years. That work, the support statement spelled out, included many of the earlier House actions described in this article.”

This article and the authors make a false presumption that we have a “firearms crisis.” We do not. We have a cultural crisis. APTA needs to refocus on issues immediately relevant to what we do as clinicians and stay out of sociocultural and political issues.

Alan Dalton

Health and all matters related to health are political, cultural, and social for those of us who choose to go into health professions to serve the public.

Lubayna Fawcett

As a longtime PT who primarily treats TBI, firearms safety is very relevant to my practice.

Jeanne Lojovich

Defining Moment: Making a Wheel Difference
February 2020

Great work, Cathy. I’ve heard of Come Roll with Me, but this explains it so much better.

Sheree York

Compliance Matters: The Facts About Upcoming Changes in Home Health Payment
May 2019

Excellent article. Thanks for the comprehensive overview and myth-busting.

Peter Sims
A New Dimension to Physical Therapy

September 2019

I am a pediatric physical therapist and have worked with children who are severely physically disabled at a school in Poughkeepsie, N.Y. A couple of years ago, the school’s principal and I invested quite a bit of time in considering the use of a 3D printer in our school to help make adaptive equipment for our kids. I went as far as taking online courses through Coursera on 3D printing and meeting with the director of a 3D printing lab at a local university who was more than happy to team up with us.

Unfortunately, our school was unable to provide the funding and time for this project, and no further progress was made. I remember searching for an article such as this in the “APTA world” back then and came up with minimal information. I would like to know if there are any opportunities for research in this area.

Frank Zalesny, PT, DPT

The Power of Predictive Analytics

February 2020

Fantastic article. Documenting patient outcomes is crucial to our profession to promote how we can impact lives and get people back to function. The article makes so many good points regarding outcomes data, such as having a sample size so you can make predictions and conclusions, make national comparisons, and study risk-adjusted factors for more accurate predicted scores. Although minimally important difference and minimally clinically important difference are valuable metrics, a risk-adjusted predicted change score and the number of visits add another layer of value to establish specific targets for outcomes. I have been using such a database since 2009 and it has really changed my clinical practice.

Kristen Brinks
Haptic Interventions Limited by High Cost

Using haptic devices and technology with patients poststroke has been shown to enhance patient motivation by providing successful outcomes and gradual levels of difficulty. The use of haptic technology can be motivating, especially when playing interactive games. Individuals poststroke can use their arm and perform sufficient repetition of upper limb movements/tasks (such as pull, push, reach, and grasp) to help them produce improvements in their upper limb motor control and function (Xu, 2010).

Motor skills and coordination also are affected by neuromuscular illnesses. The loss or weakening of these skills can affect even the simplest of actions, such as handwriting. In handwriting, grip and precise motor control are necessary to be able to write exceptionally.

Cost-Effective Haptic Interventions

The use of haptic interventions in physical therapy has progressed over the past few decades. Technological advancements have helped produce positive patient results. Unfortunately, these high-tech haptic devices often are not practical for use in rehabilitation clinics. Due to the high cost of these interventions, it is likely that many rehabilitation clinics do not apply these to patient therapeutic treatments. Because most rehabilitation clinics and departments do not have access to these high-tech haptic devices, creative, economical, and feasible haptic interventions are needed. Physical therapists can educate patients with haptic rehabilitation exercises and interventions that do not require high cost or high technology, and research should be conducted into these types of haptic interventions. This research should focus on a simpler approach that can make patients feel as if they are performing activities of daily living that they can accomplish at home. By creating an individualized haptic rehabilitation treatment program to address the identified weakness and limitations, low-cost haptic interventions can play an important role in the rehabilitation of those with tactile and prehensile deficits that can correlate to ADLs. The simpler, lower-cost programs may increase sensory and motor function as well as high-tech rehabilitation programs.

Paul K. Canavan, PT, DPT, PhD
Omar Perez
Department of Health Sciences
Eastern Connecticut State University

REFERENCES

The word “haptics” comes from the Greek word “haptesthai,” meaning related to sense of touch. Haptics refers to the use of manual sensing and manipulation of objects and environments through touch. The touching and handling of objects can be made by humans, machines, or even a combination of both. The objects and environments can be real, virtual, or a combination. (Saddik, 2007). Examples of haptics found in activities of daily living include gripping a coffee mug, buttoning a shirt, and writing a letter.

Although haptics primarily focuses on the sense of touch, it also involves motor function. Haptics has brought together biomechanics, psychology, neurophysiology, engineering, and computer science in the study of human touch and force feedback with the external environment (Saddik, 2007). Haptics has contributed to military training by presenting simulated situations that soldiers may encounter in battle and helping them prepare and strategize before entering actual action. In the medical field, haptic technology has improved surgical practice by decreasing training time and increasing performance precision and accuracy.

It also has been used in physical therapy and occupational therapy. Haptic functional exercises can play a vital role in neuromotor rehabilitation. With new technology, haptics has been enhanced to provide high-quality rehabilitation using such devices and techniques as virtual reality, cyber-gloves, and robotics.

Research has shown that performing real-life tasks for patients is important for self-efficacy. (Boian, 2002). Virtual reality-based rehabilitation provides a way to mimic activities of daily living and helps patients feel as if they were performing those tasks.
Cold without ice. Heat without hot packs.

The self contained, self cleaning Therm-X provides heat, cold, compression and contrast with temperatures ranging from 34° to 110°. Give your patients a consistent therapeutic temperature without the risk of burning or freezing.

thermxtherapy.com
Where the Improvement Myth Remains the Standard

More nonfederal payers must consider changing their policies. Here’s what APTA is doing — and how you can help.

APTA has spoken often about the longstanding myth that Medicare does not cover services to maintain or manage a beneficiary’s current condition when no functional improvement is possible.

The Jimmo Settlement Agreement of 2013 clarified that when a beneficiary needs skilled nursing or therapy services under Medicare’s skilled nursing facility, home health, and outpatient therapy benefits to maintain the patient’s current condition or to prevent or slow decline or deterioration (provided all other criteria are met), Medicare covers those services. Coverage cannot be denied on the basis of potential for improvement or restoration.

Unfortunately, the “improvement standard” has been retained by many third-party payers — restricting beneficiaries’ access to maintenance care and the continued services of PTs and PTAs. In 2018 APTA’s House of Delegates charged the association to “develop and implement a long-term plan to eliminate the improvement standard in all settings and payment situations.” APTA staff has been working diligently with commercial insurance and employer partners on this issue.

For example, the association has advocated to the Centers for Medicare and Medicaid Services the importance of developing value-based models that promote healthy aging and incorporating strategies and initiatives that promote a holistic approach to aging in place — addressing the health needs of older adults. APTA is working with the National Business Group on Health and other payers to preserve essential health benefits requirements in the commercial space, and to identify opportunities to demonstrate the value of physical therapy. Association staff also regularly address with payers and employers the need to remove the improvement standard to ensure patient access to needed maintenance care.

The commercial insurance environment is significantly different from Medicare. Private insurers, dealing with private funding, have the authority to establish whatever standards and/or requirements they deem necessary to manage benefits. These standards can be set at the individual plan level, resulting in different premiums, copays, and deductibles based on the
extent of the coverage. Also, in some cases a payer may cover a service that is not offered to employees within the employer-designed health benefits package. Thus, the need to change specific standards must be addressed with each individual payer and, potentially, at the plan level and with the employer designing the benefits package.

APTA is supporting chapter efforts with payers to create opportunities for physical therapists to play a greater role in risk management and prevention, as well as in sustaining functional performance.

In addition, APTA has resources you can use in advocating within coverage policies for elimination of the improvement standard and inclusion of maintenance care. (A list of these resources appears on page 12.)

**The Language of Change**

Some nonfederal payers already have adopted language and/or revised policies to remove the improvement standard or to cover maintenance therapy. (For details see “Nonfederal Payers That Address the Improvement Standard and/or Skilled Maintenance Therapy” under “Resources” on page 12.) Here are highlights from the policy language of two nationwide payers:

- **On February 15, 2019,** eviCore defined maintenance care as “services required to maintain the member’s current condition or to prevent or slow deterioration of the member’s condition.” The company further specified that skilled maintenance care for Medicare and Medicaid enrollees is covered if “the specialized skill, knowledge, and judgment of a qualified therapist are required to establish or design a maintenance program appropriate to the capacity and tolerance of the member, to educate/instruct the member or appropriate caregiver regarding the maintenance program, for periodic reevaluations of the maintenance program, and for delivery of maintenance programs.” Under the revised policy, “eviCore will authorize maintenance care when the member’s plan of care establishes that the member requires the specialized skill, knowledge, and judgment of a qualified therapist to maintain the member’s current condition or to prevent or slow deterioration of the member’s condition.”

- **On April 16, 2019,** UnitedHealthCare Medicare Advantage Plans stated, “Skilled therapy services that do not meet the criteria for rehabilitative therapy may be covered in certain circumstances as maintenance therapy under a maintenance program. The goals of a maintenance program would be, for example, to prevent or slow further deterioration in function.”

But again, many commercial payers have not yet abandoned the discredited improvement standard. In view of this, APTA is developing model language you can share with commercial payers to encourage them to change their policies and
Compliance Matters

recognize the vital role of physical therapists in maintaining function and preventing or slowing decline. Key concepts conveyed by this model language will include the following:

- Appropriate coverage of rehabilitative services and devices is an essential part of comprehensive health insurance. Rehabilitation addresses function, communication, participation, mobility, and engagement limitations that result from illness, injury, disability, or other conditions. The key services covered under these categories in most insurance products include physical therapy for treatment in the postacute phase of recovery from illness, injury, disability or ailment.

- To ensure adequate scope of coverage and access for consumers of commercial health care whose illness, injury, or disability has progressed beyond the postacute stage and now exhibit chronic functional impairment as a result of their disorder, private insurers should ensure that services will be covered for all individuals regardless of age, disability, health condition, or other factors. This is

Resources

Nonfederal Payers That Address the Improvement Standard and/or Skilled Maintenance Therapy
www.apta.org/Payment/PrivateInsurance/NonfederalPayersSkilledMaintenance/

Unraveling the Jimmo v Sebelius “Improvement Standard” Case (Compliance Matters Column)
www.apta.org/PTinMotion/2014/4/ComplianceMatters/

Frequently Asked Questions Regarding Jimmo Settlement Agreement
www.cms.gov/Center/Special-Topic/Jimmo-Settlement/FAQs

Advocating for the Profession in the Evolving Payment Environment (Compliance Matters Column)
www.apta.org/PTinMotion/2019/8/ComplianceMatters/

Medicare Coverage: Skilled Maintenance
www.apta.org/Payment/Medicare/CoverageIssues/SkilledMaintenance/
especially important for special populations such as children and individuals with chronic conditions and disabilities.

- Payers should eliminate what often is referred to as the “improvement standard” — the potential for improvement as a condition of coverage for skilled therapy services. This so-called standard was called out in the Jimmo v. Sebelius ruling that clarified Medicare’s longstanding policy of covering skilled therapy services based on the need for skilled care — regardless of the presence or absence of a beneficiary’s potential for improvement.

- Payers should support payment for services requiring the skills of a PT or a PTA to ensure that a patient doesn’t experience an avoidable decline in function even if improvement is not anticipated.

- Payers should consider policy changes that improve access to medically necessary services and promote the role of physical therapy in the prevention of functional decline.

- Physical therapy services reduce disability and clinical cost by reducing the need for services of greater expense, greater risk, or both to the patient or client. As such, any comprehensive health care coverage and insurance plan design must include a benefit for medically necessary physical therapy services as determined by the physical therapist of record.

- Medically necessary physical therapy services are comprehensive, and are paid through the continuum of life and across all treatment settings — including payment for services requiring the skills of a PT or PTA to ensure that a patient doesn’t experience an avoidable decline in function, even if improvement is not anticipated.

APTA will continue working with commercial payers to promote adoption of policy changes that improve access to medically necessary services and promote the role of physical therapy in the prevention of functional decline.
The expertise of physical therapists and their colleagues in other therapy fields is called upon in a wide variety of settings to best ensure that decisions are made, and actions are taken, that are in the interests of patients and clients. What can and should therapists do, however, when their counsel is overridden by an employer’s competing concern? Consider the following scenario.

**Just Do It?**

Ellen enjoys being a school-based physical therapist at Overland Public School so much that she often tells people, “I get paid to play all day with a group of wonderful kids. It’s the best!”

It is work, of course, but several factors contribute to Ellen’s enthusiasm. Her caseload primarily is children who are in preschool classes. Ellen’s school district, unlike many, mandates evaluations before children make the transition from early-intervention services — eliminating delays and allowing Ellen and her occupational therapist and speech-language pathologist colleagues, Laurie and Colleen, to proceed quickly. Ellen relishes her role in helping children adjust to their initial school environment. And, since the school runs through the eighth grade, Ellen can track children’s progress all the way to when most of them require only monitoring at most.

The Rehab Gang — as Ellen, Laurie, and Colleen call themselves — clear their schedules one morning to meet with 3-year-old Colton and his parents, Brad and Lisa. Their evaluation shows that the boy, who soon will make the transition from early intervention to preschool, has a constellation of musculoskeletal and systemic issues, resulting in significant developmental delays, as well as speech difficulties.

His mom and dad clearly are fully engaged in his care and are strong advocates for their son. He’s in a wheelchair that, the therapists note, he can maneuver by himself for short distances.

Brad and Lisa also have brought with them a rolling walker that Colton has just begun using at home.
“So far so good,” Lisa says, “but our house is small, so the distances are short. We’re looking forward to our little man getting the chance to whiz down these long school hallways.” The parents illustrate their point by having Colton use the device to walk across the room.

That display and Lisa’s comment elicit furtive glances among the Rehab Gang. They immediately see that while Colton’s receptive language is good and he’s been fully cooperative with all aspects of the evaluation, his use of the walker is limited by balance challenges, weakness, and fatigue. Indeed, by the time the evaluation meeting is winding down, Colton is curled up half-asleep in Brad’s lap.

When the family leaves a short time later, Brad is pushing the empty wheelchair as Lisa cradles her son.

Several minutes later, once the therapists have fully reviewed their findings, Laurie says what Ellen and Colleen also are thinking: “He’s not ready. Colton needs more than we can offer.”

“I’m thinking out-of-district placement at Brockton,” Ellen agrees, naming a specialized school that can provide the child with the intensive therapies he’ll need to be able to manage the preschool environment.

Colleen nods her head affirmatively and adds, “Yeah, I don’t exactly see Colton whipping down our hallways anytime soon. But after a few years at Brockton, I imagine he’ll be in good shape to start first grade here.”

The trio determine that Ellen will be their spokesperson to Tom, director of the Child Study Team. When they meet with him the next day, the PT presents a detailed case for why Colton should attend Brockton, not Overland. Tom listens intently, asks thoughtful and appropriate questions, and, they believe, is about to agree with their assessment when he throws them an unexpected curve.

“You make a good case,” Tom says, “except for your failure to factor in the big financial cost of out-of-district placement, and to balance that against Overland’s — against your — excellent

resources

At www.apta.org/Ethics
Professionalism/

- Ethics documents (including the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant)
- Ethical decision-making tools (past Ethics in Practice columns, categorized by ethical principle or standard; the Realm-Individual Process-Situation [RIPS] Model of Ethical Decision-Making; and opinions of APTA’s Ethics and Judicial Committee)

At www.apta.org/PTinMotion/
2006/2/EthicsinAction

- “Ethical Decision Making: Terminology and Context”
Ethics in Practice

Considerations and Ethical Decision-Making

The Code of Ethics for the Physical Therapist is quite clear on what Ellen should do in this situation. The question is whether she will find it within herself to speak up.

**Realm.** The realm is institutional/organizational, pitting the financial interest of the school system against the health and developmental interests of preschooler-to-be Colton.

**Individual process.** Moral motivation requires the prioritization of ethical values over self-interest. In this case, it would be in Ellen’s self-interest to remain silent and avoid the potential repercussions of contradicting Tom during the upcoming meeting with Colton’s parents. For Ellen to speak up at that time also will require moral courage.

**Ethical situation.** This is a distress — a situation in which the practitioner knows the right course of action but encounters an institutional barrier to implementing it.

**Ethical principles.** The following principles of the Code of Ethics for the Physical Therapist offer guidance to Ellen:

- **Principle 2A.** Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- **Principle 3A.** Physical therapists shall demonstrate independent and objective professional judgment in the patient’s/client’s best interest in all practice settings.
- **Principle 3D.** Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- **Principle 7A.** Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

Ellen is stunned.

“The financial cost?” she repeats. “What about the developmental costs of placing a young child in an environment he’s not ready for, that’s going to serve him poorly in both the near and long term? I mean, yes, we do good work here — thanks for acknowledging that — but that’s because we’re only seeing the kids we can really help.”

Tom’s tone is conciliatory but firm, “Don’t sell yourself and your colleagues short. I feel quite certain that record of preschool service to other kids with complex needs who have gone on to thrive. The expectation of Colton’s parents’ is that their son will be coming to Overland, his neighborhood school. I see no reason to disappoint them.”
Colton can catch up, with your help. But if not,” he adds, “out-of-district placement is an option down the road.”

“With all due respect,” Ellen rebuts, “that’s not how this works. If we put Colton on the wrong road at the start, we’ll be making it more difficult for him to end up on the right road.”

Tom sighs. “I understand and appreciate your concerns, but I must say, they’re unfounded. I have total confidence in the abilities of all three of you,” he says. “When we meet with the parents again at the end of this week, I expect all of you to be fully on board, and ready to tell Brad and Lisa what each of you will be doing to contribute to Colton’s success.”

“That’s it?” Ellen asks. “End of discussion?”

“End of discussion,” Tom affirms, returning to the paperwork he’d been doing when the Rehab Gang arrived at his office.

The therapists look at each other in disbelief — as if to say “What just happened? Are we supposed to simply shut up and do what we’re told?”

**For Reflection**

Have you been in a situation or situations in which you not only disagreed with someone who was in a supervisory or decision-making role, but you also felt strongly that what you were expected to do was against the patient’s or client’s best interest? What were your options, and what did you do? Looking back, how do you feel now about how you responded?

**For Follow-Up**

If you are reading the print version of this column, go online to www.apta.org/PTinMotion/2020/4/EthicsinPractice/ for a selection of reader responses to the scenario, as well as my views on how the situation might be addressed. If you are reading this column online, simply scroll down to the heading “Author Afternote.”

Be aware, however, that it generally takes a few weeks after initial publication for feedback to achieve sufficient volume to generate this online-only feature.
FINANCIAL FOR RECENT
Many PTs face financial challenges early in their careers. These can arise from such circumstances and factors as student loan debt, starting a family, caring for an aging relative, or starting a private practice. What strategies can new (and not so new) PTs use to address their financial issues?
You’re several years out in the working world and ready to expand your horizons.

You’ve been working in one clinical setting for a few years and are ready to try something different.

Maybe you’ve settled into a position and are ready to begin your family.

Or, you’ve dreamed about owning your practice, and it’s time to make that a reality. At the same time, you’re faced with student debt repayment and feeling stressed about your finances. That affects your priorities and choices both today and for the future.

Rachel Jarrouge, PT, DPT, was a new graduate in 2014, living in New York City, working in an outpatient facility, renting an apartment, and able only to pay interest on her student loans. Her focus was on paying off those loans as quickly as possible. She knew within six months of starting work that she needed to make a change.

Rhett Roberson, PT, DPT, a board-certified clinical specialist in orthopaedic physical therapy and a fellow of the American Academy of Orthopaedic Manual Physical Therapy, graduated with his DPT in 2009. For his first three years after graduation he worked in an outpatient hospital setting and hoped to open his own practice and increase mentorship opportunities in the profession. He had a goal.

Roberson now has a private practice and is developing a nonprofit, Mentorevolution, with business partner Beth Collier, based in Atlanta.

Libby Trausch, PT, DPT, co-owner of Breathe Physical Therapy & Wellness in Des Moines, Iowa, and her husband are both PTs. They went to private schools and took out large loans. Since then, they’ve bought a home and started a family. She now is co-owner of a niche practice in women’s health.

Jorgie Hadder, PT, DPT, had worked in a subacute rehabilitation setting with older adults at the Eaton County Health and Rehabilitation Center in Charlotte, Michigan, since graduating nearly five years ago. She recently moved to a new city and position, where she’s balancing student loans with starting a family.

Whether your focus is on student loan repayment, saving for a big purchase such as a home, getting ready to expand your family, or starting a new practice, it can feel overwhelming and stressful. There is no “best” way to achieve your goals. It will take patience, hard work, creativity, and flexibility. Creating your roadmap includes understanding your finances and going after your dreams. You’re juggling your career, student debt, and living your life while preparing for the future. It’s an exciting time, but it can be stressful, too.

Your route might not be a straight line to your goals. It might more closely resemble climbing a jungle gym — a description offered by Sheryl Sandberg in her book “Lean In,” where the path to success might be lateral or dip down slightly before rising. Life throws surprises and new opportunities in your path, she noted, and sometimes you might deviate from the road you’re on and find a new or better path.

The important thing is your vision. It’s time to plan.

Having some understanding of finances and budgeting is helpful. Where can you get that knowledge? For some, it might be a class in school. For others it might be from family or friends.

Personal Finance 101

Hadder knew the extent of her finances and that PT school would be an investment. “If I’d looked at just the price tag, I would have been hesitant to do it. But I felt strongly that my career was something I wanted to invest in. I felt that with good financial health and planning it would pay for itself.”

Early on, she attended a presentation from financial advisors at her school. One thing stuck with her. They talked about debt and the importance of retirement planning. She found the presentation helpful, and soon after graduation she met with a financial advisor to talk about employer retirement options and to plan for the future. She asked questions to better understand the value of investing and timing for balancing student loan repayment. Hadder says working with a financial professional was beneficial.

Roberson concedes that he probably was undereducated about the extent of his loans, what indebtedness would mean, and interest rate changes. When he was an undergrad, interest rates were 2.5%. They jumped to 6% while he was in school. “I didn’t have a lot of financial education,” he explains, “and it’s easy to be financially naive. You’re not asked if you are sure you’d like to take the entire loan amount this semester or what it’ll translate to over time. You’re only thinking that you need to pay tuition.” He learned about finances mostly through experience — just “living it.”
If I’d looked at just the price tag, I would have been hesitant to do it. But I felt strongly that my career was something I wanted to invest in.

— JORGIE HADDER
Jarrouge now works at MD Anderson Cancer Center in Houston, Texas. She says she had a leg up in understanding her finances because she had learned from siblings who had attended college in the U.S. (Her family is from Lebanon.) When she was choosing a DPT program, she considered multiple factors, including program details, tuition, and the cost of living where the schools were located.

She selected the State University of New York at Stony Brook. She thought she was prepared.

She felt blindsided, however, by the effect of interest rates. Her parents back in Lebanon were not in a financial position to help, but they believed in the importance of education, both academically and culturally. They imparted that belief to Jarrouge but provided her with little guidance on what would come next.

Jarrouge, like Roberson, didn’t understand how interest rates fluctuate, and that monthly payments are not based solely on the amount borrowed. By the time she graduated, the interest rate on her loans was close to 7% and she was six figures in debt. The first year after graduation, she worked in New York City for a base salary. Her monthly student loan payments were almost as much as her rent. After about six months, she was just surviving, living month to month. Though she wanted to stay in the city, she knew she had to make a change. She started looking at areas she could better afford. She considered other cities — including Houston, where her brother lived. She moved to Texas, where base salaries were higher, there was no state income tax, and the cost of living was much lower.

Focusing on paying down her loans, Jarrouge tried to refinance through a program her brother used. She was denied, however, because the underwriters didn’t believe she’d be able to make the payments based on her income as a PT. That turned out to be a blessing, she says, because she soon accepted the position at MD Anderson. As a state institution, it offered the benefits given to a government employee, including automatic, mandatory enrollment in the state’s teacher retirement plan. That meant starting to save for retirement was one less worry.

Jarrouge also took advantage of the Income-Based Repayment Plan under the federal government’s student loan program. Borrowers pay 15% of their monthly discretionary income (or 10% for new borrowers) over 25 years. After that the loan balance is forgiven. Being in such a plan also made Jarrouge eligible for the federal Public Service Loan Forgiveness Program. Under this program, individuals who work full-time in public service jobs, including 501(C)(3) nonprofit or public health organizations, may be eligible for loan forgiveness after 10 years and having made 120 qualifying payments. Jarrouge’s position at MD Anderson met the criteria for a public service job.

For more on repayment strategies and understanding your student debt, visit the following:

- Student Loan repayment and federal student loan forgiveness programs at [www.apta.org/debtmanagement/FederalOpportunities](http://www.apta.org/debtmanagement/FederalOpportunities)
- APTA Financial Solutions Center at [www.apta.org/FinancialSolutions](http://www.apta.org/FinancialSolutions)
By taking advantage of those programs she was, as she put it, “stepping off the hamster wheel.” Jarrouge now is about five years into paying her student loans. She has started a program to share her knowledge about these federal programs with students who come through her facility on their last clinical rotation.

**Choosing a Place to Practice**

A recent study conducted by the Florida Physical Therapy Association’s Early Professionals Special Interest Group concluded that practice setting choice may be affected by physical therapist student debt, and that student debt may be an overall barrier to practice and career choices. The study also found that the mean debt-to-income ratio based on total reported educational debt was 197%. The most frequently reported debt range related to DPT study and total educational debt was $100,000 to $124,999. (The study, authored by Steven Ambler, was published in December 2019 in PTJ.)

While Jarrouge’s move was motivated by cost-of-living considerations, she discovered a new area of practice that she enjoys. She always thought she would be outpatient and private practice oriented. With the move, she discovered the field of oncology. She never thought she would be treating a specialty population, but she now says that oncology opportunities are the first thing she’d consider if she ever were to relocate.

Hadder knew she wanted to work in rehabilitation, and she had a passion for neurology — an area of practice that, she says, requires creativity to meet the needs of complex patients with multiple comorbidities. She sought a workplace whose focus aligned with hers. She’s proud of her facility, its working environment, and the ethical and quality care that Eaton provides. And it’s a nonprofit, which allowed Hadder to enter the Public Student Loan Forgiveness program. When her husband got a new job in a different city, she sought another nonprofit position in an effort to stay in the program. In January, she moved into home health, where she’ll continue to work with older adults and those with neurologic issues.

**A Vision for the Future**

Early in his career, Roberson knew he was going to need to address his financial and professional development, but he wanted to do it “in a way that would drive my career in the direction I wanted to go.” He wanted to be independent and to start a company that would offer a professional development component. He also wanted to increase mentorship opportunities in the profession.

Roberson credits excellent mentors along the way who helped guide him professionally. He looked for resources that would help him adapt to his financial restraints. He explains that he was constantly working, always trying to find appropriate supplemental positions that would augment what he was trying to do. He completed an orthopedic residency and held positions in a hospital-based outpatient facility, then became clinic director at a private practice. During that time, he also taught and worked PRN. He was a clinical adjunct while in the private practice. He transitioned from lecturing and coordinating courses for DPT students to teaching and coordinating the residency program, which included lecturing on weekends at Mercer University in Georgia.

While still working full-time, he was laying the groundwork for his companies. One is a private practice he co-owns that focuses on wellness, prevention, and consumer education. He provides those services on a contract basis at country clubs.

His other company’s goal is to improve options for mentorship in physical therapy and offer professional development. Other than residencies and fellowships, he says, many PTs don’t have the opportunity to access a structured mentorship program. He and his business partner have been working on a mentorship app that is real-time and HIPAA-compliant. Roberson describes the software as a “connection piece.” A mentor puts his or her profile on the app. The mentee
can view the information and set up an appointment—physical or virtual—with the mentor.

That company will be run as a nonprofit. He and his partner have invested time, but—reflecting their financial situation—haven’t had to invest a lot of money. With the transition to a nonprofit, they’ll also be able to consider other fundraising and grant options. In addition, they’ve connected with Move Together, an organization whose mission is to increase quality rehabilitation around the world. Roberson and his partner joined Move Together on a trip to Guatemala, where that organization is building a clinic. Their vision has expanded to bring education and elevate the knowledge of the clinicians who’ll be working in the clinics.

Jarrouge and Roberson both had a vision or a plan for their immediate futures. Jarrouge wanted to pay down her debt quickly. Roberson wanted to start his own practice and promote mentorship.

Libby Trausch also had plans.

Before entering her DPT program, Trausch felt she had a good knowledge of finances. As an undergraduate student she did a personal self-study on investments. She also worked at a mortgage company before going to PT school, and understood such concepts as interest and debt. She and her PT husband came out of their private schools with $250,000 in student debt. They’ve made choices along the way to make life easier.

Trausch started working at Des Moines University, which has a generous employer match for its 401(k) retirement plan. She faced a choice: Focus on paying off student loans or leveraging the employer 401(k) match. She decided to start early on retirement planning.

Along the way, she made a major misstep. She and her husband bought a house— in 2007, at the top of the market just before real estate prices dropped. Meanwhile, her mother owned her own home. They both sold their houses—Trausch at a loss, her mother for a profit. They used the money to buy a better house than they could have afforded on their own, with an apartment for her mom. Her mother had lived in another town, so the joint purchase brought them together. It also helped Trausch and her husband save on child care costs. At the time, she was pregnant with her first child. She now has three.

Child care, Trausch says, is a huge financial line item that drives many women out of the profession of physical therapy. In her area, the cost of daycare for three children could be $15,000 a year. To reduce the need for child care, the adults juggled their schedules. Trausch took off one day a week, her mother took off a different day, and her husband came home early for childcare duties.

Fast forward a few years, and she opened a niche practice with her business partner. They did their best to open without debt. They started out inexpensively and used personal funds to buy treatment tables. They didn’t need big, expensive equipment.

Prior to opening, Trausch worked hard to establish herself as a women’s health expert. She got into birth circles—groups of people (women and sometimes including men) who are anticipating or have gone through the birthing process—because she was in the middle of having babies herself and she networked with other birth professionals in town. In one of those birth circles, she met a chiropractor who rented them a room to get started.

Trausch had differentiated herself as an expert, so the newly opened practice soon was busy. When additional space was needed, Trausch and her business partner looked in cheaper locations. “Through our networks, clients were coming to find us,” she says. The practice has been able to grow without debt by using inexpensive social media marketing.

She also recognizes the cost—financial and operationally—of employee turnover. She’s in a carefully chosen network “so I can run a practice that doesn’t burn out the therapists.”

Trausch has now shifted her personal financial strategy, focusing more on student loan payments and less on retirement. “The student loan debt is disgusting, but I love what I do,” she says. “I love owning the practice. I love being a PT.”

She didn’t set out to own a business. Now that she does, though, she says she was meant to do this. “It feels exactly right. I enjoy the puzzle of making it work and the challenge of building it.”

**Takeaway Messages**

There isn’t a quick fix to student loan repayment or an easy way to deal with the financial challenges of being a recent graduate. There are, however,
opportunities for loan forgiveness through the federal government if you meet certain criteria. If you don’t, you might consider looking at private loan consolidation. To learn more, visit the APTA Financial Solutions Center.

Budgeting and flexibility are keys to reducing stress and anxiety. If you have a plan and a vision, PTs interviewed for this article emphasize, it becomes easier to know what to do next. Your career is for the long term. When planning your budget, you’ll want to consider all of your expenses — including housing, utilities, transportation, food, entertainment, and debt. In addition, experts recommend that everyone have an emergency fund of three to nine months of expenses in case of job loss.

It’s not too soon to consider your future self and start planning for retirement. In terms of funding, start small and build from there. Jarrouge’s employer offers a retirement fund match. By taking advantage of these funds early in her career, she’ll reap the rewards of compound interest over many working years — plus the “free money” contributed by her employer.

Child care is an issue. Trausch was able to leverage having three adults in the home to put together a care plan for her three children that reduced the need for outside help. Her mom retired last June and now takes care of all the children.

Hadder has had child care considerations since having her first child in January 2019. She says she waited a bit longer to start a family because she wanted to be financially ready. When she returned to work, she learned that her employer has a dependent care program. She pays into a fund with pre-tax money that can be used for child care payments.

Buying or renting a home is another consideration, and there’s no “right” answer. Roberson was able to take advantage of the economic downturn to purchase a house, where he and his wife lived before turning it into a rental and selling it. Trausch reports

“The student loan debt is disgusting, but I love what I do. I love owning the practice. I love being a PT.”

— Libby Trausch
that her husband “likes to fix things” in their home, so, when repairs are needed, he often can handle them. Hadder and her husband feel it’s better to own a home if possible, so they purchased a small starter house. Jarrouge is focused on paying down her student loan debt and rents her home.

Lifestyle can be affected. Jarrouge says the only stress in her life is paying her student loans. She has no other debt. She has not bought a house or new car. The move from New York City to Houston also was a shift for her. With the resulting changes in her budget, she’s able to live without roommates and can afford to travel.

Trausch says she did better financially at the university, but she deems her time to be valuable. “I’m not one to overwork to have more money. Time is more important,” she says. But, she adds, she and her husband are not extravagant; for example, they take vacations in their camper.

Hadder says her family has what it needs, although she would like to be in a financial position to attend more professional development programs and conferences.

Roberson has been able to travel because owning his own businesses gives him flexibility. The real challenge, he says, is making the decision to take a break and go on vacation.

**Final Thoughts**

It’s important to live within your means, Hadder says. She’d rather have a smaller house and the opportunity to go on a vacation with the people she cares about than spend her money on extravagances.

Roberson recommends creating a financial plan and working backward from there. It’s important to know where you’re heading, he explains, because it helps to focus your priorities toward that goal. Your choices might change along the way to make life easier, but you’ll still be reaching for your goals.

Jarrouge, now six years postgraduation, probably is making more money than she would have at the 10-year mark in New York City. While she had to sacrifice living there, doing so improved her quality of life — and she can afford to go back to visit.

**Monica Baroody** is a senior specialist in membership development at APTA.
It’s Financial Literacy Month!
Get ahead with APTA’s Financial Solutions Center.

The APTA Financial Solutions Center is helping members make solid financial decisions and manage the cost of physical therapy education.

Financial Education Program
Free online platform offers customized learning in student loan debt repayment options, loan consolidation, budgeting, and more.

Student Loan Refinancing Program
Eligible PTs and PTAs receive a 0.25% interest rate discount as well as a discount for electronic funds transfers.

Certified Financial Planning
Find a certified financial planner through the Certified Financial Planner Board of Standards database.

Visit apta.org/FinancialSolutions to get started.
Reckoning With Reentry

Stepping out from full-time practice looks different from how it once did. The options during and after a hiatus vary for PTs and PTAs.

A lot has changed in the profession of physical therapy since 1994, when Beth Domholdt, PT, EdD, FAPTA, conducted a question-and-answer interview on “Reentering Practice” for this publication’s predecessor, PT Magazine.

Back then, Domholdt — not yet a Catherine Worthingham Fellow of APTA — was dean of the Krannert School of Physical Therapy at the University of Indianapolis. The school offered a “clinical update” program geared in part toward “inactive” PTs returning to the profession after an extended absence. The most typical reason for those hiatuses, the article noted, was pregnancy and childrearing, with nearly 40% of female APTA members, according to the association’s 1993 Active Member Profile Report, having reported one or more career interruptions of unspecified length.

Domholdt described the refresher course as “a week-long program that covers the health care system, basic evaluation techniques, clinical neuroanatomy, treatment techniques for neurological and orthopedic conditions, thermal agents and electrical stimulation, and current issues in physical therapy.” For longtime PTs, that description is a trip down memory lane to a time when modalities played a much bigger role in the physical therapy plan of care than they do today. It’s also, says Domholdt — now director of the School of Health Sciences at Cleveland State University and a professor at the school — a window on a time when full breaks from...
the field likely occurred significantly more often than they do today.

“Although I don’t have any data to back it up, my perception is that completely interrupting one’s career is far less common today than is slowing it down or working part-time,” Domholdt says.

A big reason for that ties to an observation she had made in that 1994 piece: Full career interruptions reportedly were less common at that time among female physicians than they were among female PTs. “One theory,” Domholdt told her interviewer, “is that the more time a person invests in acquiring professional knowledge and credentials — and the more money a person invests in that acquisition — the less likely he or she is to take a leave of absence.”

“As PT education has moved from the baccalaureate level to the entry-level doctorate, you’ve got more skin in the game. You’ve invested more time and money than you did in the old days — when some PTs perhaps felt freer to completely stop out.”

“The second piece that’s changed a lot,” Domholdt adds, “is that very few states used to require continuing education to maintain your license. Most PTs could do so by just sending in a relatively small check every couple of years.” Now, according to the Federation of State Boards of Physical Therapy, every state except Maine and Massachusetts requires some number of continuing competence/education units. This means, Domholdt says, that “the therapist who isn’t currently working in the field still needs to invest time and some amount of money to attain the continuing education hours required to maintain their license.” Most PTs, she observes, “do not want to be in the position of needing to retake a licensure exam many years after having received their initial education.”

Another factor in keeping up with the profession while on hiatus, she notes, is that compared with 1994, “there are many, many more ways to see what’s going on in the profession and to educate yourself, via online continuing education and other web resources.”

Stephanie Kelly, PT, PhD, dean of College of Health Sciences at the University of Indianapolis, says the school stopped offering its “clinical update” program more than 10 years ago for lack of registrants. In addition to the factors cited by Domholdt, she adds that the growth of transitional DPT programs seemed to be meeting many of the needs of “return-to-practice” individuals.

One thing that hasn’t changed in the past 25 years, however, is that PTs — and PTAs, of whom nearly one in five reported having one or more career interruptions, per APTA’s 1992 Affiliate Membership Profile Report — still are taking time out to have and raise children. While APTA no longer keeps statistics on career interruption, the observations and experiences of five individuals interviewed by PT in Motion shed additional light on the forces described by Domholdt and Kelly, and on how those factors shaped each person’s reentry strategy.

Spa Break

Sherri Berner, PT, had been a clinician for nearly 20 years when she decided to take a “detour” in 2003 to open a day spa in her native Florida. She jumped with both feet into the opportunity to continue to serve clients in a hands-on way while avoiding such hassles as dependence on physician referrals and problematic insurance authorizations.
"I wanted to work on the prevention side of health care, and, as a survivor of malignant melanoma, I had a special interest in skin care,” she says. Berner became a licensed esthetician and nail technician, and built her business from the ground up.

“I liked that people were coming to see me of their own choice — that they wanted to be there and were willing to pay out of pocket. I was doing everything from body treatments, facials, manicures, and pedicures to building maintenance, hiring and firing, payroll and bookkeeping, and marketing,” she says. Over the course of the three-and-a-half years, Berner’s staff grew from two employees to nine.

Then, in 2005, something unexpected happened.

“Lo and behold, at age 41 our one and only child was born,” Berner recounts. She sold the day spa to become a stay-at-home mom. It wasn’t until 2009, when her son reached preschool age, that she returned to work as a PT — in home health, a setting in which she’d worked earlier in her career. She’d been away from the profession for more than five years.

Away from it, but not completely apart from it — by design.

“There was no way I ever would have let my physical therapy license lapse. I’d worked too hard for it,” Berner says. “And I love the field of physical therapy. The body of knowledge that PTs have and the many ways that we can help people are incredible.”

Florida required completion of 24 continuing education hours every two years. “If I attended a conference of our state chapter, I usually could find a course in a skillset that could be applied to both physical therapy and the spa industry, such as reflexology,” she explains. “Attending those conferences also helped me keep track of what was going on in the profession legislatively and politically.”

An added intangible was that Berner’s husband is a PT.

“So, even though I wasn’t practicing, I was still ‘speaking the language’ throughout that period,” Berner says. “That helped me feel connected, as well.”

Returning to practice wasn’t that big an adjustment for her a decade ago, she says, but she wonders how she’d have felt if the changeover to electronic health records (EHRs), in their varied manifestations from employer to employer, had occurred during her absence rather than after her return.

“When I came back, documentation still was being done on paper,” Berner notes. “Recently, I hired on with a company whose EHR system is night-and-day from the one I used where I’d worked before. A day and a half of my new-employee orientation was spent on documentation alone. For this old-school girl, that’s challenging! But it certainly helped that I’d already had years of experience using EHRs.”

Berner’s advice to PTs who are planning or embarking on a timeout from clinical practice?

“The first thing is, maintain your license in your state,” she says. “That to me is a no-brainer. Take continuing education courses that interest you,
and keep up with the profession as best you can by visiting the websites of your chapter and APTA, reading their publications, and attending professional meetings in person if you can.”

A Lengthy Observation

Jen Cohen, PT, on the other hand, did allow her license to lapse. She readily admits that the amount of time and effort it took to reinstate it was substantial. Still, she says, it all was for the best.

“I graduated from PT school in 1999 and began my career in the Chicago area, where I’m from. But I stopped working as a PT in 2005, when I was pregnant with my first child,” she recounts. “I was living in New York at the time and we had no family to help us. I knew I wanted to be a stay-at-home mom. After my third child was born we moved back to Chicago to be closer to family. Once my youngest was in school I was ready to return to work.” That was in 2016.

“I decided to start my own business making organic personal care products,” Cohen continues. “I did that for about a year, but I found that it just wasn’t fulfilling in the way that being a PT had been. So, I looked into what I would need to do to get my license reinstated in Illinois. That turned out to be 360 hours of clinical observation and 40 continuing education hours. It was either that or sit for my boards and take the licensing test all over again.”

She chose the first option.

“It was daunting,” she concedes. “It had been a long time since I’d worked as a PT, and I hadn’t been taking any courses or reading research papers.” Like Berner, Cohen didn’t feel completely out of the loop because she had a relative — a sister — who’s a PT. “She would talk about her work and classes she was taking. But, still, that was very different from practicing.”

When she started her observation hours — which took her about six months to complete — “I felt overwhelmed. There was a lot of rust — going through the screening process and trying to remember all the special tests and their indications. Things like documentation and coding took some time to get used to again,” she says.

As she continued fulfilling her observation requirement, however, “it felt like riding a bike after a while. I’d been very fortunate in having had some outstanding mentors earlier in my career, and the people at Bannockburn were great.” That was Bannockburn
Without the connections I made and the confidence-building activities in which I was involved while I wasn’t working as a PTA, I’m not sure where I would be now.

— KRISAA REEVES

Chiropractic and Sports Injury Center in the eponymous Illinois city, which was sufficiently impressed by Cohen’s abilities that it hired her once her license was reinstated in fall 2018.

While Cohen doesn’t quite advise others to take the route to reentry that she did — “If you’re going to leave for 10 years, you might want to be keep an eye on what you need to do to maintain your license, and plan accordingly,” she wryly suggests — she has no regrets.

“I learned so much during those observation hours and regained the confidence that I needed to return to practice,” Cohen says. “If I’d kept up with my continuing education, yes, I’d have acquired additional knowledge and tools. But the best part about completing those courses is taking what you learn back to the clinic and applying it — which I would not have been able to do.”

In fact, Cohen couldn’t be happier with the way things worked out.

“I made a lifestyle choice at the time that was right for me and my family,” she says, “and now I’m back to doing what I love — helping people in a profession that’s constantly evolving and adding to my knowledge base every day.”

Change of Direction

There’s a certain irony, says Krissa Reeves, PTA, MEd, in the job she now holds. But in a very real sense, her career hiatus and what she did during that time — in addition to taking care of as many as four children — led to a change of direction within the profession.

Reeves had worked for 10 years as a PTA in outpatient orthopedic clinics until, about a year after her first child was born, she elected to become a stay-at-home mom. Over the course of the next three years she had another child. Her sister, who wasn’t able to stay at home, had two — the second of whom was born prematurely — who Reeves also looked after. “Four kids was kind of crazy, but I loved being home with them,” she says. “It was such a blessing that my sister’s second child, especially, was able to stay with family rather than being put in daycare.”

But Reeves also loves physical therapy. She knew that she’d return to the profession. Wisconsin, where she lives, requires 20 hours of continuing education every two years. She not only met that requirement, but she stayed active with her state chapter and APTA, attending conferences and keeping up to date with developments in advocacy, research, and other realms. Reeves, who had been a clinical instructor for PTA students before her hiatus, took the training to become an onsite reviewer for the Commission on Accreditation in Physical Therapy Education.

“I did a couple of site visits a year, which helped me stay current and involved,” she says. That and her clinical instructor experience prompted her to enter Auburn University’s online master’s degree program in adult education.

Those steps and all the networking she’d done within the state chapter proved critical when Reeve learned that the position of PTA program director had opened up at Chippewa Valley Technical College in Eau Claire.

“I had discovered that I really enjoyed working with PTA students when I was a clinical instructor,” Reeves says. “So, when the position at Chippewa Valley came available, I jumped on it. I’d already begun the master’s program. Because of my continued involvement in the profession and all the connections I’d made, I had good references. In fact,” she adds, “a plug from our chapter president helped me get the job.”
The school hired her as an instructor in August 2017 with the understanding that she’d assume directorship of the PTA program when she completed the master’s program. She earned the degree in December 2018 and became director the following month.

The irony was that she’d spent years vowing to her mother, an elementary school teacher, that she’d never follow in her footsteps as an educator — having visited her classrooms and seen what a handful a classroom of children can be.

“It’s definitely a different kind of teaching in a PTA program,” she says. “But my mom and I laugh about where my career is now. She’ll say, ‘So, let’s review the situation: You have an education degree now, and you’re a full-time academic.’"

What her experiences tell Reeves, who also is a member of APTA’s PTA Caucus, is that involvement in the profession is critically important to reentry.

“Without the connections I made and the confidence-building activities in which I was involved while I wasn’t working as a PTA, I’m not sure where I would be now,” she says.

**The Entrepreneurial Route**

“My boss is amazing — best boss ever!” exclaims Carrie Pagliano, PT, DPT. She’s laughing as she declares this. Since February 2018, when Carrie Pagliano Physical Therapy opened its doors in Arlington, Virginia, she’s been happily self-employed.

Pagliano’s office schedule — 12 to 15 hours per week of patient care — is highly accommodating of her family life; she and her husband have an 8-year-old son and a 6-year-old daughter. While it’s true that a business owner’s work never is really done, given the wide variety of associated administrative and business development demands, it nevertheless “doesn’t feel like work,” she says.

“I choose the hours I want to work, based on my kids’ schedules, child care, and whatever else is going on,” she notes. “I can flex my patient care and administrative hours. I can work more or less in person or virtually via telehealth, depending on the patient’s and my needs.”

Pagliano has company. Nearly two years ago, she and Lauren Sok, PT, MPT, a friend with whom she’d gone to PT school, started a Facebook group called PT Mompreneurs that had grown to include more than 700 members by the beginning of this year.

“It’s a community of people who gather online to share ideas and resources, answer each other’s questions, and provide reassurance that moms can do this even if they don’t have any business training,” Pagliano says. “A lot of entrepreneur groups...
out there are predominantly male and tend to be very pedal-to-the metal. At PT Mompreneurs, people aren’t afraid to say that they have family responsibilities and may need to take things a little slower.

“I’ve been shocked and thrilled by the amount of interest and excitement this site has generated,” she adds. “It’s empowering for women to see that they’re not the only ones doing or attempting this. People are happy to share the experiences they’ve had, the mistakes they’ve made, and the lessons they’ve learned, in hopes of making things a little easier for others who are seeking entrepreneurial opportunities.”

Pagliano worked full-time for more than 10 years prior to her first pregnancy. She alternated between PRN, full-time, and part-time work over the next several years before testing the waters with what she calls a “side hustle” in 2017.

“There’s a lot of flexibility in pelvic health physical therapy,” says Pagliano — who should know, as immediate past president of APTA’s Academy of Pelvic Health Physical Therapy. “I thought, ‘Maybe I can do home care and work with pre- and postpartum moms.’ I explored the market within a small geographic radius and soon built enough of a caseload that I felt ‘I can do this as a private practice. This is going to be sustainable.’”

She’s quick to tout pelvic health as an attractive practice area for women reentering the workforce after pregnancy and childrearing, given its wealth of opportunities for PRN work and entrepreneurship. And it’s a great way to give back, adds Pagliano, who’s a national media spokesperson for APTA on issues such as the importance of the “fourth trimester” — the early months after delivery when health care involvement remains vitally important to ensure optimal recovery from pregnancy for the mother and optimal postpartum care for the child.

“A lot of the PTs and PTAs join the academy after they have kids,” Pagliano notes. “Many shift over from another area — pediatrics, geriatrics, orthopedics — because they learned a lot through their own experiences and want to know more. It’s natural to them, then, to want to share that knowledge with women who are going through the same things they did.”

Which leads her to a piece of advice about which she feels very strongly.

“One challenge for PTs and PTAs who step out from their career can be whether to maintain membership in APTA — especially if money is tight. But I always urge individuals to do so. The resources that the association and its sections offer are invaluable, and the opportunities to continue feeling connected to the profession are so important.”

“I distinctly remember writing an entire Combined Sections Meeting presentation while I was on maternity leave with my second child,” Pagliano says. “Fortunately, she was a great sleeper.”

A Matter of Degree

When Gretchen Milanese, PT, DPT, gave birth in January 2010, she took a leave from her 12-year career as a PT that lasted until May 2015. But she

There’s a lot of flexibility in pelvic health physical therapy. I thought, ‘Maybe I can do home care and work with pre- and postpartum moms.’

— CARRIE PAGLIANO
wasn’t completely inactive. She often was able to put in two or three four-hour per diem shifts per week at a hospital system. She also did some consulting for her most recent pre-break employer, a private practitioner.

Both activities held her in good stead when she returned to a regular job as a PT. “Per diem allowed me to keep my skills fresh,” Milanese says — “the flow of evaluations, the variety of treatment plans, and the juggling of caseloads. It also was an opportunity for me to learn from a lot of different therapists — how each of them managed certain conditions, the treatments they selected, and the exercises they prescribed. I developed a network of PTs who I still seek out for guidance if I’m struggling with a patient or if I need the services of a specialist that my office doesn’t offer.”

That office is Empire Health and Wellness Center in Latham, New York; Milanese had retained a connection during her hiatus through the consulting work. Its owner offered her a job there when she returned to regular PT work in 2015. That was great, but it wasn’t the end of her reentry story. Her boss and her coworkers inspired her by their example to raise her knowledge and skills to a higher level.

Brendan Sullivan, PT, DPT, Empire’s owner, hadn’t yet earned his clinical doctorate, but he was working on it. Sullivan was pursuing a postprofessional DPT, and his enthusiasm for what he was learning was infectious.

“He vision was not only to improve his own skills but also to elevate the practice,” Milanese says. “He wanted there to be consistency of evidence-based practice in how patients were being looked at and treated. He wanted patients to have 30 minutes one-on-one with a PT. He was committed to a team approach in which a PT could do manual work with a patient in a private room because a colleague would jump in to keep an eye on that PT’s other patient during exercise.”

All of that matched nicely with the skillset of Milanese’s younger DPT colleagues. But with her own skillset, she quickly realized, not so much.

“When I went to school there wasn’t the focus on evidence-based practice that there is today,” she notes. “There was a lot of e-stim, ultrasound, hot packs, then therapeutic exercise. More people come to the outpatient setting now with acute issues and chronic pain,” Milanese observes. “The younger PTs with whom I was working really knew the literature.” She found their way of thinking to be fresh and modern in a way that hers was not, and their manual therapy skills to be superior to hers.

So, Milanese made the commitment to pursue her own postprofessional DPT — and to earn manual therapy certification while she was at it. Most of the work was online, with some traveling and in-person activity required. It took about a year and a half and, all-told, cost about $12,000 — with Empire picking up half the cost.

It required a lot of juggling while working 25-hour weeks and meeting family responsibilities. “There were moments,” she understates. “Fortunately, I am very organized and have a very supportive family.” She adds with a smile, “I used a crockpot a lot.”

All the work paid off handsomely, she says, in terms of the value she now offers patients and clients.

“It’s important to keep a finger in clinical practice. Not only does it help maintain your skills, but it’s good to be around other therapists — to see what they’re doing and to talk with them about the profession and changes they’re seeing.”

— GRETCHEN MILANESE
knowledge, and, if at all possible, look for a per diem situation that meets your needs,” Milanese says. “It’s important to keep a finger in clinical practice. It not only helps maintain your skills, but it’s also good to be around other therapists — to see what they’re doing and to talk with them about the profession and changes they’re seeing.”

Relocation and Reengagement
Beth Domholdt has experienced her own career reentry of sorts in recent years.

“I still was dean of the Krannert School in 2005 when I experienced a sudden change in my life. My husband died unexpectedly. I needed a change, so I took a job as vice president for academic affairs at the College of St. Scholastica in Duluth, Minnesota. I went from being in a PT academic position to being in an academic position in which I had responsibility for a whole institution. So, I was figuring out what to do with our choral program, chemistry, business and education programs, the whole shebang. It broadened my administrative and leadership skills,” Domholdt says, “but it took me further away from the profession.”

Keeping up with the continuing education necessary to maintain her PT license and remaining at least somewhat active at the national and state levels helped her “feel not entirely out of it,” she says. Then, in 2016, an opportunity arose to meet two goals with one move — to be in better position to help her aging parents and to deepen her involvement with physical therapy. Becoming director of the School of Health Sciences at Cleveland State University narrowed her purview and returned her “closer to rehabilitation.” She since has resumed a research agenda, as well. “It’s made me feel reengaged,” she says.

Whatever one’s reasons for stepping away from profession for a time, “Cultivate a habit of mind of saying, ‘I’m going to continue to learn and grow and develop in this profession regardless of how my career develops,’” Domholdt advises. “Try to keep up with the literature and the various resources available through APTA and your state chapter. Also, connect with colleagues when you can. One of the benefits of attending continuing education courses, beyond the knowledge acquisition itself, is networking with other PTs, exchanging ideas, and learning from their experiences.”

Eric Ries is the associate editor of PT in Motion.
Guidelines for successful retirement planning have changed from previous generations and continue to evolve. Here’s what some PTs and PTAs have discovered.

**BY JENNIFER RONDON**

“I grew up in a household where saving and paying yourself first was key,” explains Nancy Paddison, PTA, BA, of MD Anderson Cancer Center in Houston, Texas. “Prior to coming to MD Anderson, I saved on my own and was always putting money into retirement and stock accounts,” says Paddison, who is certified as a lymphedema specialist by the Lymphology Association of North America. “I saved something from every paycheck and put it away every month. Now I’ve been able to build up a good amount of retirement money.”

Paddison’s experience reflects the “new normal” of retirement planning. Previous generations could expect to retire comfortably on Social Security and pensions, but things are more complicated today. Pension plans are practically nonexistent, and most retirement programs today are “defined contribution” rather than “defined benefit” — with no promise that the retirement program will provide a specific amount of income.

Also, people are living longer (and more expensively) than ever before, which places even more responsibility
RETIREMENT PLANNING for PTs and PTAbs

PTinMOTIONmag.org / April 2020
for retirement planning on the individual. However, you can act now — and at every future stage of life — to retire successfully.

In Your 20s

Your 20s are a time of learning to budget and save while paying bills and paying down accumulated debt from student loans and credit cards. The problem: Retirement seems so far off that it’s hard to imagine that it’s important to start saving. Yet nothing could be further from the truth.

Even small contributions to a retirement account now will outgrow larger contributions made in your 30s, 40s, and 50s. A quick example: Saving $200 a month at a 5% interest rate for 40 years (from age 25 to 65) will give you a nest egg of $289,919. If you begin at age 45 and save twice as much for half as long — $400 a month for 20 years — you will have a balance of $158,717. (Try your own numbers with the U.S. Securities and Exchange Commission’s Compound Interest Calculator. Go to www.investor.gov and search for “compound interest calculator.”)

Paddison, who has been at MD Anderson for more than 13 years, strongly believes in incremental saving. “Even $25 a month can make a big difference when you’re ready to retire,” she says, “I found that automatic deductions taken out of my check worked well because I didn’t even miss it.”

MD Anderson offers employees several pre-tax and post-tax savings options from which to choose, plus free advisor services. “I periodically sit down with an advisor who helps me figure out how much more I need to be saving and what my allocations should be to keep on track with retirement,” she says.

Paddison always sought out savings advice, beginning in her 20s, when she was looking for an investment firm. She wanted to avoid brokerage fees, preferring to pay a flat fee per planning session. Instead, she ended up finding a group of local women in Madison, Wisconsin, who were helping other women build their nest eggs.

Paddison cautions others to be wary of fees that brokerages charge, or of paying a percentage of your savings for each financial planning session. She recommends paying a flat fee instead,
In Your 30s

Now is the time to start increasing how much you’re putting away and to learn more about investing and how the money you have set aside is working for you.

In fact, some plans offer to automate the process. For instance, if you are saving 10% of your income this year, you could set up the plan to automatically increase that percentage by a certain amount a year. You might select a 1% automatic annual increase. So, next year the plan would automatically deduct 11%, the year after that, 12%, and so on, until you stop the increases or the contribution reaches its legal limit.

Speaking of legal limits, the Internal Revenue Service limits your maximum annual contributions. For 2020, contributions to an Individual Retirement Account cannot exceed $6,000 ($7,000 if you’re 50 or older). Similarly, your contributions to a 401(k) plan are limited to $19,500 ($26,000 if you’re 50 or older). The agency has information at www.irs.gov. Search for “retirement topics - contributions” or check with your financial advisor.

In Your 40s

Now you have plenty of work experience from your 20s and 30s and more earnings to put toward your retirement planning. However, this is when families tend to grow up, generating more expenses. You may own a home and be saving for your children’s college education. You also may be paying off lingering college loan debt. And you may be part of a “sandwich” generation, helping pay the expenses of not only your children but also your parents. You’re probably about halfway along in your career. Now is a good time to reevaluate your retirement plan to be sure you are on track.

According to an online survey conducted by The Harris Poll on behalf of TD Ameritrade that was released in January, 41% of people in their 40s have less than $50,000 saved for retirement, and 59% have less than $100,000 saved. At the other end of the spectrum, 14% have saved more than $500,000.

In Your 50s

Prioritizing retirement is important now. If you have a partner, plan with your spouse or significant other. The “other half” of your retirement plan involves your partner’s age, professional goals, and stage in life. It is important to have these conversations earlier rather than later so that you have shared expectations — minimizing the chances of any surprises for either of you.

Many financial advisers suggest trying to create a balance between maximizing retirement contributions and eliminating debt. Sarah Cleveland, PT, like Paddison, is certified as a lymphedema specialist by the Lymphology Association of North America, and has been at MD Anderson Cancer Center.
An online Harris Poll conducted in January for TD Ameritrade asked respondents: “When it comes to finances and retirement planning, what advice would you give to your younger self?” Responses were similar for all four surveyed age groups – ranging from 40 to 79 – but were most pronounced for those 70-79 years old. Their advice:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>Start saving earlier in life</td>
</tr>
<tr>
<td>67%</td>
<td>Pay off your debt as soon as possible</td>
</tr>
<tr>
<td>65%</td>
<td>Start investing earlier in life</td>
</tr>
<tr>
<td>61%</td>
<td>Always have an emergency fund</td>
</tr>
<tr>
<td>50%</td>
<td>Get an individual retirement account (IRA)</td>
</tr>
<tr>
<td>42%</td>
<td>Max out employer retirement funds</td>
</tr>
<tr>
<td>41%</td>
<td>Don’t rely on others to build your wealth</td>
</tr>
<tr>
<td>39%</td>
<td>Spend less on frivolous items/make more meaningful purchases</td>
</tr>
<tr>
<td>38%</td>
<td>Stay invested in the market, even in a down economy</td>
</tr>
<tr>
<td>36%</td>
<td>Don’t go into personal debt for your kids</td>
</tr>
<tr>
<td>35%</td>
<td>Take time to learn about investing concepts</td>
</tr>
<tr>
<td>31%</td>
<td>Save up for health care costs</td>
</tr>
</tbody>
</table>

In Your 60s

If you are hoping to retire, you shouldn’t do so until you feel confident about your financial stability.

A popular approach to managing money in retirement is the “4% rule.” If you have your savings invested in a mix of stocks and bonds, the rule says that you should be able to withdraw up to 4% to live on in the first year of retirement, then increase the annual withdrawal each subsequent year just enough to keep up with inflation.

That rule can reduce the chances that you’ll run out of money over the course of a 30-year retirement. One flaw, though, is that the rule assumes a steady growth in retirement savings. If you retire and your savings decline sharply in the first few years of retirement — as occurred for many a decade ago during the “Great Recession” — the rule can fail and you can run out of money.

You also need to take into account how much of your income is devoted to necessities and how much is discretionary. If needed, you could cut back on discretionary spending. It’s more painful to cut back on income you’ve defined as necessary. So, run the numbers. There are a variety of online calculators, such as AARP’s at www.aarp.org; search for “retirement calculator.”

According to the Harris/TD Ameritrade survey, 28% of people in their 60s have less than $50,000 saved for retirement and 38% have less than $100,000 saved. However, the percentage of people with more than $500,000 in retirement savings is 26%.

Paddison comments that while she doesn’t have any real concerns leading up to retirement, she’d like to conduct another annual review soon with her financial planner to see if there’s...
anything she needs to adjust. “I would like to know where I am right now and what my likely income will be,” she says.

When you start taking Social Security is a personal choice. You can begin as early as 62 or as late as 70. Some experts say taking Social Security early can be a mistake because each month you wait to take Social Security, you’ll receive a higher monthly income — approximately 8% more annually. For instance, delaying payments from age 66 to 70 can raise your monthly benefit 32%. And once you do begin receiving payments, they are guaranteed by the government, keep pace with inflation, and include a survivor benefit, so the larger to start, the better.

On the other hand, some experts advise taking it earlier. Your monthly checks will be lower, but you’ll receive more of them than if you wait. Many factors play into this decision, not the least of which are your health and life expectancy.

**Not Quite Ready to Retire?**

According to the Bureau of Labor Statistics, the labor force participation rate for older workers — people ages 65 and older — is expected to increase the fastest of all age groups. BLS data also finds that 40% of workers ages 65 and older are employed part-time.

In its October 2019 Monthly Labor Review, the bureau wrote, “This increase in participation is made possible, in part, by U.S. job growth being in service sector jobs rather than in more physically taxing ‘blue collar’ jobs such as manufacturing and construction. Lack of sufficient retirement savings and employer-provided health insurance may be further reasons for some older workers to stay in the labor force. Another reason may be an employer’s increased willingness to hire and retain older workers who may have institutional knowledge that is not easily replaceable.”

If you are not ready to enter into full-time retirement, consider these options to reduce the physical demands of the profession:

**Work part-time.** If you can ease out, you may want to look at practicing part-time. Consider starting by taking one day off to see how things go. Eventually, working part-time can give
Working part-time can give you control over the hours you want to work and allow you to accomplish the other things you want to do in life.

Naghma Ahmed, PT, has been practicing for 35 years, 19 of which have been at MD Anderson. When she retires, Ahmed, certified as a lymphedema specialist by the Lymphology Association of North America, would like to continue working at her current employer on a per diem basis. “I don’t ever want to stop practicing physical therapy. I have worked so hard to get where I am,” she says. “I just want to slow down.”

Ahmed’s schedule, like those of many PTs, is demanding. “My work is high-intensity because I work with patients who are very sick,” she explains. In addition, her commute is 50 minutes each way, and she works a few more hours each night when she arrives at home.
Ahmed’s husband, who is self-employed as a contractor, will continue working, she says — facilitating her ability to reduce her hours to part-time.

**Become a consultant.** Being a consultant to other practices can allow much greater mobility, particularly if you are considering downsizing and moving to a more affordable area. One downside, however, can be spending a lot of time away from home and on the road when visiting practices.

**Set up a specific area of practice.** Having your own practice that focuses on patients who do not require extensive lifting or other physical exertion can help your body avoid unnecessary stresses and extend the life of your career.

**Become a travel therapist.** A travel therapist provides short-term coverage for outpatient clinics, hospitals, skilled nursing facilities, and home health agencies across the country. Contracts vary in length, with most lasting 13 weeks. You can set your own schedule, take extended time off, and see different parts of the country.

**Transition to a cash-based business.** Moving to cash and no longer dealing with insurance companies can be a way to focus on patient engagement and achieve quality outcomes.

**Teach.** Teaching residency and fellowship programs, conducting seminars, or serving on the boards of directors of physical therapy-related organizations can help you turn your years of experience into a comfortable retirement.

**Reentering the Workforce.**

Let’s say you’ve been retired for a year or two and would like to return to work, either part- or full-time. Skills and knowledge change over time, so it is important to consider how much retraining you may need. For instance, insurance regulations are constantly changing, so you may need to plan to allow a period of time to get up to speed before returning to practice.

If going back to work is a possibility, consider how you will maintain your licensure and certifications. In addition to the cost of maintaining licensure, there is the time and money required to meet continuing education requirements. A less tangible but equally important element of staying current is your professional connections. Studies have shown that most positions are filled through networking, so maintaining your professional connections is important, particularly as you spend more time out of the workforce. In addition, those who are older may find it more difficult to compete with younger, less-expensive practitioners. This makes it all the more important to maintain connections. APTA membership, of course, is one of the easiest ways to do so. (Read more about returning to the workforce in “Upon Reentry” on page 18 of this issue.)

**Special Considerations for PTs and PTAs**

**Consider your professional “bucket list.”** Do you have something you’d like to accomplish professionally before you retire, such as a clinical research project? Create a plan for achieving this goal so you don’t have any regrets when you’re ready to retire.

**Be aware of your physical capabilities.** For most PTs and PTAs, a major consideration regarding the timing of retirement is the physical demands the profession places on the body. Therefore, think realistically about how long you may be able to practice. This is a personal decision, but physical and mental stamina often decrease with age. Pay attention to the signs that you should start cutting back on the number or types of patients you treat. Leave while you’re “on top” and still healthy.

**Visualize how you will spend your time in retirement.** One thing you may have greatly valued about your physical therapy career is the close relationships you developed with your patients and colleagues. Paddison says that her biggest loss will be missing her colleagues. “They have been like a second family to me. Just think about all those hours... it’s a big community to lose.”

Recognize that retiring “to” something that you find satisfying can go a long way toward filling any void you might feel. Think about putting plans in place, including cultivating new hobbies, prior to retirement.

Cleveland has no problem visualizing what she’ll be doing when the time comes. She already loves dancing — Argentine tango, country western, and salsa — so she definitely will be doing more of that. She also plans to become involved with social groups, traveling, and performing lymphedema treatment as a volunteer. “I love my job, but I feel like between doing my job, trying to get enough sleep, and exercising, I don’t have time for anything else. When I retire, I’d like to expand my horizons by taking online courses and catching up on my reading. I don’t think I’ll have any problem keeping myself entertained. There are so many things still to experience!”

Paddison, a former health care writer and marketer, agrees. “I would like to do some writing and traveling, and be able to work out more,” she said. “If I’m lucky enough to have grandchildren, I’d like to enjoy being a grandmother!”

**Know your financials.** As you get closer to retirement, it can be a good idea to confer with your financial planner, lawyer, accountant, and others as a group. You likely can make better decisions as a team when everyone can weigh in at the same meeting.

**Private practitioners: Have an exit plan.** APTA member Tannus Quatre,
PT, MBA, advises that waiting until shortly before you retire to begin planning your exit from private practice forces you to do much more work later in your career. A full understanding of exit opportunities requires months, if not years, of planning. Quatre urges practice owners to do the homework and know what they want. But, he adds, be flexible. Exit strategies rarely go exactly according to plan.

Quatre adds that practice owners should think about what they would want in order to exit their practice if presented with an offer. Including that possibility in the planning process will allow the owner to take advantage of such an opportunity if it presents itself. In any event, he adds, the process will give you a greater understanding of your business.

As you do your long-term planning, be aware that buyers look for practices that are systems-driven and show a history of profitability. Therefore, analyze your market, improve your operations, and determine what your clinic is worth.

Don’t waver from your timeline. Having your plan in place before you take the leap will help prevent hesitation and potential disruption to your workplace and patients when the time comes.

Health Care Costs

Paying for health care is one of the biggest challenges many people face in retirement.

According to the 2018 Retirement Healthcare Costs Data Report by HealthView Services, retirement health care costs are projected to rise annually by 4.22% for the foreseeable future — down from the organization’s prediction of 5.47% in its 2017 report. This is due mainly to slowing in the growth rate of prescription drug costs. However, retirees still face a heavy health care cost burden. According to the report, total projected lifetime health care costs for a healthy 65-year-old couple retiring in 2018 were expected to be $363,946 in today’s dollars ($537,334 in future value). The report features data on health care claims from 70 million individual cases, plus actuarial and government data.

A strategy to help manage future costs is to take steps now to improve your health and invest the savings. This can not only help increase your longevity but also help you generate additional retirement income when you need it the most.

Staying in Shape for the Long Haul

To help your body take you through the decades, address physical issues as soon as they occur. Feeling pain in your hands, back, or neck can be a wake-up call. Proper training in body mechanics and posture can help you avoid injuries. Taking care of your body now will help you enjoy life down the road.

Make time for exercise. PTs and PTAs, particularly those who are older, should not let the demands of practicing get in the way of exercise. Lifting weights, using stair-climber machines and other aerobic devices, and maintaining flexibility all contribute to a higher quality of life and greater productivity.

Be a consumer of clinic facilities. It’s easy to see your clinic as a place where you help others, rather than one where you help yourself. Use the exercise equipment at hand, as well as any other amenities such as a weight-loss program or fitness and yoga classes.

Ahmed keeps up with her exercise, which includes cycling. She says she is committed to exercise as a way to stay healthy throughout her working career. Once she retires, she plans to add yoga to the mix.

“Lead a healthy lifestyle!” advises Cleveland, who describes herself as an exercise fanatic. “I try to set a good example for my patients by practicing what I preach. I exercise for stress relief, am a vegetarian, and recently cut out all sugars from my diet. As someone who is single, with no dependents, I need to keep myself healthy and stay as independent as possible, for both body and mind.”

Jennifer Rondon recently retired from APTA. She was the association’s business development manager.
Congratulations to the physical therapist assistants who have completed their Advanced Proficiency Pathways Program as of November 2019!

These individuals have met all of the eligibility requirements for recognition, which include a minimum of 2,000 hours of clinical work experience in the selected proficiency area, a minimum of 60 hours of continuing education coursework completed within the past five years, and completed mentored clinical experiences with skills checks by an approved physical therapist in the designated specialty area.

**Acute Care**
Mark Adkins, PTA, LMT, BA
Anando Roy Chowdhury, PTA
Mary Elizabeth Fowler, PTA
Cathy S. Hoyt, PTA
Lisa Ann Jones, PTA
Andrea Danielle Magness, PTA
Sarah Anne Ullery, PTA
Alexandra Paige Waldron, PTA
Gayle Wallace, PTA

**Cardiovascular and Pulmonary**
Lisa Chinn, PTA
Crystal Michelle Clairday, PTA

**Geriatrics**
Sonja Baker, PTA
Karla L. Bengert, PTA
Jay Fasteen, PTA
Ann M. Lowrey, PTA, BA
Suzanne May, PTA
Brittany Moore, PTA
Angela D. Moyers, PTA
Jennifer Novik, PTA, MBA
Amber Lea Parsons, PTA
Gregory Plath, PTA

**Orthopedics**
Sean M. Bagbey, PTA, MHA, Certified Athletic Trainer, Certified Industrial Rehabilitation Specialist
Ada Nivia Balaguer, PTA
Debra Lynne Bathurst, PTA
Jennifer Bauder, PTA, BA
Ryan R. Bell, PTA
Debra Benjamin, PTA
Zachary Blais, PTA
Caleb Hugh Capshaw, PTA
Anando Roy Chowdhury, PTA

**Oncology**
Traci Daniels, PTA
Agnieszka Dobek, PTA
Sanaz A. Holcomb, PTA

**Pediatrics**
Lisa Bennett, PTA
Taylor Collins, PTA
Sara Conrad, PTA
Andrew James Cook, PTA
Lynn A. Dewitt, PTA
Kayla Lynn Diebert, PTA
Dawn Duncan, PTA
Julie Kae Dunn-Simmonds, PTA
JoAnn Garcia, PTA
Jacob John Flint, PTA
Jennifer Ann Haas, PTA
Robin Tyler Heilskov, PTA
Julie Holt, PTA
Tiffany Holt, PTA
Meghan Hubbell, PTA
Kelly A Jagodzinski, PTA
Christopher Janssen, PTA
Hailey Johnson, PTA
Carlos Enrique Lopez Jr, PTA
Eric Lytle, PTA
Danielle Marek, PTA
Lindsey Martinez, PTA, BS
Emily Miller, PTA, BS
Jacob S. Miller, PTA
Susanne Moskal, PTA
Alyssa R. Nino, PTA

Applications will be accepted from May 1 through August 1.
For more information, please visit www.apta.org/APP

Boost Your Career With PTA Advanced Proficiency Pathways!
Current content areas being offered are: acute care, cardiovascular and pulmonary, geriatrics, oncology, orthopedics, pediatrics, and wound management.
HEALTH CARE HEADLINES
We’ve compiled highlights of stories published by PT in Motion News for a recap of reports on the physical therapy profession.

New Guideline Helps Inform Management of Individuals With Heart Failure
A new clinical practice guideline supported by APTA and developed by its Cardiovascular and Pulmonary Section includes nine evidence-based action statements for the evaluation and management of patients diagnosed with heart failure and two clinical algorithms to support clinical decision making. Authors of the guidelines say the CPG will “provide physical therapists with evidence-based recommendations that assist in improving functional capacity and [health-related quality of life] and reducing hospital readmissions for individuals with HF.”
www.apta.org/PTinMotion/News/2020/02/05/HFCPG/

Former APTA President Paul Rockar Is New Foundation President
The Foundation for Physical Therapy Research has named as its president former APTA President Paul Rockar Jr., PT, DPT, MS. A well-known figure in the physical therapy profession, Rockar served on the APTA Board of Directors, including terms as both vice president and president. He succeeds Edelle Field-Fote, PT, PhD, FAPTA, who concluded her term at the end of 2019.
www.apta.org/PTinMotion/News/2020/01/10/RockarFoundationPrez/

Research Supports Home Health Physical Therapy for Individuals With Dementia
Physical therapy delivered at home has a role to play in improving the lives of individuals with dementia, according to authors of a study finding that any amount of physical therapy increased the probability of improvement in activities of daily living by 15.2%. Authors of the study found that while patients who received no physical therapy had a 60% probability of ADL improvement, that probability jumped to 75% for patients receiving any physical therapy. Although those probabilities improved in relation to the number of visits received, the greatest rate of increase in ADL function seemed to occur in patients who received between six and 13 visits, according to the study, published in Health Policy and Economics in January.
www.apta.org/PTinMotion/News/2020/01/28/HomePTDementia/
Here are a few recent examples of the association’s efforts on behalf of its membership, the profession, and society.

Lawmakers Want Answers From CMS on Planned 2021 Payment Cuts

Explain yourself: That’s the message of a bipartisan letter to CMS signed by 99 members of the U.S. House of Representatives. They expressed concern about the agency’s plan to make cuts to Medicare that include an estimated 8% reduction in payment to PTs – and similar cuts to 36 other professions – to accommodate increases to the values of office/outpatient evaluation and management codes. The letter from legislators asks CMS to explain its methodology. APTA led efforts to inform legislators of the issue, and asked whether CMS considered how the proposed changes could impact access to care.

www.apta.org/PTinMotion/News/2020/02/05/CongressionalSignOnLetter2021Cut/

CMS Updates Contractors on Reversal of Disputed Coding Decision

In late January CMS officially walked back a coding-related decision that effectively prevented PTs from billing an evaluation performed on the same day as therapeutic exercise and/or group therapy activities. The change to the National Correct Coding Initiative coding pairs, which began January 1, faced strong opposition from the physical therapy and occupational therapy communities. The change was reversed for the most part, with CMS announcing that it would revert to its 2019 coding rules and apply the change retroactive to January 1. At the time of the official announcement, CMS advised providers to wait to resubmit or appeal denied claims until its Medicare Administrative Contractors, or MACs, had been fully apprised of the reversal. In early February, CMS announced that its MACs have been notified and that providers can move ahead with claims.

www.apta.org/PTinMotion/News/2020/02/06/NCCICodeUpdate/

Physical Therapy Outcomes Registry Again Approved by CMS as a QCDR

APTA’s Physical Therapy Outcomes Registry has been approved for the fourth consecutive year by CMS as a qualified clinical data registry, or QCDR. This designation means that participating physical therapists can submit Merit-based Incentive Payment System – MIPS – reporting data to CMS directly from the registry. PTs who participate in the registry can meet MIPS requirements in both the Quality and Improvement Activities categories. Enrollment deadline for the 2020 MIPS reporting year is May 31; email registry@apta.org to learn more.

www.apta.org/PTinMotion/News/2020/01/21/QCDRDesignation/
Don’t Forget To Be Your Own Self-Care Advocate

Prior to my time in physical therapy school, I hosted an annual walkathon in my town to raise awareness for mental health well-being, while also encouraging the community to find a balance between mind, body, and spirit.

Why am I telling you this?

I found myself in the midst of physical therapy school, no longer being my own advocate for that same mental, physical, and emotional balance that I was cheering for others back home.

If you’re a student and you’re reading this you’ll most likely take the words right out of my mouth: School is hard. You’re tired, stressed, and finding yourself on this emotional roller coaster taking you anywhere between excited at the prospect of studying and pursuing a career you’re so passionate about, and drained due to the intensity and anxiety that comes with the amount of coursework and knowledge you must retain – oh, and did I mention grades?

If we as students continue to take care of our own mind, body, and spirit, we’ll make it through this school experience healthy and ready to serve our profession and our patients.

For me, I’ve found that maintaining a personal fitness routine during school has done wonders, despite being tired and exhausted. As experts in movement science, we know one thing to be true: If your body feels good and energetic then your intellectual and emotional self will follow.

Consider these aspects of a personal routine.

Your environment. One of the key aspects of building a consistent fitness routine is finding the right setting. You have to figure out what will motivate you on the best and worst days.

Your game. Choose a game or activity that motivates you to move. In school, all the sitting you do will make any form of movement beneficial for your body.

Your time. You find time to scroll through social media, right? You find time to make it to happy hour, right? While I’m not saying those things aren’t necessary to maintain your sanity during your time in school, I’m saying that you should make a point to carve out time for the things that you want to do.

Your challenge. My challenge to you is to try something related to fitness or movement that you’ve never done before. Reflecting back on that walkathon I hosted many years ago, I’m reminded that fitness is a wonder pill that balances the major triad of mental, physical, and emotional health, while navigating the school experience.

Read the full story from August 23, 2018, in The Pulse. www.apta.org/SelfCareAdvocate
INTERESTED IN BECOMING A CREDENTIALED CLINICAL INSTRUCTOR?

CCIP Level 1
Explore different aspects of the clinical learning environment, including skills and techniques, that are necessary to provide a structured and effective learning environment for students.

CCIP Level 2
This program is a natural progression from Level 1 and will help further develop your clinical teaching skills and in constructing a clinical curriculum.

DID YOU KNOW?
• Over 65,000 PTs and PTAs have been credentialed since 1996.
• More than 2,300 PTs and PTAs have received their Level 2 credential since 2008

Learn more at apta.org/CCIP
APTA is committed to providing value from membership in the association. Our Financial Solutions Center offers free resources that can help you manage expenses, save for the future, and address debt such as student loans.

Understanding your finances can be a challenge. April is National Financial Literacy Month. With income tax filing due, it’s a good time to assess your finances — including your knowledge related to budgeting, investing, debt management, and more. Whether you are trying to understand your student loans or buy a home, APTA’s award-winning Financial Solutions Center can help.

- The APTA Financial Education Program, powered by Enrich, is a customized online financial education platform. It uses videos, chats, webinars, quizzes, articles, and more to give you an individualized experience in financial and debt education. This program is free to APTA members, and to nonmembers through login to APTA.org.
- The student loan refinancing program, provided by Laurel Road, offers eligible APTA members a 0.25% discount off the competitive interest rate. An additional 0.25% discount is available for all electronic funds transfer participants.
- Find a professional certified financial planner — one who has completed training to earn the designation — through the Find a CFP Professional® database of the Certified Financial Planner Board of Standards.

Visit www.apta.org/FinancialSolutions for more.
At Optum360®, our partnership with APTA is important. We work together to develop unique coding solutions that meet the specific needs of physical therapists. That’s why we offer APTA members discounts on the coding resources they rely on every day.

Simplify coding and billing with the resources developed exclusively for the physical therapist — from Optum360 and APTA.

ORDER YOUR 2020 EDITIONS TODAY.
As an APTA member, enjoy a special offer — get 20% off the 2020 Coding and Payment Guide for the Physical Therapist and 40% off the 2020 ICD-10-CM Fast Finder® for Physical Therapy.

2020 Coding and Payment Guide for the Physical Therapist
ITEM NUMBER: SPT20 | AVAILABLE: DEC 2019
The Coding and Payment Guide for the Physical Therapist is your one-stop coding, billing and documentation guide to submitting claims with greater precision and efficiency. It provides all the information you need — organized by the way you work — to support accurate, timely reimbursements.

2020 ICD-10-CM Fast Finder® for Physical Therapy
ITEM NUMBER: 18928 | AVAILABLE: OCT 2019
The ICD-10-CM Fast Finder® series uses our patented Optum360 Xpress Coding Matrix™. Save time with this quick-lookup tool, putting the most specific ICD-10-CM codes for physical therapy at your fingertips.

Visit: optum360coding.com and enter promo code APTAF020 at checkout
Call: 1-800-464-3649, option 1, and mention promo code APTAF020

Act today to save up to 40% on resources that meet the unique needs of physical therapists.

© 2019 Optum360, LLC. All rights reserved. WF1352838 SPR16048
CONNECT
Rehab EMR
DESIGNED FOR YOU AND BETTER FOR THE WORLD AROUND YOU.

APTA CONNECT is the only rehab EMR certified for MU3 and truly ready for MIPS. No workarounds or add-ons needed.

CEDARON
calm the storm.

1.800.424.1007 | WWW.CEDARON.COM
### MANUAL THERAPY SEMINAR SERIES DEVELOPED BY FOUNDER STANLEY V. PARIS, PT, PHD, FAPTA

<table>
<thead>
<tr>
<th>Seminar Series</th>
<th>Description</th>
<th>Registration</th>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 - Spinal Evaluation &amp; Manipulation</td>
<td>Impairment Based, Evidence Informed Approach</td>
<td>$955</td>
<td>Philadelphia, PA</td>
<td>Smith Apr 4-5, Indianopolis, IN</td>
</tr>
<tr>
<td>S2 - Advanced Evaluation &amp; Manipulation of Pelvis, Lumbar &amp; Thoracic Spine Including Thurst</td>
<td>Complex 21 Hours, 2.1 CEUs</td>
<td>$955</td>
<td>St. Augustine, FL Viti Apr 18-19, York, ME Yack May 16-17, Chicago, IL Yack Jun 18-19, New York, NY Yack Jul 25-26, Philadelphia, PA Irwin Aug 8-9</td>
<td></td>
</tr>
<tr>
<td>S3 - Advanced Evaluation &amp; Manipulation of the Cranial, Cervical &amp; Upper Thoracic Spine</td>
<td>Complex 23 Hours, 2.3 CEUs</td>
<td>$955</td>
<td>Miami, FL Irwin Apr 18-19, Dallas, TX Irwin May 16-17, Baltimore, MD Smith May 30-31, Birmingham, AL Irwin Jun 6-7, Beaveront, OR Irwin Aug 1-2</td>
<td></td>
</tr>
<tr>
<td>S4 - Functional Analysis &amp; Management of Lumbo-Pelvic-Hip</td>
<td>Complex 24 Hours, 3.4 CEUs</td>
<td>$955</td>
<td>San Marcos, CA Grant Apr 18-19, Austin, TX Grant Aug 15-16, Birmingham, AL Nyberg Aug 22-23, York, ME Nyberg Oct 17-18, Denver, CO Lonnenmen Nov 14-15</td>
<td></td>
</tr>
<tr>
<td>M1 - Myofascial Manipulation</td>
<td>Complex 18 Hours, 1.8 CEUs</td>
<td>$955</td>
<td>Denver, CO Stanborough Apr 4-5, Dallas, TX Stanborough Jul 25-26, Little Rock, AR Cantu Aug 8-9, San Augustine, FL Stanborough Sep 19-20</td>
<td></td>
</tr>
<tr>
<td>E1 - Upper Extremity Evaluation &amp; Manipulation</td>
<td>Complex 15 Hours, 1.5 CEUs</td>
<td>$955</td>
<td>Miami, FL Naas May 2-3, Atlanta, GA Busby May 16-17, St. Augustine, FL Bussly Jun 6-7, New York, NY Naas Aug 8-9, Denver, CO Turner Aug 8-9</td>
<td></td>
</tr>
<tr>
<td>E1 - Lower Extremity Evaluation &amp; Manipulation</td>
<td>Complex 15 Hours, 1.5 CEUs</td>
<td>$955</td>
<td>Denver, CO Turner May 2-3, San Marcos, CA Turner May 16-17, St. Augustine, FL Busby Aug 15-16, New York, NY Naas Oct 17-18</td>
<td></td>
</tr>
<tr>
<td>E2 - Extremity Integration</td>
<td>21 Hours, 2.1 CEUs</td>
<td>$955</td>
<td>Austin, TX Mandel Apr 17-19, Charleston, SC Mandel May 1-3, Atlanta, GA Mandel Jun 26-28, Miami, FL Mandel Aug 14-16</td>
<td></td>
</tr>
<tr>
<td>Cranio Facial Certification</td>
<td>Preparation and Examination</td>
<td>$955</td>
<td>Austin, TX Aug 20-22</td>
<td></td>
</tr>
<tr>
<td>MF1 - Myofascial Manipulation</td>
<td>Complex 24 Hours, 2.4 CEUs</td>
<td>$955</td>
<td>San Marcos, CA Grant Apr 23-25, Austin, TX Grant Aug 20-22, St. Augustine, FL Grant Oct 22-24</td>
<td></td>
</tr>
<tr>
<td>E1 - Upper Extremity Evaluation &amp; Manipulation</td>
<td>Complex 15 Hours, 1.5 CEUs</td>
<td>$955</td>
<td>Dallas, TX Daugherty Apr 18-19, New York, NY Daugherty Jun 13-14, Charleston, SC Daugherty Jul 16-19, Indianopolis, IN Daugherty Aug 1-2, Little Rock, AR Daugherty Oct 10-11</td>
<td></td>
</tr>
<tr>
<td>Animals As Motivators: Dolphin-Assisted Therapy</td>
<td>Complex 14 Hours, 1.4 CEUs</td>
<td>$785</td>
<td>Key Large, FL McIntosh Nov 14-15</td>
<td></td>
</tr>
</tbody>
</table>

### ADDITIONAL SEMINAR OFFERINGS

**Dry Needling I**
- Intramuscular Dry Needling of the Cervical, Scapulo-thoracic, Craniofacial Region and Upper Extremity
- 25 Hours, 2.5 CEUs (Prerequisite: None)
- Denver, CO Krell Aug 14-16, Knoxville, TN Krell Sep 11-13, Raleigh, NC Krell Jun 6-7, Dallas, TX Krell Oct 23-25

**Dry Needling II**
- Intramuscular Dry Needling of the Lumbo-Pelvic and Lower Extremity
- 25 Hours, 2.5 CEUs (Prerequisite: DN I)
- Denver, CO Krell Aug 14-16, Knoxville, TN Krell Sep 11-13

**Running Rehabilitation:**
- $485
- An Integrative Approach to the Examination and Treatment of the At Risk Runner
- 14 Hours, 1.4 CEUs (No Prerequisite)
- Milwaukee, WI Vighetti May 9-10, Dallas, TX Vighetti Jun 6-7, Atlanta, GA Vighetti Aug 8-9

**CF1 Online**
- $495
- Intermediate Cranio Facial
- 15 Hours, 1.5 CEUs (Prerequisite: Basic CF1)
- St. Augustine, FL Hobson May 7-8

**CF2**
- $495
- Advanced Cranio Facial
- 15 Hours, 1.5 CEUs (Prerequisite: CF2)
- St. Augustine, FL Hobson May 9-10, Raleigh, NC Hobson Jun 6-7, Indianopolis, IN Hobson Oct 24-25

**CF3**
- $495
- State of the Art Cranio Facial
- 15 Hours, 1.5 CEUs (Prerequisite: CF3)
- Phoenix, AZ Strickland Apr 25-26, St. Augustine, FL Strickland Sep 19-20

### WEBSERNS AND ONLINE OFFERINGS

**DISSECTION OF THE KNEE & THIGH**
- $70
- (2 Hours; 2 CEU)

**DISSECTION OF THE PELVIS**
- $70
- (2 Hours; 2 CEU)

**DISSECTION OF THE AXILLA & ARM**
- $70
- (2 Hours; 2 CEU)

**WEBINARS AND ONLINE OFFERINGS**

**MARKETPLACE CAREER OPPORTUNITIES AND CONTINUING EDUCATION**

For product information from these advertisers, visit www.apta.org/freeproductinfo.

Register Today

Call: 800-241-1027

Visit: cpe.usa.edu to register or view a complete listing of seminars and webinars.
Learn Mechanical Diagnosis as a diagnostic process, not a quick fix.

Grow your clinical practice

Therapeutic Pilates education designed for health care professionals.

The STOTT PILATES® Rehabilitation Program and Merrithew™ equipment provide the tools you need to build your knowledge and your clinical practice. Adding Pilates can help you increase revenue and work with Cash Pay and Insurance clients.

CERTIFICATIONS | CONTINUING EDUCATION | QUALITY EQUIPMENT

merrithew.com/rehab
Want to learn dry needling?
No better place than Myopain Seminars!

Our current Dry Needling 1 (DN-1) courses:

- April 3-5  Bethesda, MD
- April 3-5  Appleton, WI
- May 29-31  Bethesda, MD
- June 5-7  Appleton, WI
- July 17-19  Bethesda, MD
- August 7-9  Bethesda, MD
- September 18-20  Bethesda, MD
- September 18-20  Overland Park, KS
- September 18-20  Memphis, TN
- October 9-11  Bethesda, MD
- October 9-11  Atlanta, GA

After all, dry needling in the USA started with Myopain Seminars back in 1997!

Register today at myopainseminars.com

We Make MIPS Simple.
Enrollment now open for the 2020 reporting year.

Request a Demo: ptoutcomes.com/lead
The new PRO-POINT™ self-massage tool is ideal for treating sore muscles and fascia in the clinic and at home. Simply relax into the comfortable, pointed top and apply light to deep pressure to help release tension and trigger points.

Learn more:
OPTP.COM
or call 800.367.7393

We Make MIPS Simple.
Enrollment now open for the 2020 reporting year.

Request a Demo:
ptoutcomes.com/lead

ADVERTISER INDEX
Aretech ............... cover 2
Bioness ............... 3
ContinuEd. ............... 5
Education Resources Inc.... 17
Foot Levelers .............. 1
HPSO Life Health .......... 58
JGL ................................ 13
McKenzie .................. 56
Merrithew .................. 56
Myopain .................. 57
OPTP .......................... 58
Otto Bock ............... cover 3
Parker Hannifan .......... 58
Parker Labs .............. 58, cover 4
University St. Augustine .... 55
Zenith .................... 9
Thank You to our Conference Sponsors!

**CHAMPION SPONSORS**
Biogen
CORA Physical Therapy
Encompass Health
GEICO
HPSO
Life Care Centers of America
National Mobility Equipment Dealers Association
Rusk Rehabilitation at NYU Langone Health
University of St. Augustine for Health Sciences

**ADVOCATE SPONSORS**
The Brooks Institute of Higher Learning
NuStep, LLC.
West Coast University

**PATRON SPONSORS**
BIONIK Inc.
Chapman University’s Doctor of Physical Therapy Program
Cure SMA
Functional Movement Systems Company
Genentech
Gorbel® Inc
Hocoma/Motek
Hydroworx
Kinesio Group
Medtronic
Penumbra
Physical Rehabilitation Network

**SUPPORT SPONSORS**
Morphose Exercise Systems
Parker Laboratories, Inc.
RxFunction

For further information about APTA sponsorship opportunities, please call 703/706-3113.
From a pretty early age I wanted to be a physical therapist. Two experiences with PTs determined my future career.

At 13 I qualified for the Junior Nationals in Alaska in alpine ski racing. When I underwent my first sports physical I learned that I had rather severe scoliosis. I worried this would mean I’d have to wear a brace, have my back fused, or both, which would end my ski racing career. Instead, I went to a PT, who taught me exercises specific to my condition that I completed religiously throughout my teens.

I went to another PT when I was recovering from a meniscus tear and ACL repair. He helped me fully recover. I not only returned to ski racing, but I excelled. I received a full scholarship to Denver University in alpine skiing, achieved NCAA All-American status (top 5), and at my peak was ranked 13th nationally in slalom skiing by the International Ski Federation. However, my third and fourth knee surgeries during my second year in college forced me to retire from competitive sports.

I’ve had a very exciting and enjoyable physical therapy career for 37 years. One highlight was when I served as fill-in PT and athletic trainer for U.S. Women’s World Cup speed and technical skiers for six years. I worked with many great skiers, including Picabo Street and Lindsey Vonn, helping them recover from injuries while they were training and racing in Europe and New Zealand. It was quite an honor to treat these high-level athletes!

I also was the PT for eight years for the Minnesota Ballet. Those hard-working, athletic dancers had many overuse injuries and greatly appreciated my knowledge, skills, and healing hands.

For the past five years, I’ve specialized in physical therapy for patients of all ages who have scoliosis and kyphosis, which is another condition involving spinal deformity. It’s while doing this work that I’ve experienced the true defining moments of my physical therapy career.

As I noted earlier, with the help of exercises taught to me by a PT I was able to avoid wearing a back brace. During the course of my physical therapy career, however, I increasingly wondered if there was some way to better improve the lives of people with spine curvature — including me. I discovered the Schroth Method.

Developed in the 1920s in Germany by Katharina
Schroth, a schoolteacher whose own scoliosis as a teenager had been unsuccessfully treated with braces, the Schroth Method is a nonsurgical option that uses exercises customized to each patient to return the curved spine to a more natural position. The goal is to de-rotate, elongate, and stabilize the spine through physical therapy that focuses on restoring muscular symmetry and postural alignment, breathing into the concave side of the body, and teaching patients to be acutely aware of their posture.

I learned that a PT in Stevens Point, Wisconsin — about a four-hour drive from where I practice in Duluth, Minnesota — had traveled to Spain to learn this Method. I went to see her as a patient. After a great deal of work together, I was standing taller and significantly straighter. I was convinced! I then became Schroth-certified — first completing an intensive nine-day basic course, followed by an advanced six-day course. I currently am the only PT north of the Twin Cities in Minnesota to have this credential.

The result is that patients travel up to five hours from neighboring states to see me. I also encourage other PTs in the area to seek Schroth certification. I plan to expose students in the DPT program at the College of St. Scholastica to it, as well.

Young patients and their parents show up at our clinic with little hope for anything but bracing and surgery in their future. They soon find out differently, however.

In my adult patients — some of them in their 90s — breathing techniques have led to better posture, less tension within and crowding of their organs, and increased energy.

It’s easy for me to establish rapport with patients because I can say, “I have scoliosis, too, and these exercises really helped me. I understand where you hurt and why, and I can...”
Defining Moment

help you change it.” After having heard for so long that there was nothing to be done about their scoliosis or kyphosis other than bracing or surgery, people are understandably excited to be presented with a viable treatment option. That’s why I still get excited with every new individual I see.

The first patient I treated with the Schroth Method was a teenager who had been scheduled for surgery in a month. Three years later, she is physically stronger and stands taller and straighter than she did when we first met. Treatment has corrected her spinal curvature by 10 degrees. The physician who’d been scheduled to perform her surgery was amazed by her transformation. My former patient is active and happy. She participates in soccer, dance, and track.

Treating scoliosis and kyphosis patients includes determining the specific curve or curves to be addressed, tailoring and teaching patient-specific exercises, and using verbal and tactile cueing. Another key component is issuing each patient a booklet of photos of that individual doing his or her exercises correctly.

Each time I work with a scoliosis or kyphosis patient, I challenge my brain by analyzing how to best correct the 3D kinetic chain—from the feet up through the legs, into the pelvis and trunk, and especially in the thoracic and lumbar regions, up to the shoulders and neck, and then to head alignment. The process is very rewarding!

Treating scoliosis and kyphosis patients is my passion. It can be challenging, but it’s rewarding. Physical therapist management of scoliosis has improved my own life, for sure, but witnessing the positive impact it has had on others has provided me with tremendous satisfaction.
THANK YOU, INDIVIDUAL DONORS

FPTR is grateful to our 2019 donors who gave at the $1,000+ level. These donations drive our mission to fund physical therapy research and the next generation of emerging researchers.

Steven W. Allred
Stephen E. Anderson
Robert E. Ayers
Claire E. Beekman
Andrea L. Behrman
Laurence N. Benz
Stuart A. Binder-Macleod
Bill and Jill Boissonnault
Drew G. Bossen
David A. Brown
Terence C. Brown
The John W. and Rosemary K.
Brown Family Foundation
Nancy and Fred Byl
Suzann K. Campbell
Monica A. Chase
Steven B. Chesbro
John and Amy Childs
Maryann F. Clark
Lynn A. Colby
Barbara H. Connolly
Rebecca L. Craik
Carolyn A. Crutchfield
Mark S. De Carlo
Anthony and Ronna Delitto
Joseph M. Donnelly
W. James Downs Jr.
Sharon L. Dunn
David M. Esack
Joe and Edie Farrell
Duanet and Sandie Fast
Helene and Tim Fearon
Martha J. Ferretti
Edelle C. Field-Fote
Mark A. Figueroa
Bridgit A. Finley
Timothy W. and Susan C. Flynn
Julie M. Fritz
Jody S. Frost
John A. Gallucci
Marilyn Gerhard
Julie Getz
Neva F. Greenwald
JoAnne K. Gronley
Ann C. Grove
Marc Guillet
Jeanine M. Gunn
Lisa Haas
Laurita M. Hack and
John C. Hershey
Renée M. Halflhill
Mary Jane Harris
Robert G. Hauge
Connie D. Hauser
Michael P. Herbert
Susan J. Herdman
Roger A. Herr
Dwayne Hofstatter
Justin A. Hoover
Bette C. Horstman
A. Joy Husť
Matthew and Nanette Hyland
James and Patricia Irrgang
Heather R. Jennings
Gail M. Jensen
Alan M. Jette
Dianne and Darl Jewell
Kitsap Physical Therapy &
Sports Clinic
Cathy and Jeff Konkler
Brian B. Lambert
Carole B. Lewis
Wen K. Ling
Magistro Family Foundation
Kathleen K. Mairella
Charles L. Martin Jr. and
Carol Martin
Brian McCluskey
Peter J. McMenamin
Susan L. Michlovitz
John and Joyce Miller
Marilyn Moffat
Justin Moore
Sheila K. Nicholson†
Arthur J. Nitz
Terrence M. Nordstrom
NY Society for Continuing
Education in Physical Therapy, Inc.
Jeffrey Ostrowski
Shreedevi K. Pandya
Stanley Paris and Catherine Patla
Anne Pascasio
Carolynn Patten
Janet M. Peterson
Stuart H. Platt
Elizabeth J. Protas
William S. Quillen
Richard W. Rausch
Nancy B. Reese
Linda J. Resnik
Michael R. Riley
Jeffery R. Robinson
Rock Valley Physical Therapy
Paul and Judith Rockar
Donna J. Rodriguez
Jeff W. Ryg
Shirley A. Sahrmann
Lisa K. Saladin
Timothy M. Schell
Sheila M. Schindler-Ivens
Beverly J. Schmoll
Cynthia K. Scott
Timothy Sell
Mary S. Shall
Lynn Snyder-Mackler
SPEAR Physical Therapy, Inc.
Neil I. Spielholz
St. John Family Foundation
Team Rehabilitation Services, NYC
Steven H. Tepper and Linda Paferi
Deydre S. Teyhen
Patricia A. Traynor
Mark L. Valente
John G. Wallace Jr.
Lori and Matthew K. Walsworth
Michael Weinper
Francis J. Welk
Beth Whitehead
Steven and Lois Wolf
Joan M. Yue
Louise D. Yurko

A full listing of the 2019 donors will appear in the
FPTR Annual Report.

†Deceased
**What trait, quality, or skill do you most look for when hiring a PT or PTA?**

**α:** The ability to communicate effectively and succinctly. Most of us are high achievers in all the measurables we can put on a resume, yet we forget the importance of the human effect. The ability to build a relationship with a patient in a short amount of time is the most attractive quality I see in a new hire.

— ALEX HABEGGER, PT, DPT

**α:** A sense of humility is essential to developing rapport and garnering trust from patients. PTs who are aware that they may not have the answer and are willing to share that vulnerability with their patients and colleagues will always have my trust over those who feel they are masters of their craft.

— SEAN KINSMAN, PT, DPT

**α:** Geriatrics. The population of older adults is growing rapidly and we will only see more patients over 65. Being able to identify dementias and work with patients with dementia is a skill that needs more focus.

— MALLORY GAGLIANO-BARNHART, PT, DPT

**α:** More in-depth psychology that teaches clinicians how to understand the psychology behind pain and disability. Being able to identify triggers in patients and adapt treatments and delivery to address those triggers makes a significant impact on patients and their overall rehabilitation potential.

— WILLIAM STOKES, PT, DPT

**α:** Student loan management. The pressure of being hundreds of thousands of dollars in debt with no idea how to get out of it is overwhelming.

— DANA LOTT, PT, DPT

**What one subject would you add to the DPT curriculum that’s not currently mandated by CAPTE?**

**α:** Movement system management.

— JOHNNIE BURNETT, PT, DPT

**α:** More in-depth psychology that teaches clinicians how to understand the psychology behind pain and disability. Being able to identify triggers in patients and adapt treatments and delivery to address those triggers makes a significant impact on patients and their overall rehabilitation potential.

— WILLIAM STOKES, PT, DPT

**α:** Student loan management. The pressure of being hundreds of thousands of dollars in debt with no idea how to get out of it is overwhelming.

— DANA LOTT, PT, DPT

**What’s the best way for the profession to increase its diversity?**

**α:** Establish diversity messaging and branding for the profession and be more inclusive. Have leaders in the profession acknowledge the importance of diversity. Embed diversity in our professional mission and vision.

— ANUJ SHAH, PT, MA

APTA encourages diverse voices. To give members a chance to share their insights and wisdom with colleagues, PT in Motion poses questions that any member is invited to address, and publishes selected answers. To participate in “PT in Motion Asks...” log in to the APTA Engage volunteer platform at https://engage.apta.org and create a profile. Find the “APTA National — PT in Motion Magazine Member Input” opportunity, review the rules for submitting, and click the Apply Today! button. You’ll see a list of the questions and can respond to as many or as few as you wish in the space provided. We look forward to hearing from you and sharing your comments in future issues.

Responses may be edited for clarity, style, and space, and do not necessarily reflect the positions or opinions of PT in Motion or the American Physical Therapy Association.
C-Brace®
Step into the future.™

As the world’s first orthosis featuring microprocessor sensor technology, C-Brace provides dynamic control of the entire gait cycle. By adapting to everyday situations in real-time, patients with neurological conditions affecting their legs can now experience stability while walking on uneven terrain, going down stairs step-over-step, and navigating slopes. Defining a new level of safety and mobility, it’s time to step into the future with C-Brace.

Learn more about C-Brace at ottobockus.com/cbrace-therapy
Patient ACHES and PAINS?
Here’s a cool app for that.

Introducing:
Helix™
Professional Pain Relief

Helix Professional Pain Relief is an exciting innovation in topical analgesia that delivers cooling pain relief from our optimized formula of menthol (7.4%), while its smooth consistency allows for easy application. It also contains arnica, ilex, and aloe... plus tangerine oil for a fresh citrus fragrance.

Helix is fast-acting, aesthetically pleasing, and provides temporary relief from:

• Sore Muscles • Joint Pain • Arthritis • Backache

Visit helix4pain.com

Helix is only available to professionals by Parker Laboratories, so you can feel confident in stringent quality control, product availability, and most importantly, patient satisfaction — all great reasons for putting Helix Professional Pain Relief into practice!