



## On the Road Again

*When traveling truly is part of the job.*

I am a traveler. Not always, but sometimes. Let me explain.

For a total of 6 years—2 in the late 1990s and the past 4—I’ve worked as a physical therapist assistant (PTA) in six different states and a variety of practice settings. I’ve done this under the auspices of companies that employ PTAs, as well as physical therapists (PTs) and individuals in other health care professions, to fill temporary positions in cities and towns across the United States.

Why do I travel? That’s what I’d like to share with you. I’ll tell you what I love about it, but also why I don’t anticipate traveling for my entire career. I’ll try to help you determine if it’s something you might like to try. And I’ll attempt to anticipate a few of your likely questions about such basic things as money and accommodations—for those insights, read “Want to Travel?” on opposite page. [Editor’s note: Also check out **PT’s** February 2008 cover story on “Traveling PTs” online at [www.apta.org](http://www.apta.org).]

### Moving Out

My personal inspiration was a traveling PT I met in fall 1995, about 4 months after I’d completed PTA school. I had returned to my hometown in northwestern Pennsylvania and was working at a hospital. The traveling PT was from Albuquerque, New Mexico, but she talked animatedly about temporary assignments she’d had in California

and Washington state. She described all the incredible sightseeing, hiking, biking, boating, etc, she’s been able to do in the Pacific Northwest, and raved about the beauty and charms of her native Southwest. I found it intriguing that she could experience these different areas of the US even while she was working, saving money, and paying off debt.

I’d never before considered leaving my hometown, but after the traveling PT moved on and I subsequently visited her in some of her new cities, I started to think about becoming a traveler myself. Not only was I ready to see more of the country, but there’d been some stressful situations at my workplace that showed no signs of easing. One day I said to myself, “Why put up with this? I think I’ll hit the road!”

During my first traveling stint, from August 1997 until June 1999, assignments took me to Clovis, New Mexico, on three separate occasions. The market for physical therapy positions was tightening, so in the summer of 1999 I took a permanent position at a hospital in Clovis, where I worked for the next 6 years. All told, during my time in that New Mexico town I worked in the schools, did home health physical therapy, gained wound care experience, did aquatics work, and served in both outpatient and inpatient roles at the hospital. I worked with a number of great therapists—PTs, occupational therapists, and speech therapists—and learned a

ton. I even bought a house and adopted my dog, Spuds!

But after a couple of good friends moved away from Clovis, I opted to take to the highway again—this time with my pup!

Since May 2005 I’ve worked in North Carolina, Pennsylvania, and three different areas of New Mexico. I’m currently working in the outpatient clinic and a wellness center of regional hospital in Virginia. It’s a new facility with great staff members and the latest equipment. I’ve extended here three times and expect to finish in the middle of this month.

### No Two the Same

People often ask me if I experience significant variations in my work as I go from place to place, as far as such things as supervision, caseload, and interventions are concerned. The answer to that is yes.

Depending on the state practice act and its guidelines for use of PTAs, the level of supervision has varied greatly. In one state, my supervising PT came in once a week to do evaluations; otherwise it was me and a technician providing all the care (inpatient, outpatient, home health). Now, this was in a very small town with a hospital that had only 40 beds, but I did have telephone access at any time to my supervising PT, and if I needed her she would come. Some states

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require a supervising PT to be physically on site, while others required that individual to be within 100 miles or accessible by phone.

On most of my assignments I've had my own caseload, unless a re-evaluation was due or there were concerns that I wanted the PT to check out. I've always had a supervising PT to whom I can ask any questions I might have. Most recently, I've shared a caseload with a group of PTs. That's optimal, because we bounce different ideas off each other to see what will work best for the patient. The PT always is aware of the patient's status and can make decisions about his or her care, while providing feedback to me quickly and efficiently.

The types of interventions used in physical therapy vary from region to region and PT to PT. Some facilities seldom use modalities, while others employ them frequently. Some PTs want to do everything in a strictly "functional" way, whereas others stick to the sequence of "mat program, parallel bars, strength equipment" and so on.

One exciting thing I've found is that most facilities will listen when I tell them about techniques and treatments I've learned in my travels. For example, there's the "lunge matrix" exercise, which utilizes all three planes of movement. This is an exercise I learned from a PT out in New Mexico, and it's neat to see several PTs here in Virginia beginning to use it too. Also, I've witnessed and used various documentation and billing systems in my travels, and I've shared that knowledge with staff at subsequent assignments, sometimes saving those facilities time and money.

## A Lot to Like

What do I love about being a traveler? I'll try to keep this relatively short, but it won't be easy!

Being a traveling PTA has given me

the opportunity to see parts of the United States I otherwise wouldn't have. I've met great people and made some awesome friends along the way. I've developed my

skills and knowledge through hands-on experience with "teachers" in many different locations and practice settings. I've worked in skilled nursing, pediatrics

## Want to Travel?

Type the words "traveling physical therapist assistant" into an Internet search engine and you'll find links to a number of different employers offering PTAs (and physical therapists as well) opportunities to work for set periods of time in a variety of practice settings and geographic locations. Kathleen Way, PTA, the author of this month's PTA Viewpoint column, has been employed by more than one of these health care travel agencies. **PT** asked her about a few practical matters.

**How does a prospective "traveler" find places to work?** "First, you must choose a travel company (or more than one) and complete whatever paperwork they require, including an application with references. Once this is completed, you let your recruiter/account manager know where you would like to work (ie, state, city/region, setting). The recruiter then will then begin looking to see what types of positions are available and where. If he or she finds something of likely interest to you, the recruiter makes the contact, sets up a phone interview, and takes care of the contract if you decide you're interested. If the job doesn't appeal to you, you always can say no."

**How long do you stay at each clinic?** "Typically, assignments are for 13 weeks. But I once had an 8-week contract, and I've heard of PTAs doing 10 weeks, 15 weeks ... it just depends on the facility's needs, and whether there's something happening in your own life! I've been asked to extend most of my assignments."

**What's the pay like?** "I've usually been paid more than what I was making at my permanent position, but not necessarily much more. You tend to see the real financial benefit from the free housing or the housing allowance provided by the company, as well as from the per diem for food. Those amounts, like the pay, vary from company to company."

**Do you get any financial help with moving?** "My current company reimburses mileage up to a certain amount. A company with which I worked in the past gave me a lump-sum reimbursement that covered fuel, hotel, and food. Assistance really varies from one company to the next. My current employer takes care of having housing ready when I arrive (furnished, utilities on) unless I choose to look for my own housing—in which case they put me up in a hotel until housing has been arranged."

**Can traveling "work" if you aren't single and unattached?** "Over the course of my traveling, I've met an occupational therapist who traveled with her husband and children during the summer, and I knew another PTA who'd decided that her retired husband and she would buy a travel camper and travel to different states to see family while she worked assignments. So, yes, it is possible to travel with a spouse and/or family members."

in the school setting, aquatics, home health, even wound care under a certified specialist. If I hadn't elected to travel, my experience would have been limited—as my professional growth would have been, as well as my self-confidence.

Traveling has opened my eyes to differences in people across the country. I've seen and experienced different cultures (lifestyles, foods, traditional events, etc) and have marveled at landscapes very different from but equally as beautiful as the ones of my home state and region. In Oklahoma and New Mexico, I worked with people of different cultural backgrounds and income levels. It was instructive to see how one patient would insist on doing things for him- or herself, whereas another patient's cultural expectation was that everything would be done for him or her by family members.

Traveling also has allowed me to take the time off to travel to Costa Rica for fun and to participate in mission trips to Lima, Peru, to help fit and distribute wheelchairs and ambulatory aids. I've met interesting people from all over the country, and have had much closer proximity to family at times than I otherwise would have had.

The only real downside for me is not always being geographically close to family at times of emergency. But that might be the case wherever one works. Also, I do think about one day becoming a homeowner again, setting down roots, and giving my dog a yard in which to play. Traveling is great while I'm single and in good health, but will I still want to be doing it when I'm older and/or my life circumstances have changed? Probably not.

## Think About It

Are you thinking of perhaps becoming a traveler yourself? Here's my advice: Be ready for change and flexible in adjusting

to it. Entering a new assignment means facing a totally new set of co-workers, a new documentation system, and different ways of doing things. You mustn't be afraid to ask for help—your new co-workers won't expect you to know everything. But at the same time you should expect to work hard—the facility is paying your employer good money for your services, so they'll want to get their money's worth out of you!

I think the most important quality a traveler must have is the ability to be open minded, in order to fit in at any given site. Doing what is in patient's best interest applies wherever you are, even when people have differing ideas on how any given system should be run. Travelers must be good at listening, and at deferring opinion when it's best to do so. Though, as I wrote

earlier, many facilities will be interested in hearing about what has worked for you in some of your past travels.

Traveling has opened the door to many different opportunities for me, and it has furthered my development as a person and PTA. I am so thankful for the experiences I've had. So, what do you say? Will I see you on the road? **PT**

**Kathleen Way, PTA**, is currently working at Culpeper Regional Hospital in Culpeper, Virginia, as a traveling PTA under the employ of Aureus Medical Group.

## Reference

1. American Physical Therapy Association. APTA Vision Statement for Physical Therapy 2020 HOD (P06-00-24-35). Available at [www.apta.org/AM/Template.cfm?Section=Core\\_Documents1&Template=/CM/HTMLDisplay.cfm&ContentID=25855](http://www.apta.org/AM/Template.cfm?Section=Core_Documents1&Template=/CM/HTMLDisplay.cfm&ContentID=25855). Accessed April 3, 2009.

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