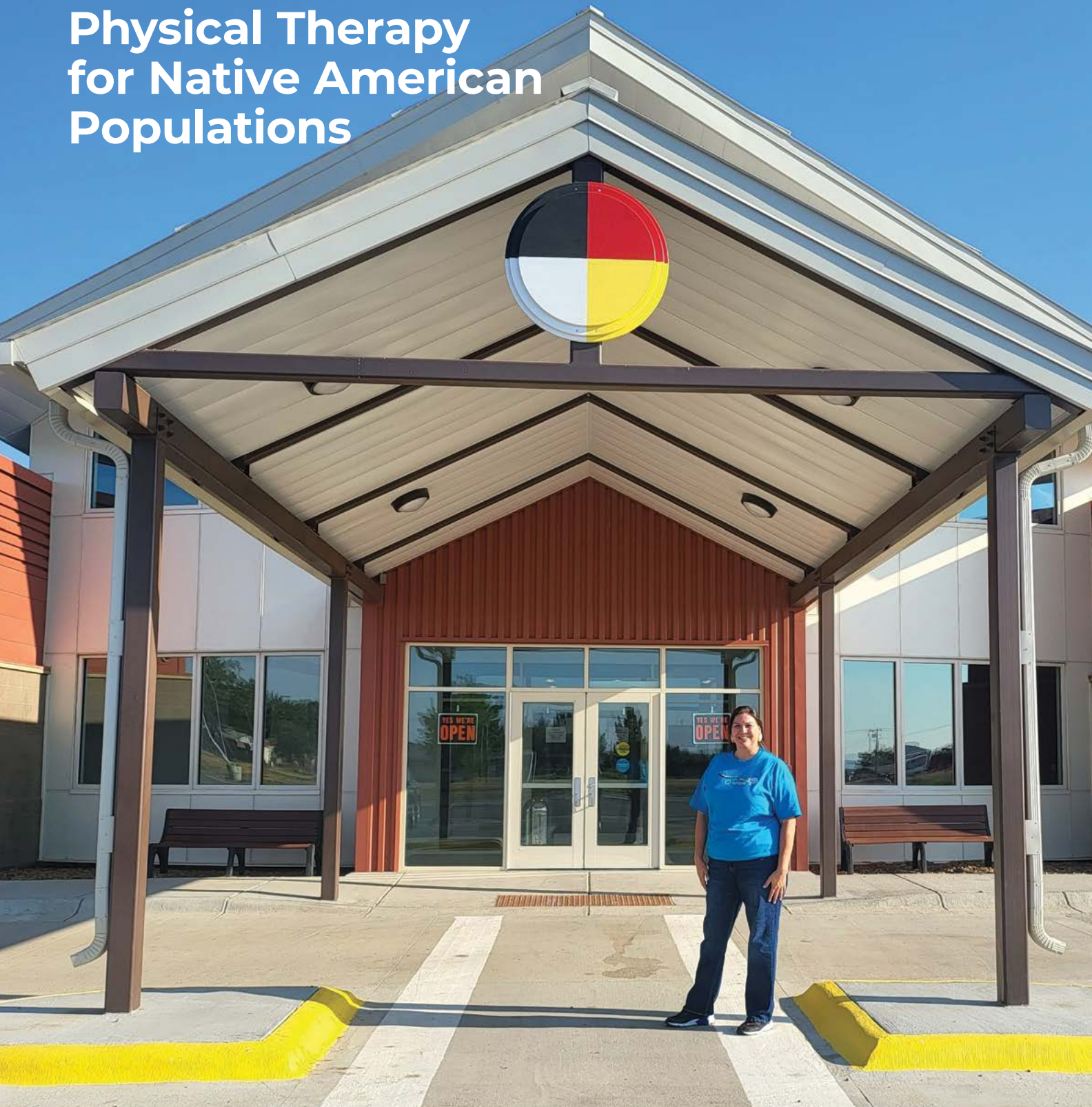
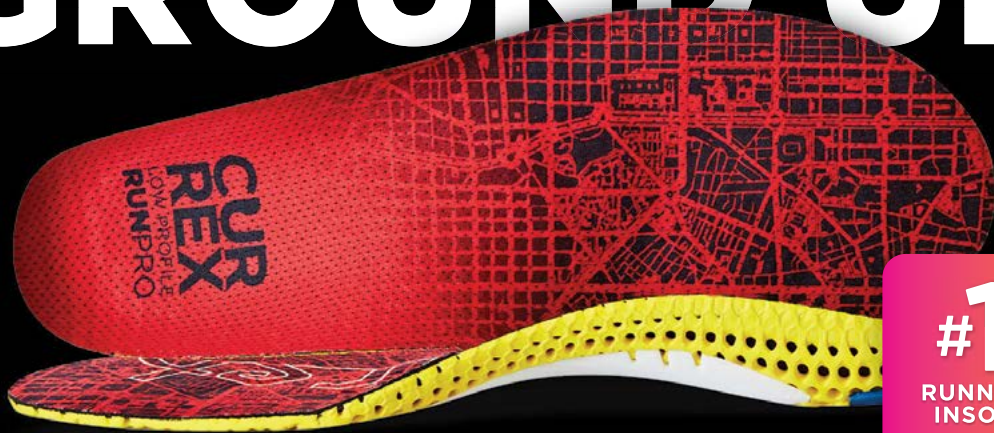


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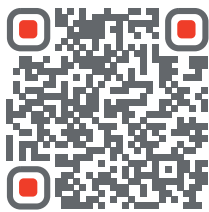


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# A Call to Reflective Action: Our Responsibility to Society and the Profession

Strategies for strengthening the ethical foundations and resources that can guide our profession in meeting our societal obligations.

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# Physical Therapy for Native American Populations

PTs and PTAs share insights on providing care for American Indians and Alaska Natives.



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Current and emerging association leaders joined in meetings and programming at this first-ever event.



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“One of the most rewarding experiences ... is when patients share with me advice for subsistence activities — where to go fishing, tips for safety when hiking with wildlife, and some of the meanings of dances and song.”

Lt. Cmdr. Sarah Lyrata, PT, DPT, in “Physical Therapy for Native American Populations,” on Page 22.



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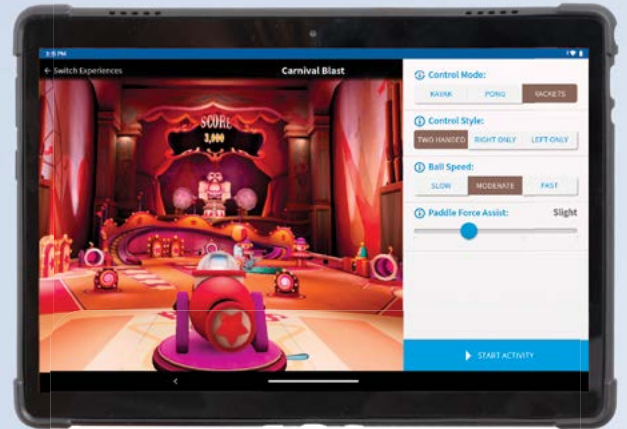
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# Opinion



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## Want a Rewarding Practice Setting? Make Their Workplace Your Workplace

Earlier in my career, I began a journey into work-related injury management and prevention by way of one particular patient.

I had been working with him in the clinic for the better part of six months. With his injury and resulting significant deficits, it looked unlikely that he would return to his job as a power company lineman.

He, however, had a different idea about that. He was adamant that he was going back — and that it would be me who would pave his way.

That journey with him — which included talking with his department and training leads, observing him in the training environment, and writing numerous letters — happened before I ever had any formal training in functional capacity evaluations or physical demands analysis.

The experience opened my eyes to a need — and an opportunity. My quest to help workers recover and return to gainful employment had begun. (By the way, the lineman did return to his job, with some modifications, and he retired more than a decade later on his own terms. He was, and still is, my touchstone as my professional journey continues.)

Today, with over 25 years of experience, I have perspective from many vantage points — employers, employees, health care providers, case managers, insurance representatives, and even attorneys. I have spent many hours in workplace environments — manufacturing, assembly, logistics, transportation, utilities, schools, and more — all across the nation. In some locations I've been a weekly presence for more than a decade, through economic downturns and good times.



I've felt fortunate to get to see how America works — analyzing jobs in all types of work, whether for a patient or an entire workforce; helping employers hire entire shifts and monitoring outcomes in order to improve results (decreased injury and disability) in the years to follow; working on reasonable accommodations for those employees with disabilities; working closely with case managers on challenging workers' comp situations; and helping people get the Social Security disability benefits that they deserve.

This is indeed challenging work. But it is inspiring.

It is my hope that my experience motivates you to think outside of the clinic box and find a way to add “the workplace” to your own professional work. We belong there. It is fulfilling. And it makes a difference in the lives of many.

**GINNIE MARSHALL, PT**

(This is adapted from a perspective piece that originally appeared on our website on Aug. 19, 2022, as “Want a Rewarding Practice Setting? Make Their Workplace Your Workplace,” in recognition of Safe and Sound Week, the U.S. Occupational Safety and Health Administration’s annual recognition of the importance of healthy and safe work environments.)

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## We Can't Afford to Lose the 'Pain Pulse'

Do you feel it?

I call it the pain pulse. It's getting stronger, louder, and more powerful – more pain science, pain education, and pain treatment knowledge is being published, taught, and used effectively to help patients suffering with a diagnosis of primary pain. It's fitting, then, to recognize Pain Awareness Month in September with celebration of the accomplishments in the advancement of treating pain.

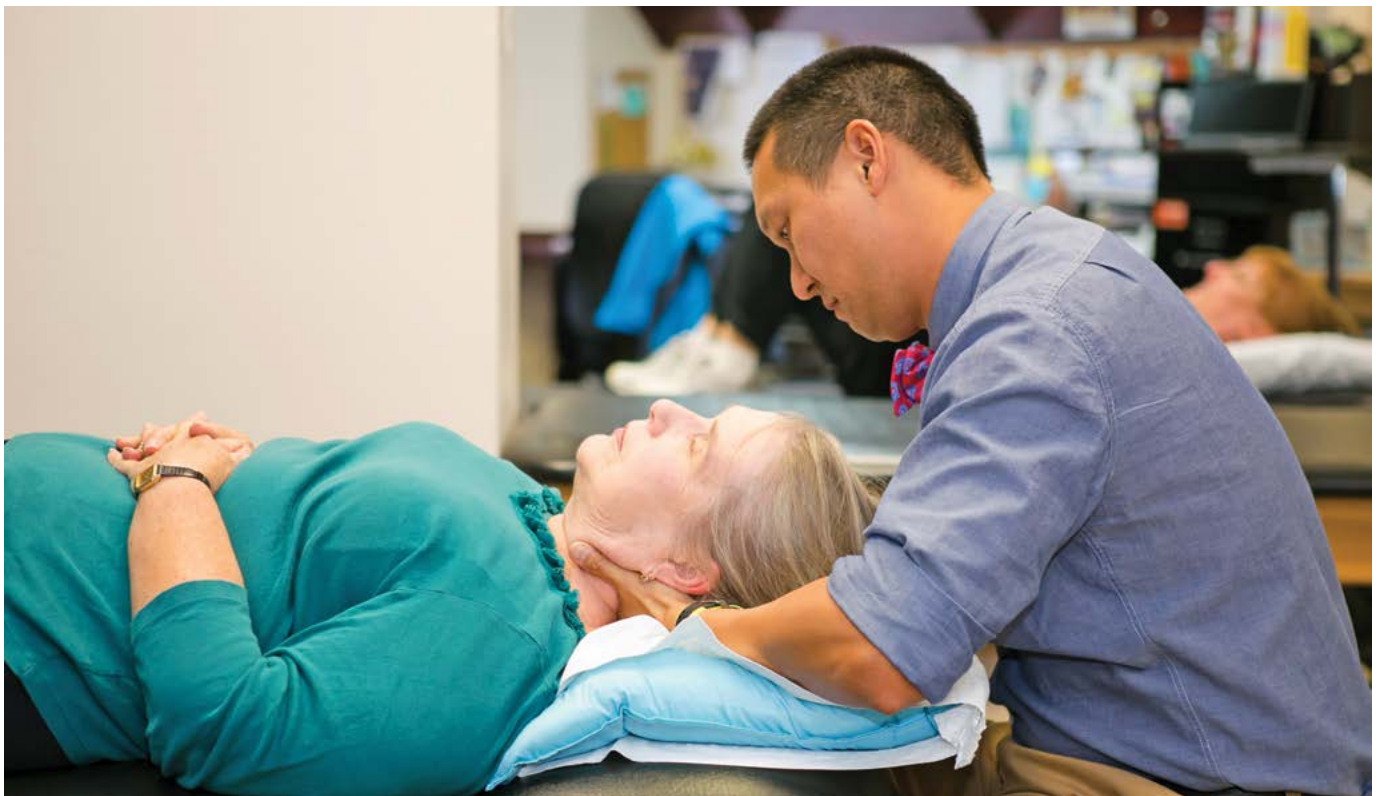
Knowledge has power over pain, and in the last six years, there has been an explosion in pain science research. A PubMed search of "pain science" research shows an increase from 6,881 articles in 2017 to 13,280 in 2021, with indications of surpassing that figure in 2022. The same trend can be found when you search "pain science education" and "pain and physical therapy." The more we know about the

brain, genetics, psychosocial impacts, and how pain is regulated or amplified within the body, the better we will become at treating pain.

The advancement in pain education is a pain pulse influencer. Pain education is keeping the pulse intense. If we don't teach the evidence, the pulse stops.

The International Association for the Study of Pain in 2012 published a "Curriculum Outline on Pain for Physical Therapy" addressing the need for comprehensive pain education for all health care professionals. The IASP outline was endorsed and integrated by the APTA House of Delegates in 2018.

The beat goes on as a "Pain Education Manual for Physical Therapist Professional Degree Programs" was published by the APTA Academy of Orthopaedic Physical Therapy's



Pain Special Interest Group in 2021. This manual serves as a guide for curricular content in DPT programs and includes clinical applications and instructor sample activities.

We must teach future PTs about pain. If not, the pulse flatlines. And this teaching must include training on how best to educate our patients about their pain. Bottom line: Pain education should be a required part of patient treatment. We know that educating patients about their pain improves outcomes, so why are there so many of us who don't do it? APTA's consumer website, ChoosePT.com, has extensive consumer information about pain. I suggest you check it out and see what your patients are expecting from you as their physical therapist.

And if you truly want to have your finger on the pain pulse, go to Google Trends, where you can enter a topic and see what the world is searching on Google. You can narrow your search by country, subregion, metro area, and city.

At the time of writing this blog, I searched "physical therapy as a medical treatment" and found that over five years, this topic is consistently searched 50-100 times a week in the United States. Who knew? My search also revealed that people were most often searching for specific providers, "physical therapy near me," and specific pain topics, such as pelvic pain.

However, when I searched the term "pain" only, a much different and more broad set of trends was revealed: ICD-10 topics, NSAIDs and analgesics, "back pain COVID," CBD cream and oil, abdominal pain in females, and "pain management near me."

This pattern of searches is part of the pain pulse — and we should pay attention. Understanding what people are searching for provides us with valuable

insight and gives us the opportunity to respond to the needs of our potential patients by meeting them where they are. The pulse quickens.

My charge to the physical therapy community ... is to remember to treat the whole person by practicing physical therapy mindfully with science and compassion.

What do you believe will help the pain pulse keep a strong beat?

NANCY DURBAN, PT, DPT, MS

(This is adapted from a perspective piece that originally appeared on our website as "We Can't Afford to Lose the 'Pain Pulse'" on Sept. 9, 2022, in recognition of Pain Awareness Month. Visit [choosept.com/health-centers/pain](http://choosept.com/health-centers/pain) for guides to various symptoms and health conditions, articles on how PTs manage pain, and more consumer-friendly pain content you can share with your patients and community.)

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# Forum

/ AUGUST 2022

I just wanted to make a brief comment on the article in this month's APTA Magazine titled: "The Less Traveled Path." Another venue for physical therapists who want to expand their horizons beyond clinical practice is the military. Military PTs have unique opportunities to pursue command and leadership positions that directly influence the delivery of health care to active-duty members and their families.

Working at the point of service in medical treatment facilities or in more senior roles at the policymaking level, physical therapists have demonstrated that their knowledge of the business of medicine and critical thinking skills can make them key players in keeping our nation's warriors fit to fight.

THOMAS L. DUQUETTE, PT, MS, RETIRED U.S. AIR FORCE COLONEL





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APTA Magazine's "Ethics in Practice" column appears quarterly in February, May, August, and November. You also can find dozens of archived columns on [apta.org](http://apta.org) by searching for "Ethics in Practice."

# How Informed Is Your Patient's Consent?



Nancy R. Kirsch, PT, DPT, PhD, FAPTA, a former member of APTA's Ethics and Judicial Committee, is the program director and a professor of physical therapy at Rutgers University in Newark. She also practices in northern New Jersey, and her book "Ethics in Physical Therapy: A Case-Based Approach" compiles some of the best of her magazine columns.

**One of the most important guiding ethical principles is autonomy, the embodiment of respect for individuals. Autonomy means we must involve patients in their own care, valuing and respecting the right of the individual to make a choice about their care and the responsibility of the physical therapist to provide accurate and complete information to help the patient make an informed decision.**

Clark was one of those PTs that patients and colleagues alike admired and respected. He was dedicated to his patients and constantly looking for ways to improve their care. His colleagues would always remark that whenever Clark was going to a continuing education course, they could guarantee that as soon as he returned, he would, just like his

namesake Clark Kent, turn into Superman, enthusiastically bringing some new technique to the clinic to benefit his patients and improve care for everyone.

Clark was a true "lifelong learner" — an avid reader of the physical therapy literature to constantly seek out what was new in the field. Clark considered himself a strong generalist, as he was interested in a wide range of treatment options for a variety of patients. He was committed to self-assessing his skills but not quite ready to commit professionally to a particular area of specialization.

The thoroughness of his patient assessments and the care he provided made him popular in reviews on social media, which was part of what attracted Jennifer to set up an appointment with Clark to assess the

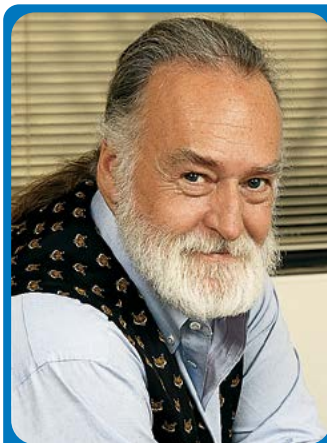
pain in her lower back. The bad pain started over a month ago when she took a very hard fall while ice skating. While an X-ray did not show a fracture of the coccyx, it did show a shift in the position of the lower portion of the bone, which could have accounted for the pain she was experiencing. She was referred for physical therapy and went for several visits, but she did not experience relief. A good friend who had seen Clark for a problem with her shoulder suggested that Jennifer make an appointment with him to see if he could offer her any resolution.

Clark had been reading some interesting work about internal coccyx manipulation, so when the receptionist asked if she could put this new evaluation on his schedule he enthusiastically said yes. He looked for and found several other articles, paying particular attention to some with detailed

instructions about the procedure in case his evaluation indicated that it may be beneficial.

Jennifer gave an accurate account of the ice skating incident, where the pain was during the acute phase, and how it evolved into chronic pain over the past few weeks. She said her pain intensified with sitting and prolonged standing to an 8 out of 10, and at best when at rest she reported constant pain of 4 out of 10. Clark completed a comprehensive assessment, reviewed the X-ray report she brought with her, and considered the more passive treatment she previously received. He was confident that she could benefit from internal manipulation of the coccyx to reposition it into its normal position.

He explained to Jennifer that this was a new procedure for him and that it was one that is invasive. He didn't go into any further detail regarding what



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he meant by “new procedure for him” or “invasive,” but he offered her a chaperone. She seemed a bit confused by the offer and, though hesitating slightly, she refused it. Clark asked her if it was OK to get started and if she had any questions. Once again, she hesitated but told Clark that she trusted him and prepared for the intervention. Clark positioned Jennifer and draped her appropriately, saying very little other than checking to see if she was comfortable.

He was busy concentrating on what he was doing, taking great care to make sure he did it correctly. He washed his hands, put on gloves, and slowly began the internal manipulation. He was completely focused on the mechanics of the procedure and said little to the patient during the session. Afterward, when Clark asked Jennifer how she was feeling, she was quick to say that she thought the pain had decreased and hurriedly prepared to leave.

Clark accompanied her to the front desk to make her next two appointments for later in the week. She did so but seemed distracted. She didn’t write down the dates or times and left the appointment card on the counter.

**The virtues that he thought were guiding his actions — altruism, professional duty, compassion, and excellence — pushed him to offer this procedure to the patient on the first visit rather than recognizing that she may need to build a bit more trust with him before she would feel comfortable with an invasive procedure.**

Clark did not notice the patient’s actions upon leaving; he was focused completely on what he considered a satisfactory outcome and already started planning how he can manage her care at her next visit based on the impact of the repositioning procedure. He was excited that he was able to help this patient, so he was taken completely by surprise when law enforcement showed up the following day to arrest him for a complaint of sexual assault.

### **For Reflection**

Clark was shocked that his good intentions, to relieve this patient’s pain, were interpreted as anything but honorable and in the patient’s best interest. He immediately began to relive the situation and reflected on where things might have gone wrong. The patient signed a consent to treat when she first checked in at the front desk; he had not even seen her yet.

Several questions kept going through his mind. He met the legal obligation of signed consent, but did he meet the ethical requirement of informed consent? Did he give her enough information to consider her options and understand the procedure? He offered a chaperone, but did she even know why that offer was being made? Did he get consent throughout the session, providing her with the option to stop the treatment any time? Did he respect her independent decision-making ability, or in his fervor to do the procedure correctly did he fail to recognize how his own power was influencing her autonomy?

### **Considerations and Ethical Decision Making**

With clear 20-20 hindsight Clark can apply all three ethical frameworks to his decision making in this case: virtue-, principle-, and consequence-based. The virtues that he thought were guiding his actions — altruism, professional duty, compassion, and excellence — pushed him to offer this procedure to the patient on the first visit rather than recognizing that she may need to build a bit more trust with him before she would feel comfortable with an invasive procedure.

In addition, there are pelvic health specialists, for whom this technique is not new but one they do effectively all the time. Referring to one of his



colleagues would have strongly demonstrated the virtue of collaboration. From a principle-based perspective, Clark was trying to be beneficent and help relieve the patient's pain, and in his enthusiasm for finding a potentially successful intervention when others had failed the patient, he was anticipating only one consequence — a good outcome. However, while he thought the patient had the information necessary to make an autonomous decision, and the patient legally consented to treatment, it was obvious that she had not given informed consent. Clark did not appear to consider the consequences of the patient not understanding the intent of his treatment: the harm to her trust in him and, by extension, to other physical therapists and the reputation of the profession.

Further analysis using the RIPS model provides additional guidance.

**Realm.** Per the Realm-Individual Process-Situation Model of Ethical Decision-Making, or RIPS (see “Resources at apta.org” box), the primary realm is individual, “concerned with the good of the patient, and the relationship between the patient and the therapist.”

**Individual process.** Clark did not exhibit moral sensitivity in this situation. He failed to see the power of his position and missed all of the warning signs that his patient was confused and not in a position to control her situation.

**Situation.** Clark in retrospect realized that he had succumbed to a moral temptation. He potentially had been self-serving in his desire to try out a new intervention, ignoring more appropriate options such as collaborating with more experienced colleagues and possibly referring the patient to a pelvic health specialist. At the least, he could have better explained what he would be doing, confirmed that she understood what it involved, and continued to ask her permission to proceed during the procedure.

**Ethical principles.** The following principles of the Code of Ethics for the Physical Therapist provide guidance:

- Principle 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.

## Resources at apta.org

The APTA Ethics and Professionalism webpage features links to documents such as the Code of Ethics for the Physical Therapist, Standards of Ethical Conduct for the Physical Therapist Assistant, Core Values for the Physical Therapist and Physical Therapist Assistant, Values-Based Behaviors for the Physical Therapist Assistant, and Standards of Practice for Physical Therapy. Click on “Ethical Decision-Making in Physical Therapist Practice” under “Recommended Content” for an article describing the RIPS model referenced in this column. The webpage also links readers to related content in the realms of both ethics and professionalism. Go to [apta.org/your-practice/ethics-and-professionalism](https://apta.org/your-practice/ethics-and-professionalism).

- Principle 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
- Principle 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- Principle 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- Principle 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- Principle 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

## For Follow-Up

If you'd like to share your thoughts on this scenario, and/or recount a similar experience and how you responded, I encourage you to contact me at [kirschna@shp.rutgers.edu](mailto:kirschna@shp.rutgers.edu) or send a letter to the editor of APTA Magazine at [aptamag@apta.org](mailto:aptamag@apta.org). ■

# A Call to Reflective Action: Our Responsibility to Society and the Profession

The APTA Ethics and Judicial Committee offers strategies for strengthening the ethical foundations and resources that can guide our profession in meeting our societal obligations.





**By Dennise Krencicki, PT, DPT, MA; Lisa Donegan Shoaf, PT, DPT, PhD; Rhea Cohn, PT, DPT; Gail Jensen, PT, PhD, FAPTA; and Debra Gorman-Badar, PT, PhD**

In delivering the 31st Mary McMillan Lecture in 2000, Ruth Purtilo, PT, physical therapist and ethicist, urged the profession to develop a “period of societal identity” and become full partners with society. To do so would fulfill what she called the profession’s promise “to show care and accept responsibility for the well-being of all members [of society] who can benefit from our services” (Purtilo, 2000).

With the recent years of health care crises and social disruption, Purtilo reminded us again in PTJ: Physical Therapy & Rehabilitation Journal that internal and societal situations impact our practice and require us to reflect and adjust guidance for our professional quest to achieve our promise to society (Purtilo, 2021).

And as APTA president during these challenging times, Sharon Dunn, PT, PhD, highlighted in her June 2020 presidential address the critical importance of committing to our professional purpose and living our values with moral agency and competence:

“I hope ... physical therapists and physical therapist assistants consistently perform at the top of their license — with evidence, confidence, moral agency, and clarity of purpose” (Dunn, 2020).

These and other leaders remind us that a profession’s work to support and maintain its ethical commitments is never-ending, as we thoughtfully respond to new societal challenges and advancements in contemporary

practice. Through the Ethics and Judicial Committee, APTA is here to help our profession and our members address these needs.

In 2021, the APTA House of Delegates considered revisions to the association’s bylaws. One bylaw revision signaled member interest in including ethical considerations in House deliberations and policy development (APTA House of Delegates, 2021). In 2022, the House of Delegates for the first time included two nonvoting members of the EJC. In addition, past communication and inquiries from members suggested a need for more information and support from EJC. Included in the 2021 bylaws revision is a requirement for components to “maintain an Ethics Committee or designate a liaison to interact with the APTA Ethics and Judicial Committee” (Bylaws, 2021).

APTA surveyed its chapters in 2021 to identify needs at the component level. While the number of responses was limited, multiple respondents reported that their committees are active only when a complaint is received. What’s more, 69% of respondents specified the need for current and accessible ethics resources to assist with inquiries, including access to EJC for consultation and regional peer support groups.

This is an opportune moment for the profession to take action, and EJC has identified four strategies that can strengthen the ethical foundations and resources that can guide our profession in meeting our societal obligations.

## CRITICAL SELF-REFLECTION

- **Societal Realm:** Are we living our mission and vision?
- **Organizational Realm:** Do we prioritize due care and accountability?
- **Individual Realm:** Do we integrate ethics into our professional roles and everyday work?

## FUTURE ACTIONS

- Promote ethical comportment and reasoning.
- Reframe professional competence.
- Develop professional ethics resources.
- Regularly review APTA's ethics and related documents.

### 1. Keep Ethical Guidance Current

The profession must regularly review and update its guiding ethical documents to help members adapt to new challenges that arise in our practice and in society. The APTA Code of Ethics for the Physical Therapist and APTA Standards of Conduct for the Physical Therapist Assistant were last revised and adopted in 2010, and in 2021 the APTA Board of Directors approved the recommendation to establish a task force to review these foundational ethics documents. The Board has appointed members to the task force, which will begin their work later this year.

### 2. Develop More Resources

In the survey of APTA chapters, there was an expressed need for more resources, such as consulting, written documents, and collaborative discussions to assist with chapter-level deliberations and decision making in responding to ethical situations.

Resources for the APTA Ethics & Professionalism webpage are being made available that will be useful for clinicians, educators, and students. In addition, model language is being

developed that components can use to update their bylaws. Members can submit questions or requests for resources to the EJC at [EJC@apta.org](mailto:EJC@apta.org).

### 3. Engage in Self-Reflection

Just as Schumacher and colleagues pointed out that self-assessment is essential for learners and learning (Schumacher, 2013), a critical starting point for the profession is engaging in our own self-assessment.

The profession should take a generative look at what is needed to fully embrace our profession's moral obligation to serve both patients and society. We can and must continue to develop the skillful embodiment of the moral standards of our practice (Benner, 2019). Glaser's three realms of ethics — societal, organizational, and individual — provide a framework for engaging in self-assessment and raising critical questions for reflection (Glaser, 2005).

**Societal realm.** The societal common good is concerned with the well-being of communities and in working together to provide equitable opportunities and access to social goods, which includes health care. The worldwide pandemic and policies of social injustice have

presented ethical challenges that society, and especially our health care system, has not experienced before. Critical reflection and innovative problem-solving are needed to address the challenges continuing to impact our complex health care delivery systems and address health disparities in the United States. New technological advances in telemedicine, genetics, and artificial intelligence are challenging educators and clinicians to remain current and relevant in practice.

We can ask ourselves:

- How is the profession living the societal focus of APTA's vision statement of "transforming society by optimizing movement to improve the human experience" and embracing its responsibility for improving population health and reducing health disparities?
- What can the profession do to optimize opportunities to improve the health of the physical therapy community?
- Are our actions inclusive?

**Organizational realm.** Health care organizations and institutions of higher education are sectors of society that receive significant public funding.

Outcomes for patients and clients, and for students who eventually will provide care, are expected to be efficient, innovative, and value driven (Benner, 2019). The profession should critically reflect on enhancing our value for those we serve and our students.

We can ask ourselves:

- How can clinics, facilities, and universities explicitly build and improve an ethical culture that prioritizes accountability and commitment to our professional moral duty in the community and during individual patient care?
- How are diversity, equity, and inclusion considered during admissions to education programs, job hiring, and promotion?

- How can leaders ensure that their focus on the business of health care does not outweigh the inclusion of ethical responsibilities?
- How can we ensure that adoption and use of technological innovations are ethically based?

**Individual realm.** Perhaps most important is what we can do as individuals to ensure personal integrity at all career levels. We profess to serve our communities as ethical providers who assume professional responsibility at its highest level. The profession should recommit to emphasizing individuals' engagement with ethics by gaining the knowledge and skills of ethical attitudes, reasoning, and actions that are compatible with our clinical practice.

We can ask ourselves:

- Can the profession incorporate ongoing, collaborative consideration of ethics during patient care, management of service delivery, student mentorship, and research?
- How do members of the profession embed ethical thinking and reasoning as an important standard of being an "expert" in physical therapist practice?
- Do members of the profession apply legal and ethical guideposts in making day-to-day decisions?





#### 4. Promote Ethical Attitudes and Reasoning During All Levels of Training

Given APTA's vision, and its mission of “building a community that advances the profession of physical therapy to improve the health of society,” ethics education must be emphasized across the career of each PT and PTA. The profession needs to review, update, and enhance our ethics education. Academic programs must include rigorous education in ethics along with scientific knowledge and technical skills. In outlining priorities of the Josiah Macy Jr. Foundation, which works to improve the education of health professionals, Holly Humphrey identified an urgent need to educate health care professionals beyond clinical skills so they can demonstrate competence in navigating ethical dilemmas:

“To succeed today, health professionals need more than clinical skill. They must also be prepared to navigate the

complex ethical dilemmas that arise when confronting barriers that conflict with professional ideals and aspirations” (Humphrey, 2022).

The physical therapy profession is not alone. Professional education programs in nursing, medicine, and pharmacy, with the help of the Macy Foundation, also are dedicating resources to examining ethical preparation of their students, including redesigning curricula and faculty training (Hoskins, 2022). Their work may provide a road map for our profession. As Dolly Swisher asserted in her delivery of the 2021 Pauline Cerasoli Lecture at APTA Combined Sections Meeting, physical therapy programs must reaffirm their professional commitment to place the patient at the center of professional decision-making and actions (Swisher, 2021).

Education at all levels — in classrooms, clinics, and continuing education — must recognize the importance of including ongoing guidance about identifying and managing myriad ethical situations that occur in practice.

Ethical and professional practice is identified as a domain of physiotherapist competence by World Physiotherapy's Physiotherapist Educational Framework. Because ethics is not included in the Federation of State Boards of Physical Therapy's National Physical Therapy Exam, is the implicit message to students that ethics education is not as important as other entry-level clinical skills and knowledge?

Additionally, because there are fertile opportunities to explore ethical attitudes and reasoning during clinical education, clinical educators would benefit from pursuing credentialing through the APTA Credentialed Clinical Instructor Program and there would be value in including ethics in both course levels. In addition, ethics should be included in the Core Competencies of a Physical Therapist Resident, which were created by APTA and the American Board of Physical Therapy Residency and Fellowship Education to establish domains of competency and an instrument to evaluate achievement. The ongoing professional formation

of students, educators, and clinical mentors will deepen as they develop their abilities to recognize ethical challenges and then engage in deliberations and decision making in all realms of practice.

## Conclusion

We have the opportunity and obligation to envision and reframe what professional competence means as we consider all three realms of ethical engagement in practice. Embracing the social determinants of health and their impact on our communities are critical components of our professional commitment to show care and accept responsibility for the well-being of all members of society.

Increased awareness of ethical challenges imposed by complex health care systems and technology must be heightened. Evolving strategies to solve these challenges must be woven into practice. Collaborative problem-solving needs to include consideration of ethics at all levels of health care. Additional resources for those in our profession will help the physical

therapy community demonstrate ethical competence. Resources for external stakeholders, such as consumers, community leaders, policymakers, and other health care professionals, will signal that accepting and fulfilling our professional obligations and ethical responsibility to society are priorities. The outcome of our collective work will be that our profession continues its promise to positively serve and impact our society. ■

**The authors were members of the APTA Ethics and Judicial Committee in 2021. Dennise Krencicki is assistant professor for the School of Health Professions at Rutgers - The State University of New Jersey; Lisa Donegan Shoaf is dean of Murphy Deming College of Health Sciences at Mary Baldwin University; Rhea Cohn is from Silver Spring, Maryland; Gail Jensen is vice provost, learning and assessment, and professor of the Department of Physical Therapy at Creighton University; and Debra Gorman-Badar is with the Albert Gnaegi Center for Health Care Ethics at St. Louis University.**

## Sources

- APTA Code of Ethics for the Physical Therapist ([apta.org/your-practice/ethics-and-professionalism](https://apta.org/your-practice/ethics-and-professionalism)).
- APTA Core Competencies of a Physical Therapist Resident ([apta.org/for-educators/core-competencies-pt-resident](https://apta.org/for-educators/core-competencies-pt-resident)).
- APTA Mission and Vision Statements ([apta.org/apta-and-you/leadership-and-governance/vision-mission-and-strategic-plan](https://apta.org/apta-and-you/leadership-and-governance/vision-mission-and-strategic-plan)).
- APTA Standards of Ethical Conduct for the Physical Therapist Assistant ([apta.org/your-practice/ethics-and-professionalism](https://apta.org/your-practice/ethics-and-professionalism)).
- World Physiotherapy's Physiotherapist Education Framework ([world.physio/what-we-do/education/physiotherapist-education-framework](https://world.physio/what-we-do/education/physiotherapist-education-framework)).

## References

- American Physical Therapy Association. RC 1-21 Amend By Revision. House of Delegates Post-House packet; 2021.
- Benner P, Purtilo R. Professional responsibility: integration across habits of head, hand, and heart. In: Jensen GM, Mostrom E, Hack L, Nordstrom T, Gwyer J. "Educating Physical Therapists." Thorofare, NJ: Slack Publications; 2019:211–222.
- Bylaws of the American Physical Therapy Association; 2021.
- Dunn S. APTA 2020 Presidential Address. June 1, 2020. [apta.org/article/2020/06/01/2020-presidential-address](https://apta.org/article/2020/06/01/2020-presidential-address).
- Glaser JW. Three realms of moral action: an integrating map of ethics for the future. In: Purtilo RB, Jensen, GM, Royeen CB, eds. "Educating for Moral Action: A Sourcebook in Health and Rehabilitation Ethics." Philadelphia: FA Davis Company; 2005:169–184.
- Humphrey H. Josiah Macy Foundation. Preparing Future Health Professionals to Navigate Ethical Dilemmas. [macyfoundation.org/our-priorities/preparing-future-health-professionals-to-navigate-ethical-dilemmas](https://macyfoundation.org/our-priorities/preparing-future-health-professionals-to-navigate-ethical-dilemmas).
- Hoskins K, Grady C, Ulrich C. Ethics education in nursing: instruction for future generations of nurses. *Online J Issues Nurs.* 2018;23(1). <https://doi.org/10.3912/OJIN.Vol23No01Man03>.
- Purtilo RB. A time to harvest, a time to sow: ethics for a shifting landscape. *Phys Ther.* 2000;80(11):1112–1119.
- Purtilo R. Early markers of a 100-year journey toward the American Physical Therapy Association becoming an ethically grounded societal presence: an ethicist's reflection. Published online Nov. 30, 2021.
- Schumacher DJ, Englander R, Carraccio C. Developing the master learner: Applying learning theory to the learner, the teacher, and the learning environment. *Acad Med.* 2013;88(11):1635–1645.
- Swisher LL. 23rd Pauline Cerasoli Lecture Educating for Professionalism: The Science of Caring. *The Art of Healing. J Phys Ther Educ.* 2021;35(4):260–269.



# Physical Therapy for Native American Populations





## With November being Native American Heritage Month, here are insights from PTs and PTAs on providing care for American Indians and Alaska Natives.

By Michele Wojciechowski

Every patient that PTs and PTAs see should receive the same high-quality care, but providers must remember that doesn't mean they should treat everyone the same — especially when each patient's and client's culture may differ from the provider's and from each other's.

For Native Americans, also referred to as American Indians/Alaska Natives, PTs and PTAs need to get to know their patients and clients in terms of their individual cultures.

Natalie O'Neal, PT, DPT, says that Native Americans comprise 574 federally recognized tribes, "each with a different culture," meaning different languages, land bases, traditional sites, and more. O'Neal, a board-certified clinical specialist in geriatric physical therapy, is assistant professor and director of student affairs at Tufts University and vice chair of the U.S. Department of Health and Human Services Center for Indigenous Innovation and Health Equity. "It would be impossible for any one person to be 'competent' in the culture of each of these tribes," she says. "Recognizing this a great first step."

What is possible is learning about individual patients — their historical background, what questions to ask, how to be culturally sensitive, and more.

Genna Locklear, a third-year student physical therapist in Duke University's DPT program, agrees, saying, "Try not to categorize your patient. Instead, listen to their story and formulate your thoughts around what they communicate to you directly." For example, she suggests that when taking a patient for a walk, you could ask them which direction they prefer to start going in. "Depending on their tribal affiliation and traditions, they could prefer to walk clockwise around the unit to align themselves with nature, like the rising and setting of the sun," Locklear explains. "Giving patients options in their care is extremely important."

Being aware of Native American cultures goes deeper than offering options during interventions. Locklear points out that these populations experienced forced assimilation, loss of sacred lands, and separation of families, and this intergenerational trauma can consume tribal communities.

Natalie O'Neal stands in front of the Thundering Buffalo Wellness Center that opened in April on the Fort Peck Reservation in Montana. O'Neal helped to design the physical therapy and occupational therapy area, which began providing services in August. The facility contains a gym, fitness area with state-of-the-art exercise equipment, walking track, swimming and aquatic therapy pools, basketball court, and health services for physical therapy, occupational therapy, dental assessments, and medical visits. It is one of several tribal health and wellness facilities in the United States that provide essential services on reservations.



Natalie O'Neal in the physical therapy and occupational therapy clinic within the Thundering Buffalo Wellness Center. There are two private treatment rooms and open space with treadmills, seated ellipticals, upper body ergometer, and a ceiling-mounted balance track system. O'Neal says the equipment was selected with the needs of the Fort Peck tribal population in mind, especially elders and people with diabetes.

**“Formal education content is limited in DPT curriculum and varies from program to program. All too often, students and PTs go to the Indian Health Service sites with zero or limited education on the unique needs of the population they would be treating.”**

— Natalie O'Neal

“For generations, our people have been tossed aside, neglected, and forgotten about by society. When Native patients go to receive care, they should feel heard and welcomed by their health care providers,” she says.

Given the history, it's not surprising that many Native American people may have apprehension when dealing with health care providers. “The mistrust that people have of outside providers coming into the community is based in real trauma and tragedy from 1492 to present day,” O'Neal says. “It is important for PTs and PTAs who are not Native American to educate themselves on some of the history and acknowledge that though they may not have played a direct role, their presence as an outsider may trigger mistrust,” she says.

To help educate PTs and PTAs about these and other cultural aspects of working with Native American populations, O’Neal and Lynnette Caycee Gilmore, PT, DPT, created a continuing education course through APTA called “Physical Therapy in the American Indian/Alaska Native Communities.” Gilmore is a clinical instructor and practices at an outpatient physical therapy clinic in Flagstaff, Arizona. O’Neal says that this is an introductory-level course that defines basic terminology for Native American populations, the various settings in which they access care, and an overview of cultural considerations for PTs and PTAs who work with them.

“It was important for me as a Native American PT to share knowledge from my perspective as a Native American person who grew up around my tribal culture and as an educated doctor of physical therapy,” she says.

O’Neal notes that the Native American population is the only group with a federal health agency dedicated specifically to their health. However, she adds, “formal education content is limited in DPT curriculum and varies from program to program. All too often, students and PTs go to the Indian Health Service sites with zero or limited education on the unique needs of the population they would be treating. This is also true in areas defined as Urban Indian health settings by IHS. Though one short CEU course is not sufficient to address the complexity of health needs in the 574 federally recognized tribes in the U.S., it is a start.”

Gilmore says the course has several objectives, “but the most important is to provide information to PTs who want to know more about Native American populations they might encounter in their practice and/or who might want to work at a tribally owned health care facility, an Urban Indian facility, or at an Indian Health Service facility.” She adds that the push in recent years for diversity, equity, and inclusion has helped expand the reach to the Native American population. Without it, she says, “the voice from the tribal members to create the CE would not be in mind or thought.”

Topics from the course, and other insights that can inform physical therapist practice with Native American populations, are addressed by O’Neal, Gilmore, Locklear, and others who APTA Magazine interviewed.

## Be Respectful, Sensitive, and Curious

Unfortunately, not many patients within Native American populations are likely to have received physical therapy before. “Stepping back and explaining what physical therapy is and how you can be of assistance may be a simple but critical step for someone to recognize your intentions,” suggests Lt. Cmdr. Sarah Lyrata, PT, DPT, a board-certified clinical specialist in neurologic physical therapy in the U.S. Public Health Service stationed at Southcentral Foundation in Anchorage, Alaska. “Clinicians who are serving Native American populations have a responsibility to recognize that while they may be the medical expert, they are in a position to learn and understand where each person is coming from.”



Natalie O’Neal wears her traditional dance regalia.

Genna Locklear, right, stands with her mother, Kristie Hunt, and traditional pinecone patchwork regalia during a past Native American Heritage Month event of sharing oral histories of the Lumbee Tribe of North Carolina. The event showcased the importance of oral traditions through education.



PTs are taught to understand and treat their patients using subjective evaluation, patient-reported outcomes, and evidence-based practice, Gilmore says. “PTs are taught that various parameters can help improve the patients’ outcomes and prognosis. When practicing among AI/AN populations, PTs use these same parameters to treat the patient, but the way the PT administers it might need to be different [than they would be for other Americans] due to factors such as language, time, concepts, and location,” she explains.

For PTs and PTAs who haven’t had experience with patients who are Native American but expect to, or who simply want to educate themselves about the culture, Gilmore suggests that they reach out to other health care professionals who have already practiced in the community – or who are Native American. They also can contact the administrative department to get more information about the people they are or will be treating, and they should continue with self-study as well.

Whether working on a reservation, a tribally owned facility, or in an urban setting, PTs and PTAs should learn which tribe they are serving. Gilmore says to be aware that there are acceptable and unacceptable things that Native Americans reference daily to refrain from disharmony, such as physical direction, certain animals, and activity during natural phenomenon. “Be aware that there is Western knowledge and Indigenous knowledge. This means that tribes still maintain their culture in many regards, which could impact your treatment.” She notes that an individual’s beliefs also can vary within a tribe, depending on their personal and community influences; some practice more traditionally, and others less so.

## Opportunities for PTs and PTAs

Native Americans are underrepresented in the physical therapy workforce. Sarah Lyrata, PT, DPT, a board-certified clinical specialist in neurologic physical therapy and a lieutenant commander in the Commissioned Corps of the U.S. Public Health Service, has suggestions for helping to recruit them into the profession. For one, Lyrata encourages PTs and PTAs to become more active in the Native American community, working with youth and empowering young people to see themselves as having a future in health care. She adds that offering to be a mentor or just sitting down with a small group of young people to discuss the field and what you do could make a big difference.

Lyrata says also points to recruitment efforts such as APTA’s PT Moves Me initiative. “Research indicates that recruitment efforts need to start at least as young as middle school age to be effective,” she explains.

She also has thoughts regarding the application process for PT and PTA program candidates. “There is a need for continual reevaluation of the way PT schools review applications, such as placing less weight on GRE scores, implementing GPA cutoffs, and placing more emphasis on experience and ‘soft skills.’ Constant structural changes, including the cost of education and availability of scholarships, is critical for ensuring the expansion of underrepresented minorities in our profession,” Lyrata says.

Genna Locklear, a third-year DPT student at Duke University, knows the experience firsthand. “As a Native American woman who is a student physical therapist, I had to overcome many barriers to get to where I am today,” Locklear explains. “Growing up, I felt like I did not have what it took to become a PT. I did not have the resources or the access to even know where to begin. Native Americans rely on their tribe and community for support, growth, and unity. By knowing this and providing support, education, and inclusion, you can effectively recruit more Native Americans into this profession. Also, by sharing testimonies from current PTs, PTAs, and students about their journey and process, young Native Americans could be encouraged to choose physical therapy as their career.”

What about employment opportunities for Native Americans – and non-Native Americans – interested in working with those populations? According to Deidrea Salabye, PT, DPT, there are many opportunities for PTs and PTAs in the United States within the Physical Rehabilitation Services area of the Indian Health Service, the federal health program for American Indians and Alaska Natives. IHS is an agency of the U.S. Department of Health and Human Services. Most openings are in rural and remote areas, with some available in urban settings. The IHS website says the program offers “a culture in which non-clinical paperwork is minimized at all levels. ... We have created a practice model that allows you to do more of what inspired you to choose a career in health care in the first place.”

Being Native American isn’t required in order to work for IHS, but by law, job preference is given to American Indians and Alaska Natives. IHS offers a loan repayment program and a scholarship program for students pursuing a health career. And Salabye notes that housing is provided, promoting “a great community environment.” Learn more on the program’s website at [ihs.gov/physicalrehab](https://ihs.gov/physicalrehab).

Lyrata’s employer, the Commissioned Corps of the U.S. Public Health Service, is another option. The uniformed service, which also is under HHS, serves programs and agencies including IHS, the U.S. Department of Defense, Centers for Medicare & Medicaid Services, National Institutes of Health, National Park Service, and the Centers for Disease Control and Prevention. To learn more about working with USPHS via IHS, go to [usphs.gov](https://usphs.gov).

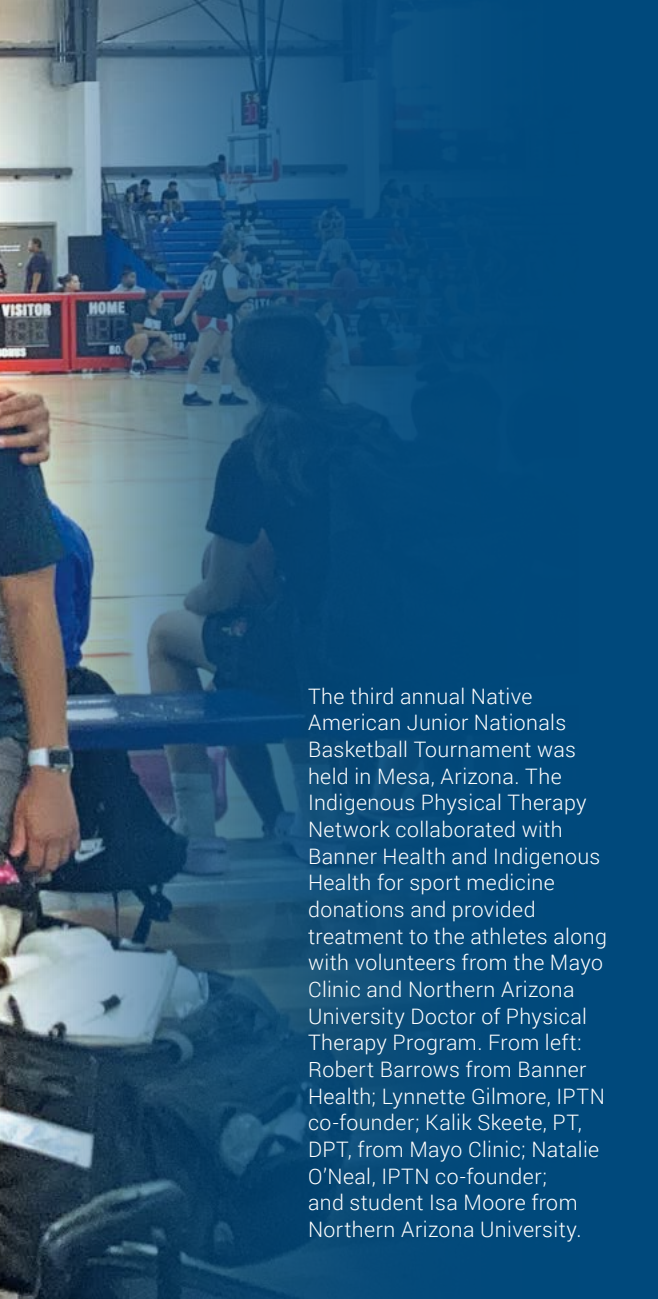


For example, Locklear explains that Native American people consider their hair sacred to them. “It is considered to be an extension of their cultural identity and is a connection to all things,” she says. “If you need to mobilize your patient, and you move their hair without asking for permission, it is considered an act of disrespect.”

In addition, PTs and PTAs need to advocate for their patients. “We have to consider all of the social aspects of people’s situations — perhaps no running water or electricity, having to chop and haul wood, taking care of livestock, experiencing generational abuse or addiction, for example,” says Deidrea Salabye, PT, DPT, senior physical therapist at the Tséhootsooi Medical Center in Fort Defiance, Arizona. “There is a lot of poverty and there are comorbidities to take into account when treating

Native American patients. They often travel for hours for an appointment. Treating patients in this environment, in my clinical opinion, is most effective when using a holistic approach. Native American people usually consider themselves four-dimensional: there’s a mental, physical, emotional, and spiritual part to our being.”

Because within each culture are many aspects of lifestyle and history, and because there are so many variables between tribal cultures, Lyrata believes someone not Native American would be challenged to be an expert. That shouldn’t preclude a clinician from becoming culturally competent. “Recognizing what we don’t know, and coming to the table with humility, curiosity, and eagerness to learn and understand helps us become better providers and helps our care to be



The third annual Native American Junior Nationals Basketball Tournament was held in Mesa, Arizona. The Indigenous Physical Therapy Network collaborated with Banner Health and Indigenous Health for sport medicine donations and provided treatment to the athletes along with volunteers from the Mayo Clinic and Northern Arizona University Doctor of Physical Therapy Program. From left: Robert Barrows from Banner Health; Lynnette Gilmore, IPTN co-founder; Kalik Skeete, PT, DPT, from Mayo Clinic; Natalie O'Neal, IPTN co-founder; and student Isa Moore from Northern Arizona University.

well-received.” It’s simple advice but always effective: If you don’t know, ask. Salabye says that you can express your interest in their creation stories, their beliefs, their way of life, almost anything. “The only thing that’s really off limits is specific details about ceremonies.”

Family involvement is important to Native American people, O’Neal says, and there are many ways to learn more about a patient’s family or community. “The PT should take initiative by engaging in events open to the public, such as powwows or local sporting events. Sports such as basketball — which is referred to as Rez Ball when played in a tribal community — are important to the youth and the entire community. It is not unusual,” for example, “for a school and tribal offices to close early to allow supporters to travel for away games,” she says.



Genna Locklear wears traditional dress at a Duke University powwow, a day she says brought unity and healing to the campus for Native and non-Native community members and students alike, following the isolation of the COVID-19 pandemic.

When treating Alaska Natives, Lyrata says that she doesn’t call them “patients” or “clients.” Instead, she uses the term “customer-owner.” She explains: “The way I understand this term is that the Alaska Native ancestors had the foresight and wisdom to understand what was important and valuable to future generations. When making contracts and treaties with the United States government, one thing they wanted to ensure was that health care would be provided for all future generations. This reframes the perception that IHS recipients are getting ‘free health care’ or a ‘government handout,’ and based on the human suffering and atrocities placed on this group of people, this population now owns their health care.”

## Ask Questions, Build Trust, and Listen

Locklear says that PTs and PTAs seeing patients who are on a reservation or who formerly received health care on reservations should keep in mind that many Native Americans were mistreated in the past and still may experience inconsistent care. “Clinicians would come and go and never stick around to follow their patients’ long-term progress. Patients report feeling unheard and exhausted by always having to repeat their story to someone new. As soon as a patient establishes rapport and trust with their provider, the provider leaves and a new provider takes their place,” she says. “From a patient’s perspective, it is an endless cycle of having to attempt to establish rapport with a clinician only for it to be temporary.”



At the 2021 APTA Centennial Gala at the National Cathedral in Washington, D.C., are, from left, Pat McAdoo, PT, in a traditional Alaskan top; Nicole Taniguchi, PT; and Lynette Gilmore in traditional Navajo dress.



“Recognizing what we don’t know, and coming to the table with humility, curiosity, and eagerness to learn and understand helps us become better providers and helps our care to be well-received.”

— Sarah Lyrata

The PTs interviewed for this article explain ways to rebuild that needed trust.

As for any patient or client, PTs and PTAs establish and maintain rapport by communicating and explaining what they’re doing during a visit, especially when performing services such as manual therapy. “Explain what they will feel and how it will help them,” Gilmore says. “Inform them of the treatment and ask permission to administer it. Let your patient know it is OK for them to say yes or no to treatment, that it is OK to start and then say no if they are uncomfortable, and that you can try another treatment option or modification. Inform your patient that their opinion and comfort is important during treatment.”

To make the patient more comfortable, the clinician can have a family member or other clinic personnel there during the visit.

Lyrata says that when beginning treatment, one key is to approach each encounter with humility. Don’t make assumptions about the way the person lives or what they may or may not be comfortable discussing. “Offer space for sharing the individual’s personal story,” she says.

In terms of questions, Lyrata suggests, especially in an inpatient or acute care setting, asking more open-ended ones. For example, instead of asking “Do you have stairs at home?” ask “Can you describe where you live for me? What types of things do you do in a day?” You also may get more information if you ask about hobbies, crafts, and subsistence living activities. “Many people like sharing their experience with hunting, fishing, beading, or crafting,” Lyrata says. “It is not only

a helpful insight into the type of physical activity they must return to, but a great opportunity to ask questions and learn about what they enjoy doing.”

Once questions are asked, clinicians must really listen to the patient’s response, which isn’t always intuitive. “Providers are trained to interrupt immediately and often,” O’Neal says. “The patients need to tell their story — it is a part of the trust-building process. Before I even ask what brought the patient in for physical therapy, I introduce myself by name, tribal affiliation, and family clan, and then my PT credentials. I ask the patient for their name, tribal affiliation, and clan. During this time, they may tell me about a person they knew from my homelands,” she says.

“After that, I ask them to share their belief about the injury or condition they are experiencing, which might be several minutes of listening on my part. It is crucial for my patients to be able to tell the story, and for me, as the provider, to listen to establish trust and show respect. I have often spent 20 minutes of the first encounter on this process, as it is paramount for the patient-provider relationship. Finishing all tests and measures can be done at another session, but with Native American patients, you need to establish trust in order for the services you provide to be therapeutic.”

If you’re asking a patient about the origin of their pain, O’Neal says to be prepared for them to say that the pain origin is related to nonphysical processes. “Pain is translated differently in the various languages, so asking clarifying questions can help the PT better understand the patient. Ask about family support and any help they may have in that area,” she says.



PTs, students, and other volunteers held balance and fall screenings for the Navajo community. All participants first were screened for COVID-19 via questionnaire and temperature check. Screeners handed out free hand sanitizer and a pen, and entered participants into a free drawing for solar lights. The check-in booth provided information about falls prevention.

## The Indigenous Physical Therapy Network

Founded by 12 people, including story sources Natalie O'Neal, PT, DPT, and Lynnette Caycee Gilmore, PT, DPT, the Indigenous Physical Therapy Network is a grassroots group interested in elevating health care among Indigenous communities. Founded in the summer of 2020, the network comprises people who are Native and non-Native, including students, licensed professionals, and allies who are interested in the group's mission and vision.

According to Gilmore, the network's mission is to strengthen the physical therapy community and presence surrounding Indigenous health care, and its vision is to establish sustainable health care in Indigenous communities.

"IPTN is interested in extending its mission and vision into four pillars: students (K through college), health care professionals, the physical therapy profession on a national level, and the profession among the Indigenous communities," Gilmore says. "The IPTN pillars and logo are based upon a collective thought driven by American Indian members whose cultural concept references that of our American Indian medicine wheel, our numerical significance of the number four, our referenced colors by various tribes, and the use of natural elements used in our various cultural ceremonies since time immemorial."

She adds, "The ideology of our American Indian culture provides the framework to allow us our thought process and foundation as we move forward in working toward our mission and vision."

The Indigenous Physical Therapy Network has a presence on Instagram (@indigenous\_pt\_network) and as a private group on Facebook.

Locklear says that in her Native American culture, it's all about making sure the person you're interacting with feels respected. "If you're treating an elder, address all of your questions to them first, and if they are unsure of a specific question, then it is OK to relay the question to the family members who are with the patient," she explains.

If you make a mistake with addressing or talking with a Native American patient, all those interviewed for this article agree that it's appropriate to acknowledge and apologize. You can always tell them at the onset that you are still learning about their tribe. "If you misspeak or say something wrong, ask to be corrected because you truly want to learn so you can provide the best care possible. Stating that you are learning and trying will go a long way rather than avoiding and trying to be perfect," Locklear says.

Be sure to relax and enjoy learning about another culture. "I think one of the most rewarding experiences of being new to the community is when patients share with me advice for subsistence activities — where to go fishing, tips for safety when hiking with wildlife, and some of the meanings of dances and song. I gladly missed my lunch hour to sit and listen to an elder share with me his experience in a drum circle and how he learned," Lyrata says. "I've been fortunate to witness people on their journey to reconnect with their own culture by improving their mobility." ■

**Michele Wojciechowski is a national award-winning writer based in Maryland and a frequent contributor to APTA Magazine.**

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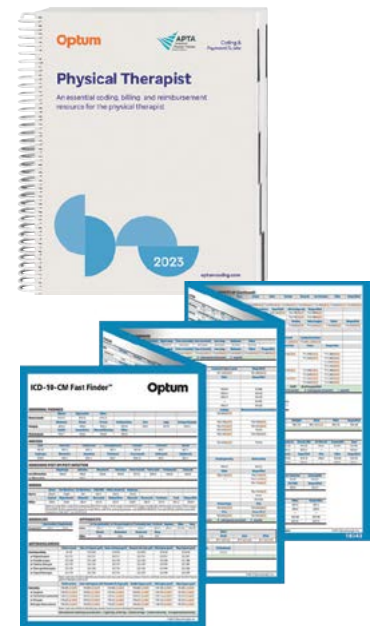
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# Precision Care and Big Data Are Key to Keeping Up, Maley Lecturer Says

Sue Whitney repeatedly challenged the profession to “think bigger” – including around the importance of collecting data.

Sue Whitney, PT, DPT, ATC, PhD, FAPTA, didn't waste words in her delivery of the 2022 John H. P. Maley Lecture during the APTA Leadership Congress. An example? “We need to get out of our little scope, and we need to think bigger,” she said in introducing the theme of her Aug. 14 presentation, “Exercise Is Our Medicine.”

Whitney, board-certified clinical specialist in neurologic physical therapy and professor in physical therapy, otolaryngology, and clinical and translational science at the University of Pittsburgh, covered several major themes: personalized and precision medicine, the need for big data, use of technology, getting patients to adhere to their programs, and the importance of the right intensity of exercise.

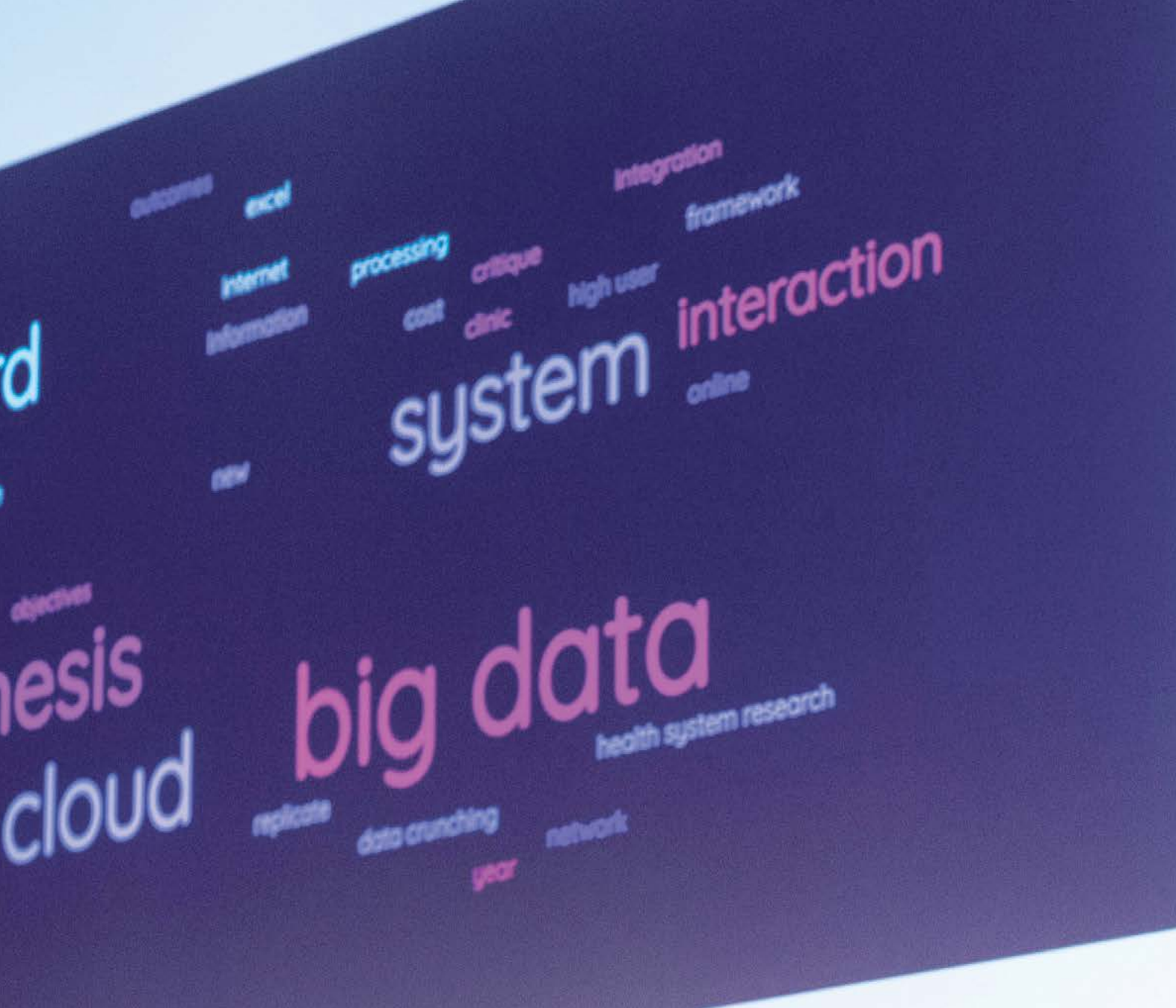
Within each topic, she stressed that the physical therapy profession needs to keep up. “The world has moved on,” she said more than once, “and we have to figure out how we're going to fit within this new world.”

## Precision Medicine

Whitney said we no longer can just “give everybody that list of exercises after total knee or hip surgery”; it needs to be personalized, targeted therapy, which includes determining what is important to the individual. “It's a lot more than just doing three sets of 10. It's how motivated that patient is. It's how fearful that patient is to do the exercise. It's about what their community of support is. Can they do their exercises at home? Is it the fact that they have depression and anxieties ... why they are not getting better?” These factors and more influence how the patient responds to therapy and must be considered in customizing care.

Sue Whitney





APTA Honors & Awards



“As we understand better the impact of genetics on diseases in individuals, it will be easier to predict the risk of a specific disease, and therefore, initiate preventive intervention before the disease presents itself in the patient.”

Even with a clinical practice guideline, she said, the “rules” do not apply to all people but are designed to improve care. “Don’t take it as a recipe, because it’s not going to work.”

Whitney also addressed the role of genetics in personalizing evaluation and intervention. Much of the work in data science and artificial intelligence is in the areas of oncology and neurology, “but it is working its way into other health disciplines,” she said. She outlined things the physical therapy profession needs to do to be part of the evolution, such as developing predictive physical therapy algorithms, working with engineers to develop and use AI, embracing digital technology and augmented and virtual reality, and working with scientists “who are developing cell therapies and who are performing gene editing to determine if physical therapy interventions can optimize movement.”

PTs also can use genetic tests and other health information to assess individual disease risk, understand disease etiology and subtypes, and improve diagnosis and treatment.

“As we understand better the impact of genetics on diseases in individuals, it will be easier to predict the risk of a specific disease,” she said, “and, therefore, initiate preventive intervention before the disease presents itself in the patient” or begin

treatment earlier in the disease’s progression. Advancements in data science, including artificial intelligence, can answer questions such as “Who is most likely to benefit from intervention?” and “Is the person likely to suffer complications or comorbidities?”

As examples, Whitney cited identification of genetic risks in early onset Alzheimer’s disease and molecular markers associated with conditions such as long COVID and chronic kidney disease.

To achieve personalized health care, PTs should consider, among other things, health assessment – “not assessing disease but assessing health,” Whitney said. This would include a physical therapist wellness plan. “You’re saying [insurance] is not going to pay for that,” she added in anticipation of the argument, “but down the road I believe they will.”

## Big Data

Personalization isn’t possible, however, without access to the right information, which is where Whitney indicated that big data comes in. The information available to clinicians isn’t nearly granular enough, she said. “We might see that you helped somebody with low back pain, but that’s not good enough,” she said. “We can’t track what exercises you gave your patient. I can’t pull that out of your patient’s electronic medical record.”

Whitney called for developing a mechanism within the EMR across settings to identify exercises, including dose and frequency. For that to work, she reminded the audience, clinicians must be specific in what they document – both in patient records and in research publications: “Write down what you did!”

Just having more data isn’t enough, Whitney continued. She asserted that not only do we need big data, but we need the right data. She noted that more than 98% of genome-wide studies include only Europeans, “so we’re not even studying the right people within the total mix of the population here in the United States.”

## Embracing Technology Advances

Turning to the use of technology, Whitney said, “If you think you aren’t going to do anything with apps and [say you] don’t like the computer, you might as well hang up your shingle.”

Yes, PTs use their hands, but “use some digital, too,” Whitney said. “Both are going to make a difference.” Remote services, including telehealth and wearable devices, are a big part of the changes that technology has afforded and are another aspect of customizing care, as it can bring services to patients rather than requiring them to come into the clinic. Examples Whitney offered are wearables that would detect a patient’s fall in their home, and an app that has been shown to screen for autism in children using facial recognition software, allowing for identification of – and thus earlier intervention for – early developmental delays.

Whitney mentioned how PTs and PTAs can take advantage of technological tools to benefit patients and clients:

- Detect movement problems before they compromise function, to potentially prevent future movement complications.
- Get involved in health enhancement and prevention earlier in the evolution of a patient’s movement dysfunction.
- Improve our understanding of baseline risk, monitoring movement dysfunction progression and working to prevent future movement dysfunction.

## Patient Adherence

Once the right interventions are determined, the next challenge is the patient’s adherence to the plan of care. “How do we get our patients to do what we asked them to do?” Whitney asked. Some suggestions came from a systematic review of program adherence in vestibular rehabilitation, which indicated strong evidence for a written home exercise program, recording their home exercise program and symptoms, and providing support via email and telephone as well as in treatment sessions.

Whitney cited another study using deployed military service members with pain or dysfunction in the shoulder, spine, hip, knee, ankle, or foot. Patients were scored on cueing, alignment, and exercise quality at their next visit after being taught their home exercise program. The results indicated a lower rate of exercise compliance if the patients were given more than four exercises or if they left the base for more than one day a week. “Think about how many exercises you give your patients,” she said.

## Exercise Intensity

The last concept Whitney spoke about was intensity. “We do not have our patients work hard enough. I tell my 90-year-olds, you got sore when you were 20; you’re going to get sore when you’re 90.” Among other studies, she pointed to a CPG to improve motor function in people following chronic stroke, which recommended moderate- to high-intensity aerobic activity. “This is for people who are stroke survivors! What are we doing with people who [have not had a stroke]?” she asked.

Finally, Whitney noted that the profession cannot do this alone. “I hear that physical therapy is the answer to everything, and it’s not. We need to play with others,” she said. “That’s part of who we are – we’re part of a health team and that’s what will maximally help our patients get better.” ■



A video of Sue Whitney's Maley Lecture is available on APTA's website.



# APTA Leadership Congress Debuts With Collaboration and Foresight

Roger Herr delivers the annual presidential address.

Leadership thrives on communication and collaboration. That's the core concept behind the association's new APTA Leadership Congress event, which brought together current and emerging association leaders for several days of meetings and programming to advance the physical therapy profession.

It's also a theme that cropped up in several presentations, from a keynote on diversity, equity, and inclusion to a special appearance by U.S. Secretary of Health and Human Services Xavier Becerra and the annual presidential address.

As the association's top elected leader, APTA President Roger Herr, PT, MPA, focused on the importance of foresight, inclusion, and willingness to change in his annual address to the APTA House of Delegates.

"Inclusive leadership isn't easy, but it's essential, and it starts with a commitment to each other," Herr said. "When we surround ourselves with those who have the same experiences and perspectives, we are standing in a place as the world changes around us. Foresight isn't possible without accepting that progress doesn't happen without change."

Herr's remarks were an apt introduction not only to the House, but to many of the concepts addressed at the inaugural APTA Leadership Congress, held in August in Washington, D.C., and at APTA Centennial Center, headquarters of the association.

The foresight Herr referred to is what's needed to bring APTA and the profession out of the disruption and stress caused by the pandemic. Engaging in foresight, he said, demands identifying built-in assumptions and evaluating if they are serving our future.



As an example, Herr pointed to the recent surge of digital technology to augment wellness, prevention, and rehabilitation, which “isn’t going away,” he said. “We must continue to hold the line that physical therapy involves PTs and PTAs, and we must prepare for digital health to be a fact of life, the predictable next step for a health system that always strives to support more people at less expense.”

Herr noted that while foresight is the best way to prepare for the future, “it isn’t a crystal ball or a magic wand. Any act of foresight must allow for mistakes and disappointment.” He continued that our profession shouldn’t be fazed by this. “Our patients experience setbacks all the time. That’s part of any progress, and we see it everywhere.”

Applying foresight to our association, our profession, and the transformation of society is complex, Herr said. “But we must try, and a good first step is to embrace curiosity and understanding.”

The APTA Leadership Congress encouraged participants – whether meeting in person or watching special events remotely – to do just that. From Aug. 12 to 16, the congress hosted a keynote presentation on infusing DEI within organizations; the 78th House of Delegates, with Herr’s address and special remarks from HHS Secretary Becerra; delivery of the 27th John H.P. Maley Lecture by Sue Whitney, PT, DPT, ATC, PhD, FAPTA; the annual APTA Honors & Awards Ceremony, recognizing the outstanding achievements of APTA members; the inaugural APTA Run/Walk/Move 5K; meetings of APTA component leadership, APTA Association Leadership Scholars, the PTA Caucus, and student leaders; and a state payment advocacy forum.

**For a summary of the Maley Lecture, read “Precision Care and Big Data Are Key to Keeping Up, Maley Lecturer Says” on Page 34.**



A video and transcript of Herr’s address are available on APTA’s website.

APTA CEO Justin Moore, PT, DPT, addresses the 2022 House of Delegates.



## Effective DEI Leadership Is About Listening – and Challenging Assumptions

The first thing leaders need to understand about the advancement of diversity, equity, and inclusion is that people are starting from different places.

If you think infusing and supporting diversity, equity, and inclusion within organizations is a matter of flipping a leadership attitude switch and handing down marching orders, keynote speaker Stephanie Creary, PhD, offers this reality check:

“DEI leadership is hard.”

Creary, a former speech-language pathologist-turned-professor, urged leaders to pursue progress through a quality she describes as “resilient HOPE.”

The all-caps “HOPE” is purposeful. Creary uses the word as an acronym for (1) holding yourself accountable, (2) organizational commitment to learning opportunities, (3) promotion of DEI activities, and (4) energizing and elevating DEI work.

Creary told the audience that the concept of resilience is equally important. Whereas hope connotes a kind of unbridled optimism, she said, resilience is characterized by the acknowledgement of skepticism, the desire to advance in the presence of obstacles, and persistence despite setbacks. Making hope resilient is the way leaders can take on the hard work of steering toward increased DEI.

Part of what makes the work so hard, Creary said, is that there are diverse attitudes about DEI, sometimes even within an organization’s leadership circles, which require different approaches to engagement.

Creary offered a way of thinking about differing DEI attitudes based on the green-yellow-red divisions of a traffic light. The green group includes “experienced champions and engaged newcomers,” both of whom not only wholly embrace DEI concepts but are energetic about working for change. The yellow group tends to be composed of “curious-yet-concerned newcomers

**Participants in the APTA Association Leadership Scholars Program met in the APTA Centennial Center flex space for an in-person session that explored questions such as “What is the most important question APTA must answer before the end of this decade?”**





Stephanie Creary

and burned-out champions” who may support change but have reservations. Creary described the red group as beginners who are either “reluctant” or “resistant” — for Creary, two different concepts that require separate strategies.

The key to moving the needle on DEI, Creary said, is in recognizing these differences in attitudes and tailoring leadership appropriately. “You can’t just design for the greens. You can’t just design for the yellows. You can’t just design for the reds,” she said. “You have to design for each of these groups.”

Individuals in the red group — particularly those who are resistant — need to be recognized for their willingness to show up for the DEI conversation, Creary explained, but leaders also need to encourage them to imagine what it would look like if they let go of their resistance. On the other hand, Creary believes those who are reluctant often simply don’t know how to contribute. “Maybe if we teach them, they would move out of this group,” she offered. Leaders also need to discuss a common concern among the resistant and reluctant — the idea that addressing DEI takes resources and focus away from other organizational priorities, described as a “zero-sum mindset” by Creary. The key to working with yellow group individuals is to “start small,” she said, and “think less about risks

and more about opportunities.” Leaders should consider investing “less time in trying to convince the reds ... and invest more time in the yellows, people who might be feeling as you feel that there is some good that might be achieved here.”

“It’s fun around greens,” Creary said, but leaders need to challenge this group as well, particularly around encouraging them to “begin to understand a perspective that is not your own more intently.”

The bottom line is that leaders should brace themselves for hard work and difficult conversations but know that the rewards will be worth the effort. The words of Frederick Douglas ring just as true today as ever, she said: “If there is no struggle, there is no progress.”

In a Q&A session that followed the address, Creary spoke at greater length about resistance based on a concern that emphasizing DEI pulls organizations away from other priorities.

Creary said that in her work as a consultant, it’s not uncommon for some leaders to voice that concern. Her response is to help leaders understand that DEI activities aren’t separate from other priorities but included within them — what she calls an effort to “DEI-ify all those duties.”

“That requires people sitting down and seeing that it’s not an add-on, but an infusion,” Creary said.



A video of Creary's keynote and Q&A is available on APTA's website.



Xavier Becerra

## HHS Secretary to APTA: No Time for Complacency at This Moment in Health Care

Events in the nation's capital have a habit of drawing special guests. In recent years, APTA has welcomed then-U.S. Surgeon General Jerome Adams (2019), First Lady of the United States Jill Biden (2021), and, this year, U.S. Secretary of Health and Human Services Xavier Becerra.

In special remarks to APTA's House of Delegates that ranged from the fee schedule to long COVID, Becerra stressed the role PTs and PTAs can play in fostering change.

Becerra, a former member of the U.S. House of Representatives, was an advocate for APTA's years-long battle to eliminate the Medicare therapy cap and suggested similar persistency will be necessary to continue to reform the challenging payment environment.

According to Becerra, conversations about reforming the Medicare Physician Fee Schedule are worth having, but competing interests won't make those conversations easy.

"It's a bit of a trade-off," Becerra said in response to a question about the possibility for reforms in the fee schedule and reductions in administrative burden. "Trying to modify Medicare is going to hit someone who likes the way it's done now." No matter which path reform takes, he added, "it's going to be very difficult to bring everybody

along." APTA and multiple other organizations are actively engaged in efforts to convince Congress to rethink the entire fee schedule system under Medicare.

During his remarks Becerra repeatedly pointed to PTs and PTAs as examples of where health care should be headed — toward more patient-centered care that understands why it's important to "really reach people early."

"It's you who keep us to the task to ensure we complete the process of healing," he said.

Becerra told the audience that the COVID-19 pandemic, and the need to respond to long COVID, only underscores the need for more forward-thinking care that takes social determinants of health seriously.

"We're going to tackle long COVID. We have no choice," he said. "We can't have millions of Americans suffering and unable to do what they did before. You are going to be very active in that."

"This is a moment where I believe we can really speak differently about health — certainly about our public health care system," Becerra told the audience. He characterized the current system as a "patchwork with some very poor seams through which fall too many Americans."

The key to ensuring that needed change takes place is to fight complacency, Becerra said, quoting the Dylan Thomas lines, "Do not go gentle into that good night ... Rage, rage against the dying of the light."

During the Q&A, Becerra also appeared to endorse further exploration of the role of PTs and PTAs in telehealth.

In response to a question about creating a more sustainable workforce partly by way of increased use of telehealth, he said that "telehealth is here to stay," but the task now is to ensure that it's being offered equitably and that providers are adequately monitored to make sure high-quality care is being delivered.

"As far as the physical therapy profession and where it goes ... let's not skimp on making sure we're making those resources as available as possible," Becerra said. He advised PTs and PTAs to "watch the trends" and be ready to step in to provide needed services. If they do, he said, "Americans will respond."

## APTA House of Delegates Bridges Present and Future

Realistic assessments of the present and dreams for the future can seem like mutually exclusive concepts, but the 2022 APTA House of Delegates managed to bridge that gap during its 78th session, which began online July 30 and concluded Aug. 14 and 15 at the APTA Leadership Congress.

In a series of actions that addressed both professional and societal issues, APTA's primary representative body largely used the here-and-now as a springboard to drive the profession forward.

The House sessions included the annual presidential address by Roger Herr, PT, MPA, and special remarks from U.S. Secretary of Health and Human Services Xavier Becerra. (Find a summary of Herr's remarks on Page 38 and a summary of Becerra's remarks on the opposite page.)

### Within the Profession

Several of the motions discussed by the 2022 House focused on how PTs, PTAs, and students can begin thinking – and doing things – differently on matters related to how the profession attends to its continued viability.

**An affirmation of PT-PTA collaboration and the PTA's role in the interprofessional services team.** In a motion that revised APTA's position on the direction and supervision of PTAs, the House adopted changes that strengthen the concept of collaboration between the PT and the PTA, addressed basic concepts around the PT's supervi-

## 2022 Honors & Awards Program Recipients Recognized

The APTA Honors & Awards Program celebrates outstanding achievements by association members.

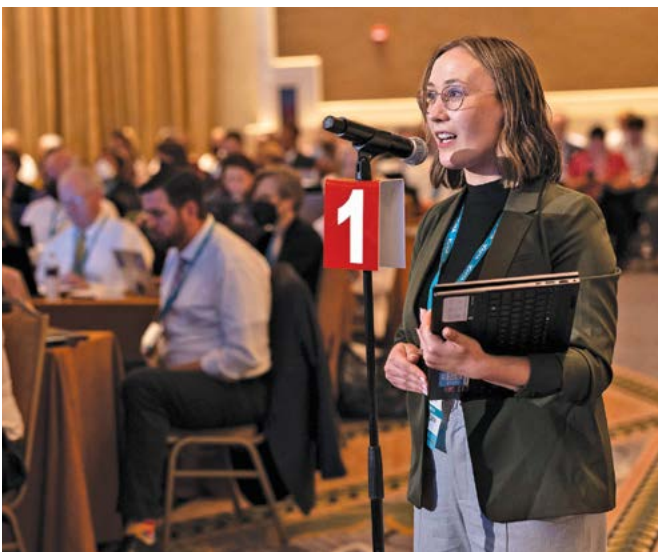
In addition to welcoming 15 new Catherine Worthingham Fellows to the association's highest membership category, the ceremony recognized 15 recipients of the Lucy Blair Service Award and presented numerous other awards in the areas of overall accomplishment, education, practice, service, publications, research, and academic excellence.

Prior to the award presentations, Sue Whitney, PT, DPT, ATC, PhD, FAPTA, delivered the 27th John H.P. Maley Lecture. (Read a summary of her presentation on Page 34.) Next year's Maley Lecture will be delivered by Stacey Dusing, PT, PhD, FAPTA.

Earlier this year, Laura Lee (Dolly) Swisher, PT, MDiv, PhD, FAPTA, delivered the 53rd Mary McMillan Lecture, the most distinguished honor an APTA member can receive. During the Honors & Awards Program ceremony, APTA announced the 54th McMillan Lecturer, Edelle Field-Fote, PT, PhD, FAPTA, who will give her presentation at the APTA Combined Sections Meeting in San Diego.



A video of the Honors & Awards Ceremony is available on APTA's website.



The 2022 APTA House of Delegates deliberates during the on-site August sessions.



sion of the PTA, and clarified that the PTA could be included as part of the patient’s or client’s inter-professional services team. (RC 8-22, amended)

**Support for equitable disability accommodations.** The House voted to underscore APTA’s commitment to inclusion by adopting a statement that supports “equitable processes to include individuals with disabilities entering and within the profession of physical therapy through reasonable accommodations across their careers.” (RC 15-22)

**A fresh look at methods for maintenance of licensure.** The patchwork of continuing education and competency requirements, and the processes by which courses and providers get approval to be counted as acceptable CE, have been discussed within the profession for a while. A charge approved by the House could deepen that conversation by directing APTA to collaborate with interested parties to evaluate continuing competency requirements and develop recommendations “for a uniform evaluation process of educational and professional activities that could be implemented by components and jurisdictions.” (RC 19-22)

**An exploration of the feasibility to expand prescriptive authority within the PT scope of practice.** The House voted to refer a motion to the APTA Board of Directors related to the feasibility of expanding prescriptive authority within physical therapist practice. (RC 17-22)

**An exploration of new ways to share knowledge across the profession.** Consistent with work already underway, the House voted for APTA to identify new opportunities for engagement, collaboration, and knowledge-sharing in physical therapist practice, beyond those currently provided within APTA’s component structure. (RC 18-22)

### Societal Health

The House continued its focus on improving the health of society through an expanded role for physical therapy and continued emphasis on the importance of diversity, equity, and inclusion both inside and outside the profession.

**More specificity around digital technologies in practice.** With the use of digital health technology continuing to expand, the House adopted a statement that reinforces APTA’s ongoing work in major related areas, including the importance of collaboration between the PT and patient to determine the optimal modes for any PT services, the PT’s responsibility for “all aspects of patient/client management,” the centrality of the therapeutic alliance, adherence to practice scope and requirements around use of assistive personnel, and compliance with local, state, and federal laws and regulations.

President Herr also referenced digital health in his address, saying “We must continue to hold the line that physical therapy involves PTs and PTAs, and we must prepare for digital health to be a fact of



Breakout sessions during the state payment advocacy forum took advantage of indoor and outdoor spaces on the seventh floor of APTA Centennial Center.

life, the predictable next step for a health system that always strives to support more people at less expense,” echoing a position shared earlier in 2022 by way of a published statement. (RC 4-22, amended)

**A stepped-up role for PTs in blood pressure management.** House members adopted an official APTA position supporting the PT’s and PTA’s roles in promoting research, education, practice, and policy in the nonpharmacologic management of blood pressure to enhance the health and well-being of society. (RC 9-22, amended)

**Better access to physical therapy as part of prenatal and postpartum care.** In a unanimous vote, House members approved a statement that articulates APTA’s support for “access to physical therapist services in the prenatal and postpartum periods as the standard of care to improve health outcomes and prevent comorbidities and health disparities.” The statement helps to underscore ongoing APTA work that has led to recent wins, including the introduction of legislation that would expand postpartum care under Medicaid. (RC 10-22)

Emily Ross, SPT, from Florida Southern College demonstrated what she learned about advocacy through storytelling, a powerful tool for talking to state and national legislators.



**An expansion of the PT's profile in wellness, health management, and disability determination.** A position statement from 2017 that called for the recognition of PTs as qualified practitioners for making disability determinations was revised to include unrestricted access to PTs as entry-point practitioners for a broad range of services including activity participation, wellness, and health, as well as disability determinations. This includes the identification of cause or nature of the activity limitations and participation recommendations for accommodations, and other interventions that optimize functioning. (RC 11-22)

**Increased direct-to-employer services provided by PTs – and an APTA effort to help make it happen.** Physical therapist services provided through direct arrangements with employers have developed a strong track record, and now APTA has an official position that supports the association's continuing efforts in this area (RC 13-22), adopted by the House in a unanimous vote.

In a related motion, the House charged APTA with developing “a coordinated approach to enable members to pursue direct-to-employer physical therapist services” that would help to highlight the association's longstanding support of PTs providing evaluative and preventive services directly to employers. (RC 12-22)

**Improved access to physical therapy in Medicaid.** The population of Medicaid and Children's Health Insurance Program beneficiaries is estimated at 88 million individuals, and access to PT services varies dramatically among the state-administered programs. The House voted to adopt a position statement that supports improved physical therapy access for this population as an area of focus for APTA, with the aim of making physical therapy a mandatory benefit in all Medicaid programs, “authorized without administrative delays and barriers at adequate levels to meet patient needs, and paid commensurate with other public and private payers.” (RC 14-22)



**PTA Caucus Representative from Pennsylvania Rebecca Shakoske, PTA, LMT, MA, addressed her colleagues as they prepared for the 2022 House of Delegates.**





**A commitment to inclusivity of the LGBTQIA+ population.** Consistent with past House motions that support APTA's efforts around diversity, equity, and inclusion, delegates adopted a statement that APTA is "committed to being an inclusive organization for individuals within lesbian, gay, bisexual, transgender, questioning, queer, intersex, and asexual populations, and individuals of other sexual orientations and gender identities." The statement also calls for commitment from APTA and its members to promote equity and inclusivity while also addressing policies and practices that perpetuate the exclusion of LGBTQIA+ people in our association, the profession, and society. (RC 16-22, amended)

#### **Honorary Members**

The House also recognized three champions of the profession with honorary membership in APTA. They are:

Kent Culley, an attorney who played an instrumental role in establishing and defending the physical therapy profession within legal and regulatory frameworks across the country.

**Conducting their business during the multiday event were chapter presidents, section and academy presidents, and component executives.**

Jesse Dean, an expert in biomechanical engineering and faculty member of the Medical University of South Carolina in the Division of Physical Therapy who has devoted his career to enhancing the knowledge of PTs.

Marc Goldstein, a passionate advocate for physical therapy education and research (and former APTA staff member) who was instrumental in the transition to postbaccalaureate education for PTs and the recognition of physical therapy as an important area of research.

#### **Elections**

The in-person sessions of the House concluded work that began in July, when the House elected the association's national leadership and Nominating Committee, for terms beginning in 2023. (Visit [apta.org](http://apta.org) and search "2022 election results" for the names of those elected.)

# LOCAL IMPACT



## Support for Local Initiatives

As part of APTA's commitment to making a positive impact on the needs of vulnerable health populations in the host locations of its national events, APTA supported two local charities, Together We Bake and A Wider Circle.

**Together We Bake:** Attendee gifts at registration and the Honors & Awards Ceremony benefited Together We Bake, which provides development for underserved women in Alexandria, Virginia. Learn more at [togetherwebake.org](http://togetherwebake.org).

**A Wider Circle:** APTA collected and donated book bags stuffed with school supplies in support of A Wider Circle, which seeks to end poverty through programs in Washington, D.C., and Silver Spring, Maryland. Learn more at [awidercircle.org](http://awidercircle.org).

APTA showed off its public plaza for the inaugural National Landing APTA 5K Run/Walk/Move event. The timed race, powered by local running company Pacers, attracted APTA members, local residents (including a school track team using the race to practice for an upcoming meet), APTA staff, and others. The athletic wear company Brooks was the lead sponsor and conducted free running shoe clinics for participants; HPSO and Select Medical were supporting sponsors.



# Will Our Voice Be Heard?

Congress can pass legislation before the end of the year to benefit our patients and clinics. Will you help the profession stop Medicare cuts, reduce prior authorization, and make telehealth permanent?

The Physical Therapy Political Action Committee helps APTA staff and members build champions in Congress for policies that advance the physical therapy profession. Your support for PTPAC is needed now more than ever.

**Please donate to PTPAC to help our efforts  
in Congress and on Election Day.**

**Make a personal contribution:**

Text PTPACONLINE to 41444

**Make a business contribution:**

Text PTPACONLINECORP to 41444

Contributions to PTPAC are not tax deductible as charitable contributions. Contributions are voluntary. The amount given by the contributor, or the refusal to give, will not benefit or disadvantage the person being solicited. Only APTA members can contribute.

**For more information visit [PTPAC.org](http://PTPAC.org)**



# Established and Up-and-Coming Leaders in the Profession

It's fitting that the APTA Honors & Awards Ceremony now recognizes recipients during the APTA Leadership Congress. (See "APTA Leadership Congress Debuts With Collaboration and Foresight" on Page 38 for coverage of the inaugural event.) Leadership is a key trait of all awardees but is particularly evident in those named as Catherine Worthingham Fellows of the American Physical Therapy Association, APTA Emerging Leaders, and APTA Outstanding Students.

Catherine Worthingham Fellows are seasoned professionals who have made exceptional efforts to advance physical therapy through leadership, influence, and achievement. (Fellows are identified with the designation "FAPTA" after their names.) Emerging Leaders are comparative newcomers — those with five to 10 years of experience — who have been nominated by an APTA component as rising stars. And the two Outstanding Students are recognized for their potential to be a force in the profession.

Here are the recipients of these three important awards.



**Laurence N. Benz, PT, DPT, FAPTA**  
Louisville, Ky.  
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy



**Joseph J. Godges, PT, DPT, MA, FAPTA**  
Santa Barbara, Calif.  
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy



**Mary C. Sinnott, PT, DPT, Med, FAPTA**  
Lansdowne, Pa.

# Worthingham Fellows of APTA



**John A. Buford, PT,  
PhD, FAPTA**  
Columbus, Ohio



**Todd S. Ellenbecker, PT,  
DPT, MS, FAPTA**  
Scottsdale, Ariz.  
Board-Certified Clinical  
Specialist in Orthopaedic  
Physical Therapy



**Pauline W. Flesch, PT,  
MPS, FAPTA**  
Carmel, Ind.



**Jennifer A. Furze, PT,  
DPT, FAPTA**  
Papillion, Neb.  
Board-Certified Clinical  
Specialist in Pediatric  
Physical Therapy



**Michael Harris-Love, PT,  
MPT, DSc, FAPTA**  
Aurora, Colo.



**T. George Hornby, PT,  
PhD, FAPTA**  
Carmel, Ind.



**Venita Lovelace-  
Chandler, PT, PhD, MA,  
FAPTA**  
Garland, Texas  
Board-Certified Clinical  
Specialist in Pediatric  
Physical Therapy, Emeritus



**Patricia J. Ohtake, PT,  
PhD, FAPTA**  
Williamsville, N.Y.



**Brig. Gen. Deydre S.  
Teyhen, PT, DPT, PhD,  
FAPTA**  
Silver Spring, Md.



**LaDora V. Thompson, PT,  
PhD, FAPTA**  
Boston, Mass.



**Philip Paul Tygiel, PT,  
FAPTA**  
Tucson, Ariz.



**Lisa VanHoose, PT,  
MSPT, PhD, MPH, FAPTA**  
Monroe, La.  
Board-Certified Clinical  
Specialist in Oncologic  
Physical Therapy

# 2022 APTA Emerging Leaders

(Nominating component is identified under each name.)



**Patrick Berner, PT, DPT, RDN**  
APTA South Carolina  
Taylors, S.C.



**Lauren Bilski, PT, DPT**  
APTA Washington  
Seattle, Wash.  
Board-Certified Clinical  
Specialist in Neurologic  
Physical Therapy



**Nicole Biltz, PT, DPT**  
Academy of Neurologic  
Physical Therapy  
Corvallis, Ore.  
Board-Certified Clinical  
Specialist in Neurologic  
Physical Therapy



**Kayla Black, PT, DPT**  
APTA Arizona  
Chandler, Ariz.  
Board-Certified Clinical  
Specialist in Cardiovascular  
and Pulmonary Physical  
Therapy



**Caroline Lewis Brunst, PT, DPT**  
American Academy of  
Sports Physical Therapy  
Dublin, Ohio  
Board-Certified Clinical  
Specialist in Sports Physical  
Therapy and Orthopaedic  
Physical Therapy



**Amy Compston, PT, DPT, CRT**  
APTA Oncology  
Worthington, Ohio



**Maegen Brady DeLeo, PT, DPT**  
APTA Massachusetts  
Somerville, Mass.  
Board-Certified Clinical  
Specialist in Orthopaedic  
Physical Therapy



**Brianna DeWitt, PT, DPT**  
APTA Hawaii  
Honolulu, Hawaii



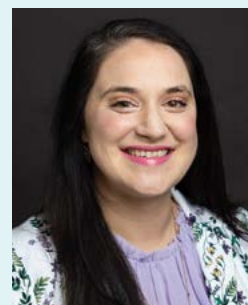
**Emily Finn, PT, DPT**  
APTA Pelvic Health  
Gahanna, Ohio  
Board-Certified Clinical  
Specialist in Women's Health  
Physical Therapy



**Crystal J. Gluch, PT, DPT**  
APTA Michigan  
Ypsilanti, Mich.  
Board-Certified Clinical Specialist  
in Cardiovascular and Pulmonary  
Physical Therapy



**Brigid Griffin, PT, DPT**  
APTA Academy of Pediatric  
Physical Therapy  
Cincinnati, Ohio



**Leesa Brady Henderson, PT, DPT**  
APTA Acute Care  
Beale Air Force Base, Calif.

## What Does It Take to Be a Fellow, Emerging Leader, or Outstanding Student?

Criteria for each award is different, but recipients of all three show characteristics of leadership and commitment to advancing the profession of physical therapy.

### Catherine Worthingham Fellows

Being named a Catherine Worthingham Fellow of the American Physical Therapy Association – with the distinction of the abbreviation “FAPTA” as a designation after a fellow’s name – is the association’s highest membership category. It acknowledges awardees who have made exceptional efforts to advance the profession through leadership, influence, and recognized achievement in a primary domain of either advocacy, education, practice, or research over the past 15 years or longer.

Nominations for the 2023 cohort of Catherine Worthingham Fellows are open until Dec. 1, so if you know of a deserving candidate, don’t delay in preparing a submission. For more information on criteria and the nomination process, go to the APTA Honors & Awards Program webpage or contact [honorsandawards@apta.org](mailto:honorsandawards@apta.org).

### APTA Emerging Leaders

Awardees in the APTA Emerging Leaders Program are PTs or PTAs who have “demonstrated exceptional service” in their first five to 10 years after graduation. These individuals – nominated by their chapter or section/academy – have a record of accomplishment and contributions to the profession, their component, and the association. Each component can nominate one PT and one PTA for the award.

For more information about the award, see the APTA Board of Directors policy “Emerging Leader Award” under “Awards” on the APTA Policies and Bylaws webpage. Information for component presidents or component awards committee chairs, who are responsible for submitting nominations, will be posted in the Component Leaders Community on the APTA Hub.

Nominations are due May 15 every year, and recipients are recognized in the fall.

### APTA Outstanding Students

One PT student and one PTA student are selected annually for the APTA Outstanding Student Award. Candidates demonstrate exceptional overall accomplishments and contributions to APTA and the physical therapy profession. Any APTA member may nominate a candidate; students even are encouraged to nominate themselves.

Nominations for the 2023 APTA Outstanding Student Award are open until Dec. 1, so if you know of a deserving candidate, don’t delay in preparing a submission. For more information on criteria and the nomination process, go to the APTA Honors & Awards Program webpage or contact [students@apta.org](mailto:students@apta.org).



Catherine Worthingham, PT, PhD, FAPTA, was the association’s president from 1940 to 1944 and, in 1982, the award’s first recipient. Worthingham was a change agent who was effective, respectful, and honest, and motivated others to make an impact within the physical therapy profession. She was also a visionary who demonstrated leadership across the domains of advocacy, education, practice, and research.

# 2022 APTA Emerging Leaders



**Allison Hodgson, PT**  
APTA Wisconsin  
Sun Prairie, Wis.



**Michelle Jamin, PT, DPT**  
APTA Federal  
Bel Air, Md.



**Morgan Lee Kelly, PT, DPT**  
APTA New Mexico  
Farmington, N.M.



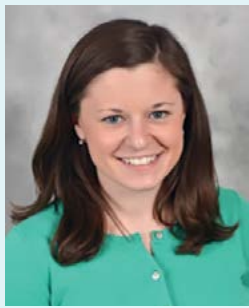
**Sarah Klein, PT, DPT, ATC**  
APTA Alabama  
Opelika, Ala.



**Daniel Larson, PT, DPT, ATC**  
APTA Kansas  
Lawrence, Kan.  
Board-Certified Clinical  
Specialist in Sports Physical  
Therapy



**Joshua H. Lewis, PT, DPT**  
Florida Physical Therapy  
Association  
Naples, Fla.  
Board-Certified Clinical  
Specialist in Orthopaedic  
Physical Therapy



**Maureen A. Mancuso, PT, DPT**  
APTA New York  
Clay, N.Y.  
Board-Certified Clinical  
Specialist in Geriatric  
Physical Therapy



**Claire McCann, PT, DPT**  
APTA Pennsylvania  
Chester Springs, Pa.



**Richard Michael Morgan, PT, DPT**  
APTA North Dakota  
Thompson, N.D.  
Board-Certified Clinical  
Specialist in Orthopaedic  
Physical Therapy



**Thomas Mork, PT, DPT**  
APTA Tennessee  
Franklin, Tenn.  
Board-Certified Clinical  
Specialist in Orthopaedic  
Physical Therapy



**Elizabeth Nixon, PT, DPT**  
APTA North Carolina  
Durham, N.C.  
Board-Certified Clinical Specialist  
in Geriatric Physical Therapy and  
Neurologic Physical Therapy



**Ashley Parish, PT, DPT, CRT**  
Academy of Cardiovascular &  
Pulmonary Physical Therapy  
Warrior, Ala.  
Board-Certified Clinical Specialist  
in Cardiovascular and Pulmonary  
Physical Therapy

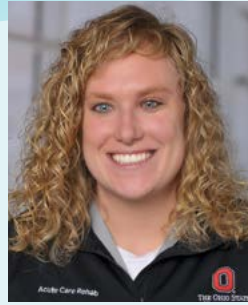




**Lana Prokop PT, DPT**  
 APTA Minnesota  
 Saint Paul, Minn.  
 Board-Certified Clinical  
 Specialist in Orthopaedic  
 Physical Therapy



**Cynthia Rauert PT, DPT**  
 APTA Colorado  
 Aurora, Colo.



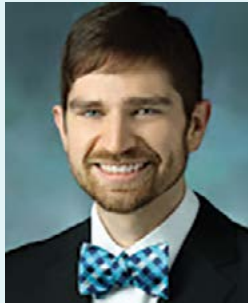
**Lindsay Riggs, PT, DPT**  
 Ohio Physical Therapy  
 Association  
 Columbus, Ohio  
 Board-Certified Clinical  
 Specialist in Oncologic  
 Physical Therapy



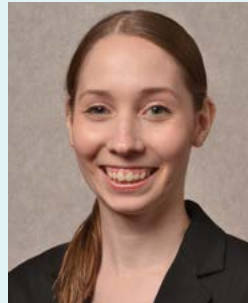
**Valerie Rucker-Bussie,  
 DPT**  
 APTA District of Columbia  
 Washington, D.C.  
 Board-Certified Clinical  
 Specialist in Neurologic  
 Physical Therapy



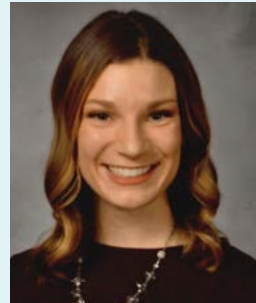
**Kristen Strawhacker  
 Bonzer, PT, DPT, ATC**  
 APTA Iowa  
 Des Moines, Iowa



**Weston Vik, PT, DPT**  
 APTA Idaho  
 Post Falls, Idaho  
 Board-Certified Clinical  
 Specialist in Orthopaedic  
 Physical Therapy



**Cara N. Whalen Smith,  
 PT, DPT, MPH**  
 APTA Academy of  
 Leadership and Innovation  
 Batavia, Ohio



**Mackenzie Wilson, PT,  
 DPT**  
 APTA Indiana  
 New Albany, Ind.  
 Board-Certified Clinical  
 Specialist in Neurologic  
 Physical Therapy

## 2022 APTA Outstanding Students



**A Erwin, PTA**  
 Community College of Rhode  
 Island  
 West Warwick, R.I.



**Madison Henry, PT,  
 DPT**  
 University of Kansas  
 Medical Center  
 Kansas City, Mo.

# Health Care Headlines

We've compiled highlights of APTA articles for a recap of reports on the physical therapy profession.



Find the full text of these stories and more at [apta.org/news](https://apta.org/news)

## Final FY 2023 IRF Rule: Payment Increase Grows to 3.2% and Postpones Data Collection

The U.S. Centers for Medicare & Medicaid Services issued a final rule for Medicare payment to inpatient rehabilitation facilities that bumps payment from a proposed 2% increase to 3.2% and delays implementation of a requirement that those facilities fill out the IRF Patient Assessment Instrument on all patients, regardless of payer. APTA and other organizations successfully argued that IRFs needed more time to prepare to comply with the potentially onerous reporting mandate, which will be put off until at least FY 2024. The rule took effect Oct. 1, and includes a cap on wage index adjustments, limiting the amount a wage index can drop in a given fiscal year to no more than 5%. APTA and other groups advocated for the limits as a way to reduce volatility and help IRFs better plan operations.

## Final FY 2023 SNF Rule: An Advocacy Win Brightens the Payment Picture

Thanks in part to advocacy by APTA staff and members, a potentially bleak payment picture for skilled nursing facilities now looks better, turning a proposed 0.7% payment decrease into a projected payment increase of 2.7%, or about \$904 million, in a rule for payment of SNFs under Medicare that took effect Oct. 1.

The regulatory win is accompanied by other positive changes that include limits on wage index decreases for SNFs, which could bring more predictability and stability to individual facilities' payment expectations from fiscal year to fiscal year. The U.S. Centers for Medicare & Medicaid Services was poised to implement a 4.6% "parity adjustment" in FY 2023 that, while partially offset by a 3.6% market basket increase, would've resulted in an overall 0.7% decrease in payment. In the final rule, however, CMS adopted the recommendations of APTA and other organizations and will phase in the parity adjustment. The final rule implements a 2.3% cut in FY 2023 and another 2.3% in FY 2024, while increasing the market basket adjustment to 5.1% from the 3.9% bump originally proposed. Bottom line: Payment is expected to rise by 2.7% in FY 2023.





## Updated VTE Guidelines Expand Recommendations and Add UE Information

An updated guideline on venous thromboembolism, or VTE, gives physical therapists even more refined guidance on how to prevent, screen for, and treat the condition – including new action statements relating to upper extremity deep vein thrombosis.

The revised guideline, shaped in part by a survey that asked PTs what guidance they needed on VTE, points clinicians to specific tools and measures they can use in their practice. More than half of the 19 key action statements were carried over from the first guideline, but eight are new, and one – related to mechanical compression – was downgraded based on new research. New guidance includes insight on UE DVT, pulmonary embolism, reevaluation, information-gathering, and more.

The original CPG used literature published between 2003 and 2014. This update incorporates 24 English-language articles published from January 2015 to February 2021 and emphasizes other CPGs, systematic reviews, meta-analyses, and randomized controlled trials. Each action statement includes a grade of recommendation based on the research. The updated CPG was published in APTA's scientific journal, *PTJ: Physical Therapy & Rehabilitation*.

## Regular Physical Activity Linked to Lower Risk of Adverse COVID-19 Outcomes

Researchers looking into the relationship between physical activity and COVID-19 have found that physically active individuals had lower risk for adverse outcomes from severe COVID-19 compared with inactive individuals, with those who achieve 150 minutes per week of moderate-intensity PA or 75 minutes per week of high-intensity PA seeing the greatest benefit.

The systematic review and meta-analysis of 16 studies included more than 1.87 million adult participants. The authors found that, compared with their inactive peers, physically active adults had 11% lower risk of COVID-19 infection, 34% lower risk of severe illness (including intensive care unit admission or ventilation use), 36% lower risk of hospitalization, and 43% lower risk of death. The greatest benefit was found for people who achieve 500 metabolic equivalent of task minutes per week of PA, equivalent to 150 minutes of moderate-intensity PA or 75 minutes of high-intensity exercise. For both severe illness and COVID-19-related death, this is the point at which the dose-response curve begins to flatten. The study was published in the *British Journal of Sports Medicine*.

# APTA Leading The Way

Here are a few recent examples of the association's efforts on behalf of its membership, the profession, and society.



## A New Study Co-Sponsored by APTA Bolsters the Case for SMART Act

Lifting burdensome restrictions on PTA and occupational therapy assistant supervision in outpatient settings could save Medicare as much as \$242 million over 10 years, according to a new study commissioned by a coalition of provider groups including APTA.

That simple change, included in bipartisan legislation focused on the PTA and OTA pay differential, could in turn help offset the costs of improving access to therapy services for Medicare beneficiaries in rural and underserved areas. The study looked at the potential financial impact of the Stabilizing Medicare Access to Rehabilitation and Therapy Act, or SMART Act (H.R. 5536), introduced in the U.S. House of Representatives by Rep. Bobby Rush, D-Ill., and Rep. Jason Smith, R-Mo.

The bill aims to exempt rural or underserved areas from a 15% Medicare payment cut when services are provided by a PTA or OTA. While the study finds that the SMART Act's exemption could cost Medicare between \$741 million and \$1.58 billion over 10 years, that cost could be partially offset by another feature of the legislation: shifting PTA and OTA supervision requirements in outpatient settings from "direct" to "general" supervision. According to the report, moving to general supervision in outpatient settings could result in estimated savings between \$168 million and \$242 million over 10 years, as outpatient clinics increase access to PTAs and OTAs.

The change also would bring the outpatient practice supervision of PTAs and OTAs in line with all other Medicare settings that provide therapy services. The study was conducted by Dobson DaVanzo & Associates, an independent nonpartisan research firm commissioned by APTA, APTA Private Practice, the American Health Care Association, American Occupational Therapy Association, Alliance for Physical Therapy Quality and Innovation, National Association of Rehabilitation Providers and Agencies, and National Association for the Support of Long Term Care.

## APTA-Backed Legislation Would Help Offset Fee Schedule Pay Cuts

APTA's efforts to avoid proposed cuts to Medicare payment in 2023 received a boost in September when Congress introduced the Supporting Medicare Providers Act of 2022 (H.R. 8800) in the U.S. House of Representatives. The bill would add funding to the Medicare Physician Fee Schedule's proposed conversion factor, theoretically returning the factor to its current level and, in turn, mitigate expected cuts to payment for physical therapist services.

The legislation also contains language that acknowledges the need to ensure the financial stability and predictability of Medicare payment, reward value-based care, safeguard timely access to high-quality care, and reduce disparities.

APTA government and regulatory affairs staff are monitoring the progress of both the proposed fee schedule and the funding bill, which as of this issue's publication date were pending.



Find the full text of these stories and more at [apta.org/news](https://apta.org/news)

### Digital Health Companies Respond to APTA Efforts for Consumer Transparency

APTA has launched a Digital Health Transparency Campaign aimed at bringing together leaders in the profession and in digital health care to voice a shared commitment to transparency. Fundamental to that commitment is agreement to a pledge that digital physical therapy must be “performed or directed only by licensed physical therapists in accordance with all regulations and APTA’s Standards of Practice for Physical Therapy.”

As of this writing in early September, nine digital health care companies have signed on to the pledge: Everflex Health, Hinge Health, Limber Health, Omada

Health, Inc., OneStep Physical Therapy, Recovery-One, Second Door Health, SWORD Health, and Vori Health.

The pledge includes acknowledgement that “physical therapist examination, evaluation, diagnosis, development of a management plan, and intervention shall be represented and reimbursed as ‘physical therapy’ only when performed by a physical therapist or when selected interventions are performed by a physical therapist assistant under the direction and supervision of a physical therapist.” APTA is reaching out to more companies to join the campaign.

## Join us at APTA CSM for the PT Fund Celebration of Diversity!

Thursday, Feb. 23, 7-10 p.m.  
The legendary USS Midway in San Diego

Enjoy an unforgettable evening under the stars while supporting the Minority Scholarship Fund, which provides scholarships for underrepresented communities.

Guests will be able to explore a dedicated exhibit and access the hangar deck and flight deck.

Purchase your ticket at [apta.org/celebration-of-diversity](https://apta.org/celebration-of-diversity).





He wanted to walk his daughter down the aisle.

Physical therapy made it possible.

Happy National Physical Therapy Month to physical therapists and physical therapist assistants nationwide. Thanks for being there for the moments that move us.

Learn how PTs and PTAs can help you at [ChoosePT.com](http://ChoosePT.com).



## Spreading the News: APTA Thanks the Profession in New York Times Ads

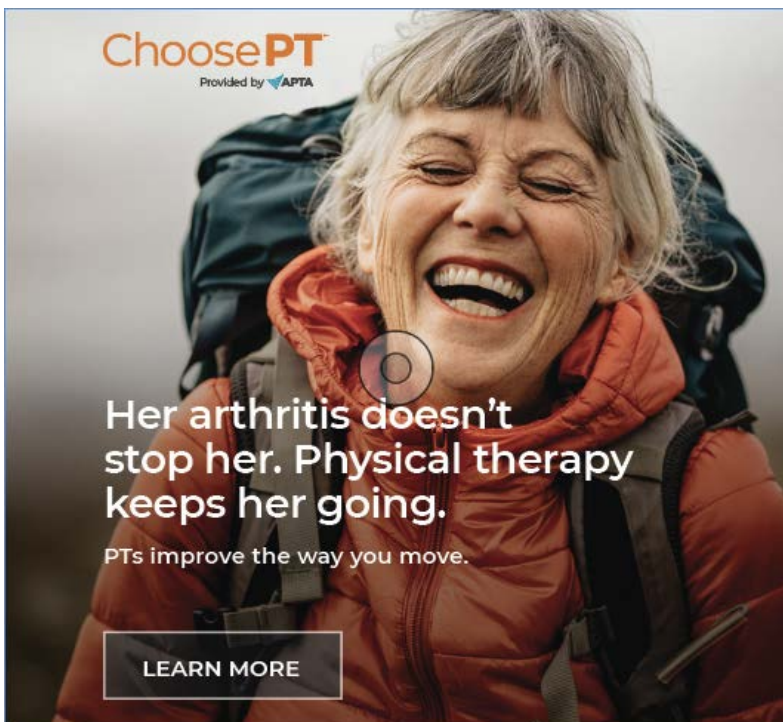
It's been a long road for APTA members since the coronavirus pandemic emerged, and for this year's National Physical Therapy Month in October, APTA showed its gratitude for PTs and PTAs in a big way — as in “full-page-full-color-New-York-Times-ad” big.

The Times published a series of three full-page advertisements from APTA thanking PTs and PTAs across the country for the work that they do. Each full-color ad featured an image of a patient, with a simple statement of how physical therapy helped them reach their movement goals, and the tagline “Thanks for being there for the moments that move us.”

In addition to the print ads, the Times ran targeted digital ads for two-and-a-half weeks starting in mid-October.

The ads included a call to action for readers to visit [ChoosePT.com](http://ChoosePT.com), our consumer website and home to the Find a PT directory. The ad collection is available for downloading, printing, and sharing in clinics, offices, classrooms, and wherever else members want to highlight the transformative work of the profession. Go to [apta.org/nptm](http://apta.org/nptm) for a link to the collection.

Celebration of the 30th annual National Physical Therapy Month, supported by APTA member benefit provider HPSO, wasn't limited to the Times ads: PTs, PTAs, and students around the country celebrated with various events in their workplaces and communities. APTA provided graphics, handouts, postcards, signs, and merchandise available on the association's National Physical Therapy Month toolkit page at [ChoosePT.com](http://ChoosePT.com).



Her arthritis doesn't stop her. Physical therapy keeps her going.

PTs improve the way you move.

LEARN MORE

# Student Focus

Students are frequent contributors to and participants in APTA blog posts, podcasts, online live events, and other experiences, and student-focused content often holds interest for everyone in the profession. In this issue, Anna Dudin, SPT, BS, a third-year DPT student at High Point University, writes about her takeaways from the APTA Leadership Congress.



## Taking Responsibility to Bring About Change

Some of the most active participants in advocacy efforts for the future of the physical therapy profession are students, who have a vested interest in the state of the profession. Student voices are not always heard but often have valuable insights.

During the two-day student program that took place during the APTA Leadership Congress in August, I heard how some of the brightest and most promising PT students are making strides in their advocacy efforts to bring about positive change to the future of the profession. These students had great ideas and strategies to address some of the current issues

facing the profession. For example, one brainstorming session led to strategies targeting disparities that people who come from low socioeconomic backgrounds face when trying to access physical therapy or when students from minority populations are trying to enter the profession.

In another session I had an opportunity to learn how policies are introduced and adopted by the APTA House of Delegates and how I can be involved in the decision-making process. However, the most impactful highlight for me personally was learning how to maximize the advocacy efforts by

mastering the art of speaking to legislators effectively. I learned what key elements to include when presenting a case to a legislator to achieve a desired outcome. Even if I had not learned anything else, being in that environment alone, surrounded by other successful students and leaders, opened my mind to the possibility of my personal involvement that I never thought was possible and raised the bar for my own expectations of myself.

I learned that the profession, future and present clinicians, and patients benefit from passionate students and individuals who take the responsibility in bringing about change. It's easy to complain about how nothing changes in our profession, but it takes courage to stand up and do something about it. It does not take any special person but someone willing to step out of their comfort zone, take a small step forward, and contribute to bring about a change. The question is not "What if none of it works or matters?" but "What if it works; what if my idea or contribution does something?" It may be uncomfortable and

inconvenient in the moment but consider what lasting effect your involvement might have. The possibilities are endless if we only choose to look for them.

Students are in a particularly good position to effect change, as APTA and legislators want to hear from us because we often bring fresh perspectives. Sometimes, it requires being in the right place and time to be heard, so it is important to get involved for our voices to be heard.

This inspiring experience has motivated me to seek leadership development and participation in advocacy efforts. If you want to get involved but don't know where to start, here are some tips: Try joining a student special interest group in your chapter, section, or academy. Check out APTA's Student Assembly. Participate in the annual APTA Flash Action Strategy. These activities are led by PT and PTA students who are enthusiastic to make a positive difference as leaders and advocates for the profession and the patients we serve.



## RENEWING YOUR MEMBERSHIP? DON'T FORGET TO CHECK THE BOX TO SHOW YOUR SUPPORT FOR THE FUTURE OF THE PROFESSION!



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# APTA Centennial Scholars Spotlight

APTA's Centennial Scholars Program supports our quest for a diverse and prepared leadership pool and is an investment in the sustainability of the association as it begins its next 100 years. In 2021, the scholars designed and completed capstone projects that address a need identified by their sponsor. APTA Magazine is spotlighting many of these capstone projects in our issues during 2022.



Monique Pineros, PT, DPT

Sponsor: APTA Health Systems Council

Mentor: Mary Jane Rapport, PT, DPT, PhD, FAPTA

## Membership Growth Within APTA and APTA's Health Systems Council

**Project description:** Educating current and future PTs and PTAs on the benefits and importance of membership and representation from our association, with involvement of the network of medical centers within the Veterans Health Administration, America's largest integrated health care system.

**Goal:** To increase APTA membership within health care systems across all 50 states, doubling the number of members. This includes expanding and diversifying the APTA Health Systems Council's influence and footprint within the association.

**Why did you choose this project?** As a practicing physical therapist for six years, I have seen the health care landscape change drastically. Advocating for our profession and having the support of members like myself has impacted the delivery of our care to our patients in beneficial ways. This project opened my eyes to the consistent work and efforts that go into becoming a powerful change agent within our current health care system. That change begins with each one of us.

**What will success look like in two to five years?** The majority of U.S. health care systems, both federal and private, will be represented in the APTA Health Systems Council. APTA membership will increase as future scholars collaborate with their respective state health systems to recruit and spread the word by means of community events and promote the value of APTA membership, thus increasing the total number of APTA members.

**What's one thing you've learned from the experience?** After participating in our monthly leadership meetings via Zoom, working alongside the APTA Health Systems Council Steering Committee and with my mentor, and finally having the opportunity to meet my fellow scholars in person and attend panel discussions at Washington, D.C., I learned that becoming a leader is very experiential. Not everything has to succeed, and failures become rich learning experiences to new ideas and approaches.

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Truly a game-changer in treating my complex pelvic health patients, both in giving them (often) immediate changes in their physical discomfort, but mentally and emotionally impacting their care and giving them hope for the future.

HAYLEY HUNTSMAN, DPT | ALPINE, UT



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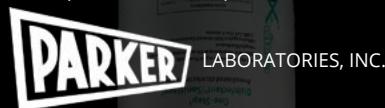
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# Things to Think About

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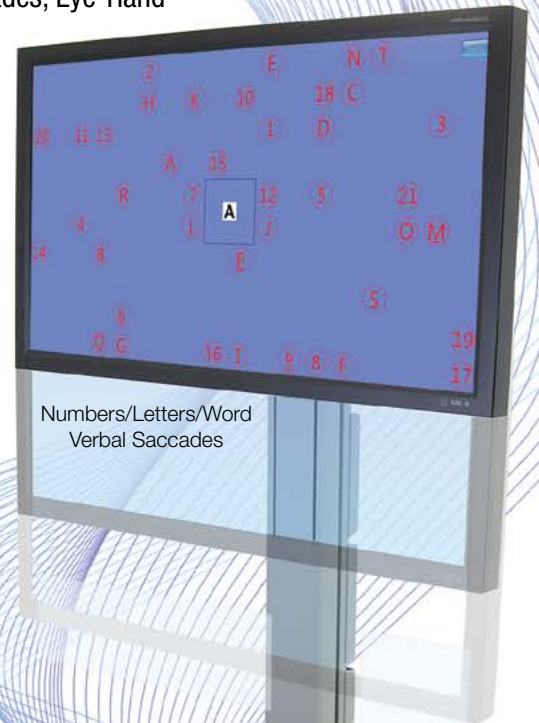
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