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October 2021 / Vol. 13 No. 9

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“Treating ACL tears may be ‘sexy,’ and managing high-level patients receiving workers’ compensation so they can return to work is meaningful, but those in hospice and palliative care have needs and wants like every other patient.”

Rob Pace, PT, MSPT, in “PTs in Hospice and Palliative Care,” on Page 38.

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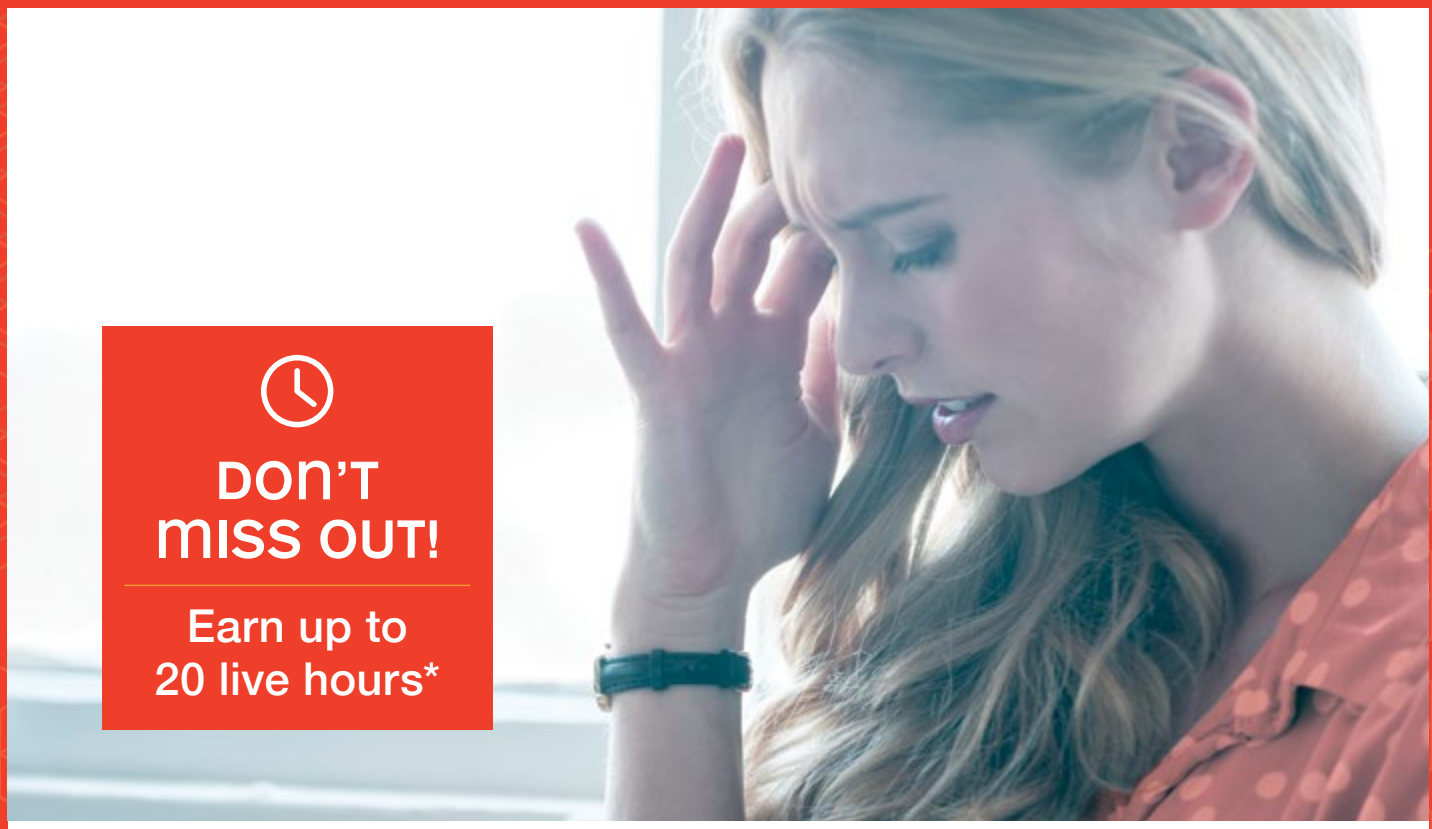

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Opinion

The Power of Human Connection: An ICU Recovery Clinic Perspective

It was during a 12-week clinical rotation in the intensive care unit that I first encountered patients with critical illness. Those early student experiences made me forget my initial desire to work in sports physical therapy.

My unexpected and circuitous path has yielded many serendipitous opportunities. Working in the ICU Recovery Clinic at the University of Kentucky has permitted me to treat and develop meaningful relationships with patients recovering from critical illness, and it has taught me a lot about life with and after such an illness. I am forever grateful to the survivors who have allowed me to play a small role in their recovery. This perspective is dedicated to the survivors, the ones still in recovery, those we have lost, and their family members.

The ICU Recovery Clinic was created in 2012 by a physician with local roots, Ashley Montgomery-Yates, MD, who identified a dire need for treatment of ICU survivors in our region. Fast forward a few years, and the clinic had blossomed into a place with a transdisciplinary focus — including providers from pharmacy, nursing, respiratory therapy, pulmonology, and critical care, as well as the patient and family members, in the plan of care. Our team didn't know it at the time, but our experience in the clinic was preparing us for an unimaginable storm.

On March 26, 2020, we assessed and treated our first patient surviving severe COVID-19 who had required mechanical ventilation in the ICU.

Since that day, we have continued to care for more than 100 individuals recovering from some of the worst cases of COVID-19 in Kentucky and surrounding states. Treatments come in all forms, including in-person visits, telehealth, and phone follow-ups.

As the physical therapist on the team, my role is to assess physical impairments and develop integrated treatment plans to promote recovery and quality of life. My assessments follow the COVID-19 Core Outcome Measures developed by APTA's Cross-Academy/Section COVID-19 Core Outcome Measure Task Force. They also include a few personal favorites: the dual-task Timed-Up and Go Test and Six-Minute Walk Test.

To optimize care delivery for patients living outside our driving radius, I am a liaison with the rehabilitation specialists in communities throughout our region. In addition, I frequently champion the performance of self-reported outcome measures for emotional health and quality of life. I also communicate with the transdisciplinary team about our patients' physical function and ability to return to driving and work.

While I'm grateful for the opportunity to help these patients and their providers on the road to recovery, I'm even more grateful for what these patients have taught me along the way. The experience of surviving a critical illness can bring out some truly remarkable qualities in people — qualities I hope to embrace in my professional and personal life. I've witnessed levels of vulnerability, resilience, and generosity in these patients that leave me in awe. Here are some examples of what I'm talking about.

Vulnerability is the state of being exposed to physical or emotional harm. Critical illness of any origin is traumatic, and patients frequently experience anxiety, depression, and posttraumatic stress disorder. Psychological trauma is further exacerbated by the constant presence of COVID-19; patients cannot escape the constant reminders when they turn on the television or look at their phone, and each mention triggers memories of the ICU.

One patient, an armed services veteran, told us that his time in the ICU was more traumatic than his years of combat. Other survivors have told us about the psychological effects of COVID-19. For example, a patient who required prolonged mechanical ventilation shared a frightening

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story about distorted perceptions of reality. During her time in the ICU, she believed she was kidnapped, restrained, and kept in a freezer in an unfamiliar basement.

In a similar testimonial, another survivor shared that he believed the intermittent pneumatic compression devices on his legs, meant to prevent deep vein thrombosis, were a pack of rabid dogs trying to gnaw off his toes and shins.

All three stories are disconcerting, but even more disheartening is the persistent emotional distress that continues after discharge. Patients often report frequent nightmares, altered social roles, dependence on loved ones for care, and financial hardships, including lost wages due to an inability to work.

To be vulnerable and to trust our team enables a more profound connection. This connection breaks the traditional barriers of the patient-provider relationship. I find myself sharing tears at almost every clinic. Tears of sadness, tears of letting go of the past, tears of accepting a new normal, and tears of triumph.

Resilience refers to the ability to recover quickly from difficulties. But recovery is certainly multifactorial, and the adverb "quickly" is relative. Patients in our clinic have diverse trajectories of recovery. We have patients who are still struggling one year after their ICU admission. Regardless of their current stage of recovery, our patients demonstrate the resiliency to carry on, despite what may appear to be immovable obstacles.

For example, one patient reported a new outlook on life despite his post-COVID-19 physical and cognitive impairments. Prior to COVID-19, he was healthy and employed in a labor-intensive job. His diagnosis led to weeks in the ICU, requiring extra-corporeal membrane oxygenation. Six months after discharge from the ICU he still was unable to walk without an assistive device and bilateral AFOs due to significant polyneuropathy. What seemed to be the worst hand dealt was trumped by celebrating the small victories in recovery — like showering on his own and cherishing every moment spent with children and grandchildren.

It is these triumphs that help us build resilience. Our patients have inspired me to work harder, to be a better physical therapist, and to live life with purpose. They have taught me to cherish the ups and downs, and all the truly important things in life.

In treating patients recovering from severe COVID-19, I have never experienced more **generosity** from a group of human beings. They give back in so many ways, whether it's a small token of appreciation, a thank-you card to the ICU nurses, or a grand presentation in front of hundreds of attendees during a town hall meeting. They are generous to share their stories and frequently volunteer to help others who may be going through similar battles. Many also are participating in translational and clinical research. Their participation in research has been wide and varied, including basic science, donating biospecimens, and enrolling in large multisite national clinical trials.

Without their vulnerability, resilience, and generosity, I am not sure where we would be in this pandemic. Many patients are still suffering, and the uncertainty of COVID-19 continues to be concerning, but I have hope.

My role as a physical therapist in an ICU and COVID-19 recovery clinic is minuscule compared with the daily grind of ICU and COVID-19 survivorship. My role has opened my eyes to the power of physical therapy and, more important, the power of meaningful human relationships.

KIRBY P. MAYER, PT, DPT, PhD

(This originally appeared as "The Power of Human Connection: An ICU Recovery Clinic Perspective" on Aug. 4, 2021, as a perspective piece on apta.org.)

The PTA Differential Just Doesn't Add Up — Especially for Patients

The physical therapist assistant pay differential that CMS is preparing to apply in 2022 isn't just a matter of money. The policy also threatens patient access to care and how we provide that care, and it flies in the face of what we know to be true through our education to become PTs and PTAs.

For my practice in central Missouri, the proposed payment differential presents several challenges. The financial implications are obvious: At a time when practices are saddled with more administrative burden, struggling to recover from damage done by a pandemic, and facing further reductions in payment, CMS is devaluing one of our key strengths.

The fact is that the work of our PTAs is crucial to many practices' ability to weather the mounting challenges we face. Paying less for services provided by a PTA only widens the gap between the cost of doing business and what we are paid.

You don't have to look at practice patterns long to see that PTAs are a vital component of most outpatient physical therapy practices. As licensed health care providers, PTAs can implement the therapy plan of care as prescribed by the patient's primary therapist while providing a cost-effective staffing solution to practice owners.

You don't have to look at practice patterns long to see that PTAs are a vital component of most outpatient physical therapy practices.

And thanks to relatively affordable and accessible PTA education programs across the country, the employment pool for PTAs is larger than that of PTs in many areas, including where I live. That means we have a greater number of potential caregivers, skilled in and passionate about helping patients move better. That's good news for patient access — providing that access isn't decreased through harmful changes to payment.

The training and education we undergo to become PTs and PTAs teaches us that our care cannot be based on who's paying for the service. Our care must be based on patient need. And yet, payers — in this case Medicare, but rest assured commercial payers will follow suit — seem to be able to place values on care depending on their misperceptions of those providing the care. How does this make sense?

The business reality is this: Any payment differential for outpatient services naturally "encourages" management to assign patient care to the provider who will generate the higher revenue. The problem is that this approach comes at the expense of both the lower revenue-generating employee and the patient.

Very soon, a domino effect is created. If a PTA can't generate the same revenue as their supervising PT, their employer may have less work available for them or may eliminate their positions altogether. Patients in turn have fewer available appointments, and access to care is reduced. This problem is not easily overcome in rural areas like mine, where there are limited PTs looking for employment but a surplus of PTAs.

And the problems don't end with payment. CMS' discrepancies for PTA supervision by a PT creates an unfair obstacle for independent practice owners. In private practice, the supervising PT must be on-site during the delivery of care by a PTA, but in every other setting the supervision can be "general," or indirect. There is no difference in the care provided or the patients treated between these settings. There is only a difference in how the claims are billed, which is unrelated to the amount or type of supervision a PTA requires. This is just another requirement that limits a practice's ability to adequately staff a clinic and provide access to needed services.

These obstacles to delivery of services can only be overcome through advocacy aimed at CMS and Congress — and CMS and members of Congress will only know the problem exists when we communicate with them.

APTA is providing opportunities to make our voice heard to policymakers on this issue. It takes many voices to create the roar necessary to evoke change. It's time for us to create that roar — just imagine the thunder of the collective voice of each APTA member! When it comes to advocacy, we are #BetterTogether.

JENNIFER SCHNEIDERS, PT, DPT

(This originally appeared as "The PTA Differential Just Doesn't Add Up — Especially for Patients" on Aug. 4, 2021, as a perspective piece on apta.org.)

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Advancing Inclusion in the Classroom — and Beyond

How would you respond if someone suggested that you were a "biased" individual? Would you feel as though you were accused of being discriminatory? Perhaps of stereotyping?

After a class session last semester on thermal agent modalities, one of my first-year students, Nancy Ellis, SPT, (now in her second year of our physical therapy program) pointed out to me that all the photos in my morning lecture displayed examples of certain physical agents being used with subjects who had lighter skin.

I felt incredibly convicted by this suggestion. It had not been a malicious instructional act, but in reviewing my slides the unintended shortcoming was evident. Their visual content, influenced by my own bias, did not reflect the diverse patient populations we are called to serve.

Nancy made me aware of the deficiency not merely to bring it to my attention but as an opportunity for necessary change.

I went back to update the presentation in the hopes of addressing and correcting the situation for future classes. Like many faculty, rather than create original images for educational lectures, for speed and efficiency I elect to perform a basic internet search to identify suitable images that illustrate various techniques, assessments, or equipment. I gain permission if required and list the associated citation for any adopted material so that proper credit can be issued. I did the same for this slide presentation.

In searching for a suitable image of a paraffin bath, I was resolute to persevere until my search yielded an example of a patient who better represents the diversity of our population. By entering only "paraffin bath" in a standard search engine, I was appalled to realize that I had to comb through over 300 images before finding one distinct image that aligned with my targeted search criteria.

Why was this the case? And why should a physical therapy educator struggle this much to ensure that their materials were reflective of all patients we routinely serve in the clinic? Although I had to infuse greater intention and focused determination into my search, my motivation led me to accomplish my aim.

In careful reflection of this situation, I acknowledge that faculty, starting with me, can be more intentional in making small but necessary changes in academic physical therapy to overcome at least some of the bias they possess. If advanced, this process will empower students — who represent the future of our profession — from early stages of their training to recognize and embrace a greater calling to deliver equitable, inclusive care to every patient they will eventually encounter.

Having our actual population consistently reflected in our structured educational material reminds students that they will see patients and clients of diverse backgrounds, experiences, and identities when they are licensed providers, and reiterates the necessity of consistently equitable care.

Looking ahead, faculty should be charged to hold themselves accountable for strategically including classroom images that reflect an assortment of visual illustrations to create decisive points of emphasis and ensure that as many patient populations as possible are represented across the physical therapy curriculum. In fact, other visual materials need more careful consideration in terms of diversity: In labs, are supplies such as bandages, kinesiology tape, and wraps provided in various skin tones?

From my experience, it started with making a small but important commitment to assess my bias and create a well-defined plan to shape and address the shortcomings that were revealed through this investigative form of inventory.

To facilitate these efforts, other stakeholders and vendors also need to be conscientious. I hope that those who create materials that may be used for illustrative and demonstration purposes in teaching — not to mention in provision of services and outreach to health care consumers — produce them using a wider variety of populations so that when we seek appropriate materials they actually exist for us to find.

Ultimately, all members of our profession will benefit by our renewed commitment, and the comprehensive care delivered by our perceptive future colleagues will be notably transformative and holistic.

BRIAN J. WILKINSON, PT, DPT

(This originally appeared as "Advancing Inclusion in the Classroom — and Beyond" on Aug. 18, 2021, as a perspective piece on apta.org.)

APTA Asks ...

What is the biggest challenge — or opportunity — posed by the COVID-19 pandemic in the short and long term? How should the profession respond?

The COVID-19 pandemic gave us the wings of technology even in the most difficult times and proved that we are always bigger than our problems. If we put our skills and hearts to use for the welfare of others, nothing can stop us from healing minds, treating diseases, and saving lives.

AMRUTA BHADE, PTA, BSPT

The biggest challenge I have faced during the pandemic has been the lack of recognition and understanding of the skills and scope of physical therapist practice. In conversation with the U.S. Centers for Disease Control and Prevention after I had contracted COVID-19, it was clear that in all of the procedural planning, no one was looking at the differences in approach to care between nursing, physician, and physical therapist services. Infection prevention was focused on minimal patient contact to reduce the risk of exposure but did not consider that the PT would need to engage in hands-on care with patients. We need to refocus our outreach education efforts to include the role of physical therapy in critical care, wound care, emergency care, and cardiopulmonary care.

MEGAN MITCHELL, PT, DPT

What are you doing to promote diversity, equity, and inclusion, and to enhance cultural competence, in your clinic and in the profession?

As a part of the emergency management team, I have addressed the policies and procedures for disaster and mass casualty responses to include a more defined role for physical therapy, and to include specialty needs for those with mobility impairments who cannot walk through a decontamination shower and manage ADLs independently. I also reviewed the language of the policy to address LGBTQ needs for safe care.

MEGAN MITCHELL, PT, DPT

We focus on the individual. Our culture sets high expectations, understands the unique values everyone brings to the table, and then focuses to break down barriers of all sizes to give each individual the ability to succeed.

MATTHEW CALENDRILLO, PT

APTA encourages diverse voices. "APTA Asks ..." poses questions that all members are invited to address, and we'll publish selected answers. To participate, log in to the APTA Engage volunteer platform at engage.apta.org, find the APTA National — APTA Magazine Member Input opportunity, and click the Apply Today! button for a list of questions. Answer as many as you want. Responses may be edited for clarity, style, and space, and do not necessarily reflect the positions or opinions of APTA Magazine or the American Physical Therapy Association.

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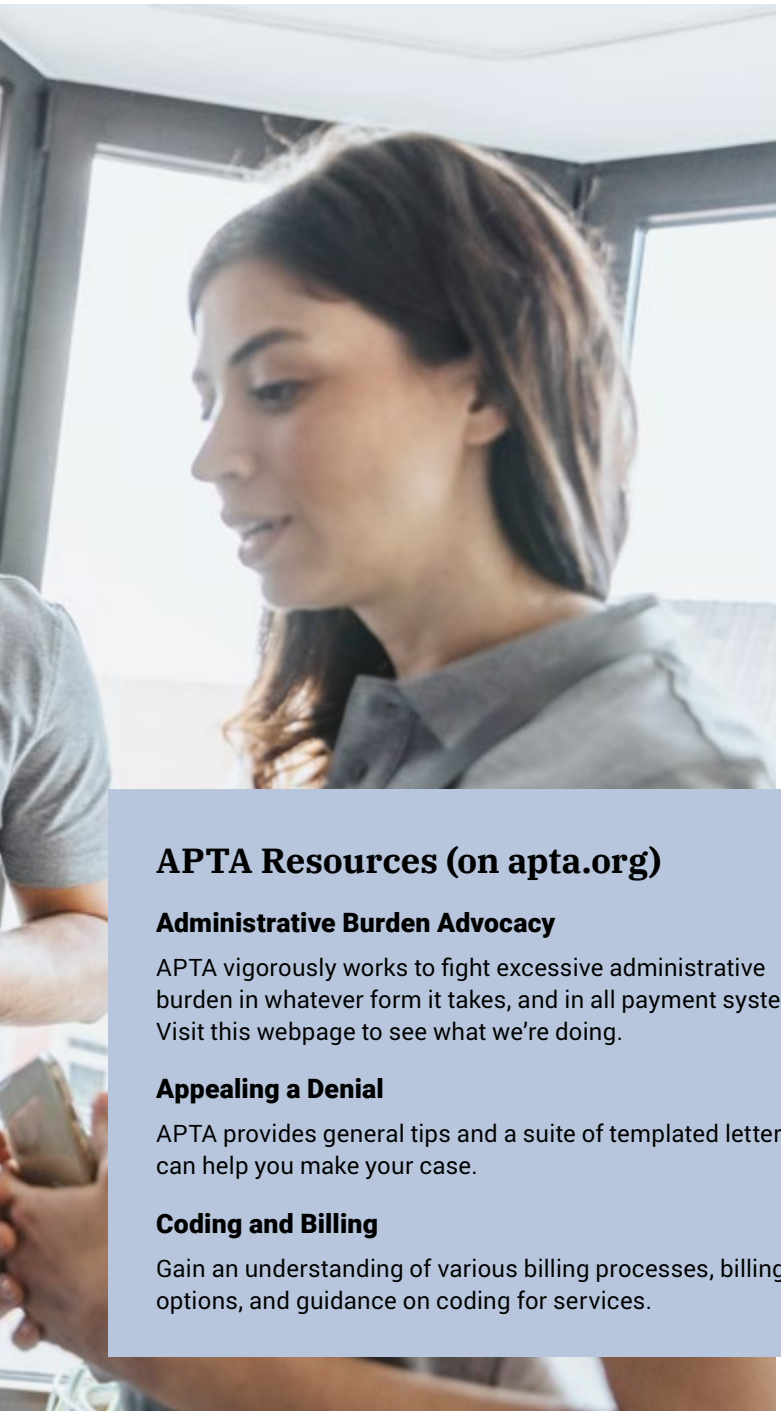
/ By Alice Bell, PT, DPT

Results of a recent APTA survey provide deeper insights.

Uncompensated Care: An Ongoing Challenge

Alice Bell, PT, DPT, is a senior payment specialist at APTA. She is a board-certified clinical specialist in geriatric physical therapy.



APTA Resources (on apta.org)

Administrative Burden Advocacy

APTA vigorously works to fight excessive administrative burden in whatever form it takes, and in all payment systems. Visit this webpage to see what we're doing.

Appealing a Denial

APTA provides general tips and a suite of templated letters that can help you make your case.

Coding and Billing

Gain an understanding of various billing processes, billing options, and guidance on coding for services.

The movement toward value-based care delivery and payment models presents opportunities for reducing administrative burden, but meanwhile providers face many challenges. One is the issue of uncompensated care, which involves activities not covered under the fee-for-service system. Because these activities are not direct patient care, and so aren't considered within the direct time-based model that characterizes fee-for-service, they generally aren't covered by payers. However, physical therapists and physical therapist assistants must engage in these activities because they are critical to the delivery of direct patient care, or they are imposed on providers by burdensome administrative payer policies.

This article summarizes the results of a recent APTA member survey on what constitutes uncompensated aspects of care, how this issue impacts you, and steps you can take to minimize its effects.

The survey results uncovered three categories of uncompensated care:

- Care coordination activities, such as participating in rounds and interprofessional meetings, collaborating with other care providers, formal and informal caregiver support, chart reviews, documentation, arranging for community support, and coordinating the order and delivery of durable medical equipment.
- Administrative requirements of payers, such as prior authorization, utilization management requirements, claim submission, claim denial appeals, and reconsideration.
- Provision of treatment deemed investigational by payers, considered bundled or duplicative, or restricted based on payer policy or edits.

While these necessary activities are rarely compensated by payers, they often can consume a significant amount of a physical therapist's time. Productivity standards often place PTs in unmanageable situations trying to accommodate the needs of patients and families with the

By the Numbers

80.2%

PTs who participate in any coordination-of-care activities for which they do not receive payment.

77.5%

PTs who indicated "lack of time" is a barrier to engaging in coordination-of-care activities.

51.2%

PTs who said "lack of payment" is a barrier.

79.4%

PTs who said these and other barriers negatively impact patient care.

On average, respondents to the APTA survey said they spend approximately 15% of their time in uncompensated activities.

demands of payers and regulations. This balancing act can hinder clinicians from providing optimal patient care and achieving the goals set by their employers.

On average, respondents to the APTA survey said they spend approximately 15% of their time in uncompensated activities. The practice setting or complexity of the patient population can have a significant impact on the time the clinician may engage in these activities. PTs often find themselves working without any breaks and still are challenged to meet daily productivity standards.

APTA is advocating to reduce administrative burden and achieve equitable payment for care provided by PTs and PTAs. APTA also engages in efforts to identify and promote alternative payment models that will more realistically reflect the entirety of care provided, rather than the fee-for-service model that is based on individual services and procedures.

While the issue of uncompensated care is one that we must address to ensure the ongoing viability of health care, you can take certain steps to address this challenge.

First, bill for all skilled care and pursue all opportunities for payment. In a very demanding care environment, you may provide care that you fail to capture in billing. This may be the result of undervaluing your care, and it is something over which we, as providers, have control.

Second, identify and resolve inefficiencies in your systems and workflows, and create policies to reduce demands on providers and leave more time for necessary care. For example, organization polices for documentation or billing often duplicate or add to professional or payer requirements. An organization's policy requiring a physician's order for care when it is not required by state practice act or payer policy places an undue burden on providers. Electronic documentation and billing systems may incorporate a workflow that is not consistent with provider practice, making these processes more cumbersome than necessary. You should periodically review your policies and systems to minimize duplication and redundancy.

Finally, appeal denials and attempt to recover payments. Although appeals and requests for reconsideration take time and resources, it is an important step to ensuring that you receive payment to which you're entitled for the care you provide.

About the APTA Uncompensated Care Survey

In 2020, the APTA House of Delegates charged the association with exploring "the scope and impact of uncompensated physical therapist services that are necessary to optimize movement to improve the human experience."

As per the House's direction, APTA staff developed a survey that was sent to 10,000 randomly selected APTA member physical therapists and physical therapist assistants. Survey results are based on a total of 1,112 responses; they will help to inform APTA advocacy efforts to reduce the amount and effects of uncompensated care in physical therapy.

Providers across the health care spectrum are facing these same challenges, and together we can promote change. APTA is engaged in collaborative efforts with the American Occupational Therapy Association, the American Speech-Language-Hearing Association, and the American Medical Association, including urging Congress to pass the Improving Seniors' Timely Access to Care Act (H.R. 3173).

APTA thanks those who participated in this important survey and the insight provided by respondents — information that is valuable to the association's ongoing advocacy efforts.

Mind Influencing Matter:

Physical Therapy's Role in Behavioral and Mental Health

Behavioral and mental health are part of a patient's overall wellness status. How do PTs and PTAs contribute? What can and should they be doing as a regular part of practice?

By Michele Wojciechowski

Andra DeVoght

Mary Lou Galantino

Yusra Iftikhar

Kerstin Palombaro

Sarah Wenger

Annette M. Willgens

Karena Wu

Timothy Benedict, PT, DPT, PhD, remembers a patient with chronic pain who was referred to him for pain neuroscience education. Benedict, in the U.S. Army and on faculty for the Baylor University-Keller Army Community Hospital Sports Physical Therapy Fellowship program at West Point, New York, recalls that the patient was both angry and frustrated that he was referred to someone to "talk" about his pain.

"His pain was real," Benedict says. The patient, who also had PTSD, became even more frustrated when presented with pain neuroscience education. Benedict let him vent and then asked him some questions:

> If what you believe about your pain is true — that your body is broken, that your tissues are not safe to load — then what hope do you have to get better when the prescribed physical therapy exercises are already painful?
>
> What if your tissues are safe to gradually begin exercising again?
>
> What activities do you value that you have been avoiding because you hurt?

The patient ended up choosing to pursue the activities he believed were most important. "As his beliefs about his body and pain changed, his mental health improved as well, and his post-traumatic stress disorder symptoms decreased," Benedict says. "Beliefs matter. We've got to give our patients hope."

"As his beliefs about his body and pain changed, his mental health improved as well, and his post-traumatic stress disorder symptoms decreased. Beliefs matter. We've got to give our patients hope."

— Timothy Benedict, PT, DPT, PhD

In the United States each year, 19% of adults experience mental illness, according to a survey published in 2018 by the Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. The same survey found that 4.5% of adults experience a serious mental illness, and one in six children (ages 6-17) experience a mental health disorder. In addition, approximately half of all Americans will be diagnosed with either a mental illness or disorder at some time in their lives, according to the Centers for Disease Control and Prevention.

Where do PTs, who work with the physical body, fit in?

PT's Scope of Practice

The APTA House of Delegates position Role of the Physical Therapist and the American Physical Therapy Association in Behavioral and Mental Health (HOD P06-20-40-10) states:

> The American Physical Therapy Association supports interprofessional collaboration at the organizational and individual levels to promote research, education, policy, and practice in behavioral and mental health to enhance the overall health and well-being of society consistent with APTA's vision.
>
> Physical, behavioral, and mental health are inseparably interconnected within overall health and well-being. It is within the professional scope of physical therapist practice to screen for and address behavioral and mental health conditions in patients, clients, and populations. This includes appropriate consultation, referral, or comanagement with licensed health services providers in the prevention and management of behavioral and mental health conditions.

The APTA Guide to Physical Therapist Practice also recognizes the role of physical therapists in mental health, with Mental Functions being one of the categories of tests and measures performed during a PT examination and evaluation. (Read more on the APTA Guide to PT Practice webpage at guide.apta.org.)

In addition, when determining scope of practice, Kerstin Palombaro, PT, PhD, associate professor of physical therapy at Widener University and a practitioner at Lotus Wellness and Physical Therapy, reminds PTs always to look at their state's practice act. For example, she says, her state's act specifies that physical therapy includes "the use of therapeutic exercises and rehabilitative procedures, including training in functional activities, with or without the utilization of assistive devices, for the purpose

of limiting or preventing disability and alleviating or correcting any physical or mental condition."

In an APTA podcast aired this spring, Hadiya Green-Guerrero, PT, DPT, explained that mental and behavioral health "further addresses a piece of the pie of health disparities. Because if you leave out the mental and behavioral aspect of your care for someone, you may interpret the progress a person is making, or lack thereof, based on things that are inaccurate or suppositions."

An APTA senior practice specialist and a board-certified clinical specialist in sports physical therapy, Green-Guerrero also said, "Being able to incorporate this in the holistic approach to a person's care gets at some of those things that fall in the buckets of social determinates of health or inequities in that person's life that actually may contribute to how they show up in the clinic."

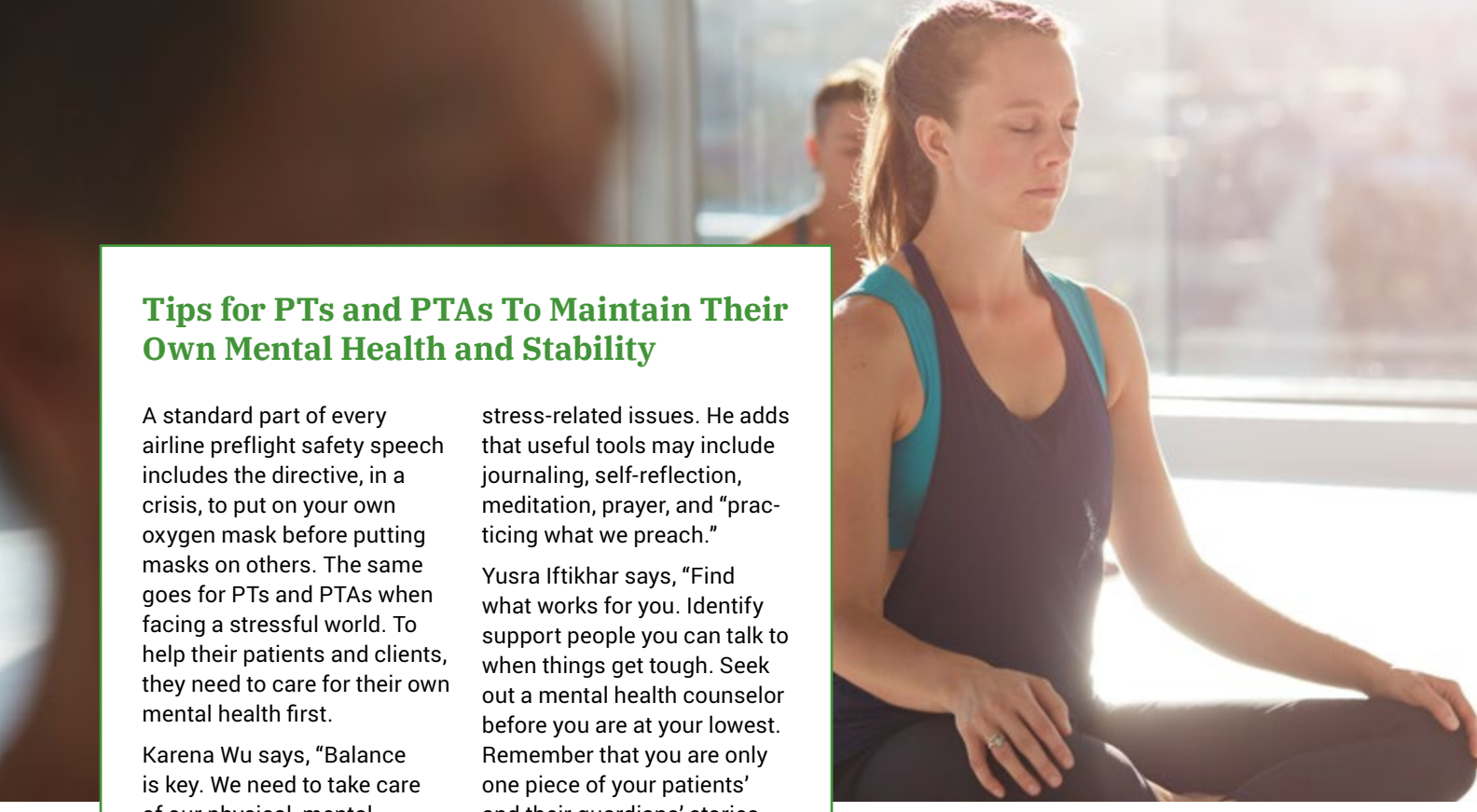
Andra DeVoght, PT, MPH, also on the APTA podcast, agreed and added, "The best way I've learned to navigate these complexities is through the lens of the stress response, and the stress response is well within our scope of practice as PTs." As a PT, yoga instructor, educator, and the owner of Insight Physio, a physical therapy practice near Seattle, DeVoght collaborates with organizations in her community to develop curricula and give presentations on the stress response and social determinates of health.

"If we learn how to recognize if the stress response is happening, then we can include other professionals. We can make referrals. We can be a part of a bigger team and not compartmentalize our patients into just physical ailments or psychological ailments. We can treat the whole person who walks in the door," she says.

Part of the PT's role in treating the entire person, Benedict says, is to recognize the signs and symptoms of behavioral and mental health illnesses, screen for those conditions, and make referrals, if necessary. "Often it's not pain alone that brings patients into physical therapy. They frequently have a worry attached to the pain. This worry may be associated with suffering, and we either can help alleviate it or point that patient toward an appropriate professional who can help."

> "If you leave out the mental and behavioral aspect of your care for someone, you may interpret the progress a person is making, or lack thereof, based on things that are inaccurate or suppositions."
>
> — Hadiya Green-Guerrero, PT, DPT

If a patient's mental health isn't good, it's going to affect their physical health as well. "As a military physical therapist," Benedict says, "I learned early



Tips for PTs and PTAs To Maintain Their Own Mental Health and Stability

A standard part of every airline preflight safety speech includes the directive, in a crisis, to put on your own oxygen mask before putting masks on others. The same goes for PTs and PTAs when facing a stressful world. To help their patients and clients, they need to care for their own mental health first.

Karena Wu says, "Balance is key. We need to take care of our physical, mental, and emotional needs." She suggests using healthful stress-management tactics; for example, working out rather than having alcoholic drinks.

Annette M. Willgens recommends yoga, meditation, and daily body scans — a form of meditation that involves mindfully scanning one's body for sensations of pain and tension. She explains, "These practices prevent burnout, compassion fatigue, and emotional exhaustion."

Another way to help patients, says Willgens, is to keep materials on trauma-informed care and adverse childhood experiences visible in all outpatient clinics. "We need to normalize the human experience," she says.

Timothy Benedict advises PTs and PTAs to find mentors they can observe and ask questions about coping with challenging patients, avoiding burnout, and managing other stress-related issues. He adds that useful tools may include journaling, self-reflection, meditation, prayer, and "practicing what we preach."

Yusra Iftikhar says, "Find what works for you. Identify support people you can talk to when things get tough. Seek out a mental health counselor before you are at your lowest. Remember that you are only one piece of your patients' and their guardians' stories. You cannot make it your own story and let it consume you. During job interviews, do your best to ask questions that will identify if it is a safe place for you to be entirely yourself."

Mary Lou Galantino suggests that physical therapy educators share these strategies with their students to help them achieve optimal self-care and well-being, and to establish a foundation of services that students can use such as counseling, mindfulness, and yoga.

In addition, APTA has developed a program to help PTs, PTAs, and students recover, evolve, and remain resilient amid the pandemic's toll on the well-being of health care providers. The new Fit for Practice initiative debuts in October and offers weekly online programming through January 2022, with self-paced webinars, courses, and articles. Find out more at apta.org/fit-for-practice.

on that if my patients were not mentally healthy, it didn't matter what I did for their body — it was much more challenging to get better. There was a strong link between mental and physical health." Benedict has been on three combat deployments and has worked in Afghanistan.

"If we're having difficulty engaging our patient in a plan of care and in activities that have a good chance of making them better, our job is to assess those barriers," Wenger said, adding, "Sometimes they track back to mental health issues or social determinants. If we're not paying attention to that, then we're going to have a difficult time working around barriers to achieve our goals with the patients."

Sarah Wenger, PT, DPT, was another participant in the APTA podcast. In it, she said, "When we're talking about mental health, one of the things we have to consider is mental health as a barrier to what we're doing. So, part of our job is to evaluate someone, suggest a plan of care, and execute that plan of care in partnership with our patients." In addition to being a professor at Philadelphia's Drexel University, Wenger is a board-certified clinical specialist in orthopaedic physical therapy, and she provides pro bono services at Drexel's Steven and Sandra Sheller 11th Street Family Health Services.

"Mental health is inextricably bound to rehabilitation and is an essential element to all rehabilitation interventions at all levels through the life span," explains Mary Lou Galantino, PT, PhD, FAPTA.

"We can be a part of a bigger team and not compartmentalize our patients into just physical ailments or psychological ailments. We can treat the whole person who walks in the door."

— Andra DeVoght, PT, MPH

"The mind and perception of oneself alongside capabilities in functional dynamics are essential to quality of movement." Galantino is distinguished professor of physical therapy and holistic health minor coordinator at the School of Health Sciences, Stockton University; adjunct scholar at the University of Pennsylvania; and visiting professor at the University of Witwatersrand, Johannesburg, South Africa.

PTs, Palombaro says, have an obligation to screen for mental health conditions such as depression. "We can use tools such as the Geriatric Depression Scale, the Patient Health Questionnaire-9 — PHQ-9, or the Edinburgh Post-Partum Depression scale to identify patients who need referrals to a mental health professional. Having a bank of mental health counselors who you know and trust and who take a range of insurance is a good starting point. Being able to refer to someone who takes your patient's insurance, and even helping your patient make the call to set up an appointment, are good ways to make sure that your patient gets the care they need," says Palombaro.

While PTs should be aware of behavioral and mental health issues in their patients, they also need to know their limits. For example, Yusra Iftikhar, PT, DPT, an orthopedic PT resident at The Ohio State University and writer of The DPT Diaries (www.thedptdiaries.com), says PTs should not be thinking, "Does this person have a diagnosable mental illness?" but rather, "In what way does this person's current mental status impact their PT prognosis?" She says PTs also should ask themselves what responsibility they have to address and potentially refer out based on their findings regarding their patient's mental health.

"You never know a person's background and what they are struggling with," says Iftikhar. She explains that she's speaking from her own experience. During the height of an eating disorder, she was overexercising daily. She notes that the outcome could have been deadly if a health practitioner had suggested that she exercise because "it's good for your mental health." "I had a wonderful dietitian who recognized what was happening and helped me stop exercising and then safely reintroduce it into my life," she says.

"If we feel that a patient's mental health and behaviors are detrimental to their rehab, we should recommend and refer out to mental health specialists, and collaborate with these providers for the patient's well-being," says Karena Wu, PT, DPT, owner of Active Care Physical Therapy in New York City and India. "In the initial evaluation, we ask about major medical history that might impact their course of care. Listening to a patient's story on their health journey can include the emotional aspects and the toll it can take on their personal lives and how it affects their outlook on their injury, work, family, and person."

Wu also suggests that PTs reach out to other providers to figure out how to best get the patient to address mental health issues that may be preventing them from getting better physically.

Galantino explains, "It is within the professional scope of PT practice to screen for and address behavioral and mental health conditions in patients, clients, and populations. This includes appropriate consultation, referral, or co-management with licensed health services providers in the prevention and management of behavioral and mental health conditions."

She continues, "It's important to recognize that mental health often drives clinical outcomes. Screening is essential through the use of outcome measures — such as the Hospital Anxiety and Depression Scale,

"Mental health is inextricably bound to rehabilitation and is an essential element to all rehabilitation interventions at all levels through the lifespan."

— Mary Lou Galantino, PT, PhD, FAPTA

Tampa Scale for Kinesiophobia, and Fear-Avoidance Belief Questionnaire — HADS, TSK, and FABQ, respectively — to properly quantify mental health to present the data for additional referrals. These measures ascertain depression and anxiety, especially when decoupling a patient's perceptions of stress as a result of their injury, disability, or chronic disease."

Palombaro uses the Adverse Childhood Experiences, or ACEs, scale with her patients. The questionnaire asks a series of 10 questions about common traumatic experiences that occur in early life. "Having four or more ACEs increases the risk of physical and mental health issues," she says. "Knowing that trauma may be part of my patient's health issues can help me discuss the role that mental health counseling can play in our overall wellness and can provide a starting point of knowing what the patient's score is and how can we address their health complaints in a holistic manner."

"If we're having difficulty engaging our patient in a plan of care and in activities that have a good chance of making them better, our job is to assess those barriers. Sometimes they track back to mental health issues."

— Sarah Wenger, PT, DPT

Describing her work with one patient with long-standing chronic pain in multiple body regions, Palombaro says she talked with him about his ACEs scale score — how it was not only important for his health, but also good information for his mental health counselor. "Understanding the cycle of pain, anxiety, and depression as well as how breathing with movement can reduce both pain and anxiety helped him participate in physical therapy — something he was reluctant to do because he wasn't confident that he could fully participate."

Patient Awareness

DeVoght says PTs should screen regularly for mental health comorbidities. "Not just in the first visit, not just with some intake questionnaire that we may or may not decide to give," she explains. "I use direct inquiry and do it over time. I try not to overwhelm patients. I don't feel like we need to know details of somebody's story to assess what they're experiencing in the present moment."

"I agree that we do not need to know why somebody is uncomfortable," Wenger says. "Most of us are pretty good at observing behavior, but we have to observe, integrate, and then respond." Is a patient withdrawn, nervous, angry, aggressive, scared, or anxious? "Maybe we want to spend some time engaging them and making sure that our questions are bringing them into the conversation and that we're setting up our interaction in an empowering way that's drawing them into a more active role in their care," she says.

"We don't need to know that somebody has had trauma to use trauma-informed care. We take a universal precautions approach," says Wenger. "When you're creating a safe, comfortable environment; building a healthy, therapeutic rapport; engaging patients in their care; honoring their wishes and concerns; working on things that are salient to them — this sounds like something everybody wants. So, trauma-informed care isn't only for people who've experienced trauma. Everybody benefits from trauma-informed care."

During Stressful Times

Among the many effects of COVID-19 has been an increase in myriad problems, including a rise in mental health issues. According to CDC, the pandemic "has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders." Surveys cited by CDC in its Aug. 14, 2020, Morbidity and Mortality Weekly Report found that 40.9% of people surveyed said they had at least one mental health or behavioral condition due to the pandemic, 30.9% said they had anxiety or depressive disorder because of it, and 13.3% said they either started or increased using substances to deal with stress or emotions.

PTs need to notice if their patients' stress increases, Benedict says, explaining, "The COVID-19 crisis revealed many vulnerabilities to personal and societal health. As with many external stressors, they don't necessarily cause mental health problems as much as they reveal

the precarious nature of trusting in things that can quickly change and affect our mental stability and well-being: government, health, employment, relationships, and global weather."

He elaborates: "I have had patients who already lived a generally sedentary lifestyle who became paralyzed with fear because of the pandemic. I listened to a patient who became confined to her couch for fear of contracting COVID-19. At the same time, this patient and others have seen the importance of staying physically active and healthy to strengthen resilience to bodily disease."

He believes that people are more aware now of the benefits of good mental health. Further, he says, "There are more opportunities for professional help in the form of telehealth and virtual services. I have personally benefited from counseling services that would have been logistically prohibitive without telehealth."

"We know that we are most healthy when we are supported, connected, and heard," Annette M. Willgens, PT, MA, EdD, says. "COVID-19 changed all that, isolating people and causing an increase in anxiety, depression, and loneliness. We need human connection to be at our best."

Willgens is associate clinical professor at Temple University.

Iftikhar says that while she hasn't seen more issues with patients' behavioral or mental health during the pandemic, "COVID-19 does present an additional source of mental health issues, particularly for my patients who do not work, live alone, and have lost their access to their social circles."

"We are most healthy when we are supported, connected, and heard. COVID-19 changed all that, isolating people and causing an increase in anxiety, depression, and loneliness."

— Annette M. Willgens, PT, MA, EdD

Recommended Reading

If you want to dive deeper in the topic of behavior and mental health, PTs interviewed for this article suggested the following articles:

Creswell JD, Lindsay EK, Villalba DK, Chin B. "Mindfulness Training and Physical Health: Mechanisms and Outcomes." Psychosomatic Medicine, April 2019.

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Galantino, ML, Callens ML, Cardena J, et al. "Tai Chi for Well-being of Breast Cancer Survivors With Aromatase Inhibitor-associated Arthralgias: A Feasibility Study." Altern Ther Health Med. November-December 2013.

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Helm EE, Kempski KA, Galantino ML. "Effect of Disrupted Rehabilitation Services on Distress and Quality of Life in Breast Cancer Survivors During the COVID-19 Pandemic." Rehabilitation Oncology, October 2020.

Tawakol A, Ishai A, Takx RA, et al. "Relation between resting amygdalar activity and cardiovascular events: a longitudinal and cohort study." Lancet, February 2017.

Willgens A, Palombaro K. "A Mindfulness Workshop for Health Science Graduate Students: Preliminary Evidence for Lasting Impact on Clinical Performance." Journal of Physical Therapy Education. June 2019.

Zweir A, Steven M, Galantino M, Frank M. "Impact of Stress Management Coaching for Graduate Students in a Doctorate of Physical Therapy Program: A Mixed Methods Pilot Study." Psychology, 2011.

> "All athletes have tremendous pressure placed on them — from themselves, their coaches, friends, peers, and competitors. Physical therapists must be aware of subtle signs in sports that can suggest an underlying mental health state detrimental to the athlete."
>
> — Karena Wu, PT, DPT

The pandemic aside, if a patient's mental health symptoms increase for any reason, PTs can find ways to help via collaboration. In her pro bono work, Wenger says that working with other health care providers can help improve PTs' skills with helping these patients. "I've learned the most from working in collaboration with my mental health colleagues — watching them in action and having them watch me, advise me, and give me feedback," she says. "I've done a lot of reading and studying on mental health, but getting that real-time collaboration and feedback with mental health providers has been a valuable resource for me."

Even the Elite Have Issues

More recently, as demonstrated at the recent Olympic Games and elsewhere, even high-level athletes can have mental health issues that can affect them physically.

"Research shows that elite athletes have approximately the same prevalence of mental health conditions as the general public, but they perceive greater stigma attached to seeking care for mental health," says Benedict. "For PTs who work with elite athletes, this is a good reminder that just because athletes typically are quite resilient, injured athletes face significant pressures and fears when rehabilitating for sport. Competitive athletes face high levels of physical and psychosocial distress and sleep disruption."

Mental health problems can cause them to incur injuries more often or to heal more slowly. A paper in the British Journal of Sports Medicine in 2019 found, "Mental health cannot be separated from physical health, as evidenced by mental health symptoms and disorders increasing the risk of physical injury and delaying subsequent recovery."

"All athletes have tremendous pressure placed on them — from themselves, their coaches, friends, peers, and competitors. Physical therapists must be aware of subtle signs in sports that can suggest an underlying mental health state detrimental to the athlete," says Wu. "It can lead to overtraining, injury, and physical and mental health issues. PTs often are confidants in patient care and need to be sensitive to the needs of the athlete. At the same time, they need to be able to guide them to the right provider who can implement strategies to alleviate such tremendous pressure."

Michele Wojciechowski is a freelance writer in Maryland and frequent contributor to APTA Magazine.

(U.S. Army Disclosure: The opinions or assertions contained herein are the private views of the author(s) and are not to be construed as official or reflecting the views of the Department of the Army or the Department of Defense.)

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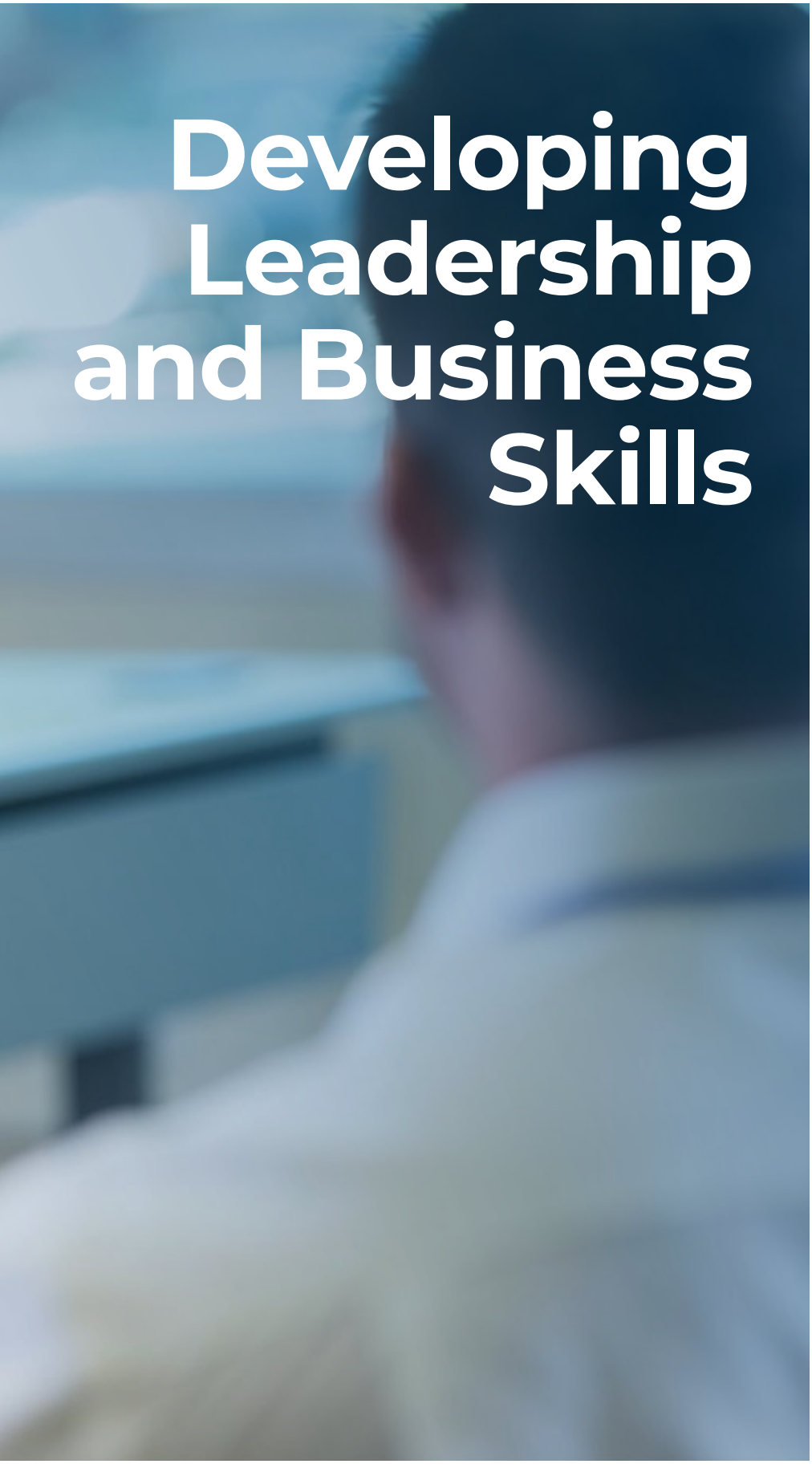

Developing Leadership and Business Skills

Why PTs and PTAs need these important traits if they want to be successful.

By Keith Loria

While neither business courses nor leadership programs are a significant part of a DPT or PTA curriculum, business and leadership skills are important and necessary attributes for any physical therapist or physical therapist assistant, so that the profession can continue to grow and mature.

At first glance, business and leadership may seem like practical skills within the domain of private practice, but this knowledge is applicable regardless of setting.

"Leadership and business knowledge are not skill sets apropos to private business ownership only," says Matthew Mesibov, PT, president of the APTA Health Policy & Administration Section. "These skills will help you succeed in any business, privately or publicly held. They will help you to make smart decisions that lead a winning team and organization." Mesibov is a clinical physical therapy specialist at Centrex Rehab in Minneapolis, and a board-certified specialist in geriatric physical therapy.

APTA and its components have been a force for bringing together best practices in management and leadership from around the nation and has actively supported formal live conference education, webinars, and administrative case studies.

Matthew Mesibov

Tannus Quatre

Stacey Zeigler

One example is HPA section's LAMP Institute for Leadership and LAMP School of Management. It pulls together national experts to offer management and leadership training and certification both virtually and at live conferences.

"For those who are looking at ways to grow business, leadership, and management acumen, these programs will provide the tools as well as networking opportunities with colleagues and experts," Mesibov says.

Tannus Quatre, PT, MBA, vice president of sales for Net Health, believes leadership and business skills are every bit as important as clinical skills for a PT.

"This isn't to diminish the importance of our clinical skills, but we are in a profession that is mature, and quality is high. We are getting "bit" because we have been so clinically focused. The challenges we face in today's market are highlighting and exposing significant gaps we have as a profession in the areas of business development, entrepreneurship, and some of the more advanced business topics in which we've underinvested as a profession," he says.

Student debt, he says, also falls into this category. Another is diminishing payment. He explains that they both are related to business and leadership development skills. Those challenges are occurring, he says, because PTs are not effectively negotiating to solve those challenges.

"Without the leadership and business skills that I have learned over the years, at best I'd probably be a really good clinician but probably would have impacted far fewer lives and built far fewer things," the 22-year PT veteran says. "For me, I have overinvested on my business skills and it's paid good dividends."

Stacey Zeigler, PT, DPT, MS, clinical professor of physical therapy at Clarkson University, often tells her DPT students that learning the practice management content isn't about "owning your own practice" but rather is about "practicing ownership." Zeigler also is president and CEO of Fun in Aging Physical Therapy, providing in-home fitness and wellness programming for older adults.

"To achieve their status, PTs and PTAs have invested their time, energy, and money to do more than simply 'lease' or 'rent' their life's work," she says. "Accepting full responsibility and accountability for our actions, we are owners of our practice regardless of whether we are in formal business or leadership positions. To fully understand and demonstrate this concept, though, we must have the capacity to show business skills beyond that required in entry-level curricula and the ability to lead our careers, not simply manage them."

The LAMP Program

Many of the PTs and PTAs interviewed for this article highly recommended the HPA section's LAMP coursework, which contains programming in both business and leadership. (See "Resources" on Page 31 for course descriptions.) These well-established courses address the skills needed in day-to-day practice on the front lines as well as to those who may be moving into more formal management or leadership positions within their organizations.

"Without the leadership and business skills that I have learned over the years, at best I'd probably be a really good clinician but probably would have impacted far fewer lives and built far fewer things."

— Tannus Quatre, PT, MBA

Resources

Health Policy & Administration Section LAMP Courses

LAMP Leadership 101: Personal Leadership Development: The Catalyst for Leading Within focuses on the individual. This two-day course includes:

- Mission and vision statements.
- Earning trust.
- Emotional intelligence.
- Diversity of personal styles.
- Energy management and resilience.
- Communication.
- Conflict resolution styles and techniques for conflict resolution.
- Understanding the next steps in the journey.

LAMP Leadership 201: Advanced Leadership Development: The Catalyst for Leading Others focuses on deepening the skills required for effective leadership. This two-day course includes:

- Developing your leadership philosophy.
- Mindful communication in leading others.
- Leadership styles.
- Aligning the team around vision.
- Developing others.
- Team dynamics.
- Leading across generations.
- Leading change and innovation.
- Leading through failure.
- Communication and conflict.
- Decision making.
- Leading across generations.

LAMP Leadership 301: The LAMP Institute Certificate in Leadership puts learning into action and results in a certificate after course completion, which includes the following:

- Sharing knowledge through teaching or providing an in-service.
- Putting a personal leadership development plan into action.
- Reflecting on the LAMP Leadership journey.

To find out more, go to aptahpa.org/page/LAMP.

Private Practice Section Resources

- Practice management, including opening a private practice, business solutions, marketing resources, business models, and a KPI benchmarking program.
- Education, which including courses on marketing, practice management, human resources, and operations, and The Graham Sessions Virtual Series.
- Advocacy.
- Networking.

To find out more, go to ppsapta.org.

APTA Business and Professional Development Programs

- Career advancement, including residency and fellowship education, APTA's Career Center, clinical education development, and leadership development.
- Passport to Learning, including courses on DEI, defensible documentation, functional medicine, health coaching in physical therapist practice, integrative lifestyle medicine for disease management, and the changing landscape of federal payment, coverage, and coding policies.
- Telehealth certificate series.

Go to apta.org/ and begin by selecting "Your Career," "Your Practice," "Patient Care," "Advocacy," or "APTA and You." Or search for a particular program by using the search box.

"The mechanics of finance and business are important, but to really understand the trends of health care and where it's going, the role physical therapy can play, and the value proposition, you need these additional skills. LAMP inspired me and taught me to understand the value we bring to society."

— Sean Bagbey, PTA, ATC, MHA

Sean Bagbey

Brian Hull

Mike Horsfield

Sean Bagbey, PTA, ATC, MHA, LAMP Leadership Committee co-chair, took LAMP classes 101, 201, and 301, which he explains helped prepare him when he started his own company five years ago. Bagbey is chief operations officer of the Rehabilitation and Performance Institute, which has six locations throughout Kentucky, Indiana, and Illinois.

"The mechanics of finance and business are important, but to really understand the trends of health care and where it's going, the role physical therapy can play, and the value proposition, you need these additional skills," he says. "LAMP inspired me and taught me to understand the value we bring to society. And being around other PTAs in the PTA Caucus definitely has helped me and my career."

Brian Hull, PT, DPT, MBA, director of rehabilitation for Baylor University Medical Center and Management Committee chair for LAMP, notes that, all too often, clinicians think that improving community health involves various hands-on patient care interventions. While that is a significant part of what PTs and PTAs can offer, much larger-scale community health improvement can occur through effective health care leadership.

"The differential diagnosis, problem-solving, and holistic assessment and intervention skills inherent within therapists are the same skills needed to help health care organizations take on our industry's evolving challenges to improve the lives of our neighbors and build healthier communities," he says. "Our profession has the expertise to approach things more effectively and help lead health care to better places. Unfortunately, there aren't enough PTs and PTAs currently leading health care."

He considers himself fortunate to be part of the LAMP School of Management faculty and learn from some very talented and diverse leaders from a spectrum of practice settings.

"As the school has progressed to developing its Advanced Management Concepts course, I have done my best to soak up as much wisdom as possible from the content experts," Hull says. "I am learning so much watching these experts turn their wisdom and best practices into formal education."

Mesibov, meanwhile reports that LAMP provided him an education and tools that helped to "catalyze" and grow his leadership within both APTA and his employer organizations.

"The regulatory education I received helped me to hold employment positions where I became the subject matter expert and strategically guide senior leadership as part of the senior management team," he says.

APTA has been particularly supportive of the promotion of business and leadership training programs offered through its components, Ziegler says, explaining, "For example, as a member-driven organization, several of APTA's sections and academies have put forth significant resources to promote business and leadership knowledge and skill acquisition in response to the needs of their PT and PTA constituents. These resources are invaluable, although they need to become more mainstream beyond section and academy lines and reach further outside APTA membership to benefit all PTs and PTAs."

Important Skills

Mike Horsfield PT, MBA, chief executive officer for Rock Valley Physical Therapy in Moline, Illinois, and board-certified clinical specialist in orthopedics, says the more PTs understand the economics of the business, the greater impact the profession can have.

"We have to appreciate that we live within this ecosphere, and the decisions we make have to respect the economics involved," he says. "If we try to make decisions regarding health care that don't have an economic element, they are less likely to be implemented. When we can appreciate that, we can be at the table when these decisions are being made."

When it comes to business acumen, Horsefield notes that PTs need to appreciate business incentives.

"One of the greatest values of my MBA is understanding the concept of the time value of money," he says. "To be able to look at something in today's dollars and future dollars and make decisions on the best financial decisions — I wish that was something I had learned coming out of high school."

Susan Ropp, PT, DPT, rehabilitation services manager for Providence Mount Carmel Hospital in Colville, Washington, notes that knowing how to engage others and how to communicate in difficult situations are a must for patient care. "You need to understand how to work with others who may be quite different from you," she says. "This takes understanding the roles of emotional intelligence, strengths and weaknesses, and team function. These are all leadership skills."

Jennifer Allen, PT, DPT, chief clinical officer of Golden Bear Therapy Partners in Gilbert, Arizona, notes that leadership skills are important for everyone. "You don't need a title to exhibit leadership," she says. "Business skills are important for the same reason. Appreciating basic concepts helps all clinicians understand not just the clinical components of what we do but also how the entire work ecosystem is balanced. Also, a basic understanding of sales and marketing is helpful when it comes to working with patients and being able to convey the importance and value of physical therapy."

The profession already has the formal multivariate problem-solving training to break down complex bodily and functional systems. This level of thought is the same thing needed to improve health care, Hull says. But, she adds, "therapists do need to learn the languages, the levers, and the pathways that operate the health care machine. This includes the basics of finance, strategic planning, quality improvement, negotiation and communication, and managing people. The better we can speak the business language, use our differential diagnostic skills to improve quality, determine how to strategically address challenges, and best communicate with those around us, the farther we can move the needle."

Beyond practice management skills within current entry-level curricula such as documentation, payment structures, and basics of the health care system, Zeigler notes physical therapists and PTAs should have a firm understanding of value proposition, budgets, resource allocation, customer service, negotiation, return on investment, marketing, and sales.

Susan Ropp

Jennifer Allen

Chris Sebelski

"The better we can speak the business language, use our differential diagnostic skills to improve quality, determine how to strategically address challenges, and best communicate with those around us, the farther we can move the needle."

— Jennifer Allen, PT, DPT

Consensus Agreement of Very Important Competencies for All Physical Therapists

Competency	Definition
Accountable	Accepts ownership of the responsibility for decisions, roles, obligations, and actions.
Analyzes	Evaluates the individual pieces and the whole, to make meaning of the situation to make sound, evidence-based decisions.
Assesses	Evaluates performance against benchmarks, metrics of expectation, and new opportunities.
Authentic	Exhibits an ability to be true to one's self, personality, spirit, or character despite external pressure.
Collaborative	Works together to allow a multitude of voices and ideas to be considered, an enhanced sense of group commitment, and responsibility to intentionally bring people together.
Communication skills	Exchanges information or ideas.
Cultural humility	Demonstrates a perspective that is other oriented in relation to personal values, assumptions, and beliefs.
Diversity orientation	Modifies interaction while engaging with individuals of different backgrounds, beliefs, or experiences that respects the boundaries, needs, and style of others.
Empathetic	Illustrates understanding, sensitivity, and awareness of another's point of view or circumstances.
Ethical orientation	Aligns actions, beliefs, and values with moral standards and principles.
Evaluates	Alights actions, beliefs, and values with moral standards and principles.
Evidence informed practice	Distinguishes legitimacy of information use to match the unique needs of the situation.
Excellence orientation	Strives beyond an establish standard to achieve the greatest outcome.
Follows through	Carries through to completion as promised.
Goal orientation	Strives for achievement of measurable outcomes with time frames for completion.
Health professional orientation	Strives beyond an established standard to achieve the greatest outcome.
Implements	Executes the process of putting a decision or plan into effect.
Initiative	Self-motivates to act.
Integrity	Upholds one's self to being honest with strong moral principles.
Interpersonal relationship skills	Facilitates associations between two or more people.
Lifelong learning skills	Pursues knowledge, skills, and experiences for professional or personal behavior growth that is ongoing and self-motivated.
Listening skills	Processes spoken and unspoken messages actively to engage others.
Plans	Identifies tasks and deadlines to develop road maps for performance.
Problem solving skills	Uses a methodical analysis to find explanations or solutions.
Professionalism	Aligns personal conduct, aims, and values with standards, roles, responsibilities, and expectations of a profession.
Provides feedback	Offers advice to improve behaviors, decisions, performance, and interactions with others in a constructive manner.
Receives feedback	Integrates critiques, affirmations, suggestions, or advice into future actions.
Reflects	Uses a thoughtful review of strengths, weaknesses, and outcomes.
Relationship building	Cultivates connections with others.
Scope of competence	Recognizes what one brings or does not bring to a situation.
Seeks information	Demonstrates curiosity and desire to know more about things, people, or issues.
Self aware	Identifies one's own strengths, weaknesses, beliefs, motivations, emotions, and perceptions by others.
Self confidence	Believes in one's own ability, success, and decisions or opinions.
Self-management	Regulates one's own emotions and behavior.
Synthesizes	Integrates ideas and elements to form a coherent whole.
Team orientation	Uses a spirit of collaboration for actions, decisions, and behavior of groups.
Trustworthy	Demonstrates honesty in words and actions.

SOURCE: PRESENTATION AT THE 2019 EDUCATION LEADERSHIP CONFERENCE AND PUBLISHED IN THE JUNE 2020 JOURNAL OF PHYSICAL THERAPY EDUCATION.

"This knowledge has direct application to individual patient care on a day-to-day basis, with translation to the organizational and systems thinking that it takes to survive and thrive in health care today," she says. As for leadership, "The Results Are In: Leadership Competencies for the Physical Therapist," presented at the 2019 Education Leadership Conference and published in the June 2020 issue of the Journal of Physical Therapy Education, detailed 57 specific competences rated as "very important" for physical therapists who have been licensed more than one year. The Delphi Panel also found 37 competencies as "very important" for physical therapists one year or less since licensure. The research report was written by Chris Sebelski, PT, DPT, PhD; Jennifer Green-Wilson, PT, MBA, EdD; Stacey Zeigler, PT, DPT, MS; Diane Clark, PT, DSc, MBA; and Barbara Tschoepe, PT, DPT, PhD, FAPTA.

The 37 competencies rated as "very important" for PTs one year or less since licensure include cultural humility, diversity orientation, ethical orientation, integrity, and professionalism. For a complete list, see the opposite page.

This Delphi study focused on leadership skills of any physical therapist in practice, not particularly those needed for formal leadership positions, and highlights an urgent need for leadership skill development starting within entry-level curricula and continuing into further years of practice.

Zeigler has practiced with a wide variety of patient populations in highly diverse environments, from solo private practice to the military, rural hospitals, and large corporate entities. She says she cannot recall one patient interaction or one day of practice for which she didn't use business and leadership skills.

"Whether it's negotiating an effective treatment plan with a patient, considering outcomes versus costs of care as shared decision making in each encounter, advocating for resource needs in the clinic, or taking the lead to implement a population-based health program that will generate a return on investment for participants as well as the practice, not a day of practice exists for any one of us when these skills aren't essential," she says. "While some of these skills came naturally to me from past experiences in my life, most did not. Luckily, I recognized the need to develop the missing or underdeveloped skills and did so through mentorship, education, and training."

> "Not a day of practice exists for any one of us when these skills aren't essential."
>
> — Stacey Zeigler, PT, DPT, MS

When it comes to leadership skills, Mesibov recommends that PTs and PTAs work on listening skills so they can respond to what is being communicated.

"I also recommend that a leader support the ideas and aspirations of the team that connect to a strategic plan, because that creates happiness for the individual and the organization, as well as loyalty to the organization," he says. "When it comes to business skills, I recommend becoming educated in the budget-making process. Be willing to support the organization's strategic plan, but challenge plans when something does not make sense."

Volunteering Promotes Leadership

APTA is sensitive to providing all members with opportunities to volunteer for its many committees, groups, and positions — a reason that APTA Engage at engage.apta.org was created. APTA Engage is a unified portal containing volunteer opportunities, resources, and a collection of APTA volunteer stories.

"Anybody can throw their hat in the ring and volunteer for groups and positions," Mesibov explains. "In fact, this is a great way to begin networking and letting people know who you are, so that those who do make decisions become more familiar with you."

For instance, Mesibov started by reaching out at the state chapter level in New Jersey, and was asked to help with a project.

"The group liked and appreciated what I did, and my involvement grew from there," he says.

When Ropp was a young PT, she never imagined she would be a manager. She gained skills in leadership through involvement in APTA and APTA Washington, learning from state government affairs forums, federal advocacy forums, component leadership forums, and educational opportunities at conferences such as CSM.

"I remember when I was the legislative chair of APTA Washington, how beneficial the state government affairs forums were for learning how to advocate and learning about setting strategies for legislative agendas," she says.

DEI Initiatives

Business and leadership knowledge also can help further initiatives toward diversity, equity, and inclusion in the profession. Hull recommends working on recruiting and developing diverse teams and encouraging DEI learning opportunities.

"Each of us has our own stories, and those stories can reflect a sheltered environment," he says. "We sometimes need to push ourselves and those around us outside of our own homogenous bubbles. The more diverse and inclusive our profession becomes, the more it will thrive from diverse perspectives, backgrounds, and strengths. But equally important is starting with our future colleagues and reaching out to diverse high schools and undergraduate programs to highlight our rewarding profession as a worthwhile career choice. The more effectively clinical leaders can partner with all levels of academia to reach future colleagues, the more diverse our profession becomes."

Some years ago, Mesibov was part of an APTA committee, After completing his term, he delivered a few parting words. He gazed around the room and noticed everyone looked similar.

"Perhaps we need to seek more diversity, I thought, and with that made it my personal mission to give others opportunities," he says. "The moral of the story is to take note of your surroundings. When the scene seems homogenous, but you wished for a more heterogeneous mix, do something to change that. In other words, seek out ways to provide others with the opportunity to have a seat at the table."

Allen feels one of the most actionable things that the profession can do is create a coaching and learning culture.

"That starts with psychological safety and setting up the culture to include everyone," she says. This includes "Teaching and coaching emotional intelligence, conflict management, and recognizing the gaps not only with our employees but also with the patients we serve."

Demonstrating leadership means having a clearly articulated vision that inspires others to follow you in promoting that vision.

"In our profession's vision statement, one objective is 'transforming society.' We have the inspiration to promote diversity, equity, and inclusion as a necessary step toward this transformation," Zeigler says. "Whether we as individuals lead or follow in these efforts doesn't matter if each of us takes deliberate, informed action to bring our daily practice, our organization, our profession, and society to the utmost of inclusivity."

> "They know that the richness of diversity is important to facilitate change in individuals and in systems. DEI is something that is easy to talk about but not easy to put into action."
>
> — Susan Ropp, PT, DPT

Ropp explains that a great leader listens, facilitates growth and development by meeting others where they are, and is respectful of individual differences.

"They know how to look at group make-up and determine what is needed for that group to push the envelope versus staying the same," she says. "They know that the richness of diversity is important to facilitate change in individuals and in systems. DEI is something that is easy to talk about but not easy to put into action. Great leaders also know how to look at systems — those that work to facilitate and those that block growth. These are skills that can be used to promote DEI at the system level as well."

HPA's special interest groups include Social Justice in Health, which focuses on dismantling health inequities, and PT Proud, which addresses issues of interest for the LGBT+ population.

APTA's Diversity, Equity, and Inclusion webpage also offers opportunities and background on the association's initiatives.

Help Is Out There

For those who are interested in managing or opening their own practice, Allen notes that APTA's Private Practice Section has a wealth of resources available as well as mentorship and coaching contacts.

Over her 25-year-plus career, she has used many of the resources, most frequently accessing management, compliance, and contracting information.

"Outside of that, there are many great online courses. One of my favorites is Kellogg School of Business," Allen says. "For our employees at our Golden Bear Therapy Partners brands, we have a robust education platform with residencies and fellowships, as well as a new grad mentorship program that starts by teaching some leadership and business basics, such as how to work with a budget and other important lessons."

There also are a plethora of business and leadership training and certification courses available outside of the physical therapy profession.

"Regardless of taking further coursework, though, finding a good mentor who exemplifies the skills you wish to develop is invaluable," Zeigler says.

If a PT or PTA wants to grow as a leader or business executive, Mesibov offers some sound advice: "Look around and take note of those who are doing what you want to do," he says. "Then, go up to them and ask if you can have a conversation about that topic. I think many people are willing to share their stories as well as get to know you. That is one of the first steps in learning and networking."

Keith Loria is a freelance writer.

PTs in Hospice and Palliative Care

Physical therapy is important for patients in an end-of-life scenario. Here's why.

By Keith Loria

Last year, approximately 2 million Americans underwent hospice care, an end-of-life scenario usually reserved for those with six months or less to live. Hospice care is provided during the last phases of a life-limiting health condition so that patients and their caregivers may live as fully and comfortably as possible.

That presents a large opportunity for PTs and PTAs who want to focus on providing active and compassionate care for patients who are experiencing a terminal illness or are in hospice and nearing the end of their lives.

"Just because an individual is in an unfortunate circumstance, has lost their ability to live alone, or has an inoperable condition, it doesn't mean their quality of life should be ignored," says Rob Pace, PT, MSPT. Pace is COO of Physical Rehabilitation Network in Phoenix. "Physical therapy plays a vital role in any of these situations, because the goals of hospice and palliative care are to make this period of life as full as possible."

That role is to maximize the independence of each patient by improving their safety, strength, and functionality. Plus, Pace says, when patients become more independent, their willingness to fight "grows exponentially."

Trish Talone, PT, DPT, National Hospice & Palliative Care Organization liaison who works at Main Line Health Homecare & Hospice in Radnor, Pennsylvania, facilitates meetings with PTs and occupational therapists who have interest in providing services to patients in hospice and palliative care, and she provides education on current topics.

"Just as with any other patient, we focus on functional mobility, therapeutic exercise, energy conservation, equipment needs, and caregiver education, all with the goals of patient independence and safety," she says. "We believe patients have the right to die with dignity, and physical therapy provides one of the supports. Just because a patient is in hospice or palliative care with an end-stage condition doesn't mean they can't benefit from therapy."

Rob Pace, PT, MSPT

"Just because an individual is in an unfortunate circumstance, has lost their ability to live alone, or has an inoperable condition, it doesn't mean their quality of life should be ignored."

Talone always begins by asking her patients and their families what their goals are. She reassures them that she's going to stay with them throughout the progression of the disease and help them to the end.

"I am honest about the fact that they're most likely going to decline in their mobility and that my job is to help them as they transition to different stages to be as independent and as safe as possible," she says. "I think they feel relieved by that." Talone adds, "It's my honor to be welcomed into their homes and to be able to share in their end-of-life journey."

Barbara R. Wagner, PT, DPT, MHA, professor emeritus at Scranton University, has been practicing part time for the past 20 years for a home health agency providing hospice and palliative care. She also provided hospice care while at a large acute care hospital with patients having oncological diagnoses and children who had end-stage cystic fibrosis.

"The goals are patient function and safety at the end of life," she says. "Transfers and gait may allow a patient to go for a ride in a car to enjoy the scenery, visit family or friends, get a favorite meal, or visit a special place."

For example, Wagner worked regularly with a 7-year-old girl who was hospitalized in end-stage cystic fibrosis. She would gently stretch and relax her for comfort by reducing muscle tone, which allowed greater flexibility and better breathing.

"I was at the hospital late one evening and her dad came to ask if I could massage and relax her — she was failing rapidly and just seemed so distressed," Wagner recounts. "I spent an hour gently rocking her, stretching her until her entire body and spirit relaxed. Her family's tension also was reduced, and when I finished, I placed this tiny child in her mother's arms, where she took her final breath about an hour later. Her parents were so thankful that she was so peaceful when she took that final breath."

Closing a Gap

Before going into teaching full time, Chris Wilson, PT, DPT, DScPT, used to see a disconnect between the care that someone needed and what was available for therapy. Wilson is assistant professor at Oakland University in Rochester, Michigan, and residency program director for Beaumont Health in Troy, Michigan, and a board-certified clinical specialist in geriatric physical therapy.

"That's where we started with hospice and palliative care, finding that these folks still have the same life goals and are physically the same as they were yesterday when they were working actively with us. But just that label of being on palliative care or hospice seemed to change the perception of what type of rehabilitation they needed because they were 'physically dying.' But they still had a lot of living to do," he says.

That's why, as an APTA delegate for Michigan in 2011, Wilson supported adoption of the House of Delegates position "The Role of Physical Therapy in Palliative Care and Hospice." Ten years later, that motion has been strengthened with the realization that these elements of care are just as important as any other component of physical therapy.

"A big misconception by other providers and even by some PTs is that physical therapy for someone with

Trish Talone, PT, DPT

"I am honest about the fact that they're most likely going to decline in their mobility and that my job is to help them as they transition to different stages to be as independent and as safe as possible. I think they feel relieved by that."

a life-threatening illness is going to be painful, or too exhausting, or too challenging and actually worsen their quality of life," Wilson says. "But as therapists, we know that we can moderate our intensity of services or our repetitions of exercise."

Richard Briggs, PT, MA, agrees. "We have to be more moderate in what we do. We can't give people aggressive exercises, because even if they want them their body probably can't tolerate them. So, we have to modify the treatment from traditional care."

Briggs has had a clinical practice specializing in palliative care and hospice for the past 30 years. He was instrumental in starting the APTA Academy of Oncology's Hospice and Palliative Care Special Interest Group in 2008.

"My challenge back in the '80s and early '90s was how to provide care for people who were declining — and how to document it so we could get reimbursed for it, because we didn't qualify for the hospice benefit at that point," he says. "Eventually, we qualified for the benefit, which made payment easier because we no longer had to document improvement."

Briggs developed five models of hospice care, including the concept of "rehabilitation in reverse." For example, he explains, if someone has a brain tumor, lung cancer with spinal metastases, or ALS, and continues to lose unregainable strength and balance to the point that they might need a cane, walker, or wheelchair, it's the reverse of helping

"The goals are patient function and safety at the end of life. Transfers and gait may allow a patient to go for a ride in a car to enjoy the scenery, visit family or friends, get a favorite meal, or visit a special place."

Barbara R. Wagner, PT, DPT, MHA

"Just that label of being on palliative care or hospice seemed to change the perception of what type of rehabilitation they needed because they were 'physically dying.' But they still had a lot of living to do."

Chris Wilson, PT, DPT, DScPT

somebody who is disabled gain strength and balance to become more functional.

"People are home, and they want to be mobile as long as they can. Maybe they don't understand or think they are dying right away, because people can sometimes be on hospice for a number of months," Briggs says. "Sometimes people get better — not cured but making gains in strength and function. Eventually, their disease will outrun that, but those gains are a huge quality-of life issue."

For instance, Briggs describes a woman in her mid-40s with lung cancer. She had tried all the traditional and even some nontraditional treatment options. However, she started falling and was struggling, so Briggs went out to see her.

"She had dorsiflexion weakness. Her ability to pick up her ankles and her feet was impaired, so we talked about using a device, such as a cane or possibly getting an ankle foot orthosis, because she had pretty good strength in the rest of her body," he says. "But I went back two weeks later, and she had weakness in her quadriceps, more so on one side than the other side, so she needed a walker because her knees wouldn't hold her."

Hip weakness followed, and the impingement on her spine was causing ascending paralysis. She eventually needed a wheelchair, then a sliding board, and finally was quadriplegic before she died.

"That was a huge progression over about three months. Every week or two she needed something different so she could remain at home with her husband and kids who were taking care of her," Briggs says.

A Personal Stake

Pace began his career focused on sports physical therapy. But when his grandmother developed end-stage cancer, her experience convinced him that he wanted to work with patients who need hospice and palliative care.

"Having to help my mom through that process and watching it — in all honesty, it was not the greatest experience for my grandmother," he says. "Nobody was focused on her independence. You could see that when she lost her independence, there was a corresponding exacerbation of many of the physical issues in terms of increased fatigue and decreased willingness to communicate with the family, eat, and other things. I remember

"I am honored to be able to journey with my patients toward a 'good death.' Each patient has been a teacher to me, enabling me to approach life with a deeper level of present-moment gratitude along with a greater acceptance of its ultimate impermanence."

Karen Mueller, PT, DPT, PhD

thinking back, while I was still in PT school, that there was more that we could do."

While visiting her toward the end of her life, Pace encouraged her to get up and walk, and just do simple things.

"It had a huge impact on her mental state and really made her feel better for the rest of the day," he says. "It always stuck with me that this is something that should be a larger piece of what we do as physical therapists. Yes, treating ACL tears may be 'sexy,' and managing high-level patients receiving workers' compensation so they can return to work is meaningful, but at the end of the day those in hospice and palliative care are still people. They have needs and wants like every other patient. Just because they are at an end stage of their life doesn't mean we should care less about their quality of life."

Karen Mueller, PT, DPT, PhD, professor in the program in physical therapy at Rasmussen University in Flagstaff, Arizona, began her hospice and palliative care involvement with her father's six-week journey to his death from stage 4 liver cancer in 2002.

"Even as dad deteriorated, he constantly sought to get out of bed for short walks," she says. "As his PT daughter, I was happy to oblige dad's desire to remain active despite his limitations. I also recognized that my knowledge and skills were essential in keeping him safe and comfortable. Moreover, I quickly observed that dad needed less pain medication after his walks, and that he slept more soundly afterward."

These observations led Mueller to explore avenues for the integration of physical therapist intervention into the context of end-of-life care. She initiated a relationship with the local community hospice and began receiving referrals for a variety of interventions related to comfort and mobility.

"Encouraged by the positive results of my patients, I next sought to explore these outcomes through formal research," she says. "With the support of our local hospice, I began a year-long study exploring the impact of PT intervention on patient outcomes in a hospice setting. The findings of this study were positive, leading to a larger study with Hospice of the Valley in Phoenix that was supported through the Academy of Oncology's research award."

After presenting the results of the research at APTA Combined Sections Meeting in 2008, Mueller says she was fortunate to collaborate with Briggs, eventually serving as vice chair of the Hospice and Palliative Care SIG.

Making a Difference

In his experience working with patients in palliative care, Pace has seen folks feel as if they're just waiting to die. Unfortunately, many become very sedentary.

"They're comfortable lying in bed, sitting on the couch, or lounging in a comfy chair. They end up becoming deconditioned," he says. "For me, it's about getting them moving and building off that. That could include incorporating light resistance to continue moving the individual forward to increase their function and help them become stronger."

Pace reports that he also spends a lot of time teaching family members how they, too, can be active in the process.

"A physical therapist may come in once a day or once a week, but if you think about the things we are asking folks to do, these activities should be happening

"Physical therapist services can help the families of the patient feel like something is being provided to benefit the patient's physical and emotional well-being."

Kelly Lester, PTA

multiple times throughout the day in small doses depending on the condition of the patient," Pace says. "Our role is also to teach family members to be active participants in keeping the patient mobile and motivated — for example, stretching them beyond their comfort zone appropriately, even when we aren't there."

Mueller feels the most valuable outcome of PT intervention is empowerment of the patient and family to maintain optimal quality of life within the limits of their disease or condition. In this regard, hospice and palliative care is no different from any other practice setting, she notes, and is in fact "the central element of our professional mission statement to 'transform society by optimizing movement to improve the human experience.'"

"Physical therapists and physical therapist assistants are well positioned to affect this outcome through non-pharmacological support that includes patient and family education, respiratory exercise, mobility, balance and strength training, positioning and splinting, edema management, and assistive device prescription," she says. "On a personal level, I am deeply honored to be able to journey with my patients toward a 'good death.' Each patient has been a teacher to me, enabling me to approach life with a deeper level of present-moment gratitude along with a greater acceptance of its ultimate impermanence."

In her five years as a physical therapist assistant for Hospice and HomeCare of Reno County, Kansas, Kelly Lester, PTA, has seen physical therapy help patients in hospice maintain or increase general strength. But more important, it provides a psychological boost for the patients in the form of engaging in activities that could improve their physical state.

"In addition, physical therapist services can help the families of the patient feel like something is being provided to benefit the patient's physical and emotional well-being," she says. "At each treatment, I try to give the patient an activity at which they can be successful, and work to educate the patient and caregivers regarding such subjects as skin care, pressure relief, safety with transfers, a home exercise program, and encouragement of activity as tolerated."

End-of-Life Care Through COVID-19

While the physical therapy profession saw a big increase in the use of telehealth during the past 18 months due to the COVID-19 pandemic, that wasn't always possible for those in hospice.

"Most everyone wanted clinicians to come out in hospice," Briggs says.

Talone adds that she continued to conduct all home visits in person, with safety precautions in place, because the one-to-one interaction is vital.

However, Pace notes that telehealth was "incredibly helpful" in educating those who are part of a patient's support system.

"What is common to us as providers and therapists — things we think people should do and say — is not necessarily common knowledge," he says. "Telehealth is a great way to connect with patients and their support systems to help provide education, awareness, and examples of activities that can be done together. Obviously, nothing is going to replace the ability to work side by side with the patient and their support network. But in the face of some unfortunate circumstances, telehealth is a great option to expand the function of these folks."

Lessons Learned

Just because a PT or PTA doesn't currently manage patients in palliative care or hospice doesn't mean there are no lessons to be learned from such experiences.

"Our goal as physical therapists is to take a patient from dysfunction to function, whether that is on a soccer field, a workplace, a hospital ward — you name it," Pace says. "Hospice or palliative care often signifies that there is an end, but it isn't the end. We should remember that we should be a champion for the patient. We should be a voice for them to get additional services to make what time they have left with us as full as possible."

When working with patients with terminal conditions, it's important for a PT to function as part of an interdisciplinary team, interacting with other care providers to ensure that the patient is getting the care they need.

This is especially true for PTs who have a patient poststroke, with Parkinson disease, or with ALS, as they may not be an expert on all facets of the condition.

Wilson notes that in palliative care and hospice therapy it's important to provide longitudinal care, rather than an episodic care plan.

"Patients need a physical therapist for life," he says. "They are going to have good weeks when they can do more therapy and weeks when they may need our services more for comfort or pain control, slowing the decline of their condition."

Continuing To Live

For the patients in palliative care and hospice, the ultimate path leads to an end of a life. But, PTs and PTAs emphasize, it's not over yet. Just because a patient is fighting a terminal disease or is in a terminal situation, they shouldn't stop living.

"Physical therapy helps patients keep living," Pace says. "Having someone show you what you can do will help extend what the patient should be doing. This idea often gets lost as most people are focused on the disease or condition for which there is no solution, when there is still life left to be lived. Ultimately, I want folks to enjoy what life they have left — whether it is five weeks, five months, or five years — to the fullest. Function and mobility help drive that fulfillment.

"Getting individuals motivated to stay active, get their heart pumping, get their blood moving, and get their joints loosened up has a general and euphoric response," he says. "By helping to make folks feel 'normal,' you're enabling them to enjoy time with family in a different manner. They're not going to focus as much on the negatives because they are able to do more and more."

Whether that is going to watch a child's or grandchild's school play or attending

"I think everyone should be provided a physical therapist evaluation just to offer them the knowledge of the value the PT brings."

Richard Briggs, PT, MA

a family holiday — these are things they wouldn't have been able to do if PTs and PTAs didn't help their function. Those are the memories that are not only important for the individual receiving care but that the family will take with them the rest of their lives as well.

In hospice and palliative care, goals often relate to a patient's desire to engage in a personally meaningful life event before they die. Achievement of such goals enables patients to die with a sense of peaceful closure that also is helpful for the family.

For instance, one of Mueller's patients, "Sam," wanted to be able to walk from his bedroom to his family dining room table to preside at his last family Thanksgiving dinner.

"Sam's endurance had been greatly compromised by his long journey with brain cancer, but after three sessions of gentle strengthening, gait training, and family education, he was able to meet his goal," Mueller says. "I will always remember calling him the Monday after Thanksgiving and listening to his joyful recollection of one of the most meaningful family dinners of his life. When I asked him if we should continue, he calmly declined, stating that he had accomplished all he wanted to. He died peacefully three days later, leaving his family with wonderful memories to comfort them through their grief."

Of course, sometimes a PT will meet with a patient in hospice who doesn't want to do anything. This can be frustrating for therapists who know they can improve the person's quality of life.

"These patients may be totally at peace with where they are and don't want to put forth the effort or energy to struggle for whatever possible goals there may be," Briggs says. "I think everyone should be provided a physical therapist evaluation just to offer them the knowledge of the value the PT brings. Hospices tend to dislike providing physical therapist services because they think it adds cost, but if physical therapy is integrated into the hospice team, it actually saves money."

Wilson likes to look to the words of Dame Cicely Saunders, the founder of modern hospice and one who embodied the work of physical therapy: "You matter because you are you. You matter to the last moment of your life, and we will do all we can not only to help you die peacefully, but also to live until you die."

Keith Loria is a freelance writer.

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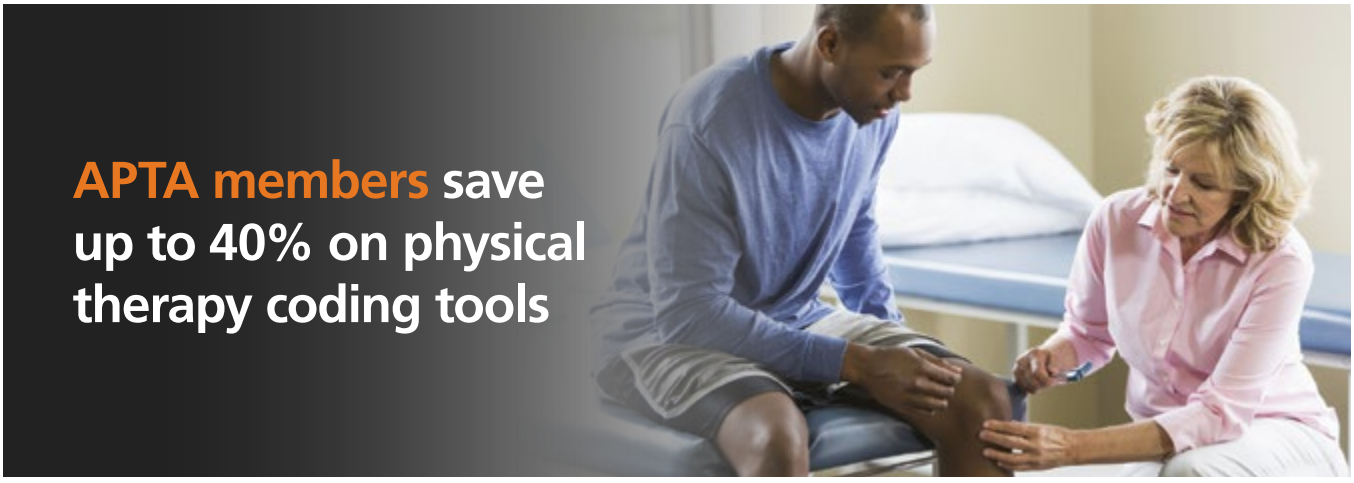

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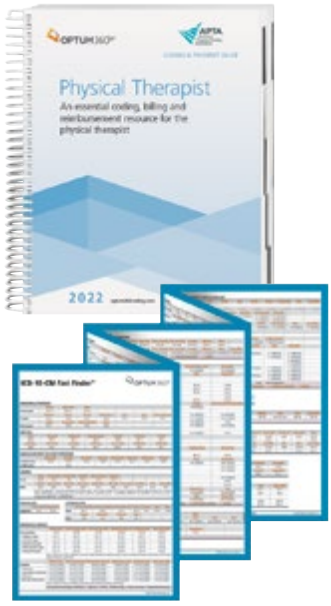

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ITEM NUMBER:SPT22 | AVAILABLE DECEMBER 2021

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ITEM NUMBER:19025 | AVAILABLE OCTOBER 2021

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Things to Think About

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Your ability to reach vulnerable communities – including children, seniors, and the 20% of Americans who live in rural areas – is at risk.

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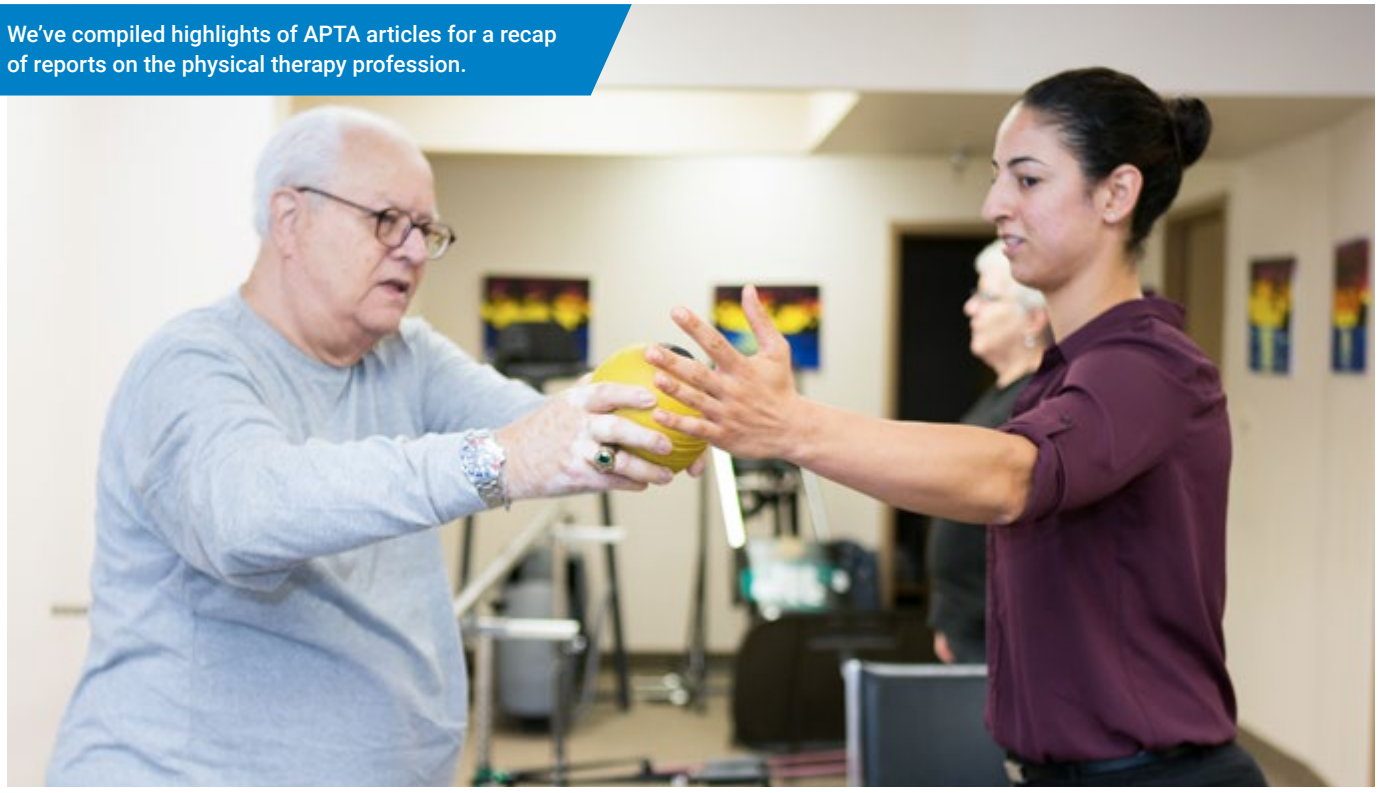
Health Care Headlines

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**

SNFs, IRFs To Get Slight Payment Bump in 2022; DMEPOS Win Means Better Patient Access to Needed Equipment

The U.S. Centers for Medicare & Medicaid Services is still mulling over what to do about an unanticipated spike in what it paid out to skilled nursing facilities during 2020, but in the meantime the agency has moved ahead with a 1.2% payment increase for the 2022 fiscal year, which began Oct. 1. For inpatient rehabilitation facilities, CMS finalized a $130 million, 1.5% payment increase and stuck to the relatively moderate changes it proposed earlier this year.

The IRF rule also finalized durable medical equipment, prosthetics, orthotics, and supplies, aka DMEPOS, provisions that end the application of Competitive Billing Program pricing for accessories used with complex rehab technology manual wheelchairs. The change in the final IRF rule has been advocated by APTA and patient groups for several years to ensure patient access to needed equipment. The final rules were published in early August.

As for how and when SNFs can expect adjustments based on the 2020 surprise, CMS says providers could expect changes to the Patient-Driven Payment Model as early as October 2022 (the beginning of the 2023 fiscal year). However, the agency hasn't decided whether to take a delayed approach, a phased-in approach, or both. APTA requested that CMS delay implementation of the PDPM adjustment given the uncertainties surrounding the agency's therapy utilization data, as well as the threat that a PDPM adjustment would pose to the provision of clinically necessary therapy in SNFs.

2022 Hospital Rule Ups Payment, Adjusts Quality Reporting, and Considers Equity Measures

The U.S. Centers for Medicare & Medicaid Services finalized its 2022 prospective payment system rule for acute care and long-term care hospitals, boosting payment to inpatient hospitals by about $2.3 billion and to long-term care hospitals by approximately $42 million, or 1.1%. The rule, which went into effect Oct. 1, the start of the fiscal year, also tweaks quality-reporting measures.

As with other final rules issued by CMS this year, the hospital rule includes information on responses the agency received to its request for comments on quality measures and in gathering data that could improve health equity. APTA provided its take on both.

CMS finalized the plan in its proposed rule to adopt five new quality reporting measures but didn't follow through on removing another five that included two measures related to stroke. In the end, CMS removed only two of those five, one of which was stroke-related. In terms of future quality-reporting measures, CMS will continue to consider the comments it received on the possible inclusion of a patient-reported outcome measure around elective primary total hip or knee arthroplasty. In its comments to CMS, APTA supported phased implementation of the measure.

Among other elements of the final rule: In an administrative burden win, CMS repealed a requirement that hospitals report on the median payer-specific charge negotiated with all Medicare Advantage payers. The agency also extended an add-on payment program for 13 new technologies. That program was set to end in 2022.

Researchers Say Use of PTAs, More Therapy Intensity Associated With Better SNF Outcomes

As skilled nursing facilities search for ways to effectively navigate Medicare's Patient-Driven Payment Model that was rolled out in 2019, they may want to think carefully before they reduce physical therapist assistant staff — or the intensity of physical therapy itself — as a way to cut costs, according to a new analysis of outcomes from 2017 published in July in the Journal of Applied Gerontology. Researchers who examined data from more than 10,000 SNFs across the country found a strong correlation between the use of PTAs and occupational therapy assistants and more discharges to the community — an important component of quality measures that can affect payment under PDPM.

Authors of the study contend that SNFs need to carefully consider their usage of not just therapy assistants, but physical therapy and occupational therapy themselves, and not give in to operational models that seek to keep therapy minutes as low as possible, in turn utilizing fewer staff. What's needed, they write, is establishment of a "baseline relationship between therapy assistant staffing and outcomes to guide stakeholders as they navigate shifting incentives."

The findings are similar to a recent study, "Therapy Outcomes in Post-Acute Care Settings," sponsored by APTA and the American Occupational Therapy Association, which associated higher-intensity physical therapy with improvements across all outcomes.

Study: Preop Telerehab Leads to Better Functional Recovery From TKA

A study from Korea found that intensive physical therapy-based prehabilitation, provided by way of telehealth three weeks prior to surgery for bilateral total knee arthroplasty, led to better postsurgery outcomes in muscle strength, range of motion, and functional status among women 65 and older, compared with both a control group that received usual care and a third group that received a prehab patient education program.

The study was published in June in the International Journal of Environmental Research and Public Health.

The preoperative telerehab group engaged in a therapist-supervised program of two 30-minute sessions per day, five days a week for three weeks — a total of 30 sessions, all performed at home using a smartphone or tablet as the vehicle for a two-way video call. Compared with the other groups, the telerehab group at six weeks' postsurgery experienced lower deficits in quadriceps strength, better knee flexion, and higher scores on the timed up-and-go test. The telerehab group also reported better scores for pain, stiffness, and function as assessed through the Western Ontario and McMaster Universities Osteoarthritis Index.

The study was published in the June issue of the International Journal of Environmental Research and Public Health.

'Collaboratory' Says Research on Nonpharmacological Pain Approaches Needs To Address Virtual Delivery

Despite widespread recognition of their effectiveness, nonpharmacological approaches to the treatment of chronic pain have not been implemented as widely or quickly as expected, say authors of a new analysis published in August in Medscape — and that was before a pandemic that forced many of these treatment approaches to adopt virtual delivery methods that have limited research support. Now, they say, it's up to the research community to investigate the factors that will need to be considered in evaluating the potential for nonpharmacological chronic pain treatment in the virtual space.

The authors, all investigators affiliated with a group of 11 pragmatic clinical trials known as the Pain Management Collaboratory, identify seven areas in which pragmatic research could "pivot" to better incorporate virtual delivery of nonpharmacological chronic pain treatment: provider training, patient preference, privacy, implementation and sustainability, risk of exacerbating co-occurring conditions, multimodal care, and risk of exacerbating health disparities.

Implementing nonpharmacological chronic pain treatment already was difficult, the authors note, but the pandemic imposed additional challenges. "COVID-19 could result in losing ground on efforts to narrow the pain management evidence-practice gap," they write, "raising concerns that overreliance on opioids and other low-value care will increase."

APTA Leading The Way

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

Find the full text of these stories and more at **apta.org/news**

APTA Centennial Center Naming Rights Donations

Donors who recently made generous contributions in support of APTA's Campaign for Future Generations have not only supported this special centennial fundraising initiative for furthering diversity, equity, and inclusion — they also lent their names to several key areas within APTA Centennial Center:

- The Stanley Paris and Catherine Patla Conference Room is the building's marquee event space. On the seventh floor with windows facing north toward the Washington, D.C., skyline, the conference room has a maximum capacity of 300 and can be divided into two smaller conference rooms. Paris and Patla are two of the profession's most well-known leaders.

- The Marilyn Moffat Atrium includes the main lobby of APTA Centennial Center and spans all seven floors. The atrium's floor is an open, light-filled lobby framed by a wide staircase that invites visitors to skip the elevators if they are able. It also features unique artwork, including an installation that depicts the word "move" in multiple languages. Moffat is a renowned educator, author, and advocate, and namesake of the APTA Marilyn Moffat Leadership Award.
- The Charles and Noel Magistro Library is located within APTA's Member Success Center on the first floor. This space welcomes member guests and features artifacts, historically relevant books, and digital tablets that provide interactive features. Magistro was one of the most influential figures in the profession, and the donation was made by the Magistro Family Foundation.
- The Leon Anderson Jr. and Lynda Woodruff Black PT Heritage Room is on the second floor. This conference room seats 20 or more and is used primarily for staff meetings and other APTA member events. Anderson and Woodruff were trailblazing members of APTA and charter members of the American Academy of Physical Therapy. AAPT donated to the campaign in their honor.
- The Catherine Worthingham Room is on the third floor. This conference room seats 12 and is used primarily for staff meetings and other APTA member events. Stanford Physical Therapy Alumni made the donation in honor of Worthingham, who was a longtime Stanford educator.

Not to be forgotten are the thousands of people whose names are included on the APTA Community Wall on the building's first floor after donating at least $10 to the campaign.

APTA, AOTA, ASHA Call for Action on COVID-19 Vaccination and Education

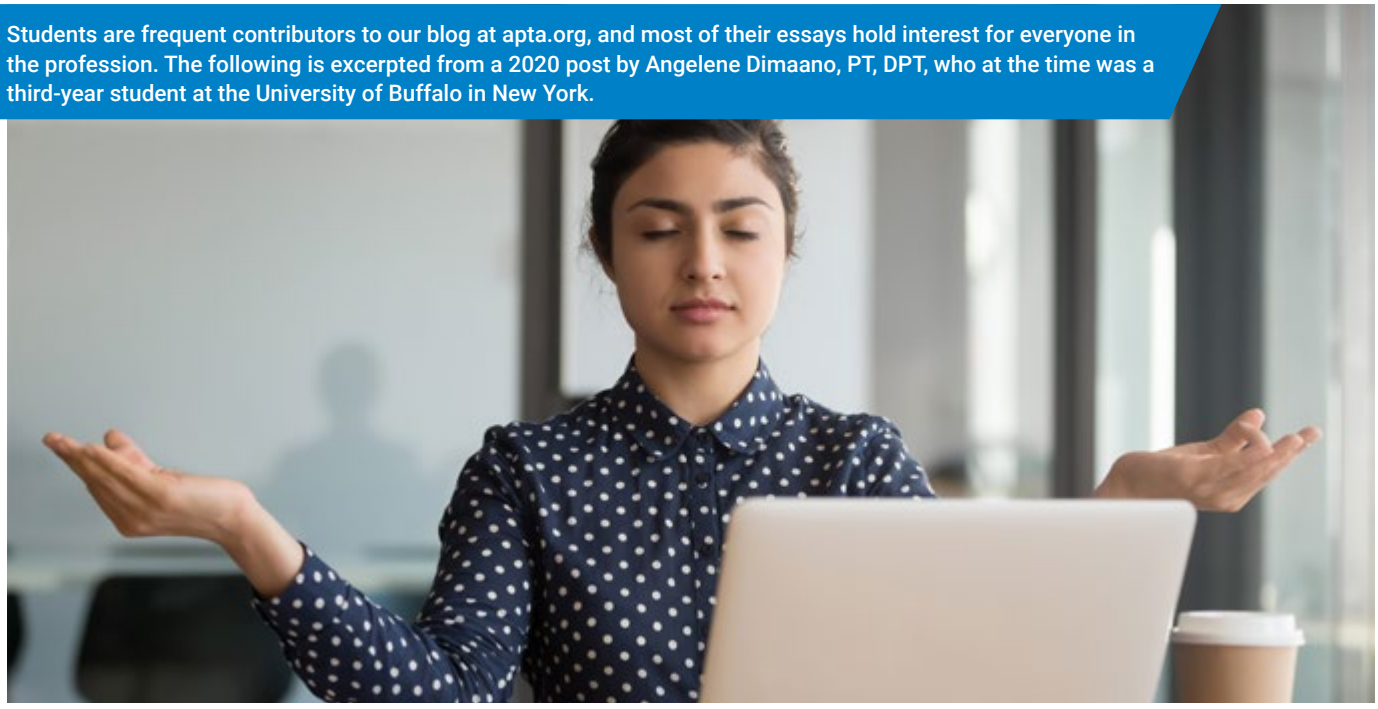
APTA, the American Occupational Therapy Association, and the American Speech-Language-Hearing Association issued a statement in August calling for members and other health care professionals to "lead the way in adhering to public health practices and guidance on vaccinations and masking, to mitigate the recent surge in COVID-19 infections."

Expressing commitment to addressing the public health emergency "with the best information, evidence, and resources," the three organizations strongly supported full vaccination status for all health care professionals and encouraged them to educate peers, patients, and the public on the need for vaccination to address the pandemic's public health challenges. They also stated support for masking and other mitigation strategies in public outdoor settings.

Find the full statement at **apta.org/news/2021/08/02/vaccine-joint-statement**

Student Focus

Students are frequent contributors to our blog at apta.org, and most of their essays hold interest for everyone in the profession. The following is excerpted from a 2020 post by Angelene Dimaano, PT, DPT, who at the time was a third-year student at the University of Buffalo in New York.



Read the full story from Nov. 19, 2020, at apta.org/article/2020/11/19/address-burnout-now

Want To Treat the Whole Person in Your Future Career? Address Burnout Now

Cura personalis, which from Latin translates to "care for the entire person," is an established guiding principle of our profession. However, while we are taught to "treat the whole person," many of us act as if "the whole person" stops at the physical aspects. That disconnect puts us at risk of burnout in school and leaves us unprepared to truly embrace cura personalis as PTs and PTAs.

As a PT student, I acknowledge that this time in our academic careers is expected to be filled with assignments, tests, and projects. However, this is also our singular opportunity to explore and get inspired by our future profession, and burnout doesn't have to be inevitable. This is why I believe managing mental health needs to be at the forefront of our PT and PTA school experience.

Burnout is a tough mental and emotional experience that is preceded by feeling overwhelmed. I've heard it described as "the Sunday scaries" taken to a whole new level; as dreading going to class; as being truly unhappy with your situation and feeling like you have no control over it; as waking up and not having motivation. At its core, burnout is losing the passion you once had.

Whether you're experiencing stress or the feel of burnout, you feel like you could be susceptible to either, or you just want to learn more about navigating student life and one's mental health, I encourage you to reach out to your faculty, mentors, and even your classmates to seek advice and rediscover your professional why and explore whether your university offers counseling services.

Don't be afraid to reach out and talk to someone, whomever makes you feel most comfortable. Just like you'd hope your future patients would seek out your help and talk to you about what's ailing them physically and mentally, I encourage you to do the same. We know the effect of stress on memory and the inverted-U relationship of stress on performance, so if we are trying to produce the best outcomes for our patients, shouldn't we aim to do the same for ourselves?

(Read more on understanding and avoiding burnout in feature article "Understanding and Avoiding Burnout" from the November 2020 APTA Magazine, found at apta.org/apta-magazine.)

APTA Member Value

APTA gives you opportunities to strengthen your professional skills and values, and offers discounts on products and services exclusively for members.

Build Leadership Through Service

This October offers a once-in-a-lifetime intersection between APTA's centennial and National Physical Therapy Month. Take advantage of the opportunity and share your pride in the profession by participating in the APTA Centennial 100 Days of Service. Build leadership skills and pride as you engage with members at the local level to make an impact on your community and raise awareness about physical therapy.

Need ideas?

- Visit the APTA Centennial website at centennial.apta.org for service ideas and toolkits available from our partners. Participate in a virtual event with Move Together as part of PT Day of Service. Work with GoBabyGo to learn how to make basic modifications to a ride-on car to increase mobility for children. Contact your local Special Olympics program to find out if they're holding a FUNfitness screening where you can volunteer. Whatever project you join, be sure to share your activity on social media, and tag us: aptapics and @APTAtweets, hashtag #APTA100.
- Check out APTA Engage at engage.apta.org for local opportunities happening in your area through your chapter or district.

These are just the latest in a long list of APTA Member Discounts & Special Offers. Explore them all at **apta.org/benefits.**

Enjoy Member Discounts With Trusted National Brands

Take a look at the newest discounts and special offers from trusted national brands available for APTA members:

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Save 25% on New Balance shoes and apparel — watch a short video to get the discount code, then visit the special link provided to log in and get started.

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Stay active at home, a gym, or anywhere for an APTA member rate of just $25 a month, plus a one-time enrollment fee and applicable taxes. Get access to over 2,500 digital workout videos and more than 11,000 nationally branded gyms and fitness centers.

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It's our centennial, and here are some of the ways we're celebrating.

100 Days of Service

Sept. 22 marked Day One of "100 Days of Service," an APTA-led effort during the last 100 days of our centennial year to make a collective impact on our communities. Various service activities — available at the national, APTA component, and individual levels — are meant to spark community engagement, collaboration with other APTA members, and increased awareness of the physical therapy profession.

APTA has collaborated with Special Olympics, Go Baby Go, and Move Together to create toolkits that help you develop an activity that fits your interest and schedule. These resources, along with additional resources provided by components, are available on the Centennial website Serve page.

You don't have to feel limited to the activities listed in our partner toolkits. Any community service is welcome. The point is to get out there and make a difference.

Share your service activities on social media using the hashtag #APTA100. Your community service story could be the one that inspires someone else to get involved.

For questions about 100 Days of Service, contact centennial@apta.org.

APTA Centennial Lecture Series

The APTA Centennial Lecture Series features recognized leaders on topics in clinical practice, practice management, payment, and innovation. We're offering the final course of the series in October: Physical Therapist Management of the Bicyclist, Oct. 22-23, with lecturer Eric Moen, PT. The lecture and demo tentatively will be held in person at APTA Centennial Center in Alexandria, Virginia. (We are monitoring health recommendations related to COVID-19, and date and format may change if needed to ensure everyone's safety. Check the centennial webpage for updates.)

Recordings of the lectures from March through September are available if you missed a course, but to earn CEUs you must have attended the live broadcasts. Here are the topics of the rest of the courses in the series:

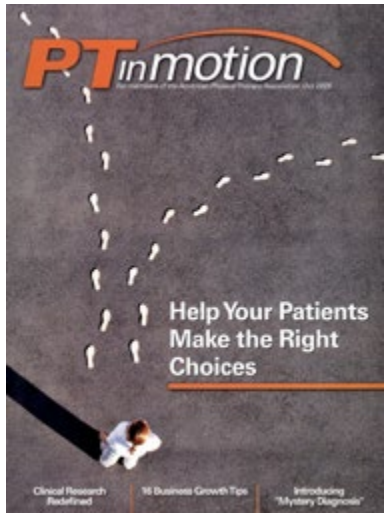
- Treating the Injured Runner, with lecturer Eliza Szymanek, PT.
- Basic Concussion Assessment and Management, with lecturers Lt. Col. Carrie Hoppes, PT, PhD, board-certified clinical specialist in neurologic physical therapy and orthopaedic physical therapy; and Karen Lambert, PT, DPT, board-certified clinical specialist in neurologic physical therapy.
- Blood Flow Restriction Rehabilitation, with lecturer Johnny Owens, PT, MPT.
- Managing the Most Common Vestibular Disorders, with lecturers Janet Helminski, PT, PhD; and Michael Schubert, PT, PhD, FAPTA.
- Balancing Compliance and Profit, with lecturers Kate Gilliard, JD, APTA senior regulatory affairs specialist; Steve Postal, JD, APTA senior regulatory affairs specialist; and Lynn Steffes, PT, DPT.
- Pain Science and Management, with lecturer Adriaan Louw, PT, PhD.
- Rehabilitation in Emergencies, with lecturer Pete Skelton, PT, MSc.

Go to centennial.apta.org/celebrate to register or learn more.

Find out more at **centennial.apta.org**

This Month in APTA's History

Here are some notable dates in August from APTA's past 100 years.



Left: 1992 National Physical Therapy Month poster. Right: Cover of first issue of PT in Motion, October 2009.

- On Oct. 30, 1972, President Richard Nixon signed Social Security Amendments into law, which included coverage of the services of physical therapists in private practice.
- National Physical Therapy Month was first celebrated in October 1992 with the theme "Back Into Action With Physical Therapy."
- With its October 2009 issue, PT — Magazine of Physical Therapy was renamed PT in Motion. It kept the name until 2020, when it was retitled APTA Magazine to align with the association's new brand platform.

Advertiser Index

/ By Marsh Naidoo, PT

Defining moments can come more than once in life, as with a move to America, the birth of a baby, starting a practice, and a being thrown a curveball.

Confirming and Reaffirming

Marsh Naidoo with her son, Kellan.

Marsh Naidoo, PT, is owner of Teletherapy Services LLC, a hybrid physical therapy practice in Dyersburg, Tennessee. She is also founder of Raising Kellan, Inc., a nonprofit organization geared toward empowering and educating parents who are raising children with developmental delay and disabilities. Marsh invites readers to join conversations and contribute to future discussions on the organization's platform as participants dive into concepts such as universal design, adaptive sports, and the language of disability. You can reach Marsh at facebook.com/raisingkellan.org or raisingkellan@gmail.com.

I have been a physical therapist for 25 years, after graduating from the University of KwaZulu Natal, South Africa. In my career, I have experienced not just one but a series of defining moments that have confirmed and reaffirmed my decision to be part of this profession.

One of my defining moments came in 1997 when I arrived in the United States as a travel physical therapist. The pursuit of the American Dream was fueled by my desire to contribute to an ecosystem that valued civil liberties and those who were willing to work to uphold them. Even though that belief system has been challenged at times — specifically when diversity and inclusion are viewed as a threat rather than a strength — my perspective of our democracy remains rooted in liberty and justice for all.

Through the years, I have had the privilege and opportunity to serve my patients in a variety of health care settings. I remember working as an acute care therapist on the orthopedic floor of a hospital when patients undergoing total knee replacement had a three-day postop inpatient stay, were transferred to rehab, transitioned to home health, and then moved onto outpatient therapy. Now I see those patients being discharged from a surgery center the same day and going to an outpatient clinic 24-48 hours later. Innovation, reimbursement, and service delivery certainly have changed.

The Birth of a Baby

In 2008, I met my husband while visiting my parents in South Africa. We married and decided to set up home in South Africa to be close to family, but life had other plans: Our son, Kellan, was born on June 21, 2012, at 26 weeks, weighing 1.8 pounds and measuring 13.7 inches. When Kellan was diagnosed with cerebral palsy at 14 months, we moved back to the United States. I found a full-time position as a physical therapist in Northwest Tennessee, three hours south of St. Louis, where Kellan received his medical care at the St. Louis Children's Hospital.

> "This experience prompted me to investigate ways to make resources accessible to parents wherever they lived. I settled on the digital format and started writing."

In summer 2019, we traveled to South Africa to visit family. I presented at a continuing education pediatric seminar at Open Air, a school in Durban, South Africa, for students who are physically challenged. (At present there is no inclusion education model in South Africa.) I received positive feedback and was encouraged to share my insights from the parent-therapist perspective.

As another defining moment in my career, this experience prompted me, once I got back home, to investigate ways to make resources accessible to parents wherever they lived. I settled on the digital format and started writing. My blog raisingkellan.org evolved into a platform consisting of a podcast and a book titled "What I Wish I Knew Back Then," which I co-authored with three other mothers I met through the blog: Aspen Balthazor, PT, DPT, Dana Kramer, and Lauren Taylor.

Defining Moment spotlights a particular moment, incident, or case that either led the writer to a career in physical therapy or confirmed why they chose to become a physical therapist or physical therapist assistant. To submit an essay or find out more, email aptamag@apta.org.

"Challenges I have encountered in starting my practice involve the four areas of mindset, mentorship, finance, and technology."

To sustain the website, we organized as a 501(c)(3) nonprofit in May 2020. The mission of the nonprofit is to create a community focused on reducing the parental anxiety that comes from facing the unknown of raising a child with developmental delay and disability. Our vision is to create a movement that challenges how the world views our children and how our children view the world.

I often get asked why I spend so much time working on the website. The answer is simple: I want to pass on the knowledge and create a platform for sharing lived experiences. Raising my son is difficult but not impossible. When I reflect on those early years, I often wonder how different things would have been if I could have connected with parents on a similar journey sooner.

Starting a PT Practice

In February 2020, I traveled to Denver to participate in the APTA Combined Sessions Meeting. My goal was to investigate what was needed to start my private practice in rural Northwest Tennessee, with the vision of implementing a hybrid practice focused on providing physical therapist services in the clinic, at the home, and via telehealth.

The conference was a game-changer and the next defining moment for me. The preconference course "Kick-Starting Your Private Practice: A Day of Interactive Consulting" got me thinking about the fundamentals of my practice. This included establishing my mission and vision statement, which I continue to cling to during the turbulence of the startup phase of my business.

Another session I attended was a course delivered by Mark Milligan on telehealth. I take some liberty here to paraphrase Milligan: "Don't let telehealth light a fire under you. Be proactive and get in front of it." This was before the onset of COVID-19, and Medicare had not recognized physical therapists as telehealth providers. I was disappointed regarding the payment issues but decided to move forward with my hybrid practice.

The next few months were a roller coaster ride.

In March 2020, statewide measures were taken to contain the spread of COVID-19 and minimize the devastation of the pandemic. This push toward remote learning and work gave fuel to telehealth as a service delivery model.

In May 2020 CMS approved physical therapists as telehealth providers during the public health emergency, which still is in effect as of August 2021.

As the year unfolded, many therapists, me included, faced economic uncertainty. I had to rethink my ideas on renting space, hiring staff, and buying equipment. I pivoted to an ultra-lean practice that called for me to sublease space from another medical provider, offer mobile physical therapy, maximize the use and understanding of my electronic health records system to schedule and perform virtual visits, and engage with consultants who were able to help streamline processes and set up systems.

Being a PT entrepreneur is brutal. I assume the gamut of roles including marketer, accountant, scheduler, coder, problem-solver, and decision-maker. Challenges I have encountered in starting my practice involve the four areas of mindset, mentorship, finance, and technology.

The mindset change from an employee to an entrepreneur is difficult. Prior to 2020, I always had worked as a staff therapist. Working a minimum of 40 hours a week early in my career was a given. And even though changes in payment and employment practices meant fluctuations in my take-home check, it was a guarantee of a tangible income with benefits.

As a practice owner, I have no guarantee of income, but the bills do not stop rolling in. There is that inherent fear at the end of the month: "What if I can't pay the rent or meet payroll?" I am optimistic that this fear will evaporate as the practice grows. As a safety net, I have tried to find other revenue streams to supplement my income while bootstrapping my business.

A resource that I found particularly helpful was Stephen Covey's best-selling book, "The 7 Habits of Highly Effective People." He coined the thought-provoking phrase of a scarcity mentality versus an abundance mindset. The scarcity mentality is the self-limiting mindset of waiting for the perfect time and opportunity to present itself before you take action, while the abundance mindset focuses on growth and the willingness to find your opportunities.

Finding mentorship as the owner of a physical therapy practice and small business owner is not always easy. My experience at APTA CSM gave fruit to a network of physical therapists who I would not otherwise have engaged with, and I am particularly grateful for the mentorship of Rebecca Renfro, PT.

Joining APTA, my professional organization, was essential to access the resources I needed. I think of it as an investment, allowing me to network within my professional community and adding my voice to a collective that drives advocacy and legislative change for the betterment of the profession.

Mentorship is not always free. I worked with paid consultants to help me save time and navigate the daunting startup phase. Like any business, a physical therapy practice is a dynamic living system. Processes are continuously evolving, and it is imperative to have two things: people you can call for advice and agility to adapt to changes.

Finances were a particular challenge for a business starting up in early 2020. My practice was officially registered in March that year, and this excluded me from the federal assistance that

would have come from COVID-19 economic injury disaster loans. Loans for a small business with less than two years on its balance sheet, in my experience, have been difficult to obtain.

It has taken reaching out to my established relationships in the acute care setting to secure work as an on-call weekend therapist to keep afloat while I manage my hybrid outpatient practice through the week.

Being frugal and evaluating an expense in terms of return on investment have made me think twice before I pull out my credit card. Prioritizing and assigning value to expenses is indeed going a long way toward keeping my start-up costs minimal and manageable.

Learning to use technology, specifically involving telehealth, was a steep learning curve. Virtual care was brought to the forefront during the pandemic, and research continues to surface regarding its efficacy. I've been able to take advantage of a growing market of HIPAA-compliant, one-click, user-friendly interfaces for engaging with patients virtually. The health care technology renaissance also has opened my mind to rethink intake processes and design a workflow that reduces administrative burden and reclaims time for patient treatment.

The Curveball

Just as I began to hit a semblance of a stride toward the end of 2020, things changed. I tested positive for COVID-19 on Jan. 2, 2021, with the initial symptom of fatigue. My husband tested positive as well, and we both developed symptoms, but mercifully our son did not.

On Day 10, I developed a gradual onset of shortness of breath and was admitted with COVID-19 pneumonia. During a 10-day hospital stay, I was managed with Remdesivir, anticoagulants, antibiotics, and oxygen for breathing support. I went from being able to hold my saturation levels at six l/min of oxygen on nasal cannula on Day 13 to a facemask at 10 l/min of oxygen at FiO2 at 40% on Day 14. COVID-19 is anything but predictable. I was discharged on Day 20 and transitioned home for a month of rest and recovery.

My takeaway from this experience is that mobility is key. Choosing to move from the bed to the chair and working the lungs with deep breaths that hurt were not easy. I believe my knowledge as a physical therapist helped me survive my severe COVID-19 symptoms. Physical therapists are optimally positioned with our skill set to help patients in their post-COVID-19 recovery by teaching them techniques needed to maximize their breath as they fight the viral attack. Who better to help patients improve their endurance, manage their dyspnea, perform appropriate exercises, and return to "normal" life?

Another concept reinforced during my illness is that time spent nurturing relationships in the community is always worthwhile. Building this rapport helps establish a network of colleagues who collaborate rather than compete with each other. I am grateful to my colleague Wendi Smith, PT, who with that abundance mindset helped take care of my patients while I recovered.

Within all the defining moments of my career, the common theme is that with the unexpected comes unprecedented opportunity to find purpose and contribute to meaningful change.

I invite you to ask yourself: What are you passionate about? What social justice do you envision? I encourage you to approach this passion from an abundance mindset and use your voice to creatively and constructively advocate for that change. You do not have to do it alone. Network with your peers and friends and find your community. That kind of collaboration is what drives change. As Mahatma Gandhi said, "Be the change that you wish to see in the world." ▰

"With the unexpected comes unprecedented opportunity to find purpose and contribute to meaningful change."

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