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GENERATION RAP: VETERAN AND EMERGING LEADERS SPEAK OUT

Newly named Catherine Worthingham Fellows of the American Physical Therapy Association and APTA emerging leaders discuss the physical therapy profession's past, present, and future—and share advice.

2019 PT IN MOTION ANNUAL INDEX

A listing of articles—by author and subject—that appeared in PT in Motion in 2019.

COMPLIANCE MATTERS

Here are answers to your questions on regulatory compliance and related legal issues.

ETICS IN PRACTICE

On what basis is referral acceptable?

DEFINING MOMENT

A travel writer’s journey leads to a career in physical therapy.
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The dangers are that veteran PTs may not always reflect best-practice standards, while younger practitioners may sometimes miss “the big picture” that comes with experience.

Lauren Bilski, PT, DPT, in “Generation Rap” (page 24)
Three Configurations Available for Your Diverse Clinical Needs

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Defining Moment:
Growing Pains
October 2019

What a wonderful article. Sharna is the leader in a breakthrough for pain and taking a route that does not overlook the emotions that play a part in our pain. Her ability to describe emotions and put the connections together with our bodies is exactly what people need to hear. Thank you!

Teshala

Thank you for sharing your amazing heartfelt story. You are an inspiration to our field!

Jacquelyn Kwon

Beautiful article, worth reading, learning how to deal with your personal pain. I am proud of you.

Chitra Gopal

So proud of what you’ve accomplished and overcome. I’ll be sharing your story to inspire others.

Ken T

Thank you Sharna for your insights. You are very inspiring. You are definitely a healer in every respect of the word.

Neerja Baijal

Defining Moment: Pointed Pleasures
September 2019

What an incredible pursuit! Thank you for making the dance community accessible to these children. As a former dance instructor and professional dancer, I know exactly how you feel about the art form, and what you are bringing to these children. Thanks for sharing your talents.

Alissa Thompson

Thank you so much for taking time to share a piece of your passion here. I know the joy this brings you and I loved reading about it. It’s inspiring to me to think of ways I can combine my love for my patients with my passions to bring even more joy to what I do!

Beth Johnson

Battling Bias’s Distorted Images
October 2019

Excellent article. I am a PT with a rare form of midlife muscular dystrophy and use a power chair primarily when out. I find I often am discounted solely by being in my power chair.

Dianne Davidson

In all correspondence, please include your full name, city, and state. Letters and posts may be edited for clarity, style, and space. Published letters and comments do not necessarily reflect the positions or opinions of PT in Motion or the American Physical Therapy Association.
First Choice for a Second Career  
July 2017

I am 61 and nowhere near stopping. I am thinking about becoming a PTA; I am currently a licensed practical nurse. What do you think?

Mary Bolduc

Well To Do: Rock Your World  
September 2019

Thank you Brad! A great motivational reminder from Stephen Covey. In an advancing and eager field of new physical therapists, we often hear of the struggles of burnout and keeping up with current literature. I’ve used Covey’s model as a great stepping stone for students and new graduates to identify the “rocks” in their lives—those things that are essential to us as humans and PTs. Let’s make goals—short, medium, and super-long ones—with the large rocks at the core. Suddenly, all the surrounding “sand” and “water” seems to support those rocks. What we read, lectures we attend, from whom we seek guidance. It all adds up in tiny bites!

Matt Calendrillo PT, DPT

Purposeful Horseplay  
March 2019

No one has a right to say that hippotherapy is not a standalone treatment. It has been around for thousands of years and must be protected as a therapy.

Athena Tsakopoulous

Greetings From PTs and PTAs Who Travel  
August 2019

I had just finished my first semester of PT school at UNLV and, while taking my celebratory camping trip, I came across your article in my first PT in Motion since joining APTA. (Thank you for including PT in Motion with my membership.) It was perfect timing.

After midterms, evidence-based practice, and anatomy with lab, I went camping and the idea of being “Dr Drew: Travel PT” really got hold of me. The camping trip, after finals, was all about living and documenting life as Dr Drew. This article in which the profiled traveling PTs are featured really took it to another level for me. Thank you to them with love and gratitude. I look forward to following their journeys as I continue to work on this first part. I’ve always felt like schooling really can’t prepare you for how it really is. It’s nice to have people like you out there making life easier for the next of us. The door to my RV will always be open to you.

Drew Falcinelli
Future “Dr Drew: Travel PT”

Measuring by Value, Not Volume  
July 2015

I have seen this issue of productivity at almost all the nursing home facilities at which I’ve worked. It truly is difficult to deal with ethical issues. But we must stand up and remember that therapy is our patients’ best chance of getting home and gaining independence.

Lois Foreman
Your Questions Answered

Use the information and resources here to get the details you need on regulatory compliance and related legal issues.

APTA’s Regulatory Affairs staff are here to answer your questions on regulatory compliance, laws, and any other quasi-legal issues you might be facing. Although we can’t offer legal advice, we conduct research on member inquiries to ensure that you have accurate, up-to-date information for informed decision-making.

We see great value, as well, in educating members on how best to find their own answers to commonly encountered questions. So, let’s take a look at the basics of researching regulatory and compliance issues.

Sources of Law

Before jumping into the how-tos, it’s important to identify the types and sources of authority with which you might need to comply. If you are of a certain age, now might be a good time to re-watch old-school Saturday-morning television episodes of “Schoolhouse Rock.” If “I’m Just a Bill” doesn’t ring a bell, however, just keep reading.

There are 3 branches of government in the United States—legislative, executive, and judicial—and, accordingly, 3 sources of law. In addition, there’s a federal and state component to each.

Legislation

Legislation refers to laws passed by a legislative body. Federally, potential legislation—a bill—must be approved by the House of Representatives and the Senate, then signed by the president. Once a bill is signed into law it’s called a statute.

As legislation makes its way through Congress, APTA’s Congressional Affairs team is at work on Capitol Hill ensuring that the physical therapy profession has a seat at the table for any health care-related issues. Congressional Affairs staff also work with APTA’s Regulatory Affairs staff to draft legislation that will benefit the physical therapy profession, then work to secure sponsors to introduce the legislation in the House and/or Senate, as well as cosponsors to back the legislation once it has been introduced.

Congressional Affairs staff also educate members of Congress about the profession. Meanwhile, the association’s PT-PAC and...
Grassroots team works to ensure that APTA members are informed of congressional goings-on and how they can get involved.

Each state has a legislative body, sometimes called a general assembly, which passes its own laws. APTA’s State Affairs team works with the association’s state chapters to track pertinent legislation in that state. Direct access, scope of practice, and the Physical Therapy Compact are just a few examples of how important and impactful work in the state legislatures can be.

**REGULATION**

Regulations hold the same legal weight and authority as legislation but come from a different source and follow a different journey to becoming law. Regulations come from administrative agencies such as the departments of Health and Human Services, Veterans Affairs, and Labor, as well as the Internal Revenue Service. All of these entities fall within the executive branch of government and ultimately are accountable to the president.

To issue a regulation, an agency must have an authorizing statute. That’s because an administrative agency’s job is to enforce the laws that Congress passes, and regulations are intended to provide instruction to individuals and businesses on how to comply with the law. Rules have to go through a notice and comment period, wherein the agency releases the proposed rule, allows time for the public to submit comments, and can issue the final rule only after having reviewed those comments.

Agencies are required to consider and respond to the comments, which are made part of the record in case a rule should be legally challenged. Regulatory Affairs staff monitor and track federal agencies’ activities for engagement opportunities, such as in-person meetings or comments on a proposed rule, and alert the membership via the APTA Regulatory Issues: Take Action webpage (www.apta.org/RegulatoryIssues/Take Action/).

We also draft APTA’s official comment letter, and frequently draft a template for PTs, PTAs, and physical therapy students (members and nonmembers) to use when submitting their own comments. Although quality obviously matters, quantity also is important in certain instances. APTA always submits comments on rules affecting physical therapy, and agencies value our input as the voice of the profession. But they also want to hear from you and your patients, as you are the ones who will directly bear the consequences of rule changes.

The notice and comment process can be incredibly lengthy. For example, in summer 2018 Congress passed legislation permitting the US Department of Defense (DoD) to add PTAs to the list of authorized providers under TRICARE, a civilian network providing health care benefits to active-duty service members, National Guard/reserve members, and their families when services cannot be provided at a military treatment facility. However, because of the subsequent regulatory process, at this writing PTAs still are on hold to treat TRICARE patients until sometime in early 2020.

That’s because DoD must first: (1) draft the proposed rule implementing the legislation, (2) get approval from the Office of Management and Budget (OMB), (3) publish the rule in the Federal Register, (4) allow the public
Compliance Matters

to submit comments over a 60-day period, (5) review the comments, (6) draft the final rule (which may drastically differ from the proposed rule, based on public feedback), (7) send the final rule back to OMB for approval, (8) publish the final rule in the Federal Register, and (9) generally wait anywhere from 30 to 90 days for implementation.

COURT DECISIONS

Court decisions don’t impact physical therapist practice too often, but you still should be aware of how the judicial branch of government fits into the picture. Courts have the power to interpret as well as completely invalidate laws and regulations. For instance, everyone has heard of Roe v Wade, which invalidated laws outlawing abortion. When a law or regulation is passed, it’s not uncommon for a legal challenge to occur, claiming that the action is unconstitutional—or, in the case of regulations, “arbitrary and capricious,” which basically means that the regulatory agency that issued the rule did not provide sufficient rationale for promulgating it.

A great example of a case that’s winding its ways through the court system is Texas v Azar. That case, if successful, would invalidate the Affordable Care Act. This would have myriad consequences, not the least of which would include ending Medicaid expansion, ending the mandatory essential health benefits provision (which requires health insurance to cover habilitative and rehabilitative services), and axing the “marketplace” through which 8.5 million Americans get their health insurance.

Similar cases involving short-term limited-duration insurance and association health plans are currently working their way toward the US Supreme Court.

GUIDANCE FROM OTHER SOURCES

Finally, some sources of guidance aren’t laws at all, but still require your compliance.

For example, if you accept payment from a commercial insurance carrier, you likely signed a provider contract that contains important dos and don’ts. Insurance companies also tend to have policies and procedures (P&Ps) that they require practitioners to follow. Finding these P&Ps sometimes is difficult; however, companies assign you a provider representative who can guide you to the right answer.

Similarly, if you work in a hospital or other large facility, it probably has its own P&Ps with which you must comply. Check with your supervisor or compliance officer for your employer’s requirements.

Resources

Here are tools to help you answer some of the most frequently asked questions that Regulatory Affairs staff receive.

MEDICARE

Most member inquiries involve Medicare policies. That stands to reason, given that more than 60 million people are enrolled in the program. The good thing about Medicare is that because it’s a government program, its policies tend to be pretty easy to find.

There are 2 Medicare manuals you should know intimately, at least with regard to the chapters dedicated to your practice setting. They are the Medicare Benefit Policy Manual (www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html) and the Medicare Claims Processing Manual (www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html). They are your first stop for any question involving Medicare. Broken down by setting, they detail CMS’ official policies on documentation standards, coverage requirements, and billing and coding.

The Medicare Benefit Policy Manual chapters most relevant to physical therapy are those on inpatient hospital services covered under Part A (Chapter 1), hospital services covered under Part B (Chapter 6), home health services (Chapter 7), coverage of extended care (skilled nursing facilities) services (Chapter 8), comprehensive outpatient rehabilitation facility coverage (Chapter 12), and covered medical and other health services (Chapter 15).

The Medicare Claims Processing Manual chapters most relevant to physical therapy are those on general billing requirements (Chapter 1), inpatient hospital billing (Chapter 3), Part B outpatient rehabilitation and comprehensive outpatient rehabilitation facility/outpatient physical therapy services (Chapter 5), skilled nursing facilities Part B billing, including inpatient Part B and outpatient fee schedule (Chapter 7), home health agency billing (Chapter 10), completing and processing form CMS-1450 (Chapter 25), completing and processing form CMS-1500 (Chapter 26), and financial liability protections (Chapter 30).
Conditions of Participation Interpretive Guidelines

Additional requirements for facilities can be found in Medicare Conditions of Participation. Compliance with these requirements is required to participate in any Medicare or Medicaid program. CMS publishes interpretive guidelines to help facilities and state officials reviewing those facilities determine and maintain compliance:


National and Local Coverage Determinations

If you are trying to determine if a specific service is covered by Medicare, look to national coverage determinations (NCDs) and local coverage determinations (LCDs).

NCDs are binding, nationwide determinations of whether Medicare will pay for an item or service. In their absence, an item or service is covered at the discretion of the Medicare Administrative Contractor (MAC) for your region under an LCD.


All NCDs and LCDs can be found on CMS’ Medicare Coverage Database ([www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx](www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx)).

For more information on MACs, NCDs, and LCDs, visit APTA’s webpage on local coverage determinations ([www.apta.org/Payment/Medicare/CoverageIssues/LCD/](www.apta.org/Payment/Medicare/CoverageIssues/LCD/)).
Compliance Matters

Additional Medicare Resources

CMS also publishes a fair amount of “subregulatory” guidance. It isn’t law, but it’s intended to help consumers, providers, and the general public understand the law.

Places to start looking for such guidance are CMS’ Medicare homepage and therapy services page (www.cms.gov/Medicare/Medicare.html and www.cms.gov/Medicare/Billing/TherapyServices/index.html).

APTA’s webpage on Medicare payment and reimbursement provides answers to commonly asked Medicare questions on coding and billing, coverage issues, denials and appeals, and more (www.cms.gov/Medicare/Billing/TherapyServices/index.html).

We also encourage you to check out APTA’s fee schedule calculator to determine what you can charge Medicare patients. This page also offers great advice on multiple procedure payment reduction (www.apta.org/Payment/Medicare/FeeCalculator/).

MEDICARE ADVANTAGE

Under Medicare Part C, private companies contract with the federal government to offer benefits to beneficiaries. These plans, called Medicare Advantage (MA), offer beneficiaries another health plan choice for Medicare coverage.

Similar to the manual for original or fee-for-service (FFS) Medicare, CMS publishes a guide to MA: The Medicare Managed Care Manual (www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html). While this manual regulates insurance companies that administer MA plans rather than providers, it’s still an excellent source if you have a MA question. The chapters most relevant to physical therapy are those pertaining to general provisions (Chapter 1), benefits and beneficiary protections (Chapter 4), relationships with providers (Chapter 6), and the effect of change of ownership (Chapter 12).

Visit APTA’s Medicare Advantage webpage for answers to frequently asked questions about MA (www.apta.org/Payment/Medicare/Advantage/). MA plans must cover at least the same benefits as FFS Medicare, but they can cover additional benefits, too. They also have their own network, cost-sharing structure, reimbursement rates, and claims processes. When you have a question about a MA plan, look to the provider contact or your patient’s policy for answers. See also the section on commercial insurance below.

MEDICAID

Medicaid can be a tricky system with which to work because it is both a federal and a state program. A common misconception is that Medicaid must follow Medicare’s rules. This simply is not true. States create their own rules for Medicaid. While they may look to Medicare as a guide, not a single state has adopted Medicare rules wholesale.

Sometimes a managed care organization that also does business in the MA space adopts Medicare rules for a Medicaid product to create uniform rules across product lines. But that doesn’t mean such an organization must use Medicare rules.

Whenever APTA staff receive a member inquiry on Medicaid, we first ask 2 questions: Which state? And, FFS or managed care? These are critical questions, because Medicaid is different in every state, and whether you are dealing with the state’s traditional FFS program or a managed care organization will determine where to find the answer.

APTA’s Medicaid page provides information on various Medicaid alternative payment models, and numerous advocacy resources to help with common Medicaid issues (www.apta.org/Payment/Medicaid/).

COMMERCIAL INSURANCE

Working with private or commercial insurance can be frustrating, to be sure. Before you decide to give up and become a cash-based practice, however, try to narrow down your inquiry.

Many commercial insurers also participate in government programs such as Medicaid managed care or MA. Ask if that’s the case and, if so, follow guidance for those plans.

If what you’re dealing with truly is commercial insurance, the answers to...
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your questions probably lie with the insurance company itself. Check your patient's policy and your provider manual, then contact your provider representative. Also, many insurers offer provider web portals with information that might steer you in the right direction.

Keep in mind, too, that commercial insurance for the most part is governed by state and not federal law. Every state has an insurance code—the law insurance companies must follow—and a department of insurance (DOI, sometimes called an insurance commission) that is responsible for enforcing the code. Often the code is broken down by types of insurance (long-term care, health maintenance organization, etc) and may include specific benefit provisions about the minimum coverage insurance companies must provide, prior authorization, timely payment of claims, surprise or balance billing, and so on.

Familiarize yourself with the law in your state; the DOI is an excellent resource if you have a question on insurance or a conflict with an insurer. Keep in mind, however, that the DOI's job is to protect consumers against insurance companies. As the provider, you likely will be in the middle and may not be the DOI's priority. Still, given the power the DOI has over insurance companies, consider reaching out—or encouraging your patients to file complaints with the DOI when systemic coverage or reimbursement issues occur.

APTA has a number of excellent resources for dealing with the most common problems related to commercial insurance. Visit the association's webpages on commercial insurance (www.apta.org/Payment/PrivateInsurance/) and utilization management (www.apta.org/Payment/PrivateInsurance/TPAUtilizationMgmtReview/).

**VETERANS AFFAIRS AND TRICARE**

Most care provided to veterans is delivered directly by the US Department of Veterans Affairs (VA) at VA facilities, by VA employees. With passage of the VA Maintaining Internal Systems and Strengthening Outside Networks (MISSION) Act in 2018, however, VA also must provide services to covered veterans through eligible community entities and providers.

It's important that PTs in private practice and in other inpatient and outpatient settings who are or want to be community providers understand how, where, and when such care can be delivered. A place to start is knowing the difference between VA health care and TRICARE. Under VA, the Veterans Health Administration (VHA) covers veterans—those who once served in the military but have retired or are now separated from service due to a service-connected illness or injury. See a recent Compliance Matters column for more information.

TRICARE is administered within DoD by 2 separate contractors in 2 different regions: Humana Military in the East Region and the Health Net Federal Services in the West Region. To register to provide TRICARE services or for information on payment policies, contact the contractors at www.humanamilitary.com/ and www.tricare-west.com/.

**CASH PRACTICE**

Even PTs who choose to run a cash-based practice and don't take insurance need to keep in mind a number of regulatory considerations. Federal law does not allow PTs to opt out of the Medicare program. If a PT is providing a Medicare-covered service to a Medicare beneficiary, the therapist must be an enrolled Medicare provider and a claim must be submitted to Medicare.

If a non-Medicare-enrolled PT accepts payment directly from a Medicare patient for a service that is covered under Medicare, the PT could be subject to federal investigation and financial and other penalties. If the service is not covered under Medicare, the PT can collect out-of-pocket payment from the patient.

The APTA Cash Practice webpage provides important compliance tips for Medicare, Medicaid, private insurers, and workers' compensation (www.apta.org/Payment/Billing/CashPractice/).

**Contact Us**

We know that your patients are your priority. Going to these and other sources first may be the most efficient way to get the answers you're seeking. However, if you still need help, we invite you to direct any questions you might have to us at advocacy@apta.org. Staff will be in touch quickly to get you the information you need.

**REFERENCE**

A Salute to the 2018 APTA Strategic Business Partners

For further information about the APTA Strategic Business Partner Program, please visit APTA.org/Partnerships.
What does it mean to recognize one’s personal biases and to act in a “respectful manner” as a physical therapist (PT) or physical therapist assistant (PTA)—per the citation of those behaviors in the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant? Consider the following scenario, in which a PT takes ethical directives in an interesting direction.

Right of First Refusal?
Daniel, a doctor of physical therapy student (DPT) at State University, is doing a clinical rotation at Regional Medical Center, a level 1 trauma center. At the request of his clinical instructor (CI), Mary Kate, upon his arrival he had submitted a wish list of what he’d most like to do and accomplish during the rotation. Topmost was working with a patient with an amputation, as Daniel had been fascinated by the course content in his orthotics and prosthetics class. The student has enjoyed the rotation, finding Mary Kate to be a skilled PT and an insightful and patient teacher. He’s learned a lot about how to treat patients who have a variety of trauma-related injuries and conditions. With the rotation beginning to wind down, however, he has yet to see a patient with an amputation. This seems odd to Daniel, given the volume of patients the center sees. He assumes, however, that if a hospital patient had undergone an amputation in the time he’s been there, Mary Kate surely would have been aware of it. That’s because Mary Kate gets “first dibs” on all patients who are newly referred for physical therapy. This, too, seems a bit strange to Daniel. Each afternoon Mary Kate reviews the new-admissions list and tells Shirley, her supervisor (who’s also a PT), which new physical therapy referrals she will take and which she will assign to other PTs in the building. Daniel doesn’t know why Mary Kate is
afforded this privilege, but he’s heard that it predates Shirley’s arrival at Regional. As much as Daniel admires and enjoys working with Mary Kate, he’s also noted that she has a very strong personality, and he suspects that the policy’s continuation is meant in part to keep her happy. At any rate, Daniel figures, Mary Kate is extremely capable and has seen and done a lot in her 15 years at Regional. Someone needs to divvy up physical therapy patients, he reasons. Why not her?

But a discussion over lunch one day with a couple of other DPT students who are working with different CIs proves unsettling to Daniel. He happens to mention to the others how surprising it is that he has yet to have a chance to work with a patient post-amputation. “Not that I want anyone to lose a limb, mind you,” Daniel clarifies. “But c’mon, how many accident victims are there in this city every single day? Still, I’m sure that, knowing my interests, Mary Kate would’ve assigned me to an amputee if there were any to be had.”

Daniel is stunned when both of the other DPT students reply that they’ve worked with a patient post-amputation. “Actually, come to think of it,” one of the students amends, “I’ve seen 2.”

Later that day, Daniel recounts the conversation to Mary Kate. She rather brusquely replies, “Please be patient. I assure you that I haven’t forgotten your interests and that I’m on the lookout for the right patient for us to treat together.”

Her statement and demeanor perplex him, as any patient with an amputation would seem to be the “right” individual to match his interests. Daniel doesn’t challenge her, however, and hopes that she’ll indeed identify a suitable patient before his rotation ends—however Mary Kate might define suitability.

A couple of day later, Daniel is advising a patient in the emergency department on early pain management when one of the trauma surgeons asks him to discuss the rehab process.

resources

At www.apta.org/Ethics
Professionalism/

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

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

- “Ethical Decision Making: Terminology and Context”
with a patient he is prepping for an above-knee amputation. “Yes!” Daniel inwardly exclaims. He has reviewed the amputation rehab protocol many times. He confidently shares it with Jim, who’d lost his leg in a motorcycle accident, and Jim’s husband Dan.

Later that day, Daniel scarcely can contain his excitement as he discusses the encounter with Mary Kate. “Aren’t you the enthusiastic one?” she remarks with a smile.

“So, it looks like we’ve got our amputation patient,” Daniel says.

“Let me check the admissions list,” she replies. “I’ll let you know by the end of the day.”

Considerations and Ethical Decision-Making

At issue here are the behaviors not only of Mary Kate and Daniel, but of Shirley, who allows Mary Kate’s cherry-picking of patients. While there is a principle of the Code of Ethics for the Physical Therapist that sanctions referral to peers “when necessary,” the context there is “scope of practice and level of expertise.”

**Realm.** The ethical realm here is *individual*—between Mary Kate and patients referred for physical therapy—and *institutional/organizational*, in that Shirley and her predecessor have afforded Mary Kate privileges that Daniel believes are being misused.

**Individual process.** *Moral courage* is required of Daniel to challenge practices that he sees as unethical. *Moral sensitivity* is required of both Shirley and Mary Kate as they assess how best to recognize, assess, and frame the ethical situation.

**Ethical situation.** Daniel faces a *moral distress*, in that he feels he knows the right course of action but faces an institutional barrier. Shirley is guilty of *moral silence* if she feels Mary Kate’s referrals are ethically unjustified but allows them to continue.

**Ethical principles.** The following principles of the Code of Ethics for the Physical Therapist offer guidance to all parties in this scenario:

- **Principle 1.** Physical therapists shall respect the inherent dignity and rights of all individuals.
- **Principle 1A.** Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- **Principle 1B.** Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.
What’s there to check? Daniel wonders. He says nothing, however.

The student knows that his CI checks the admissions list at about 4 pm, so he comes to her office at 4:15.

Mary Kate tells Daniel that they’ll be seeing 2 new patients for physical therapy in the morning—1 of them post-shoulder replacement and the other following anterior total hip arthroplasty.

“But, what about Jim—the above-knee amputation,” a confused Daniel stammers.

“He’s been assigned to Michael,” she replies, naming another PT on staff.

“Michael? But why not—”

Before Daniel can complete the sentence Mary Kate is leaving the room. He hears her mutter, “I can’t be treating patients like your Jim.”

Upset, Daniel seeks out Shirley, recounts the conversation, and asks, “What do you suppose that’s about?”

Shirley says nothing at first, then responds, “Mary Kate is an exceptional therapist. Her skill level is among the best I’ve seen, in fact. But she’s also a very religious woman. She’s not comfortable treating patients whose behaviors and lifestyles she considers antithetical to her faith.”

Daniel has a hard time believing what he’s hearing. “Isn’t discriminating on the basis of personal bias prohibited by our profession’s code of ethics?” he asks.

Shirley sighs. “I’ve had this exact discussion with Mary Kate. Her argument is that if she is distracted by a patient’s lifestyle, she worries that some things might ‘slip through the cracks’—her words. She contends that she’s ethnically obligated to offer every patient the highest level of care, and that, therefore, referring certain individuals to another PT is the best way for her to achieve that. Mary Kate also says that her ethical obligation to act respectfully toward people regardless of such factors as their religion or sexual orientation means that the ‘respectful’ thing for her to do is to send certain individuals to another PT.

“I’m not saying that the situation is in any way ideal,” Shirley continues. “But this accommodation started before I got here, and the unspoken feeling I’ve gotten from the administration is, ‘If it ain’t broke, don’t fix it.’ The message is that every patient who needs physical therapy is getting it one way or the other, so it’s all good.”

It seems to Daniel that continued indulgence of Mary Kate’s behavior—faith-based or not—is wrong. He wonders, too, if there are other types of patients he never had the opportunity to treat during his rotation, based on information that Mary Kate culled from admissions information. What about drug users? Unwed mothers? Daniel wonders who else may have failed to meet his CI’s moral threshold for treatment.

For Reflection

This scenario invokes 2 very different readings of principles 1B and 1A of the Code of Ethics for the Physical Therapist. The first states in part that PTs “shall recognize their personal biases and shall not discriminate against others in physical therapist practice.” The second dictates that PTs “shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.”

Have you faced a situation in which you felt uncomfortable treating or working with a patient? Looking back, do you think you handled the situation appropriately?

Also, have you ever encountered an interpretation of the profession’s ethical code for PTs, and/or its standards of ethical conduct for PTAs, with which you disagreed? If so, how did you respond?

For Followup

If you are reading the print version of this column, go online to www.apta.org/PTinMotion/2019/12/EthicsinPractice/ for a selection of reader responses to the scenario, as well as my views on how the situation might be addressed. If you are reading this column online, simply scroll down to the heading “Author Afternote.”

Be aware, however, that it generally takes a few weeks after initial publication for feedback to achieve sufficient volume to generate this online-only feature.
As APTA prepares to celebrate its centennial in 2021, we are charting a course that honors the strength of the past 100 years while preparing for an exciting future.

APTA’s upcoming centennial is much more than an anniversary party. We will honor our heritage while ensuring that the event leaves a lasting legacy for future generations.

A number of exciting events and engagement opportunities are in the works to mark the year, and a centennial website dedicated to the event—centennial.apta.org—has been created to publicize them when details are announced. We encourage members to visit the site often for information and updates on events and activities, and to see how to join in the celebration.

APTA’s story began with a calling: to serve those who sacrificed so much for our country in World War I. Where others saw limitation, reconstruction aides saw potential. Since our founding in 1921, we have moved forward together, with a passion and commitment to transform lives and strengthen our profession.

Here are 15 milestones from our first century, excerpted from the centennial microsite, which contains a list of 100 milestones of the physical therapy profession and APTA.

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JANUARY 15, 1921 | APTA’s founders meet at Keens Chophouse in New York City. The participants decide to create an association. They name it the American Women’s Physical Therapeutic Association. Dues are established at $2.

The association’s journal, P.T. Review, debuts. The issue is held in production awaiting election results for new officers and the executive committee. Mary McMillan is elected president. Free to members, annual subscriptions to the quarterly publication are available to the public for $1. The journal’s name eventually becomes Physical Therapy (PTJ).
The association’s first annual conference is held from September 13 through 16 at the Boston School of Physical Education and is attended by 63 reconstruction aides. The association’s name is changed to the American Physiotherapy Association to be more inclusive.

The first special interest sections meet at the association’s annual conference in Palo Alto, California.

The association moves into its first official headquarters in New York City, where it was founded. Mildred Elson becomes the first executive director of APA.

The association’s House of Delegates is created at the 1944 annual meeting. Margery L. Wagner of California is elected first chair of the body.

The House of Delegates votes to change the association’s name to the American Physical Therapy Association.
The first 2 classes of physical therapist assistants (PTAs) graduate and enter the workforce. The first PTA education programs had been established earlier at Miami-Dade Community College in Florida and St Mary's Junior College in Minnesota (now St Catherine University).

APTA relocates its headquarters from New York City to Washington, DC, in order to have a stronger advocacy presence in the nation’s capital.

The first Combined Sections Meeting (CSM) is held in Washington, DC, drawing more than 1,000 attendees. By 2018, CSM would attract more than 17,000 individuals.

Catherine Worthingham becomes the first recipient of the fellowship program that bears her name. The Catherine Worthingham Fellow of the American Physical Therapy Association designation (FAPTA) is the highest honor among APTA’s membership categories.

Opportunities to Participate in 2021

What’s a celebration without events? Here are the major happenings in the works for APTA’s centennial in 2021.

› **FOUNDERS DAY** – January 15. APTA is looking in to a number of ways to mark Founders Day, the day APTA was established a century ago.

› **AN EXTRA-SPECIAL COMBINED SECTIONS MEETING** – February. APTA is planning an extraordinary CSM for members in Orlando, Florida.

› **CENTENNIAL GALA** – September 10. A very special evening of dining and entertainment will be hosted at the Washington National Cathedral in Washington, DC.
APTA purchases and moves from Washington, DC to new buildings at 1111 North Fairfax Street in Alexandria, Virginia. Two neighboring buildings would be purchased in 1993 and 1996. This marks the first time the association owns the buildings that house its headquarters.

The Student Assembly is formed to enhance the role of student members and lend a voice to the future leaders of the profession.

Association membership surpasses the 100,000 mark after a collaborative push by APTA, its components, and individual members. To put that accomplishment into perspective, APTA surpassed 25,000 members in 1975 and 50,000 members in 1990.

To begin the association’s 100th year, APTA will open a new headquarters in Alexandria, Virginia. It will support APTA’s workforce of the future and will be more welcoming to members and the public. APTA Centennial Center will serve as a tribute to APTA’s mission, vision, and values.

A SUMMIT TO DISCUSS THE FUTURE OF PHYSICAL THERAPY – September. APTA is organizing a summit to bring together leaders and future leaders of the profession. Participants will discuss current trends and what the next 100 years in physical therapy and health care might look like.

The APTA centennial website—centennial.apta.org—will update you on all of these events as we draw closer to 2021.
Generation Rap: Veteran and Emerging Leaders Speak Out
Catherine Worthingham Fellows of the American Physical Therapy Association (FAPTAs) and those designated “emerging leaders” of the association are by definition at different points in their career. FAPTAs are seasoned and savvy. Emerging leaders are newer to the profession but, well, they’re plenty savvy, too. (See more information on the designations on page 27.)

For all of their differences, however—FAPTAs having adapted to, and in many cases led, significant changes and innovations in the profession of physical therapy over the course of their career, while emerging leaders face newer challenges such as the burden of student debt and recognition of the need to expand physical therapy’s reach into areas such as population health—PT in Motion found many areas of commonality when the magazine recently asked selected members of the 2019 class of each group a series of questions related to physical therapy’s past, present, and future.

What comes out in the responses is mutual appreciation of the strengths both groups bring to seizing the opportunities and addressing the challenges facing physical therapy today. As emerging leader Katherine Sylvester, PT, DPT, puts it, “I see veteran and less-experienced PTs and PTAs mentoring each other, and everyone leaving those conversations with something valuable.” She is an acute care physical therapist (PT) at Navicent Health in Macon, Georgia.

But there are generational differences. Those newer to the profession perhaps are better attuned to the need for self-care and work-life balance, for example, than are some of their more-seasoned counterparts, and with veteran PTs having greater financial freedom to pursue their practice preferences.

“I see veteran and less-experienced PTs and PTAs mentoring each other, and everyone leaving those conversations with something valuable.”

— KATHERINE SYLVESTER

“I think today’s students are very interested in life balance, self-care, and relationships.”

— DONNA FROWNFTER

In fact, PT in Motion specifically asked FAPTAs and emerging leaders what they see as some of the biggest differences between PTs and physical therapist assistants (PTAs) who are relatively new to the profession and to those who became PTs and PTAs many years ago.

“I think today’s students are very interested in life balance, self-care, and relationships,” says Donna Frownfelter, PT, DPT, MA, FAPTA. “When I graduated, many of us placed our work first and had difficulty balancing it with our home life as we married and had families. Now,” she observes, “most couples both work, and I think they do a better job of balancing their work and family responsibilities. This is good for family life and helps prevent professional burnout.”

Frownfelter is the director of post-professional studies at Rosalind Franklin University of Medicine and Science in North Chicago, Illinois, and is an assistant professor there. She also is a board-certified clinical specialist in cardiovascular and pulmonary physical therapy.

Emerging leader Albojay Deacon, PT, DPT, suggests, however, that the cost of PT education has changed the wage calculus for new and recent graduates of doctor of physical therapy (DPT) programs.

“I keep in touch with many recent graduates, as well as PTs who are in hiring positions, and it’s interesting how each side feels that new graduates should be compensated,” says Deacon, who works at the Marquette University Physical Therapy Clinic in Milwaukee and is a board-certified clinical specialist in orthopaedic physical therapy. “Most graduates today come out of school anywhere from $100,000 to $200,000 in debt. New grads therefore have a greater need for and expectation of earning higher pay—a starting
salary of, say, $80,000. That figure seems more than fair, but it can be difficult for PTs in hiring positions who’ve hit a ceiling in their pay to justify compensating a newcomer the same amount it took that PT 10 to 15 years to make.”

Because of their debt burden, Deacon adds, “Some new grads view their current job situation”—which might be something more lucrative, such as working as a travel PT—“as a means to an end rather than a place for long-term employment.”

“My observation,” says emerging leader Lauren Bilski, PT, DPT, “is that those who entered the profession longer ago may practice more based on their years of valuable clinical experience, while newer PTs may rely more on evidence-based clinical practice guidelines and new technology in their care approach. The dangers on both sides,” observes Bilski, who works at Swedish Medical Center Cherry Hill Campus in Seattle, “are that veteran PTs may not always reflect best-practice standards, while younger practitioners may sometimes miss ‘the big picture’ that comes with experience.”

“The strongest hospitals and clinics benefit from diversity of PT and PTA personnel,” Bilski says. “The best outcomes are born from collaboration between young and experienced clinicians.”

Zoher Kapasi, PT, MSPT, MBA, PhD, FAPTA, sees current students and recent graduates as being “more ‘sociocentric’ than are practitioners of previous generations. The growth of student-driven pro bono clinics is a strong indication of this,” says Kapasi, dean of the college of Health Professions at the Medical University of South Carolina in Charleston. He adds, “Given that society offers us the privilege to practice our profession, it is only appropriate that we contribute in as many ways as possible to the broader public good.”

One change for the better that emerging leader David Faccini, PTA, has seen in recent years is “a stronger voice” for PTAs entering the profession today.

“Each year, PTAs are becoming more accepted as true partners with the new generation of PTs,” he says. “We are making and leaving our mark, and being recognized as respected members of the physical therapy community, family, and profession.”

Faccini is lead PTA at Associated Physical & Occupational Therapists, a Kenmore, New York-based provider of pediatric therapy in public and private school settings.

“The strongest hospitals and clinics benefit from diversity of PT and PTA personnel.”

— LAUREN BILSKI

“Given that society offers us the privilege to practice our profession, it is only appropriate that we contribute in as many ways as possible to the broader public good.”

— ZOHER KAPASI

“PTAs are making and leaving our mark, and being recognized as respected members of the physical therapy community, family, and profession.”

— DAVID FACCINI

Course Adjustments

FAPTAs and emerging leaders agree that the profession has evolved, changed, and in many ways expanded its reach. They’re equally aware, as well, however, that curricula are tight, and that there aren’t enough hours in the educational day to fully prepare PT and PTA students for every single need and demand of the “real world” they soon will encounter. As a way of identifying what they see as current gaps, PT in Motion asked them what currently non-mandated subject they would like to see the Commission on Accreditation in Physical Therapy Education (CAPTE) add to the curriculum, were it in their power to do so.

We’ll sample those responses shortly. But, first, Bilski suggests that the question be “flipped, to talk about how to decrease or condense the curriculum, in order to drive down the cost of physical therapy education.”

“As membership chair for the Pennsylvania Physical Therapy Association, I often heard from new professionals that their debt and monthly loan payment was a big barrier to professional membership,” Bilski recounts. “This burden of lifelong debt negatively impacts our patients, our association, and our future as a profession. We can continue the pursuit of clinical and professional excellence while simultaneously making education more affordable.”

That suggestion noted, here’s where FAPTAs and emerging leaders see needs in the curriculum.

“Social determinants of health, health equity, and health disparities are key topics not mandated by CAPTE that should be part of every DPT curriculum,” says Gammon Earhart, PT, PhD, FAPTA, director of the program in physical therapy and a professor at the Washington University School of Medicine in St Louis.

“I’d like to see a class on socioeconomic responsibility, designed to address the shortcomings in our health care system that produce a significant gap between the medical treatment we recommend and our patients’ ability to get what they need,” urges emerging leader Kerry Lammers, PT, DPT, a staff clinical specialist in acute care services at Johns Hopkins Hospital in Baltimore who is a board-certified clinical specialist in cardiovascular and pulmonary physical therapy.

“Homelessness, mental illness, complex domestic issues, diversity, and socioeconomic hardship are issues I discuss with my patients in the hospital on a daily basis,” Lammers says “Too often, we have health care providers who have not had
enough education or clinical preparation for some of these issues. But the reality is that our health care system is not able to sufficiently support underserved communities. We must educate providers and health care professionals about the potential options or programs available to patients to bridge the gap between hospital, home care, and return to prior level of function.”

Emerging leader Parminder Padgett, PT, DPT, says, “When I was in school, I would have appreciated more instruction in psychologically informed practice to better engage patients in behavior change, such as behavior regarding exercise.” Padgett, a board-certified clinical specialist in neurologic physical therapy, practices at University of Vermont Medical Center in Burlington.

“As the need to deliver exceptional value to patients receiving physical therapy continues to be paramount,” Kapasi says, “our students must be prepared to innovate. Development of leadership is vital in instilling change in an organization. Thus, one would expect leadership training to be necessary if an innovation mindset is to be imbued in our students. I would love to see leadership training courses incorporated in our curriculum.”

Faccini wants to see all PTA education programs include a class on gross anatomy.

“I realize this might be difficult to accommodate, but what if schools could partner with local DPT programs to provide this?” he asks. “Students could get early experience in PT-PTA teamwork by working together with DPT students in a gross anatomy class or lab.”

Faccini has a curriculum suggestion for DPT programs, as well.

“DPT programs are not educating the new generation of PTs well enough on the role and function of the PTA,” he says. “We are the ones doing much of the hands-on interaction with patients. We are on the front line, so to speak. We do—and can do—so much. DPT students should gain better awareness of this.”

Attention: Congress

If 2019 FAPTA and emerging leaders had the undivided attention of Congress for 10 minutes to educate lawmakers about something related to physical therapy, what would they say?

They’d talk about a variety of matters, ranging from the valuable role of PTs in preventive and

“I’d like to see a class on socioeconomic responsibility, designed to address the shortcomings in our health care system that produce a significant gap between the medical treatment we recommend and our patients’ ability to get what they need.”

— KERRY LAMMERS

“When I was in school, I would have appreciated more instruction in psychologically informed practice to better engage patients in behavior change, such as behavior regarding exercise.”

— PARMINDER PADGETT

What Makes for a FAPTA or Emerging Leader?

The designation Catherine Worthingham Fellow of the American Physical Therapy Association (FAPTA) is the association’s highest membership category. Awardees’ “contributions to the profession through leadership, influence, and achievements demonstrate frequent and sustained efforts to advance the profession” over the past 15 years or longer. For more information, go to www.apta.org/HonorsAwards/Honors/WorthinghamFAPTAs/ or contact honorsandawards@apta.org.

APTA’s Emerging Leaders awardees are PTs or PTAs who have “demonstrated exceptional service” in their first 5 to 10 years after graduation. These individuals—nominated by their chapter or section—have a record of accomplishment and contributions to the profession, their component, and the association. For more information, go to www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Awards/EmergingLeaderAward.pdf or contact NationalGovernanceLeadership@apta.org.
2019 Catherine Worthingham Fellows of the American Physical Therapy Association

Ronald Barredo, PT, DPT, EdD, FAPTA
Hermitage, TN

Jennifer Brach, PT, PhD, FAPTA
Pittsburgh, PA

Andrew Butler, PT, MPT, PhD, MBA, FAPTA
Birmingham, AL

Chad Cook, PT, PhD, MBA, FAPTA
Chapel Hill, NC

Gammon Earhart, PT, PhD, FAPTA
St Louis, MO

Donna Frownfelter, PT, DPT, MA, FAPTA
Deerfield, IL

George Fulk, PT, PhD, FAPTA
Fayetteville, NY

Robert Gailey, PT, PhD, FAPTA
Pinecrest, FL

Bruce Greenfield, PT, MA, PhD, FAPTA
Chamblee, GA

Bryan Heiderscheit, PT, PhD, FAPTA
Madison, WI

Zoher Kapasi, PT, PhD, MBA, FAPTA
Charleston, SC

Karen McCulloch, PT, PhD, MS, FAPTA
Chapel Hill, NC

Nancy Berryman Reese, PT, PhD, MHSA, FAPTA
Conway, AR

Julie Ann Starr, PT, DPT, FAPTA
Brookline, MA

Barbara Tschoepe, PT, DPT, PhD, FAPTA
Boulder, CO
primary care to the cost-effectiveness of physical therapy throughout health care and the profession’s importance in maternity and childbirth.

“I would strongly advocate for the role of physical therapy in primary care,” says Ronald Barredo, PT, DPT, EdD, FAPTA, dean of the College of Health Sciences at Tennessee State University, where he also is a professor and interim chair of the Department of Physical Therapy. “I would argue that physical therapists have the appropriate training and specialization to function side-by-side with other primary care providers. During my conversation with lawmakers, I would note the expanded role of physical therapists in the military as primary care providers, and how this model can be expanded in the public sector.”

Barredo is a board-certified clinical specialist in geriatric physical therapy.

“I would educate Congress on the importance of preventive care for all individuals, but especially for the vulnerable population of older adults,” says Jennifer Brach, PT, PhD, FAPTA, associate dean of faculty affairs and development, and a professor, in the University of Pittsburgh’s School of Health and Rehabilitation Sciences. “As our population ages, it is important to encourage and support health and wellness services to prevent many of the negative consequences of aging. Fall-prevention programs and evidence-based exercise programs to increase physical activity and prevent loss of function are key for older adults.”

For her part, emerging leader Jenna Bush, PT, DPT, would emphasize to lawmakers that “physical therapy and conservative care can help decrease health care spending.”

Bush, a staff physical therapist at Rock Valley Physical Therapy in Davenport, Iowa, adds, “I would educate Congress on average physical therapy costs per course of care for common diagnoses such as low back pain, neck pain, balance and falls, and dizziness, and then compare those figures with what is spent on office visits, imaging, medication, injections, and specialty care. This would give me the opportunity,” she says, “to show that the costs are significantly different, and that by choosing physical therapy when appropriate, we could significantly cut down on health care dollars expended.”

“Given that 1 out of every 5 Americans has some type of disability and only 20% of people with disabilities have full-time jobs, I would note that physical therapists have important roles to play in improving function in this large population and enabling their employment,” Kapasi says.

Bilski says that she would discuss inpatient rehabilitation length of stay. “Access to inpatient rehabilitation and length of stay in acute rehab hospitals have decreased over the past 20 years while, simultaneously, physical therapist practice and available rehab technology have continued to advance,” she notes. “Patients should be able to access these facilities and utilize these resources to strive for meaningful recovery.”

Deacon observes, “We have created a society that is dependent on taking medications to manage issues rather than working to cure them. I would emphasize to Congress that it would be far more productive if our medical professionals encouraged patients to learn more about their bodies through physical therapy to prevent a recurrence of their neck or back pain, rather than reinforcing the notion that every time you hurt yourself, all you need is a couple of pills.”

Sylvester would tell lawmakers that “a physical therapy consult within a week of childbirth should be standard, paid maternity leave should be mandated for at least a year, and paid paternity leave of at least 3 months should be mandated. There are women who are returning to work very soon after giving birth not because they want to,” she points out, “but because they don’t have the income to stay home. They return to work with pelvic pain, leaking urine, and unaddressed postpartum depression, to name a few of the issues.”

Sylvester and Frownfelter say they’d discuss the high cost of PT education and would petition Congress for changes to make tuition more affordable and provide loan relief to students.

**Diversification**

Emerging leaders and FAPTAs agree that better diversifying the ranks of PTs and PTAs should be a profession-wide priority. Strategies, they say, should include attracting the attention of youth at a younger age, creating a “holistic” admissions process, volunteering in diverse communities, and taking steps to make education more affordable.

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— JENNIFER BRACH

“By choosing physical therapy when appropriate, we could significantly cut down on health care dollars expended.”

— JENNA BUSH

“Building personal relationships is key to increasing diversity in the profession.”

— GAMMON EARHART

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2019 Emerging Leaders of the American Physical Therapy Association

Lauren Bilski, PT, DPT
Pennsylvania Chapter
Philadelphia, PA

Caroline Brunst, PT, DPT
Ohio Chapter
Dublin, OH

Jenna Bush, PT, DPT
Iowa Chapter
Davenport, IA

Albojay Deacon, PT, DPT
Wisconsin Chapter
Milwaukee, WI

David Faccini, PTA
New York Chapter
Niagara Falls, NY

Matthew Ithurburn, PT, DPT, PhD
Section on Research
Birmingham, AL

Jorgeann Koenig, PT, DPT
Michigan Chapter
Lansing, MI

Kerry Lammers, PT, DPT
Academy of Acute Care Physical Therapy
Baltimore, MD

Hallie Lenker, PT, DPT
Academy of Oncologic Physical Therapy
Columbia, MD

Emily Littlejohn, PT, DPT, ATC
Oklahoma Chapter
Newcastle, OK

Andrea Mattison, PT, DPT
Academy of Pediatric Physical Therapy
Maplewood, MN

Heidi Moyer, PT, DPT
Academy of Geriatric Physical Therapy
Willowbrook, IL

Mary Kate Murray, PT, DPT
Massachusetts Chapter
Boston, MA

Carol-Ann Nelson, PT, DPT
Oregon Chapter
Bend, OR

Parminder Padgett, PT, DPT
Vermont Chapter
Burlington, VT

Kristen Schulz, PT, DPT
North Dakota Chapter
Thompson, ND

Stephen Shultz, PT, DPT
North Carolina Chapter
Matthews, NC

Katherine Sylvester, PT, DPT
Georgia Chapter
Macon, GA
them of the opportunities available in physical therapy as they make their career choices.”

“Market to middle and high school students in the populations you are trying to attract,” Frownfelter says. “Discuss the profession's opportunities and future. Then, PT schools can hold open houses and bus students to their campus to talk with current PT students.

“Also, in the summer, offer week-long camp-type experiences for younger students to come on campus and go to anatomy lab, attend classes, and learn more about health care possibilities,” Frownfelter adds. “Our school, Rosalind Franklin University, offers such camps and has found them to be productive.”

Padgett urges PTs and PTAs to “practice and volunteer in diverse communities to set an example for young people.”

Kapasi advises, “A holistic admissions review process that incorporates aspects such as socio-economic status, geographic representation, and educational preparation, together with cognitive metrics and noncognitive characteristics, may allow programs to achieve greater diversity in their student populations. Whether diversity is reflected through race, ethnicity, disadvantaged backgrounds, or a combination thereof,” he says, “holistic review will help create a student body that reflects the diversity observed in the general population.”

At his school, Kapasi says, “in 2017, our DPT program implemented holistic review of admissions, and our average from 2010 to 2019 is 14% underrepresented minority students, which is more than double the percentage of the 3 years prior to holistic admissions in our matriculated class.”

Bilski recalls, “I heard the quote ‘Diversity is being invited to the party and inclusion is being asked to dance’ many times at the 2019 House of Delegates. We need 100% buy-in at every level of the association, and meaningful community outreach from the association, its components, and physical therapy education programs.”

Lammers agrees that making PT school more affordable is a key to increasing the profession’s diversity.

“High tuition for DPT programs paired with relatively low salaries after graduation is prohibitive to a wide range of students,” she notes.
Expansive Ideas

*PT in Motion* noted that the physical therapy profession’s reach has been expanding into clinical specialty areas, wellness, population health, and more. Which trends do newly named FAPTAs and emerging leaders deem most important?

“The trends that I believe are most important to the profession include the expanding roles of physical therapists in primary care and public health,” Kapasi says. “That importance is based largely on 3 factors: unmet need in the larger population and underserved areas, a prospective solution through the provision of care provided by physical therapists, and recognition by various stakeholders of the effectiveness of physical therapy care.”

“While it has been exciting to watch various trends arise, and to really sit back and appreciate the wide scope of how much physical therapy can accomplish, the most important new initiative from my perspective,” Bilski says, “is the groups working to define the movement system and to clarify what it is to be a movement system expert. It is critical that we define our professional identity intelligibly and concisely before we dive into the next big thing. This structure also can contribute to reducing variability of practice, which is critical to our professional sustainability.”

Bryan Heiderscheit, PT, PhD, FAPTA, believes that “clinical specialties are particularly important when engaging with other health care professions. While generalist training is sufficient in some settings, specialty training is necessary to advance the profession and its visibility.”

“I would love to see us move toward a dental model of care where people have regular movement check-ups with a physical therapist. Just think of all the problems we could help people avoid.”

— GAMMON EARHART

“Clinical specialties are particularly important when engaging with other health care professions. While generalist training is sufficient in some settings, specialty training is necessary to advance the profession and its visibility.”

— BRYAN HEIDERSCHEIT

“Wearable sensors hold much promise in assessing movement occurrence and quality of our patients in their living environments,” Heiderscheit says. “When our patients leave our office, we have little understanding of what they are doing or how they are doing it. Obtaining this valuable information will enable us to better understand our patients’ needs.”

Padgett, meanwhile, expresses “hope for virtual reality and video games to be interesting and compelling in a manner that will help us increase patients’ adherence and intensity in rehabilitation exercises.”

Tech Talk

Scientific and technological trends that offer the greatest opportunities for enhancing physical therapy’s ability to meet society’s future needs, 2019 FAPTAs and emerging leaders say, include telerehabilitation; apps, enhanced watches, and wearable sensors; virtual reality and video games; and advances in genetic science.

“Telehealth and mobile health hold great promise for enhancing our ability to meet society’s needs,” Earhart says, “Telehealth can help increase access to physical therapy and to people with particular specialist skills. Mobile health can help us keep in touch with patients between visits to answer questions, update exercises, and enhance motivation. And, she adds, “these modes of communication mesh well with the way current students and recent grads are accustomed to and adept at communicating.”

Sylvester believes that “the use of apps like FaceTime and technology like watches that can continuously monitor vital signs will be most important for enhancing PTs’ ability to meet society’s future needs. With access to these tools,” she says, “PTs and PTAs will be better able to monitor the patient’s understanding of things that were taught in person, compliance with home exercise programs, and tolerance to activity.”

“Wearable sensors hold much promise in assessing movement occurrence and quality of our patients in their living environments,” Heiderscheit says. “When our patients leave our office, we have little understanding of what they are doing or how they are doing it. Obtaining this valuable information will enable us to better understand our patients’ needs.”

Padgett, meanwhile, expresses “hope for virtual reality and video games to be interesting and compelling in a manner that will help us increase patients’ adherence and intensity in rehabilitation exercises.”
“Epigenetics has the potential to revolutionize our field,” Bilski says. “Perhaps the physical therapist I am most inspired by, Dr Richard Shields, introduced me to the concept of precision physical therapy at his McMillan lecture in 2017. There is great opportunity for the profession as we begin to better understand the epigenome and can better predict patient response to intervention and dose exercise.”

Deacon suggests that the term “technology” be expanded to include social media—and that PTs and PTAs fully tap its uses and possibilities.

“I believe that social media has helped our profession grow due to its ability to allow everyday PTs like me to connect with some of the greatest researchers in our profession,” he says. “Social media has played a great role in our ability to share our skillset with the world on a larger scale and platform. We all need to get better at utilizing different media platforms, to ensure that society sees how valuable PTs and PTAs really are.”

Strengths and Threats

Physical therapy’s biggest strengths include its people, its ability to adapt and innovate, its reach, the synergy of PT-PTA teams, and practitioners’ connection with patients. At the same time, however, 2019 emerging leaders and FAPTAs warn that threats loom in the forms of apathy, inadequate reimbursement, and insufficient marketing.

“Our biggest strength is our people. I am inspired by the talented, dedicated leaders in all areas of our profession who are passionate advocates for physical therapy,” Earhart says. “My optimism for the future comes not only from these current leaders, but equally from up-and-coming students and early-career professionals who bring great energy and new ideas.”

Barredo praises PTs and PTAs who “are invested in strengthening the profession, validating its utility and value, and positioning it for future success.” He is critical, however, of “those who are apathetic and uninvolved in the local, state and national initiatives that make the profession stronger and move it forward”—deeming them a drag on the profession’s future potential.

“Our biggest strength,” Kapasi says, “is ability to adapt to change—ie, to learn. We have always worked under significant constraints—whether they are related to referral for profit, lack of autonomy in clinical decision making, therapy reimbursement caps, or what have you,” he notes, “yet we have made tremendous progress as a profession because of our ability to respond to those challenges by our singular focus on being evidence-based and innovative. We have stayed true to our vision of optimizing movement to improve the human experience, and thereby transforming society.”

Bilski sees great strength in the profession’s “diversity of practice, in terms of environments and specialties.

“For patients, there is always a therapist who is suited to meet their unique and diverse needs. I don’t think we have even scratched the surface of marketing our full potential.”

– LAUREN BILSKI

“Our profession has so much to offer in terms of cost savings for community reintegration of patients with chronic conditions. However, we continue to fight battles in every state secondary to our right to practice,” she notes. “I work full-time at one of the most prestigious medical institutions in the world, yet I am constantly explaining the depth of our practice and our wide application in a variety of conditions and patient populations. We need to create awareness of how our profession can help the full spectrum of medical patients, in a wide variety of practice settings.”

Faccini sees “the ever-increasing use of the PTA” as being one of the profession’s biggest strengths.

“The PTA is an integral part of the physical therapy team. We are on the front lines in the clinics. We are talking with patients and helping them through tough times in recovery.”

– DAVID FACCINI

“The profession and, most important, the community will greatly benefit.”

Padgett says the profession’s greatest strength is “the amount of time we get to spend with patients, and our ability to connect with them.” She adds, “I am optimistic about our ability to help shape exercise behavior at the population level.”

Brach is concerned, however, about the cost of PT education, “especially in relation to available salaries. I believe we are losing many excellent students to other programs.
PT in Motion Asks...

Are you intrigued by the questions *PT in Motion* posed to APTA FAPTAs and emerging leaders in this article? How might you answer them? You can share your responses to some of them—and many other questions—by logging into the APTA Engage volunteer platform at engage.apta.org and creating a profile.

Find the “APTA National—*PT in Motion* Magazine Member Input” opportunity, review the rules for submitting, then click the Apply Today! button. You’ll see a list of questions. Respond to as many or as few as you wish in the space provided. Selected responses are highlighted on the back page of each issue of the magazine in the *PT in Motion* Asks... space. (See page 64 for a sample.)

We look forward to hearing from you.

“We must use data analytics such as those the Physical Therapy Outcomes Registry will provide to inform ourselves of the best and most cost-effective ways to treat our patients.”

— ZOHER KAPASI

“Efforts to collect outcome data in a systematic manner are critical to demonstrate the value of physical therapy,” Earhart agrees. “These efforts will address a number of issues, including reduction of unwarranted variation in practice, thorough establishment of standardized outcomes, and the need to demonstrate our value to consumers and payers.”

“I am optimistic,” Bilski says, “because I can see the direct impact my interventions have on a person’s functional mobility. I can measure it with standardized outcomes and demonstrate meaningful change. The trouble is unwarranted variability of practice. APTA is attacking this head-on, and the Outcomes Registry has great potential to ward off this threat.”

Words To Practice By

The best piece of career advice that Karen McCulloch, PT, MS, PhD, FAPTA, ever received had more to do with her life outside physical therapy than within it, she says. The source was Martha “Marty” Wroe, PT, MA, FAPTA, a founding member of APTA’s Academy of Neurologic Physical Therapy and one of McCulloch’s most important early mentors.

“As a PT faculty member at University of Florida, Marty strongly influenced my professional path. She encouraged my involvement in component activities, and I found my professional home in neurology,” McCulloch says. “I recall seeing her at APTA’s Combined Sections Meeting after I’d been out of school for about 10 years. She advised me to focus on balancing work with other aspects of life.

“Marty was a great at following her own advice—often traveling around the world to exotic places,” McCulloch continues. “I think it’s hard for anyone...
who becomes a PT, with such a competitive admissions process, to turn off that achievement drive and direct time and attention appropriately toward family, friends and life activities.”

“You might argue that Marty’s advice was not career focused,” McCulloch allows, “but our ability to do our best work is strongly influenced by how healthy we are overall—and other aspects of life are critical to that. So, my advice to all of my peers in physical therapy is this: Enjoy your work, but make sure to enjoy every aspect of your life fully.”

Sylvester has an addendum: While you’re enjoying the varying aspects of your life, don’t forget lunchtime—even on weekdays. Especially on weekdays.

“The best piece of career advice I’ve ever gotten was to never work over my lunch break, and instead to spend it doing something that I want to do. I was told that this would give me the time I need to recharge for the afternoon,” she says. “My takeaway was that I have to take care of myself so that I can take care of my patients. As a direct result of heeding that advice, I can say without hesitation that in the 9-plus years that I have been a PT, I have not felt burned out a single day,” Sylvester shares. “My first 4½ years, I spent my lunch breaks napping in the car, catching up with friends, or reading a book outside. For the past 4½ years, I have spent every lunch break that I can with my son. That advice has been a major guide in my decision-making as a PT, a mom, a wife, a sister, a daughter, and a friend. Following that advice has made me a better PT.”

“My best piece of advice came from my parents, who when I was younger told me, ‘Work is an opportunity to serve others, and a privilege that is not to be taken lightly.’”

— RONALD BARREDO

“While you’re enjoying the varying aspects of your life, don’t forget lunchtime—even on weekdays. Especially on weekdays.”

— KATHERINE SYLVESTER

“The best advice I ever got was to keep an open mind and to not be afraid to try new things,” Brach relates. “The beauty of our profession is that there are so many opportunities and practice areas available. You never know what you might like until you try it.”

Along those lines, Earhart maintains that the piece of advice she holds most dear—“stick your neck out”—is every bit as valid now as it was much earlier in her career.

Padgett says she tries to live by the advice “get out of your own way.” Too often, she notes, “we limit ourselves because of fear or doubts. We need to trust in our ability and forge ahead.”

“The best career advice I received was to always keep an active clinical practice,” Heiderscheit says. “Patients are at the core of everything we do. Seeing patients each week has made me a better researcher and educator, and frankly has had the single biggest impact on my career.”

Kapasi concludes with this story.

“A little over 10 years ago, Emory’s DPT program was ranked among the top 10 programs in the country, and I wondered what further improvements one could make! Steve Wolf, PT, PhD, FAPTA, my mentor, reminded me of the age-old advice that only our imaginations limit the future we can achieve.

“This advice may seem trite and clichéd,” he concedes, “but it is cliché because it is so real—and more importantly, it was the advice that I needed to hear at that moment. Since that time, the Emory faculty innovated to create robust dual-degree programs, started 3 clinical residency programs, and pioneered the first journal of humanities in rehabilitation,” Kapasi notes. “So, anytime I get comfortable with the status quo, I am reminded of this advice from Steve, which will be valid for all times to come, because as humans we cannot be satisfied with coasting,” he says. “We need to challenge ourselves by always imagining a better and bigger future for ourselves and for the organizations we lead.”

Eric Ries is the associate editor of PT in Motion.
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Another Argument for PTs in Primary Care Settings: They Know LBP. (Professional Pulse). 2019;11(2):48.


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Another Study Supports the Effectiveness of Telerehab. (Professional Pulse). 2019;11(8):51.


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HEALTH CARE HEADLINES
We’ve compiled highlights of stories published by PT in Motion News for a recap of reports on the physical therapy profession.

Final 2020 Fee Schedule: CMS Relents on PTA Differential System for 2020, Presses on With Planned 8% Cut to Physical Therapy in 2021

APTA and the physical therapy profession are facing a major win and a major challenge now that the US Centers for Medicare and Medicaid Services (CMS) has released the final 2020 Medicare physician fee schedule. While the agency seems to have listened to critics and made significant positive changes to the way it will calculate payment when therapy services are delivered at least “in part” by a physical therapist assistant (PTA), it inexplicably ignored thousands of comments, including a letter from members of Congress, calling for reconsideration of a proposed 8% payment cut for physical therapy and host of other disciplines in 2021. The planned cuts set the stage for intense advocacy efforts by APTA and other professional organizations representing a wide range of health professions, including psychologists, occupational therapists, ophthalmologists, chiropractors, and clinical social workers.

www.apta.org/PTinMotion/News/2019/11/04/PFSFinalRule/

Final Home Health Rule Cements PDGM, Allows PTAs to Perform Maintenance Therapy

The CMS final rule for home health payment under Medicare didn’t change much from the proposed version released earlier this year, meaning that the Patient-Driven Groupings Model (PDGM) will indeed be rolled out beginning January 1. PDGM changes the unit of payment from 60-day episodes of care to 30-day periods of care and eliminates therapy service-use thresholds from case-mix parameters. In addition, the rule permits PTAs to perform maintenance therapy services under a maintenance program established by a qualified therapist.

www.apta.org/PTinMotion/News/2019/11/01/HomeHealthFinal/

CMS Hospital Discharge Rule Puts Focus on Postacute Patient Choice and Goals

The US Centers for Medicare and Medicaid Services (CMS) has released a final rule intended to support patient preferences around discharge planning for a move from a hospital or critical-access hospital to a home health agency, skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital. While the new requirements include APTA-supported changes that help put patients at the center of discharge to postacute care providers, the rule lacks provisions that would strengthen patient choice by including physical therapists (PTs) on the discharge planning team. The rule went into effect November 30.

www.apta.org/PTinMotion/News/2019/10/02/HospitalDischargeRule/

CMS Releases a Burden-Reduction Rule That Affects a Wide Range of Facilities, Settings

CMS has issued a final rule aimed at reducing Medicare- and Medicaid-related regulatory burdens in a range of settings, from hospitals to home health care. The rule largely hits its target. It includes provisions related to outpatient rehabilitation facilities, home health agencies, ambulatory surgical centers, hospitals and critical-access hospitals, psychiatric hospitals, transplant centers, X-rays, community mental health clinics, hospice care, and more. For the most part, the changes either lift or relax requirements, giving facilities more leeway in meeting reporting and other duties. CMS estimates the changes will save providers 4.4 million hours of paperwork time and result in $800 million in annual savings. Most of the provisions went into effect November 29.

www.apta.org/PTinMotion/News/2019/09/30/BurdenReductionRule/
Study Finds Relationships Between PTs Who Experience MSK Pain and Hours Worked, Patient Volume, and Years of Experience

A survey of PTs in Spain revealed that about half of all respondents had experienced moderate-to-high levels of low back pain in the last 30 days, and nearly 3 in 5 had experienced neck pain in the same time frame. Researchers analyzed those and other areas of pain in relation to work conditions and demographic variables, and found several elements that they believe increase—and sometimes decrease—the odds of experiencing musculoskeletal (MSK) pain. Among the connections: Larger patient loads, more hours worked per week, and more frequent use of machines and manual therapy raised the odds of some types of MSK pain, while more years of experience in the field tended to have the opposite effect.

www.apta.org/PTinMotion/News/2019/09/23/PTsAndMSKPain/
APTA LEADING THE WAY

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

New SNF Payment System Should Drive Quality Patient Care, Not Staff Layoffs

Fewer than 48 hours after the October 1 launch of a new Medicare payment system for skilled nursing facilities (SNFs), APTA began receiving word from PTs and physical therapist assistants that a number of providers were announcing layoffs or shifts to PRN roles with reduced hours and fewer or no benefits. Many were told by their employers that the new system, known as the Patient-Driven Payment Model, or PDPM, was the reason for reduced staffing levels and less therapy. The association immediately developed and sent out information to debunk these myths surrounding a system that was designed to support clinician decision-making and push SNFs toward a more patient-focused payment model. “Yes, this is a new payment system, but it doesn’t change the reality that staffing and service delivery must continue to be grounded in quality patient care,” said Kara Gainer, APTA’s director of regulatory affairs.

Student-Led ‘Flash Action’ on Federal Loan Repayment Program Sets Record

Federal lawmakers gained 14,000 additional reasons in September to increase access to PTs in rural and underserved areas—and to provide student debt relief to some PTs along the way—thanks to one of the most successful APTA “flash action” events ever. The 48-hour social media event, held September 18 and 19, focused on advocacy around the Physical Therapist Workforce and Patient Access Act (HR 2802/S 970), a proposal that would include PTs in the National Health Services Corps (NHSC) and its loan repayment program. Participants in NHSC can receive repayment for up to $50,000 in outstanding student loans when they agree to work for at least 2 years in a designated Health Professional Shortage Area. Increased access to physical therapy instead of opioids for pain management could help reduce consumption of the drugs in some areas of the country hardest hit by the opioid crisis.

The 14,148 communications advocating for passage of the legislation represents the most ever delivered during an APTA flash action event since their beginnings in 2013.

Leaders From 4 States Honored for Advocacy Efforts

Recognition of the importance of direct access to physical therapy for consumers, updating decades-old practice acts, and making it easier for patients to obtain handicapped parking plates and placards were among the accomplishments of this year’s APTA State Legislative Leadership Award winners. Awardees from Indiana, Minnesota, Ohio, and Wyoming were recognized at the association’s State Policy and Payment Forum in Arlington, Virginia, hosted by the Virginia Chapter of APTA.

Seeing a PT First for LBP Lowers Odds of Early and Long-Term Opioid Use

In an APTA-cosponsored study, analysis of more than 200,000 commercial and Medicare Advantage insurance beneficiaries revealed what researchers describe as a “significant” pattern: Among patients seeking treatment for low back pain (LBP), those whose initial visit was with a PT, chiropractor, or acupuncturist decreased their odds of early opioid use by between 85% and 91%, and lowered their odds of long-term opioid use by 73% to 78% compared with those whose index visit was with a primary care physician.

Media Tour Takes APTAs’ ChoosePT Message Nationwide

Pain is complicated, and effectively addressing it requires open communication and a true partnership between providers and patients. Sarah Wenger, PT, DPT, believes that physical therapy can support just that type of relationship, and she took that message to TV and radio stations across the United States as part of a September APTA satellite media tour. The “tour” involved linking up with TV and radio stations across the country to arrange for short remote interviews with Wenger, a clinician and educator with extensive experience in working with patients living with chronic pain. The daylong event was held during Pain Awareness Month and provided an opportunity to promote the association’s retooled ChoosePT.com consumer site (formerly MoveForwardPT.com) and use of the “ChoosePT” call to action to include a wide range of conditions, including pain.
PTJ’S EDITOR’S CHOICE

Recent research of note and more from PTJ (Physical Therapy, APTA’s scientific journal) has been selected by Editor-in-Chief Alan Jette, PT, PhD, FAPTA.

Point of View: Physical Therapists And Health Care Disparities in the Diaspora

While debate over immigration in the United States intensifies, Europe faces a refugee crisis that first became critical in 2014, when the war in Syria and other events in the Middle East and Africa created “the largest displacement of a people since World War II,” say Schottland-Cox and Hartman in this month’s Point of View. For many of the more than 1 million refugees stranded in Greece, health care is inadequate. Can physical therapists bridge the gap between overburdened primary care providers and the need for treatment of musculoskeletal pain and disability?

More Highlights From the December Issue

The issue informs management of patients with common chronic conditions:

- Using longitudinal data, Malindu et al answered an important clinical question about which gait parameters consistently are associated with nonhealing diabetes-related foot ulcers and are likely to promote higher mechanical stresses on the ulcerated foot and contralateral foot, with an inferred higher risk of falls.
- Ribiero et al looked at the correlation between energy cost of walking and participation in the activity, and found that higher energy costs of walking are associated with fewer steps per day and lower cadence in real-world walking in people after stroke.
- In poststroke hemiparesis, constraint-induced movement therapy generally results in improved daily use of a more affected upper extremity; however, individual responses vary widely. Kelly et al found that advanced machine learning/classification algorithms produced more accurate personalized predictions of rehabilitation outcomes than did commonly used general linear models.
- Based on evidence regarding the practice of sternal precautions, early physical therapy, and cardiac rehabilitation, El-Ansary et al advocated for a shift toward early, less-restrictive upper body exercise and activity following cardiac surgery and median sternotomy.
- “Family-Centered Care Enhanced Neonatal Neurophysiological Function in Preterm Infants: Randomized Controlled Trial” is the first study to examine whether family-centered care benefits early neurophysiological function in preterm infants with very low birth weight in an Eastern society.
- The importance of motor learning knowledge in physical therapy is obvious, but its application is lacking. Conceptual frameworks that frame motor learning knowledge in a clinical context could overcome the gap. Kafri and Atun-Einy took a first step, reviewing and distilling a complex field.
- Women with lumbopelvic pain who have uncontrollable urinary urgency and central sensitization are on average 2 times more likely to test positive for pelvic floor muscle tenderness on palpation.
- A protocol article details an intervention—individualized exercise plus behavioral change enhancement—whose effects on managing fatigue in frail older people will be studied in an upcoming cluster randomized controlled trial.
- A case report describes how to use implementation frameworks to provide proactive physical therapy for people with Parkinson disease.

Individual Versus Population Strategy

In his editorial, Alan Jette previews “Physical Therapist Clinical Practice Guideline for the Management of People With Heart Failure.” He contrasts this guideline (an example of a “high-risk” approach to prevention, in which physical therapists identify people with a condition and prescribe interventions) with a population strategy that targets whole populations and acts on the underlying causes of disease.

Read these articles and more in the December 2019 issue of PTJ. academic.oup.com/ptj/issue/99/11.
Creating Pipelines to Advance DEI

The following thoughts are my personal opinions. Like everyone else I view the world through a unique perception formed by my past experiences, opportunities, and exposures.

Differing views, backgrounds, and beliefs are essential to the optimal forward progression of humanity, and rather than creating weakness and strife, our differences should be our foundation.

Although there is obviously room for growth, it’s been great to see soaring interest and passion regarding diversity, equity, and inclusion (DEI) advancement efforts within our profession over the past few years.

With these advancements it should be made clear that racial disparities still are markedly present in academia, the clinical world, and everyday life; and DEI advancement is a gigantic topic, continuously moving and growing.

Literature has consistently shown that patient outcomes are significantly improved when provider demographics are more reflective of the surrounding community demographics, but if the population in the United States is roughly composed of a 60:40 Caucasian-to-minority population ratio, why isn’t the physical therapy profession similarly reflective?

As much as DEI needs to advance, there is a slippery slope between providing needed assistance for students of a minority population and putting students who are not of a minority population at a wrongful disadvantage. No one should be placed in or rejected from a program based solely on their demographic makeup. But we need to bring in talented and deserving students of minority populations to the profession to help it progress academically, clinically, and culturally.

As a first-year student at Medical University of South Carolina (MUSC) I joined 3 other physical therapy students to see if we could begin to bridge that gap. Over the course of a year we established COAST—the Creating Opportunity & Academic Success for Tomorrow’s Therapist program. This is a pipeline program geared toward high school and college students in minority populations. Its goal is, first, to provide mentorship to students who are interested in the physical therapy profession. At this point in their academic careers these students likely have ample time to achieve a competitive GPA before applying to physical therapy school. Mentors act as resources regarding admissions, practice setting, shadowing hours, study habits, and even everyday life questions like where to get a haircut.

The second component is what we call a physical therapy exploration program (PEP) day, when MUSC hosts potential high school and college students on its campus, doing communication and team-building activities, a university tour, clinic observations and tours, current physical therapy student interactive panels, and faculty minority alumni interactive panels.

We can’t rest on just getting students of minority populations into physical therapy school. We have to make sure that we are continuing to provide tailored mentorship and accountability throughout education and into the clinic.

Read the full story from July 11, 2019, in The Pulse.
www.apta.org/Pipelines/
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ONE by ONE, APTA’s membership-referral campaign, is your opportunity to share your successes, engage with your colleagues, and win rewards for yourself and even for your chapter and sections. The program began October 1 and runs through September 30, 2020. Help create an even stronger APTA community—invite your peers, colleagues, and staff to join APTA today. Working together, we can shape the future of the physical therapy profession, 1 member at a time.

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As my horse hobbled up the mountain toward Ruminahui, a volcano in Ecuador that rises more than 3 miles above sea level, shooting pain radiated from my upper back toward my ribs. It had started an hour earlier, when my horse had stumbled over uneven terrain in blasting winds. At that moment, I felt my upper back and lower back collide.

The pain was shocking—and disconcerting, as I was only 3 hours into an all-day trek. I felt uncomfortable and lost in more ways than one.

This was in 2010. I was a travel writer, so “adventures” like this were common. However, after 7 months living in Quito, where I worked as a staff writer for a travel guidebook company, I was auditioned out. Having endured a relentless parasite and numerous aches and pains, I’d been questioning whether this “dream job”—so exotic and enviable on paper—was what I really wanted.

Heartbroken and feeling physically broken down, I was reconsidering what mattered most to me. Despite the beautiful views, the exotic food, and the excitement and unpredictability of my life as a free-spirited travel writer in Central and South America, I wanted to be able to not just see more of the world, but to do more for that world.

My interest in becoming a physical therapist had begun many years before. When I first arrived at Bowdoin College in Maine in 2001, I knew I wanted to row on the crew team and I wanted to write. But I had an interest in medicine, as well. Knowing that it would be difficult to pursue all of those interests, I decided to investigate and prioritize.

I attended a meeting during my first week of college for anyone interested in pursuing a medical career. Science professors outlined the list of premed courses we’d need to take if we wanted to get to medical school. The list was long and did not excite me. They also suggested that we avoid participating in extracurricular activities such as joining a sports team, because the academic requirements of premed, they advised, were “rigorous.”
“Rigorous” didn’t scare me. The problem was that, as I browsed the course catalog, I was drawn to everything but the science courses. I was intrigued by offerings with names like “The History of Tibet” and “Archaeology of the Hellenistic World.” The more I looked at the catalog, the more strongly I suspected that the pre-med track wasn’t for me. At the time, all I knew about medical careers was that you could become a physician or a nurse. Physical therapy wasn’t on my radar.

In the end, I listened to my gut, which led me far from the sciences and down a clear path to the humanities. I ended up majoring in Spanish with a minor in archaeology. I also spent all 4 years rowing on the crew team, as I’d intended to do.

I was perfectly happy with those decisions until I hurt my back during the spring of my senior year and had to miss my final season of rowing.

Instead of waking up at 5 am to row as the sun rose, I found myself in physical therapy. What I expected to be a sorry substitute to mornings spent rowing on the water was actually, much to my surprise, enjoyable. I fell in love with the process of targeting specific muscles, learning about anatomy, and gaining a better understanding of my body and the causes of my pain. I started to think: What if I could share this knowledge with others while helping them regain function? I wondered about becoming a physical therapist.

When I looked into what was required to apply to doctor of physical therapy (DPT) programs, though, I figured it probably was too late for me. There I was, in my last semester of college, and there were 10 undergraduate science courses I still would need to take and pass in order to even have a chance of getting into DPT school. I determined that it wasn’t meant to be, and I went in another direction completely—accepting my first job as a new graduate working for Travel + Leisure and Food & Wine magazines in my native New York City.

As soon as I found myself situated among the office cubicles in Times Square, however, I knew a 9-to-5 office job wasn’t for me. Around the same time, in 2005, Hurricane Katrina hit New Orleans. My heart broke for the people of the
Defining Moment

amazing city I had gotten to know while visiting my long-distance boyfriend. I felt helpless, with no skills to assist anyone.

I decided to give my physical therapy idea another chance. I attended an open house for the DPT program at New York University (NYU) and left with excitement and hope. The more I learned about becoming a physical therapist, the more certain I felt that this was what I wanted to do.

But the more I looked into the time, cost, and personal sacrifices that such a decision would require, the more overwhelmed I felt. An opportunity to work as a travel writer in Mexico arose. That, too, excited me and was slightly less daunting, so I went with it.

I spent more than 5 years working as a freelance travel writer, while also editing a school publication in New York City. I enjoyed that rare freedom. There were many financial stability, relationships, adventures, and freedom. There were many times when I questioned everything. Why wasn’t I fine with simply holding an office job, like so many other people?

But it was so worth it. Now that I’m a physical therapist, I spend my days helping people find their strength, regain their passions, and live better and more active lives. That makes me so happy. I also love writing about the many ways in which physical therapy can help people prevent injuries and achieve their goals. My articles have been featured in such national publications as SELF, Men’s Health, Runner’s World, Bicycling, and The Huffington Post. I consider it a privilege to have not just 1, but 2 dream jobs.

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What qualities or benefits do you most look for when seeking a position in a clinical setting? In a DPT program?

**α:** Support for mentorship, clinician development, and a strong sense of professionalism are important to me when searching for DPT programs and clinics. These traits are subjective; however, they typically yield better objective outcomes with regard to pass rates, job satisfaction, and other factors.

— WILLIAM STOKES, PT, DPT

**α:** I’m looking for a team environment at both the staff and management levels. Is there cohesiveness between medical professionals within the hospital? Does the setting have all the clinical tools I need to provide the best care? Is there opportunity for growth within the company, and will they support me in my professional/career development?

— MICHELE SULWER, PT, DPT

**α:** Time with a patient. How does the clinic schedule, and what is their use of assistants or aides?

— LAURA COVILL, PT, DPT

What’s the best tip you can share for increasing your productivity?

**α:** Utilize therapy aides appropriately, if you have access to them.

— DANA LOTT, PT, DPT

**α:** Focus on what’s important, rather than what’s urgent. The big goals you have set must take precedence over daily things that seem important but are actually less important.

— ANDREW WILCOX, PTA

**α:** Get feedback from and pay attention to your more “productive” coworkers to see what they are doing.

— JENNIFER NOVIK, PTA, MBA

**α:** Figure out what works best for you. I like to document as I go instead of leaving it for the end of the day. Also, use smart phrases offered by your electronic health record system to assist with documentation efficiency.

— SUZANNE ORTIZ, PT, DPT

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