APTA® Magazine

/ Benefits of Education Leadership Training

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Dec. 2020–Jan. 2021 / Vol. 12 No. 11

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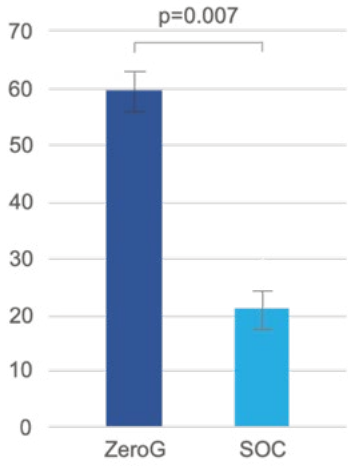
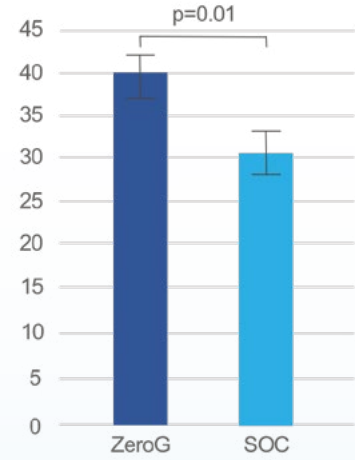


CVA Change in Total FIM



1 Anggelis E, Powell ES, Westgate PM, Glueck AC, Sawaki L, 'Impact of motor therapy with dynamic body-weight support on Functional Independence Measures in traumatic brain injury: An exploratory study. NeuroRehabilitation. 2019 Dec 18;45(4):519-524.

2 Elwert, N, Powell ES, Anggelis, E, Sawaki L, 'Effects of Dynamic Body-Weight Support on Functional Independence Measures in Acute Ischemic Stroke' 14th ISPRM World Congress and 53rd AAP Annual Meeting. Orlando, FL, 5-8 March, 2020.

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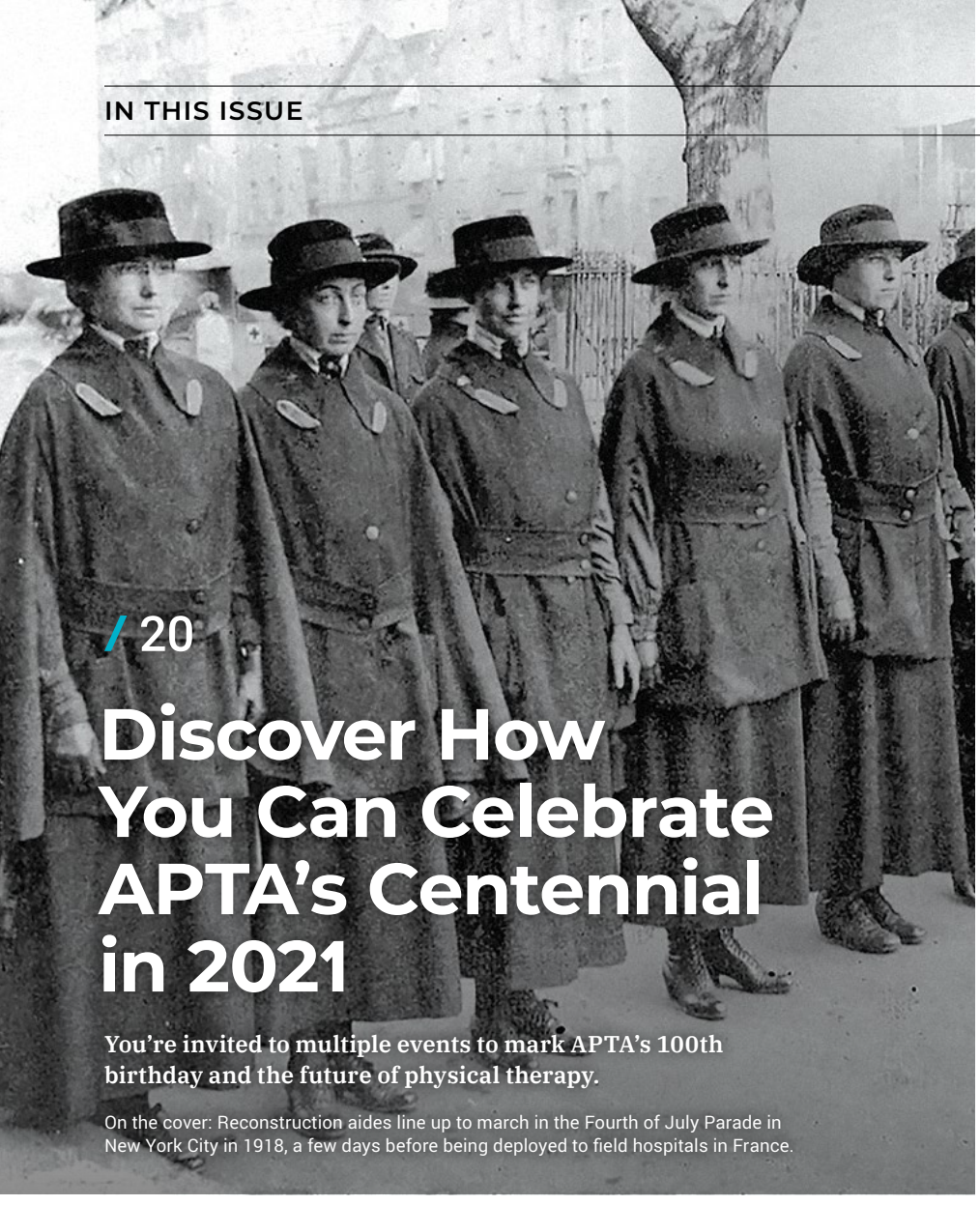

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Discover How You Can Celebrate APTA's Centennial in 2021

You're invited to multiple events to mark APTA's 100th birthday and the future of physical therapy.

On the cover: Reconstruction aides line up to march in the Fourth of July Parade in New York City in 1918, a few days before being deployed to field hospitals in France.

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The APTA Fellowship in Education Leadership aims to graduate innovative and influential educators.

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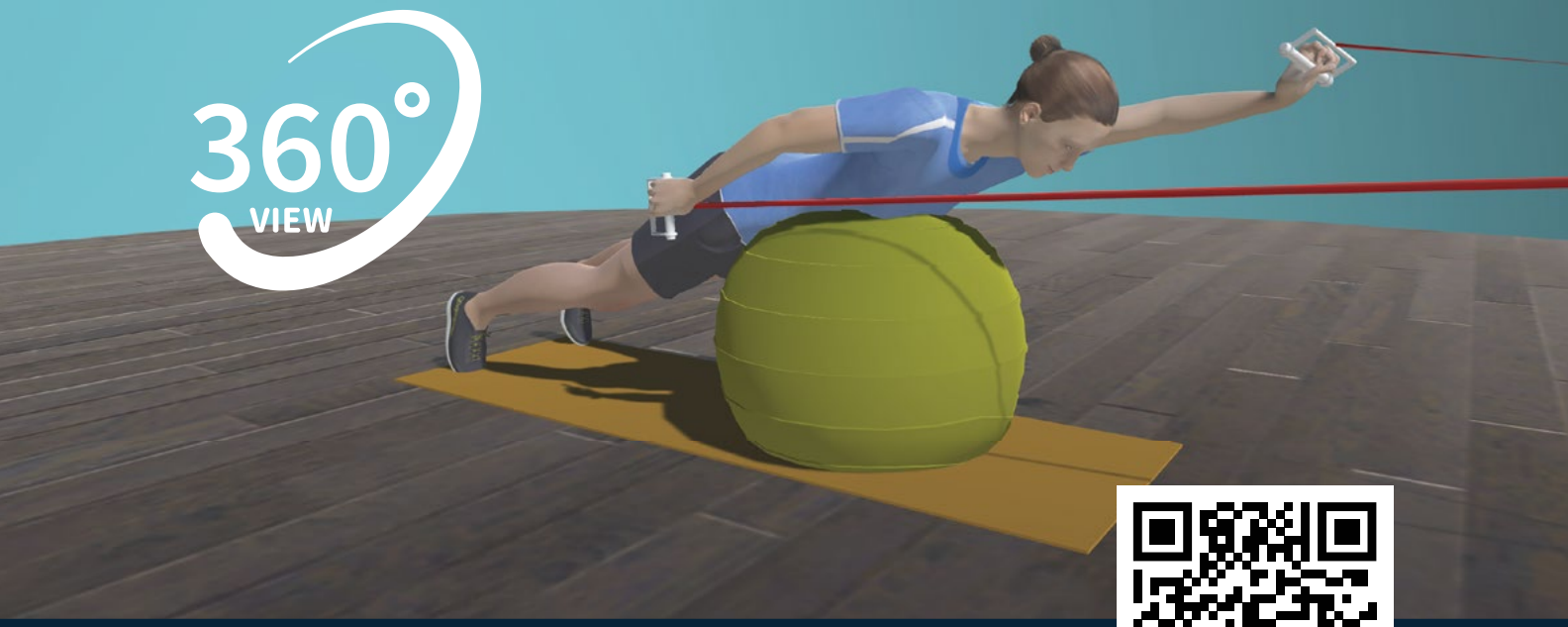

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QUOTED

“I’m a big believer that diversity is the fire under the pan when we’re talking about creativity and innovation. It’s about seeing other people’s perspectives and using those insights to better reflect on the world and optimal caregiving.”

Rebecca Shakoske, PTA, MA, in “Keys to a Bright Future: Veteran and Emerging Leaders Share Their Insights” on page 34.

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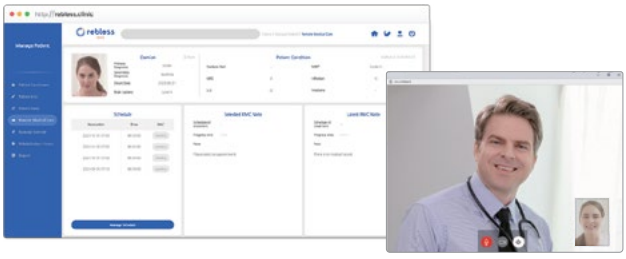
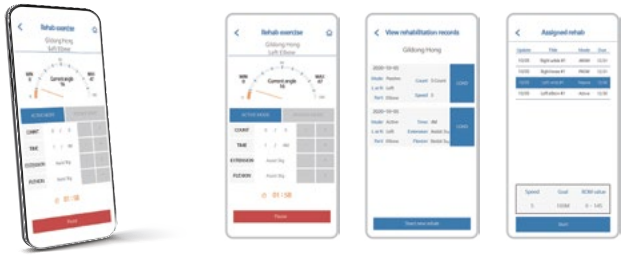


rebless Clinic enables health professionals to remotely engage and deliver patient care outside of the medical offices, clinics or hospitals.

rebless App for Patients



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APTA welcomes your opinions and encourages diverse voices.

Opinion

Diversity, Sexism, and Racism

Physical therapy has a diversity problem. And although it's a charged topic, we will never solve it by pretending it doesn't exist. As a health care provider — and a business leader — my job is to think critically about the issues that affect patient health and access to care. The lack of diversity in our industry is chief among them.

According to Data USA, 76.7% of physical therapists are white. Hispanic and Black therapy professionals are especially underrepresented in the rehab therapy profession. Only 7.7% of our workforce identifies as one or the other, even though these communities cumulatively account for more than a quarter of the country's population.

What's more alarming than these numbers, though, is how little we acknowledge the impact that this lack of diversity has on our ability to treat patients successfully. It's time we look critically at this issue to determine why this is happening and what we can do to fix it.

A lack of diversity limits providers' ability to connect with patients. Although clinical success greatly hinges on technical and interpersonal skills, cultural competency also plays a major role in a provider's ability to successfully leverage these skills in crosscultural environments.

To be clear, I don't believe providers only should treat patients who look like them. However, findings from many studies and symposia provide a compelling reason to increase the proportion of physical therapy students who come from underrepresented groups. This will help foster a more culturally competent PT workforce.

Striving for a more diverse — and culturally competent — PT environment can help quell unconscious and medical biases that may negatively impact patient treatment.

It's difficult to fathom that some medical professionals still believe there are physiological differences between white and Black humans. But a 2016 study published by the National Academies of Science — "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites" — found that half of the surveyed medical students believed at least one racist medical myth, such as:

- Black skin is thicker than white skin.
- Black people do not feel as much pain as white people.
- Black people's blood coagulates faster than white people's blood.

These medical biases can have real consequences. They can influence how we as PTs treat patients of color — and particularly how we manage and reduce their pain.

Unconscious (or implicit) biases are the shortcuts our brains use to filter and sort the information we collect every day. Unfortunately, these shortcuts use intuition and generalization instead of objectivity, which means that our biases can point us in the wrong direction — even when it comes to providing medical care. In fact, as a 2015 article in the American Journal of Public Health — "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review" — stated, "Implicit bias was significantly related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes."

Working to diversify our profession can help mitigate these biases. After all, the more you interact with people from different backgrounds who have different life experiences than your own, the easier it is to open your mind to different ways of thinking. This is an effective way to chip away at the biases we hold.

We can fix the diversity problem.

I believe the best strategy for combatting our industry's diversity issue is to educate ourselves and make minor adjustments to

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the interactions we have with patients and colleagues. This is bound to create a ripple effect, and it could be as simple as:

- Seeking opportunities to learn about the causes and effects of systematic racism in the physical therapy community.
- Examining implicit biases and considering how they might affect your interactions with patients.
- Understanding the social determinants of health and how diversifying the profession can improve outcomes.
- Pressing universities to consider a holistic admissions approach that supports a diverse student population.
- Supporting PT- and PTA-led minority-focused organizations.

As conversations about systemic racism continue across America, rehab therapy professions have their own part to play. It's time to evaluate the quality of care we deliver to all patients — and to think about how we can broaden our reach to more diverse populations. This will help us reach the 90% of patients who could benefit from seeing a PT but never do. It starts with us.

HEIDI JANNENGA, PT, DPT, ATC
WEBPT CO-FOUNDER & CHIEF CLINICAL OFFICER

Forum

/ AUGUST 2020

Another Perspective on Sexism and Racism

As a recently retired male physical therapist with 47 years of experience, I take exception to the comments expressed in the August Viewpoints item "Combatting Sexism and Racism."

Following my training at the University of Iowa, in 1971-1973 I was a first lieutenant physical therapist at Walter Reed Army Medical Center for two years of duty. Our two senior officer therapists were women. The commander of the Army Medical Specialist Corps at that time was a female colonel. The staff of PTs and support were dominated by women of white, Black, and Asian descent. Our patients — military veterans and dependents — were a mix of gender, ethnicities, and religions. Despite the female dominance of our profession and at the clinic at that time, there was no expressed conflict. The staff had a common mission: treat officers and enlisted men and women of varied ethnicities with our best care and professionalism.

From the military I chose to embrace my capitalistic desires to control my practice environment and moral/ethical and professional standards by establishing a private practice in northern California. In 45 years of private practice, my experience included general orthopedic outpatient, acute hospital, skilled nursing, and home health services. I annually mentored one or two students and served as a community advisory committee member for Sacramento State University. As a life member of APTA, I annually have attended state conferences, was a state and national representative, was active in the local district as vice chair, and for 10 years coordinated continuing education for the Northeast District.

The practice grew over the years to be one of the largest in northern California. Our staff mix has varied to include male and female, and Black, Indian, Asian, Egyptian, and white. Our area includes a large population of Indian, Mexican, and Hmong immigrants. Each has a unique social history and generational differences, but a common thread is their reasons for immigrating to America. They desired to leave those countries for freedom, achievement potential, law and order, and religious expression not available at home.

My experience with the profession and our practice has failed to demonstrate issues of "unbelievable racism, incomprehensible violence, and oppression." Leadership in our state and local professional organizations and academia is strongly represented by women. The argument of gender bias is a false narrative when considering the skills and experience demonstrated

»

by women throughout our profession in practice, academia, and APTA leadership.

"Unpacking" racism and sexism, along with politics and religion, can complicate patient management if not dealt with carefully and sensitively. Choosing to practice in America offers many opportunities and freedoms. We certainly are not perfect, but we must keep a reasonable perspective. Be an advocate for change, but don't let personal biases ruin your potential to enjoy and succeed in the wonderful profession you have chosen.

BOB THOMPSON JR., PT, DPT, MSPT

/ JUNE 2020 (PT IN MOTION MAGAZINE)

Behavioral Change: Motivation Comes From Within

Despite the implementation of biopsychosocial principles and behavioral change theory into entry-level physical therapist practice, there are no specific agreed-upon elements of content, nor are there curricular hours that entry-level physical therapist education programs should dedicate to education and training. This lack of specific standards may prevent DPT education programs from preparing graduates.

One way to address this gap would be to update CAPTE accreditation standards to ensure that education programs provide accurate education and training. Specific CAPTE accreditation updates and additions might include:

- Adding cognitive-behavior techniques to content and learning experiences.
- Adding psychosocial tests and measures appropriate to the patient's age, diagnosis, and health status.
- Ensuring that clinical sites have sufficient training in behavioral change approaches to prepare students for their roles and responsibilities as physical therapists.

Integration of these recommendations for physical therapist education programs would create consistency nationally. Furthermore, there are a number of cognitive and behavioral approaches to promote the necessary behavioral change we seek in patients. These strategies include not only coaching skills but also cognitive behavioral therapy, motivational interviewing, mindfulness-based stress reduction, mindfulness, cognitive functional therapy, and acceptance-commitment therapy.

Physical therapists are implementing these techniques into care as part of psychologically informed practice. However, there still is a lack of understanding as to how these behavioral interventions work and which are most effective under what conditions. These methods are useful, but a newer generation of evidence-based care already is moving toward process-based therapies targeting core mediators and moderators of change.

The optimal training for physical therapists may be best enhanced by understanding behavioral change processes. This should include:

- Strategies to promote physical activity and other lifestyle interventions.
- Evidence-based cognitive processes of change known to impact pain and disability outcomes.
- Cognitive-behavioral techniques with empirically demonstrated links to behavior change delivered within the context of physical therapist education and practice.
- Treatment sensitive to the needs of people living with pain and disability.

JOE TATTA, PT, DPT
FOUNDER, INTEGRATIVE PAIN SCIENCE INSTITUTE

As an occupational therapist, I enjoyed reading about behavior change from the lens of other rehab practitioners. I always have valued being able to address the mind and body in tandem during treatments. I found this fascinating in school but was even more humbled to see it at play during work. My experience in psychiatric hospitals and physical rehab clinics has led me to advocate for all providers having exposure to both settings to better understand the joint facilitation of emotional, cognitive, and physical change.

I especially developed an appreciation for the impact that each member of the treatment team has on this change process. All providers — from physicians to CNAs — bring unique approaches

to the table, which lends itself to various levels of rapport-forming. I often have seen a solid patient-provider relationship yield more meaningful outcomes than an intervention ever could. The basis of such a bond can be used to encourage, motivate, and instill positive change in some of the most resistant patients with whom not much else has worked.

In an organization that employs communicative and compassionate staff members, this bond can be created with professionals across disciplines, making the approach multifaceted and even more influential. Instances such as these exemplify the true meaning of a collaborative, transdisciplinary approach to rehabilitation.

Health literacy is another underrated aspect of behavior change. Research has shown that many patients have below-average health literacy. Even slight misinterpretations, lack of communication, or general confusion regarding health-related information can lead patients to put up a metaphorical wall during treatment. Many providers may misconstrue its source, but underlying misunderstandings can lie at the root of resistance to change.

"Health literacy is another underrated aspect of behavior change. Research has shown that many patients have below-average health literacy."

By following guidelines and recommendations from the CDC and other government organizations, providers can make their written and oral patient communication clearer, simpler, and easier to follow. Not only will this serve to improve outcomes, but patients also will feel more comfortable with their provider and more motivated to play an active role in the care they receive. Among other change tools, improved health literacy, transdisciplinary collaboration, and rapport-building also can enhance the treatment experience and instill positive change for patients and providers alike.

BRITTANY FERRI, OT
SIMPLICITY OF HEALTH, LLC

The article "Behavioral Change: Motivation Comes From Within" provided a nice mix of behaviorally based interventions and other interventions to improve patient compliance and encourage behavioral change. I was glad to see that the "expert approach" was discussed and alternatives provided, because patients often are tired of being told what they should do.

I am a neuropsychologist in Denver primarily evaluating patients who have a brain injury and/or chronic pain, and I'm often on the receiving end of patients venting about their various treatments. I've found that most patients bristle at being "talked at," as opposed to truly having a conversation, as being talked at can make the patient feel as if the provider isn't listening. Most patients won't explicitly give a provider this feedback for fear of the provider's reaction, as they worry about how it could impact their care.

The article discussed the use of motivational interviewing — MI — an important tool, particularly regarding improved understanding of the patient's life and the impact of an injury. MI also can help prevent talking at the patient, because if the technique is done correctly, the practitioner is creating a partnership to figure out what the patient wants. However, one challenge with MI is that the patient may be unwilling to accept less than a 100% recovery.

PTs cannot control what other providers tell the patient, although they are uniquely positioned to leverage their approach to help shift the patient to accepting their "new normal" in a more gradual way. All patients want to return to their preinjury level of functioning, but often that just isn't realistic. Being able to adequately manage a patient's expectations goes hand-in-hand with developing their treatment plan. It also affects their ability to fully commit to physical therapy. Without full buy-in and a clear set of reasonable goals, you are setting your patient and yourself up for likely failure.

Patients often are caught in the loop of "if this were fixed, I wouldn't have any more problems." That is not a helpful thought, because "fixed" usually implies that they can go back to living the life they did prior to injury. If "fixed" is an option, that often is motivation enough, but in my experience patients with significant injuries rarely return to 100%, so their "new normal" is more realistic.

I often encourage my patients to speak with their PTs, physiatrists, and surgeons about the range of possible outcomes from rehabilitation, because the first time around the vast majority of my patients hear what they want to hear. It's common for patients to believe they can be the outlier and achieve greater improvement than the "average" patient.

Having these conversations can be difficult for both patients and providers. Many providers don't like giving bad news, so they kick the can down the road with "We'll have to wait and see." I usually already have spoken with the involved providers and know if "fixed" is still on the table. I frame it to patients as, "They are the experts. They can speak best to your recovery range. Once you gather more information, then we can discuss what that means for you in the bigger picture."

This is why PTs are so important. You are doing the heavy lifting with patients. I usually use MI to better understand the patient's goals, but part of that includes the "why": Why do they want to return to that specific activity? I may hear something like, "I want to be ready for golf season because it's the one thing my kids and I enjoy doing together." If PTs can incorporate MI into their daily practice, then if the patient falls short of a full recovery there may be other options, such as modifying an activity or finding a similar but less physically taxing one. This process also helps improve outcomes because the patient's expectations are more in line with those of the providers. Acceptance can be easier because the patient felt heard and understood.

TIMOTHY SHEA, PSYD
DENVER, COLORADO

APTA Asks

What will shake up the profession the most in the next 10 years?

More community and home health services.

ISHITA KULKARNI, PT

Medicare.

CHRISTOPHER KEGLER, PT

Higher-level entry-level education for PTAs.

RUSSELL STOWERS, PTA, EdD

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

I am a cofounder of Inclusivity, Diversity, and Equity in Action, a student organization at Wayne State University that promotes education, communication, and outreach to minority students. I am also a member of APTA Michigan's Diversity, Equity, and Inclusion Committee. I am passionate about advocating for the culturally competent treatment of Muslims in physical therapy! I wrote the APTA blog post "Understanding the Muslim Community From a PT-Specific Lens," and I recorded a podcast for APTA Michigan on my journey as a Muslim student. My next undertaking will be to create a minority mentorship program for PTs and PTAs within APTA Michigan.

BANA ODEH, SPT

What tips do you have for finding and completing continuing education opportunities required for relicensure or recertification?

When determining what continuing education opportunities to pursue, make an honest assessment of your strengths and weaknesses. Too often, we are motivated by the easy route to complete a requirement. By identifying areas that need improvement in our skills and abilities, we can make effective change to be the best PTs and PTAs we can be for our patients and the profession.

JAMES PACINI, PTA, MEd

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

/ By Alice Bell, PT, DPT

We made a variety of temporary gains in patients' remote access to physical therapist services. Now we need to make them permanent.

Telehealth: What's Next?

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

The COVID-19 public health emergency led to rapid and expansive adoption of, and payment for, physical therapist services provided via telehealth — something for which APTA has long advocated. But while these changes were welcome and have provided an important opportunity for patients to access or resume physical therapy when in-person visits are not possible, they are not a long-term solution.

Most of the changes that have occurred at the federal and state level, as well as in commercial payer policy, have been linked directly either to the end of the calendar year or to the duration of the public health emergency declared by the secretary of the U.S. Department of Health and Human Services. At the federal level, three primary actions associated with the public health emergency declaration resulted in the opportunity for PTs to provide care via telehealth under Medicare:

- Passage of the CARES Act on March 27 gave the Centers for Medicare & Medicaid Services temporary statutory authority to add PTs, occupational therapists, and speech language pathologists to the list of providers eligible to offer care via telehealth.
- On April 30, CMS added many physical therapy-related CPT codes to the list of those that PTs can bill when they provide services via audio and video telecommunications technology. The agency also expanded the list of services that can be delivered via audio-only technology. In addition, on May 27, CMS announced that facility-based outpatient therapy providers also are eligible to furnish and bill telehealth.
- The HHS Office for Civil Rights announced it would exercise enforcement discretion of HIPAA and would not impose penalties for noncompliance with the act's regulatory requirements as long as telehealth services are offered in good faith.

Meanwhile, at the state level, emergency orders associated with the public health emergency impacted telehealth laws. In many states:

- The list of eligible providers was expanded to include PTs.
- Payment and coverage parity for telehealth services was mandated for Medicaid and some commercial health plans.
- The types of services that could be delivered via telehealth were expanded.

Commercial payers also adopted new policies in response to the public health emergency. Among them:

- The list of CPT codes that could be billed for services furnished via telehealth was expanded.
- The list of providers eligible to furnish and bill telehealth services was broadened to include PTs.
- Systems were changed to accept modifiers and place-of-service codes to support claims processing for services provided via telehealth.
- A more expansive list of technologies was permitted, including audio-only.

In addition to making changes in telehealth policy, CMS and some commercial payers expanded the availability of communication technology-based services by allowing PTs and other qualified health care professionals to furnish and bill for e-visits, virtual check-ins, telephone assessment and management services, and remote evaluation of recorded video and/or images.

The changes in telehealth policy were largely temporary. For this reason, providers must stay engaged in both advocacy and information-seeking.

Coming Up

As stated earlier, the changes in telehealth policy were largely temporary. For this reason, providers must stay engaged in both advocacy and information-seeking — particularly regarding these aspects of the public health response to COVID-19:

- Renewal of the public health emergency declaration by the secretary of the Department of Health and Human Services. (Most recently renewed for 90 days effective October 23, 2020.)
- Termination of the public health emergency declared on March 13.
- Issuance of termination dates for state emergency orders.

Resources

APTA (at apta.org)

- Telehealth in Practice Webpage
- Commercial Payer or E-visit Coverage Webpage
- FiRST Council Signup Form

Health Policy and Administration Section (at aptahpa.org)

- Technology in Physical Therapy Special Interest Group (click on "Engage" heading)
- Interactive Audio and Video Telecommunications System Matrix (click on "COVID-19" heading)
- Telehealth Physical Therapy Patient Satisfaction Survey (click on "COVID-19" heading)

Shortly after CMS enacted its telehealth coverage policy, the association switched gears and initiated advocacy efforts for permanent adoption of these new telehealth policies.

- Issuance of expiration dates for commercial payer policies.
- Changes in CPT codes available to PTs.
- Resumption of HIPAA enforcement as it relates to remote communications technologies and the ways they are used by HIPAA-covered health care providers.

In the months ahead, challenges and opportunities exist in the commercial payer space. Early in the pandemic, APTA worked closely with large national payers to ensure continued patient access to physical therapist services while chapters worked to engage local payers. Although there were some early adopters, and others who waited for CMS to act, all national payers and many local payers ultimately adopted policies that allowed patients to access physical therapist services via telehealth, and for the provision of communications technology-based services.

Enforcement discretion of HIPAA regulations and payer policies related to the types of technology that could be used made providing this care easier for patients and providers. In the beginning of the transition to telehealth, challenges related to claims processing were identified, as many payers needed to update their systems to accept modifiers and place-of-service codes that were not traditionally allowed with CPT codes and care billed by PTs. Most of these issues were quickly identified and managed.

Although the physical therapy profession had achieved temporary coverage of telehealth across many major payers — including Medicare, Medicaid, TRICARE, and commercial plans — we at APTA knew there was much work still to be done. Shortly after CMS enacted its telehealth coverage policy, the association switched gears and initiated advocacy efforts for permanent adoption of these new telehealth policies.

APTA also initiated advocacy to commercial payers, Medicare, Medicaid, and state policymakers for permanent adoption of these policies, based on data collected on use of, and patient satisfaction with, telehealth services. We also provided state chapters and individual members with template letters to use in their telehealth advocacy efforts at the local and state levels. Consequently, many commercial payers have extended the expiration date of telehealth

coverage either to the end of this year or the end of the declared public health emergency — whichever comes first.

As our efforts continue, it is important for all providers to remain diligent in checking for updates on state law and payer policies to remain in compliance with care delivery and billing requirements.

Taking Action

There is broad support among patients, providers, and policymakers for maintaining expanded access to telehealth services. However, for patients to continue to receive access to telehealth services furnished by PTs and PTAs, significant changes will be required — both by enacting legislation at the state and federal level and via commercial payer policies. APTA is engaged in efforts in each of these areas and encourages members to stay connected regarding telehealth policy. Evidence gained during the public health emergency will help support expanded access and will shape the future of telehealth after the pandemic ends. Your engagement and advocacy efforts will be critical.

APTA members who are interested in supporting the association's efforts should consider joining either or both of these groups: the APTA Frontiers in Rehabilitation, Science, and Technology Council and the Health Policy and Administration's Technology Special Interest Group.

Stay tuned for an update in this space in February on telehealth regulation at the state level.

/ By Nancy R. Kirsch, PT, DPT, PhD, FAPTA

Unilateral action, a dual relationship, and unintended consequences.

A Costly Loan

Nancy R. Kirsch, PT, DPT, PhD, FAPTA, a former member of APTA's Ethics and Judicial Committee, is the program director and a professor of physical therapy at Rutgers University in Newark. She also practices in northern New Jersey.

PTs and PTAs establish strong connections with patients that extend beyond physical assistance to enhance their well-being. The one-on-one nature of the relationship makes it personal in a real sense, but PTs and PTAs may walk a tightrope between addressing patient needs and overstepping lines. Consider the following scenario.

Problematic Subsidy

Scott, a physical therapist in the outpatient department of a big-city hospital, has a reputation not only for having excellent clinical skills, but also for being an outstanding communicator who gets at the root causes that have brought his patients to physical therapy and can impact their ability to benefit from it.

He's an active member of a civic organization in his economically depressed city and is well-connected to the local social services network. Over the years, Scott has helped several patients access assistance from various agencies for issues ranging from employment and food insecurity to battling substance abuse.

A month ago, Millie arrived as a new patient. She is a 42-year-old single mother of two children under 10 who injured herself at home. A complex ankle fracture required giving up her job at a retail store. Scott has been impressed from the start by Millie's positive attitude, determination, and dedication to her family. She's done everything he's asked and repeatedly has thanked him for "helping me get back to work as soon as possible."

Scott has learned that, in the three years since her husband's death in a car accident and the loss of his income as a construction foreman, Millie has been a strong self-advocate. She has sought food assistance, enrolled in the state's rent-subsidy program, and taken advantage of no-cost employment counseling services to find the management-track job she had held until recently. Scott also knows from their conversations, however, that Millie's life was difficult long before her injury and job loss. She has no relatives in the area, her car is unreliable, and she has few friends she can count on for help running errands or watching her children even for short periods.

Scott believes Millie should have made more progress in physical therapy by now. He suspects she has sustained minor but repeated reinjuries because of her circumstances, such as needing to make repeated trips to the laundromat and having to climb the stairs to her fourth-floor apartment in a building whose elevator often is inoperable.

One afternoon, Millie seems particularly distracted. When Scott asks if something's troubling her and if he can help, she responds with a self-effacing laugh, "I appreciate it, but it seems like I've taken the social services train to its very last stop, and I just need to get out and walk from here. You know the system better than most people do who aren't social workers or receiving services, but frankly there's only so much anyone can do for a woman who's got no mate, two kids, and no job, can't work, and is on the verge of being homeless."

"Wait a minute," Scott responds. "Homeless?"

"That's right," Millie says. "My landlord says I've got two weeks — to the end of this month."

This news greatly upsets the PT, who immediately gets on the phone after Millie leaves to call Linda, a tireless housing advocate with whom he's worked in the past.

Linda, it turns out, already knows Millie. In fact, she's the person who'd gotten her enrolled in the rent-subsidy program. "You know all the problems we have with affordable housing in this city," Linda says. "We're doing everything we can to expand it, but without more options there's not a whole lot we can do.

Resources at apta.org

The APTA Ethics and Professionalism webpage features links to documents such as the Code of Ethics for the Physical Therapist, Standards of Ethical Conduct for the Physical Therapist Assistant, Core Values for the Physical Therapist and Physical Therapist Assistant, Values-Based Behaviors for the Physical Therapist Assistant, and Standards of Practice for Physical Therapy. Click on "Clinical Decision-Making in Physical Therapist Practice" under "Recommended Reading" for an article describing the RIPS model referenced in this column. The webpage also links readers to related content in the realms of both ethics and professionalism.

Considerations and Ethical Decision-Making

Scott would have benefited from taking an ethical timeout before making his decision. He could have analyzed his action using several ethical frameworks.

While he acted with an abundance of beneficence toward his patient, it caused harm when Millie chose not to return to his care until she could pay more of her financial debt to him. Scott also negated Millie's autonomy by not involving her in this decision.

One could question, too, whether Scott would do the same for every patient, and the implications of that.

Had the PT fully considered the potential consequences of his actions, he could have anticipated that his very proud and independent patient might respond to his gesture exactly as she did.

Realm. Using the Realm-Individual Process-Situation Model of the Ethical Decision Making, or RIPS (see the "Resources at apta.org" box), the realm here is individual — between Scott and Millie; concerned with the good of the patient; and focused on rights, duties, relationships, and behaviors between individuals.

Individual process. The PT must make a moral judgment between a right and a wrong action — applying the appropriate ethical principles among autonomy, beneficence, nonmaleficence, and justice.

Ethical situation. This is a problem or issue in which important moral values are being challenged.

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

- **Principle 2A.** Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.
- **Principle 2D.** Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- **Principle 4B.** Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
- **Principle 8B.** Physical therapists shall advocate to reduce health disparities and health inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

When people can't pay their full rent on top of the subsidy, unfortunately, they're out. We fought like crazy to get that COVID-related moratorium extended so that people couldn't be evicted, but we knew there'd come a point when it would end. Unfortunately for Millie and so many other people, that day came at the close of last month."

Scott still is searching for answers a few days later when he chances into a conversation during a meeting of his civic group. Jim is in real estate property management and is noting that the large number of his renters who receive subsidies shows how badly more and better employment opportunities and low-income housing options are needed.

"I'm extremely sympathetic to our renters," Jim says. "Our property owners do everything they can to work with folks and keep rents as low as possible. But we've got expenses, like everyone else, and we can only go so low. We've got major repair bills from those recent storms to deal with, for instance. Roofs age out. Security systems need updating. Elevators break down and sometimes require multiple repair attempts."

Scott realizes it's a longshot, but the elevator comment prompts him to ask Jim if Millie's complex is among the apartment buildings he oversees. It turns out that it is.

The PT outlines Millie's dilemma to the real estate owner and asks if there are any unexplored avenues for keeping her in her apartment beyond the end of the month. "I'd love to say that there are," he says, "but the truth is, once you've played

the subsidy card there's nothing else in the deck. I hate evicting people, especially when children are involved. But sometimes it's necessary."

Scott is not surprised to hear this, especially given that Linda had told him the same thing. But the comment is still weighing on the PT's mind when he approaches Jim after the meeting.

"I know this sounds a little unorthodox, and I've certainly never done anything like this for a patient before," Scott says, "but I'd like to pay the difference after the subsidy on Millie's rent, for at least the next month. That'll buy her some time to maybe complete physical therapy and find another job, even if it pays a little less. I have no doubt that she'll be good for it. She'll insist on paying me back, I'm certain. I'll call it a 'therapeutic loan' — double meaning intended."

Jim does a slight double-take, then replies with a grin, "Well, your money's certainly as good as your patients' money is. By the way, I think I know who I'll approach if I ever need physical therapy and find myself down on my luck."

Scott follows up on his pledge the next morning. He smiles to himself as he pictures the relief on Millie's face when she learns that she's not about to be evicted, and why. They'll discuss a repayment plan when she next visits.

But Millie cancels her next physical therapy appointment. A day afterward, a note arrives in the mail, along with a $20 bill. "I'm so grateful for your kindness and concern," the note reads. "I'll see you again when I'm able to pay off more of my debt to you than this paltry Andy Jackson. I just won't feel right about benefiting from your services until I can do that. I'd be too embarrassed. I hope you can understand."

We sometimes feel constrained by the boundaries we establish to maintain an appropriate therapeutic relationship with patients, but they're meant to ensure that the inherent power differential does not compromise patient care.

Scott is stunned. He'd strongly sensed Millie's integrity and pride, but he hadn't in any way anticipated this outcome. It seems that his "therapeutic loan" has resulted in a therapeutic setback that only will lengthen the timeline for her to get back to work. How had he not seen that his good deed could have bad consequences?

For Reflection

We sometimes feel constrained by the boundaries we establish to maintain an appropriate therapeutic relationship with patients, but they're meant to ensure that the inherent power differential does not in any way compromise patient care. While Scott's intent is laudable, when he ensures that Millie's rent is paid in full he establishes a dual relationship with her — he's both her PT and her benefactor. Millie's discomfort with the situation leads her to make a decision that is detrimental to her long-term well-being.

For Follow-up

If you'd like to share your thoughts on this scenario, and/or recount a similar experience and how you responded, I encourage you to contact me at kirschna@shp.rutgers.edu.

If you are reading the print version of this column, go online to apta.org/apta-magazine and find this column in the December 2020-January 2021 issue. Look for the heading "Author Afternote," which features a summary of reader responses to the scenario, as well as my views on how the situation might be handled. If you are reading Ethics in Practice online, simply scroll down to "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.

Discover How You Can Celebrate APTA's Centennial in 2021

You're invited to multiple events to mark APTA's 100th birthday and the future of physical therapy.

By Emilio Rouco

One hundred years ago — on January 15, 1921 — Mary McMillan and her colleagues gathered at Keens Chophouse (now Keens Steakhouse) in New York City for the first meeting of what eventually would become the American Physical Therapy Association. Today, as we stand poised to begin our next century, APTA has evolved into one of the country's largest, most highly respected health care organizations. McMillan surely would be impressed with what her organization — her dream for the profession — has become.

The coming year is APTA's centennial, and despite the many challenges 2020 served up, we intend to celebrate this once-in-a-lifetime event. The COVID-19 pandemic sent the world scrambling and has left it reeling. But, as it always has done, APTA and its members — physical therapists, physical therapist assistants, and students — rose to the occasion. Practices pivoted where they could to provide remote services so patients wouldn't experience gaps in care. PTs and PTAs filled needs in acute care roles that supported patients with COVID-19. And education programs quickly reconfigured for remote learning and accreditation protocols.

We're no strangers to challenge and are undeterred in our determination to engage and collaborate with our members and components to celebrate our 100th year in a big way! Here's what you need to know about APTA's plans for 2021:

APTA Centennial Microsite

Launched in 2019, the microsite, at centennial.apta.org, is your number-one reference point for all things centennial. This is where you will find details of our history and, perhaps more important, the latest information about how we're planning to celebrate and ways in which you can become involved.

APTA Founders' Day Celebration

JAN. 15

APTA will celebrate our 100th birthday with a free livestream event on our social media channels. Details and resources for participation are available at centennial.apta.org.

JAN. 16-17

This special weekend of programming will include the 51st Mary McMillan Lecture, to be delivered by Stuart Binder-Macleod, PT, PhD, FAPTA. Registration fee for the entire series will be $99, or free with registration to the 2021 APTA Combined Sections Meeting. Details are available at centennial.apta.org.

APTA Centennial Scholars Program

In 2021, APTA will conduct a year-long program to help build a cadre of future association leaders at the component and national levels to further our collective quest for a diverse and prepared leadership pool. APTA chapters and sections will sponsor up to 100 scholars, who will be paired with mentors to participate in virtual learning and two in-person events (as appropriate to comply with health safety practices) while working on capstone projects to benefit their sponsors.

Centennial Lecture Series

THROUGHOUT 2021

This continuing education series will feature recognized leaders from across the profession on topics in clinical practice, practice management, payment, and innovation.

All events will be hosted at APTA's new headquarters, APTA Centennial Center, in Alexandria, Virginia. Dates may be adjusted due to health guidelines related to COVID-19. For the most current information, visit centennial.apta.org.

- **Get Your Head in the Game: Basic Concussion Assessment and Management**
  March 26-27 | Lecture and Lab
- **Treating the Injured Runner**
  April 23-24 | Lecture and Lab
- **Physical Therapist Management of the Bicyclist**
  May 21-22 | Lecture and Demo
- **The Eyes Have It: What Every PT Should Know in Managing the Most Common Vestibular Disorders**
  June 25-26 | Lecture and Lab
- **Blood Flow Restriction Rehabilitation: State of the Science**
  July 23-24 | Lecture and Lab
- **Practice Management: Balancing Compliance and Profit**
  Aug. 27-28 | Lecture
- **Early Rehabilitation During Disasters**
  Sept. 24-25 | Lecture and Lab
- **Pain Science and Management: A Series of Hot Topics**
  Oct. 22-23 | Lecture

Centennial Gala Weekend
SEPT. 10-14

APTA is planning a series of events in our nation's capital, Washington, DC, in the fall. Pending the state of the pandemic and health safety requirements, the following events will be held:

- **Centennial Gala, Sept. 10 (Friday)**
  This celebration will be held at the historic Washington National Cathedral.
- **House of Delegates, Sept. 11-12 (Saturday and Sunday)**
  APTA's annual meeting of the House of Delegates, which has been held in June in recent years, will conduct its business in September of our centennial year with a shorter two-day schedule.
- **Future of Physical Therapy Summit, Sept. 13 (Monday)**
  Taking place at the Capital Turnaround in Washington, DC — a historic streetcar barn turned into a state-of-the-art event venue — this invitation-only event will focus on the future of the physical therapy profession. Details about programming and the planned livestream will be posted to centennial.apta.org as they become available.
- **Advocacy Day, Sept. 14 (Tuesday)**
  Similar to the Federal Advocacy Forum, Advocacy Day will consist of a forum during breakfast followed by a day on Capitol Hill. A training and kickoff session will be offered for participants the evening of September 13.

Additional programming and events will be announced as they are developed. Details and information can be found at centennial.apta.org.

100 Days of Service
KICKOFF ON SEPT. 22

Our centennial year is not just about APTA and the physical therapy profession — we want to show our appreciation and give back to society. September 22 will mark the beginning of APTA's 100 Days of Service campaign, which will run through National Physical Therapy Month (October) to the end of 2021 to finish our centennial year. We will encourage members and components to join us in giving back by planning local events in their own communities and then sharing their stories with all of us. To help make it easier for components and members to plan and execute a special service initiative, APTA will work with its partners and aligned organizations to provide tools and resources, which will be available on the centennial microsite.

APTA Campaign for Future Generations

To support APTA's commitment to diversity, equity, and inclusion, we have created a Campaign for Future Generations that will conclude at the end of 2021. Net proceeds from our centennial activities will support this campaign, but we also are accepting individual donations. The first 10,000 people to donate at least $10 will have their names included on our community wall, an artistic installation on the first floor of our new headquarters. For more information, go to centennial.apta.org.

Emilio Rouco is APTA's director of public and media relations.

The Benefits of Education Leadership Training

Leadership training for physical therapy educators has come a long way in the past decade.

By Jill Heitzman, PT, DPT, PhD

Susan Deusinger

Gail Jensen

David Morris

Leadership training for those involved in physical therapy education was largely absent when the profession began its transition to the doctor of physical therapy degree and the doctoring profession.

While residencies and fellowships were being created for development of clinical expertise — with many graduates moving into leadership within clinics — a vacuum remained in development of expertise in educational leadership. Although there were leadership programs in other fields, little was available to facilitate physical therapy faculty transition to positions in academic leadership. Nor were there tools to assist clinicians who wanted to move into academia.

"Investing in training leaders in education was much needed in our profession, as the successor pool for directors was quite shallow," acknowledges Susan Deusinger, PT, PhD, FAPTA, retired chair of the Doctor of Physical Therapy Program at Washington University. "When I first became a faculty member, I did not have an inspiration to become a program director. When I did become a program director, I had to get training outside the profession," she says.

Former APTA director of academic/clinical education affairs Jody Shapiro Frost, PT, DPT, PhD, FAPTA, recognized this gap. She valued the relationship of clinic-academic partnerships and had the vision to initiate leadership training for physical therapy educators.

Thus, the Education Leadership Institute — now called the APTA Fellowship in Education Leadership — was created in 2011, becoming the first nonclinical fellowship accredited by the American Board of Physical Therapy Residency and Fellowship Education. It would prepare the fellowship graduates to view higher education from a larger framework — developing an ability for them to lead the future of physical therapy education. In 2019, the fellowship received a "Power of A" award from the American Society of Association Executives for its leadership role in advancing society and improving the economy.

Echoing this philosophy of developing future leaders, Gail Jensen, PT, PhD, FAPTA, fellowship faculty member, sees the fellowship as a way to develop leaders who view education from a broad, organizational perspective and who know how to work with teams of people from a variety of programs and educational levels. There is a need, she adds, to develop skills in building relationships to increase diversity within higher education of physical therapy and all of health care.

The fellowship does just that, she says. It incorporates various learning and reflection tools, and includes modules on negotiation and conflict resolution, budgeting and planning, the legal system, and relationship building.

"As people struggle with developing a vision for their programs," Deusinger adds, "the fellowship helps lead the way. Inclusion of more than program directors is just beginning and will only enhance the profession as education takes place in more than just an academic institution." As a former member of the fellowship work group, she has encouraged many individuals to enroll in the fellowship. In conjunction with the fellowship program director, the work group is responsible for ongoing oversight of the implementation and evaluation of the program.

Although David Morris, PT, PhD, FAPTA, entered academia with limited knowledge of higher education, he had built a professional network prior to participating in the fellowship. That network, however, primarily helped him answer process-related questions. The fellowship, on the other hand, helped him delve deeper into relationship building, leadership styles, and self- evaluation. Upon graduating from the program in 2014, he says that he learned to value the different styles of faculty members, and to reframe situations, resulting in a broader perspective and an improved environment for team development and growth.

Part of the fellowship curriculum requires each participant to develop a leadership project. Morris's addressed diversity and recruitment from underrepresented groups. That project resulted in a major shift in admissions at his program. As he has progressed in his leadership role at his university, leadership skills he learned through the fellowship not only helped him in interactions with other professional

"As people struggle with developing a vision for their programs, the fellowship helps lead the way. Inclusion of more than program directors is just beginning and will only enhance the profession as education takes place in more than just an academic institution."

— Susan Deusinger

About the APTA Fellowship in Education Leadership

The mission of the APTA Fellowship in Education Leadership is to develop a community of visionary, innovative, and influential directors in physical therapist and physical therapist assistant educational programs to advance the health of society and thereby provide PTs and PTAs with skills and resources to become innovative and influential leaders.

The fellowship is a 52-week blended learning program accredited by the American Board of Physical Therapy Residency and Fellowship Education. The fellowship curriculum is designed to address the breadth and depth of knowledge, skills, and behaviors required to function as a director within physical therapy education and a leader in higher education. It is delivered in a trimester format and immersion sessions are led by the fellowship mentors and the fellowship program director, Anne Reicherter, PT, DPT, PhD, APTA director of academic and clinical affairs.

Its major elements include:

- Engaging participants in self-directed learning by completing online modules, readings, assignment activities, and participating in discussion forums, actively participating in virtual office hours with each module's faculty throughout the fellowship year.

Areas of study include personal leadership and management; institutional leadership and management; higher education, health care systems, and society; student affairs, legal and policy issues; human resource management; resources and financial management; program development and outcomes assessment; and relationships, influence, and partnerships.

- Based on a need within their academic institution, fellows identify a project topic that directly benefits the nominating institution. Throughout the fellowship, these projects are further developed and refined with feedback from peers, fellowship mentors, and institutional mentors.

- Mentorship is an integral part of the APTA Fellowship in Education Leadership experience. Two types of mentors — fellowship and institutional — provide regular, timely, and close interactions with fellows through coaching, advising, and questions.

Fellows participate in monthly virtual sessions with each participant's small mentorship group and three immersion sessions that integrate content from each of the nine modules. They meet with their institutional mentor throughout the fellowship.

The APTA Fellowship in Education Leadership currently is accepting applications for the 2021-2022 cohort to begin in June 2021.

Applications open on https://rfptcas.liaisoncas.com/applicant-ux annually on October 1. The early admission deadline for each cycle is November 11 and the final deadline is March 15.

Applicants must:

- Be an aspiring or current leader in a physical therapist, physical therapist assistant, or residency/fellowship education program.

- Be a current APTA member who is licensed/registered/certified or licensure-eligible in the United States.

For more information, go to apta.org/for-educators/apta-fellowship-in-education-leadership or contact academicservices@apta.org.

> "The behind-the-scenes work APTA does to ensure quality contemporary educational programs that meet the changing needs of the profession and society is what keeps the fellowship program expanding and having a large impact."
>
> **— Rebecca Craik**

Rebecca Craik

Michelle Jenkins-Unterberg

program educators but also were transferrable to his other roles within APTA.

Rebecca Craik, PT, PhD, FAPTA, dean of the College of Health Sciences at Arcadia University adds, "The behind-the-scenes work APTA does to ensure quality contemporary educational programs that meet the changing needs of the profession and society is what keeps the fellowship program expanding and having a large impact. I've seen physical therapy educators move into higher roles within higher education as a result of the fellowship."

One graduate says that the fellowship helped her learn more about herself as a leader, as well as understand the various leadership styles of those with whom she worked. Michelle Jenkins-Unterberg, PT, DHS, a 2013 graduate, acknowledges that prior to the fellowship she had not read much about leadership. She had been a director of clinical education and is now Dean of the Walker College of Health Professions at Maryville University in St. Louis. "It fueled my desire to look at the broader perspective when interacting with others at the university, and to be a voice to make a difference," she says. What she learned about finances, legal issues, and student affairs has assisted her in her new role as dean, she says.

Long-Lasting Value of the Fellowship Community

Mentoring and networking are cornerstones of the program to ensure long-term success of the fellowship graduates. The program's mentors — who are a key element — introduce real-life applications and help participants put the material into the context of their own programs through online discussions and face-to-face sessions (this year excepted because of the pandemic).

One key to these discussions is confidentiality, allowing participants to share sometimes sensitive topics from their current roles. Many fellowship participants report that the mentorship support and networking that continue beyond completion of the formal program are invaluable. When questions or situations arise, graduates frequently first call members of their cohort and mentors. According to Craik, a mentor and

Charles Gulas

Jennifer Christy

Arvie Vitente

Kimberly Varnado

member of the fellowship workgroup, "The learning that takes place for both the participants and the mentors provides energy and change to physical therapy education and advances higher education."

Charles Gulas, PT, PhD, former dean at Maryville University, acted as an institutional mentor for Jenkins-Unterberg. Gulas explains that when he was a new academic administrator, he struggled to find resources and had to develop his own network of colleagues and mentors. So he understood the need for this support. "I wanted Michelle to have those supports early in her career," he says. She had regular meetings with Gulas to discuss how to apply her newly acquired tools to the specifics of their university environment.

It is not uncommon for former graduates to "pay it forward" and support other leaders at their institutions. David Morris, currently chair of the physical therapy department at the University of Alabama at Birmingham, says he was proud to support new program director Jennifer Christy, PT, PhD, in enrolling in the fellowship.

Christy, a 2020 fellowship graduate, says the program helped her improve her emotional intelligence. This included not only self-reflection and awareness, but also a strengthened ability to be nonreactive to conflict situations by developing empathy and respect for the other person's perspective. She also credits her growth to the group sharing and non-structured interactions that are integral to the fellowship program.

Her institution was going through the CAPTE reaccreditation process during her fellowship year, Christy notes. She describes that time as "challenging" but adds that many of the fellowship's modules helped her during the process. She especially appreciated the group discussions and assistance from mentors. She plans to revisit the modules now that she has completed both the self-study and the fellowship.

Arvie Vitente, PT, DPT, MPH, a 2019 fellowship graduate, began his physical therapy career in the Philippines. He moved to the United States and became program director of a physical therapist assistant program, and more recently became director of clinical education for a physical therapist program. He reports that the fellowship improved his skills in academia and helped him learn the educational and health care systems in the United States.

Finding a Voice and Building Confidence

The ability to network and receiving guidance from his fellowship mentors — Diane Jette, PT, DSc, FAPTA, and Terry Nordstrom, PT, EdD, FAPTA — "helped me grow and develop the confidence to express my opinions," Vitente says. One of his favorite activities in the fellowship program was role-playing within the legal module, which he says helped improve his communication skills during actual conflicts. His fellowship project served as a basis for his PhD, and he subsequently became more involved with the Federation of State Boards of Physical Therapy, APTA Geriatrics, and APTA Florida.

Kimberly Varnado, PT, DPT, DHSc, a 2018 graduate, is director of an innovative blended physical therapist program at the College of Saint Mary in Nebraska and a board-certified clinical specialist in orthopaedic physical therapy. She had just finished her manual therapy fellowship, which helped her develop as a clinician, and wondered whether something similarly could contribute to her academic development. The fellowship helped her navigate the political frame and resources of academia.

Varnado also says that the fellowship helped her "find her voice." One lesson she learned: "Voicing different opinions is important for team dynamics and to find the best ideas in the room. If different

> "The program builds a framework for confidence as one looks beyond oneself for greater collaboration within and beyond physical therapy."
>
> **— Kimberly Varnado**

Tiffany Kiphart

James Moore

Shellane Shattuck

perspectives and opinions are not shared to inform our decisions, I'm not sure we can claim we have the best ideas in the room." This lesson, she says, has helped her not only in her role at work but also as an APTA delegate for her state chapter. "The program builds a framework for confidence as one looks beyond oneself for greater collaboration within and beyond physical therapy," she says.

Physical therapist assistants also highly benefit from the program. Tiffany Kiphart, PTA, MEd, ATC, uses the skills attained in the fellowship to inform her roles at Kent State University as academic director of the physical therapist assistant program and the hybrid ATC to PTA program. She has "translated the communication and leadership skills learned during the program to advocate not only for my students, but also for members of my community," she says, which has built her confidence to become active in several Academy of Education committees.

Residency and Fellowship Education in the Age of COVID-19

James Moore, PT, PhD, is vice chair of residency programs at the University of Miami and directs its pediatric and neurological residency programs. He is also part of the current APTA Fellowship in Education Leadership cohort. The board-certified clinical specialist in pediatric physical therapy says that the program's leadership development skills already have benefitted him in mentoring program directors, program faculty, and residents within the residencies at his own institution. Since the mandates of social distancing and distance learning have highlighted the value of small-group online discussion, he says the depth of these conversations during the program has been beneficial in working through pandemic-related challenges.

Another fellow who began the program this year — Shellane Shattuck, PT, DPT, orthopaedic residency program director at Connecticut-based Live Every Day Physical Therapy — describes finding great value in how the fellowship helps bridge the gap between universities and the clinic. As more residency directors enroll in the fellowship program, she anticipates greater collaboration between clinics and academic institutions, resulting in improved understanding of the viewpoints and inner workings of each.

Shattuck says she uses these leadership skills even outside the workplace, adding that the structure and flexibility allow

“The learning that takes place for both the participants and the mentors provides energy and change to physical therapy education and advances higher education.”

— Rebecca Craik

her to develop greater self-awareness and leading and mentoring skills on day-to-day matters. She describes being more sensitive in her communications and better aware of various perspectives and terminologies.

Creating the Profession’s Leaders for the Future

Educational leadership affects everyone involved in preparing the next generation of PTs and PTAs, including clinical instructors, site clinical coordinators, residency/fellowship directors, faculty who participate in university and program committees (such as curriculum, admissions, and research), directors of clinical education, and program directors.

Many interviewees emphasized the importance of viewing education broadly and within a societal and situational context. Educational leadership affects everyone involved in preparing the next generation, including clinical instructors, site clinical coordinators, residency and fellowship directors, faculty who sit on university and program committees (such as curriculum, admissions, and research), directors of clinical education, program directors, and chairs.

A common theme expressed by those who are part of the fellowship is that the program helps participants develop their voice and strengthens self-confidence and self-awareness. Participants feel supported and encouraged to facilitate change. Fellows learn about intentional leadership — reflecting an investment not only in the individual, but also in the future of physical therapy. This can be transformative for the individual, the institution, and the profession, they say. Many fellowship graduates have gone on to be leaders within their state chapters, specialty academies, and communities.

And as the COVID-19 pandemic has demonstrated, the profession must be able to respond to unplanned external forces, both in the delivery of education and in practice. The APTA Fellowship in Education Leadership has positioned itself to provide responsiveness, innovation, and leadership.

Jill Heitzman, PT, DPT, PhD, is director of the physical therapy program and an associate professor of physical therapy at Maryville University. She is a board-certified clinical specialist in geriatric physical therapy and in neurologic physical therapy. Heitzman is a member of the fellowship’s staff work group.

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Keys to a Bright Future:

Veteran and Emerging Leaders Share Their Insights

Up-and-coming and established PTs and PTAs weigh in on hot topics facing the profession.

By Keith Loria

For the physical therapy profession to thrive in the coming years, it will take the ideas, skills, and knowhow of both veterans and newcomers.

That means that highly recognized Catherine Worthingham Fellows of the American Physical Therapy Association and savvy comparative "newbies" who have been named to the association's annual list of "emerging leaders" need to collaborate, share viewpoints, and exchange practical concepts on ways to overcome challenges and advance physical therapy.

APTA Magazine spoke with some of 2020's Emerging Leaders and newly named Catherine Worthingham Fellows about the important issues PTs, PTAs, and students are facing as we enter 2021. (Fellows are identified with the designation "FAPTA" after their names; the others interviewed for this article were named emerging leaders this year.)

Highlighting Diversity, Equity, and Inclusion

The percentage of African Americans in the physical therapy profession is small and has not increased in the past decade; it's certainly not representative of the population. This similarly holds true for Hispanics, Native Americans, and Pacific Islanders.

Mark F. Reinking, PT, PhD, ATC, FAPTA, dean and professor of physical therapy at Regis University's Rueckert-Hartman College for Health Professions in Denver, has 32 years of experience in the field. Through his lens as a clinician and educator, he sees a lot of work that needs to be done to address diversity, equity, and inclusion.

For instance, Reinking volunteers with sports teams at a high school with a largely Hispanic student population. Never once has a student athlete said his or her career goal is to become a physical therapist.

"We have to work our way up and down elementary and middle school and make sure kids know who physical therapists are and what they do so that students understand the profession," he says. "We need to develop a pipeline of students from underrepresented groups into our profession and support them academically and financially."

April Bronowski, PT, DPT, a board-certified clinical specialist in orthopaedic physical therapy and legislative chair of APTA Hawaii, believes as a Filipino American woman that DEI is of utmost importance to the future of physical therapy.

"When more people of different cultural backgrounds enter the profession — either different ethnicity, race, socioeconomic status, gender, sexual orientation, or religion — patients of similar backgrounds can better relate and feel safe in their care," she says. "Doing so helps improve patient rapport with the therapist and, in turn, improves overall patient outcomes. In addition, it allows therapists of different cultural backgrounds to be visibly accepted as health care providers in their community."

Bronowski strongly believes that those who identify as part of the LGBTQIA community — and specifically those who are transgender — often are overlooked.

"These are some of the bravest people in the world," she says. "Health care professionals need to be aware of and prepared to support such individuals to improve their overall function and quality of life. The true foundation of our profession," she adds, "is being patient and humble enough to allow our patients to teach us — not the other way around. To actively listen to a patient is a skill that must be mastered, because all individuals want to feel their voice is being heard."

Tiffany Adams, PT, DPT, MBA, a board-certified clinical specialist in geriatric physical therapy, is a private practice owner and clinical assistant professor at Winston-Salem State University in North Carolina who is pursuing a PhD in leadership studies. She also is a member of the Diversity, Equity, and Inclusion Consortium of the American Council of Academic Physical Therapy.

Adams cautions that failure to pay appropriate attention to DEI in physical therapy will result in missed opportunities.

"Diverse providers are necessary for the profession to ameliorate health disparities and fully realize its vision of transforming society," she says. "In addition to improving the patient-clinician experience, improved DEI efforts within the profession will lead to innovation, enhanced decision-making, and a stronger communication of value to diverse stakeholders."

Leiselle Pilgrim, PT, DPT, MPH — a certified lymphedema therapist, an instructor at University at the University of St. Augustine for Health Sciences' Miami campus, and a member of the APTA Nominating Committee — notes that DEI is relevant to those entering the profession and that attention to it can put minority patients more at ease.

"Patients will feel like their therapists can understand them better, and it makes our profession much more culturally competent because we can learn from each other," she says. "Representation matters. When people see individuals in the profession who represent them it encourages them to want to join, as well."

Terry Ellis, PT, PhD, FAPTA, chair of and an associate professor within the Department of Physical Therapy and Athletic Training at Boston University, says it's imperative to have PTs who represent various cultures and shed light on variations among them.

"If we had more people in our profession who had the lived experience of our patients, there would be more authentic interaction," she argues. "It also might increase utilization of physical therapy among those in certain ethnicities and cultures who tend to see PTs less often."

Seth Peterson, PT, DPT, founder of Motive Physical Therapy Specialists in Oro Valley, Arizona, and a board-certified clinical specialist in orthopaedic physical therapy, believes that greater representative diversity of leadership and membership could foster greater diversity of ideas and perspectives in the profession.

"We're trying to broaden our reach and make more people aware of physical therapy. Almost by definition, this means we need to be inclusive," he says. "As a white male, I just can't know some of the challenges and perspectives that exist across our membership. I would love to see more efforts to include members and even aspiring physical therapists who have met and overcome challenges, and hear their perspectives. I didn't have that big of a hill to climb. But someone with limited resources and support, who still manages to make it to physical therapy school? That's someone I admire, and I want them to be on my team."

Rebecca Shakoske, PTA, MA, is an instructor in the PTA program at the Community College of Allegheny County in Pennsylvania and works at Anchor Physical Therapy in Pittsburgh. She has been active in advancing PT-PTA teamwork models. In her classes, she teaches about multiculturalism and DEI issues.

"What it comes down to for me is that everyone deserves the same respect," she says. "I'm a big believer that diversity is the fire under the pan when we're talking about creativity and innovation. It's about seeing other people's perspectives and using those insights to better reflect on the world and optimal caregiving."

Transforming Society

PTs and PTAs are transforming society by transitioning from traditional care models for individuals to population health. By becoming more familiar with the needs of the communities in which they serve, clinicians are helping to bridge gaps in innovative ways.

For example, Adams and her business partner identified a need for increased physical activity and comprehensive wellness within a church group of older adults, and they provided regular sessions focused on physical activity, sleep hygiene techniques, and healthful food options — all of which have been well-received.

Meera Parekh, PT, DPT, works with Alaska Natives and American Indians at the Alaska Native Medical Center in Anchorage. She believes a crucial part of the profession's role in transforming society is educating patients and the public on what pain is and how best to manage it.

"My caseload involves many patients with persistent pain and those with a history of opioid misuse," she says. "I have been advocating within our health care system for all providers to share a common language about pain and to use an interdisciplinary approach to manage complex cases. It has been rewarding to see patients who understand the active role they can take in the management of their pain. But we still have a lot of work to do as a profession to make this a universal concept."

Bronowski has been involved in a working group focused on preventive

"I didn't have that big of a hill to climb. But someone with limited resources and support, who still manages to make it to physical therapy school? That's someone I admire, and I want them to be on my team."

— Seth Peterson

What Makes for a FAPTA or Emerging Leader?

Being named a Catherine Worthingham Fellow of the American Physical Therapy Association — abbreviated "FAPTA" as a designation after a fellow's name — is the association's highest membership category. It acknowledges 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 the APTA Honors & Awards Program webpage or contact honorsandawards@apta.org.

APTA's Emerging Leaders awardees are PTs or PTAs who have "demonstrated exceptional service" in their first five to 10 years after graduation. These individuals — nominated by their chapter or section — have a record of accomplishment and contributions to the profession, their component, and the association. For more information, see the APTA Board of Directors policy "Emerging Leader Award" under "Awards" on the APTA Policies and Bylaws webpage or contact nationalgovernanceleadership@apta.org.

strategies for the Hawaii Opioid Initiative and has seen the huge difference such programs can make.

"At the time, this opioid initiative was a first of its kind, where government officials, police officers, social workers, and health care professionals were working together to take a stand against the opioid epidemic," she says. "I was a voice for our profession to act as an alternative treatment for chronic pain, as opposed to opioid prescriptions that can lead to addiction."

Over the past five years, Stacey Dusing, PT, PhD, FAPTA, has watched the growth of a new body of evidence improving the ability to identify children who are at risk of cerebral palsy at three months, and to have a medical diagnosis within 12 months or sometimes in only half that time. The board-certified clinical specialist in pediatric physical therapy is the director of pediatric research and an associate professor at the University of Southern California.

"The changing landscape of early diagnosis of cerebral palsy in the U.S. is in large part a response to physical therapists getting the training needed to complete the assessments, educating other team members about the assessments and benefits of early diagnosis, and advocating for policy changes to start intensive intervention earlier," Dusing says. "While the U.S. medical system has not yet fully embraced the need for early diagnosis of CP and individualized, early, intensive rehabilitation, we are much closer than we were even two years ago. Ongoing progress in this area will transform society by accepting that information about our health and developmental status can improve access to evidence-based care and improve outcomes."

> "Leadership is a skill that requires continued practice, flexibility, and an open mind. Taking time to reflect, focusing on the forest rather than the trees, and returning often to initial objectives and goals are some of the key strategies I have embraced."
>
> — Morgan Lopker

Sound Leadership

Morgan Lopker, PT, DPT, practices in a critical care setting at Los Robles Regional Medical Center in Southern California and worked extensively this summer in the COVID-19 environment.

"Leadership is a skill that requires continued practice, flexibility, and an open mind," she says. "I have had the good fortune to learn from several distinguished leaders in our profession. Taking time to reflect, focusing on the forest rather than the trees, and returning often to initial objectives and goals are some of the key strategies I have embraced."

Dusing says leadership, while hard to quantify, can be cultivated and supported.

"A strong leader has the ability to listen to the input of the group and make decisions or plan in collaboration with the group most of the time," she says. "Yet sometimes a leader needs to make tough decisions that are not clear to the group. When an honest and trusting relationship has been cultivated over time, the group will trust the leader though hard decisions. As such, honest, transparent, and frequent communication has been an important part of my leadership strategy."

As a PTA, when Shakoske looks to work with a PT she doesn't want an authoritarian-type leader, but rather someone who leads by example.

"They don't have to be perfect, but they should be willing to accept working as a team," she says. "The person in the leadership position has more skills than other team members do and should use them to benefit everyone."

Adams demonstrates leadership as a PT faculty member by empowering the next generation of problem-solvers, and she provides students with the guidance they need to become entrepreneurs.

"I have had wonderful mentors and sponsors who have aided in my development by encouraging and empowering me, and I hope to do the same for students and younger clinicians," she says. "To become a better leader, I have taken the LAMP 101 course offered through APTA's Health Policy and Administration Section. I also have participated in a development program for early-career women in medicine offered through Wake Forest Baptist Health."

Peterson says vital elements of leadership include empathizing with colleagues and being true to their values. She notes that people can see through leaders who don't adhere to their own value system.

"The pandemic called on all of these skills at one time or another," he says. "As a clinic, we stuck to our values when making decisions, and I made a point to undertake any undesirable change first myself — including pay cuts, laundry, and cleaning tasks. In the end, I can see that we're a stronger team. We know that when push comes to shove, we're all in this together."

Reinking credits strong mentorship from leaders he admires for helping him become a trusted and true leader himself.

"I don't visualize leadership as being 'in charge.' I visualize it as providing care for those in my charge, and making sure they have what they need to do their jobs and optimize their skills and abilities," he says.

For example, in his role as dean at his college, Reinking sees amazing talent on his team and feels it's his role as a leader to recognize and develop it, and to let people shine.

In October, Reinking became president of the American Council of Academic Physical Therapy. "It's time for us to revisit our strategic plan, and I need to develop a vision that's not mine but ours — the whole community of academic physical therapy," he says. "It's about empowering the people in the organization to rise up and bring their knowledge, skills, and ability."

Ellis relies heavily on other chairs and leaders in the profession, benefiting from fellow thought leaders.

"I can reach out to many of my peers both nationally and internationally to seek guidance and advice, collaborate, and generate solutions to common problems," she says. "A lot needs to be done to sustain the profession and encourage people to thrive. It's important for leaders to work together to figure out ways to advocate and show the value of what we do."

Impact of COVID-19

When COVID-19 hit in March, it was extremely difficult for many PTs and PTAs to keep up with constantly changing local and state mandates, updated knowledge about the virus, and shifting payment policies. But the pandemic has proven how responsive and resilient those in the profession can be.

"In many ways, the pandemic forced changes that already should have happened," Adams says. "Private practices have had to be innovative, creative, and agile to reestablish their caseloads. I believe this innovation will continue for our profession, and in a more proactive, versus reactive, way."

She adds that if there's one lesson the profession learned from the pandemic, it's that crises force innovation. Many PT education programs have had to quickly implement technology applications and redesign many of their processes. Clinics and health systems have implemented or expanded telehealth, developed new service offerings, and transitioned to more innovative forms of care delivery.

"From a faculty member's perspective, the pandemic has taken us largely virtual, requiring us to relay information and teach psychomotor skills to our students virtually before getting to be with them in person," Pilgrim says. "It's challenged me to improve how I teach and how I approach critical thinking with my students."

On the positive side, Ellis says the pandemic has encouraged educators to explore remote learning and identify which aspects could remain beneficial when the health emergency is over.

"We might want to retain some of the things we are doing and learning," she says. "Since we haven't been able to provide in-person, clinical experiences for our students, tapping into telemedicine has been great in terms of opportunities we've been able to provide to them. This may be more cost-effective in the future."

Lopker observes that the pandemic has brought unique opportunities for professional growth, collaboration, and advocacy throughout the profession.

"As vice chair of the APTA Acute Care Practice Committee, I've seen that the pandemic has led to collaboration across APTA components to disperse information through webinars and other platforms," she says. "The pandemic has encouraged collaboration within our profession, and across professions, that likely will be long-lasting. Additionally, it has increased awareness of PTs' role in managing patients during and after critical illness and hospitalization. It also has led to the need for innovation and rapid adjustment to change."

Rise of Telehealth

COVID-19 also has played a large role in expanding the role of telehealth. Before the pandemic, one of the biggest barriers to more widespread telehealth adoption was basic: It was not even being offered by most clinicians. APTA data showed that only 5% of PTs offered

"From a faculty member's perspective, the pandemic has taken us largely virtual, requiring us to relay information and teach psychomotor skills to our students virtually before getting to be with them in person. It's challenged me to improve how I teach and how I approach critical thinking with my students."

— Leiselle Pilgrim

telehealth pre-pandemic. In the midst of the pandemic, by contrast, it has been offered by 71% of outpatient private practices.

Parekh notes this service has been valuable to her patient population, which includes people from low-income families without reliable transportation, individuals with psychosocial barriers to attending appointments regularly, and those who are geographically separated in rural Alaska.

"Telehealth offers an opportunity for all these people to access physical therapist services from a location that is convenient and comfortable for them," she says. "It is quite intimate to have a patient share their home and household with me, and I find it strengthens our therapeutic alliance."

Jennifer Stevens-Lapsley, PT, MPT, PhD, FAPTA — a rehabilitation science PhD program director and a professor of physical therapy at the University of Colorado Anschutz Medical Campus — has nearly 20 years of clinical research experience with patients with osteoarthritis. She has found that telehealth improves access to rehabilitation for individuals who live in rural areas or have difficulty getting to rehabilitation appointments. The convenience of telehealth may increase their willingness to engage in rehabilitation.

She notes, however, that telehealth may not be feasible for patients who require manual therapy or for older adults with medically complex conditions who are at risk for falls or require assistance for mobility.

"For individuals who are more medically complex, clinicians may be inclined to underdose intervention to prioritize safety — such as conducting seated exercises at low intensities," Stevens-Lapsley says. "Furthermore, equipment for monitoring vitals, or weights for resistance to challenge patients, may not be available in the home setting. As such, telehealth may not optimize gains that would have been possible in some patient populations with in-person treatment."

> "We get regular assessments of our teeth, bloodwork, reproductive organs, and colon health — why aren't we getting regular assessments of the way we move?"
>
> — Meera Parekh

The Next Level

Physical therapy has come a long way since its founding a century ago. The profession has made great strides, including adopting the DPT and achieving direct access. Research is growing exponentially. But still more heights need to be scaled.

Pilgrim says the next step should be to examine the current pay structure.

"We need to be paid like a doctoring profession," she says. "The research helps here, but if we aren't seeing the payment improvement, we will see a drop in the number of applicants and thus students enrolled in our programs. As PTs and PTAs, we want to help our patients, but compensation to be able to live your passion is also important."

Parekh notes that a viable opportunity for doctorate-level physical therapy is to provide annual movement assessments for all individuals.

"We get regular assessments of our teeth, bloodwork, reproductive organs, and colon health — why aren't we getting regular assessments of the way we move?" she asks. "This can be performed as balance assessments for older adults and those with neurologic conditions, functional movement screens for asymptomatic adults, and sport-specific assessments for student athletes. We can provide general recommendations and education, and can start a physical therapy plan of care when appropriate."

Naturally, however, PTs will have to overcome payment barriers for annual assessments. This, in turn, will require extensive advocacy on both the state and national levels.

Peterson recalls APTA's Vision 2020, noting that the profession has accomplished most of those goals. However, he continues, it's still vital to accomplish one additional thing.

"If someone decides to seek help for a movement impairment, we need them to think of us — and seek help from us — first," he says. "There's so much research demonstrating the cost savings and effectiveness of this approach, yet the number of people seeking help from a PT for various musculoskeletal conditions like low back pain hasn't budged from about 10%. I think this is a cultural problem. We need to be

> "PTs and PTAs need to be a part of APTA. That's our voice. What we pay to be a member is critical in making sure that our profession is at the table in discussions and when important issues are being considered. We have to be advocates in our community. We need to better understand public health issues; COVID has illuminated this."
>
> — Mark Reinking

brainstorming to develop better ways to get our message out to the community."

While research has grown, Dusing notes that physical therapy research is still well behind that in other fields — she points to research in pediatrics as one example — and she sees greater opportunities ahead for exposing PT and PTA students to the research and clinical perspectives needed, as well as for demonstrating firsthand the integration of research into practice.

"As we look to the future, I see the strongest programs being those that have a research faculty and a clinical faculty in each major content area," she says. "How high can we go? High enough to have evidence for all the clinical decisions we make, for all PTs to have the knowledge they need to weigh the evidence before working with the family to make a treatment plan, and to have a national system of tracking outcomes to improve health services research, while providing outstanding care."

Advice for the Future

Adams' biggest piece of advice to PTs and PTAs for success in the future is to be innovative and think creatively.

"Physical therapy in the future will look much different from how it does now in terms of how we connect with and engage consumers," she says. "Be a problem-solver. Challenge the status quo."

The most valuable thing Parekh has learned in six years of practice has been to find a passion within physical therapy, and she says that's the best advice she can offer — whether that passion is in managing personnel, building your own practice, participating in professional organizations, engaging in social media, or incorporating a hobby or research interest into clinical practice.

"Your work will become easier and you will be motivated to work hard to do something you love," she says. "Recognize that not all patient cases will be success stories. Learn what you can from those experiences and identify the limitations in those patient encounters. Learn to recognize your biases early on in your career and constantly check yourself to strengthen your clinical reasoning. And remember: Work-life balance is essential to longevity in your career."

Reinking says the profession's future success will be driven by those actively advocating for it — addressing such issues as student debt, clinical education, and the impending Medicare cut that could have a devastating effect.

"PTs and PTAs need to be a part of APTA. That's our voice. What we pay to be a member is critical in making sure that our profession is at the table in discussions and when important issues are being considered," he says. "We have to be advocates in our community. We need to better understand public health issues; COVID has illuminated this. I tell my students the future is bright for physical therapy, but we must continue to have a voice at the state, regional, and national levels."

"We need to have faith in each other and in our values to pull us through," Peterson says. "Join the association. Advocate for your profession within your community. And, of course, do an outstanding job treating every patient who walks through your door."

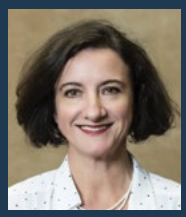
Keith Loria is a freelance writer.

2020 Catherine Worthingham Fellows of the American Physical Therapy Association

William Bandy, PT, PhD, FAPTA
Conway, AR

Board-certified clinical specialist in sports physical therapy

Kenneth Joseph Harwood, PT, PhD, FAPTA
Washington, DC



Sara R. Piva, PT, PhD, FAPTA
Pittsburgh, PA

Board-certified clinical specialist in orthopaedic physical therapy

Lee Dibble, PT, PhD, ATC, FAPTA
Salt Lake City, UT

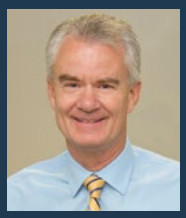
Fay Horak, PT, PhD, FAPTA
Portland, OR

Mark Reinking, PT, PhD, ATC, FAPTA
Denver, CO

Board-certified clinical specialist in sports physical therapy

Joseph Donnelly, PT, DHS, FAPTA
Coral Gables, FL

Board-certified clinical specialist in orthopaedic physical therapy



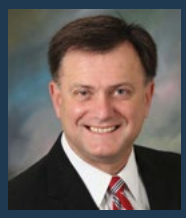
Stephen Hunter, PT, DPT, FAPTA
Salt Lake City, UT

Darcy Reisman, PT, PhD, FAPTA
Newark, DE

Stacey Dusing, PT, PhD, FAPTA
Los Angeles, CA

Board-certified clinical specialist in pediatric physical therapy

Sandra Kaplan, PT, DPT, PhD, FAPTA
Newark, NJ

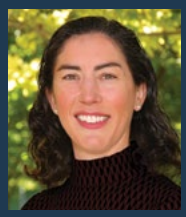


Paul Rockar Jr., PT, DPT, MS, FAPTA
Murrysville, PA

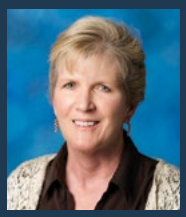
Terry Ellis, PT, PhD, FAPTA
Boston, MA

Board-certified clinical specialist in neurologic physical therapy

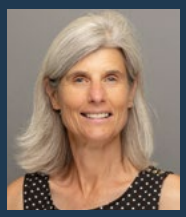
Catherine E. Lang, PT, PhD, FAPTA
St. Louis, MO



Jennifer Stevens-Lapsley, PT, MPT, PhD, FAPTA
Denver, CO



Janet Freburger, PT, PhD, FAPTA
Pittsburgh, PA



Robin Marcus, PT, PhD, FAPTA
Salt Lake City, UT

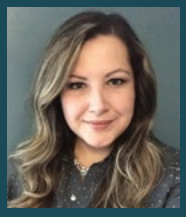
Board-certified clinical specialist in orthopaedic physical therapy

Mike Studer, PT, MHS, FAPTA
Salem, OR

Board-certified clinical specialist in neurologic physical therapy

2020 Emerging Leaders of the American Physical Therapy Association

Tiffany Adams, PT, DPT, MBA
APTA Geriatrics
Greensboro, NC
Board-certified clinical specialist in geriatric physical therapy

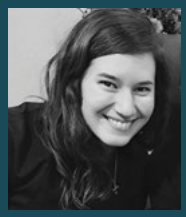


Nichole Chakur, PT, DPT
APTA Michigan
Macomb, MI
Board-certified clinical specialist in orthopaedic physical therapy

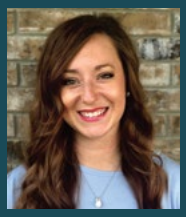
Dominque Forte, PT, DPT
APTA Alabama
Birmingham, AL
Board-certified clinical specialist in orthopaedic physical therapy

Jessica Baker, PT, DPT
APTA Indiana
Boonville, IN

Jena Colon, PT, DPT, MBA
APTA Oncology
Saginaw, MI

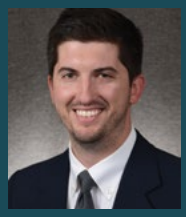


Abigail Inman, PT, DPT
APTA Wisconsin
Milwaukee, WI



Jansen Barrett, PTA
APTA Kentucky
Benton, KY

Amy Compston, PT, DPT, CRT
Ohio Chapter
Worthington, OH



Paul Kline, PT, DPT, PhD
Section on Research
Greensboro, NC

Ashley Berry, PT, DPT
APTA Oregon
Tualatin, OR

Deidra Debnam, PT, DPT
APTA North Carolina
Charlotte, NC
Board-certified clinical specialist in sports physical therapy

Morgan Lopker, PT, DPT
Academy of Acute Care Physical Therapy
Simi Valley, CA

April Bronowski, PT, DPT
APTA Hawaii
Honolulu, HI
Board-certified clinical specialist in orthopaedic physical therapy

April Fajardo, PT, DPT
Academy of Neurologic Physical Therapy
San Bruno, CA

Brittany McGowan, PT, DPT
APTA Connecticut
Orange, CT

Natalie Novak, PT, DPT
Section on Health Policy and Administration
Pittsburgh, PA

Board-certified clinical specialist in orthopaedic physical therapy

Leiselle Pilgrim, PT, DPT, MPH
Florida Chapter
Miami, FL

Zachary Walston, PT, DPT
APTA Georgia
Atlanta, GA

Board-certified clinical specialist in orthopaedic physical therapy

Chukwuemeka Nwigwe, PT, DPT
California Chapter
Los Angeles, CA

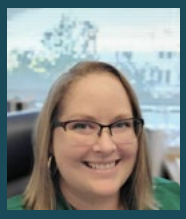
Board-certified clinical specialist in orthopaedic physical therapy

Kirsten Radke, PT, DPT
Iowa Chapter
Altoona, IA

Nicholas Weber, PT, DPT
APTA Nebraska
Omaha, NE

Board-certified clinical specialist in orthopaedic physical therapy

Evan Papa, PT, DPT, PhD
APTA Idaho
Star, ID



Brittany Samulski, PT, DPT, PhD
APTA Virginia
Virginia Beach, VA

Marybeth Wilson, PT, DPT
APTA Montana
Dillon, MT

Board-certified clinical specialist in orthopaedic physical therapy

Meera Parekh, PT, DPT
APTA Alaska
Anchorage, AK

Board-certified clinical specialist in orthopaedic physical therapy

Rebecca Stevens, PTA, LMT, MA
Pennsylvania Chapter
Pittsburgh, PA

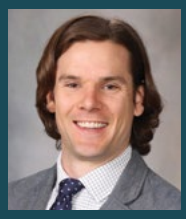
Mariana Wingood, PT, DPT
APTA Vermont
Waterbury, VT

Board-certified clinical specialist in geriatric physical therapy

Kaitlyn Parrotte, PT, DPT
New York Chapter
New York, NY

Board-certified clinical specialist in orthopaedic physical therapy

Allison Stowers, PT, DPT
APTA Tennessee
Chattanooga, TN

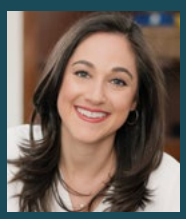


Paul Yerhot, PT, DPT
Minnesota Chapter
Rochester, MN

Board-certified clinical specialist in sports physical therapy

Seth Peterson, PT, DPT
APTA Arizona
Tucson, AZ

Board-certified clinical specialist in orthopaedic physical therapy



Lauren Trosch, PT, DPT
APTA Pelvic Health
Washington, DC

Board-certified clinical specialist in orthopaedic physical therapy

Marley Zachmann, PT
APTA North Dakota
Bismarck, ND

Things to Think About

TELEHEALTH. ARE YOU DOING IT?

APTA CONNECT Telehealth brings your remote patients closer and allows you to maintain high quality rehab care in a way that still feels personal and thorough.

Secure for healthcare.

- HIPAA compliant video and storage
- SOC 2 Type II attestation
- 99% uptime guarantee

Easy for patients.

- Automated text and email reminders
- Tap to join
- Easy-to-remember patient verification
- Nothing to download

Seamless for therapists.

- Interoperable with major EHRs
- Integrated workflows and documentation in APTA CONNECT Rehab EMR
- Dashboard shows daily appointments and notifies when patient is in the virtual waiting room
- Join telehealth visit with a single tap
- Telehealth appointments contain the CCI edits for "lock & push" billing

#CallYourRep

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

It's time to make telehealth a permanent option for rehab care, not just a stopgap during the pandemic.

Visit Cedaron's blog for a how-to guide.

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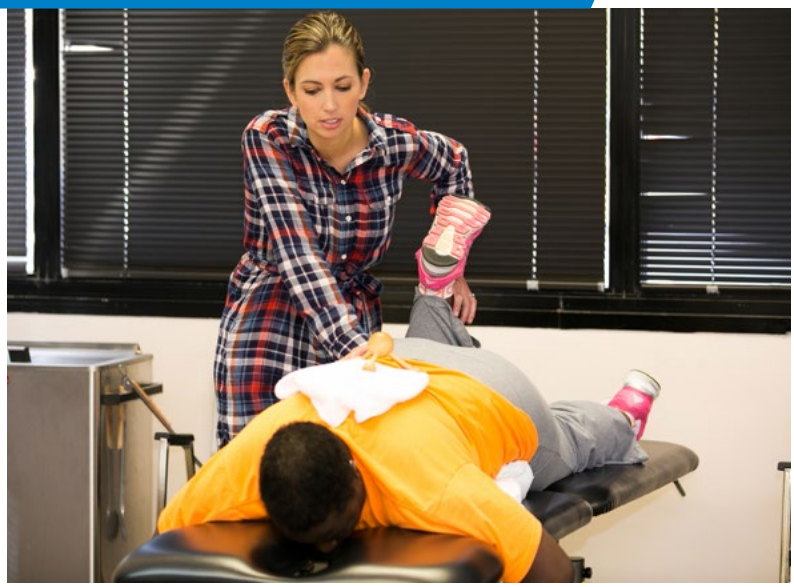
Health Care Headlines

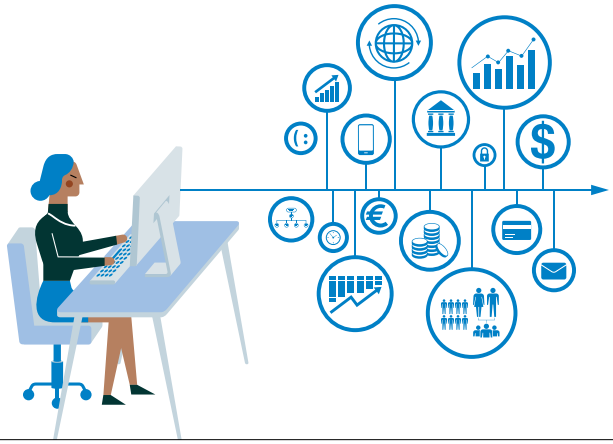
We've compiled highlights of APTA articles for a recap of reports on the physical therapy profession.



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

Study: Early Physical Therapy Works for Sciatica

Sciatica is common among individuals with back pain, but research on what works to alleviate the condition has been limited. That may be changing: A new study of treatment in two Utah health care systems makes the case that early physical therapy can improve outcomes for individuals with recent-onset sciatica, finding notable improvements in self-reported pain and disability of patients who received early physical therapy compared with patients who received "usual care" consisting of education on back pain and advice to stay active.



Report: Early Physical Therapy for LBP Is a Win-Win in Workers' Comp

According to a report released by the Workers Compensation Research Institute, receiving physical therapy for low back pain within 14 days of injury is associated with significant reductions in the use and costs of medical services such as MRIs, opioid prescriptions, pain management injections, and low back surgery, as well as shortened duration of temporary disability benefits in workers' comp systems. Among the findings: average payment claims for those who waited 30 days or more before receiving physical therapy were 24%-28% higher than for those who received early physical therapy. Also, the average number of disability weeks claimed in the later therapy group exceeded that in the early therapy group by 58%-69%.

The institute is an independent nonprofit organization devoted to "providing the public with objective, credible, high-quality research" aimed at improving workers' compensation systems.

HHS Will Open a Portal in January for Providers to Report How Relief Money Was Spent

In October, the U.S. Department of Health and Human Services announced the process it will use to gather spending reports from providers receiving COVID-19-related relief funds. According to HHS, a fund reporting portal will open on Jan. 15. The first reporting deadline for all providers on the use of funds will be Feb. 15, and July 31 will be the final reporting deadline for providers who did not fully expend the funds before Dec. 31, 2020.

Providers can expect to supply information on lost revenues, expenses attributable to coronavirus, basic organization information, other assistance received in 2020, and nonfinancial information about, for example, employees and patients.

»

A New CPT Code Could Help Offset Coronavirus-Related Expenses

Have you incurred additional expenses in your efforts to provide safe in-person visits during the COVID-19 pandemic? The American Medical Association has published an update to the CPT code set that includes a code for reporting expenses related to the necessary public health response. The new practice expense code — 99072 — describes additional supplies and clinical staff time required to stop the spread of the novel coronavirus while providing safe in-person visits.

Medicare Loan Repayment Dates Have Been Pushed Back

A federal emergency spending bill signed into law in October includes some good news for providers, including PTs, who received loans from Medicare: Payback deadlines have been postponed. Under the new provisions, repayments on Medicare Accelerated and Advance Payment Program loans needn't begin until one year after the loan was issued. The previous repayment deadline was to begin 120 days after issuance. The new recoupment process also adopts a phased-in approach: Rather than require recoupment of 100% of a provider's newly submitted claims until the loan is paid off, recoupment rates are set at 25% of claims for the first 11 months of repayment and 50% for the next six months. The aim is to recoup the entire loan amount within 29 months of issuance. Repayments will be made using withholdings on Medicare reimbursements. Repayment plans extending beyond 20 months will incur a 4% interest rate.

APTA Leading The Way

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

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

The 9% Medicare Payment Cuts: Possible Help From Capitol Hill, Historic Advocacy From APTA Members

APTA's effort to stop a proposed 9% cut in Medicare payment, which began more than a year ago, galvanized the profession around an historic grassroots effort that at press time for this issue of APTA Magazine was gaining traction in Congress.

As of mid-November, the U.S. Centers for Medicare & Medicaid Services had not yet released its final Physician Fee Schedule rule, revealing whether it would move ahead with a proposed 9% cut in Medicare payments for physical therapy in 2021.

While CMS continued to argue that its options were constrained by federal budget requirements, a new possibility has emerged: A bill introduced in the U.S. House of Representatives would offset the cuts by way of additional relief payments in 2021 and 2022. The bill, known as the Holding Providers Harmless From Medicare Cuts During COVID-19 Act (H.R. 8702), was introduced In late October by Reps. Ami Bera, MD, D-Calif., and Larry Bucshon, MD, R-Ind.

The new legislation has become the focus on intense advocacy efforts by APTA, which already hit new records. Over the fall, APTA led two intensive grassroots messaging efforts — one aimed at members of Congress and a second focused on voicing opposition directly to CMS — that resulted in generation of more than 150,000 letters. In addition to APTA efforts, more than one-third of the House of Representatives signed on to a letter to CMS opposing the plan, and a consortium of 57 health care organizations including APTA joined together to warn CMS of the ways in which the proposed cut could harm patient access to needed care.

PTJ Research Provides Resources for Increasing Patients' Physical Activity

APTA's consumer focus this fall has been on physical activity and the ways that increasing movement even moderately can help people live longer, healthier lives. To help clinicians tailor their treatment approaches to each patient's or client's unique needs, PTJ, APTA's premier scientific journal, has published an abundance of peer-reviewed research on physical activity-related topics, covering a variety of patient populations. Recent articles include these (search for them by title at academic.oup.com/ptj):

- "'A Necessary Investment in Future Health': Perceptions of Physical Activity Maintenance Among People With Rheumatoid Arthritis"
- "Promoting Physical Activity via Telehealth in People With Parkinson Disease: The Path Forward After the COVID-19 Pandemic?"
- "Impact of Physical Training Programs on Physical Fitness in People With Class II and III Obesity: A Systematic Review and Meta-Analysis"
- "Physical Activity and the Risk of Depression in Community-Dwelling Korean Adults With a History of Stroke"
- "Perceptions of Kinesiophobia in Relation to Physical Activity and Exercise After Myocardial Infarction: A Qualitative Study"

PTJ's Editor's Choice

Here's recent research of note from PTJ (Physical Therapy, APTA's scientific journal) as selected by Editor-in-Chief Alan Jette, PT, PhD, FAPTA.

In his December editorial, Alan Jette announces upcoming changes in PTJ's brand that reflect the journal's global scope and broad coverage of physical therapy and rehabilitation. PTJ has long been a multidisciplinary, international journal — more than half of its manuscript submissions originate outside the United States — and its authors span a wide range of disciplines. Physicians, nurses, athletic trainers, and osteopaths join physical therapists as contributors to the December issue.

Find these and other articles at **academic.oup.com/PTJ**

From the Netherlands:

- In a project to improve movement behavior during hospitalization, patients spent less time lying in bed, and there were fewer discharges to a rehabilitation setting.
- Muscle weakness exists in both upper extremities of children with unilateral cerebral palsy; when unimanual or bimanual ability limitations are present in this population, muscle strength of the nonaffected extremity should be part of the assessment.
- A gap in clinical knowledge is bridged regarding the use of strength and strength measurement during daily activities in children with unilateral CP.

From Sweden:

- A study to investigate patient experiences of mobilization immediately after abdominal surgery supports development of early mobilization protocols in hospital settings.
- A qualitative study of patients with myocardial infarction shows how critical it is for physical therapists to acknowledge signs of fear by listening carefully to the patient's full story.

From Brazil:

- A systematic review of the effects of inspiratory muscle training on respiratory muscle strength, lung function, functional capacity, quality of life, and dyspnea in patients with heart failure can help clinicians identify the best combination of treatments and improve the overall efficiency of health care.
- A measurement study on tapered flow resistive loading shows that combined testing and training capabilities can be important in both clinical research and in management of patients with heart failure.
- The value of physical therapists in the intensive care unit is demonstrated by their role in managing critical events such as intubation, patient positioning, ventilatory adjustments, extubation, and functional training.

Among other topics in the December issue:

- A trial protocol for the Michigan Initiative for Anterior Cruciate Ligament Rehabilitation is designed to identify an intervention to address quadriceps femoris muscle weakness — and prevent cartilage deterioration — after ACL rehab.
- Functional movement training may help improve knee extensor recruitment during sit-to-stand in people who are obese.
- People with HIV who have lower extremity peripheral neuropathy reported more severe disability, worse pain, and more depression symptoms than did those without neuropathy, indicating that clinicians may be able to reduce disability among people with HIV and peripheral neuropathy by targeting interventions for treatment of pain and depression.
- Infants at high risk of CP demonstrated a reduced level of learning regarding the kicking-activated mobile task compared with infants with typical development — suggesting that the kicking-activated mobile task could be used as an intervention to ultimately improve walking outcomes in this population.

As the use of diagnostic imaging becomes more widespread in physical therapist practice throughout the United States, the Burley Readiness Examination for MSK Imaging Competency has the potential both to demonstrate practitioner level of baseline competency and, more broadly, to impact health care utilization and costs.

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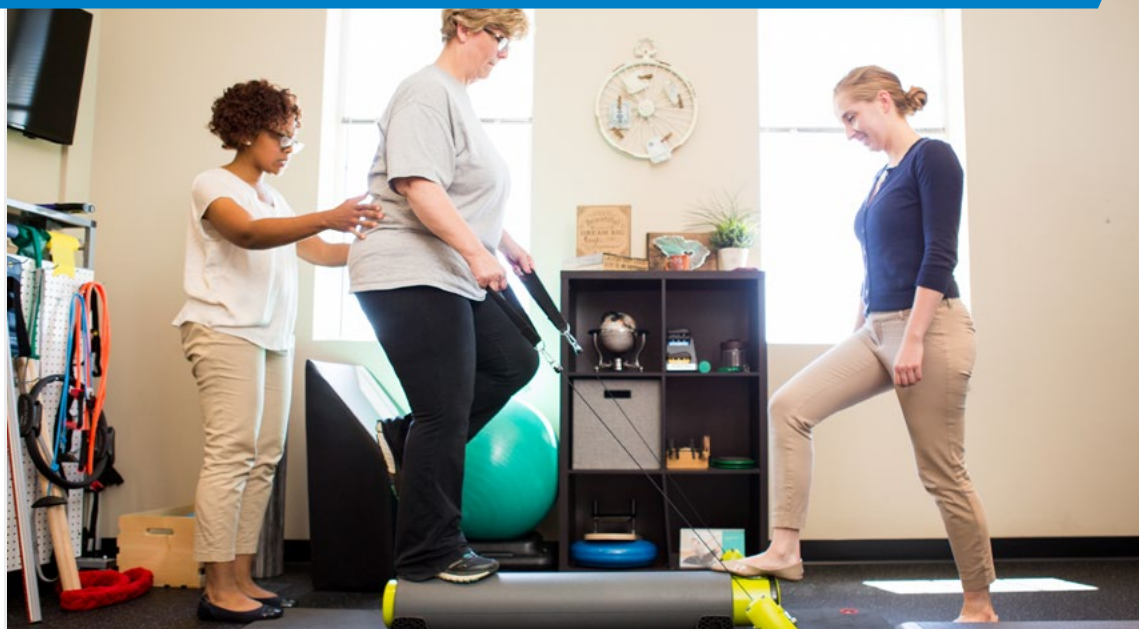
Student Focus

Students are frequent contributors to our blog at apta.org, and most of their essays hold interest for everyone in the profession. The following is excerpted from a 2018 post by Matthew Villegas, PT, DPT, formerly a PT student at Touro University in Nevada.



Read the full story from April 24, 2018, at **apta.org/ClinicalExpectations**

When Clinical Expectations Meet Reality

Clinical internships! Yay? Eek?

This journey is the necessary rite of passage for physical therapy students preparing to enter the real world.

Are these going to be the times of your life in the place of your dreams? Will reality align with your expectations? I could give you the good ol' physical therapy school answer of "it depends," but the truth is that the choice is yours in how you interpret your situation.

Fortunately, APTA has great resources to help you as a young, developing clinician. We learned textbook knowledge. Now it's time to face reality. During my clinicals I learned lessons that changed me personally and professionally, and I had a wide variety of experiences.

My three clinical internships included outpatient orthopedics at a private practice in an urban area, outpatient pediatrics in a rural area, and acute care at a teaching-based hospital in a small town. Although I felt anxious and nervous at first, I eventually developed successful habits to get better with documentation and in communicating with patients, families, caregivers, and colleagues; and I worked hard to successfully implement what I learned in school.

It didn't take me long to realize that the profession's impact is so much bigger than I had anticipated. In simply doing our jobs, we are affecting lives on a daily basis. We have valuable knowledge, skills, and tools that empower people to live their best lives possible.

I had the privilege of working with a diverse patient population, from infants and kids to professional athletes and older adults. I was lucky enough to participate in great clinical experiences that were highly stressful at times, with a wide range of conditions and issues. Yet these experiences proved highly rewarding thanks to the gratefulness of patients who admired how I embraced the one-on-one attention as I listened to them, with the intent of helping any way I could.

We are immersing ourselves, constantly learning, and getting the experiences that a textbook or lecture can't really do justice. It's important to remember that we've got the knowledge, skills, and mentors behind us, so, despite those inevitable mistakes that we'll make, they're part of the journey.

You have the opportunity to define yourself and grow into the ideal clinician for your patients. Most of all, you have #PTFam and APTA to support you!

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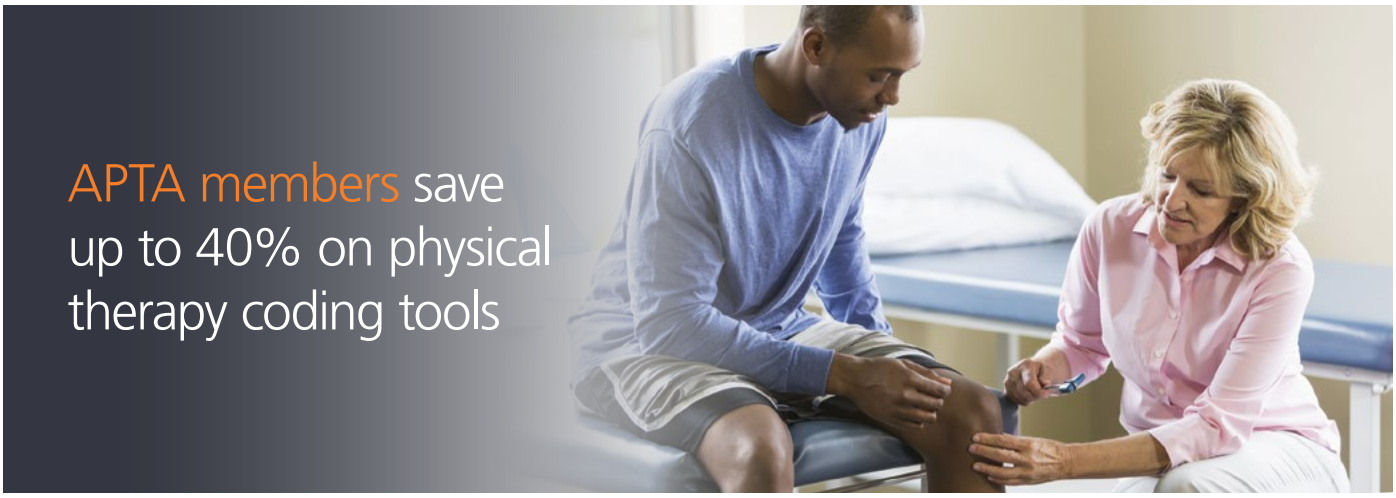

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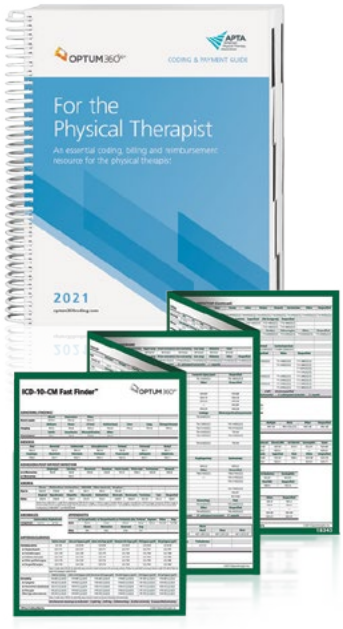

2021 Coding and Payment Guide for the Physical Therapist

ITEM NUMBER: SPT21 | AVAILABLE: DEC 2020

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

2021 ICD-10-CM Fast Finder® for Physical Therapy

ITEM NUMBER: 19010 | AVAILABLE: OCT 2020

The ICD-10-CM Fast Finder® series uses our patented Optum360 Xpress Coding Matrix™. Save time with this quick-lookup tool, putting the most specific ICD-10-CM codes for physical therapy at your fingertips.

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

APTA Member Value

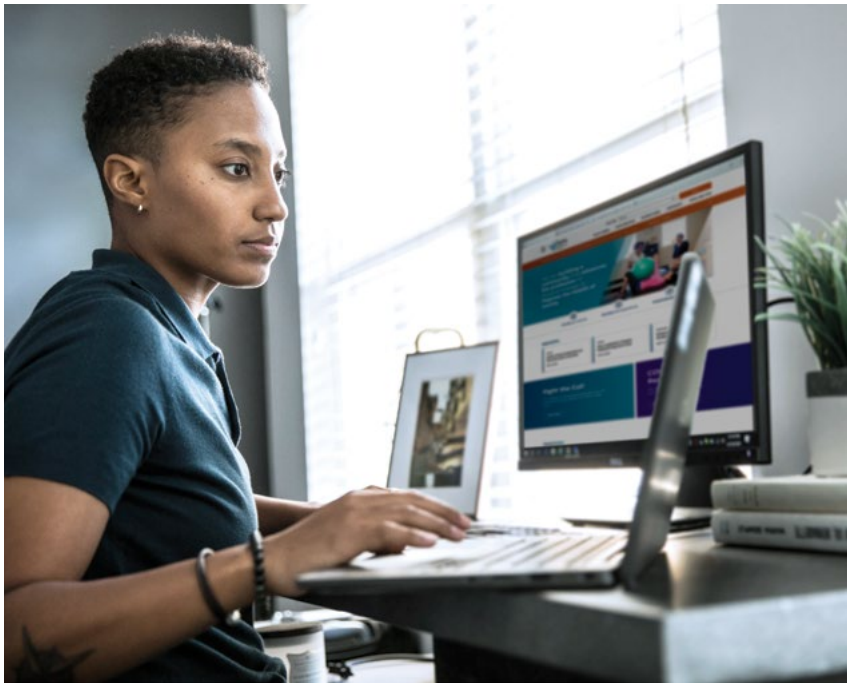
APTA offers value for your membership in any number of ways. Here are just a few examples.

Find these resources and more on APTA's practice webpage at **apta.org/your-practice**

Get the Most From APTA Benefits

As you look toward the new year, it's a good time to take stock of your membership benefits and make sure you're positioned to get the most out of them. Here are a few suggestions to get started:

- Sign up for one or more of APTA's Friday Focus digital newsletters — you choose which ones. You can select free monthly highlights related to Evidence and Care, Professional Issues, Payment, and APTA & You (association activities and news). Log on to apta.org, click the orange My Profile button at the top, and under My Account go to Email Preferences.
- While you're there, check your other email preferences to ensure you're receiving the messaging from APTA that suits you best, from newsletters and job alerts to upcoming events and special offers.



- Make sure you're receiving PTJ alerts so you know when new issues of APTA's scientific journal, or individual ahead-of-issue articles, are available online. Once you're on the PTJ website, view articles, listen to podcasts, and watch procedure demonstration videos. Visit academic.oup.com/ptj to register for alerts.
- For physical therapists, review and update your Find a PT profile — or create one if you haven't already. By being listed in Find a PT, you enable consumers and other providers to identify and contact you for services or referrals. You can list your practice areas and any board certifications, multiple locations, and other information that helps consumers choose their provider. Visit apta.org/myapta to activate or update your listing.
- Is 2021 going to be your year to earn physical therapist specialty certification or advanced proficiency as a PTA, or, for educators, complete the APTA Fellowship in Education Leadership? Investigate these and other options on our Career Advancement webpage.
- Browse our Member Benefits and Discounts webpage for offers on CEU courses, school supplies, insurance, appliances and computer equipment, car rentals and hotels, APTA logo gear, and more.

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Feb. 1-28, 2021

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Conference Preview – Hot Topics From Every Section

Visit apta.org/CSM to see all 200+ educational sessions. Here is a sneak preview of the hot sessions:

Acute Care

- PT Lecture Award: Preparing a Future in Acute Care: Strategies for Success
- PT Research Awards: Advancing the Evidence in Respiratory Failure and Lung Transplantation
- Acute Care Physical Therapy Core Outcome Measurement Set: A Clinical Practice Guideline

Aquatics

- Ai Chi: Empower Your Patients! So Much More Than Group Exercises
- Benefits of Aquatic Exercise for Children and Adolescents With Obesity and a Disability
- Aquatic Based Therapies for Patients With Spinal Cord Injury: Successful Innovations in Aquatic Rehabilitation

Cardiovascular and Pulmonary

- Linda Crane Lecture: Mastering the Science and Art of Physical Therapy in Critical Care
- CVP Grant Recipient: Respiratory Muscle Performance in Patients Undergoing Weight-Loss Surgery
- Cardiovascular and Pulmonary Research: A Year in Review 2020

Clinical Electrophysiology and Wound Management

- Differential Diagnosis of Patients With Neural Entrapments, Radiculopathy, and Polyneuropathy: Physical Examination, Imaging, and Electrodiagnostics
- Move It or Lose It: Exercise and the Prevention of Nontraumatic Lower Extremity Amputations
- When Orthopedics Rubs Elbows With Diagnostics: Assessment and Management of Elbow Pathology

Education

- The Future of PT Education: Preparing Faculty for Online Delivery Models
- Our Second Century: Leveraging the Education Leadership Partnership for the Future of PT Education
- DEI Assessment, Accountability and Action: Moving From "Talk" To "Walk" in Academic and Clinical Settings

Federal

- Blood Flow Restriction: State of the Science in 2021
- Models of Primary Care Physical Therapy Practice
- Upper Limb Prostheses Amputation and Prosthetic Care: Overview of Education, Research and Clinical Issues

Geriatrics

- Carole B. Lewis Lecture Award — Scholarship and Practice as Symbiotic Agonists
- The Future Is Already Here: Super Aging Society in the Global Community
- Get Your Foot in the Door With Competitive Aging Athletes — Developing an Engagement Strategy

Hand and Upper Extremity

- Physical Therapists Wanted: The Benefits of Specializing in Hand and Upper Extremity Physical Therapy
- Hand and Upper Extremity Injuries in Athletes: Return-To-Play Considerations in Physical Therapy
- Introduction to Upper Extremity Prosthetic Management and Amputation Rehabilitation

Health Policy and Administration

- TechnoPalooza: Technology Innovation in PT to Improve the Human Experience
- All Diversity/Equity/Inclusion Arrows Point to Holistic Review in Admissions: A Panel on Implementation
- Clinical and Nonclinical Roles of Physical Therapists To Promote Health Equity for People With Disabilities

Home Health

- Hot Topics in Home Care
- Frankie, Beatles, Elton, and Queen: Triggering Memories, Motivation, and Movement in the Older Adult
- Post-Intensive Care Syndrome: Managing the Unique Challenges Associated With Recovery From Critical Illness

Neurology

- Having Difficulty Removing the Kid Gloves? Implementing High Intensity Training in Neurologic and Geriatric Rehabilitation
- Did Major Research in the Last Decade Change Practice? Locomotor Training, Gadgets, Intensity, or Everything Works
- Global Neurological Physical Therapy: Be a Part of the Community

Oncology

- Clinical Implementation of Clinical Practice Guidelines for Breast Cancer-Related Lymphedema: A Case-Based Approach
- No Referral Needed: Integrating Physical Therapists Into Oncologic Clinic Teams
- Cancer Survivors in Critical Care: Admissions, Prognosis, and Survivorship

Orthopaedics

- Hip-Related Groin Pain: Can Movement Advance Our Knowledge Beyond the Consensus?
- 21st Century Pain Education "Implementing Recommended Core Competencies Into Physical Therapist Education"
- Not Just Wear and Tear: Osteoarthritis Today

Pediatrics

- Can Postural Perturbation Research in Adults Translate to Intervention Paradigms With Children With Neuromotor Conditions?
- Practical Approaches To Implementing Neonatal PT: Best Practice
- Pediatric Platforms

Pelvic Health

- Disparities in Pelvic Health and Pregnancy Care: Improving Outcomes by Recognizing Implicit Bias
- Clinical Application of Rehabilitative Ultrasound Imaging for Lumbopelvic Rehabilitation

Private Practice

- Dispelling the Most Common Physical Therapy Myths
- Telehealth, Not if or How But Who: Searching for Best Practice in the Trenches
- Employee Engagement 2.0: Keeping the Grass Greener on Your Side of the Fence

Research

- Rehabilitation Clinical Trials: The Latest Guidance for Authors and Reviewers
- Engage and Assess: Combining Pedagogy and Productivity Through the Scholarship of Teaching and Learning
- Biomechanics Matters 2.0: The Foundation for Changing Movement

Sports

- "Autoregulators! Mount up!" Utilizing Intensity in Rehab
- Mind Games: Implications of Athletic Identity and Mental Health in Female Athletes Across the Life Span
- Putting the "I" in TEAM: Interdisciplinary Approach To Running Medicine

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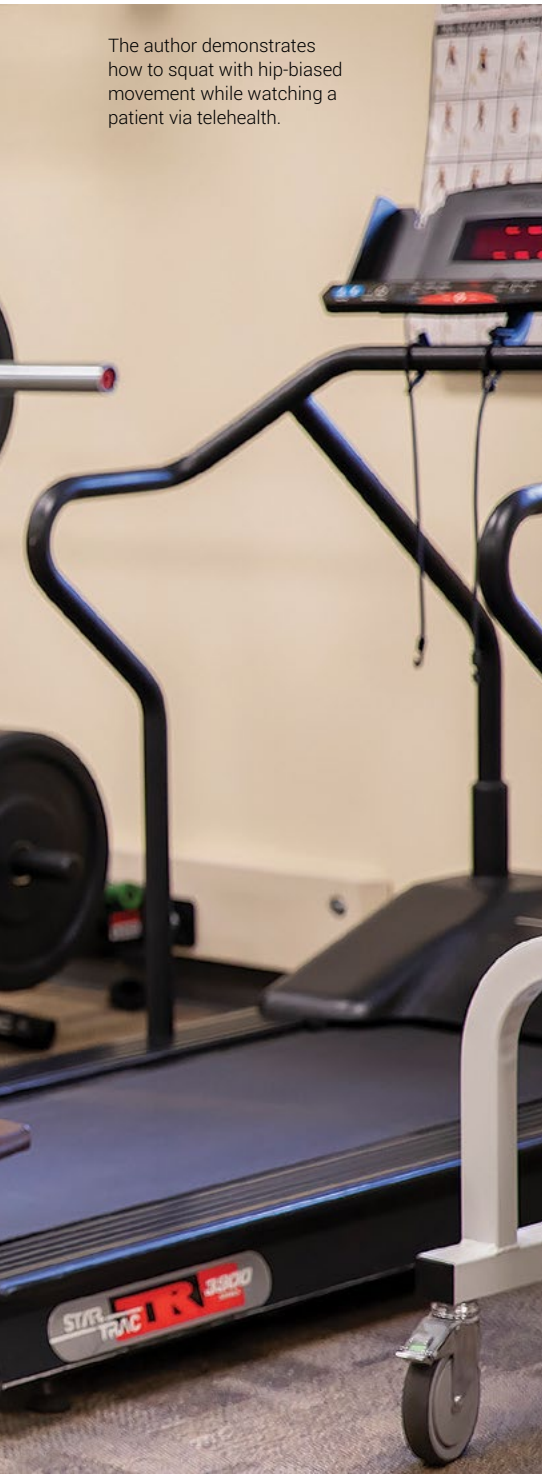
/ By Crystal Miskin, PT, DPT

Many life experiences led to work at a pro bono clinic.

A Purposeful Ride

Crystal Miskin, PT, DPT, is a physical therapist at Rocky Mountain University of Health Professions' Community Rehabilitation Clinic in Provo, Utah, and an assistant professor at the university. She is a board-certified clinical specialist in orthopaedic physical therapy.



The author demonstrates how to squat with hip-biased movement while watching a patient via telehealth.

I grew up in a semirural Southern California community where many of the residents owned livestock. Like many young girls, I fell in love with horses, and "horsing around" soon became a major part of my life.

I competed in equestrian events, drill teams, and 4-H knowledge competitions. As a competitive rider, I took excellent care of my four-legged partner, including shoeing him, floating his teeth (a dental procedure to aid chewing and bit-fitting), and balancing his feed and supplements. I wanted every edge I could gain over my competitors, so I was intrigued by the various elements of sports therapy for horses. As I progressed through the lower divisions to California's top division for gymkhana — timed events, including barrel racing and pole bending — I increasingly employed sports therapy practices to tune up my horse.

They worked! We dropped a critical couple of seconds off our times in speed events.

Although I was highly invested in sports therapy for horses, I didn't pay much attention to physical therapy — which includes sports therapy for humans — until I ruptured my ACL as a sophomore in college. This injury prematurely ended my rugby career. Determined to regain full physical function, I paid close attention to my treatments throughout my extensive introduction to rehabilitation.

My inner geek loved the how the physical therapists were engineering my knee back to health. I previously had declared an engineering major, intending to attend medical school after undergrad. (I know what you're thinking, and you're right. None of the courses overlapped, and my course load was awful.) During this time, I was interning at an engineering firm and volunteering at the physical therapy clinic where I had been a patient. My typical "workday" soon was averaging over 12 hours long.

I was unhappy and feeling out of place among the other engineering interns who were more self-contained within their studies and less social than I was. At the same time, as I watched my brother progress through medical school, I wondered if

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

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I'd be happy with the poor work-life balance associated with that program of study.

It wasn't long, though, before I received a welcomed reprieve from ruminating on my educational plans. Once I felt sufficiently recovered from my ACL injury, I left for Chile on what would become a nearly two-year-long mission trip with my church. During my time there, a fellow missionary hurt her back. As a result, I accompanied her on weekly trips to a physical therapist in a nearby farming pueblo. This was a very rural community with a modest clinic that had just one physical therapist, Pablo.

Although I kept my thoughts to myself, I wondered if my poor friend could possibly receive effective treatment at such a clinic. But then I watched as Pablo worked. He taught me that while having the newest and best tools can be helpful, the true worth of a clinic lies in the abilities of its staff. It was a defining moment for me.

I picked Pablo's brain every chance I got. I imagine he was amused that I seemed more invested in (and excited about) his treatment plan than was my friend, the actual patient. It was at this small clinic near Concepción, Chile — almost 6,000 miles from my hometown — that I decided I would pursue physical therapy. Upon returning home, I finished my undergraduate education and began the DPT program at Rocky Mountain University of Health Professions.

I enjoyed school and felt the coursework combined my favorite aspects of engineering and medicine. Eager to explore the breadth of physical therapy, I took an elective course to learn about disparities in health care access. I then was offered an opportunity to volunteer at the university's new pro bono Community Rehabilitation Clinic.

Based on my experiences there, I presented a poster at APTA's Combined Sections Meeting to increase awareness of health disparities. Desiring to make a more immediate difference, I continued to volunteer at the Community Rehabilitation Clinic.

To my surprise, I frequently found myself serving Spanish-speaking patients. I'd never expected to have the opportunity to retain Spanish fluency after returning from Chile, but there I was in the heart of Utah using not only Spanish but, more specifically, the Spanish scientific terms I'd learned from Pablo.

After graduating from PT school, I completed an orthopedic residency, then an orthopedic and sports fellowship with Kaiser Permanente in Southern California. It was there that I was introduced to telehealth, which was presented as an innovative way to improve schedule utilization and provide access to patients with transportation challenges.

During this time, I also had the opportunity to volunteer at the Venice Family Clinic in Santa Monica. Although I was now several states away from Utah, I noted a similar prevalence of multiple comorbidities and insufficient health literacy among the patient population. Many of these patients' misconceptions about health and health care were perpetuated within tight-knit families and communities. I wanted so badly to somehow enter that loop and break the cycle.

At the conclusion of my fellowship, I moved back to Utah earlier this year to work at the Community Rehabilitation Clinic — the same place where I had developed an interest in pro bono work. My start there coincided with the beginning of the state's COVID-19 restrictions. Utah allowed health care facilities to remain open, but we were concerned about our patient population, many of whom had various comorbidities that made them more vulnerable to serious complications from the novel coronavirus. Out of an

abundance of caution, we decided to transition to telehealth for most of our patients.

It was important to us to continue to provide services to our existing patients. The work of a pro bono clinic is interesting in that many patients are there not just to improve their quality and enjoyment of life, but because some health condition is preventing them from working and providing for their families. In that sense, much of a pro bono clinic patient's treatment is critically time sensitive. Knowing that our ability to provide health care can be directly correlated to our patients' and their families' financial well-being, all of us at the clinic wanted to make the rapid transition to telehealth as seamless as possible, and to make sure we didn't leave any patients behind.

One of the main challenges that quickly presented itself was technological illiteracy. Many of our patients did not have an email address or know how to use a smartphone, tablet, or computer, let alone have reliable web access. After a few initial telehealth appointments in which we served as little more than tech support, we decided each patient should get a test run before their first telehealth appointment. It was an all-hands effort to prepare many patients for these appointments, with family members and our (much more than socially) distanced staff helping patients set up email addresses and prepare the Google Meet (formerly Hangouts) application/website for their upcoming visits.

We tested audio and video, joked and enjoyed other small talk with patients, and ended the test session feeling confident about patients' upcoming appointments. But wouldn't you know it, many visits still started with cameras pointed everywhere but at the patient. They never told me in PT school that some of my future appointments would

start with me trying to provide verbal technical support to a patient whose computer speakers were turned off.

Initially, transitioning entirely to telehealth was daunting. Technical challenges — and the associated laughs and groans — aside, physical therapy always had been hands-on for me. I suddenly was unable to place my hands on a patient and test mobility or strength. I realized that I had to return to the fundamentals of movement analysis. I was relying almost exclusively on my visual perception of dysfunctional movement to gain initial insights into which tissues might be weak, lack flexibility, or demonstrate poor coordination.

The single biggest benefit of telehealth was being able to design a home exercise program to meet patients' unique needs.

For as many challenges as telehealth presented, though, it also offered advantages. For the first time in my practice, I was teleported live to my patients' homes, workplaces, and hobbies. I met numerous newborns as their mothers demonstrated the difficulties of nursing or lifting their infants. I was at construction sites where patients showed me what they did at work and which specific movements were problematic. I sat in gyms as patients showed me which lifts and exercises caused them difficulty.

The single biggest benefit of telehealth was being able to design a home exercise program to meet patients' unique needs. Previously, my home exercise prescriptions often relied on assumptions that patients had access to specific equipment, knew how to properly set it up, and would properly perform the exercises. Now, I could see what equipment was available in a home, improvise setups based on that, and supervise and refine the process until each patient demonstrated proper form throughout a movement.

Telehealth has been a blessing for patients as well. Some of them had travelled up to two hours each way to reach our free clinic. Now they have access to physical therapy in the comfort of their home. As we ironed out the kinks of our telehealth operation, we realized that we had additional capacity, so we expanded our reach to serve patients who previously considered the clinic to be too far away. We even accepted new patients in our immediate area, as many unfortunately lost their jobs and work-provided medical coverage as a result of the economic slowdown.

A memorable telehealth patient reported knee pain when she was running or riding a horse. Although I hadn't ridden competitively in years, the word "horse" piqued my curiosity. This patient regularly rode working horses on her family's farm in rural Utah. Although I was initially intimidated that her primary language was ASL, thankfully her mother and one of our physical therapist assistants helped interpret. After subjective and objective examination, I suspected that she had developed patellofemoral pain syndrome. Following functional testing and after beginning treatment, I asked her to virtually take me to her barn and show me how the stirrups on her saddle were configured. We adjusted them, using my background in equestrian sports and drawing on my knowledge of patellofemoral joint forces at the knee.

This patient ended her first telehealth appointment with a stirrup configuration that allowed her to ride without pain! You can imagine how thrilled I was to help someone continue riding.

As physical therapists, we play a huge role in improving patients' quality of life. During a recent conversation, my brother — the physician — and I discussed this very topic. He said something that stuck with me: "Physical therapy is incredibly important. As a physician, I prolong life through various procedures. Physical therapists add meaning to that life."

That's why I entered this profession. Heartwarming moments like watching a mother embrace her child, a father regain his ability to work, and a rider get back in the saddle inspire me to continue serving. What a privilege it is to contribute to patients' enjoyment of life!

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