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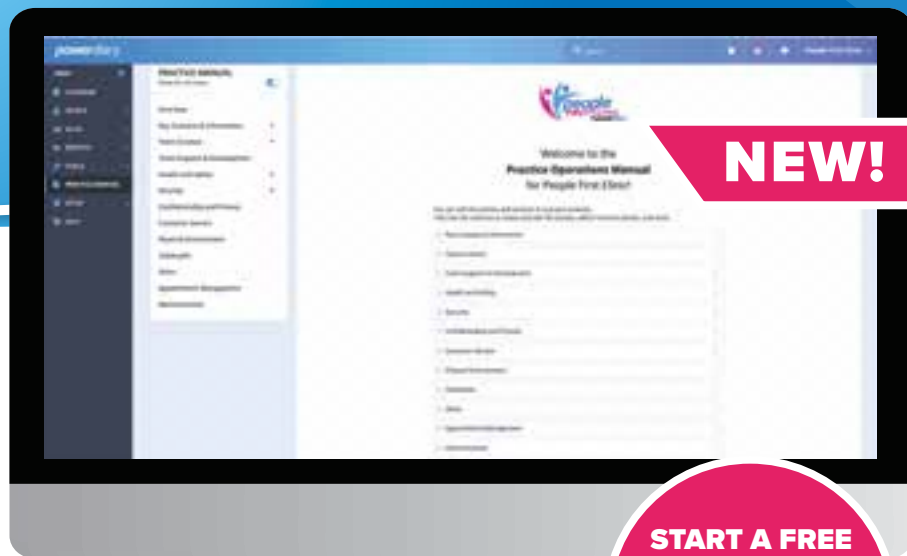
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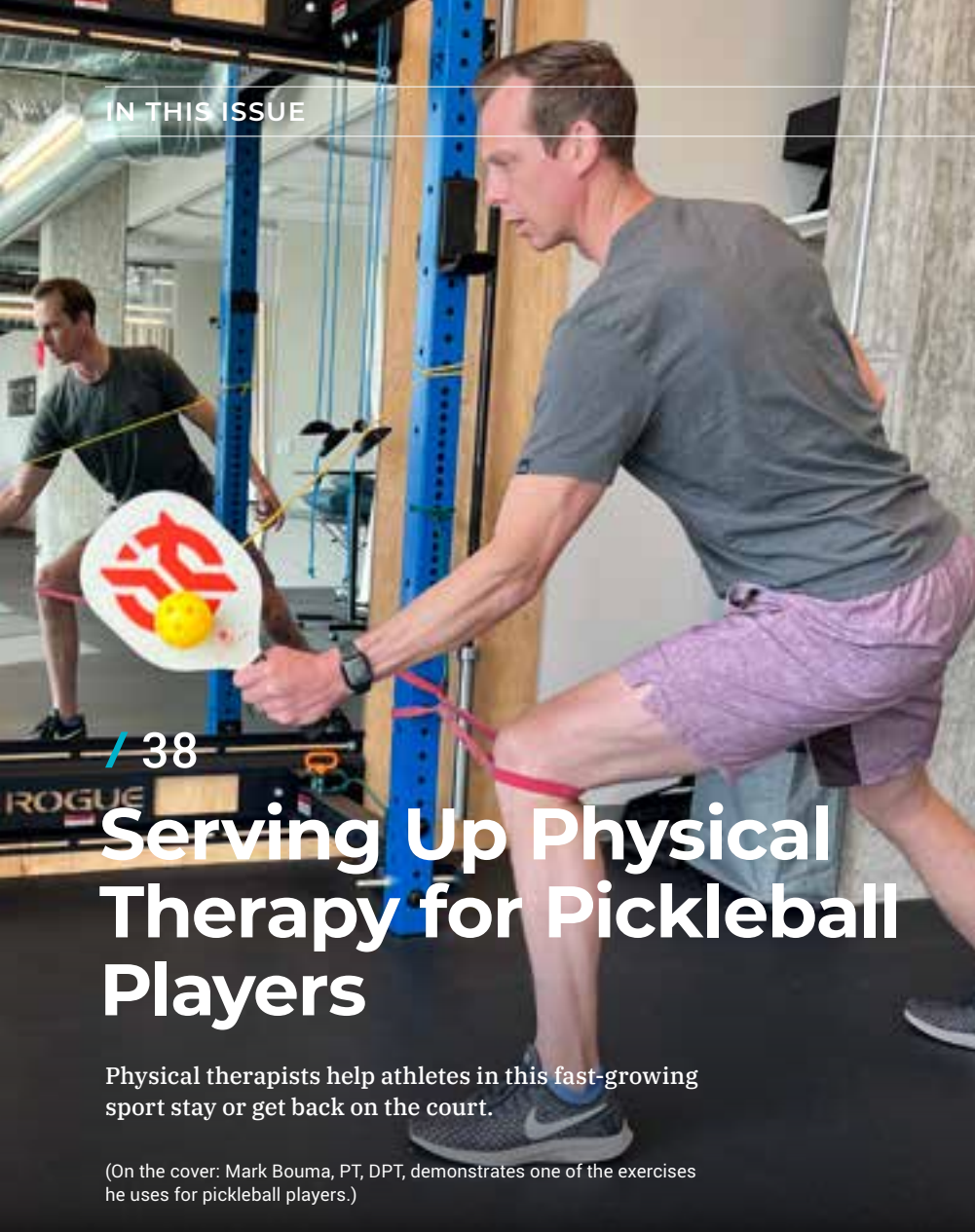
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Serving Up Physical Therapy for Pickleball Players

Physical therapists help athletes in this fast-growing sport stay or get back on the court.

(On the cover: Mark Bouma, PT, DPT, demonstrates one of the exercises he uses for pickleball players.)



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“I always thought self-care had to do with pampering and treating oneself with materialistic things. Now I understand that anything that makes you feel good, that can ease the burden of your day-to-day, is self-care.”

Margie Nguyen, PTA, BS, in “Now More Than Ever, Self-Care Is Crucial,” on Page 28.



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Things to Think About

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#CallYourRep

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

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Opinion

The Need for Neurodiversity-Affirming Care for Autistic Adults

As Karen Tartik pointed out in her April 5 blog post to APTA's website ("As a PT Whose Son Is Autistic, I've Seen a Transformation in Our Understanding"), current CDC data shows that approximately 1 in 44 children in the United States have received an autism diagnosis. Additional research shows that autism is commonly undiagnosed, or misdiagnosed, in females, those from racial and ethnic minority populations, and those who have already reached adulthood.

If you work with adults, you work with autistic adults, whether or not you or those patients know it yet.

I am an Autistic physical therapist who works with adults with chronic pain, Ehlers-Danlos syndromes, neurologic conditions, and pelvic health conditions. I am also the parent of an Autistic child. As such, I have had the privilege of being able to combine insights from my lived experience with my clinical knowledge to recognize the critical need for PTs, and the health care community at large, to improve our ability to provide neurodiversity-affirming care to autistic adults.

Those reading this article might notice I refer to myself as Autistic, not someone with autism. Most autistic adults prefer identity-first language instead of person-first language, because we see our autism as an integral part of ourselves, not a disease that we wish we were cured of. However, not every person who has received an autism diagnosis prefers identity-first language, and we as clinicians should always respect the individual preferences of our patients when it comes to the words they choose to describe themselves.

This is at the heart of providing neurodiversity-affirming care — respecting the preferences and insights of your neurodivergent patients. To provide neurodiversity-affirming care to autistic adults also means to become familiar

with the common challenges and comorbidities autistic adults experience.

Here are some of the things autistic adults would like their physical therapists to know:

Whether we are aware of our autism or not, we expend a huge amount of energy masking or camouflaging our autistic traits so that we can reduce the stigma and prejudice we encounter from society in daily life because of our differences.

We have higher rates of depression, anxiety, autistic burnout (which is not the same as depression), suicidality and suicide, and eating disorders. We need our health care providers to screen for mental health conditions and refer to neurodiversity-affirming mental health providers who will have the skills to support us. The number of mental health providers who are trained to support autistic people is increasing, and it is likely that you can find neurodiversity-affirming mental health providers in your state who can see your patients either in person or via telehealth.

Our sensory processing and executive functioning not only differ from those who are allistic (non-autistic) but also are highly variable from autistic person to autistic person. These differences, along with a high prevalence of motor developmental differences, account for the differences in communication and behavior that providers observe. We do not lack empathy or theory of mind, and while some of us might need more alone time than average to recuperate from the sensory input we have to process in a typical day, we are not disinterested in relationships and community.

We would like health care providers to be more aware of how our differences affect our experience in seeking health care services. Some of us are highly tactile-sensitive and will always find certain types of touch or texture distressing. Some of us get migraines from



“This is at the heart of providing neurodiversity-affirming care – respecting the preferences and insights of your neurodivergent patients. To provide neurodiversity-affirming care to autistic adults also means to become familiar with the common challenges and comorbidities autistic adults experience.”

fluorescent lights and bright sunlight. Some of us cannot attend to what our provider is telling us if there is noise in the background, such as a loud fan or other people talking.

Some of us have difficulty talking at a typical conversational pace and need extra time to get our words from our brains to our mouths. Some of us are unable to speak all or some of the time and need augmented and assistive communication modalities to communicate. Some of us can communicate best when we are not forcing ourselves to make eye contact. Some of us can concentrate best on what our provider is saying if we can fidget or move around while we listen.

We are more likely than allistic people to have one of the Ehlers-Danlos syndromes, a group of rare connective tissue disorders that result in joint hypermobility and sometimes dangerous conditions such as aortic aneurysm or intestinal rupture. We need providers to recognize the signs of Ehlers-Danlos syndromes and refer for appropriate medical screening to rule out potentially life-threatening comorbidities. We need PTs to support us in learning how to move

in ways that reduce the chance of joint dislocation if we are hypermobile.

Some of us have differences in vestibular function affecting our posture and gait. Some of us have significant difficulty coordinating and sequencing movement. Sometimes our motor differences will be related to the reason we are presenting to physical therapy, and sometimes they will be completely incidental and not contributing to any functional problem whatsoever.

Physical therapists are advocates and allies for the populations we serve. I invite you to seek out voices and perspectives from the autistic community. Let’s continue, as our profession always does, to learn and be curious about how to best support our patients.

IRIS WARCHALL, PT, DPT

(This is adapted from a perspective piece that originally appeared on apta.org as “The Need for Neurodiversity-Affirming Care for Autistic Adults” on May 18, 2022.)

The Lorna Breen Act Recognizes That Provider Mental Health Can't Be Ignored

Physical therapists and physical therapist assistants are an interesting cohort of health care providers. When you really get to the root of why people choose the profession, it almost always comes down to selfless service.

They don't come to the profession for the title or lucrative salary; they do it because they feel a need to help other people and bring society to a better place. It doesn't matter if those efforts are centered on patient care, working within a health care system, or even research: It's about making a difference and impact in whatever way they can.

So, then, why are we so quick to help everyone but ourselves?

Jeffery Kuhlman, MD, who was President Obama's physician, put it well. He said, "You can't care if you aren't there." His point was that the most important aspect of providing care is being available. If you aren't available, it doesn't matter how smart or talented you are at your job. Being available is the singular aspect that can never be replaced. It means you are able to respond. But to do that you must be able to function in your professional capacity.

We know we have to be functional in our work, and to be functional we have to be available. Then why are so many in the physical therapy profession so quick

to put everything else above their own personal needs? Why do we prioritize the work and patient care above our own health and well-being? I believe it comes back to what draws people to the profession to begin with — that sense of selfless service.

That concern was the inspiration for APTA's Fit for Practice initiative that began in the fall of 2021 and wrapped up in February 2022. Powered by Hyperice, the program was a collaboration within the physical therapy community to offer resources, education, and a safe place to focus on the importance of self-care — emotional, mental, and physical.

The resources developed during Fit for Practice are still available at apta.org, completely free to members and nonmembers alike. It's a great example of what can happen when we take the time to care for each other.

Of course, we're not alone in our concerns about self-care. That fact has never been more evident than at the beginning of the COVID-19 pandemic. We saw thousands of health care providers: physicians, nurses, EMTs, physician assistants, and, yes, PTs and PTAs volunteer to go into pandemic hotspots to selflessly help, even when poor outcomes were more rule than exception. It didn't matter: The drive of selfless service and call to action was answered. But at what cost?

Lorna Breen, MD, upheld the highest ideals of selfless service. She responded to the call for medical help at the height of the pandemic, working around-the-clock shifts in hard-hit New York City. It didn't matter that there wasn't enough PPE, meds, beds, or help — she gave everything she had. Along the way, she absorbed trauma, which proved fatal for her. On April 26, 2020, Lorna Breen took her own life. She had no prior mental health issues. She just kept giving until she couldn't recover from what she had given.

Lorna Breen's story is tragic, but it doesn't end there. Her story prompted legislation, supported and endorsed by APTA, focused on helping the helpers and supporting the community of selfless servants.

The Dr. Lorna Breen Health Care Provider Protection Act, signed into law in March, aims to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care professionals.



This legislation helps promote mental and behavioral health among those working on the front lines of the pandemic, and supports suicide and burnout prevention training in health professional training programs. It also increases awareness and education about suicide and mental health among health care professionals.

Specifically, the Lorna Breen Act:

- Establishes grants for training health profession students, residents, or health care professionals in evidence-informed strategies to reduce and prevent suicide, burnout, mental health conditions, and substance use disorders.
- Seeks to identify and disseminate evidence-informed best practices for reducing and preventing suicide and burnout among health care professionals.
- Establishes a national evidence-based education and awareness campaign targeting health care professionals to encourage them to seek support and treatment for mental and behavioral health concerns.
- Establishes grants for employee education, peer-support programming, and mental and behavioral health treatment, with health care providers in current or former COVID-19 hotspots prioritized.
- Establishes a comprehensive study on health care professional mental and behavioral health and burnout, including the impact of the COVID-19 pandemic on such professionals' health.

APTA was proud to endorse the Dr. Lorna Breen Health Care Provider Protection Act. We must take care of one another, and this is just another example of the efforts to look after the overall health and wellness of our colleagues and the profession.

We must make sure that we are able to be there — for our patients, families, and loved ones. If that means we need to prioritize the physical, mental, and emotional health of our colleagues and ourselves, then it's our responsibility to do so. The cost of giving ourselves the

“The Dr. Lorna Breen Health Care Provider Protection Act, signed into law in March, aims to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care professionals.”

permission to care for ourselves will never be as high as the cost of ignoring our needs. Let's make sure that we are there.

DREW CONTRERAS, PT, DPT
APTA VICE PRESIDENT OF CLINICIAN INTEGRATION AND INNOVATION

(This is adapted from a perspective piece that originally appeared on apta.org as “You Can't Care if You Aren't There: Provider Mental Health Can't Be Ignored” on May 13, 2022.)

Medical Fraud. Are You Concerned?



Brian J. Markovitz

Labor & Employment

Whistleblower

(False Claims Act, Qui Tam)

The government is cracking down on RUG rate and PDPM fraud. Brian J. Markovitz, attorney at Joseph Greenwald & Laake, recently helped the federal government recover over \$9.7 million in a settlement of a False Claims Act case where his occupational therapist client received an award of over \$1.9 million for reporting improper RUG rate billing. If you are being pressured to bill therapy services that were not performed or that are incorrect, don't be on the wrong side of the law.

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HBCU DPT Programs Produce Great PTs: It Shouldn't Be a Secret

In 1974, Howard University in Washington, D.C., launched what was to become the first historically Black university to have an accredited physical therapy program. Today there are eight historically Black colleges and universities, or HBCUs, that offer DPT programs. I am a proud alumna of one of them — University of Maryland Eastern Shore — and I believe that our country's HBCUs are an invaluable source of education and support that should be at the top of any aspiring African American's list of PT schools.

I didn't discover HBCUs on my own. In fact, HBCUs have played an important role in preparing many of my family members for their careers. My parents, grandparents, brother, and numerous aunts, uncles, and cousins are graduates of HBCUs. Their explanations of their college experiences and pictures helped to define my vision of college and influenced me to attend an HBCU for my undergraduate degree.

In the fall of 1992, I entered Spelman College in Atlanta, one of two HBCUs for women in the United States. Our professors and faculty encouraged us to be leaders in our chosen courses of study and helped us to become what they called "women who change the world." There was nothing we could not accomplish because of our race or gender, and Spelman prepared us to make a difference in the world.

When I mentioned to fellow Spelman alumna that I was considering a career as a physical therapist, she set up a meeting between me and another Spelman alumna — a retired physical therapist who went to PT school in the 1950s. She encouraged me to pursue a career as a PT and told me that Spelman had prepared me to become a physical therapist. It was from this nurturing and supportive undergraduate environment that I gained my confidence to pursue physical therapy as a career.

After Spelman I wanted to stay closer to home for physical therapy school and applied to the University of Maryland Eastern Shore.

Prior to entering the program, I assumed that as students in an HBCU most of my classmates would be African American, but that was not the case. Although the undergraduate student population at UMES was primarily African American, the student population of the graduate program in physical

therapy was not. In fact, in my graduating class of approximately 24 students, only two of us were African American.

I enjoyed my time at UMES and was always challenged to do my best by my professors, classmates, and other faculty members. Our faculty worked hard to support us in the classroom and on affiliations to prepare us for physical therapy careers, and I felt confident that they had provided us with the knowledge and expertise to make a difference in the world of physical therapy. But it wasn't just the teachers — there was also a camaraderie among the African American students from the other classes that pushed us to succeed.

When I started at UMES, the second- and third-year African American PT students continued a tradition of hosting a welcome dinner for the first-years to share their own first-year experiences, and to stress the importance of studying hard and preparing for exams. They also volunteered to help us through anatomy by sharing study tips and preparing practice practical exams for us. Once we became second- and third-year students, we did the same thing.

That level of care continued past graduation. In preparation for the boards, I was able to attend an exam workshop sponsored by the American Academy of Physical Therapy, a professional organization for African American and Latino physical therapists.

The support I had at UMES confirmed that I had made the right career choice, but I often wondered why there were not more African American students in the physical therapy program of an HBCU.

The eight HBCUs offering the DPT are Howard University, Hampton University, University of Maryland Eastern Shore, Alabama State University, Winston Salem State University, Langston University, Florida Agriculture and Mechanical University, and Tennessee State University. And while it's true that we could benefit from additional PT programs at other HBCUs, I don't think the problem is lack of availability. It's the lack of a strong pipeline into the existing programs.

These changes can start at the local level. The DEI section of APTA Maryland has made concerted

“Efforts to increase diversity in the profession cannot begin once you enter a physical therapy program; they must begin as early as elementary school.”

efforts to speak to students at various grade levels regarding physical therapy careers. Efforts to increase diversity in the profession cannot begin once you enter a physical therapy program; they must begin as early as elementary school. The fact is, one of the biggest reasons students from minority populations don't choose to pursue a career in physical therapy is because they simply don't know about the possibility. This needs to change.

We're making progress, and there are opportunities to do more. APTA's PT Moves Me campaign is a great resource that lays out a presentation to students at various age levels about physical therapy careers. At our undergraduate HBCUs, we can volunteer to work with health career advisors to set up information on physical therapy careers so that these students are receiving accurate information on the application process and what a physical therapy career is all about. We can hold sessions for students to share the requirements for physical therapy school so that students make the right undergraduate course and volunteer choices. We can help advisors understand the application process.

There are also pipeline opportunities within the HBCUs themselves — especially the ones that offer the DPT. What's the relationship between the HBCU's undergraduate and graduate populations? Are there faculty on the admissions committee who are willing to identify that individual who may be the “diamond in the rough,” who would make a great physical therapist if only given the opportunity?

Of course, another barrier looms large: cost. Many African American undergraduates in HBCUs are already carrying student loans, and they would likely have to take on more debt to pursue a DPT. This is a huge problem that must be addressed. We can help by increasing the financial literacy of students from an early age.

HBCUs are responsible for producing a large share of African American graduates with undergraduate



degrees in science, technology, engineering, and mathematics who go on to pursue graduate education. The corporate world has caught on: Fortune 500 companies visit HBCUs to recruit talented individuals to join their businesses in efforts to enhance diversity and to build pipelines of recruitment for students into their workplaces. We should be doing the same for our profession.

APTA and chapters should investigate areas where HBCUs are located. We have our work cut out for us: In 2021, according to the Physical Therapy Centralized Application System, only 7.27% of all applicants who were accepted in DPT programs were identified as being African American (either exclusively or in combination with other races or ethnicities) — just 857 among the 11,793 students who were accepted into DPT programs that year.

This number needs to increase significantly if we are to achieve our goal of diversity in the profession. HBCUs at the undergraduate and graduate levels could play a key role. We can't afford to overlook these schools for talented applicants and the development of new DPT programs as we expand as a profession and strive to meet the needs of a rapidly diversifying America. It is hard to diversify a career if there is a population of individuals who do not know the profession exists.

LADONNA DINGLE, PT

(This is adapted from a perspective piece that originally appeared on apta.org as “HBCU DPT Programs Produce Great PTs: It Shouldn't Be a Secret” on May 18, 2022.)

"APTA Insights" is an occasional series of articles written by staff to address topics that are generating member questions or interest. In this issue: Medicaid Advocacy.

APTA's Medicaid Advocacy Is (Mostly) a Mind of State



Kate W. Gilliard, JD, is director of health policy and payment at APTA.

If I asked you which program was larger, Medicare or Medicaid, what would you say?

Sure, Medicare gets plenty of attention on national news. But Medicaid is the nation's largest health payer.

CMS has estimated 2021 Medicare enrollment at 63.8 million, while estimated Medicaid enrollment was 83.5

million. That number does not include an additional 7 million children who are enrolled in the Children's Health Insurance Plan, which works closely with Medicaid and offers low-cost coverage to children in families that don't qualify for Medicaid. That means more than 1 in 5 Americans gets their health coverage through Medicaid.

While it's true that APTA reports heavily on Medicare issues, that doesn't mean things aren't happening in Medicaid, or that APTA isn't working in that space. There are reasons for Medicare so often being in the spotlight while, on the other hand, so much goes on behind the scenes in Medicaid that members may not always know about.

Here are a few considerations to keep in mind.

Medicare Advocacy Performs Double Duty

First, remember that Medicare serves as a sort of national benchmark for health insurance overall in the United States. Commercial payers and Medicaid programs look to Medicare to set trends on everything from coverage of unique services to specific fee schedule adjustments. Therefore, as a strategic objective, APTA targets Medicare on issues that affect all payers, because we know that Medicare policies are likely to be adopted by other payers. Medicare advocacy delivers the best return on investment, as those initiatives also influence programs such as Medicaid.

Also, keep in mind that as a national organization APTA is attuned to federal issues, and the newsletters, emails, and action alerts you receive are tailored for a national audience.

Although Medicare and Medicaid are both federal programs controlled by the Centers for Medicare & Medicaid Services, they differ in the way they are administered. The overwhelming majority of Medicaid program decisions are left to states. This includes

eligibility and enrollment standards, payment amounts, whether physical therapy is covered for adults (and if so what modalities and interventions are covered), and whether private insurance companies administer the program, among many other things.

When Medicaid is in the national spotlight, APTA advocates in support of the program; whether for increased funding, increased eligibility, decreased administrative burden, better reimbursement, or other issues that benefit physical therapy.

One example: On April 18 APTA submitted comments to CMS on its Request for Information on Access to Care and Coverage for People Enrolled in Medicaid and CHIP. We advocated for numerous improvements to the Medicaid program that can be achieved at the federal level. Our recommendations included a federal minimum for reimbursement; federal standards for Medicaid network adequacy; and uniform standards for utilization management.

We also advocated for better data-sharing between agencies to ease the burden on beneficiaries trying to enroll or redetermine eligibility, greater community outreach with existing community organizations to reach underserved populations, and better federal oversight of disenrollment.

Finally, we argued that CMS needs to do better when it comes to collecting data, analyzing different programs, and sharing what works and what doesn't with states. Because Medicaid is essentially a different program in every state,

More than 1 in 5 Americans gets their health coverage through Medicaid.

it is the perfect place to test innovations and compare results. When CMS neglects these innovations, it misses an opportunity to create meaningful change.

More Federal Medicaid Mandates? Not Likely

Some argue for federal legislation that would require states to reimburse Medicaid at the same rate as Medicare and make Medicaid rules uniform across the states. Unfortunately, this is not feasible for a number of reasons.

States are already struggling to fund their Medicaid programs, and mandating uniform rates or rules would be met with massive resistance from both federal and state policymakers. According to the Kaiser Family Foundation, states on average use 29% of their budgets to administer Medicaid. This means Medicaid is usually the single most expensive item on a state's budget and is precisely why reimbursement is often so low — it's the first place a state looks if it wants to save money.

Others suggest having the federal government pay for 100% of Medicaid and take it off state budgets completely.

When Medicaid is in the national spotlight, APTA advocates in support of the program; whether for increased funding, increased eligibility, decreased administrative burden, better reimbursement, or other issues that benefit physical therapy.



However, the federal government has not been able to pass additional COVID-19 funding nor Biden's Build Back Better plan, which had some major Medicaid provisions (although far short of a federal standard) because a majority of lawmakers felt it was too expensive. Moving 100% of Medicaid funding to the federal level seems an unlikely possibility.

Achieving federally mandated uniformity begs a question: What would that federal standard be? Currently some states' programs are quite reasonable in their benefits and reimbursement rates, while others are less so. It's possible that coverage would actually be reduced in those states if a federal system were to be implemented.

State Level Advocacy: Change Where It Counts

Because of the strong connection between Medicaid and individual states, APTA's state-specific advocacy is largely carried out by its chapters — and many, supported by APTA, are having success in changing Medicaid policy for the better.

Most chapters have a state legislative chair, a payment chair, and a local lobbyist to help accomplish their priorities. Along with other members in the state, these three coordinate with other professional associations at the local level, conduct outreach to regulators, and meet with state legislators to advocate for beneficial state policies.

You don't have to look hard to find examples of APTA chapters making a profound difference in their state Medicaid programs. For example, Nebraska has passed one law that prohibits multiple procedure payment reductions under Medicaid, and another law that requires managed care organizations to provide at least 90 days' notice of any significant changes to prior authorization or billing procedures. In the case of another bill on prior authorization, Nebraska came so close to passing it that, in response, one managed care organization changed its policy to voluntarily allow 12 physical therapy visits before prior authorization, and another is potentially allowing up to 30.

Wisconsin also has made waves in its Medicaid program with similar wins on prior authorization. In addition, it has successfully advocated for permanent adoption of telehealth and a 10% increase in payment for physical therapist services.

If you want to make a difference in your state's Medicaid program, get involved with your state chapter, and talk with the legislative chair and payment chair about your ideas on how to improve the program. Your knowledge and expertise with the Medicaid program in your state is critical to advocacy efforts. The more active, involved, and engaged members our chapters have at the state level, the bigger the impact on advocacy. ■

(This is adapted from a perspective piece that originally appeared on apta.org as "APTA's Medicaid Advocacy Is (Mostly) a Mind of State" on May 16, 2022.)

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Getting on Board With Specialist Certification

Board certification in physical therapy specialty areas has been evolving since its beginnings. Here are some of the latest developments.

By Carol Brzozowski



Since specialization first was explored for the physical therapy profession in the 1970s (see “The Beginnings of Specialization” on Page 25), the scope of the profession has grown considerably. And with that growth has come additional specialization areas, which serve to further best practice as the profession’s body of knowledge continues to evolve.

Take the newest specialty for which physical therapists can become board certified: wound management. Rose Hamm, PT, says that when she started in physical therapy more than 50 years ago, every patient with a wound came to physical therapy for the whirlpool.

“The wound was covered with a sterile towel and the patient sent back to the room for nursing to apply a wet-to-dry

dressings,” she recounts. “We now know this is not the best care for patients; in fact, it is not even acceptable care. As we gained more knowledge about how wounds heal and the impact of various interventions on that healing process, our expertise evolved into what is now recognized as specialization.”

This type of evolution likely occurred for all the current areas of clinical specialization, and Hamm, an adjunct associate professor of clinical physical therapy at University of Southern California’s Division of Biokinesiology and Physical Therapy and chair of the Wound Management Specialty Council for the American Board of Physical Therapy Specialties, is sure that more areas of specialization are to come as scientific medical knowledge expands and evolves.

The stated vision of APTA's specialist certification program, which is governed by ABPTS, is:

The American Board of Physical Therapy Specialties will create, promote, and sustain a culture in which the highest-quality physical therapy is provided by therapists who attain and maintain certification in a specialty area. Appropriately, its stated mission is to advance the profession of physical therapy by establishing, maintaining, and promoting standards of excellence for clinical specialization, and by recognizing the advanced knowledge, skills, and experience by physical therapists through specialist credentialing.

To achieve the mission and vision, the purposes of the program are to:

- Assist in the identification and development of appropriate areas of specialty practice in physical therapy.
- Promote the highest possible level of care for individuals seeking

physical therapist services in each specialty area.

- Promote development of the science and the art underlying each specialty area of practice.
- Provide a reliable and valid method for certification and maintenance of certification of individuals who have attained an advanced level of knowledge and skill in each specialty area.
- Assist consumers, the health care community, and others in identifying certified clinical specialists in each specialty area.
- Serve as a resource in specialty practice for APTA, the physical therapy profession, and the health care community.

Particularly related to the last two bullets, APTA has put a priority on gaining higher visibility for board-certified clinical specialists among the public, other health care providers, and even within

“As we gained more knowledge about how wounds heal and the impact of various interventions on that healing process, our expertise evolved into what is now recognized as specialization.”



Rose Hamm



the profession. (See “House of Delegates Positions on Clinical Specialization” at right.

To date, ABPTS has certified more than 32,000 people who have demonstrated advanced clinical knowledge and skills in physical therapy specialty areas. This demonstration comes by way of meeting several eligibility requirements and sitting for and passing a rigorous exam for their specialty area.

All candidates for board certification must be physical therapists who hold a current permanent and unrestricted license in the U.S. or one of its territories. The different specialty areas also may have specific minimum requirements, such as Advanced Cardiac Life Support certification for specialists in cardiovascular and pulmonary physical therapy.

Then there are two options for qualifying candidates to take the specialist exam.

Under Option A, applicants submit evidence of 2,000 hours of direct patient care within the specialty area over the past 10 years — 500 of those hours being during the past three years.

Under Option B, applicants complete a post-professional clinical residency that has been accredited by the American Board of Physical Therapy Residencies and Fellowships, again, within the specialty area. (Visit abptrfe.org to learn more about residencies and to identify accredited programs for each specialty.)

Option B applicants currently represent approximately 20% of the total annual applicant pool, and this pathway option is becoming increasingly more prevalent. One of the drivers of this increase is that, historically, those with residency training demonstrate higher pass rates on the specialty board examination than non-residency-trained individuals.

“Increasingly, the number of residency programs offered through ABPTRFE

House of Delegates Positions on Clinical Specialization

Clinical Specialization in Physical Therapy (HOD P06-16-66-30)

The American Physical Therapy Association supports the recognition of physical therapists who have attained voluntary specialization of practice.

Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience that exceeds entry-level physical therapist practice and is unique to the specialized area of practice.

APTA Clinical Specialization Policy (HOD Y06-17-67-31)

Clinical specialization in physical therapy is a voluntary and unrestricted process. Participation is initiated at the request of the individual, and no attempt is made to prohibit others from practicing in a specified area, nor is it required that physical therapists who are certified restrict their practice to the area in which they are certified. However, physical therapists shall not purport to be a “board-certified clinical specialist” unless they have successfully completed the certification process as developed by the American Board of Physical Therapy Specialties.

The purposes of the association’s Clinical Specialization Program can best be achieved through a centralized organization, which provides reasonable uniformity in the level and

type of standards adopted as the basis for certification and provides for the participation of consumer representatives in the decision-making process. The organizational body that guides the American Physical Therapy Association Clinical Specialization Program is ABPTS and its appointed specialty councils.

Criteria for establishment of a new specialty area are established by ABPTS and guide the development of all new specialty areas. The APTA House of Delegates approves all new specialty areas. The approved specialty areas are:

- Cardiovascular and Pulmonary Physical Therapy.
- Orthopaedic Physical Therapy.
- Pediatric Physical Therapy.
- Sports Physical Therapy.
- Clinical Electrophysiologic Physical Therapy.
- Neurologic Physical Therapy.
- Geriatric Physical Therapy.
- Women’s Health Physical Therapy.
- Oncologic Physical Therapy.
- Wound Management Physical Therapy.

ABPTS approves certification of clinical specialists in each specialty area. The specialty councils define, develop, and modify the requirements for certification and recertification in their specialty areas. The APTA Board of Directors directs funding for the specialist certification program and serves as an appeal body for certification candidates.

“Board certification provides a sense of accomplishment and confidence in clinicians that improves patient buy-in. It also enhances downstream value and fosters innovation, which creates opportunities with referral sources, payers, and value-based organizations.”



William Dieter

demonstrate a clear difference in the success of candidates who pursue board certification through this route,” says Scott Doerhoff, PT, MSPT, MS, current ABPTS chair and board-certified clinical specialist in geriatric physical therapy. “I can easily see this system becoming the standard at some point in the future.”

Maintaining Certification

One area of evolution for physical therapist specialization is maintenance of board certification. In the past, the program has used a process of periodic recertification but has transitioned to a maintenance of specialist certification approach for specialists with certification expiration dates of 2023 or later.

Derek Stepp, APTA senior director of certifications, echoes the firm belief of ABPTS and its specialty councils that the MOSC process will benefit the specialists, the profession, and the public.

“It will enhance the meaning of specialty certification as a standard of quality and a physical therapist’s commitment to continual practice improvement and lifelong learning,” he says.

“The MOSC is focused on each specialist’s competencies, ensuring that we maintain professional credibility with the public while fostering high-quality and safe patient care, professional development, and practice improvement.”

In addition, the MOSC process is more flexible and less cumbersome than the previous professional portfolio method, Stepp says. (Read more about the differences between recertification and MOSC on Page 22.)

“From a user standpoint, the change allows for a measured approach to maintenance of certification versus the portfolio option, which was largely gathering up 10 years’ worth of work and submitting what you can find,” notes

Doerhoff. “The MOSC portal allows the certified specialist to efficiently submit material in real-time,” he says. “We expect this will optimize ABPTS staff efficiency as well.”

The move to a MOSC approach ensures that the specialist maintains a level of competency and provides multiple opportunities for documenting involvement in providing that knowledge and skill set, notes Hamm.

“It discourages the tendency toward a ‘wait until the last minute, study hard, and take an exam’ approach to maintaining a certification,” she adds.

“Happy, well-trained clinicians make for great health care,” points out William Dieter, PT, DPT, director of PT Clinical Services and director of the FOX Geriatric Residency in Physical Therapy at FOX Rehabilitation. Dieter is a board-certified clinical specialist in geriatric physical therapy.

“Board certification provides a sense of accomplishment and confidence in clinicians that improves patient buy-in,” he says. “It also enhances downstream value and fosters innovation, which creates opportunities with referral sources, payers, and value-based organizations. FOX’s residency program, which is a pathway to board certification in geriatric physical therapy, has resulted in more than 140 board-certified clinical specialists, Dieter says, “and we aren’t stopping.”

New Testing and Accreditation

Another big shift for the APTA specialization program will happen after the 2022 board examination cycle. Those will be last exams administered by the National Board of Medical Examiners, which has been the test administration vendor since 1998.

Stepp says NBME has shifted priorities and long-range goals in relation to test



development and support. As a result, it was felt that severing the relationship with APTA was the best direction to take.

Despite the move, Rose Hamm recognizes the relationship that APTA has enjoyed with NBME. “The NBME staff have been dedicated and helpful in seeing board certification in wound management through our first examination process,” she says. “They have maintained a high quality of service from all the staff, making the transition seamless thus far.”

“We are excited about the opportunities a new partnership may present,” Stepp says, adding that APTA is open to proposed new processes, enhancements, and innovations for conducting business with a new partnering vendor. However, Stepp notes that to make the transition as smooth as possible for candidates and volunteers, for the first one to two years, the hope is to maintain a process similar to what currently is in place.

One opportunity ABPTS is pursuing is accreditation for specialty practice through the National Commission for Certifying Agencies. Steven Chesbro, PT, EdD, APTA vice president for education, says, “The value of achieving this accreditation for our areas of board certification is the recognition of our assessment processes by an entity such as NCCA.” He adds that accreditation through NCAA also would put the physical therapist board-certification program in compliance with a set of national standards.

To make the transition in an orderly fashion and keep the process feasible, APTA plans to pursue accreditation first for orthopaedic physical therapy board certification in 2022, with two additional specialty areas in each subsequent year until all 10 specialty areas have achieved accreditation status.

“The value of achieving this accreditation for our areas of board certification is the recognition of our assessment processes by an entity such as NCCA.”



Steven Chesbro

Recertification Versus MOSC

APTA's move from periodic recertification to maintenance of specialist certification reflects the program's continuing evolution, recognition of the needs of board-certified specialists, and alignment with best practices in board certification within other health care disciplines.

To allow the focus of the program to be on measuring competencies rather than on complicated processes, required practice hours have been reduced significantly, continuing education and professional development requirements are more flexible for practitioners who have opted for different professional pathways, and candidates are able to submit their information on an ongoing basis as opposed to having to collect nine to 10 years' worth of activities and documentation at the end of the 10-year certification period.

"New program elements include the submission of three case reflections over the 10-year period and the addition of a recertification examination in year 10," Derek Stepp, APTA senior director of certifications, says. "The exam in particular we know has raised some questions, but ABPTS wants to reiterate that it is not the board's intention to have the addition of this examination result in an obstacle to maintaining certification."

Rather, the goals of the exam and the maintenance program generally are to further strengthen the credential by better facilitating continued competence. They are designed to educate and enrich the clinician's expertise in the specialty practice area, Stepp continues.

"The examination will not be the same comprehensive examination required for initial certification. It will reflect contemporary specialty practice and focus on professional issue aspects of practice," he says.

Stepp notes additional recertification examination details:

- It is nonproctored.
- Specialists are permitted to use external resources and reference materials.
- The examination comprises approximately 100 multiple-choice items. Specialists are required to complete a minimum of 25 questions per session block within a two-month period.
- Specialists will be permitted to take the next block of 25 questions immediately after completing a prior block. However, the two-month period dates do not change if an individual happens to start their second, third, or fourth block of items early.
- Specialists will be given up to 10 minutes to complete each exam item. The 10-minute clock for each item will not start until the whole item vignette — including graphics — is displayed for the candidate to review. There will be no video items included.
- Specialists will be allowed to request that provisions be made to account for life events that might impede their ability to complete any portion of the exam cycle in the 10th or 11th years.

Find a Board Specialist

The ultimate purpose of board certification, of course, is better patient care. To help health care consumers find board-certified PTs, APTA's ChoosePT.com consumer information website provides a consumer directory of member physical therapists, searchable by location, practice setting, and other factors — including board certification.

More than 4.4 million people visited ChoosePT.com in 2021, where "Find a PT" is one of the most popular features. Not only are consumers able seek out PTs near them who specialize in the services they need, but PTs who need to refer a patient to another therapist with a different expertise can use Find a PT for that purpose.

"Our hope is that all ABPTS board-certified clinical specialists go to the 'Find a PT' directory and ensure that their information is present and accurate," says Doerhoff. "We increasingly serve a population that is educated through technology and consumer-savvy to health care options. Through specialist certification, our therapists demonstrate their advanced knowledge, skills, and experience. We want patients and employers to have access to this information to make an informed choice for their health care needs and providers."

Delivering Best Evidence-Based Care

The value of certification is not lost on professionals such as Keith Barrett, PT, DPT, a board-certified geriatric clinical specialist.

"Being a physical therapist with a clinical specialization in geriatric physical therapy," he says, "'clinical excellence' is the phrase I now own and command."

Barrett works at FOX Rehabilitation, where he provides Medicare Part B services in patients' homes and also

“The clinical specialization program opened my eyes to the value I can provide to my geriatric patients from helping these patients go from a life of just surviving to a life of thriving.”

— Keith Barrett

carries a caseload within the Medicare Part A home health arena. His practice includes providing services within senior living communities.

“With such a vast array of patients, comorbidities, settings, fitness levels, ages, homes, and acuity levels,” says Barrett, the specialist certification program “was the only means to deliver the best evidence-based care and provide value to my patients and colleagues.”

He continues, “With clinical expertise and knowledge, I can efficiently deliver the message of excellence with staff and physicians as well as contracting agencies.”

By having his professional colleagues’ confidence in his knowledge base, Barrett has had the opportunity to

advocate for residents with complex medical histories and current high levels of acuity. “The clinical specialization program opened my eyes to the value I can provide to my geriatric patients,” he says, “from helping these patients go from a life of just surviving to a life of thriving.”

Pandemic Lessons

In particular, Barrett points to the fall-out from the COVID-19 pandemic. “This cohort of patients may have suffered the most loss,” he says. “Patients never left their homes, institutionalized older adults were confined to their rooms, staff became anxious, and the health care needs of these residents significantly increased.”



Barrett says being board certified in geriatric physical therapy gave him the confidence necessary to advocate for those patients — many with cognitive impairments — when he noticed nobody was advocating for them.

“I feel it is my duty to provide the value-based, evidence-based, and clinically based care this population needs and deserves,” he says. “Clinical specialization gave me the understanding and confidence to provide that care. I have never been happier as a physical therapist.”

The specialist certification program itself was not immune to the effects of COVID-19, but given the value and popularity of the program, APTA could not afford to pause it during the public health emergency. ABPTS quickly learned to adapt and be flexible, says Stepp.

“Regarding test development, ABPTS and its specialty councils quickly transitioned to virtual item and examination development processes,” he explains. “Previous in-person regional item-writing workshops were conducted online through a secure environment, actually increasing the options for item-writer participation.”

While not considered ideal, specialty councils adapted to virtual standard-setting exercises and item review sessions, he adds.

“For applicants, ABPTS for the past two examination cycles has been flexible with submission deadlines due to decreased opportunities for candidates to accumulate needed hours,” says Stepp. The program also allowed candidates to split the application fee into two partial payments to ease some financial burden, an option that is being made permanent moving forward.

“I am proud to say the professional staff and our board make every effort possible to accommodate those facing hurdles [to applying for and taking the exam] when we see clear evidence that our specialists are engaged in the process. On behalf of the board and the professional staff, I can say unequivocally that our goal is to not lose a single certified specialist.”



Scott Doerhoff



“As we transition to a new test administration vendor, we will also be investigating the feasibility of offering a remote proctoring examination option for examinees in the future, again to allow for increased flexibility,” Stepp says.

Doerhoff believes one of the key lessons the COVID-19 experience has taught ABPTS members and staff is that the program can be flexible without weakening the integrity of the program.

Before the pandemic, ABPTS already had policies that took into consideration the impact of life circumstances on specialist candidates trying to sit for examinations or recertify, but Doerhoff says they were relatively few.

“COVID-19 increased the number of requests dramatically. I am proud to say the professional staff and our board make every effort possible to accommodate those facing hurdles when we see clear evidence that our specialists are engaged in the process,” says Doerhoff. “On behalf of the board and the professional staff, I can say unequivocally that our goal is to not lose a single certified specialist.”

Aside from logistics and complications with developing and administering the exams, the pandemic also disrupted the certified specialist community. “It had completely overwhelmed the connectivity of the program, which at its core is togetherness,” Doerhoff says. While the solid foundation of the program enabled it to continue in the absence of physical presence at meetings, Doerhoff notes that bringing people together in person at APTA Combined Sections Meeting in San Antonio this year “was extra special because of the absence of the in-person recognition ceremony in 2021. Having been a newly board-certified specialist once myself, I know the importance of sharing the moment together.”

Seeing the value of being together in person, the program has transitioned to

The Beginnings of Specialization

In her Mary McMillan Lecture at APTA’s 1975 annual conference, Helen Hislop made clear her belief that without its own mechanism for producing certified clinical specialists, the profession would be challenged and potentially overshadowed by other health care disciplines.

She called on her colleagues to develop programs that would train and certify clinical specialists but avoid too much dogma or too many rituals, which would discourage the best candidates from applying.

APTA’s House of Delegates had taken up the challenge that year, charging the Board of Directors to establish a Task Force on Clinical Specialization. The task force, formed in 1976 and made up primarily of leaders from related APTA special interest sections, was charged with identifying and defining physical therapy specialty practice areas and with developing the structure for and function of a board-certified process. The task force initially identified four areas of specialization based on existing patterns of practice: cardiopulmonary, neurology, orthopedics, and pediatrics.

At the same time, it developed “Essentials for Certification of Advanced Clinical Competence in Physical Therapy,” which the House of Delegates adopted in 1978, along with appointing

a Board of Certification for Advanced Clinical Competence to oversee and coordinate the program.

In 1979, the House appointed the Commission for the Certification of Advanced Clinical Competence. Specialty councils for each of the four specialty areas were appointed by the commission and charged with the development of competencies unique to the advanced clinician in their respective areas.

In 1980, the commission became the Board of Certification of Advanced Clinical Competencies. The House of Delegates recognized two more specialty areas that same year: sports and clinical electrophysiology.

In 1985, the “Essentials for Certification of Advanced Clinical Competence in Physical Therapy” was revised by the House of Delegates and the title was changed to “Essentials for Certification of Physical Therapist Specialists.” The commission was renamed the American Board of Physical Therapy Specialties, and the first specialty examination was administered in cardiovascular/pulmonary physical therapy that same year.

Other specialty areas followed over the years: geriatrics in 1989, women’s health in 2006, oncology in 2016, and wound management in 2019.



“I do think the adoption and implementation of the maintenance program has been one of the biggest advancements and developments for the program in the past 20 years.”



Derek Stepp

a hybrid model of in-person and zoom meetings to make sure the community aspect is not lost.

Continuing Evolution

As ABPTS certification evolves with the times, current developments will be critical to the profession and for consumers going forward.

“I do think the adoption and implementation of the maintenance program has been one of the biggest advancements and developments for the program in the past 20 years,” Stepp says. He also points to the potential to add certification specialization options in the future, including the possibility of subspecialty certification recognitions.

Chesbro agrees that as the profession and health care in general continue to advance, the opportunities in specialist certification will continue to grow. “Two new areas of board certification have been added in the past five years, and petitions for other areas have been submitted for consideration.”

The APTA House of Delegates charged the association with providing a report on the future of specialization and advanced clinical practice in 2023;

that report will include the concept of subspecialization, says Chesbro.

“Many believe there is an opportunity to align board certification at the subspecialist level with the areas of ABPTRFE-accredited fellowship programs,” he says.

Regardless of changes to the program, any new areas of specialization, or potentially subspecialization, will be met with the same rigor as previous applications. “ABPTS has been exacting and stringent in its approval of new specialties in order to ensure that the therapists practicing in those settings truly require advanced knowledge and skills that distinguish them as being specialists,” Hamm says. “Although the application process is quite laborious, I understand that the process is what gives the highest credibility to the specialization program.”

Doerhoff notes that just as clinical research findings, changes in practice acts, and advanced degree training have added to the depth and breadth of physical therapist practice, so too has the board certification program through validation of specialized practice. ▀

Carol Brzozowski is a freelance writer.

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A person wearing a pink hoodie is visible on the right side of the image, set against a clear blue sky. The text is overlaid on the left side of the image.

Now More Than Ever, **Self-Care** Is Crucial



PTs and PTAs often
tell patients to
practice self-care.
Now it's time for them
to take their own advice.

By Michele Wojciechowski

“Unfortunately, we have heard too many stories of providers leaving health care or, in the most extreme cases, taking their own lives.”

— Cheryl D. Pierson

Health care workers have always had rigorous and stressful work lives. Physical therapists and physical therapist assistants are no exception to this rule.

Now add to the everyday stressors a global pandemic that not only shut down most of the world but also resulted in fear and trauma as researchers tried to figure out what it was, how it spread, and vaccinations that could help. For health care providers, especially, this spelled disaster, exhaustion, and burnout.

“Being a care provider is simultaneously rewarding and depleting, and the pandemic has amplified both of these experiences,” says Sarah Amesbury, PT, DPT, APTA practice management specialist in the association’s Scientific Affairs Unit. Amesbury points out that, like most health care providers, PTs and PTAs were concerned about contracting COVID-19 and bringing it home to their families and friends, and the same time they worried about their employment status and financial stability, as well as the general uncertainty of the future. “The need for self-care has always been there,” she says.

“But when you add fear, uncertainty, and stress associated with the pandemic, self-care has become essential to stay grounded.”

“Becoming fully immersed in the needs of another at the expense of your own health is neither compassionate nor sustainable, and it will lead to burnout,” says Cheryl D. Pierson, PT, MS. She is co-founder of heartsGROWTH, Inc., which works to create a compassionate health care environment by promoting sustainable wellness practices. “Unfortunately, we have heard too many stories of providers leaving health care or, in the most extreme cases, taking their own lives.”

The mental and emotional well-being of health care providers was so affected that in January of this year, the U.S. Department of Health and Human Services announced it was awarding \$103 million to help reduce burnout and promote mental health and wellness in our nation’s health care workforce. The effort is needed, because now, two years after the shutdowns, working and schooling remotely, and losing so many people to COVID-19, PTs, PTAs, and physical therapy students are finally getting a chance to breathe, and they are still stressed.

Resources

Want to see more APTA information on self-care? Check out APTA Fit for Practice and some past magazine articles.

APTA Fit for Practice (apta.org/fit-for-practice)

- Find a wealth of articles, blog posts, podcasts, courses, apps, website links, and more.

APTA Magazine articles (apta.org/apta-magazine):

- “Understanding and Avoiding Burnout” (November 2020)
- “Beating Burnout” (February 2019)
- “Mindfulness: How It Can Help Patients, PTs, and Students” (February 2017)

More Than Pampering

There are so many ways to practice self-care that, to make it work, it’s important to figure out which one or ones work best for you. “Self-care looks different for everyone,” says Margie Nguyen, PTA, BS, who works in home health in Northern Virginia. “I always thought self-care had to do with pampering and treating oneself with materialistic things. Now I understand that anything that makes you feel good, that can ease the burden of your day-to-day, is self-care.”

Some suggestions from Nguyen are setting boundaries, time management, advanced meal preparation, a cleaning schedule, working out, getting fresh air, meditating, taking paid time off, and budgeting.

Amesbury adds her own suggestions for self-care can be many things: time with friends, meditation,



healthier eating, taking a 10-minute walk at lunch, and working toward a professional goal. “The list is infinite,” she adds.

In addition to individual actions, Pierson identifies several self-care types:

- Mindfulness, which involves intentionally focusing attention to the present.
- Mindfulness and exercise, which involves spending time moving around and using all the senses to notice your surroundings.
- Gratitude, which she practices by taking a minute each day to identify a few things she appreciates and is grateful for.
- Good sleep hygiene.
- Good nutrition, as in choosing healthy foods for meals and snacks.
- Good relationships; for example, being a good friend.

Monica Jain, PT, DPT, a master clinician at Mount Sinai Hospital in New York City, uses a self-care practice called ABC, which stands for awareness, breath, and choice. “Whenever I notice I’m becoming upset, anxious, depressed, worried, or irritated, I become aware of that emotion without judging it and accepting it. I take a few slow, gentle, deep breaths. This pause brings transformation where I get to choose how I want to respond at that moment,” she says.

Like Pierson, Jain practices gratitude as part of self-care. “Gratitude trains us grace, surrender, resilience, and acceptance, thereby helping us

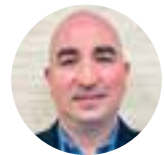
“If you start to feel drained, it is important to stop and check in with yourself and give yourself a moment of care.”

— Arlene McCarthy

take care of our well-being and being able to serve others more impactfully,” she says. Jain suggests writing in a journal about three things that you were grateful about on a given day, writing them on paper and putting them in a gratitude jar, or doing a gratitude meditation, in which you think about what has made you grateful.

Co-founder of heartsGROWTH with Pierson, Arlene McCarthy, PT, DPT, MS, a board-certified clinical specialist in neurologic physical therapy, admits that she experienced so much stress and pressure during the first year of the pandemic that she retired from her main job so she could care for herself and her family.

This included helping her daughter, son-in-law, and granddaughter, who was attending kindergarten via Zoom. For self-care, since options were limited at that time for exercise, she walked three evenings a week with her husband. “Other things I did for myself were calling a few friends regularly



Charles Fisher



Steven Forti



Monica Jain



Anne Lorio

“Gratitude trains us grace, surrender, resilience, and acceptance, thereby helping us take care of our well-being and being able to serve others more impactfully.”

— Monica Jain



Arlene McCarthy

to see how they were and practicing meditation to help guide me and keep me centered,” she says. “I feel that the past two years were a pause for us all to reevaluate our lives and discover what is important to us.”

Caring for Yourself First

An oft-used analogy to explain why self-care is necessary for PTs and PTAs, no matter how time-crunched they are, relates to airline travel. “Most people have been on an airplane and heard the safety instructions,” says Angela Stolfi, PT, DPT, director of physical therapy for Rusk Rehabilitation at NYU Langone Health. “We have to put on our own oxygen mask first and take care of our own needs so that we are best able to help others.”



Margie Nguyen

For example, Pierson says that prior to the start of the pandemic, she was caring for her 93-year-old stepdad, who lived 2,400 miles away. After he fell, she made monthly flights for the seven months before COVID-19 hit. She was juggling his health care needs, her job, both their homes and with monthly bills, her two pets, and his dog. This left her little time to realize what was going on with her own health. “But the body knows, and I developed some serious GI issues at the beginning of the national lockdown,” she recalls. “Becoming fully immersed in the needs of another at the expense of your own health is not compassionate nor sustainable, and it will lead to burnout.”



Mia Palazzo



Cheryl D. Pierson

Realizing that old habits die hard, Pierson says when you begin self-care practices, you have to give good habits time to build. “Having the habit of good self-care is no different from having the habits of a good diet, an exercise routine, and sleep hygiene,” she explains. “Then when the going gets tough — such as emotional challenges and mental exhaustion — it will be easier to take good care of yourself because it is already one of your good habits. It’s much easier to take care of the acute needs of body, mind, and spirit if they have been cared for all along.”



Angela Stolfi

Jain says while PTs and PTAs are well aware of the value of prevention to avoid needing treatment, they often lose sight of the need to put it into practice themselves. “Most of us are outstanding in keeping ourselves physically fit and eating right,” she says. “Still, we neglect to take care of our emotional health, and that’s when we hit the burnout stage.”

Not sure when you need self-care? McCarthy says, “If you start to feel drained, it is important to stop and check in with yourself and give yourself a moment of care. It may be as simple as taking a deep breath, thinking a positive thought, or sitting in your chair and stretching for a moment.”

Jain says that the best way to begin adding self-care into your life is to start small and be consistent. “It could be just a two-minute breath work you do before you start your day,” she says. “Integrating self-care into our daily routine makes it doable and sustainable.”

Creating a Supportive Work Environment

Whether you’re a supervisor, manager, or clinician, if you’re thinking that there is no way to add self-care to your already crowded day, think again. The Hospital for Special Surgery and NYU’s Rusk Rehabilitation have demonstrated otherwise.

“There were several initiatives started during the COVID-19 pandemic,” says Steven Forti, chief wellness and resiliency officer at the HSS. “Most significant was the development of a unique cognitive fitness program — mindfulness — designed for all staff members across the enterprise called Mind Mastery.”

He adds that “no initiative or program will be helpful if leadership doesn’t make room for it.” In fact, Forti’s role was born out of the needs identified at the height of the pandemic. He says that HSS leadership was willing to identify and implement innovative solutions to complex problems, even when the gain or potential gain was not fully known at the time.

“We care so deeply about burnout prevention that we hired an independent mental health provider to be available to members of our health care team,” Forti says. “This minimizes the barriers and obstacles that often come up when someone recognizes the need for assistance but doesn’t know the next steps to take.”

Charles Fisher, who oversees talent management and departmental infrastructure for HSS Rehabilitation and Performance and played a leading role in HSS’ pandemic response, explains further. “PTs, like many other health care workers, tend to give everything they have for the sake of their patients. They squeeze patients in, stay late, change days off to help their patients meet their goals. Unfortunately, this wonderful attribute of caring can lead to fatigue and burnout.”

Fisher continues that for PTs to provide the best clinical care for their patients, they must be in a good mental and physical state. “If they are not, their effectiveness may be impacted.”

One offering at HSS is co-working through the company’s training and mentorship programs. “When staff need to be out for an extended amount of time,” Fisher says, “we are sometimes able to hire a temporary PT to cover patient care demands.”

Mia Palazzo, PT, DPT, associate director of physical therapy at Rusk Rehabilitation says that their wellness initiative began when a clinical manager expressed concern about the well-being of their PT team. This led to the formation of the Rusk Wellness Committee. Comprising staff and managers from a variety of settings and disciplines who have a passion for staff wellness and health, the committee provides resources and experiences that support and enhance well-being and resilience, while creating a culture of belonging.

Among the resources is a virtual wellness speaker series on topics such as nutrition, yoga, gratitude, breath work, microaggressions, mindfulness, burnout, and cultural appropriation. “We also have Burnout Bumpers, a monthly email dedicated

“We have implemented free exercise programs, staff luncheons, and regular visits from therapy dogs during our staff meetings.”

— Mia Palazzo



“This system was adopted from the U.S. Army Battle Buddy System, where every soldier in basic training is assigned a buddy for the duration of their military career.”

— Ann Lorio

to health and wellness tips, including links to resources,” Palazzo says. “Our team also receives suggestions for wellness ideas directly from staff through a Rusk wellness email address and suggestion boxes located throughout our therapy departments. As a result of staff suggestions, we have implemented free exercise programs, staff luncheons, and regular visits from therapy dogs during our staff meetings.”

Stolfi adds that working at a large health system provides them with great resources such as the work-life assistance program, managed by Corporate Counseling Associates. “If a PT or a PTA comes in and says they need time off for self-care or are close to burning out, we not only provide them with information about the time off and different types of leave of absence available to them, but we also recommend that they consider working with CCA through our work-life assistance program to get the support they need,” she says.

A staff member’s unique situation determines which of many different options could work for them, such as taking a leave of absence or changing their work schedule. Stolfi says that many PTs and PTAs have opted to move from full-time into part-time positions, when available, or per diem positions, to create a schedule of total weekly work hours that better fits their needs. “We are always open to having this conversation with an employee to see what is possible. We have also found it beneficial to keep a roster of staff who are willing to work on a per diem basis, which helps us support sustaining our operations and patient care when an employee suddenly needs to take unplanned time off.”

In doing research as part of her PhD studies at Georgia State University, Anne Lorio, PT, DPT, has come across other programs that “can help to encourage and foster resilience” in health care providers.

Lorio, a board-certified clinical specialist in neurologic physical therapy, is a clinical associate professor for the Department of Physical Therapy at Georgia State.

“One interesting intervention that a hospital system used during the pandemic was the Buddy Battle system,” she wrote in a paper related to her research. The adaptation of the system to the hospital setting was described in a May 2020 article published in *Anesthesia Analgesia* by Albott and colleagues. “This system,” Lorio wrote, “was adopted from the U.S. Army Battle Buddy System, where every soldier in basic training is assigned a buddy for the duration of their military career.”

It isn’t a stretch to imagine that health care workers in the middle of a pandemic felt anxieties similar to those of soldiers in battle: uncertainty about resources, exposure to suffering and death, and fears for personal safety. Pairing up front line workers allowed them to discuss their daily challenges with an understanding peer. Not only could these conversations be helpful themselves, but they also could identify employees who would benefit from additional intervention. Lorio noted that the article’s authors created a pocket card that outlines the system. “I already have shared this resource with a colleague who currently works in health care administration,” she wrote.

If a formal program doesn’t exist, PTs and PTAs who feel the need to have time off for self-care or burnout, but are apprehensive about talking with their superiors, should make their needs known. “Their employer can’t support them best without being aware of what is needed,” Stolfi says. If the employer finds a common theme among several employees related to burnout, for example, they could develop a suitable wellness program.

“An honest approach is always the best one. Schedule a meeting, stop by the office, or send a preliminary email. The most important part is to get the conversation started,” Forti says. “Managers have training and resources to help their team meet their needs — that is their job and obligation. Some managers are even perceptive enough to initiate the conversation if they have observed a staff member being stressed, off their game, or just not themselves.”



APTA's Fit for Practice Program

One of APTA's responses to the COVID-19 pandemic was the Fit for Practice program. The program's aim was to help PTs and PTAs implement methods of self-care and prioritize their health. It provided new resources weekly from October 2021 through February 2022 and was freely available to all PTs, PTAs, and students — not just APTA members.

The content will continue to be available on APTA's website (apta.org/fit-for-practice) for up to a year.

Presented online in digestible, self-paced formats, the series included links to websites, podcasts, articles, and courses — some of which offered CEUs. Directing the program's development was Drew Contreras, PT, DPT, APTA's vice president of clinician success and innovation. Resources were organized into four specific areas: movement (including strength and mobility), resiliency (including mental health and stress management), restoration (including sleep and nutrition), and practice health (including professional development and practice management).

"Clinicians were experiencing unprecedented amounts of personal and professional strain, explains Amesbury, who directed the implementation of the program. "APTA Fit for Practice was built to support our community and help all clinicians recover and rebuild. Based on our engagement with our community, we've concluded that the initiative met its goals of reaching and providing support for clinicians nationwide." Amesbury says the response from participants

was overwhelmingly positive. "We had a few constructive comments, but with this feedback we were able to redirect some of our content to address a wider range of self-care needs."

APTA Fit for Practice received extensive sponsor support so that APTA could provide quite a lot of content without having to spend money or take away from staff resources.

"Our member benefit provider Hyperice had been putting the idea of a 'PT wellness' program in front of us for some time," explains Judy Lewis, APTA senior business development specialist. "The timing was finally right once we hit 2021, and people were starting to crawl back out of the pandemic in a much more fragile state. We had just the right staff in place by early summer to elevate the initiative, brand it appropriately, and show our members that we're here to support their wellness in all areas — physical, mental, and practice health.

Lewis notes that the program had additional goals that also were met. "Drew Contreras shaped a program that not only provided weekly wellness support to members, but also one that could

"No initiative or program will be helpful if leadership doesn't make room for it."

— Steven Forti

“We keep a roster of staff who are willing to work on a per diem basis, which helps us when an employee suddenly needs to take unplanned time off.”

— Angela Stolfi

raise money via supporters for the APTA Physical Therapy Fund and shine the spotlight on some ‘honorees’ for their work in the wellness space. I believe we checked off all of those boxes: We had over 4,000 participants in the program, had packed yoga and meditation sessions at APTA Combined Sections Meeting in February 2022, and at the same meeting, which marked the program’s culmination, we were able to celebrate with participants and honorees the donation of \$40,000 to the PT Fund.” The PT Fund provides scholarships to students and faculty of ethnic and racial minority groups, and supports APTA’s efforts to improve diversity, equity, and inclusion within the profession and association.

The idea behind involving vendors was not only to get financial support for the program, but also to use content from them. “They also are experts in

the physical therapy space,” Lewis says. The variety of vendors contributed to the variety of resources in the programs’ four areas of focus, whether it was physical, mental, emotional, or practice health.

“Hyperice as our co-partner was instrumental in helping recruit both financial and content supporters,” Lewis says. “It still did take staff time, because our team worked very hard on branding, content vetting, and putting together weekly emails from October through January. But our sponsors were key in this program. We couldn’t have done it without them.” ■

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



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Serving Up Physical Therapy for Pickleball Players

Physical therapists help athletes in this fast-growing sport stay or get back on the court.

By Keith Loria

Pickleball blends a trio of paddle sports: badminton, ping-pong, and tennis. The combination must be working, because pickleball was the fastest-growing sport in the United States from 2019 to 2021, according to the Sports & Fitness Industry Association.

Today, more than 5 million people participate in pickleball, and 10% of those players only picked up a paddle since the pandemic began.

Over the last decade, Mark Bouma, PT, DPT, owner of Lake Washington Physical Therapy in Seattle, has started to see a big uptick in the number of recreational and competitive pickleball players who visit his clinic.



Courtesy NSGA





Mark Bouma demonstrates exercises he uses with pickleball players who come in for physical therapist services.



“The thing I have come to appreciate about treating pickleball players is their genuine enthusiasm for the game and the sense of community that is built around the sport,” he says. “Whether I’m working with a 25-year-old or 65-year-old athlete, their goals are the same: to get back out on the court as quickly as possible.”

USA Pickleball, the sport’s governing body in the U.S., estimates that about 17% of pickleball players are 65 and older. While she doesn’t regularly treat them in the clinic, Becca D. Jordre, PT, DPT, PhD, a professor of physical therapy at the University of South Dakota, has been researching older pickleball athletes at the National Senior Games since 2011, when pickleball was first introduced as an exhibition sport. She tests the players’ physical fitness and offers basic recommendations to them as part of her research.

“I study athletes aged 50 and older in all of the 20 National Senior Games Association sports,” she says. “However, this past year my research has focused more on those who play pickleball and

tennis. Athletes only make it to this national level if they qualify in their respective state; thus, they tend to be more serious players.”

Noe Sariban, PT, DPT, happens to be a professional pickleball player, so he understands firsthand the issues that arise with players as a result of playing the game.

He started playing six years ago after meeting with a patient who was injured playing the sport, and he wanted to learn more about it. It wasn’t long before Sariban was competing at the pro level and winning matches.

Sariban is the physical therapist for Engage, a manufacturer of pickleball apparel, paddles, and equipment for the sport. He also works with players during professional tournaments.

“A pickleball tournament is intense in terms of physical demands on the body — it’s a long day, usually with multiple matches — which can lead to acute flare-ups of underlying injuries or new injuries requiring recovery management,” he says.



For example, he recently worked with a female pickleball player who had a left hip problem due to her backhand motion. She was putting a lot of internal and external rotations through her right hip, which caused pain to increase throughout the tournament day.

“I did a lot of mobilization to get some more space in her hip; I performed dry needling to release some of the muscles that were flared up throughout the competition,” Sariban says. “She did medal at the tournament, and, according to her, physical therapy played a role in getting her through the day.”

Tournament competition aside, pickleball is better known as a recreational sport. And as with almost any sport, amateur pickleball athletes often don’t put in the same amount of time off the court to stay in shape, and their mechanics and stability might not be as strong as those of professional players. Professionals also often gain a higher sense of the game and can better anticipate footwork and positioning. All these factors place amateur athletes at a higher risk for injuries.

“The thing I have come to appreciate about treating pickleball players is their genuine enthusiasm for the game and the sense of community that is built around the sport.”



Mark Bouma

“A pickleball tournament is intense in terms of physical demands on the body — it’s a long day, usually with multiple matches — which can lead to acute flare-ups of underlying injuries or new injuries requiring recovery management.”



Noe Sariban



“Although the overall population of those who play pickleball is getting younger, many players are between 50 and 70 years old,” Sariban says. “Some have never played any other sport in their life. It’s a very low-level sport to pick up for those who don’t have strong athletic backgrounds, and that’s the appeal for many. But it leads to a lot of people playing who are potentially deconditioned.”

Sarah Ansbury, director of Pickleball Palmetto Dunes in Hilton Head Island, South Carolina, is a former pickleball national champion. She teaches clinics around the country and continues to tour professionally.

“There’s a lot of misconception about pickleball. People think they have to shuffle and move all the time — and a lot of people teach that — but it’s seriously bad for your body,” Ansbury says. “You have a lot of people playing who never played a sport before, and they’re moving way more than they need to. Their body can’t rotate, and they’re putting a lot of strain on themselves because they are in a compressed position. They’re going to hurt themselves and need help from a physical therapist.”



Like many PTs who treat them, Noe Sariban is an avid pickleball player himself.

Over her pickleball career, she herself needed to work with a PT multiple times. She was familiar with the experience, though, because she previously played tennis and had back, knee, and shoulder issues with that sport. Many pickleball injuries tend to be similar.

Common Injuries

With a small court size of 20 feet by 44 feet (22 feet on each side of the net), pickleball largely involves quick movement spurts of one to two steps either forward and backward or side to side. These quick changes in direction can place significant demands on the hamstring and adductors, meniscus of the knee, Achilles tendons, and plantar fascia. As a result, some common acute injuries across all pickleball players include adductor strains, sprained ankles, and Achilles ruptures. Some chronic, repetitive injuries include knee pain, hamstring and adductor strains, Achilles tendinopathy, and plantar fasciitis.

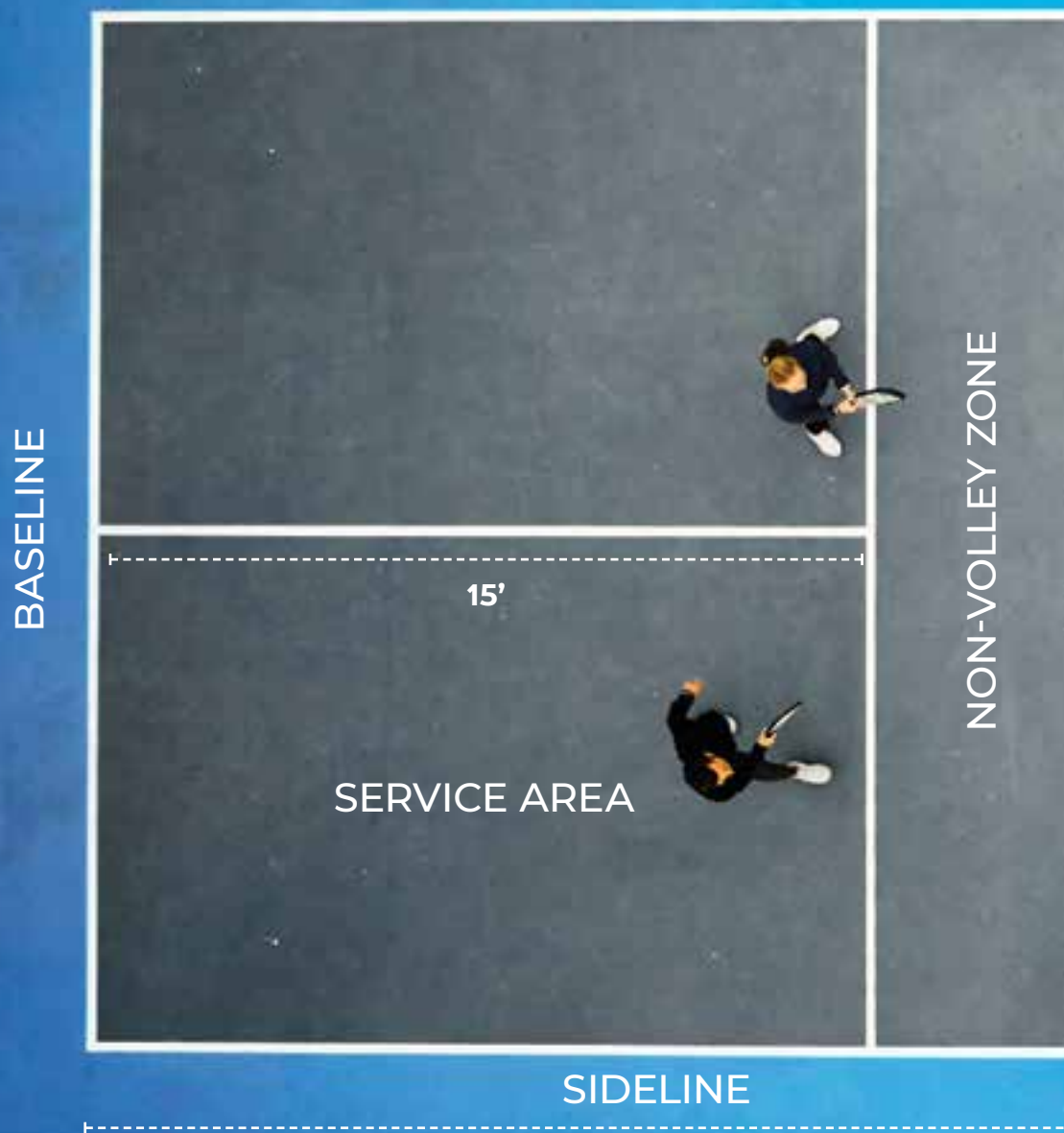
“The quick pivots, lunges, and lateral movements can place repetitive stress in these areas, especially in singles when players have the entire court to cover,” Bouma says. “For many of the lower extremity injuries, the quick lateral movements during a volley combined with pivoting while striking the ball can contribute to stress in these areas.”

He continues: “Older individuals can be more susceptible to these lower extremity injuries because of age-related changes of the collagen and decreased elasticity of these structures.” It’s important, then, for rehabilitation to focus on helping the players’ soft tissues and joints meet the demands that pickleball places on them.

Of the older pickleball players Becca Jordre has studied, she says that more report recent knee injuries than injuries to any other body area. Shoulder and hip injuries come next.

Low back pain also is reported often by pickleball players. It may not be an acute injury as often

Pickleball Court Dimensions

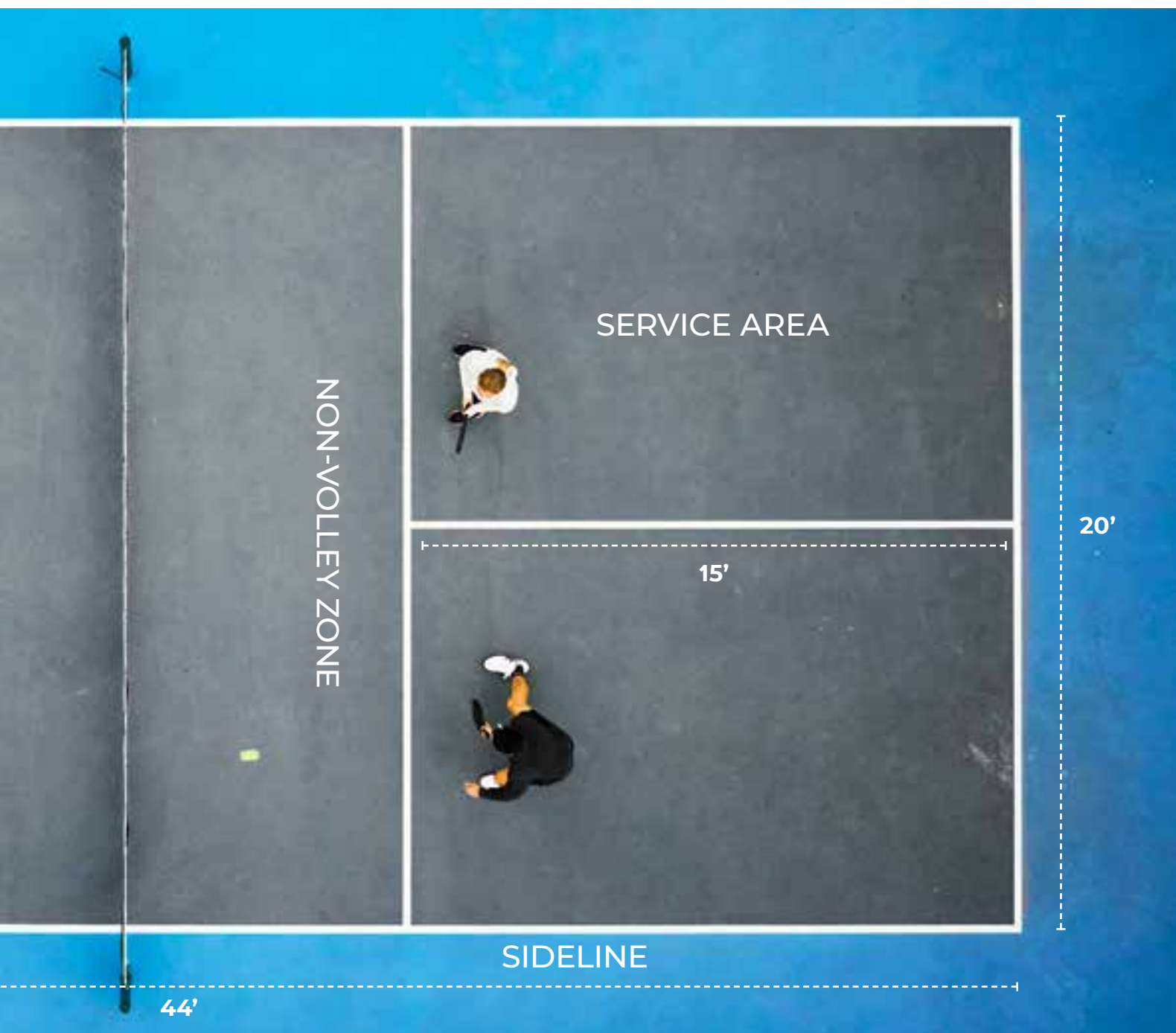


as, say, an ankle sprain, but several factors can contribute to pain over time, such as altered mobility up or down the chain, poor footwork and movement on the court, altered motor control, and instability in the core and gluteal musculature.

Sariban identifies one move in particular that can lead to lower back injuries, as it involves various body movements occurring together. Dinking, also known as “the net game,” involves hitting the ball softly (ideally away from the opponent) to leave

the opponent with an unattackable ball around the non-volley zone.

“When players are at the non-volley zone, there’s a lot of forward flexion at the lumbar spine, often combined with flexion rotation when dinking. If a player — often one at a lower playing level player — doesn’t have proper mobility and footwork to get in the right position, it will lead to lower back problem over time.”



Once Sariban determines the factors that are contributing to the patient's pain, he works with them to regain proper strength and function, and then will reassess their mechanics of playing to prevent recurrence.

Another common injury is "pickleball elbow," which is similar to the better-known "tennis elbow." Poor form in making contact with the ball, improper footwork positioning, and being in the wrong spot within the court all contribute to poor mechanics at the wrist, forearm, and elbow.

Injury Focus: the Ankle

When Bouma works with a pickleball player with an ankle injury, whether from a sprain or Achilles tendinopathy, there is a similar pathway to get them back on the court.

"First, we must progress the injury out of the acute phase using manual techniques and modalities that help reduce swelling, promote tissue healing, and restore range of motion, particularly dorsiflexion," he says. "Dorsiflexion is a key ankle motion in

achieving the ‘athletic stance’ that allows the player to quickly step laterally and to perform the stop-and-go footwork necessary for pickleball.”

If dorsiflexion is not fully restored, Bouma explains, the player is at greater risk for recurring Achilles injuries or knee pain, because the biomechanical forces at play will be transferred to other areas of the kinetic chain.

“To progress ankle stability and enhance ligament and tendon strength, progressive amounts of loading are applied throughout the system,” Bouma says. “There are countless ways this can be done, but I always try to integrate pickleball court movements and paddle skills into the exercise.”

Interventions begin with retraining the proprioception of the ankle on unstable surfaces and progressing to reactive balance activities, dual-task concepts, agility, and, finally, game speed movements.

“As a physical therapist, I am looking to optimize movement patterns,” Bouma says. “It is critical that we train out compensation patterns that may lead to an overuse injury somewhere else or place the player at risk for reinjury. We want to achieve high-quality movement, and I want to ensure that the structures that were injured can tolerate the loading that pickleball demands and are properly protected by sound body mechanics throughout the kinetic chain.”

“If I could do one thing for all pickleball players, I would integrate more strength and power training into their week.”



Becca Jordre

Shouldering Tennis Pain

For many former tennis players, pickleball has provided an opportunity to get back on a court if they’re unable to continue playing tennis, as pickleball places less demand on the body.

For example, while some pickleball players have shoulder injuries — primarily rotator cuff tendinitis or shoulder impingement — Bouma notes that these are more frequent in tennis players. In fact, he explains that many former tennis players had chronic shoulder conditions that prompted them to transition to pickleball.

“Overhead paddle swings are infrequent in pickleball, and many swings involve quicker shots close to the body. They have a slower follow-through velocity than a tennis racquet backhand or forehand,” he says. “Plus, dinking is a common return strategy in pickleball. The player is close to the net, and the paddle follow-through is limited, which most shoulders can tolerate.” He adds that the length and weight of the paddle places less force during ball impact than the force created by a typical tennis racquet.

Safety for Seniors

Safer than tennis or not, pickleball is a sport, and — like all sports — there’s always risk of injury.

At 75 years old, Edgar Campos, PT, has long treated athletes involved in recreational activities, and as a pickleball player himself he understands the issues that arise from playing the sport — especially among the older population.

“I live in a community with a lot of senior citizens, and I’ve seen pickleball become very popular. That results in injuries among those 55 and older,” he says. “There’s a lot of moving and backing up. I’ve seen people slide and misstep. In fact, a partner that I played with suffered two fractured wrists when she was going back to hit a lob and stepped wrong.”

Older adults are more active than their counterparts from generations ago, he notes. “The boomer population is not a sitting-down population — we all walk around, ride bikes, and play sports like pickleball,” he says. But care for this aging population needs to be different from that for younger recreational athletes.

Campos says the most important thing is educating older pickleball players on the importance of stretching and strength training.

What's in a Name?

According to USA Pickleball, the association for the sport in the United States, the game was invented on Bainbridge Island, Washington, in 1965. From the organization's website:

After playing golf one Saturday during the summer, Joel Pritchard, congressman from Washington state, and Bill Bell, successful businessman, returned to Pritchard's home on Bainbridge Island to find their families sitting around with nothing to do.

The property had an old badminton court, so Pritchard and Bell looked for some badminton equipment and could not find a full set of rackets. They improvised and started playing with ping-pong paddles and a perforated plastic ball.

At first they placed the net at badminton height of 60 inches and volleyed the ball over the net. As the weekend progressed, the players found that the ball bounced well on the asphalt surface and soon the net was lowered to 36 inches.

The following weekend, Barney McCallum was introduced to the game at Pritchard's home. Soon, the three men created rules, relying heavily on badminton. They kept in mind the original purpose, which was to provide a game that the whole family could play together.

Oh, and the name? Again, USA Pickleball investigated and states:

Within days [of the game's invention], Joel Pritchard's wife Joan had come up with the name "pickle ball" — a reference to the thrown-together leftover non-starters in the "pickle boat" of crew races. Many years later, as the sport grew, a controversy ensued when a few neighbors said they were there when Joan named the game after the family dog, Pickles. Joan and the Pritchard family have held fast for decades that the dog came along a few years later and was named after the game.

Proof of when Pickles was born could help resolve the two-story name debate. ... [USA Pickleball] looked for dog records, uncovered photos, and interviewed several people who were there from 1965-1970. Based on evidence, ... the dog was born in 1968 — three years after pickleball was first played and named. In other words, the Pritchard family story stands true that pickleball was not named after the dog, but rather in reference to the local pickle boat races.

"People do not think about flexibility. They just get out of bed and play," Campos says. "It's definitely important to think about stretching, especially as you get older, and keep your body ready for playing the game. It's a great sport as long as people learn to do it correctly."

Staying on the Court

As often as they treat people with pickleball injuries, the PTs interviewed for this article have a lot to say about preventing injuries in the first place.

Jordre regularly looks at training trends and tests the physical performance and health of National Senior Games athletes. She notes that athletes who play pickleball report significantly more time spent engaged in cardiovascular exercise each week than do athletes in other sports.

"They also have a nonsignificant trend toward less strength training," Jordre says. "Strength and power training are critical for sports like this.

Everything has to be specific to the athlete, but if I could do one thing for all pickleball players, I would integrate more strength and power training into their week as a way to prevent injury and promote their health even further."

"Dynamic warm-ups and guidance on how and when to work on flexibility will also help them to thrive in their sport," she adds.

Bouma identifies several areas a player could focus on to prevent injury. The first is a consistent dynamic warmup before playing that not only targets lower extremity mobility, but also integrates the trunk and shoulder motions.

"It doesn't have to be elaborate, but a five-to-10-minute program of multiplane movements and dynamic stretching prior to getting on the court can make sure that the player is ready to go," he says.

"I really like players to be proficient at single-leg balance concepts, particularly with arm and leg movement. Single-leg balance activates so many

“People do not think about flexibility. They just get out of bed and play. It’s definitely important to think about stretching, especially as you get older, and keep your body ready for playing the game. It’s a great sport as long as people learn to do it correctly.”



Edgar Campos



Courtesy NSGA

muscles and systems including the core, lateral hip, adductors, calf, and ankles.”

He suggests that as a warmup players perform short volleys to each other while balancing on one leg. If they can’t stand on one leg safely, then he suggests a tandem split-stance, which maintains a narrow base of support but allows for standing on both legs.

Given how common it is for players to take up pickleball after months or years of limited physical activity, Sariban believes everyone should see a PT prior to starting out.

“Older people, especially, who more likely have impairments and limitations, should be assessed,” he says. “The thing about pickleball is that it’s different from any other sport I’ve ever played. It’s



Courtesy NSGA

addictive, and people don't just play once a week. They'll play four or five days a week for multiple hours at a time. That can be a recipe for causing problems with the body over time."

To avoid injuries, Sariban believes players should approach physical therapy as a wellness and preventive measure. "There are definitely things we can address prior to people stepping on the court," he says.

For instance, something as simple as the player's type of shoes can impact what happens with the body and the way it moves. Improper footwear can lead to getting a foot caught, rolling an ankle, or something else that will cause an acute injury.

"We also look at how they hit the ball, how they move on the court, and if they have a sense of what their body is doing," Sariban says.

Bouma points to education and training that physical therapists can provide, including ways to optimize movement on the court that will enhance

performance and reduce the risk of injury. "A physical therapist can perform an evaluation and movement assessment on a player to determine areas that could be incorporated into their training program to improve their performance. These could include improving squat and lunge techniques, gaining shoulder mobility, increasing lateral hip strength, and achieving greater ankle mobility." ■

Keith Loria is a freelance writer and frequent contributor to APTA Magazine.

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: Even Small Amounts of Physical Activity Can Lower Depression Risk

Researchers who analyzed the results of 15 studies involving more than 190,000 participants believe they've arrived at a better sense of the dose-response relationship between physical activity and lower risk for depression. Their conclusion: The risk drops most dramatically (and predictably) at the lower end of the PA spectrum.

Participants who reached half the recommended amount of PA were found to have an 18% decreased risk compared with those reporting little or no PA. After that, the dose-response tapered, with a 25% reduction in risk for participants who reached the full recommendation of 8.8 mMET hours. At the same time, data heterogeneity increased, making the dose-response relationship less clear. Overall, the authors assert, if less-active adults in the studies had met current PA recommendations, one in nine cases of depression could've been prevented. The study appeared in JAMA Psychiatry.

MIPS Reporting Exceptions Process Opened for 2022 Reporting Year

As it has in previous years, the U.S. Centers for Medicare & Medicaid Services' Quality Payment Program will again allow clinicians to apply for a reweighting of any or all MIPS performance categories to 0% for performance year 2022. The option, known as the "Extreme and Uncontrollable Circumstances Exception," is available to account for factors that prevented clinicians from collecting necessary information, interrupted their ability to collect information, or impacted normal performance on cost and other administrative measures. Deadline to make the application is 8 p.m. ET on Dec. 31.



Surgery Offers No Advantages in Treatment of Achilles' Ruptures

Surgery may not be the go-to many people believe it to be when treating a ruptured Achilles' tendon, according to findings from a new study conducted in Norway. Researchers there found that pain and function outcomes after one year were nearly the same regardless of whether the rupture was surgically repaired or addressed through a nonsurgical approach.

Between 2013 and 2018, 554 patients with Achilles' tendon ruptures were assigned to one of three treatment groups: one that received open-repair surgery, a second that received "minimally invasive" surgery, and a third that didn't receive surgery. All participants received a below-the-knee equinus cast with plantar flexion within 72 hours of injury.

The nonsurgical group left the cast on for two weeks; the surgical groups received a new cast after surgery and left it on for two weeks.

At 12 months, there was no significant difference in 100-point Achilles' tendon Total Rupture Score among the three groups, with the open-repair group averaging a score 16 points lower than the baseline average, the minimally invasive group averaging a 14.7-point drop, and the nonsurgical group reporting an average 17-point difference from baseline. Those variations, according to authors, are well below the seven-point difference required for minimal detectable change on the ATRS. The study was published in the *New England Journal of Medicine*, with access available via a free sign-up.

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

HHS Report Points to a Pattern of Improper Denials in Medicare Advantage

A federal report, released in April, has underscored the concerns over Medicare Advantage denials expressed by APTA and other provider and patient organizations for years. The study from the U.S. Department of Health and Human Services' Office of the Inspector General focused on 15 of the largest Medicare Advantage organizations, examining a stratified random sample of 250 prior authorization and 250 claims denials.

After expert review of the denials, OIG determined that 18% of the payment denials and 13% of prior authorization denials were made in error. The OIG report says that the U.S. Centers for Medicare & Medicaid Services needs to take action to address the problem, recommending three major steps:

- Issuing new guidance to MAOs to ensure they don't make decisions that are more restrictive than Medicare coverage rules.
- Beefing up its MAO audit protocols.
- Directing MAOs to evaluate their operations to "identify and address vulnerabilities that can lead to manual review errors and system errors."

According to the report, CMS has agreed to pursue all three actions. The recommendations are consistent with APTA-supported bipartisan legislation, introduced in Congress, that would make the Medicare Advantage system more transparent and less burdensome for providers. Known as the "Improving Seniors' Timely Access to Care Act" (H.R. 3173, S. 3018), the law would put up what APTA believes are much-needed guardrails around a system that can create unnecessary obstacles to needed care.



New Collaboration Will Fund Digital Physical Therapy Research, DEI

In a collaboration aimed at bolstering research and strengthening APTA's DEI efforts, digital physical therapy provider SWORD Health has committed at least \$100,000 annually to bolster the study of technology use in the profession, and to grow APTA's Physical Therapy Fund.

Under the arrangement, SWORD will donate at least \$100,000 annually to support research on digital approaches and digital practice quality of care, and to sponsor scholarships for individuals from under-represented minorities. The scholarship money will go to APTA's PT Fund, and the Foundation for Physical Therapy Research will be the administrator of the research grant money. The spirit of the relationship echoes themes recently articulated by APTA President Roger Herr, PT, MPA, in a statement on digital health technology and physical therapy. In that statement, Herr acknowledged the ubiquity of digital platforms and technologies in physical therapy but stressed that the profession ultimately turns on the clinical skills of human beings.



APTA Centennial Scholars Program Earns National Recognition

APTA has done it again: The association earned another national award, this time for its innovative APTA Centennial Scholars program that engaged a diverse group of rising leaders in thinking creatively about the future of the profession and the association. The Gold Circle Award from the American Society of Association Executives recognizes outstanding efforts in association marketing, membership, and communications — the APTA program was selected in part because of its emphasis on diversity, equity, and inclusion.

The APTA Centennial Scholars program was a year-long collaborative effort between APTA national, its components, and other stakeholder groups that supported up-and-coming leaders in pursuing projects aimed at strengthening the profession. The association's components — chapters, academies, and sections — selected and helped fund their scholars, who worked with mentors on their projects and participated in leadership training. In 2022, the program was modified to become the APTA Association Leadership Scholars Program.

Student Focus

Students are frequent contributors to and participants in APTA blog posts, podcasts, online live events, and other experiences, and their contributions hold interest for everyone in the profession. The following transcript is excerpted from an APTA Live event about using social media to promote the profession.



Sharing the Profession on Social Media

More than 70% of the U.S. population uses social media to connect with others, gain information, and be entertained. In a recent APTA Live interview, host Casey Schlottman, SPT, director of communications for the APTA Student Assembly Board of Directors, spoke with members about their use of social media.

Panelists were Leada Malek, PT, DPT, board-certified sports clinical specialist; and Marvin Jacob, PT, DPT, certified strength and conditioning specialist.

Schlottman: Could you tell us a little bit about how you started using social media and which platforms you're currently on?

Malek: When I started in 2020, the pandemic hit. I didn't have work as a result of clinic doors closing and downsizing, and so, after a period of waiting with no

luck and no work available, I moved to just start my own virtual practice. I started sharing a little bit on Instagram and Facebook, and I found that my practice hadn't had an opportunity to grow, so I started shifting my content. I went from being a sports orthopedic PT to more general orthopedic wellness, because, with the pandemic, there weren't any sports. That's what catapulted me into social media.

Jacob: I feel like the pandemic boosted the popularity of TikTok, and initially I wasn't comfortable with putting myself out on social media. I realized once I started doing it, whether it was showing some exercise instruction or doing some skits, that it was something I really liked. It was one of those things where I decided that if this is going to help propel

“Be authentic. Just do your best to stay as true to you and the information that you share. Be aware that what you say carries weight when it’s on the internet.”

what I do to market myself and be able to promote what we do as physical therapists, I’m going to continue it.

Schlottman: How do you navigate questions about bad information that viewers are getting from social media fitness influencers?

Malek: I do all I can, focusing on pushing out the right information and supporting others who do the same. If there’s something that’s grossly misleading on, for example, TikTok, if I have the time, I’ll post something that’s professional. It’s on us to fight misinformation, and that’s why you have to say something. But I’m not going to police things, because that’s not my job. My job is to share my page and to share the right information. If and when I see something when it comes up, I’ll step in.

Jacob: When I see conflicting or outdated information on a social media post from what is current evidence, I will try to comment or DM the person to discuss the evidence in their post as tactfully and compassionately as I can. It’s easy to bash people we disagree with on social media, but we need to remember there is someone behind the keyboard. But it does get frustrating. It’s a difficult area to navigate when you get so much information.

Schlottman: For students who are still studying physical therapy, when it comes to social media, what would you recommend for branding — to wait, to start now, or how to get started?

Jacob: Studying comes first. Please don’t think that you have to get started on social media or the content creation journey at this point, because that isn’t true. If you’re a student or a new grad, learn what you can now. Get the mentorship that you need, whether you’re in a residency or in a mentorship program. Learn as much as you can before you put out a specific type of content. Social media will always be there.

Malek: As a student, your job right now is to pass your classes, graduate, pass the boards, get your license, and get settled in a job. That is key. Focus on becoming the best PT you can be. Get your DPT first. You want that check mark before you start worrying about things like social media.

Schlottman: When you first started using social media for your business were you posting more per week than you are now?

Malek: I had Instagram for my personal posts, but I didn’t know how to use Instagram for business. I took a course to understand the tips and tricks and how to really utilize that for business. I recommend taking the time to invest in a course, just so you get an overview of what Instagram is about.

Jacob: I learned from YouTube. Surround yourself online with people who you feel are going to help you grow as a content creator, as a clinician. Another thing I want to share is there is no space for misogyny, racism, homophobia — you’re representing yourself, your field, your local physical therapy association, and APTA. We see it online and it’s disheartening. We don’t want people like that representing what we do.

Schlottman: What advice would you give someone who is a PT or PTA wanting to get involved and starting a platform on social media?

Jacob: Put something out there that you’re passionate about, because that’s going to be the easiest way for you to dive into it and be very consistent. Do your research; that’s going to set you off on the path where you want to go. The more you learn, the more you figure out how to navigate that whole process, and the easier it’s going to be to put out that information and at least be able to educate whatever target audience you’re aiming toward.

Malek: Be authentic. Just do your best to stay as true to you and the information that you share. Be aware that what you say carries weight when it’s on the internet. Talk about what you are passionate about. If you truly want to grow on the platform, it’s going to take a little bit of a constant effort.



Watch the full interview from Feb. 27 on APTA’s YouTube channel at youtube.com/watch?v=DiRoRqrOelU

APTA Centennial Scholars Spotlight

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



Joshua Smith, PT, DPT

Sponsor: Stacie Larkin,
PT, DPT, MEd

Mentor: Venita Lovelace-
Chandler, PT, MA, PhD

Key Figures From Delaware's Past, Present, and Future

Project description: Provide recognition for physical therapists with connections to Delaware by highlighting their achievements and their rich legacy.

Goals: To honor those who paved the path for our profession, understand their challenges, and explore opportunities for the future in Delaware; and to create a comprehensive timeline of APTA Delaware presidential leadership and recognize the impact of their accomplishments and service.

Why did you choose this project? The Centennial celebration provided our profession an occasion to reflect on past accomplishments and focus on defining our future. I wanted to shed light on the inspiring acts of our forebearers to better appreciate where the physical therapy profession

has been and where it is going in Delaware.

What will success look like in two to five years?

Our profession will embrace sweeping changes in health care and champion new models to meet the needs of our patients. If we are to transform society by optimizing movement, we must be bold and act with compassion to continue to improve the human experience.

What's one thing you've learned from the experience?

I was able to connect with some amazing minds and hear of their personal journeys. In addition, the program was a catalyst for internal reflection, providing me with broader perspectives on how to support the profession and the patients we serve.

Congratulations to the 2022 Catherine Worthingham Fellows!



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

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Philip Paul Tygiel, PT, FAPTA

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

Nominations for the 2023 APTA Honors and Awards Program will be accepted Sept. 1-Dec. 1, 2022.

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July 31

Geriatrics, Neurology, Orthopaedics, and Pediatrics

September 30

Sports

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New Power Diary Customizable Health Practice Operations Manual

Whether you're a sole practitioner or run a multi-location practice, a comprehensive practice operations manual is essential. Power Diary, an online practice management system designed for health clinics, now offers an in-platform health practice operations manual. With it, you can create, implement, and continually update a set of policies and procedures for your clinic. With over 100 prewritten policies and procedures that can be used straight away or customized, Power Diary says the manual can support operational consistency, enable sustainable growth, and ensure compliance with your professional, ethical, and regulatory obligations.

All new and current Power Diary customers have free access to the manual, which includes a core set of policies and procedures for areas including team support and development, health and safety, security, confidentiality and privacy, customer service, physical environment, and more — each configurable to the business.

For more information on the health practice operations manual, visit www.powerdiary.com/manual.



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The Best-Laid 10-Year Plan ...



Susan Ozog, PT, DPT, has practiced for Fairlawn Rehabilitation Hospital in Worcester, Massachusetts, for one and a half years, after earning her DPT at Simmons University in Boston. She begins a geriatric residency with the VA Eastern Colorado Health Care System in August. You can contact Susan at susan.j.ozog@gmail.com.



“My massive career path change was born out of inspiration by my mom, who was a passionate massage therapist, and a reality that was much less inspiring: sleep deprivation.”



Throughout the educational process in school, teachers often encourage students to come up with five- and 10-year plans to help guide them on their professional path. I assume it's meant to be a blueprint of their professional purpose that they can refer to if they start to feel they're losing their way.

Like my classmates, I made a 10-year plan. Then I basically blew it to smithereens.

I switched out the bright lights of television news broadcasting, wearing suits and chasing down stories, and replaced my daily life with one less glamorous: providing physical therapy, wearing scrubs, and helping patients navigate recovery in the face of new disabilities. My massive career path change was born out of inspiration by my mom, who was a passionate massage therapist, and a reality that was much less inspiring: sleep deprivation.

The realization that I wanted more work-life balance manifested first. Working as a television news anchor, reporter, and producer, I kept a rather odd schedule. I imagine that the way I felt during my time in Kansas doing the news was comparable to the sleep deprivation many parents feel with caring for a newborn. I would wake up at midnight on Friday and Saturday nights after maybe four hours of sleep to begin producing and anchoring my two-hour morning show for CBS news in Wichita. Then I would switch to reporting for either the early or late evening news during the weekdays. After having one-and-a-half days off I would start the grueling schedule all over again.

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

I'd like to say my body and mind adjusted to that grind, but instead I became chronically exhausted. I was able to get out of my three-year contract with that station thanks to a physician diagnosing me with a "shift-work sleep disorder." After I quit that job, I slept the better portion of two weeks.

I started to make arrangements for my next TV news journalist job when I had this nagging feeling that I needed something vastly different. This was my mother's influence coming into play.

I no longer wanted to just chase stories that were overwhelmingly sad or controversial. I wanted to participate in people's lives to directly provide some healing.

I envied my mother, who found deep satisfaction in her work as a massage therapist and exercise enthusiast. During this time I also read a great article by Mark Manson, whose simple message reframed my whole way of thinking about my future. Instead of simply asking what you want out of life (happy family, good job, financial stability), he suggested thinking about what type of struggle you're willing to endure to get what

you want out of life. Defining that struggle made my career path a little clearer — even when it seemed more like a meandering river.

Despite how different my two careers might seem, there's a common thread that keeps me enthralled: the humanity in both. I've chased down tornados, political campaigns, and gritty crime, but it's never been about the big picture for me. It's about the reward of listening to people's stories and helping people find their way again in the face of struggle.

And I get struggle. Out of the blue eight years ago, I got the call that my mom was in the hospital following two ruptured brain aneurysms, putting my brother and me in charge of ultimately choosing to take her off life support. Every once in a while, my mind drifts back to the month following the grim diagnosis that ultimately led to her death, and no matter how much time passes, it's still painful. However, the pain also reminds me of the extraordinarily compassionate health care providers who took care of her and my family during her downward spiral — washing her gnarled hair from weeks of bedrest in the ICU, communi-



Susan Ozog as a new DPT student and in her former news anchor position.

"I no longer wanted to just chase stories that were overwhelmingly sad or controversial. I wanted to participate in people's lives to directly provide some healing."

“This patient, whose recent M.O. was lying in bed and living a primarily sedentary life, leaned on me for both physical and emotional support, and I felt as if my life experiences helped me to meet that need.”

cating constantly with every bit of bad news regarding her health condition, and patiently and thoroughly providing options when her health started declining rapidly.

The extent of her brain damage excluded my mother from stroke rehab, but now as I am practicing in an inpatient rehab facility, whenever I work with someone who has had a stroke or other serious medical condition, I remember that these moments in rehab may impact people forever. They might not remember my face (especially now that we're required to wear masks), but they'll remember how the experience made them feel. If I can somehow impact someone's life for the better so that they can achieve some level of quality of life, then I feel intrinsically rewarded.

One patient I remember is a woman whose recent stroke left her with hemiparesis on the right side. A year earlier, she'd had a left-knee amputation. She had been staying in bed for a month when I met her because she was afraid she was going to fall when transferring from the bed into a wheelchair. She had a full-on panic attack when I introduced a slide board to her, and it took me an hour to work through her anxiety to transfer her into her wheelchair.

During her stay, she went from being terrified of getting out of bed to using her brand-new permanent prosthesis. Between the prosthetist and my encouragement, she stood for the first time in a year and a half.

This patient, whose recent M.O. was lying in bed and living a primarily sedentary life, leaned on me for both physical and emotional support, and I felt as if my life experiences

helped me to meet that need. I developed a trusting relationship with that patient, and, in turn, she was able to move about more freely again.

I'm roughly two years out of PT school, and I would say I still feel good about my career change.

Is the physical therapy profession perfect? No. The student debt-to-income ratio is clearly a problem; however, there are ways to erase or at least ease the debt with public service loan forgiveness and other programs.

Is health care perfect? No, but the vast majority of my patients do get better with the work that I do, and that is intrinsically rewarding.

Is physical therapy stressful? School was hard, but the stress from practicing physical therapy is far less than at any given time working in broadcast news. People have no idea what goes into the chaotic daily life of being on top of current events. As a physical therapist, I enjoy having a schedule, being active all day long, and then being able to go home and let my hair down for the evening.

Is my current life how I pictured it 10 years ago? No way. However, I like my new blueprint for life, and I intend to stick with and build upon my new 10-year plan for years to come. ■

Congratulations to the **2022 APTA** Honors & Awards recipients!



Catherine Worthingham Fellow of the American Physical Therapy Association

Laurence N. Benz, PT, DPT, MBA, FAPTA
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Lisa D. VanHoose, PT, MSPT, PhD, MPH, FAPTA
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28th John H. P. Maley Lecture Award

Stacey Dusing, PT, PhD, FAPTA
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This could be you! The call for nominations for the 2023 APTA Honors & Awards Program is open Sept. 1-Dec. 1, 2022.

Outstanding Physical Therapist Assistant Award

Lisa Stejskal, PTA, MAEd

Societal Impact Award

Reed Handlery, PT, DPT, PhD

Jennifer Tucker, PT, DPT

Board-Certified Clinical Specialist in Pediatric Physical Therapy

Humanitarian Award

Anne D. Kloos, PT, PhD

Board-Certified Clinical Specialist in Neurologic Physical Therapy

Eugene Michels New Investigator Award

Stephanie Di Stasi, PT, PhD

Bahar Shahidi, PT, DPT, PhD

Joshua J. Stefanik, PT, MSPT, PhD

Marian Williams Award for Research in Physical Therapy

Julius (Jules) P.A. Dewald, PT, PhD

Steven A. George, PT, PhD, FAPTA

Jack Walker Award

Jason R. Falvey, PT, DPT, PhD

Board-Certified Clinical Specialist in Geriatric Physical Therapy

Chattanooga Research Award

Regina T. Harbourne, PT, PhD, FAPTA, board-certified clinical specialist in pediatric physical therapy, for article "START-Play Physical Therapy Intervention Impacts Motor and Cognitive Outcomes in Infants With Neuromotor Disorders: A Multisite Randomized Clinical Trial," published in PTJ: Physical Therapy & Rehabilitation Journal, Vol. 101, No. 2.

Dorothy Briggs Memorial Scientific Inquiry Award

Rachel Prusynski, PT, DPT, board-certified clinical specialist in neurologic physical therapy, for article "Rehabilitation Intensity and Patient Outcomes in Skilled Nursing Facilities in the United States: A Systematic Review," published in PTJ: Physical Therapy & Rehabilitation Journal, Vol. 101, No. 3.

Helen J. Hislop Award for Outstanding Contributions to Professional Literature

Beth E. Fisher, PT, PhD, FAPTA

Jules M. Rothstein Golden Pen Award for Scientific Writing

Carolee J. Winstein, PT, PhD, FAPTA

Dorothy E. Baethke-Eleanor J. Carlin Award for Excellence in Academic Teaching

Marsha E. Rutland, PT, BSPT, MEd, ScD

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

Signe Brunnström Award for Excellence in Clinical Teaching

Kaitlyn Cornelius, PT, DPT

Margaret L. Moore Award for Outstanding New Academic Faculty Member

Ryan Zarzycki, PT, DPT, PhD

F. A. Davis Award for Outstanding Physical Therapist Assistant Educator

Christina D. Howard, PT, MPT, EdD

Minority Initiatives Award

Washington University Program in Physical Therapy

Outstanding Physical Therapist Resident Award

Bailey L. Lanser, PT, DPT, LAT

Board-Certified Clinical Specialist in Sports Physical Therapy

Mackenzie Wilson, PT, DPT

Board-Certified Clinical Specialist in Neurologic Physical Therapy

Mary McMillan Scholarship Awards

Alysse Dambrot, SPTA, Community College of Allegheny County

Hannah Alise Karczewski, SPT, University of Michigan

Sydney Lazzell, SPT, Midwestern University

Sydney Neumann, SPT, Pacific University

Bana Odeh, SPT, Wayne State University

Robert Ray, SPTA, Somerset Community College

Minority Faculty Development Scholarship Award

Nia I. Toomer-Mensah, PT, DPT

Board-Certified Clinical Specialist in Pediatric Physical Therapy,
Long Island University

Archana Vatwani, PT, DPT, MBA

Minority Scholarship Awards

Olutayo Akinboboye, SPT, Ithaca College

Kelly E. Carroll, SPT, Northern Arizona University

DeJa Crippen, SPT, University of the Sciences

Michelle Dennis, SPT, Mercer University

Elizabeth E.A. Dixon, SPT, Alabama State University

Jennifer Socarras Garcia, SPT, University of Miami

Noah Ichite, SPT, Youngstown State University

Cristina Fuentes Ortiz, SPT, Columbia University

Public Service Award

Rep. Bobby L. Rush, D-III.

Federal Government Affairs Leadership Award

Theresa Marko, PT, DPT, MS

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

State Legislative Leadership Award

Gregory R. Doucette, PT, MPT

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

Brian J. Mason, PT, DPT

Chris Murphy, PT

Recognition of Legislative Commitment Awards

Thomas J. Bohanon, Jr. PT, DPT

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

Brett Roberts, PT, DPT

APPROACH PAIN RELIEF FROM THE GROUND UP.



(Source: Sports Marketing Surveys USA)

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