

perspectives

for PTs and PTAs in the first 5 years of their careers

Supplement to American Physical Therapy Association
Spring 2018



Making a Career Course Correction

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Perspectives Editorial Advisory Group:

Thanks to the following APTA members who have contributed their time and efforts by serving on APTA's Perspectives Editorial Advisory Group: Nicole Bettin, PT (IL); Melissa Buness, PT, DPT (PA); Daniel Flowers, PT, DPT, (LA); Erin Matteau, PT, DPT (MD); Chukwuemeka "Emeka" Nwigwe, PT, DPT (CA); Meghan Simonetti, PT, DPT, MSHA (IL).

Do you have someone you use as a mentor or sounding board and in what capacity?

Being an APTA member, I was able to use the Academy of Neurologic Physical Therapy's Clinical Mentorship Program to help guide me during my first couple of months practicing as a licensed physical therapist (PT). My mentor provided me with information and insight on career planning, clinical reasoning skills, and making smart decisions in selecting appropriate continuing-education courses that aligned with my goals and interests. We communicated via email a couple of times a month, and I found this to be extremely helpful. It motivated me to plan to serve as a mentor to a new clinician in the future to continue giving back to the physical therapy community.

Blake Banner, PT, DPT | Alexandria, Virginia

My mentor is my former advisor in PT school, Skye Donovan from Marymount University. I lucked out and was able to continue an academic mentorship after school, and now we're great friends. She continues to be a great sounding board and someone who has helped guide my career. But I've met so many other mentors at conferences and physical therapy events since graduating. The larger your professional network, the richer your career will be. Mentorship can be structured, but for me having connections to people in a variety of areas of the profession helps me more as an unstructured network. The ability to reach out and get advice from people who have so much experience and are willing to share is priceless.

James McKay, PT, DPT | Walden, New York

Ever since finishing PT school, I have discovered I have many mentors. As a student, you develop these relationships through classes and clinicals not realizing that these are the people in the future you can turn to for advice. Most of my mentors are past professors and clinical instructors. I confide in them to discuss concerns, answer questions, and brainstorm patient cases and interventions. The majority of the time my mentors have come across the same experience and are able to relate and help me feel more confident as a new PT.

Kimberly Wilkins, PT, DPT | Lake Orion, MI

By completing the Harris Health System Orthopaedic Residency, I was introduced to a variety of mentors, both within the program and in the Houston area. There are so many people who have helped me forge the career path I am on, each person bringing different strengths and contributing invaluable support, that I can't pick just 1. I am grateful that completing the residency program has opened so many doors for me and introduced me to so many influential people. My mentors have helped shape my career, and I continue to use their support and guidance as I figure out what to do and where to go next.

Allison Smith, PT, DPT | Board-certified orthopaedic clinical specialist | Houston, Texas

I cherish the relationships I developed with many of my professors in PT school and still reach out to them often. Sometimes it's to share an uplifting news article specific to a professor's field in pediatrics or geriatrics; other times it's catching up face to face during manual therapy, shoulder, or neuro SIG meetings within the Boston area. I am fortunate enough to assist with an introductory lab course at my alma mater, Northeastern University, and have remained involved as a volunteer at the Boston Marathon and Pan-Mass Challenge (a biking fundraiser hosted by the Dana Farber Cancer Institute), so I have broadened my professional network by meeting other clinicians at these events. Many of my mentors have been happy to communicate via email or the phone to discuss complex cases and offer their insights, which I have found invaluable.

Erin Ward, PT, DPT | Somerville, Massachusetts

APTA'S SECTIONS AT A GLANCE

Connect with colleagues who share your interests by getting involved in one or more of APTA's 18 sections, www.apta.org/Sections. Many give you the opportunity to participate in special-interest groups (SIGs) focusing on specific areas of physical therapy practice. SIGs are bulleted below.

Acute Care

- Total Joint Replacement

Aquatic Physical Therapy

Cardiovascular and Pulmonary

Clinical Electrophysiology & Wound Management

- Electrodiagnosis
- Wound and Integumentary Management

Education

- Academic Faculty
- Anatomy Educators
- Clinical Educators
- PTA Educators
- Residency/Fellowship Education
- Scholarship of Education

Federal Physical Therapy

- Amputation Care

Geriatrics

- Balance and Falls
- Bone Health
- Cognitive and Mental Health
- Health Promotion and Wellness
- Residency/Fellowship

Hand and Upper Extremity

Health Policy and Administration

- Global Health
- Technology

Home Health

Neurology

- Assistive Technology/Seating and Wheeled Mobility
- Balance and Falls
- Brain Injury
- Degenerative Diseases
- Spinal Cord Injury
- Stroke
- Vestibular Rehabilitation

Oncology

- HIV Disease
- Hospice and Palliative Care
- Lymphedema
- Pediatric Oncology

Orthopaedic

- Animal Rehabilitation
- Foot and Ankle
- Imaging
- Occupational Health
- Pain Management
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Pediatrics

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- Adolescents and Adults with Developmental Disabilities
- Early Intervention
- Hospital-Based Pediatric
- Neonatology
- Pediatric Sports-Fitness
- School-based Physical Therapy

Private Practice

- Administrator's Council
- National Student

Research

- Biomechanics
- Early Career Researchers
- Evidence-Based Practice
- Qualitative Research

Sports Physical Therapy

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- Female Athlete
- Golf and Golf Performance
- Hip
- Knee
- Physically Challenged Athlete
- Professional/College Therapist
- Residency & Fellowship
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- Shoulder
- Sports Performance Enhancement
- Tactical Athlete
- Youth Athlete

Women's Health

- Student



sports therapy

journalist

own my own practice

physical therapy

physical therapist assistant

work for someone else

Making A Career Course Correction

You may think you know exactly how you want your career to unfold, but being open to new opportunities and interests can lead you down a different—and satisfying—path.

By Sharon Hannon

As you're establishing your career as a physical therapist (PT) or physical therapist assistant (PTA), you've had to make a number of important decisions. You've selected the setting where you want to work, the type of patients you want to work with, where you will live and work, and whether you're going to work for someone else or try to start your own business. Without years of experience in the field, you most likely based these decisions on the best information you had available at that time. But as your career progresses and you gain more experience, you may find yourself reassessing your situation and wondering if it's time to make a change.

Change is a constant and normal part of life, but changing something as important as your career

can be difficult. There are risks involved. Still, many PTs and PTAs have started their careers in 1 direction and discovered that what initially seemed like a good fit was not quite right for them. Some began working in 1 career and switched to physical therapy, some started within physical therapy and changed the setting in which they worked, and others started as employees and ended up owning their own practices. No matter how many changes they've made, they eventually found the right job when they focused on what worked best for them.

Following, a few members share some of the twists and turns in their careers before they arrived where they are today—in positions they find rewarding and fulfilling.

Journalism to Physical Therapy



Jasmine Marcus, PT, DPT

When Jasmine Marcus, PT, DPT, entered Cornell University as an undergraduate she planned to have a career far different from physical therapy. She wanted to be a journalist. After graduating in 2010 with a BA in psychology and a minor in communication, she worked as a journalist for a

year. But with the economy coming slowly out of a major recession, newspapers laying people off, and few dependable jobs available with online publications, she found her prospects in journalism limited. "I saw friends struggling to find a job, and I wanted something more stable," she said. Her father inadvertently spurred her toward a career in physical therapy when he sent her some articles about the "top 10 best jobs." She noticed each article listed "physical therapy."

Having had a positive experience with physical therapy for her own cross-country running injuries, it had always been in the back of her mind. "So I found a PT locally and met with him to talk about it. He ended up offering me a job as an aide, and I worked in the clinic once a week for a year and a half while taking additional coursework." Marcus eventually enrolled in Columbia University's 3-year doctor of physical therapy program.

Today Marcus is a staff PT, clinical instructor, and director of social media at the private outpatient orthopedic clinic McCune and Murphy in Ithaca, New York. "Once I knew I wanted to become a physical therapist, I always knew the type of setting I wanted to work in," she says. "With outpatient orthopedics, I like that I can see a wide variety of conditions. I like trying to figure out

what's causing a patient's injuries and building long-term relationships with someone I'm seeing for weeks or a month at a time." Her practice is in a fairly rural setting, which she views as a plus for a new PT. "We see things you wouldn't necessarily see if you were working in a larger city. It's a good job to have as a new PT because I get to see things I learned in school, and it helps me remember the things I learned."

Despite shifting from a journalism career, Marcus has not stopped writing. She writes about physical therapy on her blog and for other publications and also edits essays for physical therapy school applicants. "I would like that to have a bigger role in my life," she says. "I'm doing a lot of writing for physical therapy publications and have been quoted as a PT in publications, so I let myself be available for that."

Following Her Vision

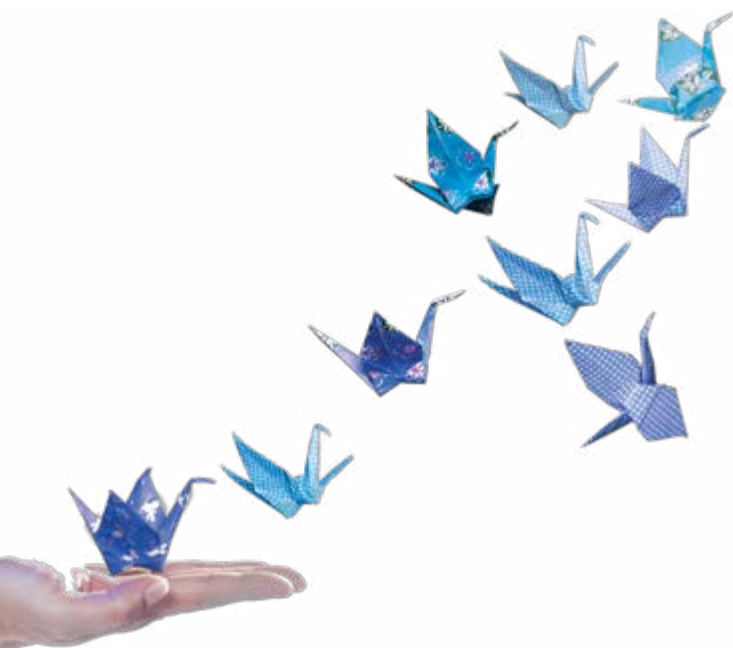
In contrast, when Brittany Davis, PT, DPT, ATC, entered Florida Gulf Coast University as an undergraduate she knew she wanted to be in the medical profession, but her career has still taken a number of turns. At first Davis intended to become a PT and focus on the university's athletic training program, but she changed her plans after doing a physical therapy clinical, a program she didn't find stimulating or fulfilling enough. By the time she graduated in 2012 with a BS in athletic training, she was considering a career as a physician assistant.



Brittany Davis, PT, DPT, ATC

Her career plans changed when she started getting physical therapy for her own back injury. "After working with this new PT from the University of Florida, I started shadowing some PTs at a pediatric clinic, a hospital, and an outpatient facility," she says. "I fell back in love with it." Davis enrolled in the Morsani College of Medicine's School of Physical Therapy and Rehabilitation Sciences at the University of South Florida to study physical therapy. "I initially thought I would be a pediatric PT but soon realized I did not have the patience to do that. I liked outpatient and acute care." She received her doctorate in physical therapy in 2016 and, intending to work in an outpatient setting, took her first job at a cash-pay physical therapy clinic.

Davis had been interested in cash-pay physical therapy since before she graduated, and in May 2017 she attended a conference organized by her mentor, Greg Todd, PT, co-owner of Renewal Rehabilitation in Tampa, Florida. The conference fired her up to make a major change. "I had interviewed at many different places where PTs were



FINDING MY WAY

Finding My Way is an APTA podcast series exploring the twists and turns of physical therapy careers and lessons learned along the way. For this series, Jason Bellamy, vice president strategic communications, sat with 10 physical therapists at National Student Conclave and interviewed them about what they thought they'd be doing after graduation and what they ended up doing instead. Each episode contains great tips for finding your way for any career. Find all 10 podcasts at www.apta.org/Podcasts.

“Don't let anything stop you.”

Josh D'Angelo, PT, DPT, board-certified orthopaedic clinical specialist

“Figure out what you believe in; fight for the world you believe in, and pursue it relentlessly.”

“It's hard work.”

Ryan Johnson, PT, DPT, certified functional manual therapist, fellow of the American Academy of Orthopedic Manual Physical Therapists

“Find somebody who's really good at what you want to do. Find what makes you happy. Find what doesn't feel like work.”

“Listen to your gut.”

Keaton Ray, PT, DPT, ATC, board-certified orthopaedic clinical specialist

“Listen to your gut, and keep talking to people. When I feel lost and confused as to where I should go in my career, I talk to my mentors and my friends. If you have a gut feeling about something good or bad, pursue that feeling.”

“I took a leap.”

Rebecca Sanders Fung, PT, DT, board-certified specialist in orthopaedics

“Just say yes when you have the opportunity even if it's not the dream job or dream position you wanted but a way to get your foot in the door. It's making the connections. It's all about who you know.”

“Create your own experience.”

Kate Hamilton, PT, DPT, board-certified orthopaedic clinical specialist

“I couldn't find exactly what I wanted so I had to create that experience for myself. Getting as many experiences, taking as many courses, and going to as many conferences as you can, you're going to start realizing the thing you really love doing and what interests you.”

treating more than 1 person at a time,” she says, “and that seemed kind of cold to me. It wouldn’t give me a chance to get to know the people.”

After the conference, Davis began planning to build her own home concierge business. She left her job at the outpatient clinic and started working in a home health setting for 2 different agencies so she would have more flexibility with her time to focus on her own business. When she found her first client after a yoga class, she realized it was something she could see herself doing. “After I graduated I had to figure out when I am the most happy and relaxed and myself, and I realized it’s when I have the most freedom. I realized that by being self-employed, even though I might be working harder, I’m building something of my own.”

Previously Davis had no idea she could, or would want to, create her own clinic, but with her home concierge business she finds she is able to focus on each patient and spend as much time as she wants, which is important to her. “When I’m seeing my personal clients I have the ability to take time out to research a new treatment or

something else that’s going on. I have the freedom to do all I can and give my patients 120%.”

Throughout all of the changes Davis has made in the past few years, she has continued to follow her vision. “I see the vision,” she says, “and I keep adjusting my current situation to fit the future vision,” which includes a full health clinic where people can exercise in a gym, receive PT services, and possibly see other health professionals. “I’ve realized that when you’re not happy with something, you need to figure out what to do and then to act on it. Otherwise, you’ll remain stuck and unhappy. So why not take the risk and end up finding something even greater?”

Veering Off Plan

Andrea Hull, PT, DPT, practices as an itinerant PT at NOVA Medical Center, based out of Houston, Texas. As part of the company’s professional development team, she also trains staff members in the company’s 48 clinics in Texas, Georgia, Tennessee, and Indiana on the latest research and treatment techniques. She coordinates



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Andrea Hull, PT, DPT

in-service training and the company's annual continuing education course, as well.

But when Hull arrived at Northwestern University as an undergraduate, she initially planned to spend her career working with triathletes and runners—people she understood well. Hull had been running half

marathons and marathons and would become an athlete in college. Her interest in the rehabilitation process for athletes led her to become a student trainer in college, where she also shadowed PTs, occupational therapists, and other professionals. “I was a kinesiology major,” she says, “but I loved what I saw with physical therapy—the same team atmosphere as in sports and helping athletic people of all levels to be at their best.” For a time she worked as an intern at a training facility, Minnesota Acceleration, training athletes from 9 years old to professional adults. After she received her BS in kinesiology, she moved back home to Missouri to attend Southwest Baptist University, where she earned her doctorate in physical therapy in 2014.

As she began her job search, Hull knew she had to focus on what was important to her. “Sports therapy is what I really wanted to do,” she says. “But I wanted a mentorship, and I wanted someone to invest in me as a professional and make sure I could push myself to become the best I can. As a new grad, I think that was important. You're only as good as your own skills, and at that time you don't have a lot.”

Occupational medicine had not even been on her radar, but when she was offered several jobs in Texas, she chose a job with NOVA, where her boss who was supervising physical therapy at the clinic was a certified orthopedic manual therapist (COMPT), a certified clinical instructor (CCI), and had an orthopedic specialist certification (OCS). Although she had no experience with occupational medicine, NOVA put her through a rigorous training process and its entry-level physical therapy program, where she had a mentor and completed journal article reviews, quarterly case studies using her own patients, and a final in-service project. “I liked that. I knew the PTs I'd be working with at NOVA would be higher caliber, that they were proven,” she says. “The company was committed to continuing education and reimbursed for that, and they encouraged me to delve into that quickly.”

Hull is in her third position in 3 years at NOVA. And although she doesn't work with professional athletes, she is happy with her decision. “A lot of times people have very physical jobs or are what we call occupational



athletes. Working with them is really rewarding because you're affecting their day-to-day life in a positive way. When you see a person 3 days a week, and you learn about their kids and their families, it's a good feeling to know you're helping them out.”

In her current job, Hull meets almost all of NOVA's clinicians and has an opportunity to help them develop as professionals. “I thought I might be in a leadership role at some point in my career, but I did not think it would happen so soon,” she says. “I value the fact that NOVA saw that in me.”

“I'm very much a planner,” she says. “I'm very Type A, and it's hard for me to vary from a plan unless there's a good reason. I think NOVA gave me those good reasons.”

These PTs are working in positions they find rewarding because they were willing to assess their situations, determine what they wanted out of their careers, and make the necessary changes. So whether you choose the road less traveled or the well-used path, experiment, learn, and ask yourself what you need and want in order to be happy and satisfied in your career. And don't be afraid to make a change. ■

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Learning From The Fellows

When it comes to finding and learning from a mentor, early-career PTs who have connected with an APTA fellow have hit the mentor jackpot.

by Sandra Conrad





The Catherine Worthingham Fellows of the American Physical Therapy Association—often identified with “FAPTA” following their names, have achieved the highest recognition bestowed by APTA. They demonstrate unwavering efforts to advance the physical therapy profession and inspire physical therapists (PTs) and physical therapist assistants (PTAs) to excellence. At least a few lucky PTs have had the opportunity to be personally mentored by an APTA fellow.

Beyond a teacher-student relationship, mentoring offers a more collaborative, mutually beneficial relationship. Mentors prepare the next generation of PTs and PTAs—opening doors to their vast network of colleagues and influencers, and lending their expertise to mentees eager take on new challenges and explore groundbreaking innovations. Mentees bring a fresh perspective and new ideas to their environments as they learn to produce the evidence-based research they were taught to use as clinicians.

We asked APTA Fellows and their mentees to share their experiences and lessons learned. Here are their stories.

Exploring Pain Mechanisms at The University Of Iowa



Kathleen Sluka, PT, PhD, FAPTA

“I love mentoring people,” said Kathleen Sluka, PT, PhD, FAPTA, the Kate Daum research professor, and director of neurobiology of pain for the Department of Physical Therapy and Rehabilitation Science, University of Iowa Carver College of Medicine. “The trainees bring their own ideas and their own

scientific rigor to the process and the research. You get to work together to develop a much better, more innovative project. To me, it’s just fun. And it’s nice to see them go on and do well in the end.”

As a research professor and a leading expert in pain mechanisms, Sluka mentors others to provide expertise, formal training, and the opportunity to conduct high-quality research. Mentees are taught how to measure pain and design experiments. They also contribute to the laboratory and ongoing research projects while learning new skills to develop their own independent research projects when they leave, including how to write grants to fund their research.

Ruth Chimenti, PT, DPT, PhD, postdoctoral fellow in the Department of Physical Therapy and Rehabilitation Science, University of Iowa, is in her third year of postdoctoral work with Sluka, learning about clinical trials and pain mechanisms within the central nervous system.

A background in biomechanics spurred Chimenti’s interest in how movement relates to pain, and she sought out Sluka’s expertise for her postdoctoral work. “She specializes in pain mechanisms and clinical trials,” Chimenti said. “I wanted to look further into that.”

Working with Sluka not only has taught Chimenti about the logistics and skills involved in running a world-class lab and leading a study team, it has shifted how Chimenti thinks about pain. “As PTs, we focus on learning how to evaluate movement and how deficits in terms of the patient’s weakness or a lack of flexibility contribute to pain. But that’s really just 1 component.” Sluka and Chimenti are working on a paper that will soon be published in *Physical Therapy (PTJ)* about individualizing care based on the mechanisms contributing to pain, whether from movement, psychological factors such as kinesiophobia or pain catastrophizing, or peripheral nociceptor activation such as acute inflammation.

Chimenti is working on a 2-site randomized controlled clinical trial with Sluka to test the effectiveness of transcutaneous electrical nerve stimulation for pain during activity in people with fibromyalgia. Chimenti is 1 of the blinded allocators who randomizes people into placebo, intervention, and no-treatment groups and runs the intervention component.

Chimenti also works on her own study trying to tease out whether tendon pain is driven by peripheral factors versus centrally mediated mechanisms such as central motor planning, psychological factors, and central sensitivity. “We’re giving people an anesthetic injection to wipe out the peripheral component of the pain and then looking at what centrally mediated pain deficits still remain,” Chimenti said.

In addition to helping her with her research, Chimenti says Sluka has been instrumental in helping her apply for and receive grants. “I’ve been working with her to learn her tricks in terms of writing a really good grant that gets across the point clearly, concisely, and grabs the attention of the reviewer,” Chimenti said. Having someone who has experience in that is invaluable.”

After Chimenti earned several smaller grants, Sluka encouraged her to apply for a competitive National Institutes of Health (NIH) career development award that would provide 2 years of postdoctoral funding and 2 years of R00 funding for an independent faculty position. “I would have never thought of applying for it, but she thought that I could do it. And sure enough, they ended up funding my original submission. That was exciting. Kathleen is a huge reason why I got that grant.”



Ruth Chimenti, PT, DPT, PhD



When Dr Sluka recruited me, I felt woefully unprepared to do a postdoc in pain research. She saw a vision that I didn't, but I was intrigued by the idea of someone as prominent in physical therapy research as she is recruiting me. That's not something I would willfully ignore. And I didn't.



ERICKA MERRIWETHER, PT, DPT, PHD

A mother of 3 young children, Chimenti also appreciates Sluka modeling a positive work-life balance. "She has had a phenomenal research career, and she's also a mom," Chimenti said. "It's been nice to never feel like I had to minimize or downplay the importance of my children to prove that I take my job seriously." Chimenti fondly remembers Sluka coming to her home not long after her twins were born to help Chimenti work on a paper. "We both put a baby on our lap and worked on outlining the paper together."

Chimenti has nothing but praise when she talks about her time with Sluka. "She means a lot to me as a mentor, and I'm grateful to her."

Making the Vision a Reality



Ericka Merriwether, PT, DPT, PhD

Ericka Merriwether, PT, DPT, PhD, is an assistant professor of physical therapy at New York University, where she does research in obesity and chronic pain and teaches in the DPT program. She recently completed 3 years of postdoctoral work in Sluka's lab and is now applying what she learned there at her own lab at NYU. A circuitous

route led to her interest in pain research—and a leap of faith when opportunity knocked. She started her career as a certified athletic trainer, but she went on to PT school at the Mayo Clinic and entered a PhD program in movement science at Washington University in St Louis. During the last year of Merriwether's PhD program, Sluka recruited

her to study pain at the University of Iowa.

"I initially met Ericka when I was visiting her university," Sluka said. "She asked lots of great questions and was enthusiastic. I asked her if she'd be interested in working with us as a post doc. She said yes, so I was thrilled."

"When Dr Sluka recruited me, I felt woefully unprepared to do a postdoc in pain research," Merriwether said. "She saw a vision that I didn't, but I was intrigued by the idea of someone as prominent in physical therapy research as she is recruiting me. That's not something I would willfully ignore. And I didn't."

With a background in lower extremity biomechanics, Merriwether had worked with people with diabetes and neuropathies and was interested in why structural anomalies or movement impairments didn't necessarily align with reports of pain. She was intrigued by the notion of merging pain and biomechanics together. "There's this budding interest in understanding the biopsychosocial aspects of pain and how they fit into biomechanics," Merriwether said.

When she arrived at Sluka's lab, Merriwether got involved in the burgeoning area of research on the immune system being a driver of peripheral sensitization, but she had to learn the science first. "I had no experience as a researcher in basic science," Merriwether said. "I had to learn how to use a pipette."

As Merriwether learned about how pain and pain pathways worked, she experienced Sluka's openness and willingness to challenge longheld ideas. "If science is to grow and mature, especially pain science, you have to push some boundaries," Merriwether said. "Dr Sluka wasn't

afraid to do that and wasn't afraid to let me do that."

As she watched and learned from Sluka, Merriwether was impressed to see how readily Sluka collaborated with others and developed strong networks. She also learned about grant writing and how to manage a large lab staffed with varying personalities.

All of these lessons serve Merriwether well as she continues to build her lab at NYU and actively engage in research. She hopes to reframe the conversation around obesity and chronic pain. Current projects include examining how sex differences mediate the relationships between obesity and pain-related outcomes, and working on a grant submission to determine the impact of systemic inflammation and obesity on pain and physical function in adults with obesity.

She credits her collaboration and training with Sluka for preparing her for the journey ahead. "I want to represent myself as a scientist and as a PT clinician well," Merriwether said. "And I feel equipped to be able to do that."

From Clinician to Independent Researcher at St Jude



Kiri (Kirsten) Ness, PT, PhD, FAPTA

"One thing I love about mentoring is the uniqueness of each mentee," said Kiri (Kirsten) Ness, PT, PhD, FAPTA, faculty member, Epidemiology and Cancer Control at St Jude Children's Research Hospital. "My mentoring style is to give people the tools and information they need to do

something really good, and hopefully I do a good job of identifying the right person."

For her osteonecrosis research, that person was Brian DeFeo, PT, DPT, a board-certified clinical specialist in orthopaedic physical therapy. Ness needed the perspective of PTs who worked with cancer survivors during therapy. She noticed during her research that adult survivors of childhood leukemia who had had osteonecrosis during treatment sometimes had impaired mobility. She wanted to know how much.

Although DeFeo's clinic responsibilities didn't leave much extra time to do research, he jumped at the chance to work with Ness. "I've learned more from some 15-minute meetings with Kiri than I did from a whole semester of research in school," he said. "It's different from when you're in the academic setting. Developing a protocol, it sticks a little better."

They discussed the research, which was a protocol to study the functional outcomes for children, adolescents, and young adults with osteonecrosis following hip core

decompression. Ness provided a general outline and guidelines and then suggested he flesh out the details on his own. "She told me just go ahead, do all the research on the available literature on osteonecrosis and core decompression—find out what is out there and then write the protocol," DeFeo said. "She gave me full control and autonomy, basically allowed me to develop the study however I wanted, which was really cool."

Ness helped him refine his materials, including honing his scientific writing skills. "Kiri's helped me to be more concise and more scientific in the way I tell the story of the research we're performing." She also guided him through St Jude's rigorous research approval process, which required DeFeo to present his ideas to numerous committees, scientific councils, and boards. "Kiri's been good at navigating me through the system," DeFeo said. "They make sure your studies are as perfected as they can be from the start." DeFeo's research was approved, and he now runs the osteonecrosis protocol, called ONFUNC. He recently applied for and received a grant from the Tennessee Physical Therapy Association to provide a gift card incentive for participants who complete the study.

As more research opportunities presented themselves, Ness was flexible as DeFeo juggled his research work with his responsibilities in the clinic. A PT herself, she knew what it was like trying to keep up with patient care. It soon became apparent, however, that DeFeo needed more time to devote to the research side. Ness and the rehabilitation director worked to create a dedicated research position for DeFeo, which he started last year.

In this new role as research PT, DeFeo spends half of his time with patients and performs research the other half. This unique position allows him to more fully engage with the mission of the institution—finding cures not only for cancer but for the side effects of therapy and radiation. "He's a frontline caregiver," Ness said. "I'm not in the clinic on a regular basis anymore, so he has a perspective that's important—of what the patient is thinking, what the physician is thinking, or what the orthopedic surgeon is thinking."

His work recently provided data for a grant application Ness wrote for an osteonecrosis intervention for kids with leukemia in therapy. He has also coauthored papers with the orthopedic surgeon and radiologists on subjects ranging from phantom limb pain, to osteonecrosis of the shoulder in pediatric patients, to a retrospective study on core decompression, and has been instrumental in extracting charts and looking for functional outcomes in



Brian DeFeo, PT, DPT

long-term cancer survivors.

Ness has challenged DeFeo to be creative when considering new research ideas, stressing the importance of asking good questions and thinking about solutions. “I think Brian has become very good at problem-solving,” Ness said. “Brian’s always in a good mood, open-minded, and willing to try.” She finds it inspiring to see DeFeo taking what he’s learned from her—and what she’s learned from him—and sharing it with the rehabilitation community. “I think that’s exciting, and it makes me want to mentor other people.”

Looking back on his time with Ness, DeFeo is grateful for the collaboration. “It’s definitely been an awesome learning experience,” DeFeo said. “My job is more dynamic now. I wouldn’t have had these opportunities, and I wouldn’t have learned everything I have without her as a mentor.”

Career Growth Through Continuity and Longevity at Emory University



Steven Wolf, PT, PhD, FAPTA

When Steven Wolf, PT, PhD, FAPTA, professor in the Division of Physical Therapy, Department of Rehabilitation Medicine, Emory University, and a fellow of the American Heart Association as well as a Catherine Worthingham fellow, reflects on the PTs he has mentored over the years, he has discovered that the 1 thing they

all share is passion—passion for what they believe in and passion for the profession. “That’s something you can’t teach someone,” Wolf said. “Without that sense of passion, I don’t think you can have a proactive and enduring sense of inquiry, which is the driver for creativity and future contributions to move any profession forward.”

The PT he has mentored the longest is Sarah Blanton, PT, DPT, associate professor in the Department of Rehabilitation Medicine, Emory University. Blanton, a board-certified clinical specialist in neurologic physical therapy, focuses her research on engaging the caregiver in stroke recovery and incorporating the humanities as a way to bring new insights and perspectives into rehabilitation approaches. Wolf and Blanton share a 25-year collaborative journey that dates back to Blanton’s early days as a PT student. “I think I’m like that bad penny that keeps showing up,” Blanton joked.

Blanton chose Emory for PT school for its strong research curriculum. She loved neurorehabilitation, and when it came time to select her research group, she thought it would be an incredible opportunity to work

“It’s definitely been an awesome learning experience. My job is more dynamic now. I wouldn’t have had these opportunities, and I wouldn’t have learned everything I have without her as a mentor.”

BRIAN DEFE0, PT, DPT

with Wolf. But she remembers having an overwhelming feeling that she had made a bigger decision than just the research project. “It was a profound intuition,” she said. When they finished the study, Wolf encouraged the students to publish their results. “That thrill of being able to see all of this hard work come to fruition was exciting,” Blanton said.

After PT school, Blanton joined Emory as a clinical neurological PT. Her mentorship with Wolf continued as they coauthored a chapter in a brain injury textbook and a review article on using EMG as a clinical tool to describe motor unit behavior. “It was a valuable opportunity as a clinician to gain insight and skills into writing and scholarship,” Blanton said.

Wolf then invited Blanton to lead the effort to gather pilot data for the collaborative clinical trial on extremity constraint-induced (CI) therapy evaluation, called the EXCITE trial, and she was well on her way to transitioning from clinical practice to a more formalized research environment. “The experience of gathering that pilot data is an example of a theme that goes through our time together—the encouragement to continue to write,” Blanton said. They wrote a case study from the pilot data, and when the study was funded, Wolf asked her to take part. “It was an incredible experience to work with a group of leaders in the field of neurorehabilitation and contribute to 1 of the first multisite clinical trials in stroke rehabilitation,” Blanton said.

The successful trial and the outcome drew national attention and led to opportunities for scholarship and teaching, increasing Blanton’s exposure and expanding her network of colleagues. “I think those experiences launched her own autonomy into transitioning from a being a collaborator on a fairly large research study to beginning to generate her own,” Wolf said.

Blanton found that shifting her focus from being in the



Sarah Blanton, PT, DPT

clinic to working on the study and working with leaders in neurorehabilitation reenergized her career. She started taking a more creative, visionary, and collaborative approach to clinical practice and program development. She also completed her DPT and achieved her board certification in neurologic physical therapy. “I began to

find my voice and think about how I could contribute to a research endeavor like this.” Part of finding her voice meant moving beyond her “shy and quiet” comfort zone to become a more intentional, effective communicator. When Wolf was invited to talk about CI therapy, he encouraged her to come along and speak from the clinical perspective.

In addition, Blanton was the Emory site team leader and interventionist for the interdisciplinary comprehensive arm rehabilitation evaluation (ICARE) study, which focused on supporting stroke survivors in developing their self-efficacy and autonomy and for which Wolf was a co-principal investigator.

Blanton learned from the EXCITE and ICARE studies the importance of family engagement and caregiver needs in neurorehabilitation. Working with Wolf also enabled her to appreciate the value of interdisciplinary and interprofessional collaboration, saying “I know that’s been a hallmark of his career.” Collaborating with nurses who had done a study on caregivers of stroke survivors, she began to shape what an intervention might look like that targeted the needs of both the caregiver and the stroke survivor. “I’m able to connect their expertise with caregiving with the neuro rehabilitation expertise I’ve gained through Steve,” she said. She received pilot funding, which led to an American Heart Association career development award and, in 2015, a National Institute of Child Health and Human Development K23 award from the National Institutes of Health to develop and conduct the research intervention, Evaluation of a Carepartner-Integrated Telehealth Rehabilitation Program for Persons with Stroke.

As her autonomy grew, Blanton continued to broaden her networks and explore innovative ways to approach research. She helped launch and now serves as editor of the *Journal of Humanities in Rehabilitation*, a multimedia journal that equips PTs to be more aware of the integral

role of humanities and interdisciplinary collaboration in rehabilitation efforts. “I was so excited to be able to take part in this journal,” Blanton said. Contributors include patients, caregivers, researchers, clinicians, and even a Pulitzer prize-winning playwright and poet. The journal has received national recognition. “There’s now a great deal of talk for what it’s contributed to who we are and what we do as physical therapists, and how we progress in this profession,” Wolf said. “That humanities have now become an integral part and passion of her entire repertoire as a PT is not terribly surprising. She’s always been a caring, sensitive person.”

As Wolf reflects on all that Blanton has accomplished in her career, he gleans the perspective that comes from a longstanding mentor/mentee relationship. “She started from a very smart, but shy and quiet, PT student to someone who makes very viable and valid contributions to clinical service in neurorehabilitation,” Wolf said. “You don’t often get the sense of continuity and longevity that actually defines a person’s intellectual maturation.”

Blanton reflects as well. “Looking back, we do share this love of synchronicity. I think that’s been an enduring characteristic of how we continue on in our relationship.” ■



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Student Loan Repayment Options

Student loan debt can seem overwhelming and impossible to pay down, but by selecting the best repayment option for you, it's possible to master it.

By Jennifer Rondon

Repayment of loans through the US Department of Education's Federal Student Aid program is not a 1-size-fits-all approach. Fortunately, once it's time to start paying back your federal student loans, you'll have different options to consider. If you're currently in school, it's a good idea to keep close tabs on your student loan balance, since this will help you make smarter repayment decisions down the road.

You also will likely have a grace period before you must begin repaying your federal student loans. These loans offer the following grace periods after your last date of school attendance:

- 6 months for federal Stafford loans
- 9 months for federal Perkins loans

However, once you graduate, leave school, or drop below half-time enrollment, you guessed it—you'll have to start paying back your loans.

So let's take a look at some repayment options on federal student loans that may be right for you. Even if you were assigned to or chose a repayment plan when you began paying back your federal loan, you can switch plans at any time with no fees or penalties. (Note, Parent PLUS loans are not eligible for all of the repayment plans presented here.)

Payment in full: You may pay your loan in full, at any time, without penalty.

Standard Repayment Plan: If you're looking to pay off your loans quickly (relatively speaking), this may be the plan for you. A shorter repayment period will save you money over the entire term of the loan by incurring less interest, but your monthly payments likely will be higher than with a longer-term loan. With standard repayment, you'll have no more than 10 years to repay. Features of standard repayment are:

- Pay a fixed amount each month until loans are paid in full.

- Your monthly payments will be at least \$50.
- You may have up to 10 years to repay (or up to 30 years on a consolidation loan).

Extended Repayment Plan: If you're looking to control your monthly student loan payments, this may be your best option. You'll ultimately pay more over the entire term of the loan, because more interest will accrue over the 25-year plan than with a shorter-term loan, but your monthly payments likely will be smaller. Features of extended repayment are:

- Pay a fixed or graduated monthly amount until loans are paid in full.
- You must have more than \$30,000 in outstanding federal loans.
- You may have up to 25 years to repay.

Borrowers considering extended repayment also should consider available income-driven repayment options, such as the ones described below.

Graduated Repayment Plan: If you expect your income to steadily increase over time, consider graduated repayment. You'll be able to control your monthly payments when your income is less, although your monthly payment will never be less than the amount of interest that accrues between payments. Even though your monthly payment will gradually increase, no single payment under this plan will be more than 3 times greater than any other payment. Borrowers considering graduated repayment should also consider available income-driven repayment options. The features of this option are:

- Payments start out low and increase every 2 years.
- You may have up to 10 years to repay (or up to 30 years on a consolidation loan).

Direct PLUS Loans

If your parents have a Direct PLUS Loan for a dependent undergraduate child, interest will begin to accrue at the time the loan is fully disbursed. A parent borrower may contact the loan servicer to request a deferment while the child is enrolled at least half-time and for an additional 6 months after the child ceases to be enrolled at least half-time.

If you're a graduate student and have a Direct PLUS Loan, you may defer repayment while enrolled at least half-time and (for PLUS loans first disbursed on or after July 1, 2008) for an additional 6 months after you are no longer enrolled at least half-time.

The studentaid.ed.gov webpage provides helpful information. Go to <https://studentaid.ed.gov/sa/repay-loans>.

Pay-As-You-Earn Repayment Plan (PAYE): If you'd like to make monthly payments based on your income, and you are a "new borrower," this may be the best option. Additionally, if you plan on working in public service, the PAYE plan may offer the possibility of loan forgiveness. The features of PAYE are:

- It's available only for direct loans; federal Family Education Loans (FFEL) can be consolidated into direct loans.
- Monthly payments are capped at 10% of discretionary income.
- To be eligible, you must be a "new borrower" This means you had no balance on a federal direct loan as of October 1, 2007, and you received a disbursement of a direct loan on or after October 1, 2011.
- There is a possibility of loan forgiveness after 10 years of work in public service if you've been consistent in your repayment and meet certain other requirements.
- At the end of 20 years, any remaining balance on the loan will be forgiven (with the remaining balance being taxable as income under current law).

Income-Based Repayment Plan (IBR): If you'd like to make monthly payments based on your income but don't qualify for the PAYE plan, IBR may be right for you. Like PAYE, the IBR plan may offer the possibility of loan forgiveness, but only after 25 years instead of PAYE's 20 years. Here are its features:

- Monthly payments are capped at 15% of discretionary income.
- To be eligible, your monthly repayment amount under IBR must be less than the monthly amount calculated under a 10-year standard repayment plan.

- There is a possibility of loan forgiveness after 10 years of work in public service if you've been consistent in your repayment and meet certain other requirements.
- At the end of 25 years, any remaining balance on the loan will be forgiven (with the remaining balance being taxable as income under current law).

Income-Contingent Repayment Plan (ICR): If you'd like to base the size of your monthly direct loan payments on the size of your income and family, this may be the plan for you; however, IBR and PAYE may be more affordable. Like IBR, the ICR plan offers the possibility of having your loans forgiven after 25 years if you meet specific conditions. Its features are:

- ICR is available only for direct loans.
- Monthly payments are calculated each year based on your family size and adjusted gross income, plus your spouse's income if you're married.
- At the end of 25 years, any remaining balance on the loan will be forgiven (with the remaining balance being taxable as income under current law).
- You may take up to 25 years to repay.

Income-Sensitive Repayment Plan: If you'd like to base the size of your monthly FFEL payments on the size of your income, this may be the plan for you. Keep in mind that this plan is tailored to individuals who would like to pay off their FFEL loans within 10 years. The features are:

- This option is available only for FFEL loans.
- Monthly payments are based on your annual income.
- You may take up to 10 years to repay.

Revised Pay-As-You-Earn Plan (REPAYE): This is another option for FFEL repayment based on the size of your income, without the “new borrower” requirement of the PAYE plan. Remember that lower monthly payments and a longer payoff term means you’ll pay more over the life of the loan.

- Monthly payments are limited to 10% of your monthly income.
- You may take up to 20 years to repay for undergraduate loans or 25 years for graduate and professional degree loans.

Before Making Any Decisions

Try comparing repayment plans side-by-side. APTA’s financial education program, a customized online financial education platform by Enrich, offers calculators at <https://enrich.apta.org/calculators> for different student loan repayment plan options. These tools can help you explore and compare repayment plans with your particular loan and income details.

If you’re having trouble repaying your loans, help is available. First, contact your loan servicer as soon as possible to determine the best way for you to move forward. Among the options available are:

Loan consolidation: You can combine your student loans into a single loan.

Changing repayment plans: You can switch from 1 plan to another once per year, as long as the maximum term of your new plan is longer than the time period in which you have already been repaying your loans.

Deferment: Under certain conditions, deferment allows you to temporarily stop making payments on your student loans.

Forbearance: If you do not qualify for deferment, under certain conditions forbearance allows you to temporarily stop making payments, extend your repay-

ment time, or make smaller payments on your student loans. However, interest does continue to accrue.

Whatever you do, don’t default on your loans. Defaulting is when you fail to make your loan payments over time. Several institutions can take action to recover the money you owe, including your school, your loan guarantor, and the federal government (among others).

Here are just a few of the disastrous consequences of default, as cited by the Department of Education:

- National credit bureaus can be notified of your default, which will harm your credit rating, making it hard to buy a car or a house.
- You may be ineligible for additional federal student aid if you decide to return to school.
- Loan payments can be deducted from your paycheck.
- State and federal income tax refunds can be withheld and applied toward the amount you owe.
- You may have to pay late fees and collection costs on top of what you already owe.
- You can be sued.

By applying for all available aid, borrowing responsibly, and being aware of all the payment plans and resources available to you, you’ll put yourself in a good position to repay the money you have invested in your education. What’s more, you will be in good financial shape to make other life dreams come true.

To learn more, check out the 2-part Enrich webinar series, Smart Strategies for Repaying Federal Loans at enrich.apta.org/webinars. ■

Jennifer Rondon is manager, APTA business development. She can be reached at jenniferrondon@apta.org. This article is adapted from “Breaking Down The Student Loan Repayment Options” by Enrich.



APTA’s financial education program, a customized online financial education platform by Enrich, offers calculators at <https://enrich.apta.org/calculators> for different student loan repayment plan options. These tools can help you explore and compare repayment plans with your particular loan and income details.



Questions of Vision

It's not too early to ask yourself where you want to go—or to lay plans for a new direction.

By Brad Cooper, PT, MSPT, MBA, ATC

“It all began with a simple question that no one could answer. In January 2001, I asked my doctor this: ‘How come my foot hurts?’”

The questions we ask ourselves have power. The one above was posed by journalist Christopher McDougall. His quest for the answer led him on a figurative and literal journey that culminated in the 2009 publication of “Born to Run.” The book has sold more than 3 million copies, influenced running shoes sales, and deepened debate about the connection between shoe design and injury.

Over the past year I've been on a journey of my own. Interestingly, it started with same question McDougall had asked.

For the past 15 years, I've been heavy-duty into endurance competitions, including 11 Ironman triathlons, 4 trips to the Ironman World Championship in Kona, Hawaii, and the cycling Race Across America. It's been a great way to stretch myself personally and to sustain fitness and health into middle age. I've made lifelong friendships in these pursuits, too. But my feet have been a frequent limiter, particularly in the past half-decade or so. Injury after injury has sidelined me for various periods of time—layoffs that have been physically and psychologically painful.

It's admittedly a little ironic. I'm a physical therapist (PT) who's made a mark in the wellness industry. I have access to the best PTs, physicians, nutritionists, and other experts—and believe me, I've consulted all of them. Yet for several years now, I've asked a question no one could truly and definitively answer: “How come my foot hurts?”

In the past 12 months, I've shifted that query's emphasis from the “foot” part to the “how come.” I've looked less at the physical issue and more at my own motivations. My big goal for so long was athletic—a new personal best, rising in the USA Triathlon rankings, claiming a podium spot at Kona. Was it time to shift

my vision, take on a new challenge, stretch myself in a completely different direction?

Ask yourself: What's *your* vision? Is it the same as last year's vision? Are the questions you're asking yourself now the same as they were 12 months ago? Granted, that might be fine—career-wise at least—at this early stage of your development as a PT or physical therapist assistant (PTA). A degree of consistency is important as you get your bearings and assess where you might like to go from here.

But consider too, whether staying the course has become a limiter in any aspect of your life. What if you're sticking with the same path *not* in pursuit of excellence, but from fear of failure? We tend to be confident that if we keep doing what we're doing, the results will be predictable and mostly reassuring. We may not excel, but neither will we fall flat. There's no similar assurance, however, should we try something new.

“But Brad,” I can hear you saying, “*Perspectives* is for new PTs and PTAs. I haven't been doing the same thing in my career for 10 years or more. Ten years ago, I was still in school! So, are you saying I should be reexamining my career path *anyway*?”

Maybe I am.

You might ask yourself the following questions in the coming days and weeks:

- What scares me professionally? How have I reacted to those elements to date?
- Where do I want to be 10 years down the road, professionally and personally? What steps am I taking now to become the person I'd like to be?
- Am I a little too comfortable? Are my big goals for the coming year identical to those from last year?

Whether you're 6 months, 6 years, or 6 decades out of school, these are important questions to regularly ask (and answer). Digging deep on the honesty front won't

necessarily be easy, but the effort is important if you're to move forward in your career and in life.

Me? I decided that, at the age of 51, it was time to at least temporarily trade in my triathlon gear for attire that's better suited to academic pursuits. One thing led to another, and recently I was fortunate enough to be accepted into a PhD program in sports science at 1 of the world's top institutions in that field—the United Kingdom's University of Exeter. Am I nervous? Absolutely. Uncomfortable? You bet. I haven't been a true student—papers, grades, and all—since I earned my MBA 23 years ago. (And PT school was even before *that*.) I am taking deep breaths. I find myself gulping hard at times.

It will be a challenge, a struggle, a stretch. But it's also an opportunity to expand my knowledge and worldview, reengage and nurture a part of myself that's long been dormant, expand the ways we serve clients in our wellness business, and become a better version of myself.

It may end up proving, too, to be a pretty good answer to the question of why my foot hurt for all those years. Might it be that repetition, and the need for new and different challenges, had a lot to do with it?

[Editor's postscript: Before you reach out to help Brad with his foot, he reports that it's doing well now that he has his priorities sorted out for this next phase of his life. He adds, however, that he's also working toward a new athletic goal that won't require putting in nearly as much weekly mileage: breaking 4:50 in the mile. Yes, even as a 50-something business owner and PhD student.]



Brad Cooper, PT, MSPT, MBA, ATC, is the founder of the Catalyst Coaching Institute (www.CatalystCoachingInstitute.com), which provides the only wellness coach certification (CWC) to earn the approval of the Federation of State Boards of Physical Therapy, the International Consortium for Health and Wellness Coaching, and the American College of Sports Medicine. In addition, the institute now offers the Coaching MBA (see details and applications at www.C-MBA.com.) Cooper himself is a certified wellness coach and is manual therapy certified as a physical therapist. For more information, contact Cooper at Results@CatalystCoachingInstitute.com or 303/521-1570.



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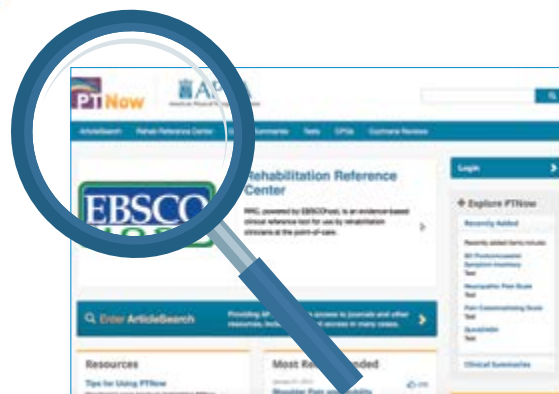
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Applications for the 2019 exam cycle for specialist certification are now available. The American Board of Physical Therapy Specialties (ABPTS) offers board certification in 9 specialty areas of physical therapy. The application deadline for specialist certification in Cardiovascular & Pulmonary, Clinical Electrophysiology, Oncology, and Women's Health is July 1. Applications for Geriatrics, Neurology, Orthopaedics, Pediatrics, and Sports are due July 31. Application forms and eligibility information are available at www.abpts.org.



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APTA's "Insider Intel" calls give PTs, PTAs, and your administrative staff the chance to learn about the latest and most pressing payment and regulatory issues, as well as pose questions to staff experts. Visit www.apta.org/InsiderIntel to listen to archived session and to RSVP for the upcoming sessions on May 16.



Resources for Early-Career Development

As you establish your career, there are numerous resources available on the APTA website.

Career Management

www.apta.org/CareerManagement

Learning Center

<http://LearningCenter.apta.org>

Clinical Residencies/Fellowships

www.abptrfe.org

PTA Advanced Proficiency Pathway

www.apta.org/PTA

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www.apta.org/CCIP

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www.ABPTS.org

Financial Solutions Center

www.apta.org/FinancialSolutions

Continued from page 28

In contrast to our musculoskeletal classes in the DPT program, which I now realize simply brushed the surface of orthopedic care, in my residency I attended a weekly 5-hour lecture focused on the nuances of each body region. The lectures, created and taught by seasoned PTs, allowed me to gain more perspective into orthopedic care. The ability to dig deeper in the literature and gain a more in-depth understanding of anatomy and kinesiology helped me specialize and ultimately provide a higher standard of care. Personal goal accomplished.

4. Residents gain a higher understanding of surgical procedures, protocols, and a surgeon's view of physical therapy. If I'm being completely honest, I overestimated my knowledge of surgical procedures upon graduation. This is a problem, considering we are rehabilitation specialists. I thought I knew enough to effectively treat the "easy post-ops." Wrong. I think 1 of my residency's great strengths was the increased surgical education I received through didactic lectures focused on postoperative care, sitting in on weekly orthopedic surgical rounds, and shadowing orthopedic surgeons to understand their perceptions of rehabilitation. Through these experiences, I learned *why* certain range-of-motion and exercise progressions were limited. Understanding the *why* is what improved my clinical reasoning.

5. Residents improve their public speaking skills. I love sharing, but I shake like crazy any time I must present in front of a room full of experienced clinical professionals. Part of the residency curriculum requirement was to complete and present 2 case studies and a final research project. Although I'd certainly done similar presentations during school, they felt a lot different when I had to do them in front of working professionals while

trying to build my reputation as a peer.

During my residency I

learned how to research, construct, and deliver a professional, conference-level presentation. With my mentors' guidance, I was able to create evidence-based presentations with a distinct, clinically relevant message and a clinical call to action. As the physical therapy profession continues to grow, it is important to regularly share with others the successful work we are doing. The only way to do that is through public speaking and publications. The skills I learned this past year were invaluable.

New graduates, if you're on the fence about whether or not to enter a residency program right after graduation, I say take the leap. The sound clinical reasoning and evidence-based treatment interventions I learned in my residency will drastically improve my practice and prevent me from developing bad habits early on in my career. If you're a few years out of school, I still recommend completing a residency program to hone your clinical reasoning skills. We do a great deal of good for others, and with our continued desire for knowledge to improve our craft, there is much potential for PTs in this ever-changing health care system. If we hope to continue to push for increased independence when deciding clinical treatment plans, direct access, opportunities to order basic medication and imaging, and possibly play a larger role in primary care, why don't we continue to push our graduating students to pursue postdoctoral education opportunities?

To learn more about residencies and fellowships, visit www.abptrfe.org.

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Lessons Learned via Residencies

An early-career PT shares the lessons she learned after completing a residency immediately after graduation.

By Lauren Jarmusz, PT, DPT

Over the past decade the physical therapy profession has made great strides in clinical advancement, moving to adopt portions of the traditional education medical model, which requires entry-level clinicians to have a professional doctorate degree and encourages the completion of postdoctoral residency programs. Approximately 33% of graduating physical therapist students opt to complete a specialized residency program. Some new graduates choose to work a few years first and then enter a residency program; others go into it straight from school. I chose to go straight from school into a residency and believe it was the best personal and professional decision I could have made.

This past year, I completed the Stanford Health Care Orthopaedic Physical Therapy Residency Program as a new graduate from Northeastern University. Stanford's multifactorial program is rigorous, filling up each hour of the week with didactic lectures, opportunities to shadow physicians and surgeons, attend clinical conferences, participate in teaching opportunities, treat complex orthopedic clinical cases, present case studies, and develop empirical research reports. Of course, it also gives residents the opportunity to be mentored by top-notch clinicians.

I strongly believe every new physical therapist (PT) should complete a residency program, and here's why:

1. Residents develop an arsenal of treatment styles.

Throughout my residency, I had the pleasure of being mentored by 4 brilliant clinicians, and each had varying, yet effective, evidence-based approaches and treatment styles. By the end of my residency program, I was using interventions from the Movement Impairment System (Sharman), McKenzie Protocols, Postural Restoration Institute, Maitland, the Janda Approach, and basic exercise physiology to provide the most effective care for my patients. Pulling from multiple sources increased my clinical toolbox and helped me treat a wide range of orthopedic patients. When you are a new graduate, you don't necessarily have a specific treatment style. A residency immediately after graduation gives you the chance to learn from the best, investigate and use the literature, and begin to create your unique treatment style.

2. Residents become confident in their assessment skills.

One of my mentor's mantras continues to guide my practice: "rule out, rule out, rule out." If you can't diagnose based on clinical patterns and basic objective assessment measures, rule out possible contributing factors and then hone in and specifically analyze what could still be causing the problem. At the start of my residency, I struggled with trying to forcibly fit a patient's pain and/or symptoms into 1 known clinical pattern. As I've learned, many times patients' aches and pains are not caused by 1 perfectly packaged symptom cluster that indicates a single movement impairment or injury. But, that's the beauty of physical therapy; we get to be detectives every single day.

The constant among my mentors was their mindset entering an evaluation, which was to never assume that the diagnosis provided by a physician, previous PT, trainer, or other professional is the whole picture. My mentors taught me to use my own clinical assessment to determine the primary movement diagnosis and primary and secondary contributing factors to determine a comprehensive treatment diagnosis and plan of care. In my residency the point was driven home to me that we are scientists, and it's important to use the objective data to prove—or disprove—your hypothesis and ultimately create a personally tailored plan of care. I find the complexity exciting.

3. Residents improve their treatment confidence.

In school, we are inundated with classes related to all systems of the body, from cardiovascular and pulmonary to neurology. Obviously, each of these systems plays an integral role in human function, and an in-depth understanding of each system is imperative for effective patient assessment and treatment. However, 1 of the greatest benefits of my residency program was the education syllabus, which consisted of didactic lectures with specific focus on each orthopedic body region, weekly clinical reasoning forms that analyzed patient cases, and cadaver labs to teach an in-depth appreciation of the interplay between anatomy, biomechanical function, and how detail-oriented assessment leads to effective care.

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