



FEATURE

## Emerging Leaders and APTA Fellows: A Dialogue

*The career arc of a PT or PTA often spans many decades. And while the endpoints are separated by age and experience, the lessons learned along the way can be instructive at any point in the journey.*

By Donald Tepper and Jonathan Simkins | December 2018

In this article, physical therapists (PTs) who recently were named APTA "Emerging Leaders" share their thoughts and exchange their views on a variety of professional issues with PTs who have been named Catherine Worthingham Fellows of the American Physical Therapy Association. (See "Who Are APTA's Emerging Leaders and Fellows?" on page 17.)



### Technology and the Human Touch

APTA's Emerging Leaders generally embrace technology, albeit with a few cautions.

"Devices that act as an adjunct to patient care" are plumbing untapped potential, says emerging leader Alexandra Hill, PT, DPT, who is a certified lymphedema specialist. At the same time, PTs and physical therapist assistants (PTAs) should be "mindful of the supporting evidence for any device, while remaining aware of the privacy and security of the patient. Telehealth is an exciting option for providers and patients," she notes, "and seeing its implementation in a profession that is largely hands-on has been fascinating. We are lucky to have the Frontiers in Rehabilitation, Science, and Technology (FIRST) Council to help us navigate these new frontiers with technology in medicine."

Hill practices at DukeHealth and has completed a Duke University Medical Center residency in women's health. Within APTA's Section on Women's Health, she is the director of financial development and a leader in the Minority Health Task Force, which focuses on meeting the needs of minority membership

and patient populations. Her research has been published in *Rehabilitative Oncology* and *The Journal of the Section on Women's Health*.

Emerging leader Tarang Kumar Jain, PT, DPT, PhD, also embraces technology, but with some caveats. "Gamification, virtual reality, and telerehabilitation increasingly are being used in rehabilitation settings—not only to make treatment more effective but also to make exercises more engaging and fun," he says.

While that's to the good, Jain sees technology as a double-edged sword that's "rich in options but leaves users vulnerable to attacks. As clinicians, patients, and rehabilitation and assistive devices become more connected," he says, "training and development of key skills should be required at all levels to leverage the power of technology" He adds, "I believe the biggest threat is of data breach and losing patient's sensitive information."

Jain is an assistant professor of physical therapy at Northern Arizona University.

An even more cautious note is sounded by Emily Wilson, PT, DPT, an emerging leader and an 11-year member of the Michigan Physical Therapy Association.

"Our profession is all about connecting with people," she notes, "so let's not lose sight of that while using gadgets, sensors, and real-time computer documentation. We still need to look people in the eye and truly listen to them."

During her involvement with APTA and the Michigan Chapter, Wilson has established herself as an expert in women's health and has advanced physical therapy among Michigan's population through the implementation of marketing campaigns, website content creation, social media engagement, and by serving as a trustee for the Institute for Education and Research.

She recently opened her own private practice, New Seasons Physical Therapy & Wellness, which aims to "provide comprehensive care to women and men with pelvic health conditions across the adult lifespan."

Emerging leader Rania Karim, PT, DPT, says, "Technology should serve as an adjunct to what we do. In leveraging it," she adds, "we need to be careful not to increase health disparities. While it may seem hard to believe, there still are areas and populations within our nation that don't have online access, a signal for mobile phones, or computers or laptops."

Karim, a board-certified clinical specialist in geriatric physical therapy, is an assistant professor of physical therapy at Marshall University in Huntington, West Virginia. She also is membership chair of

the Academy of Geriatric Physical Therapy (AGPT), which under her leadership has created a volunteer coordinator position to analyze innovative ways to engage members.

The Catherine Worthingham Fellows interviewed by *PT in Motion* share these mixed feelings about technology.

"Technology, like any support tool, has great potential to aid or interfere," observes Cathy Ciolek, PT, DPT, FAPTA. "Used appropriately, it makes my practice so much better. Easy access to current materials on drug interactions, for example, is highly valuable. The key is that we can't lose the human touch, and we must always make individual determinations. With one person, technology may assist treatment, but with another person it might not."

Ciolek is a board-certified clinical specialist in geriatric physical therapy and is vice president of AGPT.

Blair Packard, PT, MS, FAPTA, cites specific examples of the limitations of technology. "We are still a profession that deals with human interaction, motivation, and teaching lifestyle changes to our patients and clients," he says. "Technology may help in efficiencies, data collection, and even patient motivation, but it can be limiting as well. Electronic health records do, in fact, require more time to complete, which can sacrifice some time spent interacting with patients. That is a problem that health professions have not yet solved.

"Sometimes we succumb to the latest marketing fads in technology," Packard observes. "I started in private practice in the late 1970s, when many practitioners felt that every orthopedic clinic had to have a \$30,000 Cybex machine for testing and training patients. Well, how many of those machines remain in operation today? Probably very few. We've learned that the human touch and simpler exercise interventions work every bit as well in most situations."

Packard is co-owner of East Valley Physical Therapy in Mesa, Arizona. He's a past president of both the Arizona Physical Therapy Association and the Federation of State Boards of Physical Therapy.

Gregory Hicks, PT, PhD, FAPTA, further warns that "technology can create barriers between PTs and patients if its use is allowed to evolve unchecked. The purpose of technology and various media platforms is to improve the connection between provider and participant by streamlining processes or speeding up the flow of information," he notes, "so, it is up to us as users to ensure that it stays in its proper place."

Hicks chairs and is a professor in the Department of Physical Therapy at the University of Delaware in Newark.

Mincing no words, Timothy Flynn, PT, PhD, FAPTA, says, "I believe that a focus on technology—versus caring—in health systems is killing the souls of both patients and providers. We have allowed technology to drive more and more medical testing, which on a societal level actually has made us sicker and poorer. We have allowed administrative and payment systems to decide what is needed. Three decades since its inception, our interface with the electronic medical record remains stunningly poor.

"We have lost sight of the fact that technology is a tool, not a way of doing health care," Flynn continues. "Physical therapists have a pivotal role to play in addressing the vast majority of chronic health-related problems in our society, but our greatest assets are not technological in nature. Rather, they are our compassionate listening skills, caring handling skills, and an unwavering belief in the power of our patients to envision and create a better future. Technology should foster those skills," he says. "Therefore, it should focus on seamless communication systems that allow us to engage with our patients via text, video, phone, or face to face, unencumbered by regulatory burdens."

Flynn owns Colorado Physical Therapy Specialists in Fort Collins.

## The Role of Research

Research experience is a consideration in evaluating an emerging leader. But taking on that responsibility isn't always easy.

Jain chairs the Section on Research's Early Career Research Special Interest Group and its Communications Committee. He acknowledges, however, that he faced a learning curve.

"It took me some time to adjust to the new demands of teaching along with research," he concedes, "but with the guidance of mentors and great support from colleagues, I was able to clear the hurdle and become settled."

Steven George, PT, PhD, FAPTA, speaks of the need for continuing research, but emphasizes that it must be high-caliber. "The profession must invest in cultivating high-rigor scientific research," he says. "We've had good success in this, with several very strong initiatives resulting in physical therapist-led research at the highest levels, and there are several well-regarded peer-reviewed journals specific to physical therapy.

"But there are some discouraging signs, too," George adds. "There are fewer applications to PhD programs, oversight of clinical research being a deterrent, a limited pool of research mentors, and pressure to secure external funding. Now is not the time to coast on past successes," he cautions. "Research approaches are rapidly changing, which means the profession must invest its

resources—time, money, and people—wisely to ensure that the next generation of physical therapists will continue to expand our robust body of knowledge."

George is the director of medical research and director of musculoskeletal research at the Duke Clinical Research Institute. He also is vice chair of clinical research for Duke Orthopaedic Surgery at Duke University. He is a past program director at the University of Florida, having taught the evidence-based practice sequence for 10 years.

"Members of the profession need to become a lot more research-savvy," asserts Linda Resnik, PT, PhD, FAPTA. "We need to stop providing treatments that are not effective, and we must follow evidence-based clinical guidelines to reduce unnecessary variation in care," she says. "We also need to continue our investment in health services research [HSR] and in training physical therapists to participate in it. HSR is needed to demonstrate the value of physical therapy and the interventions we provide. It also is needed to improve implementation of evidence-based practice. HSR evidence can help inform the organization and delivery of care, as well as state and federal regulations and payment policies."

Resnik is a professor in the Department of Health Services, Policy and Practice at Brown University in Rhode Island. She also is a research career scientist at the Providence VA Medical Center.

Gregory Hicks adds, "We must stay highly engaged in conversations surrounding the future of health care. We cannot sit back and let other health care providers or payers decide how we fit into the equation. We must conduct the research that demonstrates our value to the health care system and the patient—then make sure that everyone hears, loud and clear, what we bring to the table."

## Networking

Networking with an array of subject matter experts from various fields, Hill says, is critical to the profession's prosperity.

"It could be at a conference, a continuing education course, or on social media," Hill says. "There are countless ways to connect with like-minded individuals, as well as those who think entirely differently."

Jain agrees. "One should be a lifelong learner and be open to seeking out mentors and the help of experts in the areas in which one hopes to succeed," he says. "Never underestimate the power of networking. Use every opportunity to benefit from seasoned researchers and clinicians."

Closely related is the idea of encouraging interprofessionalism. Patricia Hageman, PT, PhD, FAPTA, explains, "My early practice interests focused on treating older adults in 1-on-1 situations. I witnessed a high prevalence of obesity and obesity-related risk of disease and disabilities among midlife and older

adults from rural communities. As an individual therapist, I wondered how I might influence healthy behavior change in those who lacked access to preventive health programs.

"An opportunity arose," she continues, "in which I connected with nurses and dietitians who were asking that same question. Our interprofessional team now investigates the effectiveness of health behavior change strategies that use web-based and other technologies to reach vulnerable populations from rural communities."

Hageman is professor of physical therapy education and the Karen Linder Distinguished Professor of Women's Health within the College of Allied Health Professions at the University of Nebraska Medical Center in Omaha.



## Education

Few areas within physical therapy are undergoing more changes and feeling more pressure than education. "My concern as an academician is how to make degrees more affordable," says Mary Lou Galantino, PT, MS, PhD, FAPTA. "Student debt is a cause of tremendous stress. We need to find innovative ways to get people in the workforce who are more diverse and find ways to have more affordable academic degree acquisition."

"I think we should give back to underserved populations," Galantino adds. "We should go to remote areas in exchange for tuition remission or tuition repayment. That could be accomplished across the United States. Also really exciting are innovative ways to use scholarships to give back to communities. For example, I had a Fulbright Scholar award and used it to go to South Africa. There are sources for serving abroad or providing culturally sensitive care. We need to think innovatively."

Galantino is a professor of physical therapy and the Holistic Health Minor coordinator in the School of Health Sciences at Stockton University in New Jersey.

Flynn, too, expresses concern about the cost of physical therapist education. "In my opinion, the greatest risk to our profession is the untenable student debt load," he says. "A large student debt makes it difficult for new physical therapists to pursue advanced training via certifications and residencies. It also adds financial anxiety to the other stressors of early-career PTs. If we're to thrive as a profession, individual PTs must thrive in the physical, emotional, and financial areas of their lives."

Part of the solution may lie in hybrid education (part onsite, part remote). Kim Nixon-Cave, PT, PhD, FAPTA, believes it's "the next phase" for DPT education. Hybrid education, she notes, can reduce education costs by alleviating the need for physical relocation of students—and possibly their families—away from family and community support systems. "Hybrid DPT models also afford opportunities to increase diversity in our programs," Nixon-Cave asserts, to more easily include individuals who live in rural areas, working individuals, individuals who don't financially have the ability to move, and parents or older individuals with families who may not be able to move.

Nixon-Cave is an associate professor in the Department of Physical Therapy at the University of the Sciences in Philadelphia. She also is physical therapy manager at The Children's Hospital of Philadelphia.

## Mentors

Mentors historically have played a key role in the development of PTs and PTAs. That continues to be the case. "Seeking out mentors who already are doing things that you aspire to do, or who can be a resource for you—whether in advocacy, research, lecturing, or a certification—will improve your skillset tremendously," Hill advises.

Figuring out how her mentors achieved their success helped Karim find the career for which she was best suited—a strategy she says any PT or PTA can employ.

Jain advises, "Identify mentors early, through a proactive, collaborative approach. You will be amazed at what you can achieve."

Several of the Catherine Worthingham Fellows suggest that PTs define the term "mentors" broadly. "When I think of mentors," Galantino explains, "I think of people both within and outside the profession. My mentors are a diverse group of people who have helped me cultivate skillsets I didn't develop in my initial physical therapist training. One of my best mentors was an infectious disease physician during the AIDS crisis. He asked: 'How do I treat these young people to give them the best quality of life even though I know they won't be alive 6 months from now?' That spawned my desire to work with Peter Mansell, MD, at MD Anderson University. At the time, we didn't even know that AIDS was caused by HIV, just that it was a cancer diagnosis."



Nixon-Cave advises, "Look for a mentor with whom you have something in common. Don't base your choice on their reputation or who you *think* they are. If you identify someone who you think might be a good mentor for you, meet with that person and discuss your goals and ambitions. New professionals should keep in mind," she adds, "that mentors do not have to be in the physical therapy profession. I see mentors as those who help you work through the process of making decisions about your career, in view of your life circumstances."

## Explore All Opportunities

Emerging leader Emily Wilson, PT, DPT, recommends that new PTs or PTAs remain open to opportunities outside clinical practice to avoid closing potential career doors. Spending time interviewing prospective employers also is important, she says.

"I recently was talking with a colleague. She told me that when she relocated to a new city, she went to physicians and asked where they send their toughest cases," Wilson recalls. "She then interviewed and shadowed PTs at those locations before deciding where to work."

Anne Swisher, PT, PhD, FAPTA, also advises PTs and PTAs to explore a wide range of opportunities. "Physical therapy continues to be among the most versatile of careers," she says. "Within 1 profession you can explore so many different areas of focus. Human movement truly is a universal experience. When you are an expert in human movement, you can provide that expertise across the lifespan in many settings. The profession always will present new challenges and new things to learn."

Swisher is a professor and the director of scholarship within West Virginia University's Division of Physical Therapy in Morgantown.

Galantino adds, "I tell my students: 'You may think you know what you want to do in your profession. But always be open to other opportunities.'"

## Best Advice

Each emerging leader and fellow was asked the best piece of advice he or she has received. Specifics varied, but there were some common themes.

"Just go for it," Hill says, adding, "I've taken that advice from my parents and mentors through the years as different opportunities arose. Even if I was hesitant or was experiencing feelings of 'imposter syndrome,' I knew that I already had put in the work, and that all I needed to do was to jump in."

"I took the residency challenge head-on with support from family, friends, and the amazing people within the program and department," Hill continues. "Both the residency and working for the Section on



Women's Health provided me with so many opportunities to grow my skillset as a clinician and a professional."

Jain's advice is this: "Never settle or hesitate to do what is difficult. Set your goals high and work hard. When you're uncertain about what choice to make, make the one that gives you the most options for the future. Be open-minded, and never fear taking on new challenges. Don't be afraid of failure. Use it as an opportunity to grow and develop."

Swisher says, "The best advice I received, and continue to receive, is to develop resilience. Our profession involves interacting with people who are vulnerable due to injury, illness, or loss of function. Our best gift to patients is our compassion, but it can be exhausting. So, find sources of strength to refresh your own resilience—faith, humor, friendship, the love of an animal. Don't wait until your 'tank is empty' to refresh yourself. I see many graduates and young PTs who are so eager to give that they burn out," Swisher says, "especially under the demands of high numbers of patients, scarce resources, and working in a broken health care system. All careers have their good and bad parts. Don't expect that yours will be exclusively one or the other. Find the balance, and keep your motivation focused on enriching the lives of people you meet."

Galantino also speaks of avoiding burnout and the importance of self-care. "My postdoctoral research looked at the benefits of mindfulness and at burnout among health professionals. You can imagine the burnout in a system that requires seeing more patients with lower compensation. My advice: 'Physical therapist—heal thyself.' My research results showed that when we were able to reduce emotional exhaustion and achieve a trending downward of cortisol [a stress indicator in saliva], patient satisfaction increased. The happier and more mindful their practitioner was, the greater the patient satisfaction. That was an exciting finding."<sup>1</sup> [The February 2019 issue of *PT in Motion* will contain an article on increasing resilience to avoid burnout.]

Hageman volunteers, "The best advice I received is to purposefully meet and interact with inspiring peers and professionals. By doing so, I found a social network of trusted colleagues. In turn, these colleagues helped me build courage and take risks by saying 'yes' in ways I might never have dreamed. For example, my colleagues helped me say 'Yes, I can' testify at a legislative hearing, 'Yes, I can' be an effective APTA Key Contact to our state senator, 'Yes, I can' be the chair of an APTA section-sponsored conference, and so on. Every new connection and activity inspired me to continue, even when the outcomes of my efforts were less than optimal. The power of having a trusted and affirming network of colleagues still gives me the confidence to want to do more for our patients and profession."

Steven George turns the question around: "Instead of advice received, here's advice to give. First, never lose focus on the big picture. Too often, individual providers get a very myopic view of what their role is

or could be. Being aware of what the big picture is for a given patient problem leaves one open to exploring different ways of solving it. The big picture often is where innovation comes from.

"Second," George continues, "play to your strengths as a physical therapist. Realize that the perspective and skillset that you bring to a team is unique, and make efforts to maintain that uniqueness. That doesn't mean being stubborn or obstinate about what should be done. Rather, it means making very clear how you would tackle the problem and being eager to blend that approach with those of others on the team."

## Setting Goals While Maintaining Flexibility

Having goals is important, but so is flexibility. "I had lofty goals following graduation," Karim says. "While the method I took to achieve my goals wasn't exactly what I had planned, I kept my eye on the prize and tried to enjoy the detours."

Detours, as far as Karim is concerned, are readily available to PTs and PTAs. She explains, "Physical therapy is a great career because there are so many options. Regardless of how long you have done something or have been in a certain place, you always can make a change. Life is too short to wonder, 'What if?' Pursue what excites you and take advantage of mentors and networking opportunities. Identify people you admire and engage in conversations with them."

Ciolek suggests, "Take your time to find your niche. When I became a PT 30 years ago, we were strongly encouraged to go to an acute care hospital so we could do rotations and explore the various areas of practice. My first experience was at a hospital system with acute care, a joint replacement unit, inpatient rehab unit, outpatient, sports medicine practice, and home health. In 3 years, I gained experience in each area and discovered my love for working with older adults."

## The Evolving Mission Of Physical Therapy

Both the emerging leaders and the Catherine Worthingham Fellows addressed the evolving role of physical therapy. Some, like Karim, cited #ChoosePT. "We need to push physical therapy as a natural, nonpharmacological approach to pain management," she says. "So often I see people who have acute and chronic pain jump to non-evidence-based approaches," when being properly informed could drastically alter their lives and improve their outcomes.

"Equally important is advocacy," she continues. "The #ChoosePT movement cannot be truly effective when a patient actually *choosing* physical therapy over opioids results in a financial burden." It must be convenient and cost-effective for people to access physical therapy, she notes, and PTs must promote the fact that they are direct-access care providers.

"Change is natural and ongoing, so plan on it," Hageman urges. "If we truly value the professional skills we offer to our patients and clients, we need to take the initiative and find opportunities within a changing environment to meet community needs."

Ciolek says, "Perfectly reflecting this idea is the Maya Angelou quote 'Do the best you can until you know better. Then when you know better, do better.' We were technically trained to look at specific problems and correct them. Now we recognize the interconnections of the human body and mind, and we need to be more holistic to reach both individuals and larger population groups."

George advises, "Transitions can be unsettling, and certainly there are many transitions occurring right now in health care. However, transitions also provide opportunities to disrupt established systems that may no longer be fulfilling their original intent. So, if you are just entering the profession, look for ways to be a positive disruption in health care by keeping in mind that doing what is best for the patient often is the only beacon needed."

*Donald E. Tepper is editor of PT in Motion. Jonathan Simkins is a freelance writer.*

## References

1. Galantino ML, Baime M, Maguire M, et al. Association of psychological and physiological measures of stress in health-care professionals during an 8-week mindfulness medication program: mindfulness in practice. *Stress and Health*. August 23, 2005. 21:255-261.

## Who Are APTA's Emerging Leaders And Fellows?

### Emerging Leaders

The purpose of APTA's Emerging Leaders program is to identify and honor 1 PT or PTA nominated from each APTA chapter or section who has shown extraordinary service early in his or her physical therapy career. This includes exceptional overall accomplishments and contributions to APTA, the component, and the physical therapy profession to advance APTA's vision. Each emerging leader must be a current member of APTA, have been a member for at least 5 years, and be no more than 10 years from graduation.

*For more information, contact [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org).*

### Catherine Worthingham Fellows

Catherine Worthingham Fellows of the American Physical Therapy Association (FAPTA) comprise the association's highest membership category. Consideration for this designation of professional excellence is open to APTA PT members or life-member PTs who have

demonstrated unwavering efforts to advance the physical therapy profession for more than 15 years.

For more information, contact [honorsandawards@apta.org](mailto:honorsandawards@apta.org).

## APTA's Emerging Leaders

Here is a complete list of APTA's 2018 Emerging Leaders:

**Maggie Abrams, PT, DPT**

Ohio Chapter  
Dublin, OH

**Kathryn Bloyer, PT, DPT**

Minnesota Chapter  
Minneapolis, MN

**Karl Burris, PT, DPT**

Arizona Chapter  
Gilbert, AZ

**Nora Bethany Collier, PT, DPT**

Georgia Chapter  
Dacula, GA

**Brendan Connor, PT, DPT**

Massachusetts Chapter  
Malden, MA

**Alexandra Hill, PT, DPT**

Women's Health Section  
Houston, TX

**Corey Irby, PT, DPT**

Alabama Chapter  
Hoover, AL

**Tarang Jain, PT, DPT, PhD**

Research Section  
Flagstaff, AZ

**Rania Karim, PT, DPT**

Geriatrics Section  
Huntington, WV

**Joseph Kucksdorf, PT, DPT**

Wisconsin Chapter  
Green Bay, WI

**Justin Ledbetter, PT, DPT**

Hawaii Chapter  
Honolulu, HI

**Cariann Litz, PT, DPT**

Florida Chapter  
Orlando, FL

**Bethany Lukens, PT, DPT**

Oregon Chapter  
Portland, OR

**Ryan McConnell, PT, DPT**

Tennessee Chapter  
Franklin, TN

**Brett Neilson, PT, DPT**

Washington Chapter  
Newcastle, WA

**Audrey Paslow, PT, DPT**

New York Chapter  
Halfmoon, NY

**Michael Schmidt, PT, DPT**

North Carolina Chapter  
Durham, NC

**Brandon Smith, PT, DPT**

Virginia Chapter  
Henrico, VA

**Frances Westlake, PT, DPT**

Oncology Section  
Highlands Ranch, CO

**Emily Wilson PT, DPT**

Michigan Chapter  
Kalamazoo, MI

**Jonathan Wood, PT, DPT**

Acute Care Section  
Baltimore, MD

**Ryan Wood, PT, DPT, MHA**

Indiana Chapter  
Evansville, IN

## **2018 Catherine Worthingham Fellows of the American Physical Therapy Association**

Here is a complete list of APTA's 2018 Catherine Worthingham Fellows of the American Physical Therapy Association:

**Christine Baker, PT, EdD, FAPTA**

**Mark Bishop, PT, PhD, FAPTA**

**Cathy Ciolek, PT, DPT, FAPTA**

**Josh Cleland, PT, PhD, FAPTA**

**James Elliott, PT, PhD, FAPTA**

**Jody Frost, PT, DPT, PhD, FAPTA**

**Mary Lou Galantino, PT, PhD, FAPTA**

**Gregory Hicks, PT, PhD, FAPTA**

**Dianne Jewell, PT, DPT, PhD, FAPTA**

**David Levine, PT, DPT, PhD, FAPTA**

**Susan Michlovitz, PT, PhD, FAPTA**

**Kim Nixon-Cave, PT, PhD, FAPTA**

**Blair Packard, PT, MS, FAPTA**

**Michael Schubert, PT, PhD, FAPTA**

**Samuel Ward, PT, PhD, FAPTA**

These previously named Catherine Worthingham Fellows also contributed their insights to this article: Tim Flynn, PT, PhD, FAPTA; Steven George, PT, PhD, FAPTA; Patricia Hageman, PT, PhD, FAPTA; Linda Resnik, PT, PhD, FAPTA; and Anne Swisher, PT, PhD, FAPTA.

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