

# TOM CARLSON

## 1987 Robert G. Dicus Award Winner

*Tom Carlson made the following remarks upon accepting the 1987 Robert G. Dicus Award from PPS President Jay Goodfarb at the PPS Annual Fall Meeting in San Diego:*

**I**wish my parents could have been here to hear that introduction, Jay. My father would have appreciated it, and my mother would have believed it.

It is difficult to express the feelings of gratitude and appreciation that one feels when he is honored by his peers. In a dynamic and changing profession such as ours, there are many people who are deserving of honors for exceptional contributions in so many different areas and ways. And, cliqueish as it may sound, I must confess very simply that most of the things I have done over the many years could not have been achieved without a tremendous amount of unsung support from a great many people, both from within my own company, and from within the Private Practice Section.

I think that I would be remiss in not pointing out that the physical therapy profession today, and especially the private practitioners, owe a tremendous debt of gratitude to the efforts of a number of their predecessors in the Private Practice Section during the late '60s and early '70s. An amazing transformation occurred during those years that few of this generation of private practitioners can fully appreciate.

It is hard for me to realize that it has been a little over 24 years since I first stepped through the looking glass into the wonderland of the physical therapy profession.



**Tom Carlson relates his early years in PT.**

If my allegory sounds a little excessive, I assure you that it is not. In fact, the profession seemed to me to be a wonderland replete with Red Queens, Mad Hatters and March Hares.

Let me describe for you both myself and the profession at the time that I entered this wonderland.

I had a B.S. in Business Administration with a fairly heavy science background. I had a master's in Public Administration and a master's in Economics as well as the course work for a Ph.D. in Economics. I had worked as a salesman in private industry and with the U.S. government as a management analyst in computer system comparisons, statistics and pro-

gramming. I had also worked as an international economist before going to physical therapy school at Hermann Hospital School of Physical Therapy in Houston in 1963.

While I would be the last to say that working in Washington, D.C. is an experience in the real world, my previous training had given me a minimal businesslike outlook. Little did I realize that such an outlook was anathema in the world that I suddenly entered—a professional world peopled mostly by salaried females with a mixture of the characteristics of any feminine profession of that day, and many of the characteristics of any salaried profession of that day.

Most therapists were congested together in large cities or resort areas competing for the few available jobs, while the small town, rural and less attractive areas were without service. Therapists tended to look for jobs in places where they wanted to be rather than where their skills were needed.

Salaries were extremely low. At that time, the average bachelor's degree graduate in science could start to work for about \$450 a month. Alternatively, they could go to physical therapy school for another year. Then they could come out and find a job in physical therapy starting at about \$300 a month. It had become a vicious cycle. Anyone with normal economic expectations could not enter and remain in the system. Therefore, the system steadily became less economically oriented and less efficient as the more able and efficient people became frustrated and left.

Hours were very short. Service was confined to weekdays, even in hospitals. Departments were run for the convenience of the therapists rather than the patients. Many departments were heavily overstaffed and productivity was low. It was not unusual to have a staff of ten therapists to treat 50 to 70 patients a day. Chief physical therapists would defend with straight faces their short work weeks by explaining that patients needed weekends and holidays to rest. They had other explanations for rationalizing as to why low productivity was a sign of quality care.

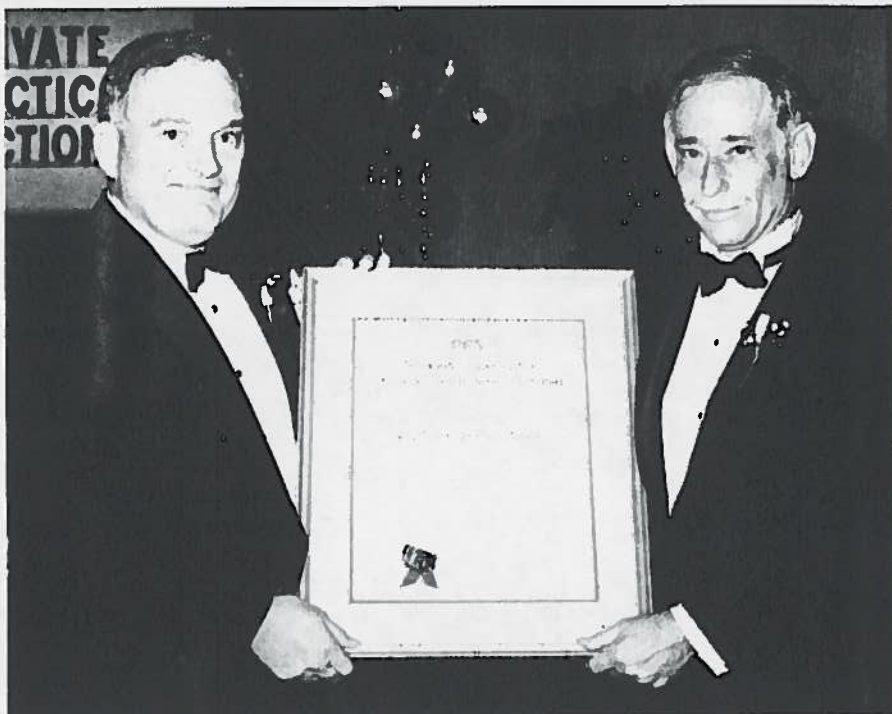
Everything in the PT department was done by physical therapists, from cleaning up whirlpools to changing the sheets on plinths. And, from cleaning up the department to performing the most complicated PT procedures.

Self-righteousness was typical. Several times I had great difficulty convincing PTs from charitable institutions that they themselves were not providing charity, but that only their institution was. That is, the PT was paid the same salary whether or not a particular patient was a charity patient.

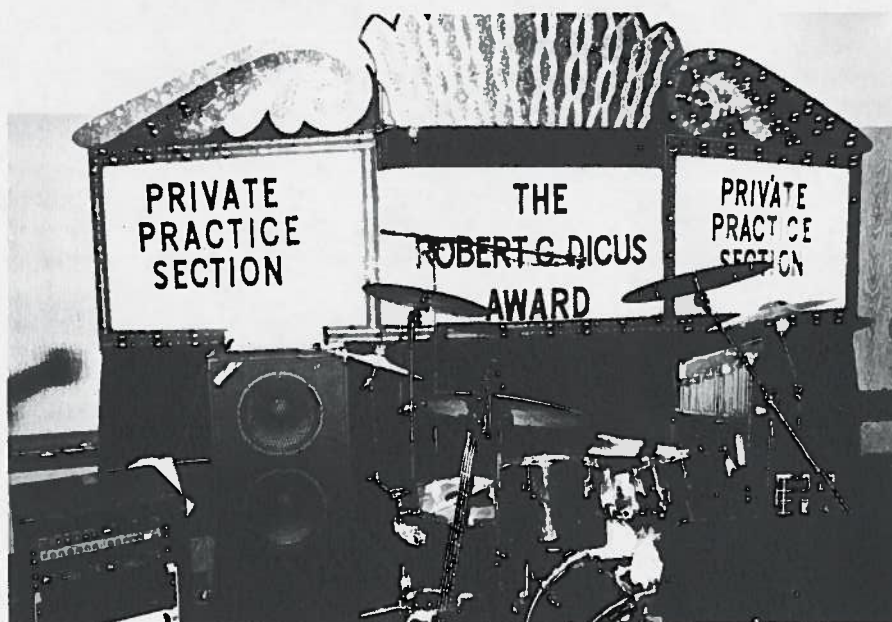
The typical doctor was regarded almost as a god. PTs expected doctors to write out orders in explicit detail. They would not think of questioning a doctor. Most considered it unethical even to make suggestions to doctors, and felt that those who did were highly unethical. Today's physical therapist assistant has more autonomy than the PT of that day.

The American Physical Therapy Association's list of officers and directors at that time could just as well have been a list of officers for the Section on Education. That is, it was all educators. Not one single private practitioner could be found on the list. What's more, since those in the top positions could control who ran in subsequent elections, there weren't any private practitioners who were about to get into positions of influence in the APTA of that day.

And, that wasn't the half of it. Private practitioners, especially



Tom Carlson (left), 1987 Dicus Award winner, receives award from PPS President Jay Goodfarb.



The PPS up in lights: a dazzling stage set for band and presentations.

those engaged in contracting, were relegated to the class of untouchables throughout much of the country. Many were maligned and shunned. Students were taught of the lack of ethics and morality of private practitioners and that private practice was an inherently inferior segment of the profession. Students were advised to stay away from those who prac-

ticed in the private sector. People who indicated an interest in private practice when applying for admission to PT schools were usually rejected for admission to the schools.

At professional meetings private practitioners were often verbally attacked. Even where they were not openly attacked, there were usually snide insinuations

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Members take to dance floor after Dicus award dinner and presentations.

that they were somehow unethical or immoral because of their commercialism and imagined patient exploitation.

Those private practitioners who persisted in trying to serve in the APTA at all levels were frequently rebuffed. In my own case, I was one who had served as an officer or director in virtually every organization to which I had ever belonged. I felt an obligation to help organizations to which I belonged through serving them. I ran for a number of offices, attempted to serve on committees, and annually ran as a delegate to the National Convention. I always lost all elections.

I was very persistent. Yet, I had to run for 13 straight years to even serve as an alternate delegate from my own state. Of course, everybody who ran for delegate from Texas that year was put on an alternate list if they lost. Finally, I did get to serve when an insufficient number of delegates arrived at the national convention, and I was the only alternate remaining.

Some private practitioners were even persecuted and harassed by the various national and state eth-

ics committees and subservient licensing boards. For some strange reason, nearly all of the accusations of violations were against those in the private sector. Some people going into private practice found themselves being investigated on ethics charges simply because they went into private practice.

Even something as trivial as inadvertently allowing the capitalization of a private practice name in a telephone directory listing could threaten the practitioner's professional status. Ambiguous ethical principles were often given special interpretations to persecute particular private practitioners.

Many private practitioners became bitter and left the APTA. They felt that they did not need to tolerate such ignorance and abuse, and refused to have any more to do with the association. Even today, some have never returned.

Yes, that was the wonderland into which I stepped in 1963. Today it is hard to believe that it ever existed, but at that time it was very real in all its unreality.

To many of us today, it seems only like a bad dream.

Lest you think that I am suggesting that this was an evil plot concocted by malicious people, let me quickly disabuse you of the idea. Actually, most of the people who did this were very good people with very good intentions and would not knowingly have harmed anyone. Like the good people who burned witches at the stake in the Middle Ages to preserve the society from evil, these people were trying to preserve the profession from what they perceived as the evil of private practice. In their cases, the conflicts between their values and beliefs and their perceptions of private practice values and beliefs made private practice an evil that required eradication.

Fortunately, the story has a happy ending. Ultimately, the profession gained sophistication, realized that true professionalization can only occur in a profession that has a strong, independent private sector, and accepted private practice as the ideal rather than an abomination.

The road was long and rocky. And, that is why I say that we owe so much to so many of those who labored in the Private Practice Section during the late '60s and early '70s. They had the intestinal fortitude to stay in the Association, to fight for what we knew to be right, and ultimately to see the birth of a true profession.

It would have been easy for those members to have chosen to accept rejection from those who did not understand, isolate themselves, and watch the mainstream of the profession continue to degenerate into a subservient technician status. Many of their less patient colleagues took that route. However, *they* did not, and we are all the better for that.

In closing, I want to thank you for the honor personally, but also to accept it in the name of those unsung past Section members of whom I just spoke—many of whom deserve it as much as me. If you are one of these, I salute you. Thank you, and God bless you all.