

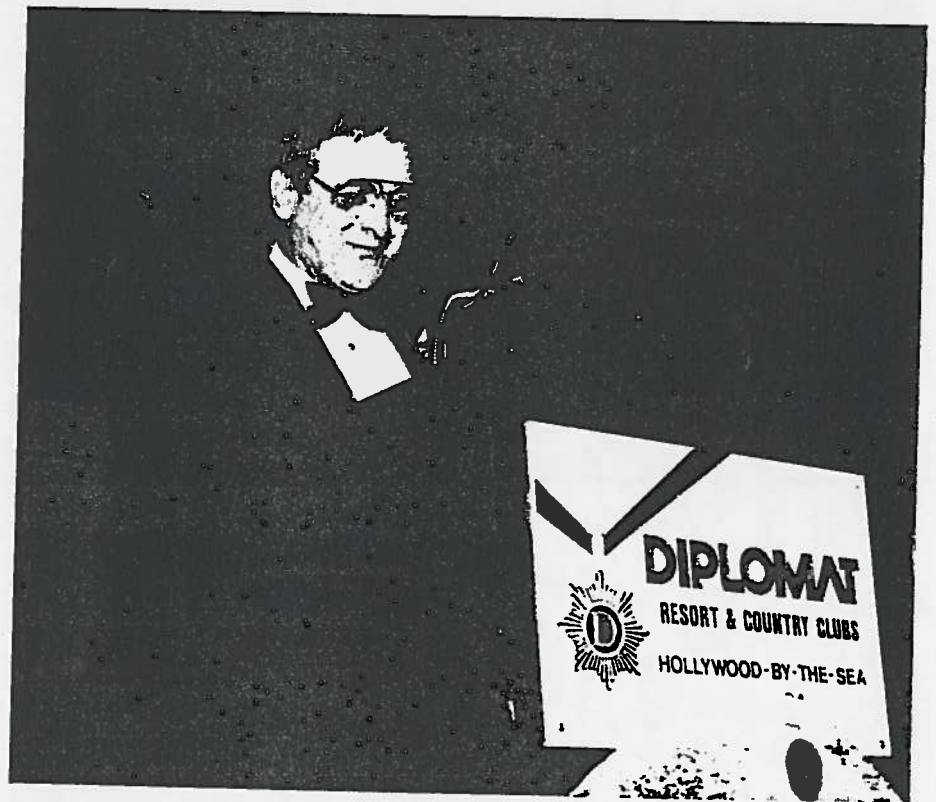
# Francis X. Guglielmo

## The 1988 Robert G. Dicus Award Recipient

It is a pleasure and an honor to accept the Robert G. Dicus Award. No one person receives this award. It is an award presented to an individual, but shared with many: family, my partners Joe Nicolosi, Ricky Lane, Tyler Lafauci, and Linda Darphin, members of our staff, others I work with on a daily basis, and many of you. There is no way I could be standing before you, had it not been for the friendships, advice, trust and knowledge you have shared with me through this Section and Association. I particularly want to thank those individuals who took the time to nominate me for this award.

Receiving this award is so particularly meaningful to me because I have such respect for all of the previous recipients of this award: Charles Magistro, Ben Johnston, Jim McKillip, Jay Goodfarb, Clem Eischen, Royce Noland, Lucy Buckley and Tom Carlson.

There are some events in my life outside of my family that have had a tremendous impact on me: The funeral of John F. Kennedy, the return of the prisoners from Vietnam, the Challenger explosion, and being on the medical staff of the National Boy Scout Jamboree and attending its moving and beautiful closing ceremony. But one of the things that stands out most vividly is helping Bob Dicus, an ALS victim, out of his customized van and wheeling him on a stretcher into the confer-



ence center at Disneyland, where he received an honorary membership in the American Physical Therapy Association before the 1974 House of Delegates. Charles Magistro, president of the APTA at that time, had the honor of bestowing this membership on his long-time, dear friend. It was one of the most touching moments in my entire life. I wish I could have had the opportunity to know Bob personally.

As many of you know, Bob Dicus was one of the founders of this

Section. Charles Magistro had this to say about him: "Bob was a real man of vision—not a small thinker but a grandiose thinker. He was an idea man. He had the tenacity of a bull dog."

In the early years of private practice, there was much opposition by some Association members to therapists in private practice. But Bob, along with Charles Magistro, Jim McKillip and others led the way in having the APTA House of Delegates approve the establishment of a self-employed

section. Led by Bob, they did their homework and proved to the House of Delegates that their interest in private practice was not self-vested and that they were as deeply concerned about the same issues of the Association such as education, research, and clinical competence. Through the roughest times of his disability he still continued to work hard for his profession. He never gave up. His contribution to the profession has been unequalled.

During the 23 years I have been a physical therapist, I have seen a world of changes. In the early '60s, while attending LSU, I was a student athletic trainer. The excitement of being in Tiger Stadium on Saturday night was just tremendous. That is why I went to physical therapy school; I wanted to become an athletic trainer.

On Labor Day, 1964, I left Baton Rouge with a U-Haul trailer and set out for the far West, Houston, Texas, to attend P.T. school at Hermann Hospital in the Texas Medical Center. I want to thank Rex Nutt for allowing me into the program. Guess who was the first person I met in P.T. school? Jay Martin Goodfarb, whose nickname was "Frog." Jay introduced me to Kosher food. I had never heard of it: pastrami, corned beef and Kreplach. But he wasn't ready to get the best of me. I introduced him to crawfish, gumbo, jambalaya, and boudin.

In those years, physical therapy school lasted about one year. Nine months of classwork and three months of clinical affiliation. My first job at Methodist Hospital in Houston, Texas, paid \$375 a month or \$4,500 a year. Methodist was a medically stimulating place to be. Doctors Michael DeBakey and Denton Cooley were world renowned at that time, doing research on open heart surgery. However, I found much inefficiency in hospital work. It was purely an 8:00-5:00 job for most of the staff.

I did not feel the image of physical therapists was that of a professional. We didn't even look professional! PTs wore ice cream uniforms: white shirt, white belt,



Francis Guglielmo

white pants and socks, and a patch on a sleeve. I decided I would do something about it. First thing to go was part of the ice cream suit. I purchased an intern's white jacket, cut the sleeves off and put on a colored tie. When I walked into the department, some applauded and some were perturbed. Several weeks later, I got rid of the white pants and white shoes. I was on my way. About a year later, I got rid of the patch.

Even though I enjoyed my work at Methodist, the problems with inefficiency and lack of professionalism took their toll. I felt there had to be a better way. The concept of private practice interested me, and I inquired about it. What I found out was that if you were in private practice, you were a "bad character, unethical, dishonest, and unprofessional." I started attending district APTA meetings in Houston and started meeting some of the "famous people" in private practice such as Tom Carlson, Al Engel and Larry King, still some of my closest friends. I had never met three nicer people in my life, and thought "what is so wrong about private practice? These aren't bad characters after all."

Shortly after, Rex Nutt went into private practice, and I certainly knew the caliber of person he was. I formed the conclusion that those in the association who criticized therapists in private

practice were misinformed.

Luck would have it that my future would be in Baton Rouge. I found the right partner in Joe Nicolosi, already established for one year. These early years were rough on us. The public knew nothing about our profession. The doctors' knowledge of our profession was very limited—their orders for patients were very specific: "hot packs and ultrasound." We were not really respected as professionals.

Maintaining a private practice was difficult because Joe and I knew so little about running a business and there were no sources of advice or support. It took over a year to draft a partnership agreement, because there was no one who really knew how to value a P.T. practice. In the entire state of Louisiana, there were only three other private practices: Ken Barilleaux, Expadie Laperousse, Lindsey Dumond and, of course, Joe and me. There was no one to turn to for help outside ourselves.

But one day, help came. In early 1967, I received a call from Ken Barrilleaux. Ken informed me that the self-employed section of the American Physical Therapy Association was going to have a meeting in New Orleans, and I should attend. I had never heard of the self-employed section, but called Jay and told him about it. Jay and I both decided that we would attend—this was our first meeting. Probably less than 100 members were there, along with about 12 exhibitors. We met at the Monteleone Hotel in New Orleans.

I remember the first cocktail party. It was in a suite, a few people went out and bought some booze, and Ken brought some broiled shrimp from Houma. We had a great time. I first met people like Charles Magistro, Ben Johnston, Bob Walker, Jim McKillip, Clem Eischen, Alma Maga, Irv Barnett, Royce Noland, Bill Rhodes, Ernie Burch, Lucy Buckley, Bob Teckmeyer, Jack Gamet, Jack Field, Bob Strzelczyk, John Madden, Paul Proud, and exhibitors such as Hank Knasae and Sal Zata. Al Engel, Tom Carlson and



Larry King were also present.

To this day, I have maintained a warm friendship with many men and women whom I met at this first meeting. This is where my eyes really opened to the world of private practice. I realized people in this group were elite to the profession. These people knew what they were doing and I had a lot to learn from them.

The next mid-winter meeting in Las Vegas in 1968 greatly impacted me and those who attended. A professional consultant, Robert Levoy, opened our eyes to patient communication, image, public relations and the marketing effort that needed to be made. We needed to learn to communicate with patients and physicians, to inform the public as to what we were doing. I learned about contracting with nursing homes and hospitals, and how to handle billing, Medicare, and other insurance reimbursement. All of this was new, and we were all pioneers. Through the years, there were many I met in the Section and in the Association with whom I could talk and learn. Today, some of these people and members of their families are some of my closest friends: Al and Bea Amato, Gini Davis, Larry and Charlotte Petulla, Mike Weinper, Blair Packard, Jack and Gay Close, Jerry and Mary Connolly, Ann Grove, Marilyn Moffitt, Sue Callopy, Kent Allsop, Bob Hill, Bill Campion, Mary Jo Marino, Ron Peyton, Chuck Krapata, David Apts, Carole Lewis and her husband Mark, Donna and Buddy Rodriguez, Bobby Bowten, Gary Rossi, Glenn Funkie, Jack Front, Jim Gould, Ted Adkins, Peter Towne, Phyllis Lehman, Pete Lord, Chuck and Margaret Hall, Russ Baird, Danny Francis, Burt Boldt, to name a few, and exhibitors such as Jerry Thompson, Bernie Zelhoff, Frank Erling, John Maley and Cy Lehman. Cy was a pioneer—he introduced us to the world of a comfortable direct current that we could use to get excellent clinical results. These were all pioneers, too, and we shared the same problems. We all learned together. We gained as much from our informal visits at meetings as

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we did from education classes—not to mention the telephone calls.

There were others outside the Section who helped considerably: Steve Rose, Dick Earhardt, Frank Allender, Marilyn Lister, Dennis Hart and Pam Massey, to name just a few.

Where are we today? We still have the same problems with Medicare, third party reimbursement, education and clinical competence, but we are sophisticated. We are now not only physical therapists, but specialists in physical therapy utilizing the latest techniques and state-of-the-art equipment. We have sophisticated offices, multiple locations, many of us with multiple hospital and nursing home contracts, ownership and contracts with rehabilitation agencies. It is now easy to get into private practice. You can join someone already in practice or set up your own. It's easy to borrow money. Banks now know who we are and are willing to lend to us. The public also knows who we are. Physicians now know who we are. We have become a recognized profession.

Where do we go from here? I feel there are wonderful opportunities, some obstacles.

1. We need to continue to make the education of our therapists a top priority. I personally feel that all therapists need to be doctors of physical therapy. Our education standards are going to have to improve to make that possible. We

must promote clinical research, and there is no better way to do that than by your generous support to the Foundation of Physical Therapy.

2. We still have problems with reimbursement, particularly with the government, third parties, and will continue to do so. There is now an influx of HMOs, PPOs and no telling what's around the corner. The marketplace is going to become significantly more affected and competitive. You will have to become more cost effective and knowledgeable in the management of your business and particularly by making the delivery of services more cost effective.

3. We need to stick together and protect our profession. Physical therapists must avoid situations in which the patients are exploited and/or the therapists are being exploited. The American Physical therapy Association has an outstanding Code of Ethics and Guide for Professional Conduct. There are also business and moral ethics. And as professionals, we must follow and adhere to all of these.

Looking even further ahead, I hope I can see the day when physical therapists can walk into hospitals and apply for staff privileges across the country. Patients should have the right to choose their therapist, just as they choose their hospital or physician. There are great opportunities for physical therapists because people are more health conscious and know what physical therapy can provide. The public is learning and demanding that they receive quality physical therapy treatment.

I want to turn for just a minute to discuss women in private practice. One of the first chairmen of this Section was Alma Maga from Chicago. Alma was a pioneer. She was one of a handful of females in private practice in this country. As the Section grew, it gave support to women who ventured into private practice. Now about 35 percent of the Section is female. Look around at who some of these successful people have been. Donna Rodriguez, Gini Davis, Carole Lewis, Kay Schaefer, Cynthia Driskell, Jill Floberg, Linda



Langley, Elaine Trei, Suzanne Brown, Helene Fearon, Ann Grove, Mary Jo Marino Johnston, Dorothy Santi, Linda Darphin, Sue Isernhagen and Karen Disbrow, just to name a few. As therapists, we have had to deal with a male-oriented medical profession that is changing. Now, about half of the medical school enrollment is composed of women. I think the future is very bright for women in private practice. The future is yours. There is nothing stopping you from being successful, but you will have to make some of the same sacrifices with your families and personal life that your male counterparts and other females have made. In this business, there are no 8:00-to-5:00's.

As a member of this Section, I have seen a lot of trial and tribulation through the years. This Section has quite often been criticized by other members of this Associa-

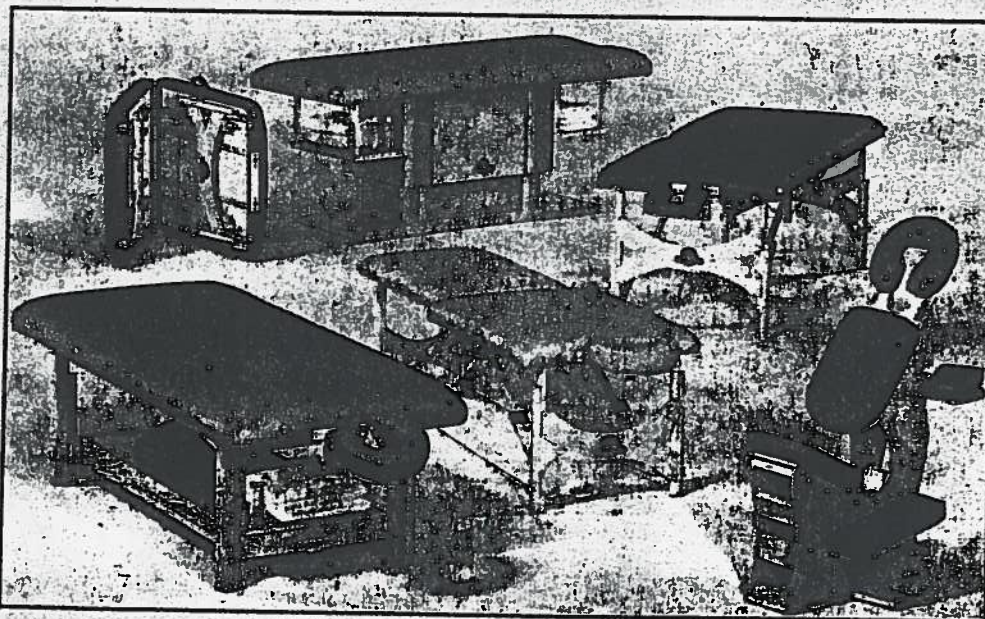
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tion because of the stance we have taken on certain issues. But I can tell you unequivocally, had it not been for the strong position on key issues that this Section took, we as physical therapists would not be

as successful as we are today. The Private Practice Section has always been a catalyst in getting things done. We must continue to do so but should never forget that we are first members of the APTA and should always dedicate ourselves to working together and fostering what is best for the entire Association and profession.

In closing, I could never have gained the knowledge I have had it not been for this Section and this Association. But the thing that has meant most to me is the many friends I have made who are so dear not only to me but to my family. Just before his death, David Niven said, "There is nothing worth winning except laughter and the love of friends." This has been a wonderful night and one I will always cherish. My family, my partners, and the staff of Baton Rouge Physical Therapy, thank you for this honor. ■

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