



Profiles in Leadership

Larry Benz, PT, DPT, OCS, MBA

NOW, I NEED A LITTLE CLARIFICATION BEFORE I GO ON. I was preauthorized for 1 unit of speaking. I need to know though whether that is an untimed code or not! Or, I can just assume that if I take advantage of the 8-minute rule that I can go 22 minutes and not violate the 1-unit limit?

Thanks to the Section awards committee, PPS Board, and those who took such efforts to nominate me—one of the benefits of this award is that they send you the nomination package. I want to particularly thank my good friend, physical therapist, and attorney Gwen Simmons, and all of you, who, like me, greatly respect this award and are here tonight. Upon being notified a few months ago that I was the Dicus Award recipient this year, and after a few days of sinking in, I carefully looked at the many who were part of this award and sent them a heartfelt thanks, knowing that there are too many of them for me to thank publicly during this presentation. The world's most prominent researcher and writer about gratitude, Robert Emmons, defines gratitude as “a felt sense of wonder, thankfulness, and appreciation for life.” He is absolutely right—that is what I am feeling right now.

I love this profession and in particular, the Private Practice Section. If there is one thing that I have been sure of for over 27 years, it is that the absolute best value in health care is physi-

cal therapy. And I believe that the private practitioner is the best value of the best value. I also believe that physical therapists are the most fun to be around and are the best-looking people!

Researchers define *savoring* in 3 ways: (1) the past, by reminiscing of the “good old days;” (2) the present, by being mindful or to “stop and smell the roses;” but also (3) a future component of anticipating and fantasizing about what you believe is coming. So, I will savor.

To savor the past or the “good old days”: I graduated from the U.S. Army Baylor University program, and the Army said, “Go see the world.” They sent me to Kentucky. I learned that some coffee shops do not open till 9 a.m., and that a teaser pony wasn't one you made fun of or made fun of you. However, I soon fell in love with the people and the beauty of the Commonwealth, discovered the rolling hills, thoroughbred horses, and Kentucky bourbon, and I am now a very proud Kentuckian. It is my home and where my children were born. After

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Robert G. Dicus Award Past Recipients

2012 Lawrence Benz, PT, DPT, OCS, ECS, MBA Louisville, KY	2004 Francis J. Welk, PT, MED Bloomsburg, PA	1995 James A. Gould, III, PT (Posthumous) La Crosse, WI	1987 M. Tom Carlson, PT Wharton, TX
2011 Jim Milder, PT Carol Stream, Illinois	2003 Marilyn Moffat, PT, PhD, FAPTA Ludlam, NY	1994 Ernest A. Burch, Jr., PT Baltimore, MD	1986 Lucy Buckley, PT Chatham, MA
2010 Stephen Anderson, PT, DPT Seattle, WA	2002 No recipient	1993 Robert L. Doctor, PT (Posthumous) Englewood, CO	1985 Royce Noland, PT Alexandria, VA
2009 Samuel Brown, PT, DPT, CSCS Monticello, KY	2001 Jayne Snyder, PT, MA Lincoln, NE	1992 Charles H. Hall, Jr. PT Dayton, OH	1985 Clem G. Eischen, PT Gresham, OR
2008 Peter McMenamin, PT, MS, OCS Chicago, IL	2000 Michael Weinper, PT Calabasas, CA	1991 Jack D. Close, PT Las Vegas, NV	1984 Jay M. Goodfarb, PT Phoenix, AZ
2007 Louise Yurko, PT, MAEd Newport, NC	1999 Florence P. Kendall, PT Severna Park, MD	1990 Alphonso Amato, PT St. Louis, MO	1983 James B. McKillip, PT Black Butte, OR
2006 Connie Hauser, PT, DPT, ATC Barbourville, KY	1998 Helene M. Fearon, PT Phoenix, AZ	1989 Peter J. Lord, PT Jacksonville, FL	1982 Ben E. Johnston, PT Knoxville, TN
2005 Randy Roesch, PT, MBA Steamboat Springs, CO	1997 Peter A. Towne, PT Hamilton, OH	1988 Francis X. Guglielmo, PT Baton Rouge, LA	1981 Charles M. Magistro, PT Upland, CA



Get Listed Online

By Tannus Quatre, PT, MBA, ATC, CSCS

GONE ARE THE DAYS WHEN PHONE BOOKS AND PRINT directories created a path to your practice. The print directory market has been in decline for years, and people spend more and more of their lives on the Internet, the expectation that your customers will find your practice online will continue to grow. Although you can be found online in multiple places (eg, websites, social media, search results), no place is more important than local listings. Fortunately, it is a cinch to create a clean local listing for your practice, and it does not have to cost a dime.

Start by focusing on the behemoths in the area of local listings. I always start with Bing, Google, Yahoo!, and Yelp. You can visit each site's local listings page separately, claiming and editing your listing for accuracy. However, I prefer to use a free online tool called GetListed.org. GetListed.org will perform a quick and free search for your business across multiple local listings sites, letting you know how you fare. If you have not claimed your listing, or if there is a problem, you will find it here, along with a link to make the easy fix.

Clean up your listings by providing accurate address and contact information. Lucky for us, the market allows us to claim, create, and edit these listings as often as needed to reflect the changing landscape of our practices, and usually for free. Try to ask that of your local print directory. ■

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my Ireland Army Hospital hours, I worked in a private practice clinic in Radcliff during these times, which is where I first learned about the worker's compensation system. My first patient, when asked what he did for a living, told me "I draw." It only took me a few minutes to figure out that since central Kentucky was not exactly SoHo, and I was not living in any artist community, what he was in fact "drawing" was checks!

As I was transitioning from Uncle Sam, I became involved in a newly formed Kentucky Physical Therapy Association committee called the Socioeconomic Committee. I showed up late the first day, and yours truly—a military man—was duly crowned and anointed. This group became my first mentors and private practice colleagues. We were supposed to meet semiannually, but we were learning so much from each other and having fun eating at Kenny Rogers' Roasters that we started meeting monthly—not an easy thing to do when most members of the group practiced in rural areas of our state. What drew me to these astute private practitioners was the desire to learn and get better; a shared passion for patient care; and an undying dedication and devotion to professionalism and service of our state, the national organization, and sections. You will not be surprised to know that two former Dicus Award winners, Sam Brown and Connie Hauser, were part of this group.

This Section's history is that it used to be called the Self-employment Section. People are drawn to self-employment and private practice by what Deci and Ryan call self-determination theory, which is an explanation of motivation: "to be self-determined is to endorse one's actions at the highest level of reflection. A sense of freedom to do what is interesting, personally important, and vitalizing."¹

That's the beauty of this section: self-determination. We don't go into private practice because it is some type of promise to print money. PPS enables physical therapists to thrive by advocating and assisting its members to create their own path within their own businesses, their own autonomy and their own decision making, as physical therapists first. I am quite sure that Bob Dicus, whose namesake is this award, filming training videos in his last days wasn't doing so as Bob Dicus, victim of Lou Gehrig's disease, but as Bob Dicus, physical therapist. We aren't chief executive officers, presidents of companies, or, God forbid, doctors of physical therapy. We are, proudly, first physical therapists. Right now, we have physical therapists running for political offices and winning, serving on boards of public and nonprofit organizations throughout the United States, and very much in the public eye. Let's present ourselves proudly as physical therapists—whatever road we happen to manifest at any given time.

Savoring the present: Just months ago, my fellow colleagues, as well as the occupational therapists, in our state made notice of a disturbing trend: Patients were not accessing physical therapy because they had excessive copayments. All states that I know of mandate physical therapy as a benefit for their health care plans. However, is it really a benefit if they have to pay an additional

\$50 or \$75 out of pocket for every visit? We decided to figure this out and take it to the Kentucky legislature. The grassroots efforts were enormous. Give physical therapists a fight, and they will work unselfishly. Working in collaboration with many physical therapy clinics, we gathered data documenting our position. I testified before the Senate's Health and Welfare Committee, and a few weeks later, in front of most of the House. While I was prepared, and believe I spoke to the issues and rebutted the heavily funded lobbyists of the insurance industry, what I noticed was that it made absolutely no difference what I said. You see, when I was looking at the elected officials, they were looking at me, but not listening to my words. They were already primed of the issue by their personal physical therapists and were reflecting on their own experiences as patients. Heck, about a third of them had been treated by my good friend and PPS board

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member, Terry Brown in Frankfort, Kentucky. Remember, while data leads to logic and conclusions, emotion leads to action. Our copayment bill passed unanimously. We must leverage our relationships to get physical therapy at the forefront. We have to have our "Occupy" movement. My good friends, Paul Gaspar and Mike Weinper in California, are incredible examples—when you stick your neck out, there are going to be repercussions, but stick your neck out anyway. We must take your patients and their testimonials with us—it is our best ammunition.

While fighting high copayments, we have also been fighting specialty benefit managers—they exist solely to deny coverage for patients who need physical therapy. They literally wake up every day and go to work with the full intention of denying patients' necessary physical therapy. These groups collectively think physical therapy is a cost to be reduced rather than a profession that works and saves massive amounts of money in imaging, pharmacy, surgery, and steroid injections (which, as we have seen over the last month, has literally killed many low back pain patients).

Again, working in collaboration with many physical therapy practices, we gathered data and took our case to the Kentucky health insurance commissioner. We had multiple meetings, where we successfully presented significant cross-practice data and evidence to their ridiculous methods, and we were finally afforded a high-level meeting with an insurer who uses these services. This meeting included their multiple attorneys, administrators, and

even the physical therapists who work with them. It was a full room to say the least. After some brief perfunctory exchanges, I was tasked on behalf of our group to provide the agenda and context of the meeting. For this you have to appreciate the timing: The meeting was the very day after Gabrielle Giffords went out in public for the first time following the tragic gunshot to her head and subsequent brain surgery. I made reference to this and how great her recovery was going in part due to the extensive physical and occupational therapy she was receiving in Houston. I then paused and said, "It's a good thing that she didn't live in Kentucky and have to get rehab here. If so, she would have likely had to go through a preapproval process, which would have restricted her to 4 visits, and the therapist would have had to make multiple phone calls, sent faxes, and wait a week for their reviewers to determine by the clinical notes if her condition 'warranted further physical therapy.'" While a little bit of acrimony is not typically the best way to start a meeting, the agenda of this meeting was very clear—even to the attorneys. Data leads to logic and conclusions, but emotion leads to actions. As physical therapists, we are going to fight for what is right by our patients—battles that unfortunately will only get larger.

Savoring the future: Several years ago, Ben Johnson, a previous Dicus Award winner, was integral in arranging a trip to Haiti for me. I arrived in a busy commuter airport outside of Port-au-Prince and was picked up by Dr. Paul Farmer and Loune Viaud, a Haitian and Kennedy Human Rights Award winner. For a few days, they took me to the most remote, destitute areas of the world and showed me oppression like I never would have imagined: starvation, slums, and some semblance of what we would call schools. Imagery of a few of the sites still gives me night sweats to this day. They talked to me about social justice, and poverty as a disease that produces diseases. They also showed me their successes, including their medical outreach, and in particular, their treatment of AIDS that has the equivalent success as any approach in the United States. They encouraged me to travel around on my own and get to know the country—our U.S. neighbor. I went from the central plateau to the southeast to spend time with a Haitian family in a remote area in the mountains called Lakobat. I spent about 4 days in a 600-square-foot, mud-block home with a family of 6. They didn't speak English, and I didn't speak Creole. It's amazing what you have in common with folks with whom you can't easily communicate. I was particularly affected. When I came back to the United States, our organizations began to support various initiatives including school canteen programs, adult and children's literacy, and entrepreneurial efforts in Haiti. Physical therapy just wasn't a priority. A few years later, in January 2010, the most damaging earthquake in history hit Haiti with about 300,000 killed and the same number in need of medical help. Efforts from around the

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world began to descend on Haiti, and essentially the role and profession of physical therapy was birthed. It only felt natural to return and start a physical therapy initiative in southeast Haiti, where I now had “family” and that was the third most impacted area. Many other physical therapy efforts were initiated throughout the country and accomplished remarkable things. Most have now left. However, to this day, what began in a donated tent and in collaboration with faith-based nongovernmental organization partners and many private practice physical therapists, we are still

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there, sustaining an ongoing physical therapy practice that sees 30 to 50 patients per day with a full-time Haitian physical therapist and staff. We have had literally hundreds of physical therapist volunteers and their families through our PThelpforHaiti.com website, where physical therapists give up a week or so of providing physical therapy to go and provide physical therapy. Lots of observations—let me tell you about just 2 of them. The first is the physical therapists always say the same thing—how they forgot how much fun physical therapy is in the absence of rules, regulations, and extreme documentation requirements, and how much more they can do with less in terms of equipment that we commonly think of as necessities. They tell me their careers have been rejuvenated, and most of them go back. A few physical therapists sent us their journal and pictures a few weeks ago. My favorite is the story of them giving money to one of the technicians for refreshments to deal with the heat. Twenty minutes later, the physical therapist looked back, and the staff, patients being treated in physical therapy, and most of the workers were all drinking Prestige—a Haitian beer! Imagine that in one of your clinics. Let me tell you something, there is nothing more refreshing in unbearable heat than a Haitian beer!

The second discovery is the goals that Haitian patients have. Physical therapy is a new intervention for them. When you ask them their goals, they consistently say the same thing: “physical therapy makes me ‘happy.’” At first, I was sure they were referring to the way we “cut up” with them and the frequent sights of their beautiful Duchene smiles that are seen in the clinic. However, they were referring to the happiness that is obtained by their returned abilities to squeak out about \$2 a day as sub-

sistence farmers to provide and help their families and extended families. This new profession of physical therapy is seen as a bridge to happiness. As I further explored, their word for happiness is slightly different than our literal interpretation. Their word is more comprehensive than what we think of happy. It is more of what we would call well-being.

I must confess that this hit me like a ton of bricks. I thought we were there to help amputees and those disabled and victimized physically by the biggest earthquake in history. I would have never guessed that we had a role in making people happy. And as I grew in a greater appreciation for this, it occurred to me that this is something we need to import right here in the United States of America. In an evolving health care climate, we have to do more than return of function to our patients, and they deserve more from us. We must be enablers of hope for the future, overcoming adversity, building resiliency, positivity, optimism, meaning, engagement, flow, as enhancers of overall well-being. There is an evidence-based science called applied positive psychology that is spreading its wings in an effort called positive health. It’s the study of human flourishing, and that is where physical therapists are best positioned to integrate—getting people both restored and flourishing.

These efforts are going to be led where they always are: by self-determined private practice physical therapists being motivated to pursue their own paths, just like the members of our origins, the Self-employment Section, and what we now are here tonight as the Private Practice Section. I know I am going to do my part as I trek every 3 weeks to Philadelphia for about another 6 months and complete a postgraduate year at University of Pennsylvania, studying alongside the giants who founded it. So, pay attention to the blogs and tweets.

One of my favorite writers is John Irving, and the movie from one of his books is *The World According to Garp*, starring Robin Williams. There is a wonderful scene where Garp is sitting at the dinner table with his wife and children. There is a beautiful dinner and fine wine on the table. He recounts the events of the day. Garp further tells his wife about his observation how every day is a microcosm of life, with the symbolic morning and its newness and hope, the midday, and the evening which brings ending. He goes on to say to his wife, “I just want you to know I had a wonderful life today.”

As I leave this podium, I will have a very nice dinner with my family, friends, and partners, and having the opportunity to thank those in your life who have been so meaningful to me, appreciative of our great profession and the Private Practice Section, but before I do that, I just want you to know, I had a wonderful life today. ■

References

¹ Self Determination Theory. Available at <http://www.selfdeterminationtheory.org/theory>. Accessed November 14, 2012.