

**"Trials and Tribulations" in the Struggle for Independent Practice  
Marco Island, Florida  
November 6, 1999**

**"From the bottom of my heart" I thank you all for the high honor you have bestowed on me by presenting me with the Dicus Award. And thank you for the opportunity to be with you this evening to renew many friendships and to make new friends.**

**In accepting this honor, I wish to accept it also on behalf of my late husband, Henry O. Kendall. Had we never met, probably neither one of us would have ventured into the uncharted field of private practice. But fate stepped in and, as a team, we supported each other in making the momentous decision.**

**For those of you who know little or nothing about my husband, at twenty-one years of age, he was a veteran of WWI. He had been wounded by shrapnel from a land mine, lost his right eye which was replaced by a glass eye while in France, and, for a period of time, lost the sight in his left eye. Shortly before Armistice day, he came back from overseas with eyes bandaged, never expecting to see. By the grace of God, and with the help of Dr. Wilmer (for whom the Wilmer Eye Institute at Johns Hopkins Hospital is named), he regained partial sight in his left eye. His accommodation was remarkable. Many people did not know one eye was artificial, or that his vision was limited in the other. (Imagine, if you will, never being able to drive a car! And how did he accomodate for that? He married a young woman who loved to drive and who became his chauffeur for life.)**

**Along with other visually handicapped and some totally blind soldiers, he was trained at the Red Cross School for the Blind in Baltimore. With the help of some doctors from Hopkins, they had classes with dissected cadavers and were required to shape internal organs out of clay in order to feel the size and shape of the organs. The Braille books included raised outlines of the blood vessels and nerves. (I still have copies of those books.) Later, while employed at Childrens' Hospital School, the medical director, Dr. William Stevenson Baer, who was considered the father of orthopedics at Hopkins, required that Kendall attend weekly lectures with the orthopedic residents and interns.**

**On June 1, 1920, Kendall started work at Childrens' Hospital. Thirty two years later, he resigned, effective June 1, 1952, to begin private practice. He was given leave with pay for the month of May. There was no pension, only a small fund to which he and the hospital had contributed. (My recollection is that it was about \$1200.) The money went toward buying equipment. A patient arranged to have several treatment tables made and sold to the Kendalls at cost. Other equipment and supplies included curtain rods and curtains for room dividers, table pads, pillows, infra-red lamps, one hydrocollator, and a diathermy machine. Sheets and towels were supplied by a linen service, and mineral oil or cocoa butter were used for massage.**

We advised patients who had been treated in the out-patient department at the hospital that they must have a new referral from their doctor before we could see them in the office. We had no assurance that doctors would choose to refer patients to the office.

The month of May was difficult. When the realization hit that he had given up the only job he had ever held and was venturing into unknown territory, my husband became ill. I was greatly concerned because I had given him the encouragement to take this big step. We both knew it was necessary because we had a family of three daughters. His annual salary at the hospital had been raised to \$4800. the past year, and we were not hopeful that it would be increased.

And so it was that we started out on a new venture. In chronological order, I wish to highlight some of the events that followed.

1952, having an office independent of a hospital or doctor's office was frowned upon by the medical profession in general, declared unethical by the doctors of Physical Medicine, definitely not approved according to the Code of Ethics by the American Registry of Physical Therapy Technicians, and not approved by the APTA. Although this type of independent practice still required medical referral, doctors opposed to such a move claimed that it would lead to taking patients without referral.

So, in many ways, it was a bold and risky step when we made this major decision. There were no guidelines, no mentors, but we sought and found the answers as we went along. Some of our fears were soon allayed.

We started with two physical therapists employees; within one week we hired another. Our oldest daughter, age 14, was legally allowed to work a restricted number of hours and she helped as our secretary until the middle of August when we hired a full-time secretary/receptionist. By the middle of October we hired another P.T., and by the middle of December, another. In retrospect, we should not have wondered whether the doctors would be referring patients. My records show that in the first year of operation, 373 different doctors had referred patients for a total of 879 new patients.

We took all the time we needed for evaluations, and allowed ample time for treatments. P.T.s were scheduled for each half hour but room-time for patients was close to an hour, allowing time for dressing and undressing, and for the application of such modalities as moist packs that did not require the physical therapist to be present in the room.

Charges were made per visit, not per modality or procedure. We started at \$4.00 per visit for treatments, with gradual increases over the years to \$7.00. Evaluations which were usually followed by treatments started at \$6.00 and by 1959 had risen to \$10.00 and, apparently, that is where it stayed. I also went to my records to calculate our average annual earnings for the nineteen years of having an office: \$8,500. for each of us. It should be obvious that this was not a road to riches.

About a year after we opened our office, an unannounced, unexpected visitor arrived at our office early one morning. We were a few minutes late but the staff had opened the office and the visitor was there when we arrived. We learned that he had been sent by the American Registry of Physical Therapy Technicians to do a surprise on-site visit.

By September 30, 1953, we received a letter from the American Registry, objecting to our having an office. According to their code for physical therapy technicians (as we were supposed to be called), it was unethical to have an office. We wanted to resign from the Registry but the Maryland Chapter of APTA asked us to delay so they could make an issue of this code requirement. We played along for a while, writing letters back and forth. But on March 15, 1954, we sent in our resignation rather than give the Registry the opportunity to drop us from membership for violation of their code of ethics.

By 1955, as you all know, the APTA created a committee to help establish the Self-employed Section - the original name of the Private Practice Section. Mr. Kendall was asked to be on the committee, but he requested that I serve instead and the committee acceded to his request. The meeting was held in February in San Francisco, and by June the House of Delegates approved the formation of the Section, thus sanctioning independent practice - albeit, only with the necessary medical referral.

In June 1960, the House of Delegates passed a Resolution requesting a conference between the APTA and the American Congress of Physical Medicine, and the American Registry of Physical Therapy Technicians. (The Registry had been established in 1935.)

On December 10, 1960 the APTA Board of Directors adopted a Resolution that:

1. APTA discontinue official relationship with the American Registry of P.T.T.
2. Continue established relationship with organized medicine.
3. Actively support prescription relationship between physicians and P.T.s.
4. Explore national certification of P.T.s with A.M.A.

By December 1971, the American Registry of Physical Therapy Technicians was dissolved. ( We had closed our office in March of that year.)

Please pay particular attention to the following:

**In June 1973, The APTA House of Delegates adopted the resolution, R.C. 17, "that the House of Delegates endorse the principle of evaluation without practitioner referral."**

This Resolution encouraged physical therapists to move in the direction of Independent Practice without referral, but I had great reservations as you will learn from the excerpts I am about to read from a letter I wrote to APTA's parliamentarian, Marian Clark, whom I knew also as member of the National Association of Parliamentarians.

Lo and behold! Five years later :

**In June 1978, the APTA House of Delegates RESCINDED the 1973 resolution "that the House of Delegates endorse the principle of evaluation without practitioner referral."**

By now, the tables had turned. Earlier that year, during the Maryland Legislative session, a law was passed that initially licensed occupational therapists without any requirement for medical referral, with the promise by an influential member of the legislature that, if P.T.s did not oppose the bill, they would be able to secure direct access the next year

With the Maryland Chapter facing this challenge in the upcoming legislative session in 1979, having this principle rescinded came at a very bad time. The Maryland chapter tried to soften the blow and get some kind of support by the following motion:

The Maryland Chapter moves that the Board of Directors be empowered to amend the APTA policy statements re Direction and Supervision, the Standards for P.T. Services and Practitioners, and the Guide for Professional Conduct to provide that in accordance with the provisions of the law of any state, the physical therapist may or may not require referral by a licensed practitioner.

The supporting rationale had four specific points which essentially focused on the fact that this motion had been prompted by 2 issues - the passage of Occupational Therapy Practice Acts which did not require medical referral, and the problem that occupational therapists were being given preference over physical therapists in certain areas of employment.

With respect to the 2nd issue, the areas of employment where occupational therapists were being given preference: notably pediatric settings, public school systems, and State Crippled Children's Services. Since physical therapists were legally restricted from providing care unless or until the referral was obtained, many services for which the physical therapists were better trained were being done by less qualified persons..

Sadly, our motion was defeated. (Of course, I could have claimed a victory since the resolution I wanted to have reconsidered five years before was now rescinded, but I did not feel good because I knew the Chapter was hurt by this defeat.)

In 1979, the Maryland Chapter decided to go for removal of the referral requirement. Chapter members were strongly divided - many in private practice were strongly opposed. Their rapport with the doctors was good and they felt that doctors might be alienated. Another issue was at stake. By rescinding in 1978 the R.C..17 adopted in 1973, which had given some legitimacy to practice without referral, and the defeat of the Maryland motion, the chapter had an uphill battle within its own ranks. I was deeply concerned about where my allegiance should be - to the chapter or to APTA. I made a point of listening to both sides. As I said in my Mary McMillan lecture, I knew exactly where I stood - it was right on the fence! I did not speak in favor of the bill at the first hearing in the House, but I conscientiously tried to see that P.T.s did not speak against the bill. I referred to Robert's Rules of Order about members' obligation to refrain from actions injurious to the organization - and the chapter had spoken. Finally, my own arguments in favor out-weighed my own opposing arguments and I spoke in favor of the bill before the Senate.

So in 1979, the Maryland Practice Act was amended to allow evaluation and treatment without practitioner referral through the tremendous effort of the chapter under the direction of Kathleen Dixon, Legislative Chairman.

However, this direct access was largely in name only since most reimbursement required referral. Subsequently, battles were fought and won in the area of reimbursement.

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By the early '90s, a big change was underway. With major changes in health care, large corporations started buying out various types of practice. Independent P.T. practices, that had been hard fought for, sold out for fear their existence was in danger of survival - or sometimes the price was right and the temptation too great. But you all know much more about the problems of this era than I do and I will leave it to you to record its history for future generations. Again I thank you for the privilege of being with you this evening.

Florence P. Kendall, P.T.