

DICUS ADDRESS

MESSAGE

Long before there was a vision 20/20 for physical therapy, I had a personal vision for this profession. I am sure that Robert Dicus's vision for the future of the profession of physical therapy was very close to my dream as a new graduate from physical therapy school.

In 1972, which is approximately 30 years ago, I saw all physical therapists working for themselves in their own private practices. Direct access through the state and federal law and through various insurers was a reality. Each physical therapist enjoyed autonomous practice. The mission of the private practice section relates well to this vision.

PPS MISSION

The purpose of this section is to foster the growth, economic viability and business success of physical therapist-owned physical therapy services provided for the benefit of the public and to promote exclusive physical therapist ownership of physical therapy services. Many other health care professionals are trying to disrupt this independent structure. Physicians and nurse practitioners are attempting to be owners of PTPPs (physical therapists in private practice).

One of my very dear colleagues, Dr. Tom Heiser, who is an orthopedic surgeon in Lincoln, Nebraska, asked me a number of

years ago about the unique structure of the physical therapist practice environment. He said to me, "I don't get it. Physician's graduate from medical school and go out and are their own bosses and form partnerships with other physicians as a business entity. Physical therapists graduate from physical therapy school and go to work for others. Others could be physicians, hospitals, corporations and other physical therapists. What is it that prevents physical therapists from having their own corporate entities?"

I thought that was a very unique observation, especially coming from an orthopedic surgeon, who supports the independence of physical therapists and physical therapist ownership of physical therapy services. How do we fulfill this dream? How do we partake in this vision for the future to bring along other colleagues beside those in this room to autonomous practice in a very rigorous health care environment? We get there step by step by step.

DIRECT AND UNRESTRICTED ACCESS

First and foremost, we need the majority of the states to have direct access through legislation. We now have 34 states and are moving forward with great speed. This year, we are hopeful that an additional 2-3 states will join us in direct access to meet our goal of 40 states in 2004 and all 50 by 2020. Some of you may know that I came from the first direct access state in the United States, Nebraska. We have had direct access since 1955 when the original practice act was written.

DPT

The second step is that the majority of our clinicians truly should be at the DPT level. We all know that many of our patients call us "doctor" even though we are not doctors. This is because they respect us not only for our knowledge but also for our professional approach and our ability to assist them to return to full function. APTA is pursuing a system that will allow all of us somehow in the future to pursue a transitional DPT.

PHYSICIAN STATUS

The next step to this independence of the future is direct access under Medicare Part B. Many of you in this room have wondered about the bill that we will be introducing in this Congress to pursue direct access under Part B Medicare. Is this the right time? Is it too early? Do we have support? No one knows the real answer to those questions, but we do know that we must start now because it will not be a short-term project. We also know that direct access in the state will be assisted by a current pending bill in Congress that will allow us to have physician status

and that these two pieces of legislation will intertwine and assist us as we move forward to gain entry level position in the health care environment. Patient Access to Physical Therapist Act of 2001 will apply to only those states that have direct access.

EVIDENCE-BASED PRACTICE

We must provide the hard-core data and the evidence to validate those interventions and measures that we utilize on our patients. This support must come from within our profession and those that support our profession. If we are truly to be a scientific practitioner, we must have that valuable research.

AUTONOMOUS PRACTICE

The ability to practice without the influence or the needed referral from another practitioner. We will not have autonomous practice in all areas, but for those physical therapy diagnoses that involve musculoskeletal problems, we are and will be the experts of the future.

“Autonomous physical therapist practice is characterized by independent, self-determined professional judgment and action. The physical therapist has the capability, ability and responsibility

SERVICE & PROFESSIONALISM

PROFESSIONALISM

Where are we on this? I would like to give you some information on a study performed by Dr. Ann Hart. She did this while she was at the University of Illinois at Urbana-Champaign. This study was done on 3377 physical therapists licensed in the state of Illinois. What did she find about professionalism of physical therapists? Overall, she found that physical therapists demonstrate low to moderate performance on three essential factors associated with individual professionalism.

to exercise professional judgment within their scope of practice, and to professionally act on that judgment.”

How do we lead others to these goals? How do we move forward to ensure our future? I say to you today that we do this through professionalism and service.

1. All licensed physical therapists should join the American Physical Therapy Association. Those that own their own practices should be 100% a member of the private practice section. They should bring along those that do not belong and be role models for the young physical therapists who need direction in order to move forward through this path. We need to become knowledgeable about state and federal government affairs issues and become politically active through lobbying and PAC contributions. STARK II is an example. Do we want to spend the rest of our lives working for physicians?
2. We need to support evidence-based practice, either by funding money or working in coalitions with researchers who know how to do research and need our clinics for their subjects.
3. We need to support and encourage the transitional DPT.
4. We need to be involved with the state reimbursement committees and the state leaders on solving reimbursement issues. The private practice physical therapist has always been a leader in both political action and solving reimbursement problems.

The number one factor is involvement with the occupational culture. Number two is autonomy of professional judgment. Three is participation in continuing education. On these three essential factors related to increased professionalism, physical therapists demonstrated low to moderate performance. In other words, there was a scale with low professionalism on the left and high professionalism on the right. PTs were in the lower 50% of those individuals known as professionals.

I report this to you today so that it will spur you to action. Change only occurs one by one as a group of individuals decide to assist in reaching the goals for our profession. My good friend, Helene Fearon, recently shared with me a quote from President Theodore Roosevelt, and I would like to leave this with you today.

“Every person owes part of his time and money to the business or industry to which he is engaged. No person has the moral right to withhold his support from an organization that is striving to improve conditions within his sphere.”