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 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 conference 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 Goodfahr, 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 were ice cream uniforms: white shirt, white belt, 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 Barrilleaux, Expandie Laperrouse, 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 boozes, 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 Buxley, Bob Teckmeyer, Jack Garnet, 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 pro-
fection. 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 impact-
ed me and those who attended. A
professional consultant, Robert
Levy, opened our eyes to patient
communication, image, public re-
lations and the marketing effort
that needed to be made. We need-
ed to learn to communicate with
patients and physicians, to inform
the public as to what we were do-
ing. I learned about contracting
with nursing homes and hospitals,
and how to handle billing, Medi-
care, and other insurance reim-
bursement. All of this was new,
and we were all pioneers. Through
the years, there were many I met
in the Section and in the Associa-
tion with whom I could talk and
learn. Today, some of these people
and members of the Association
are some of my closest friends: Al
and Bea Amato, Gini Davis, Larry
and Charlotte Petaulla, Mike Weinper,
Blair Packard, Jack and Gay
Close, Jerry and Mary Connolly,
Ann Grove, Marilyn Moffitt, Sue
Callop, Kent Allop, Bob Hill,
Bill Campion, Mary Jo Marino,
Ron Peyton, Chuck Krupata, Da-
vig 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,
Bob Baird, Danny Francis, Burt
Boldt, to name a few, and exhibi-
tors such as Jerry Thompson, Ber-
nie Zelhoff, Frank Erling, John
Maley and Cy Lehman. Cy was a
pioneer—he introduced us to the
world of a comfortable direct cur-
tent that we could use to get excel-
ent 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
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 reimburse-
ment, education and clinical com-
petence, but we are sophisticated.
We are not only physical ther-
apists, but specialists in physical
therapy utilizing the latest tech-
niques and state-of-the-art equip-
ment. We have sophisticated of-
cices, multiple locations, many of
us with multiple hospital and
nursing home contracts, owner-
ship and contracts with rehabili-
tation 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 recog-
nized profession.

Where do we go from here? I feel
there are wonderful opportuni-
ties, 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 im-
prove to make that possible. We
must promote clinical research,
and there is no better way to do
that than by your generous sup-
port to the Foundation of Physical
Therapy.
2. We still have problems with re-
imbursement, 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 cor-
ner. The marketplace is going to
become significantly more affect-
ed and competitive. You will have
to become more cost effective and
knowledgeable in the manage-
ment of your business and particu-
larly 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 exploit-
ed and/or the therapists are being
exploited. The American Physical
therapy Association has an out-
standing Code of Ethics and Guide
for Professional Conduct. There
are also business and moral eth-
ics. As professionals, we must
follow and adhere to all of these.

Looking even further ahead, I
hope I can see the day when physi-
cal therapists can walk into hospi-
tals 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 physi-
cal therapists because people are
more health conscious and know
what physical therapy can pro-
vide. The public is learning and
demanding that they receive qual-
ity physical therapy treatment.

I want to turn for just a minute
to discuss women in private prac-
tice. 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 sup-
port 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: Don-
na Rodriguez, Gini Davis, Carole
Lewis, Kay Schaefer, Cynthia
Driskell, Jill Flotberg, Linda

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Langley, Elaine Trei, Suzanne Brown, Helene Fearon, Ann Grove, Mary Jo Marino Johnston, Dorothy Santi, Linda Darphin, Sue Isernhaben 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 Association 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.