Focus on Our Last Name: Therapy

By Matthew J. Taylor, PT, PhD

> "Matt, very few businesses ever went out of business because they were overly focused."
>
> *– My mentor, founder of a company traded on the New York Stock Exchange*

In the May 2010 issue of *Impact*, all but one article advocated that fitness and wellness services be an emphasis in physical therapy practice. I believe that type of thinking is both dated and a misdirected application of our resources.

Consider the following (my intention is not to boast but to gain your attention and inspire your thinking): Despite the Great Recession of 2009–2010, my cash-based practice has a 7-week backlog for new patients. These clients who are waiting to get in have very complex, chronic movement challenges and will gladly pay with cash the full price for services.

My viewpoint is founded on a 29-year career, with 8 years of orthopedics/sports medicine as an Army Baylor physical therapist (PT) and post fitness facilitator when corporate fitness first emerged in the early '80s. I then moved into private practice with an innovative business model of a physical therapy clinic integrated into my health club in the early '90s. There we trained fitness personnel to follow screening protocols, supervise and identify faulty movement patterns, and adapt exercise to special-needs populations. In a Midwestern town of 3,500, we had 17 employees and 350 members, many with significant impairments and disabilities. In 2000 we won the "Best of the Best" award for new programming from the Illinois Association of Rehabilitation Facilities.

All very exciting, but not economically sustainable, just as many PTs are discovering today.[1] Today my practice is based on a biopsychosocial rehabilitation model that addresses the complex needs of my clients who were unable to find relief with what we might call "20th century" rehabilitation vendors. I built the practice in a metro area with quite literally a PT on every corner of my neighborhood and corporate- and physician-owned colleagues next door.

That is the background that forms my perspective. What follows is why I think a fitness emphasis is misdirected and dated. I will conclude by offering what I hope is a worthy direction, one consistent with a future autonomous profession of doctors of movement.

Misdirected Focus

My first objection to the fitness push is that we are therapists, who by definition "restore or make fit" (Gk, *therapeía*). Plenty of people need therapy today, and 80 million aging baby boomers are in the wings as savvy consumers with high expectations regarding their level of function and a host of complex, lifestyle-related movement challenges. Every projection for future physical therapy needs predicts our current resource projections will fall well short of serving those needs. Our focus needs to be on developing new delivery models to address their needs with new rehabilitation paradigms that can efficiently and effectively address the complex challenges ahead. We need to get our own house in order before we lead the fitness industry's agenda.

Furthermore, the delivery of fitness services by PTs is economically flawed. We need to leave behind mere exercise prescription and screening to those who can deliver it competently and efficiently (athletic trainers, personal trainers, exercise physiologists, etc.). Let the multibillion-dollar fitness industry do what I and many other PTs were doing 15 to 20 years ago!

VIEWPOINT, continued on page 46

PPS Publications

Private Practice Section of the
American Physical Therapy Association

Private Practice Physical Therapy: The How-to Manual

The How-to Manual is a concise, easy-to-use guide that offers practical, step-by-step advice to physical therapists who are considering starting a private practice or may have just opened a practice. Experienced practice owners will also find valuable information throughout this manual. This book gives the individual reader the opportunity to assess or review the unique strengths and weaknesses of his or her own practice or potential practice.

Editors: Peter J McMenamin, MS, PT, OCS, and James E Glinn Sr, PT
174 Pages, 2002

Private Practice: Strategies for Everyday Management

A vital resource for any private practitioner! This guide contains information needed to start up and manage a private practice. Chapters include planning, financial management, personnel management, marketing, payment, office management, and customer service as well as a list of important resources.

Private Practice Section of APTA
160 pages, 1998

Transitions: How to Position Your Physical Therapy Practice and Create Your Succession Plan

Have you considered a succession plan for your practice for the time in 5, 10, or 20 years or more when you will want to exit? Are you a PT who is interested in gaining ownership into a practice and looking for opportunities? This manual will assist physical therapy private practice owners in creating succession plans that are beneficial to both buyers and sellers of practice equity, and that keep ownership of the business, science, and art of our profession in the hands of physical therapists.

James E Glinn Sr, PT, and Jan Glinn
126 pages, 2008

The Valuation of a Physical Therapy Practice

Know the value of your practice and determine your assets for a loan, plan for retirement, merger, acquisition, or sale. This book examines the various methodologies utilized in establishing the value of a physical therapy practice. Understand the financial and strategic issues involved in valuing your practice and learn how to advance the overall value of your practice.

Philip W Rhoades, MBA, FACMPE
41 pages, Revised 2003

SALE

Impact magazine

Published 11 times per year, *Impact* provides information about legislative and regulatory actions that affect you, need-to-know tips about managing your practice, the latest resources from the section, and much more. *Impact* is a member benefit to PPS members. Non-members may purchase an annual subscription.

Contact Information			
Name:		APTA ID #:	
Address:			
City:	State:	ZIP:	
Email:	Phone:	Fax:	

Payment Type	Card Number	Expiration Date
❒ Check ❒ Visa ❒ Mastercard		/
Signature:		

Item	Qty	PPS Member	APTA Member	Non-Member	Amount
Private Practice Physical Therapy: The How-to Manual		$89	$125	$145	
The Valuation of a Physical Therapy Practice *On Sale Now!*		$25 ~~$55~~	$35 ~~$77~~	$88	
Private Practice: Strategies for Everyday Management		$45	$65	$90	
Transitions: How to Position Your PT Practice and Create Your Succession Plan		$55	$98	$115	
Impact magazine		—	$110/year	$110/year	
Shipping & Handling *(see below for details*)*					
				TOTAL	

*$10 for one book/$15 for two or three books/$18 for all four books.

Any books that are returned must be received at PPS in new condition within 48 hours of receipt by purchaser. A 10% restocking fee on the cost of the publication will be deducted from the refund. Shipping and handling charges are NOT refundable.

Fax your completed order form to 703/299-2411 or mail to
PPS—APTA, 1055 N Fairfax Street, Suite 100, Alexandria, VA 22314
800/517-1167 • www.ppsapta.org

VIEWPOINT, continued from page 44

We have advanced our practice and knowledge, as have our colleagues in the fitness arena. I hear your objection about some of them not being capable or competent. Again, plenty of PTs are in the same boat, as all of us who have hired and had students can certainly attest. Each profession is advancing with its vanguard and its, shall we say, "rear" guard. The fact is, the fitness industry can be sustaining fitness and delivering frontline services more efficiently and, as you will see, also refer clients to us when consultation is needed with the "doctors of movement." That relationship would be analogous to the days when we received orders for specific anatomical structures to receive precise dosages of ultrasound. We have all moved on, thankfully.

Becoming True Doctors of Movement

PTs should be the leaders in human movement science and practice. Normal or optimal movement is really only the foundation of our knowledge base. We must know all the fitness industry knows about movement as our foundation (strength, balance, flexibility, cardiovascular, etc.). Our 20th-century understanding of physical therapy was that our real expertise, after competency in normal function, is identifying dysfunction and impairment and then providing maximal restoration of function and comfort.

The new paradigm we need to embrace in the 21st century in line with *Vision 2020* is that movement with effectiveness and purpose (action) is now understood to involve far more than hardwired motor science and biomechanical prescription. We aren't there yet, and most PTs still practice from the old paradigm as the standard of care. I believe our failure to create a practical biopsychosocial model that reflects emerging neuroscience is a far bigger threat than a trainer performing a strength assessment.

My work as the founder of the research section of the International Association of Yoga Therapists has revealed a new profession that offers a cost-effective model of rehabilitation service. The research is coming out of Harvard, UCLA, MD Anderson, and numerous other education and research stalwarts. Yoga therapists utilize posture, movement, awareness/proprioception, and breathing to generate outcomes that have resulted in the recent National Institutes of Health grant of $4.5 million to MD Anderson Cancer Center.[2] In Ornish et al's recent study of lifestyle modification for men with prostate cancer, they demonstrated an epigenetic effect on regulating both immune-enhancing and tumorigenesis gene expression using the same modalities with the addition of nutrition modification and group practice.[3]

In the arena of workplace wellness we face the same challenge. It isn't rocket science to set up a workstation or modify biomechanics and, in fact, many less expensive options for this service already exist. It does, however, take a doctor of movement to diagnose why an employee sits collapsed posturally in his $1,500 chair. Evidence points to the importance of successful recovery from a work-related injury so that meaningful work can be done. What if using movement, posture, breathing, and awareness could statistically significantly enhance employee satisfaction and retention, work production, and creative organizational change?[4] Well, it does. Our 2-year study at the Courage Center in Minneapolis, Minnesota, yielded those results and more.[5] Blending those physical therapy modalities with new group action research process from MIT[6] and elsewhere rehabilitated not just individuals but also an organization's cultural and fiscal health.

Now those are exciting examples of the future for doctors of movement, but only if we can break out of the old thinking and embrace the opportunity of the complexity of movement in human behavior. Our profession has the potential to lead these breakthroughs in wellness and fitness if we assume the power of our doctoral-level education. Our depth of knowledge in human movement demands a leap in perspective regarding how we deliver care that effectively addresses the full complexity of our future clients.

The challenges of adherence, accessibility to care, and motivation all require unique, creative interventions developed *with* the complex client, not a tear sheet of unrelated repetitive calisthenics. The "average" client who smokes or has diabetes, hypertension, osteoarthritis, mild depression, or neuropathy, or the young child with cerebral palsy from a socioeconomically challenged family, are people that the fitness industry cannot effectively serve by either training or systems. No other profession is positioned to understand and provide insight and care that address the transformational changes needed to shift health behaviors (actions). Such a collaborative relationship celebrating the client as hero and sage is part of that new neuroscience paradigm of patient–therapist attunement.[7]

Through our creative use of the basic sciences of transformational learning—posture, movement, awareness/proprioception, and breathing—PTs can lead future innovations in human wellness and fitness science and practice.[8] Merely making biomechanical diagnoses and prescribing movement and manual interventions has become tantamount to the superficial, technician-level work of the past century.

As doctors (L, *docere,* "to teach"), we should understand and use our ability to educate (L, *educare,* "to draw out") and direct the complexity of care and the biopsychosocial model needed by an increasingly savvy, movement-challenged clientele. This will be the marketplace of real health care reform as the old sick-care system collapses under its inefficiencies. The fitness industry will utilize our breakthrough discoveries about what influences movement in *therapeía*. They will refer clientele they are unable to serve to us for consultation and collaboration, with PTs as the experts.

> The new paradigm we need to embrace in the 21st century in line with *Vision 2020* is that movement with effectiveness and purpose (action) is now understood to involve far more than hardwired motor science and biomechanical prescription.

My concern is, do we have the personal resolve required to break through our tired definitions of physical therapy? Will we step up as those before us did? When I started 30 years ago, the emerging leaders outrageously suggested we should be mobilizing spines, looking at fascia, and making movement diagnoses. At the time, they were viewed as radicals. It is time for another radical (L, "root") change inspired by new possibility rather than huddling back to the safe and familiar world of fitness.

I believe we *can*, we *must*, and we *will* step up. It will take courage, risk, and boldness to create what does not yet exist. Surely the passion that brought us to physical therapy can also fuel us to bring forth the best in future human movement potential. Then those in the wellness and fitness industries can follow our lead. ■

Matthew J. Taylor, PT, PhD, is owner, Dynamic Systems Rehabilitation, Scottsdale, Arizona. He can be contacted at myrehab@gmail.com.

Endnotes

[1] Somers. A look before you leap. *Impact* 2010;May:20-21.

[2] *MD Anderson Receives 4.5 Million Grant, Largest Ever for Study of Yoga and Cancer.* Cancer Newsline Video Archives, MD Anderson Cancer Center; Spring 2010. http://www.mdanderson.org/newsroom/cancer-newsline/video-archives/index.html. Accessed May 14, 2010.

[3] Ornish et al. Changes in prostate gene expression in men undergoing an intensive nutrition and lifestyle intervention. *PNAS* 2008;105(24):8369–8374.

[4] Taylor MJ. Creating a vibrant business model through times of change [notes from presentation]. PPS Annual Meeting, November 13, 2009.

[5] Flynn N, Olson J. New age solutions to old age problems [notes from presentation]. AMRPA Conference, October 6, 2009.

[6] Scharmer CO. *Theory U: Leading from the edge as it emerges.* Boston, MA: SOL; 2007.

[7] Siegel DJ. *The mindful brain: Reflection and attunement in the cultivation of well-being.* New York, NY: Norton; 2007.

[8] Ekerholt K, Bergland A. Breathing: A sign of life and a unique area for reflexion and action. *Phys Ther.* 2008;88:832–840.