Twentieth Mary McMillan Lecture

Great Expectations: A Force in Growth and Change

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Thank you for being here today to share this event with me. All of the McMillan lecturers who have stood before you in the past would join me in saying that this honor is not mine alone, for whatever I have become, I owe to the many persons who have touched my life and left their indelible mark.

The gracious letter from President Richardson inviting me to be the 20th Mary McMillan Lecturer stated, "The title and subject matter of your presentation is left to your discretion, but the content should relate to the distinguished contributions you have made to the Profession." The word *Profession* was capitalized! That should have been a warning. Several weeks later, after the glow from the congratulations of my friends had dimmed, the reality of what I had accepted as a thrilling honor surfaced! In 1975, Dr. Helen Hislop admitted to near paralysis as she rose to speak to you. I admit to that and to praying for a whole year that something like a mild but extended bout of the plague would incapacitate me until early July 1985. But nothing, mild or otherwise, has happened to relieve me of this appointed hour.

Determining a title and content that could reflect "contributions to the Profession" was an intriguing but fearsome assignment. When the deadline for a decision came in February, the competing possibilities gave way to the one that kept elbowing its way to the front. I could no longer resist choosing "Great Expectations: A Force in Growth and Change."

As I reviewed my past in relation to the profession, and in general, the reason that title kept forcing itself into my consciousness was no longer a mystery. This week is a homecoming for me. Here in the state of Louisiana, in the town of Eunice, I was born and christened Genève François Richard—note, not Françoise, but François. That may have been a distinction that held no significance for my parents because their intent was to name me for my uncle Francis. Still, that tiny difference in spelling gave me three other Francises as powerful models and advocates. All were teachers and preachers; all were seekers of the truth; all were healers; all were gentle, strong, generous, and loving; all were criticized for their beliefs at some time. Although I lay no claim to having the virtues of those great Francises, I do believe my fate was sealed by the baptismal waters and the naming ceremony. Great expectations were implicit.

The earliest expectations I remember were those of my paternal grandmother. When my older brother entered the first grade, she expected me to enter, also. Long before that, she expected us to have quiet times in the heat of the Louisiana summers, so she taught us to play cards and dominoes. Even earlier than I can remember, as I learned to speak, she expected me to speak in both French and English. The French lingers in my head but is limited mostly to a few useful phrases like, "C'est la plume de ma tante." Thank heavens, the English took a slightly firmer hold.

Of course, the expectations did not end with my grandmother, who died when I was 8 years old. My mother had her own set, which included acceptable academic performance and independence. My brothers and sisters expected strength of character and constancy. Later, the nieces and nephews were satisfied with love and presents at Christmas and on their birthdays, but my friends were less reasonable. They expected letters and visits. Patients expected competence and compassion. Then, students expected knowledge, precept, example, and tolerance for late assignments. Some colleagues expected single-minded devotion to the profession and othere never quite knew what to expect. And, then, my husband expected me to be home—sometimes.

Because I am fortunate enough to have with me today some of the wonderful people whose expectations have made such a difference in my life, I would like you to meet them—my husband, Bart, who encouraged me, helped me with a multitude of projects, and allowed me to grow into a certified rabble rouser; my sister, Sylvia Mayeux, who has been my example of patience and diplomacy; my wonderful nieces, Donna Irvin and Camille Bercier, who have been a constant source of joy; my aunt, Glynn Richard, whose husband, my Uncle Francis, was my model of a loving, responsible person; my other mother, Ruby Kinser Broussard, one of my earliest mentors, who taught me about laughter and its healing power; and my other sister, Charlie Ray Holms; my college friends, Dr. Jane Ellen Carstens, Mattie Broussard Hickman, and Rosalie and Joe Bienvenue; my dearest colleagues in the search for excellence in education and research, Dr. Dorothy Pinkston and Dr. Don Lehmkuhl; the graduates of Case Western Reserve University who hold a special place in my heart and who are responsible in large measure for the honor I am receiving today; the colleagues from The Institute for Rehabilitation and Research who were my partners in an exciting adventure in search of excellence in patient care, clinical research, clinical specialization, administration, staff develop-

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ment, and postgraduate education; my colleagues and support system in administration, members of the Greater Houston Physical Therapy Forum; and the members of the Texas Chapter. Although my mother, Pearl Darbonne Richard, cannot be here today, I want to acknowledge her contribution to my growth. It was she who taught me the value of perseverance in times of happiness and in adversity or crisis.

In this audience are many other people to whom I am deeply indebted for their guidance, encouragement, assistance, friendship, and love. I would like to acknowledge each one singly, but the list is far too long to do that today.

THE INFLUENCE OF GREAT EXPECTATIONS

The influence of great expectations, those we have of ourselves and those others have for us, is a force that may have positive or negative results. Ultimately, the judgment of the nature of the results depends on the bias of the observer who assesses the outcome. If my biases show today, that will be no accident.

Any contributions I have made to the profession have been a result of an abiding conviction that we, as a profession, have the potential to be far more than many of us have dared, or sometimes cared, to dream. Even though at times we seem to have been cautious to an extreme for fear of offending one group or another, we have acted as a body on tough, important issues. From time to time, the dissent among us on an issue divided us into warring camps, and, yet, we have persevered in our efforts to reach equitable solutions to the problems that divided us. What we have accomplished since the inception of the American Physical Therapy Association in 1921 is an incredible testimony to our founders. I am almost sinfully proud of physical therapists, for our achievements in so short a time have been phenomenal.

One contribution I have made toward the advancement of physical therapy is to expect physical therapists to be responsible for their actions, to care about themselves and each other, to value their contributions to patient care, and to create their own futures. I have been able to visualize limitless possibilities for the profession and to share that vision with others.

THE PARADE OF THE PAST

Because we cannot change the past, our hope for the achievement of our goals lies in the futures we create. If you believe as I do that the past is prologue, we can look forward to drastic change in physical therapy over the next 20 years.

When I began to visualize what we will look like in the year 2005, I invited the past to parade in review. The theme of our parade has changed over the years, depending on who had charge of the entries, but our parade has been like all others. Some of the entries have been beautiful; some have been marvels of ingenuity; some have been perennial repeaters; and some should never have seen the light of day.

The unusual nature of the entries of the time between 1921 and 1954 suggests that the theme was "The Uncharted Waters." Events unfolded slowly at first. I recognized the names and faces of some of the remarkable people whose contributions in the first two decades of our history laid a firm foundation for our present.

The pace of the parade was steady but not hurried from 1921 until the years of World War II. Notable entries, ranging from superb to sad, began with the mighty expectations of Mary McMillan and the 20 other pioneers who founded the Association in 1921. Their stated purpose was "...to establish and maintain a professional and scientific standard for those engaged in the profession of physical therapeutics; to increase efficiency among its members by encouraging them in advanced study; to disseminate information by the distribution of medical literature and articles of professional interest; to make available efficiently trained women to the medical profession; and to sustain social fellowship and intercourse upon grounds of mutual interest."[1] The statement was modified later to encourage qualified male physical therapists to join the Association.

In 1927, a scant six years later, an entry shows us a newly adopted constitution that reflected an expanded vision of the future. Expectations of members were stated explicitly in the purpose:

a) To form a nationwide organ which will establish and maintain a professional and scientific standard for those engaged in physical therapy.
b) To promote the science of physical therapy by cooperating in the establishment of standardized schools of physical therapy and encouraging scientific research in the profession.
c) To cooperate with or under the direction of the medical profession and to provide a central registry which will make available to the medical profession efficiently trained assistants in physical therapy.[2]

Members of the fledgling organization proceeded to establish educational programs to prepare physical therapists; develop a mechanism for approving existing educational programs and the new ones that opened; develop a national publication; organize local chapters as components of the Association; increase the membership through an active recruitment program; and hold national meetings of the Association, including scientific presentations.

Meanwhile, individual members were employed in a wide variety of settings throughout the country—in hospitals, public health agencies, industrial clinics, physicians' offices, schools, and private practice. Those early physical therapists clearly expected to be accepted as professionals who had plenty to contribute to health care in their communities.

The next parade entries of note had long-term negative effects. Of the responsibilities so willingly and enthusiastically undertaken by our early

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members, the activities related to approving educational programs proved too costly and time-consuming. The young organization had virtually no funds, no personnel, and little power to use in fulfilling its obligations in the approval process.

To allow programs to develop without meeting the minimal standards established by the Association was an unthinkable alternative. Members chose, instead, to turn to the American Medical Association for assistance in solving the problem. In 1936, the Council on Medical Education and Hospitals of the American Medical Association assumed control of the approval of our educational programs.[3]

The decision to request assistance from the American Medical Association stemmed from the expectation that educational programs in physical therapy must meet specified standards. Our members, at that time, acted in accord with that expectation. Nevertheless, a wrong decision, made for the right reasons, caused us pain, humiliation, and untold hours of fruitless negotiation before we regained control of accreditation.

The other unfortunate entry in our parade occurred somewhere between 1927 and 1954 and distorted the original purpose and functions of the Association. Section 2 of the Certificate of Incorporation and Article II of the Bylaws stated the following:

> The objects of the Association are to promote the art and science of medicine through an understanding and utilization of the functions and procedures of physical therapy in the prevention, treatment, or alleviation of human ailments and the maintenance of or restoration of health. To accomplish these objects the Association, among other things will (1) establish and maintain adequate professional and scientific standards for physical therapists who practice under the prescription, direction and supervision of licensed physicians; (2) aid in the establishment of educational standards and in scientific research in physical therapy; (3) maintain by means of a single registry a list of physical therapists competent and qualified to administer adequately physical therapy under the prescription, direction and supervision of licensed physicians; (4) promote a widespread utilization of such list to the end that the facilities and methods employed in physical therapy may augment effectively the services of American medicine; (5) provide available information concerning physical therapy; and (6) do any and all other acts indicated for the attainment of these objects.[4]

A NEW LOOK

The parade took on a new look in 1954 when the House of Delegates adopted significant amendments to the Certificate of Incorporation and the Bylaws of the Association. The Certificate of Incorporation, Section 2, was amended to read as follows:

> The object of this organization shall be to foster the development and improvement of physical therapy service and physical therapy education through the coordinated action of physical therapists, allied professional groups, citizens, agencies and schools to the end that the physical therapy needs of the people will be met.[4]

Article II, Functions, Section 1 of the Bylaws was amended to read as follows:

> The functions of the American Physical Therapy Association in furtherance of the object set forth in the Articles of Incorporation shall be the following[4,5]:
> (a) To define functions of physical therapists and promote standards of physical therapy service.
> (b) To promote physical therapy by defining and developing sound standards of physical therapy education and by cooperating in planning the development of adequate facilities of good organization, administration and curricula.
> (c) To promote legislation and to speak for physical therapists in regard to legislative action concerning general health and welfare programs.
> (d) To promote and protect the economic and general welfare of physical therapists.
> (e) To provide consultation and other services within the purview of the American Physical Therapy Association to individuals, agencies, schools and communities.
> (f) To represent physical therapists and to serve as spokesman with allied professional, governmental and international groups and with the general public in regard to matters relating to the object of the American Physical Therapy Association.
> (g) To promote scientific research in physical therapy.

The 1954 amendments are historic because in them we renewed our original focus on the development of physical therapy as a distinct profession apart from medicine. For the first time, we formally declared that we would promote both our economic welfare and legislation to regulate the practice of physical therapy, provide consultative services, and represent physical therapists as a spokesman. In short, we began making sounds like a real profession. The 1954 statement of the Objects and Functions was one of the most spectacular parade floats from our middle years.

Now, the parade began to gather momentum and the floats bunched together. Events moved so rapidly that keeping them sorted out was a near impossibility. Membership grew a whopping 78% between 1954 and 1964.[6] Institutions offering educational programs increased from 35 in 1955[7] to 42 in 1964. The baccalaureate degree programs outnumbered the certificate programs by 10 in 1964, and 1 program offered a master's degree for the initial professional preparation.[8]

Legislation regulating the practice of physical therapy grew from 19 states and the territory of Hawaii in 1954[9] to 45 states and Puerto Rico in 1964.[10] Special interest groups began to organize and then to form sections. The Mary McMillan Lecture and Award was established in 1963. During those years, other prestigious awards were created to honor members for their special achievements.

BEYOND THE BLUE HORIZONS

The next two decades, 1965 to 1984, ushered us into the world of high technology. The number of parade entries increased and the speed of their passing was frightening. Dramatic changes in all spheres of physical therapy—service, research, and education—flashed by from 1965 through 1984.

The entries in education were moving so fast, they banged into each other. Administrators in many universities and colleges saw the rising star, physical therapy, and hurried to capitalize on its appeal. The influx of college students making a preferential choice for physical

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therapy was a boon to many institutions with sagging enrollments in other disciplines.

In 1965, 45 institutions offered a total of 62 educational programs: 35 at the baccalaureate degree level, 1 at the master's degree level, and 26 at the certificate level.[11] By 1975, the number of institutions had increased to 69 offering 81 programs: 63 at the baccalaureate degree level, 5 at the master's degree level, and 13 at the certificate level.[12] In 1984, 103 institutions were offering a total of 107 programs: 88 at the baccalaureate degree level, 13 at the master's degree level, and 6 at the certificate level.[13] The increase in institutions offering courses is continuing.

Although the astounding increase in the number of programs surely means that more physical therapists are available, the demand for physical therapists appears to be insatiable. The unhappy truth is that we continue to have a critical shortage of able clinicians, in spite of having nearly twice as many programs as in 1965. Now we have compounded the problem by creating a monumental need for another commodity in short supply, qualified faculty.

We had another beautiful parade entry in 1977 when years of patient but persistent negotiation culminated in recognition of the Association as an official accrediting body for educational programs in physical therapy. Even more beautiful was the 1983 decision by COPA to make APTA the sole accrediting agency for physical therapy education.

Another crucial decision related to education resulted in a magnificent entry in 1979. That was the year the House of Delegates adopted the policy that entry-level education for physical therapy must be at postbaccalaureate degree level by December 31, 1990.

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Research was entered in the parade early in our history but never required much space until recent years. Progress in research is most evident by the quantity and quality of research and special interest papers presented at our annual conferences. In 1965, we had a leisurely conference in Cleveland, Ohio, with 28 invited speakers, most of whom made their presentations in concurrent sessions. One afternoon was devoted to 17 original investigative papers given in three concurrent sessions.[14]

This week we are scheduled to hear 20 invited speakers. In addition, 206 research papers will be presented—80 as platform papers and the remaining 126 as poster papers. Special interest presentations will include 42 platform papers and 35 poster papers.[15]

The great number of entries on practice has given us reason to feel proud as our parade passes. New approaches devised by physical therapists have been used successfully in resolving problems related to motor behavior. Many of those methods are undergoing careful scrutiny by the scientists in physical therapy.

As our practice changed, so did the practice environments. In our early and middle years, about 90% of us were employed in hospitals. In 1969, that number had been reduced to 75%. A 1983 membership study showed a further reduction to 42%.[16]

During the past two decades, we have added to our ranks a large number of young, bright, knowledgeable, questioning, articulate physical therapists. That addition has made us visible in many new and different settings. Many physical therapists now are creating new opportunities for employment and are in settings that range from the football field to the experimental laboratory.

By 1971, all 50 states, Puerto Rico, and Washington, DC, had enacted legislation regulating the practice of physical therapy.[17] As of June 1985, in 27 states evaluation without referral is legal and in 8 of those states physical therapists may practice without a referral.

You might have chosen other entries to include in a review. My selections were meant only to highlight events of certain eras in our development.

GREAT EXPECTATIONS FOR 2005

The parade continues and in 1985, the pace is incredibly swift. A vision of the action in the next 20 years is bound to include alternatives because we are free to create a variety of futures from which to choose. My own expectations for us are like the stars, too numerous to count, but I will present a small selection.

"I expect us to be clear about who we are, if the physical therapist is to be recognized as a professional."

The theme of the parade that begins today is titled "Over the Rainbow" or "If You Never Have a Dream, How You Gonna Have a Dream Come True?"

My first float in the parade for 1986 to 2005 is titled "Physical Therapy—A Profession." The two core characteristics that are necessary for the classification of an occupation as a profession are "a prolonged specialized training in a body of abstract knowledge and a collectivity or service orientation."[18]

No one can question our service orientation or that we have banded together to further that service. What keeps us teetering on the brink of public acceptance as a profession is the lack of "a prolonged, specialized training in a body of abstract knowledge."[18]

Changes in education are the key to full professional status. Therefore, I expect that preparation for practice must include opportunities for students to develop skill in the political process at all levels of government and in organizations; skill in negotiation, communication, and use of the computer; and knowledge in economics, accounting, the behavioral sciences, the humanities, mathematics, the biological and physical sciences, pharmacology, medical sciences, and the science and art of physical therapy.

Because our students in the future will be older, self-directed learners, I expect them to have major responsibility for their own advancement. Consequently, in a short time, we will find that our traditional lock-step curriculum will be neither appropriate nor adequate. Creative and immediate curriculum change must be in our parade. I expect the faculty for our new and different curric-

ula to serve as facilitators, guides, mentors, and enablers of learning. I expect us, as an Association, to help faculty develop into a changed role that is not clearly defined at this time.

I expect us to develop schools or colleges of physical therapy in universities, and freestanding, degree-granting schools outside the usual academic setting. Consequently, we must become expert fund raisers and revenue generators. We must explore the resources that may be available from governmental agencies, private foundations, and individuals. Even though we have a great deal to learn about the process of fund raising, time is the major cost of learning, if you can discount a bruised ego when you are not successful every time you ask for money.

The development of schools and the continuation of programs call for faculty. While we are developing an adequate pool of academically qualified faculty, we must make use of the precious resource we have in our clinicians for part-time faculty. In addition, we must develop a large pool of visiting faculty, some of whom may be available only at certain times of the year. That means adapting to their schedules by building flexible curricula.

We must explore the possibility of establishing consortia, in geographical areas where that is practical. Interinstitutional agreements of that kind will allow us to share some of our most able specialists. I expect faculty to develop major practices that will produce income and serve as sites for clinical education.

I expect at least one half of all our members to be prepared at the doctoral level by the year 2005. Consequently, I expect the development of 8 to 10 strong doctoral programs to be ready for applicants—day after tomorrow. I expect us to develop the professional doctorate in physical therapy as the standard for entry-level education within the next five years. By 2005, my great expectation is that we will have at least 50 such programs. On the basis of the trends in physical therapy education for several decades, in 1970 I predicted that we would have 90 programs by 1990. My prediction was off by several years and in 1985 we have our 100 programs. Our expectations are guidelines that can lead us beyond goals that may be too modest.

I expect programs that cannot or that refuse to meet the December 31, 1990, mandate to be closed by physical therapists. Instead of fighting a losing battle, I suggest abandoning ship. Struggling against the inevitable serves no good purpose. In a real sense, maintaining such a program is a disservice to faculty, students, and the public. Faculty who remain in that kind of setting permit a form of exploitation to which physical therapists seem to be willing partners. I hope that soon we will recognize how we are exploited in many areas and refuse to be participants in the process.

Our professional image and behavior must be above question. I expect us to remove from our minds the notion that we are a part of medicine or allied health. If we are the profession we claim to be, then we cannot be a part of another. As for allied health, I am waiting, and have been waiting since the early sixties, for a definition of that term.

"I cannot be certain what our tomorrow will be like. One thing I am certain about is that your tomorrow and mine will be what we choose to make it."

Those who say they are in Sports Medicine must decide if they are physical therapists practicing physical therapy or if they are illegal practitioners of medicine. We guard our boundaries jealously; so do physicians. We cannot walk on both sides of the street at the same time.

Other language I expect us to discard, if we are serious about being recognized as a profession, includes ancillary, which literally means handmaid; affiliation when we mean clinical education; and Chief instead of Director as the designation of the physical therapist in charge of a treatment unit. I expect us to eliminate all written and spoken jargon and the use of the initials, PT, when we speak or write about physical therapy or a physical therapist. We cannot afford loose language in describing ourselves and what we do.

In the near future, I expect all physical therapists to be practicing from a community base. No one will be employed by a hospital, with the possible exception of those in a veteran's facility. That is not to say that we will not be employed *in* hospitals, but our relationship will be a contractual one. I expect many more physical therapists to form their own corporations or private or group practices. Within 10 years, I expect us to be an entry point into the health care system with suitable legislation in effect in all 50 states, Puerto Rico, and the District of Columbia.

Our emphasis in practice must include maintenance, development of function, and prevention of dysfunction for all age groups. Restoration will continue to be a major focus as long as people are disabled by disease or injury.

Within the next 10 years, I expect all physical therapists will have accepted their responsibility to participate in research. At the least, clinicians must contribute by initiating and maintaining meaningful, accurate, timely, and systematic client records. Physical therapists must be involved in research to determine the efficacy of their interventions, and I expect all faculty to be involved in a research program, singly or in a group.

We are not competing favorably in the publications market. Lately, books that we would expect to be written by physical therapists are written by physicians and occupational therapists. I expect that many in our midst will be publishing their research results in refereed journals; books and articles on theory and practice in patient care, education, and administration; or chapters in edited publications.

I expect us to be clear about who we are, if the physical therapist is to be recognized as a professional. We must not confuse the public as the professions of nursing and occupational therapy have done. The physical therapist assistant is not a professional and, as valuable as that category of personnel is, we must keep our roles separate and distinct. I expect us to help the physical therapist assistants to meet their needs through programs that are suitable and at their level. I expect the Association to be reorganized to attend to the special needs of the physical therapist assistant as well as to meet the expanding and urgent needs of all members.

I expect us to become mature about dues for the Association and to be will-

ing to underwrite the cost of activities we mandate through our House of Delegates.

I expect us to market ourselves and our services to the public, governmental and private agencies, our professional colleagues, insurance companies, hospitals and other patient care facilities, business and industry, and to the universities and colleges that house our educational programs.

Of all my expectations, the greatest is that we will remember that we are in physical therapy to provide care to people. They deserve our best service, our respect, and our full attention. We must remember to engage our hearts with our heads and hands as we give service.

I cannot be certain about what our tomorrow will be like. One thing I am certain about is that your tomorrow and mine will be what we choose to make it.

My life in physical therapy has been a series of serendipitous events that began when I found a United States Army recruiter who could tell me about the Army's educational programs in physical therapy. The newest event is this one. In the years between, when a door has closed behind me—or has been forcefully slammed—other doors have been in view, waiting to be opened. I have known that the opportunity to succeed or to fail lay beyond whichever door I entered. I also knew that the choice was mine to make.

I choose to make my tomorrow one of independence to function in the best interest of those I serve in health and dysfunction—patients, clients, families, students, colleagues, and the public. I choose to give that service with compassion and concern and to consider the whole person as I provide service. I choose to found my service on a breadth and depth of knowledge that helps me to understand how we behave in health and dysfunction and how we adapt and control our environment to accommodate our needs. I choose to search for answers to the baffling question of why my intervention makes a difference, and then to share that information with you in a tangible form. I want to be in control of my destiny. I hope you want that, too.

With you, I have been a part of our glorious past. With you, I am part of our exciting present. With you, I want to be a part of the brilliant future that will come as we fulfill our great expectations.

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