2008 Pauline Cerasoli Lecture
Physical Therapy: A Profession of Purpose, Promise, Potential, and Power

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INTRODUCTION

Our earliest ancestors discovered the soothing, healing powers of the cold waters in sheltered running streams and in the warm waters of those heated by the sun. Sun-warmed rocks were used in those earliest times to ease pain from injury and to bring comfort to the ill. The sun, too, was used as a healing agent for open wounds. Massage was a natural inclusion in the physical procedures that brought comfort and relief of pain. Exercise was an essential procedure, required for regaining strength and stamina after injury or illness. In the 19th and 20th centuries, physical therapy was described by those physical measures: heat, cold, massage, exercise, and later electricity was added, when we discovered the electric eel as a source of electrical power. Still later, ultra-sound was added to the list that described the procedures used by physical therapists.

Although purely physical measures were used first to create what we proudly call physical therapy today, those early healers, mostly women, were careful observers of the behaviors of the animals in their territory. They noted that certain herbs, plants, and berries were selected by animals to chew or eat when they had wounds or seemed to be ill. By the judicious selection and use of herbs, plants, and berries, those early Doctors of Physical Therapy discovered that some herbs, plants, and berries could heal and relieve pain in their ill and injured population unit.

Thus, an important supplement was added to their primary health care procedures and what we know today as Pharmacology was created. The practice of the Doctors of Physical Therapy flourished in those early times, and before long, they held the esteemed role of Primary Health Care Practitioners. In that role, they attended to all of the health care needs of their population units. Eventually those self-educated, but learned, skillful, dedicated health care practitioners, that is, the Doctors of Physical Therapy who also were the Health Care Practitioners, were replaced by an array of other practitioners who chose to specialize by treating individual body systems and using medicines and surgery as preferred treatment for injury and disease.

Physical Therapy can lay claim to a history in health care in parallel with nursing. Both professions provided a foundation for the rise of other groups that moved ahead to assume leadership roles and control in the provision of health care services.

Let us leave the past and fast-forward to 2008 for answers to these questions: Are we ready to recapture our legacy that is perhaps millions of years old? Is physical therapy a profession of purpose, promise, potential, and power?

PURPOSE

All activity, in any form, is derived from a need for action. The actions chosen to satisfy the need are the result of an identified purpose.

Purpose[1] is defined as something one intends to get or do, determination, or the object for which something exists or is done.

The American Physical Therapy Association was established in 1921 with a purpose that was modified somewhat in 1927. The 1927 statement reveals that our founders had a broad vision for the future, that is, "a) to form a nationwide organ to establish a professional and scientific standard for those engaged in physical therapy and b) promote the science of physical therapy by cooperating in the establishment of standardized schools of physical therapy and encourage scientific research in the profession.[2] They also pledged themselves "to cooperate with or be under the direction of the medical profession." After all, this was 1927 and we were a long way from those early times when physical therapists had the freedom to function as primary health care practitioners.

Changing the concept of "under the direction of and supervision of" to a collaborative relationship with physicians took us many, many years. Over time, we have worked tirelessly to pass state laws that replaced the use of the term "direction of and under the supervision of" to "referral from." A few state laws have eliminated the requirement for a referral prior to evaluating, diagnosing, planning, and intervening by a physical therapist. However, payment for services not requested by a physician, or another health care provider listed in a state law, remains an unresolved issue with third-party payers.

The 2006 version of the purpose of the American Physical Therapy Association does not stray far from the intent of the 1927 version. In 2006, the House of Delegates adopted bylaws that included: Article II: Object. The object of this Association is to represent and promote the profession of physical therapy and to meet the needs and interest of its members in order to address the physical therapy needs of members of society and to develop and advance the art and science of physical therapy, including practice, education, and research.[3]

Both statements include service to those who need physical therapy, education to prepare physical therapists to deliver the needed services, and research to substantiate the basis of practice in physical therapy.

I believe, however, that the practice of physical therapy is the delivery of physical therapy services, education, and research; indivisible components of the practice of physical therapy. For that reason, I do urge us to use the broad term "delivery of physical therapy services" that more accurately describes our functions in patient and client care.

Because you or I may choose to devote our time and talents to research or education does not mean that we are not practitioners of physical therapy. Our practice is different but inextricably connected to the delivery of physical therapy services—administration, supervision, and the other aspects of evaluation, diagnosis, prognosis, planning, and intervention.

Meeting the physical therapy needs of society, especially if we take the world view of society as encompassing more than the United States, means that we must understand that our purpose is to deliver physical therapy services to an estimated population of 300,000,000 in the United States and untold millions in nations without adequate health care services.[4]

At this time, we do not have a reliable way to predict how many physical therapists and physical therapist assistants must be prepared to meet those needs. Marc Goldstein and consultants are at work devising a method for estimating personnel needs for the present and how to predict needs as circumstances change over time (M Goldstein, written communication, January 2008). That kind of information is crucial to making judgments about how to fulfill obligations related to all components of physical therapy practice.

A major factor in making decisions, for now and later, is that physical therapy has much more potential than our forbears imagined. Already, physical therapists and physical therapist assistants are involved in the whole spectrum of essential services for prevention, development, maintenance, and restoration of function for all age groups. The possibility of expanding into new and challenging environments, including the underserved populations in our communities, and those in other countries, is a dream without much hope of fulfillment unless we make plans immediately to expand the size of current educational programs.

Physical Therapy is known as a health care profession with a strong purpose of service. To serve our own burgeoning population, undoubtedly, means that a minimum of 300,000 physical therapists are needed immediately with none to spare for service in the underserved nations of the world.

We are not alone in feeling that we have too few qualified practitioners to serve our nation's needs. Physicians and nurses share the complaint of shortage of qualified practitioners to serve society's demands for their health care services.

PROMISE

What then is our promise to ourselves as physical therapist primary health care practitioners and to the people we serve now and are obliged to serve in this century?

The definition of *promise* is an agreement to do something and/or to give a basis for accepting (eg, a pledge, an assignment, an appointment).[1]

The object of the American Physical Therapy Association binds all members to the pledge of providing physical therapy services to all who need them, to behave in accordance with the Code of Ethics, to be continuing learners, to be participants in research that will answer the question of why our services are effective, and to advance the science and art of physical therapy.[5]

First, we promise the populations in United States, who need our services, that we will have an adequate number of highly qualified physical therapists and physical therapist assistants to meet their physical therapy needs. We promise them that practitioners will be competent, that is, knowledgeable, skillful, caring, compassionate, confident, committed to excellence, ethical, and legal in practice. We promise the public that primary care practitioners and specialists in physical therapy will continue to learn throughout their years of service, contribute to the advancement of the profession through research and sharing of their knowledge and skills in oral and written formats, and to be their advocates for the services they need in all treatment environments.[6]

Further, we promise to join with representatives of other health professionals in advocating for state and federal legislation to provide financial support for the health care services needed for all of our population units.

We promise our learners that academic administrators and faculties will be like their peers in the delivery of services: competent, knowledgeable, skillful, caring, compassionate, committed to excellence, confident, ethical, and legal in practice.

We promise that all faculty members will have the necessary credentials to be facilitators of learning and will be in sufficient number to provide excellent opportunities for learning.

We promise that the physical facilities, and other requirements needed to encourage learning, will be available in all educational programs.

We promise our graduates choices in employment that are satisfying, rewarding, and challenging; opportunities in employment that will surprise and delight them; and times of joy as their patients and clients succeed in achieving their goals. And, because not all paths are strewn with rose petals, we predict times of sadness and grief as some patients and clients are overwhelmed by the effort to make gains toward goals and leave without maximum recovery or do not survive. Most of all, we promise our graduates pride that comes from a performance well done, knowing that they have given their best in service to a patient or client.

To fulfill our promises to our peers, colleagues, learners, graduates and the public, we must plan how we can manage care for a population of 300,000,000 people in the United States. All are in need of something from one or more of the components of physical therapy: prevention, development, maintenance, and restoration of function.[7]

The best estimate we have of the number of licensed physical therapists in the United States today is 172,000 practitioners (M Goldstein, written communication, January 2008). An unknown number of those practitioners hold licenses in more than one state but that is not a major issue in accepting this estimate. The annual attrition also is an unknown but may be as low 2% or as high as 7%. [10] No estimate of attrition has been confirmed by any recent research.

In 2007, the number of graduates from 211 educational programs was 5,553 (MJ Harris, written communication, December 2007). That number probably is enough to replace the loss from attrition, perhaps, but not enough to make much of an increase in the existing pool of physical therapists. Although we have no accurate estimate of how many physical therapists and physical therapist assistants will be needed to fulfill our promise to meet the challenges of 2008, and the rest of this century, we must not avoid the obligation to be prepared. We have a dilemma to face immediately. I believe that we are capable of finding the ways and means to do so.

POTENTIAL

Physical therapy is a profession of purpose and promise with more potential than some have considered possible to achieve.

Potential is defined as: something that can come into being, is possible to achieve, and/or may be latent.[1]

In 2000, the House of Delegates adopted a bold and positive policy that bodes well for reclaiming our ancient legacy and the fulfillment of our potential as a health care profession. The Vision Statement for Physical Therapy 2020 put physical therapists on notice that by 2020 all professional practitioners of physical therapy must hold a Doctor of Physical Therapy degree (DPT) and be prepared to function as full partners with other health care professionals in the delivery of health care services in the United States. In addition, we are to be prepared to assist in the development of health care services in underserved geographic areas around the world.

Additionally, our colleagues in other health care professions and administrators in institutions housing educational programs in physical therapy were put on notice that the intent expressed in the Vision Statement for Physical Therapy 2020 was in effect. The expectation of full compliance with Vision 2020, no later than 2020, is clear.

The original Statement minces no words and is specific about expectations:

By 2020 physical therapy will be provided by physical therapists who are doctors of

physical therapy, recognized by consumers and other health care professionals as practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health.[9]

The adoption of the Vision Statement for Physical Therapy 2020 set our imaginations afire with thoughts of how to reach patients and clients who would make a first choice of the physical therapist as a manager of their health care, especially for prevention, development, and maintenance. In the restoration of function, the physical therapist holds an acknowledged position as an essential contributor to a process that requires the collaborative efforts of close associates in other health care professions. We do have the potential to enlarge our practice far more than many of us have dreamed so far.

When the 2000 House of Delegates adopted the Vision Statement for Physical Therapy 2020 as a policy, with a date for compliance, the way was opened for incredible opportunities for physical therapy. Physical therapists must willingly accept the challenge to be the leaders, not just followers in the path of other health care professionals, in developing new approaches to meeting the needs of the underserved populations in this and other countries. To do so, all physical therapists must have academic and experiential preparation that is at least equal to those available for others in the doctoring professions. Among the doctoring professions requiring a baccalaureate degree for admission to their educational programs are: medicine, dentistry, osteopathy, and podiatry. Admission to educational programs in physical therapy should meet that same standard, if we expect to be accepted by the public and by our colleagues in other health care professions, as a doctoring profession.

The education of physical therapists as Doctors of Physical Therapy, and the behaviors demonstrated by the graduates of the current 190 doctoral programs, must convince the publics we serve that we are a doctoring profession and that our practitioners have the necessary credentials for that designation: depth of knowledge, skills, and values associated with the public acceptance of any group as health care professionals. Our aim is that physical therapy will be acknowledged as a health care profession and as a doctoring profession.

To achieve our potential prior to 2020, emphasis must be given to change in all components of practice: delivery of physical therapy service, education, and research. Because all components are interactive, no one can exist without the others. Therefore, a plan of action for one component will have an effect on the other two.

Education

Among issues that are specific to education are the recruitment of qualified candidates for admission, development of qualified faculty and academic administrators, organization and utilization of resources, criteria for admission, and increased enrollment in all of our programs for physical therapists.

Recruitment Strategies

Events in the recent past, especially in federal legislation, dramatically lowered the applicant pool in many educational programs. To increase the number of physical therapists to fulfill the promise of Vision 2020, we must continually recruit more bright, energetic, committed, and disciplined individuals into the profession. For all of us, this must be an activity with high priority.

A creative plan would focus efforts on learners of all ages. In general, we have concentrated our recruitment efforts—advertisements, brochures, visits to schools—on high school and college students. Long-range planning means that we must begin our recruitment efforts much earlier. We can start by introducing children in the third and fourth grades to the promise of physical therapy as an interesting and exciting profession. Societal changes and technology have made this age group mature enough to begin exploring what a career in physical therapy involves and what the role and functions of the physical therapist and the physical therapist assistant are. By continuing to be a presence in the lives of those young children as they advance in age and education through completion of an undergraduate degree, we can encourage them to consider physical therapy as their primary choice for a rewarding career in health care. Institutions in a geographic area, where several institutions are within a reasonable radius for easy transportation to a central facility, is a mechanism that would afford collaboration in meeting a variety of needs, one of which is recruitment of students and faculty. The combined effort to acquaint an interested person with the distinctive qualities of each program in the area—location, reputation of the institution, faculty and student benefits, financial assistance, policies related to expected performance of faculty and students, and academic and personal advancement—would be less costly when financial and other resources are combined. Providing a common site for an introduction to the distinguishing features of each institution would allow inquirers to decide on which institutions to explore in depth before submitting applications for admission to one or more. Visits to campuses could be arranged at the regularly scheduled events that would be open to interested individuals by invitation or by a public announcement.

Another recruitment strategy that could yield for more than learners is a major undertaking that requires funds from external sources to initiate. Physical Therapy is a profession of glamour, drama, pathos, humor, and action. All of these elements are the heart of a perfect television series. Adding romance as a feature of some plots would be an added feature to enchant audiences.

The timing is right for this endeavor. We have thousands of veterans of the two Iraqi wars, as well as others in larger numbers from WWII, the Korean Action, and the Vietnam War, who need physical therapy services now and for the rest of their lives. Many physical therapists have wonderful stories to tell about their patients. Thousands of patients and clients have great stories to tell about how a physical therapist or a physical therapist assistant changed the quality of their lives or gave them hope when they were in gloom and anger. Many experienced healing in body, mind, and spirit through the touch, compassion, and expert care of a physical therapist. Too many veterans have no access to the physical therapy services that could enhance the quality of their lives.

So now is the right time to allow the public to learn more about the profession. If we give this venture high priority, funds will be available to underwrite this public service project. I have no doubts about that. This grand scheme will be financed as soon as we have a product in hand.

Utilization of Resources

Establishing a consortium as a central site for programs in close geographic proximity to each other should result in the development of centers of excellence in education. By definition a consortium is "any association, partnership, or union."[10]

Creation of a consortium, no matter the intended outcome, would be a departure from the tradition of maintaining an educational program in a single institution. Several institutions do maintain programs on a main campus and on separate campuses in different geographic areas. That is not the same as having multiple institutions agree to a partnership that would demand some major operating changes. By choosing to accept a central site for education, member institutions would be obliged to collaborate with

area rivals in determining and agreeing on the organizational structure, policies, and procedures to govern the operation of the joint organization, and on equitable financial obligations for support of an organization to be administered by Deans of Physical Therapy, each appointed by a member institution. A consortium would eliminate the necessity of duplicating faculties for each institution. The combined faculty would have the freedom to form groups for the teaching/learning process; to create an atmosphere that nurtures and supports student and faculty research; and to organize and operate a facility for the delivery of physical therapy services. Further, a consortium could use the strengths of member institutions to offer a PhD in physical therapy, as well as a PhD in a discipline that complements the career interests of practitioners with a Doctor of Physical Therapy degree.

The advantages of pooling resources to create centers of excellence in education appear to outweigh disadvantages. Students would be enrolled in a university of choice, receive a degree from that institution, be obliged for the tuition and customary fees charged by the institution, and be eligible to receive financial assistance available through the home institution.

A resource to consider in this time of faculty shortage is the pool of retired faculty. Although full retirement and a new life may be the choice for most, we should not overlook those who are experienced and excellent teachers who would agree to short- or long-term contracts. An advantage for the employer of an adjunct faculty member is that the cost is less than that required for a full time faculty member with tenure or on a tenure track.

Research

For many years—30 at least—a rigorous study of the profession by an external expert has been discussed by the House of Delegates and the Board of Directors. The purpose of the study was described as a way of defining who we are, if what we do can be authenticated, and if the academic and experiential preparation required of practitioners is sufficient and warranted for the services we provide to patients and clients. The result of the study would describe strengths and weaknesses in all components of the profession and the expert would make recommendation for eliminating weaknesses and increasing strength in areas that were found to have strength. That study never happened.

Today, we have the technology available to answer important questions ourselves. By collecting uniform data from a random sampling of environments where physical therapists and physical therapist assistants deliver services to patients and clients; in institutions that house educational programs for the preparation of the physical therapist and the physical therapist assistant; and the statutes that govern the delivery of physical therapy services. This kind of study would yield a wealth of information to answer questions like: What services are provided in a specific environment? Who receives the services? Who delivers the service? Where? When? What was the basis for the decision to use specific interventions for a patient or client? What were the results? What was the cost? What influenced the decision of an individual to become a physical therapist or physical therapist assistant? Why did you choose the academic institution for preparation for practice? Would you make the same choice now? Why? Those are merely samples of the kind of information that can be acquired through systematic collection of useful data. The cost of data collection would be relatively small. Analysis of the data and describing the results would be the major expense of this kind of self-study. We do have the ways, means, and experts in the profession to undertake a description of who we are, what we do, why we select specific interventions for each patient or client, and how we make a difference in the lives of our patients and clients. Of equal important is why we make a difference in the lives of the underserved population in the United States and other nations.

Delivery of Physical Therapy Services

Physical Therapy is a profession of purpose and promise with more potential than we have considered possible to achieve. In our heads, we have knowledge, in our hands we have skills, and in our hearts we hold the values that guide and direct our actions on behalf of patients and clients. These are the attributes that form the foundation for the practice of physical therapy. All around us are literally millions of people who could benefit from what we know and what we can do.

Our obligation is to make available care

Figure 1. A Primary Health Care Center

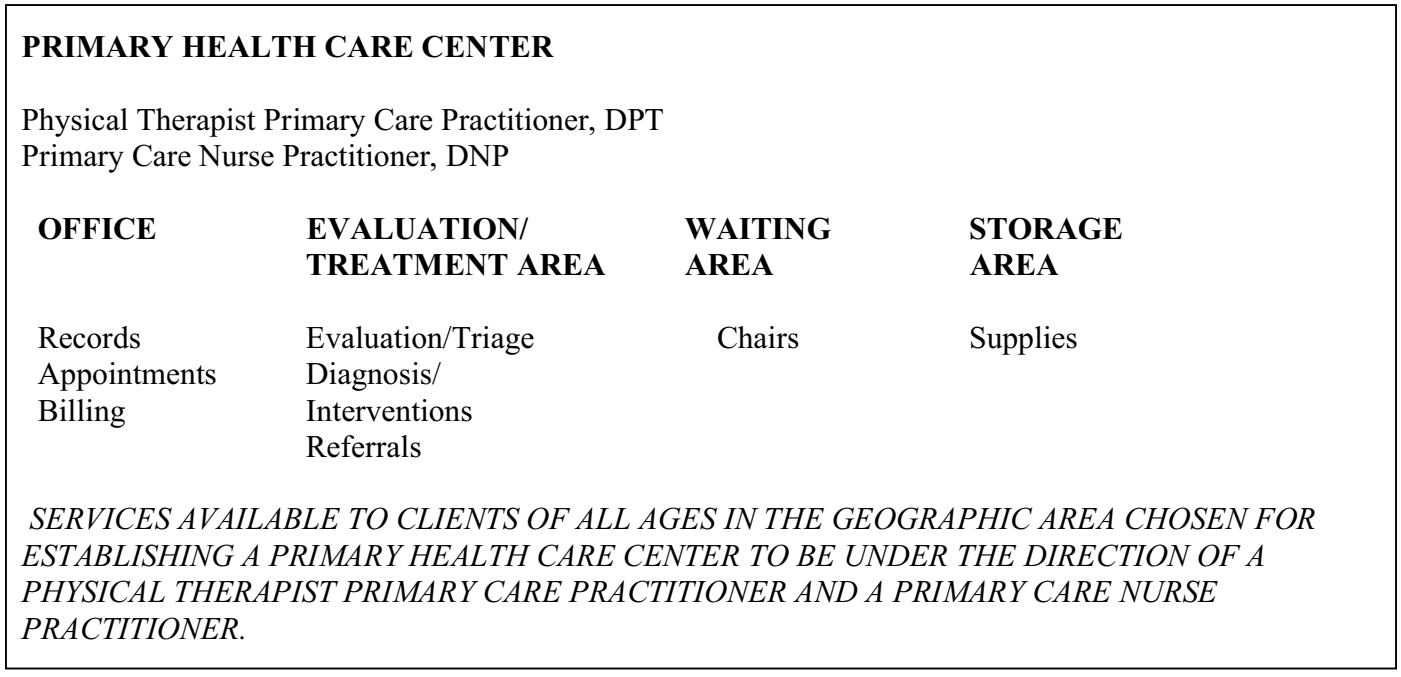

Figure 2. Actions Of The Staff

PRIMARY HEALTH CARE CENTER: STAFF ACTIONS

TRIAGE	EVALUATE/TREAT	REFER
To ER	Diagnose	Primary Care Physician
First Aid	Plan	Specialists:
	Intervene (on site)	Audiologist
		Dentist
		Educator
		Nurse
		Nutritionist
		Occupational Therapist
		Orthotist
		Pharmacist
		Physical Therapist
		Podiatrist
		Psychologist
		Prosthetist
		Social Worker
		Speech Pathologist

Figure 3. Potential Community Services

PRIMARY HEALTH CARE CENTER

Children and Adult Services

Children	Adults
Tutoring: academic	English as a second language
Hygiene: personal	Child Care
Interpersonal: social behaviors	Education: Reading / Writing
Others: as identified	Hygiene: personal
	Infant Care
	Management: financial, home
	Nutrition
	Parenting
	Personal Care
	Prenatal Care
	Prevention

Traveling Services

Dental Care
Home visits:
- Nurses
- Physical Therapists
- Occupational Therapists
- Social Workers

Laboratory Tests
X-Rays

Figure 4. Experiential Professional Activities For Selected Disciplines

PRIMARY HEALTH CARE CENTER

Experiential Professional Activities
Available for Selected Students

Audiology	Orthotics
Business	Pharmacy
Communications	Physical Therapy
Counseling	Physician Assistant
Dentistry/Dental Hygiene	Podiatry
Education	Prosthetics
Nursing	Psychology
Nutrition	Social Work
Occupational Therapy	Speech Pathology

that is accessible and affordable for the underserved populations in this country and to expand the assistance we provide in other countries where limited health care services are available. Our potential has no limits as we take action to change the whole of the delivery of health care.

Changing the Health Care Systems

Our best allies in this venture in the United States are the Doctors of Nursing Practice who hold degrees equivalent to our post-professional Doctor of Physical Therapy degree. Without waiting for the outcome of deliberations on academic issues, nor for permission from anyone in the state or federal government, we can develop primary health care centers with the physical therapist primary care practitioner and the primary nurse practitioner as codirectors; much like a private practice. Selected communities with underserved populations can be invited to provide support and assistance in the development of these primary health care centers. The centers will be designed and function differently than those being financed and established currently under the direction of a physician.

This kind of center might be better named a primary health care community center. A variety of services can be offered under the auspices of the center to meet the special needs of children and adults in a community. Those are the services not readily available to people who do not leave their communities for any reason, such as, lack of transportation, funds to use any available public transportation, or who are physically unable to use public transportation. Most of the services offered by personnel in the category of Traveling Services could respond to health care needs of that population but may require a referral to satisfy the legal requirements in some states.

A Primary Health Care Center could offer learners in the health care professions and in business, communications, education, and other disciplines opportunities to experience a different kind of community service. Times for placement would be negotiable, within certain limits, but could cover observation, short assignments, or assignments for several months. The appeal to learners would depend on how the program is marketed and what a planned program would be prepared to offer as opportunities for learning to undergraduate and graduate learners. Disciplines with learners most likely to have an interest in different approaches to the provision of health care are listed in Figure 4.

Centers located in different settings may expand their services as special needs of a

community are identified. Meeting unique needs will depend on availability of resources.

Services for Prevention

Services related directly to prevention lack concerted attention in business and industry. I do not mean the importance of applied ergonomics in manufacturing plants and other industries of that nature. I mean that we should give attention to safety in hotels, especially in bathrooms, hallways, and restaurants. Some of us need to devote ourselves to encouraging the automobile industry to create car seats that fit bodies and provide comfort and safety for passengers in rear seats. The airline industry should hear from us on the issue of seats, passageways in the interior of airplanes, and handrails on stairs used by passengers boarding their planes from the tarmac instead of a sheltered walkway.

In any setting where computers and other equipment for communications are used daily for long hours, managers could learn from us about the cost of employee time lost because of ill-fitting chairs and work tables, insufficient lighting, unforgiving floors, and the list goes on. As in industry, adjustments can be made in business environments to reduce stress from overuse of body parts, poor posture resulting from inadequacies in workstations, and long hours of activities such as typing.

POWER

The word power may have negative connotations for some of us. We may view the use of power as threatening, abusive in nature, and a hindrance to reaching our goals. As we look at the definition of power and the sources of power, we can see the significance of the wise and judicious use of power to achieve our potential as a health care profession.

Power is defined as: the ability to do or act; vigor, force, or strength; and legal authority.[1]

The definition of power does not suggest threat nor limitation of action The sources of power that come readily to mind are legislation (eg, laws that govern the delivery of physical therapy services), numbers representing a group, name of a group, position in society, title of anyone who holds an office, the public, and education.

The significance of power, as we review our purpose, promise, and potential in the years ahead must be understood if we are to influence our ability to serve the changing and increasing populations and their needs. To fulfill the promise and potential of Vision 2020, we are obliged to consider how to increase 1) the number of physical therapists prepared as Doctors of Physical Therapy, 2) the membership in the American Physical Therapy Association, and 3) activities to eliminate legal restraints that prevent direct access to physical therapy services by the public.

Increasing Membership

At this time, the total membership is the American Physical Therapy Association is 70,981 (B Skewes, written communication, December 2007). That total includes 49,120 physical therapists although an estimated 172,000 hold licenses to deliver physical therapy services. What is troublesome about this number is why an estimated 20,000 physical therapists choose not to belong to the one professional organization that represents their interests and provides an astounding array of benefits to members. We cannot cite data that explains why an estimated 20% of practitioners elect not to participate in making decisions that affect them as health care practitioners.

Expanding Educational Programs

Growth in the membership of physical therapists (who will participate fully as representatives of the profession) is a function of increasing the seats available in the 211 education programs. In 2008, the average number of seats to be filled by applicants was 38 (E Price, written communication, January 2008).

If all 211 programs added 10 seats each

Figure 5. Total Membership in the American Physical Therapy Association

TOTAL MEMBERSHIP AMERICAN PHYSICAL THERAPY ASSOCIATION	
Physical Therapists	**49,120**
Physical Therapist Assistants	**4,889**
Life Members	**2,269**
Retired Member	**84**
Student Physical Therapists	**12,362**
Student Physical Therapist Assistants	**1,983**
Post-Professional Students	**308**
Honorary Members	**11**
TOTAL	**70,981**

Figure 6. Membership in the 18 Sections as of December 31, 2007

Orthopedic	**16,623**
Sports	**6,741**
Geriatric	**5,056**
Pediatric	**4,902**
Private Practice	**4,129**
Neurology	**3,683**
Women's Health	**2,545**
Acute Care	**2,377**
Home Health	**2,118**
Health Policy and Administration	**2,106**
Education	**1,785**
Aquatic Care	**1,182**
Cardiovascular and Pulmonary	**1,084**
Research	**1,022**
Clinical Electrophysiology and Wound Care	**963**
Oncology	**874**
Hand Rehabilitation	**640**
Federal Physical Therapy	**311**
TOTAL	**72,178**

year—beginning in 2009—by the year 2016, 300,000 physical therapists with a Doctor of Physical Therapy degree would be available to meet the challenges of Vision 2020. That estimate takes into account attrition in academic programs and normal attrition from retirement and for other causes. Realization of this important milestone does rely on an increase in financial support for educational programs, intense recruitment of highly able learners, development of talented faculty and academic administrators, and expansion of physical facilities. Increasing the size of entering classes would produce a student body of 300 or more, a respectable number for creation of a school of physical therapy with a dean. A dean would speak for the academic program directly to ultimate decision-makers regarding the needs of the school—a not-so-impossible dream for the future. (Remember that the television series will be a profitable venture for creating funds for the advancement of the profession.)

Sections and Membership

Section, by definition, is any distinct part/group of a whole. Another dictionary refers to section as a descriptor for "section hand on the railroad." In 1941, what is now the Education Section became the first special-interest group to organize. In 2008, the Association has 18 Sections that represent the special interests of groups that range in size from 16,623 to 311. All Sections and their memberships are shown in Figure 6. The total membership in Sections as of April 30, 2008, was 72,178, which includes physical therapists, physical therapist assistants, students, and 11 honorary members (K Gardner, written communication, May 2008). The difference between the total membership of the Association (70,981 as of December 31, 2007) and the total for all Sections (72,141 as of April 30, 2008) can be explained by the dates of reporting and that some members belong to more than one Section.

All Section members are members of the American Physical Therapy Association, as well. However, Section membership is not counted separately to increase the voice of the profession nor is a Section counted as a source of power in influencing legislation that would benefit and protect the public welfare. Combing the general membership and the membership in Special Interest Groups would be an advantage when numbers may be a factor. As legislators and others are making decisions about laws, distribution of available resources, or hearing testimony from a group about their interests, we could have 143,000 voices instead of 71,000.

Changing the Name of Sections

Strength, respect, and importance can be implied in the name of an organization. Clearly the worth and value of the Sections are recognized by members of the Association. If the Sections became instead a group of academies functioning under the umbrella of the Association, with the same general rules currently applied to Sections, the change could enhance the prestige and status of the Sections. By definition, an *academy* is an association of scholars, writers, etc, for advancing art or science.[1] As the general membership increases, the size of each special-interest groups also will grow. The logical action then would be a change in the structure of the Board of Directors to allow each Academy to have representation on the Board. By Representatives of academies serving on the Board would be able to voice issues, concerns, and needs of their members and would participate in the work of the Board, sharing in the responsibilities and duties. Each Academy would continue to attend to the welfare of its members, provide educational opportunities, and encourage research in their special areas. In addition, the clinical specialists would have recognition as members of an Academy. An example of a roster of some academies replacing sections in the American Physical Therapy Association is shown in Figure 8.

Another option would be for the Academies to organize outside the Association but retain a continuing relationship at the Headquarters for administrative personnel, facilities, and planning for activities.

Political Activities

We are obliged to participate in the political process for a variety of reasons that are related to the welfare of the publics we serve. Without adequate financial resources, health care is denied to millions of underserved individuals in this nation and in countries that lack minimal resources for any health care. All physical therapists are called to be involved in the political process to protect the public from unqualified groups who can harm them. No one should be excused from participation in events that secure our rightful place in the health care systems, ensure adequate compensation for the services we provide, give relief from those who attempt to undermine or destroy the profession, and prevent the enactment of legislation that would deny the public direct access to our services.

In the 62 years I have practiced as a physical therapist, I have come to understand that Physical Therapy is a profession of Hope, founded on Heads, Hands, and Hearts. In combination, these are the elements that bring. Forced to describe physical therapy in one word my choice without hesitation would be HOPE, with no reservations.

The opportunity to change the whole of the health care systems is a daunting responsibility but not beyond our capabilities—intelligence, perseverance, knowledge, skills, optimism, generosity, and values—that are the foundation for our practice. With the addition of thousands more competent, compassionate, caring, confident, ethical, and legal practitioners in the coming decade, we will have the force of numbers as an asset.

As We Continue To Move Foreword

In the year 2020, I will be celebrating my 98th birthday anniversary somewhere. When that time comes, I will want to know that Physical Therapy continues to model the purpose that the 21 founders who established the American Physical Therapy Association intended: for public welfare.

Figure 7. Combined Membership

Total Membership
American Physical Therapy Association
70,981 (12/31/07)

Sections Membership
72,178 (4/30/08)

Total
143,159

Figure 8. Examples of Academies by Name

AMERICAN PHYSICAL THERAPY ASSOCIATION
American Academy of Physical Therapy Education
American Academy of Geriatric Physical Therapy
American Academy of Orthopedic Physical Therapy
American Academy of Pediatric Physical Therapy
American Academy of Research
American Academy of Women's Health

I will want to know that every physical therapist holds the Doctor of Physical Therapy degree and a doctoral degree that meets the requirements for an individual's position.

I will want to know that through the leadership, commitment, and courage of practitioners, our promise and potential have been realized in the development of available, accessible, affordable, high quality health care services for people of all ages in the United States and other countries where health care needs are beyond their resources, financial, and personnel.

I will want to know that doctors of physical therapy are continuing to be the leaders in the establishment of collaborative arrangements with nurse practitioners in organizing and directing primary health care centers to provide health care in underserved areas of this and other nations.

I will want to know that we have used our influence to achieve local, state, national, and international legislation that provides freedom for us to practice as a doctoring profession and to receive fair compensation for our services.

I will want to know that we have formed alliances with the doctors of nursing practice, dentists, oral surgeons, dental hygienists, social workers, psychologists, pharmacists, educators, speech pathologists, audiologists, and others to enhance the quality of life for our citizens. I will want to see that we have strengthened our relationship with physicians as we join them as primary care practitioners.

I will want to know that we have been successful in discovering ways and means to attract funds to support excellence in physical therapy education, research, and delivery of physical therapy services; that financial support is available to learners in completing their first professional education as physical therapists and subsequent preparation as specialists; and that financial support is available for the preparation of physical therapist assistants.

I will want to know that research undergirds decisions in curriculum design, planning, and evaluation of the curriculum, the faculty, and learners.

I will want to know that research in the delivery of services and education is as firmly accepted as an essential function, as teaching is considered an essential function in all areas of practice.

I will want to know that we continue to recruit and admit many thousands of bright, energetic, dedicated people annually to join the 2008 bright, energetic, dedicated learners and practitioners who are committed to excellence in practice.

I will want to know more than you need to hear today. Wherever I am, I will be interested in what is happening, how we are contributing to the health care of all peoples, and continually searching for ways to alleviate pain, the effects of neglect, the results of injury, and untreated disease. If you listen, you will hear me whispering in your ear, appearing in your dreams, pushing you a bit to accept your share in making the lives of others the best they can be.

CONCLUSION

My life has been full of wonderful opportunities, experiences, and surprises. I am grateful to all those with whom I have had the distinct honor to serve. I could never thank you enough. So many of those special people are no longer with us. That does not deter me from calling on them for help. No need for a cell phone or any other electronic device to contact one of them. There they are, spending endless hours floating on clouds and so free of responsibilities. So why not put them to work for a good cause? I ask them for that. For fear of omitting someone who has been so special to me that I would be embarrassed, I shall not name the many people who are responsible for the honor I have had to day.

We can be justifiably proud that 90% of our educational programs for the preparation of physical therapists award a Doctor of Physical Therapy degree. Only one institution remaining in the 10% is uncertain about meeting the requirements to offer the DPT by 2020.

I do want cite two special people to whom all of us a debt of gratitude. Both were extraordinary individuals with vision and strong beliefs about education for physical therapists:

John S Millis, PhD, President of Western Reserve University (later Case Western Reserve University) agreed in 1959 to initiation of an educational program for physical therapists with the proviso that the program would be comparable to others offered at the University for other health care professions, that is, as postgraduate education that resulted in a doctoral degree, namely, medicine, dentistry, social work, and psychology.

Catherine A Worthingham, PT, PhD, FAPTA was a close associate of Dr Millis and no doubt influenced his decision that physical therapists deserved and needed a graduate education to serve in their role as change agents, as well as superior clinicians, teachers, administrators of service units, and much more. Dr Worthingham was a strong advocate for postgraduate education as the initial preparation for practice as a physical therapist.

Although many years elapsed before education programs advanced to the doctoral level, the certainty of that move was forecast by Millis and Worthingham. Dr Millis settled for a Master of Science degree for the education program in physical therapy but endorsed a proposal in 1967 to move to a doctoral degree. Both Dr Millis and Dr Worthingham would be proud of the changes that have made the dream a reality.

I have been so privileged to have this opportunity to honor Polly Cerasoli. I cannot claim a long friendship with Polly because I met her only after she moved to Denver. We had some concerns of mutual interest and I learned to respect her and to marvel at this tiny person with so much vitality, spirit, wit, intelligence—and great common sense. Her spirit is with us as we honor her today.

My final words are for all of us as a reminder of why we are so special to the people we serve. Physical Therapy is not just a profession, physical therapy is not just a job, physical therapy is not even a career. Physical Therapy is a gift—a calling—a calling of the heart. I could pay no grater tribute to Dr Pauline Cerasoli than to say that her life work was a calling of the heart.

Blessings on all of you as you realize your calling of the heart.

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REFERENCES

1. Agnes M, ed. *Webster's New World Dictionary and Thesaurus*. New York, NY: Simon and Schuster Inc; 1996.
2. Hazenhyer IM. A history of the American Physiotherapy Association, Part I: the formative years: 1926-1930. Physio Rev. 1946;26(b):66-74.
3. American Physical Therapy Association. APTA Bylaws. http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws1&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=2&ContentID=27911. Accessed June 18, 2008.
4. Hall, Ed. US National debt clock. http://www.brillig.com/debt_clock/. Accessed May 12, 2008.
5. American Physical Therapy Association. Code of Ethics. http://www.apta.org/AM/Template.

cfm?Section=Core_Documents1&Template=/CM/HTMLDisplay.cfm&ContentID=25854. Accessed June 18, 2008.

6. Johnson GR, Woodruff LD. *Taxonomy of Physical Therapists Behaviors*. Baton Rouge, LA: Darbonne and Bartolett Publishers LLC; 2003.
7. Johnson GR. Implications for the future as our image changes. In: Wolf SL, ed. *Clinical Decision Making in Physical Therapy*. Philadelphia, PA: FA Davis CO; 1985.
8. Johnson GR. Issues and trends in physical therapy education. In: Mathews J, ed. *Practice Issues in Physical Therapy*. Thorofare, NJ: Slack Inc; 1989.
9. American Physical Therapy Association. Vision Statement for Physical Therapy 2020. http://www.apta.org/AM/Template.cfm?Section=Vision_20201&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=285&ContentID=32061. Accessed June 18, 2008.
10. *Webster's New Universal Unabridged Dictionary*. 2nd ed. New York, NY: Barnes and Noble Inc; 2003.