

Acceptance Speech for the John McM. Mennell Service Award

Ben F. Massey, Jr., PT, MA

Mr. President of the Academy, Mr. President of the International Federation of Orthopaedic Manual Physical Therapy, Members of the Academy's Board of Directors, Members of the Academy, and distinguished guests. I am deeply honored to be the American Academy of Orthopaedic Manual Physical Therapists' 2005 recipient of the John McM. Mennell Service Award. To be recognized by an organization of which one is not a member is truly a distinct honor. But even more meaningful for me is to be recognized by an organization for which I have the deepest respect and personal affection.

I can't tell you how surprised I was to receive a letter from the Academy informing me of this honor. When I received the letter, I was shocked, momentarily speechless, and very humbled. I had no idea that I had been nominated, much less selected, to receive such a distinguished award from the Academy.

As all of you know, this is a service award that honors individuals whose contributions have been of exceptional value to the Academy in the advancement of the orthopaedic manual physical therapist's role in the management of musculoskeletal disorders. In reflecting on this purpose, it seems most appropriate for me to accept this award as President of the American Physical Therapy Association and on behalf of the hundreds of physical therapists, members of both APTA and AAOMPT, who have worked together to advance orthopaedic manual physical therapy. It is all of these individuals who came before me, who actually laid the groundwork for the advances and successes we have enjoyed over the last few years. I am proud to be a facilitator who has helped to bring together two organizations of incredibly talented, committed, and passionate clinicians. Together we have had an immeasurable effect on the future of our profes-

sion and that of manual therapy.

The Academy should feel extremely proud of the impact that it has had on our profession and on the positive public service that evolves with effective, evidence-based care. It should feel extremely proud of the impact it has had on the quality of physical therapy practice in manual therapy through the provision of quality continuing education, through the creation of a professional-level curriculum, through the development of fellowship programs that have provided much needed mentoring relationships, and through its participation in and promotion of clinical research and evidence-based practice. Most of all, the Academy should be applauded for its role in regulation and legislation, in ensuring manual therapy and manipulation as a component of the scope of practice of physical therapists. You should be extremely proud that, due in large part to your work with insurers and regulators, our patients and clients have been able to receive the skills and expertise of manual therapists. I am truly in awe of the work that has been done by the Academy, both independent of and in collaboration with APTA.

My professional life has been one of fighting in the legislature for the profession of physical therapy. And it has been one that has relied on the testimony of experts, many of whom are in this room. Without the clinical experts like you to back up our claims, our arguments would not hold water. My first legislative experience began in 1977, one year after I graduated from PT school, when I was recruited to fight the chiropractors' efforts to change their definition to include "physical therapy" as a part of their scope of practice. Physical therapy was ultimately stricken from their definition after a hard-fought battle, a battle where I learned how politics truly works. Ironically, almost 30 years later, this action has had significant implications for me. In my current position as Executive Director of the North Carolina Board of Physical Therapy Examiners, I send out about 20 letters a year informing chiropractors in North Carolina that they cannot advertise physical therapy.

In 1985, while I was President of the North Carolina Physical Therapy Association, again we battled with the chiropractors, this time over spinal manipulation. They

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offered to not oppose direct-access legislation if we agreed to remove spinal manipulation as a part of our scope of practice. We responded very clearly that we would not give up spinal manipulation. Fortunately, we reached a compromise that we could all live with, and North Carolina became the seventh state in the country to achieve direct access.

Again, in 1999, we battled with the chiropractors when they implemented a well-organized, national campaign to remove spinal manipulation from the scope of practice for physical therapists in approximately 18 states. It was during this battle that I was introduced to and learned about the value of the members of the Academy. Members of the Academy (who were also members of the APTA) were invaluable in stopping this legislation in all 18 states. Not one state fell victim to the chiropractic efforts to remove manipulation from the scope of physical therapist practice. Much of our success can be attributed to the testimony of clinical experts, such as you and your colleagues in the Academy. In North Carolina, Krista Clark orchestrated the development of, and also starred in, a five-minute video about spinal manipulation. Contrary to the erroneous information that was disseminated by the chiropractic community, that video clearly demonstrated to legislators that physical therapists were educated and competent to safely and effectively perform spinal manipulation. The collaboration between APTA and the Academy helped all of us across the country defeat this legislation. It was the synergy of APTA's expertise in politics and legislation combined with the clinical expertise of the members of the Academy and the members of the Orthopaedic Section that allowed us to be successful.

In June of 2000, I was elected President of APTA. Although my energies had shifted to a national role, I maintained my involvement locally. The theme of the Fall 2000 meeting of the North Carolina Physical Therapy Association was built around a key presenter and manual therapist, Mike Rogers, who was also the President of the Academy. The weekend of the conference, another hurricane blew into our region and shut down all air travel. Mike Rogers drove all night from Mississippi to North Carolina to arrive just in time for his 8:00 a.m. 2-day presentation. He "saved the day" for the Chapter as we had over 100 attendees who came to learn about manual therapy. What a demonstration of professional commitment and dedication! Based on this experience with Mike, I came to better appreciate the Academy and its dedicated clinicians who are willing to go the extra mile to teach other physical therapists the skills that will continue to advance our profession, but more importantly, the skills to help our patients get better.

In 2001, APTA and the Academy once again joined forces and tackled the issue of credentialing clinical residency and fellowship programs. At that time,

both the Academy and APTA had different but parallel systems for credentialing residency programs. We put our differences aside and did what was right for our profession and for the best interests of our patients. We collaborated and developed one process, one set of guidelines, and one system. It was a win-win situation. It was during this time that I began to get to know more of the current and former leadership of the Academy, and my appreciation of the value of the Academy to our profession continued to grow. When Dr. Stanley Paris, presenter of APTA's 2006 Mary McMillan Lecture, invited me to give the graduation address [at the University of St. Augustine for Health Sciences], he filled me in on much of the history of the Academy. Then, Ken Olson and I started getting together for breakfast at CSM and the Annual Conference. Members of the Board of the Academy invited me to attend their annual conference and this is my fourth meeting. We began collaborating on several projects that have benefited from the work and support of both organizations.

I was most impressed with Ken and with Mike because they both believe that physical therapists should be members of their professional organization (APTA) first. So both leaders convinced me that they were not taking members from APTA, but rather that they were encouraging and promoting membership in the APTA. And I realized that the type of individuals who were members of the Academy were exactly the kinds of members we wanted in our association as these were the type of expert clinicians that give physical therapy a good name. Also I realized that the leaders in the Academy were the type of leaders that we wanted in the APTA. Nothing made me happier than when Steve McDavitt became the most recent member of the Academy to be elected to the APTA Board of Directors.

Our collaboration has been positive and is something that we should celebrate together. This collaboration involves APTA, the Orthopaedic Section of APTA, and the Academy. Some of the collaborative efforts that we've been involved with include:

- Defining mobilization/manipulation for the *Guide to Physical Therapist Practice*
- Completion of the *Compendium on Manual and Manipulative Therapy in Physical Therapy*
- Opposing legislative efforts by the chiropractors in 18 states to restrict physical therapist performance of spinal manipulation
- Assisting individuals and chapters (both financially and with clinical expertise) against chiropractors
- Presenting several positions in the APTA House of Delegates related to manual therapy
- Supporting the Manipulation Task Force that spearheaded development of education materials including the *Manipulative Education Resources for Physical Therapist Professional Degree Programs*
- Providing experts willing to assist with instruction

in manual therapy at the universities in the entry-level programs

- Forwarding input to the Federation of State Boards of Physical Therapy regarding the Analysis of Practice
- Submitting information to the Commission on Accreditation of Physical Therapy Education (CAPTE) regarding requirements for entry-level education

Near and dear to my heart has also been the Academy's support and endorsement of our national legislative efforts, especially Medicare Direct Access.

These are some highlights. The list goes on and on. However, the critical fact is that as two separate organizations that have mutual respect for what each brings to the table yet working together for the profes-

sion and for our patients, we can be a powerful force as we are a natural complement to each other.

In closing, I accept this award, not for me, but for the individuals, leadership, and staff in both our organizations who have nurtured and fostered the spirit of collaboration between our professional associations. May this spirit of collaboration continue and may the bond between our organizations grow ever stronger.

Acknowledgement

This acceptance speech was delivered on October 14, 2005 at the 11th Annual American Academy of Orthopaedic Manual Physical Therapists Conference in Salt Lake City, UT. ■