2008 AAOMPT John McM. Mennell Service Award Acceptance Speech

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TITLED: "ONCE UPON A TIME"

I am indebted to the Academy's Executive Committee for this wonderful recognition and honor. The sense of pride I have experienced since receiving the email informing me of the award is tied to the list of previous awardees. I have long-admired and have a ton of respect for the people on that list. Many of them served as lightening rods for our profession. Some took a lot of criticism for their visions and beliefs, but thankfully they persevered, they didn't back down. We and our profession have been the beneficiary of their efforts. I am extremely proud to have my name added to this list of colleagues.

I approached today's opportunity from the perspective of not so much giving a speech, but instead telling a story, and as with most fairy tales this story begins with "once upon a time". Once upon a time I wasn't so sure forming the Academy was a good idea. Before you start asking me to give the award back, let me preface that by saying these were thoughts from 16–17 years ago-the formative years of the Academy. These also happened to be the formative years for me in terms of association involvement. I had just been appointed to the Orthopaedic Section's Practice Affairs Committee and elected to the Section's Nominating Committee. This afforded me a bit of an inside look into how the Section was run, resources available, and an introduction to issues the profession was facing. Sixteen or so years ago we had a very influential group of individuals who were splitting from the Orthopaedic Section. They weren't dropping their Section membership, but they were taking their vision, energy and broad network of colleagues to establish a separate organization. I wasn't sure we could split our people-power and resources like this and still successfully meet the chiropractic challenges.

In 1995 I was elected Orthopaedic Section president, a position that gave me an in-depth look into Section governance, resource availability, and a much deeper and broader perspective on issues we were facing. At that same time, Ken Olson was serving on the Academy's Executive Committee. We had become friends and made a point of meeting at APTA and Academy conferences to discuss the Section and Academy—initiatives, direction etc.—looking for ways to build and mend bridges between the two organizations. We struggled though to finds ways of formally linking. Then an opportunity arose; the Section's Practice Affairs Committee chair stepped down and I needed to find a replacement. I approached Helene Fearon, member of APTA's Committee on Practice and Steve McDavitt , chair of the Academy's Practice Affairs Committee to see if they would co-chair the Section's position. Thankfully they agreed, and immediately there was a formal link between not only the Section and Academy, but now also with APTA.

Steve and Helene laid the framework for official cooperation and collaboration, something we desperately needed. The chiropractors were very active legislatively, challenging Chapters on manipulation issues. There was little formal communication between Chapters leading to lots of re-inventing the wheel, inconsistent messages being provided, and a lack of awareness of what had worked or not worked elsewhere—not an effective way to do business. Steve and Helene started to change that, and it was a good thing because the chiropractors starting to crank up the heat.

The mid-1990s brought the first DPT graduates and a major push by APTA for passage of direct access legislative, establishing physical therapists as the chiropractor's number one economic threat. The chiropractor's claims included physical therapists weren't educated nor trained in manipulation techniques, therefore patients were at risk. These claims were based on no evidence or data, they were not credible claims, but this didn't stop the chiropractors. We responded of course by stating manipulation was taught in our programs, physical therapists were trained and patients were safe. Unfortunately our claims weren't based on much evidence either, and to a degree lacked credibility. Back then I didn't know what all programs were teaching, but I knew a number of programs that weren't teaching manipulation. As each challenge came and went I felt less good about our message—it lacked credibility. I felt like I was becoming more and more like the chiropractors, and this didn't feel good.

At this stage I underwent an attitude adjustment; I stopped worrying about what they were doing or going to do, and started worrying about us and our message. This led to a number of discussions on the Section's Board which included individuals like Joe Farrell (Academy Founding member and past-president), and with Steve and Helene involved, the Academy and APTA were also partners. The 1999 manipulation strategic plan-

ning meeting was one result of these discussions. Ken Olson and Steve McDavitt in their excellent 2007 Mennell Award and Paris Award speeches respectively provide details of this important meeting. I will summarize by saying the mission of those involved in that meeting was to "Get our house in order"! Three foundational pillars were established: 1) education, 2) regulatory, and 3) legislative with practice interwoven among all three pillars. The plan resulted in a number of important initiatives associated with the credibility behind our claims. Now, when I defend our manipulation educational training to legislators I can present manipulation language from the Normative Model of Physical Therapist Professional Education, and the CAPTE Evaluative Criteria for Physical Therapy Educational Programs. I can show them the Manipulation Educational Manual, an effort spearheaded by Trish King, a document for academic and clinical educators, the Guide to Physical Therapist Practice with its manipulation language, along with the Academy and APTA positions on delegation of manipulation (not to be delegated to non-physical therapists). We developed a consistent message for those in our profession and those external.

Equally important to the above initiatives, these years were marked by a surge of manipulation research; projects designed by physical therapists and the manipulation provided by physical therapists. These high quality projects were not only published in our top journals, but also in some of the top medical journals. We were no longer relying on others to do our work. So, with all the above in place how could we possibly have any work left to do internally-within our profession? Unfortunately the presence of evidence alone doesn't guarantee behavior and belief changes will happen anytime soon. As a profession we are in the midst of a huge cultural change, redefining who we are. With direct access, autonomous practice, primary care practice models and manipulation we are defining ourselves very differently compared to 10, 20 or 40 years ago. I can provide examples of some internal "cultural resistance".

A few years ago Jean Byran and I published a paper describing thrust manipulation entry-level curricula. I received some phone calls and emails from therapists wondering how I could make this information public. Their message to me was; "What if the chiropractors see this?" Part of my response was I am more worried what we the physical therapy profession will do than what the chiropractors may do. This was followed by if your schools are teaching this content you have nothing to worry about, and if they are not, why aren't they? If the schools believe in evidence based practice this material should be taught. Jean and I did a follow-up paper surveying clinical education instructors (CI) related to manipulation opportunities for physical therapy students. All CIs practiced in states that allowed therapists to do manipulation. I received a similar number of calls and emails from the CIs stating they can't fill out the survey because they practice in states that don't allow therapists to do manipulation. I confirmed what state they practiced in, and told them it wasn't illegal in their state. Each of the last eight summers I have received calls from one or two of our students doing an affiliation; they have been told by their CI that therapists can't do manipulation in Wisconsin. The Wisconsin Practice Act states that we can do manipulation! Last year a physical therapist in Wisconsin filed an official complaint against another Wisconsin physical therapist who was teaching a manipulation course. The complaint was that he was teaching chiropractic. Last year an academic faculty member, in a state where direct access is not allowed, stated that 2000 hours of manipulation training is needed. Two thousand hours! Where do these numbers come from? Where is the evidence supporting such beliefs? Last, in the legislative arena it's clear that without evidence backing up our claims, we'll have little success, but all the evidence in the world doesn't make up for developing relationships with legislators. We can learn something from the chiropractors in this regard. A couple of Tennessee legislators informed us that they hear from chiropractors on a regular basis on a number of different issues. They hear from therapists only when we have legislation pending, only when we want something.

What can we do as individuals to promote the needed cultural "shift"? It starts simple; knowing the language in our Practice Acts, along with the Academy and APTA manipulation positions, and staying abreast of the latest evidence so practice evolves as it should. Sharing this information with colleagues and administrators is important so clinic and department policies reflect appropriate practice. Clinical instructors providing manipulation mentoring to students should do all they can to insure the students have a positive initial experience. Jean Bryan and I did a follow-up qualitative study to the two previous survey projects interviewing academic faculty and practitioners related to manipulation beliefs and values. A few of those interviewed had a very poor initial exposure to manipulation-either as a patient or at the hands of an instructor, leading to a practice approach that did not include manipulation. These individuals also would not allow students to use manipulation. Others had a very positive initial exposure and had easily incorporated manipulation into their practice and teachings.

What can we do as an organization to promote the needed cultural "shift"? It starts with updating existing resources so they reflect the latest evidence, and developing new resources to meet a changing practice and legislative landscape. Currently in the works is a White Paper, a manipulation position paper, written for those outside of our profession. A worst case scenario paper describing a scenario of practicing and living in a state where therapists cannot provide manipulation services is being written, more for those therapists who practice in areas other than orthopaedic manual therapy. As stated by Steve Allen from Washington, if you had a family member stricken with acute low back pain your loved one cannot see the practitioner best trained to manage that acute episode. Who is better than a physical therapist to provide the combination of manual therapy-manipulation, therapeutic exercise and patient education? Yet this provider is not available in

a couple of states. The manipulation legislative challenges we face impact all physical therapy providers.

I love the idea that the next Academy conference will be held in Washington DC—with a Legislative Day attached to it! The Academy has evolved to the point that an independent presence on Capitol Hill is a logical next step. Can you imagine the impact of having not one (APTA), but also a second organization representing not only our profession, but also our patients and clients? We will not be there solely on behalf of manipulation issues, but also advocating for direct access, fair reimbursement and referral for profit legislative issues. The Academy will continue to work closely with APTA coordinating legislative activities, but we will be on Capitol Hill representing AAOMPT. This is a very exciting time to be involved in these matters. We have made tremendous strides, and as our "house" becomes stronger and stronger it will matter less and less what the chiropractors do.

The past 17 years have been a wonderful journey for me, and the past 5 have been an unexpected adventure. Five-to-six years ago Steve McDavitt was slated for an APTA Board of Directors position. Then Academy President, Ken Olson called me asking if I would consider covering Steve's remaining year as Academy Practice Affairs Committee chair if he was elected. Of course Steve was successful and now 5 years later I am finally stepping down as not only Practice Affairs Committee chair, but also as chair of the APTA Manipulation Task Force. This experience has left me with a much-greater appreciation of the impact this organization has had on our profession, and will have in shaping our future. My experience has been much more rewarding than I ever could have imagined. I am indebted to the Academy Executive Committee for this opportunity.

I should be acknowledging many of you in the audience today, but time doesn't allow. One person I do want to publically acknowledge though is Dr. Mennell, for whom this award is named. As we move further away from his retirement from practice, and his death, it becomes harder to recall why this award was named after him. I do not profess to have been his friend or even a close colleague, but I did witness his generosity and commitment to advancing the physical therapy profession related to manual therapy practice. In the early 1980s I was teaching at Northwestern University including a graduate program with classes held in the evening. Dr. Mennell had a personal friend in Chicago, who was friends with one of my co-instructors. Dr. Mennell came to our class a few times, spending hours with us, and asking for nothing in return. His support for our profession starting in the late 1960s and into the 1970s added credibility to our claim as a legitimate provider of manual therapy services. We weren't getting much public support from anyone outside our profession in those days. I am sure his commitment to the physical therapy profession did nothing for his resume nor for gaining more respect from his medical colleagues. He was a gracious soul in this regard.

Now it's time to circle back to my story's beginning. Once upon a time I questioned whether the Academy was such a good idea. Clearly I was wrong. Thank goodness I was wrong. I will be forever grateful that my path has crossed that of the Academy's, and I will be forever grateful for this wonderful recognition. Thank you!