

# The Physical Therapy and Society Summit (PASS) Meeting: Observations and Opportunities

Colleen M. Kigin, Mary M. Rodgers, Steven L. Wolf

The construct of delivering high-quality and cost-effective health care is in flux, and the profession must strategically plan how to meet the needs of society. In 2006, the House of Delegates of the American Physical Therapy Association passed a motion to convene a summit on “how physical therapists can meet current, evolving, and future societal health care needs.” The Physical Therapy and Society Summit (PASS) meeting on February 27–28, 2009, in Leesburg, Virginia, sent a clear message that for physical therapists to be effective and thrive in the health care environment of the future, a paradigm shift is required. During the PASS meeting, participants reframed our traditional focus on the physical therapist and the patient/client (consumer) to one in which physical therapists are an integral part of a collaborative, multidisciplinary health care team with the health care consumer as its focus. The PASS Steering Committee recognized that some of the opportunities that surfaced during the PASS meeting may be disruptive or may not be within the profession’s present strategic or tactical plans. Thus, adopting a framework that helps to establish the need for change that is provocative and potentially disruptive to our present care delivery, yet prioritizes opportunities, is a critical and essential step. Each of us in the physical therapy profession must take on post-PASS roles and responsibilities to accomplish the systemic change that is so intimately intertwined with our destiny. This article offers a perspective of the dynamic dialogue and suggestions that emerged from the PASS event, providing further opportunities for discussion and action within our profession.

C.M. Kigin, PT, DPT, FAPTA, is Chief of Staff, Center for Integration of Medicine and Innovative Technology, 165 Cambridge St, Suite 702, Boston, MA 02144 (USA), and Assistant Professor, MGH Institute of Health Professions, Boston, Massachusetts. Address all correspondence to Dr Kigin at: [ckigin@partners.org](mailto:ckigin@partners.org).

M.M. Rodgers, PT, PhD, FAPTA, is George R. Hepburn Professor and Chair, Department of Physical Therapy and Rehabilitation Science, University of Maryland School of Medicine, Baltimore, Maryland.

S.L. Wolf, PT, PhD, FAPTA, is Professor, Department of Rehabilitation Medicine, Emory University School of Medicine, Atlanta, Georgia.

PASS Committee Members (see list of members on page 1565).

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There is little doubt that circumstances underlying the provision of rehabilitation services are changing dynamically. As physical therapists, we are faced with the dilemma of wanting to provide comprehensive services to achieve optimal function and quality of life for our patients while navigating through time-consuming obstacles that impede the success of such efforts. At the same time, as health care policies are undergoing profound alternations, including the recognition and understanding of social/political pressures and values, we must confront the reality that advances in medicine, science, and technology require our attention and assimilation if we are to become viable partners in the biomedical enterprise. In this context, when delivering physical therapy services, irrespective of individual political ideology, we are obligated to match access to our skills with reasonable and appropriate costs. Moreover, how to best match the content of service with optimal and comprehensible outcome measures has thus far been addressed inadequately.<sup>1</sup> For us to provide greater access, maximize outcome, and contain costs, our roles in health care delivery, education, research, and practice will need to undergo constant vigilance and revision—noble goals that demand vision and commitment.

With these realities confronting our profession, the 2006 House of Delegates requested that the American Physical Therapy Association (APTA) “present a comprehensive strategic plan to achieve the APTA Vision

Statement for Physical Therapy 2020 (Vision 2020).”<sup>2</sup> This strategic plan includes advancing 6 elements delineated in Vision 2020<sup>3</sup> (Fig. 1).

The House of Delegates also passed a second motion in 2006:

That the American Physical Therapy Association (APTA) convene a Summit in or by 2010 with annual reports to the House of Delegates that shall focus on how physical therapists can meet current, evolving, and future societal health care needs. The consideration of innovative process, technology, or practice models by this Summit on Physical Therapy and Society shall not be constrained by existing law, regulation, education, or reimbursement.<sup>4</sup>

The discussion regarding the need for this action included the recognition by House of Delegates that the Vision directs the profession internally (who we are, what we should become). However, the House of Delegates also recognized the need to examine and plan how to meet the needs of society (our external focus and responsibility). The manifestation of that effort was the Physical Therapy and Society Summit (PASS) meeting that occurred on February 27–28, 2009, in Leesburg, Virginia. The PASS meeting fulfilled the intent of the motion that prompted its creation by:

- Bringing together leaders and conceptual thinkers from physical therapy with visionaries from other medical professions, engineering, health information technology, industry, academia, government, and caregivers to focus on how physical therapists can meet current, evolving, and future societal health care needs; and,
- Providing an environment for discussion that was not constrained by today’s realities in physical therapist education, practice, and research.

The PASS meeting was attended by more than 100 individuals, including 30 leaders in policy, technology, and innovation outside the physical therapy profession. The invitees included 60 individuals who were assigned to the “pit,” which engaged 30 individuals from our physical therapy community with leaders in health care outside of our profession. These leaders included those who are now creating new care environments that include the use of telehealth, virtual practices, development of new technologies such as robotics, and the influence of genomics on establishing care. Targeted invitees were asked to serve on panels to provide a vision of the future of health care delivery from their own perspective, using a format that consisted of a 10-minute presentation by each panel member, followed by comments and questions from other members of the “pit.”

An additional 60 members of the physical therapy profession were invited from a pool of self-nominated individuals who responded to a call to participate through APTA. These invitees were primarily observers during the first day of presentations, and discussion was organized around a keynote address by Clem Bezhold, PhD, founder of the Institute for Alternative Futures and recognized futurist, followed by panels focused on technology drivers of change, systemic drivers of change, and acting on opportunities. A review of the format and list and short biographies of all attendees is available on the APTA Web site.<sup>5</sup> A list of participants who were not part of the American Physical Therapy Association leadership or membership is presented in the Appendix. The second day was attended primarily by the 90 physical therapists who focused on each opportunity presented the previous day, with a discussion about areas the profession would be wise to pursue,

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#### ACCESS TO PHYSICAL THERAPIST SERVICES

Strategic outcome: Policy barriers to patient/client access to physical therapist services will be reduced and, where possible, eliminated.

#### EDUCATION

Strategic outcome: An adequate number of quality physical therapist and physical therapist assistant education opportunities will be available to provide entry-level and postprofessional learning experiences to meet the needs of society.

#### PAYMENT FOR SERVICES

Strategic outcome: Payment policy makers will better recognize the value of physical therapist practice and create payment policies that more accurately reflect the resources required to achieve efficient and efficacious patient/client outcomes.

#### PUBLIC IDENTITY/RECOGNITION AS PRACTITIONER OF CHOICE

Strategic outcome: Targeted consumer and professional groups will recognize the benefits of and increase use of the services of physical therapists as practitioners of choice in maximizing movement and function.

#### RESEARCH

Strategic outcome: Facilitate creation of and access to new knowledge that informs clinical decision making about the organization and deliver of physical therapist services at the point of care.

#### STANDARDS FOR PRACTICE

Strategic outcome: Evidence-based practice principles will be routinely identified, applied, and integrated in physical therapist practice.

#### Figure 1.

American Physical Therapy Association strategic plan.

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barriers to achieving a goal, and opportunities that the profession is poised to capture.

As noted above, a variety of innovative approaches were used to facilitate and capture the rich discussion, including the graphic approach shown in Figure 2. This meeting covered topics related to the primary presentations (health care access; health care systems and their funding; education, research, and practice models) and to opportunities and profession-based strategies for optimally interfacing these opportunities to better meet the needs of society. In hindsight, this assembly was seminal because it provided an opportunity for one of the largest gathering of external stakeholders ever configured to review with us multiple perspectives about where the profession should be directed. One lesson learned was that these innovative approaches can and do facilitate discussion. The PASS Steering Committee felt that the one area that deserved more attention was the need to engage the gallery participants on the first day

and not delay rich and important interactions.

Against the totality of this background, the intent of this perspective article is to review the outcomes that emerged from the interdisciplinary dialogue that formed the cornerstone of PASS and to couch them in terms of opportunities that can place physical therapy as an important player in the provision of health care. These outcomes included: defining how physical therapy care might be successfully delivered; the implications derived from the expected paradigm shift in health care delivery; rethinking how we will interface with society; identifying specific opportunities; prioritizing our actions to capture such opportunities; recognizing and enacting corrective actions as they are needed; and, last, taking a good look at the need to modify our behaviors and how they will require modification.

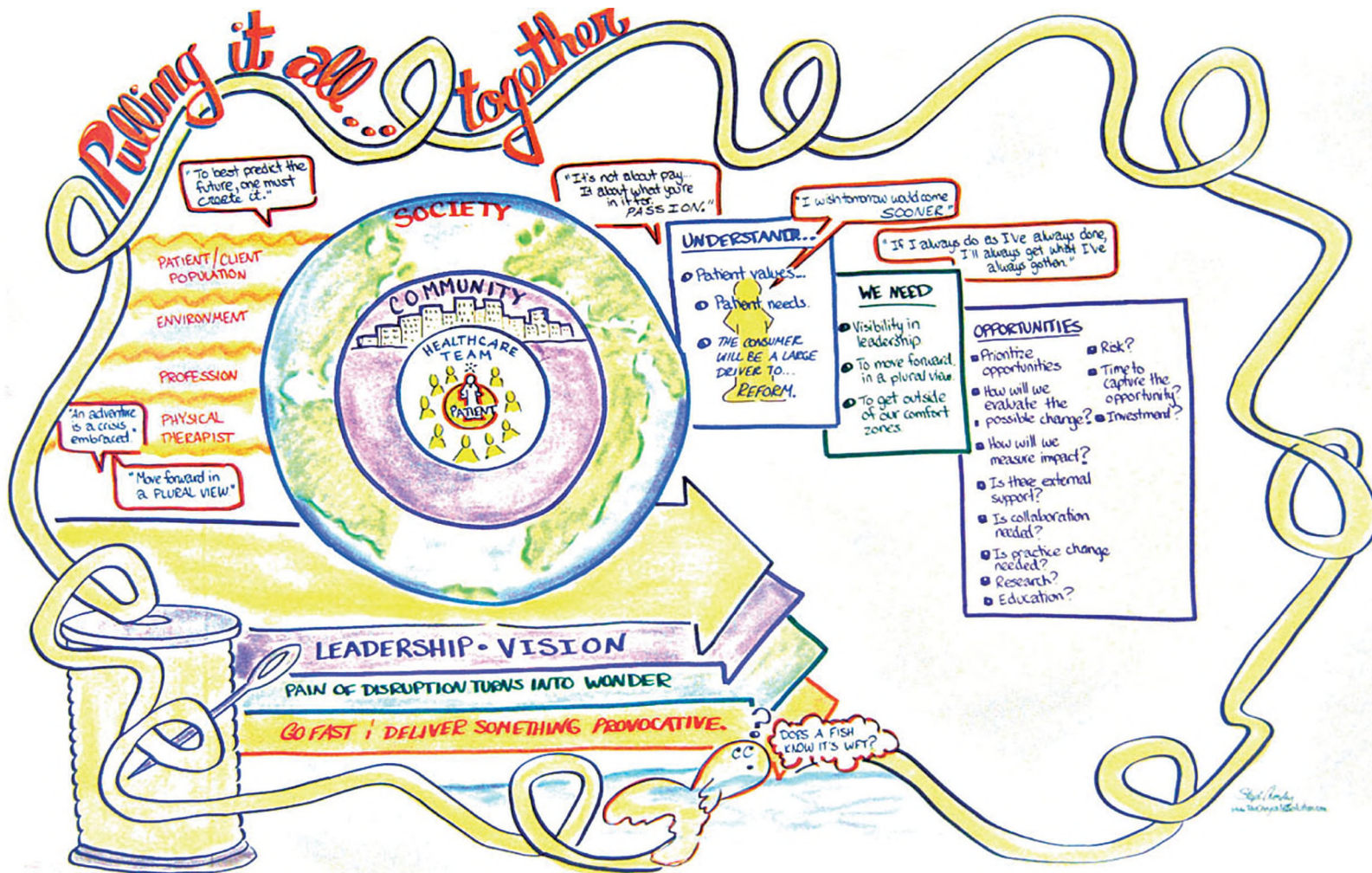
The participants did background reading to prepare for this Summit<sup>5-10</sup>; however, one area not addressed,

yet prime for continued comment, resided in the nature of the paradigm shift. Such redirection is indeed congruous with thought leaders such as Thomas Kuhn who believe such paradigm shifts are a prerequisite for creating new knowledge and recognizing new ideas.<sup>11</sup> Such a shift also might be further considered in relation to literature that acknowledges the elements of early innovators and adopters driving such concepts and outlines the lag time and support required of others who are not early adopters (early majority, late majority) to accept or adopt dramatic shifts or true paradigm change.<sup>12</sup> A logical extension from the dynamics underlying the PASS meeting will be the continued scholarly comment about how to best adopt the following recommended changes in practice, education, and research.

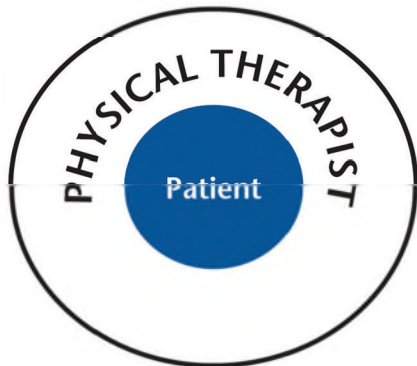
#### Outcomes From the PASS Meeting

Perhaps the most important outcome to emerge from the PASS meeting was the creation of an opportunity to articulate and discuss multidisciplinary





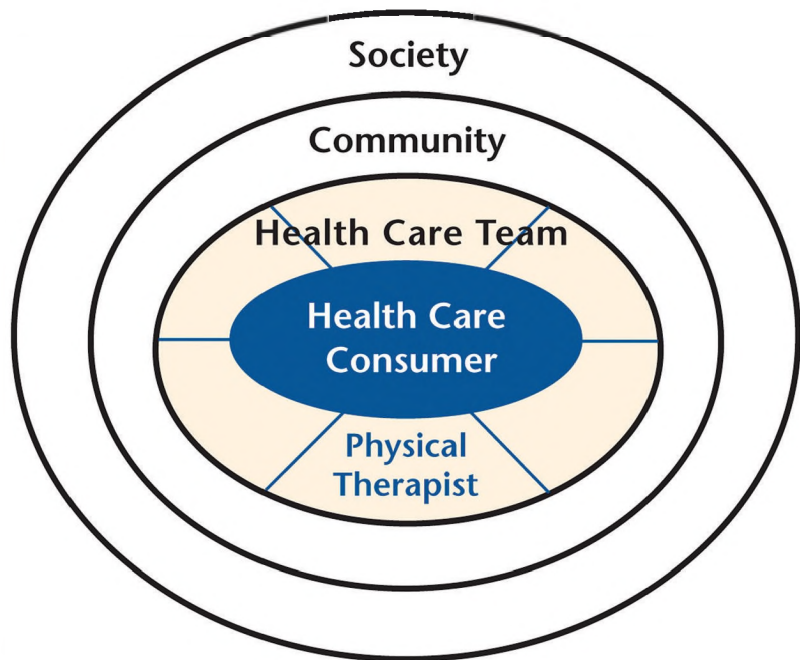
**Figure 2.** Graphic illustration of the summary discussion at the Physical Therapy and Society Summit (PASS) meeting. Copyright © 2009 American Physical Therapy Association (APTA), Alexandria, Virginia. This material may not be copied, reproduced, or redistributed without prior written permission from APTA. For permission, please contact: pass@apta.org.



**Figure 3.** Traditional care delivery paradigm from the physical therapist's perspective.

perspectives on the need for a care delivery paradigm shift as an essential prerequisite for the profession to propagate success in the 21st century. The PASS event engaged participants in deliberative and provocative reflection through formal sessions and consequent ongoing dialogue and discussion at breaks and meals. Thanks to the untiring commitment of those attending, subsequent reflection on recommendations emanating from the Summit, and input gleaned from interested members during the PASS-related education session at the annual APTA meeting in June 2009, a broader care delivery paradigm has been identified. Participants unanimously agreed that expanding our vision and defining specific achievable milestones can lead the profession to new levels of leadership, collaboration, and positive impact on the health of society.

The striking care delivery paradigm shift thematically apparent throughout the event was the need to recognize that all factors influencing an individual's health and care must be at the core of how we organize and deliver our services. Our traditional focus has been on the physical therapist and the patient (Fig. 3). This focus was discussed as a reflection of the profession's history by Purtilo in the 2000 Mary McMillan Lecture.<sup>13</sup> Purtilo described 3 phases: (1) Period of Self-



**Figure 4.** Care delivery paradigm envisioned by the Physical Therapy and Society Summit (PASS). Reprinted with permission of the American Physical Therapy Association from: Kigin C. A systems view of physical therapy care: shifting to a new paradigm for the profession. *Phys Ther.* 2009;89:1117–1119. This material is copyrighted, and any further reproduction or distribution requires written permission from APTA.

Identity, (2) Period of Patient-Focused Identity, and (3) Period of Societal Identity. In her McMillan Lecture, she stated the need for the profession to move to the Period of Societal Identity. The new care delivery paradigm firmly and unequivocally places the patient in the center, surrounded by those who deliver care within the patient's environment and in concert with societal norms (Fig. 4). The patient/client (terminology of APTA Vision 2020) whom we now refer to as "consumer" is empowered with many interconnections to this centralized model and imposes upon physical therapists the need to recognize all such influences on the consumer within the care delivery paradigm shift.

### Defining a Physical Therapy Care Delivery Paradigm for Professional Success in the 21st Century

The post-PASS care delivery paradigm means that consumers are everyone's primary focus. Consumers drive the system, and as factors governing provision of service attain greater public visibility, delivery of exemplary service will demand imagination, inspiration, and innovation from all of their health care providers, including physical therapists. The consumer's health and ability to heal are affected by personal and environmental factors at health care team, community, and societal levels. In fact, current literature generated by our profession and others<sup>14–17</sup> recognizes the impact of the individual functioning within and influenced by an environment. Equally as important, the impact of the indi-



vidual as a consumer surrounded by collaborative practitioners helps guide and move our adoption of this new paradigm.

### Implications of a Physical Therapy Health Care Delivery Paradigm Shift

Shifting to this post-PASS care delivery paradigm requires those in the physical therapy profession to understand that consumers are a driving force in health care. Consumers using our services transcend a diagnostic entity as they become proactive determinants of the direction for their care and the associated transactions. This reality highlights the need for the profession to revamp its educational offerings to include greater emphasis on fine-tuning clinical acumen within the behavioral and social sciences.

Under this care delivery paradigm, the *social determinants of health*, defined as “the conditions in which people are born, grow, live, work, and age,”<sup>18(p.26)</sup> come to the forefront and demand the careful attention of the health care team. These determinants are complex and shaped by the distribution of money, resources, power, and policy at global, national, and local levels.

Making the shift also requires us to understand that opportunities for growth and leadership exist hereafter at both national and international levels. This shift is perpetuated by the reality that health care professionals in the United States, like those in most other countries, are confronted with health-funding crises in the face of pressure from citizens demanding better, more equitable health coverage and outcomes. With this reality in mind, professions with the acumen to aggressively identify and leverage the social determinants of health that they are

uniquely positioned to address will thrive.

### Preparing the Way to Meet the Challenge

Preparing members of the physical therapy profession to be full participants in the post-PASS care delivery paradigm involves creating and integrating practice innovations and collaborating with others inside and outside of the profession. Science is moving at a pace that requires us to update our entry-level knowledge base at increasingly frequent intervals. We must be willing to continually exceed our comfort zones and embrace new models of care. Our goal should be to sustain a proactive stance in practice and overcome a tendency to focus on and address problems internal to our profession so that we can make a positive impact on societal health. Additionally, as technology continues to evolve and offer new possibilities for diagnostics and interventions, we must be willing to meet the challenge of integrating the use of these new adjunctive devices or technologies into our physical therapist practice. For example, the use of virtual environments and robotics have shown increased functional return when combined with more traditional care to the individual who has experienced traumatic brain injury or stroke.<sup>19,20</sup> Meeting this challenge will require spending far less time learning activities such as range of motion and muscle testing and more time assimilating advances in genomics, molecular science, and technologies. Comprehension of the latter underscores the physical therapy profession's ability to be in the forefront of advances in the evaluation and treatment of consumers with movement impairments and thus full participants in the post-PASS care delivery paradigm.

To best prepare, there is an uncompromising need for us to embrace the concept of thinking and acting in

new ways while making some course corrections as a prerequisite for engaging new opportunities. We must extricate ourselves from intellectual confinements and seek collaborations in the classroom, laboratory, and clinic with scientists, educators, engineers, health care providers, and consumers whose knowledge will enhance success in meeting our professional obligation to address the health care needs of society. To bring the care delivery paradigm to life, we must not be afraid to be proactive and lead society forward toward optimal function, health, and wellness.

Such proactivity demands further preparedness to capture areas of opportunity, to resolve long-standing internal challenges, and to refine existing strategies. During the PASS meeting, participants discovered new and exciting opportunities for physical therapy professionals to assume broader and more recognized leadership roles. Some of these opportunities could be construed as disruptive or incongruous, that is, not within the profession's present strategic or tactical plans, so adopting a framework for prioritizing those opportunities that are important to the profession's future will be a critical and essential step.

### Rethinking Vision 2020 to Meet Societal Needs

The PASS participants call on individual physical therapists and the physical therapy profession to go beyond the inward focus of Vision 2020 and start now to develop and move toward a vision for the profession that is focused on serving society's health care needs by:

- Reorienting practice, education, and research to a health care system that puts consumers of health care at the center and places physical therapists as important partners on a multidisciplinary health care team, a team that also includes

close involvement of the consumer within the consumer's community.

- Breaking down the silos that currently exist between the academy, the clinic, and the research laboratory to maximize the profession's ability to meet societal health care needs.
- Claiming the opportunity that currently exists in the construct of health care reform to use physical therapists' knowledge and therapies to lead in the area of prevention, health, and wellness.
- Exploring the potential to think beyond one-on-one consumer care to how to address the social determinants of health.
- Collaborating in the development and providing leadership in the testing and application of new technologies that can assist in optimizing care delivery to consumers of physical therapist services and in measuring the outcomes of such efforts.

The cohesion necessary to succeed in achieving these directives requires transforming multidisciplinary collaboration, faculty sharing, and effective communication so that such actions become the norm rather than the exception in practice, education, and research; that is, our goals and aspirations should be driven by mutual dynamic commitment unimpeded by any obstructions. We must engage our colleagues who can guide us through the proposed cultural shift by looking at professional values, norms, and actions, affirming those that help us meet the needs of society and re-examining those that appear to not allow us as a profession to assume these new roles.

### Identified Areas of Major Opportunity to Achieve an Extended Vision and Further the Needs of Society

The declarative statements below reflect the passion and commitment

expressed by the PASS participants, both within our profession and outside of it. These statements address the initial charge to "focus on how physical therapists can meet current, evolving, and future societal health care needs."<sup>4</sup> Each of these opportunities will require leadership to: examine the opportunity, set a strategic plan to achieve the opportunities, provide an atmosphere of openness, and allow and promote continued innovation in these and future opportunities. This initiative should proceed without constraints imposed by "what can't be done" but rather with bold actions based upon dynamic changes in science, technology, and practice.

#### Leadership in Prevention, Health, and Wellness

Do not just "do" prevention, health, and wellness, LEAD in this area. Leadership is necessary to capture the present realization and focus of policy makers, insurers, and society regarding the importance of prevention, health, and wellness, and to gain and recapture ground the profession has given up to other providers in this area over the past decade and best position us to truly serve the health care needs of society. The profession must adopt a visible leadership role in prevention, health, and wellness in addition to its existing role in rehabilitation. Capturing this area of opportunity will require:

- Reaffirmation by group consensus that we are leaders in this area;
- Modifications to the existing educational curriculum;
- An examination and sharing of prevention, health, and wellness practice models;
- Research to better define physical therapists' role in prevention, health, and wellness (especially consumers with secondary impairments), in particular research that identifies the economic cost and cost-effectiveness of physical therapists providing

prevention, health, and wellness services; and

- The profession articulating the role it will assume in this area

In achieving these opportunities, we should assume the attitude that roles exist for the physical therapist in prevention, health, and wellness across all settings and consumer groups. Such an assumption requires us to adopt the philosophy that public health is everyone's responsibility and that physical therapists can make valuable contributions to promoting and sustaining the public's health. This attitude, in fact, prompts physical therapists to consider addressing public health issues as a professional obligation.

At the same time, the goal is not to be the *sole* leader in this area. Other professions have leadership roles to play, and the physical therapy profession must establish appropriate collaborative relationships within its own education, practice, and research communities, as well as with other disciplines (eg, primary care physicians, nutritionists). In this context, our profession should realize that we are not alone in recognizing the need for such collaboration to meet the needs of society.<sup>21</sup>

#### Advancement in Development and Implementation of Technologies

Do not just "use" technologies, COLLABORATE in developing and LEAD in testing new technologies to optimize outcomes. Capturing this area of opportunity will require:

- Revisiting the interface among practice, education, research, and technology;
- Creating mechanisms for clinicians, faculty, and students to become familiar with and stay up-to-date with technology, including robotics, virtual technologies, the use of tele-

medicine, and electronic medical records; and

- Building, prioritizing, and promoting opportunities (with attendant funding sources) for physical therapist clinicians, educators, and researchers to engage in interactions and collaborations with engineering, industry, and others to develop and use technology *and* translate technology as applicable to physical therapy within practice environments and during any aspect of the educational process.

### Decision Making in Health Care Delivery

Lead in establishing multidisciplinary collaborations across education, practice, and research designed to help drive the new PASS vision of health care delivery in the United States. Capturing this area of opportunity will require:

- Identification of opportunities for multidisciplinary engagement most congruent with the goals of the profession as a leader in the health community's efforts to meet the needs of society; and
- Establishing a framework/methodology to foster and facilitate talented leaders in physical therapist education, practice, and research to interact within the profession as well as across disciplines to help drive the new PASS vision of health care delivery in the United States—for example, “networks” funded by both APTA (primarily) and the Foundation for Physical Therapy (secondarily).

### Participation in Ensuring Direct Access

Examine the use and outcome of direct access in collaboration with other disciplines, such as primary care providers (physicians, physician assistants, and nurse practitioners) as a realistic necessity to meet the needs of society. Capturing this area of opportunity will require identifi-

cation of disciplines ripe for collaboration and revisiting some of the profession's current terminology. During the PASS meeting, a unanimous consensus identified that the primary care physician community is in crisis and struggling to meet the present needs of society (much less the future needs) and that the primary care community is actively examining new models of care, including closer alliances and partnership with other professions.<sup>21-23</sup> This community awaits our outreach. In addition, feedback was received at the PASS meeting that the word “autonomous” is misunderstood across the community of traditional health care providers. The support for direct access was voiced, but the perception exists that when the physical therapy community touts its autonomy, the profession does not want to or is expressing hesitancy to collaborate or intersect with other professions engaged in consumer care. (See below for more on a suggested corrective course.)

**Exploit data-mining options.** Explore and appropriately act upon opportunities to examine or study the present practice of physical therapy through retrospective data mining. This area of research is a powerful methodology to understand outcomes of many interventions and actions outside health care (eg, machine learning about usual activity in credit card utilization) and more contemporarily within health care (eg, data mining of large databases, such as electrocardiographs of hundreds of individuals who were admitted for heart attacks, or examination of electroencephalogram patterns of those who have uncontrolled or poorly controlled seizure activity). Retrospective data are prime resources for use in physical therapy. Data mining offers the potential to identify early indicators of change, as well as outcomes from delivery of particular interventions. Capturing this oppor-

tunity will require the physical therapy research community, including APTA's research staff and the Foundation for Physical Therapy, to understand the potential power of this research methodology and implement best usage.

**Recognize consumers as invaluable resources.** Demonstrate a commitment to embracing and incorporating the consumer perspective while embellishing the way in which we can provide consumers with meaningful assistance and information that highlight the value of physical therapy. This opportunity will require mass participatory efforts among physical therapists in all settings. The APTA must become positioned to refine and hone existing strategies, such as the consumer portal, and consider new strategies, such as establishing consumer advisory panels for important areas of focus.

**Enhance collaborative efforts.** Establish routine interfaces with other disciplines in ongoing collaborations and faculty sharing. For example, education programs should establish partnerships with either an engineering academic program or industry with interests in some aspect of movement or prevention. Numerous other academic or community collaborators also should be considered.

- Consider creating a new norm for physical therapy innovation, one that results from multidisciplinary collaboration and is communicated effectively among consumers, practitioners, educators, and researchers.
- Make the consideration of the use of technology in education and practice a priority rather than a luxury.

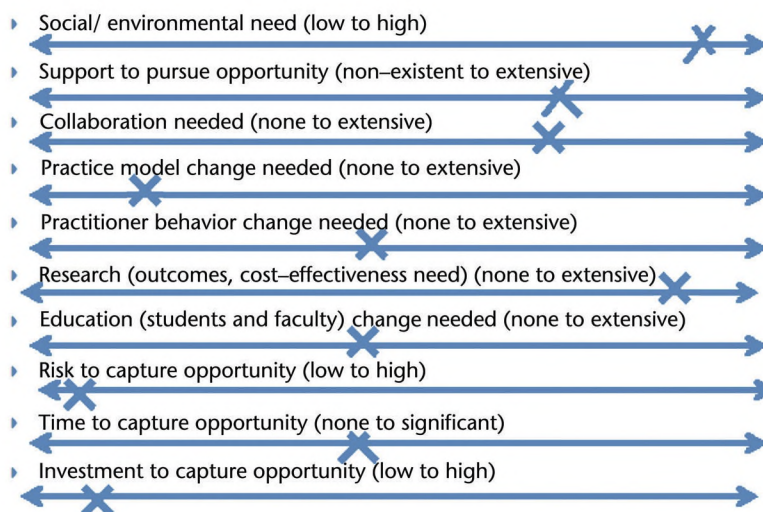


## Prioritizing Our Actions to Capture Opportunities to Meet the Needs of Society

As a profession, we often delineate what we as individuals, groups, and policy-making bodies (eg, House of Delegates) feel are critical to act on now, later, or to even ignore. Rarely do we assess the areas of opportunity by weighing the benefit, the cost, the risk, and the starting point as we look at a group of opportunities such as those identified in this article. At the close of the PASS meeting, the need to establish a framework to assess the benefit, the cost, the risk, and what we might already have in place and could capitalize on to move toward the goal was discussed as critical features that define areas of opportunity. If we are to truly work toward meeting the needs of society, we must do so bravely but also judiciously. A potential, but by no means definitive, framework to further our thinking about assessing each opportunity singularly or in relation to other opportunities was outlined. This potential construct requires consideration of 10 criteria, using a Likert-type scale to determine the profession's present status in areas such as estimate of cost to achieve the opportunity, estimate of risk, and other criteria noted below (Fig. 5). This proposed model also allows us to consider evolving changes in an organized manner. As noted previously, the PASS Steering Committee recognized that some opportunities surfacing during the PASS meeting might be perceived as disruptive or not within the profession's present strategic or tactical plans. In fact, if the societal or environmental need is high and the profession is not prepared to meet the need, disruption will occur. Examples cited as innovations that could be perceived as disruptive included:

- Bundled payments
- Care in virtual space
- Game/Wii fit mediated fitness and rehabilitation

### Identified Area of Major Opportunity: Leadership in Prevention, Health, and Wellness



**Figure 5.**

An understanding of the profession's present status and how much effort or change would be needed to achieve each opportunity was considered, and the 10 criteria discussed at the Physical Therapy and Society Summit (PASS) meeting were considered a starting point of this self-examination. The use of a Likert scale was suggested by PASS, allowing us to understand where along the continuum of each opportunity the profession currently is and allowing us to visualize where we need to go to achieve the goal. This figure highlights only one area of opportunity, with an attempt to show where the PASS felt the profession was along the continuum. It is meant to promote further discussion regarding how we, as a profession, might evaluate each opportunity. It is not meant to reflect a definitive solution. "X" indicates a subjective evaluation of the present status of each criterion.

- Diagnostics and advice systems that commoditize professional expertise
- Minute clinics
- Effectively used personal health records
- Collaboration needed (range: none to extensive)
- Practice model change needed (range: none to extensive)
- Practitioner behavior change needed (range: none to extensive)
- Research (outcomes, cost-effectiveness) needed (range: none to extensive)
- Education (students and faculty) change needed (range: none to extensive)
- Risk to capture opportunity (range: low to high)
- Time to capture opportunity (range: none to significant)
- Investment to capture opportunity (range: low to high)

Accordingly, adopting a framework that helps to establish the need for disrupting existing approaches and prioritizing new opportunities is a critical and essential step. The potential framework to assess not only the value of new opportunities but also the relative effort required, as well as to identify where we currently are as a profession, might include the following 10 criteria or categories:

- Social or environmental need (range: low to high)
- Support to pursue opportunity (range: nonexistent to extensive)

## Steering Our Ship Through a Sea of Corrective Actions to Achieve Our Vision and Meet the Needs of Society

As opportunities are identified, we must understand needs for course corrections. During this Summit, the group began, but in no way fully examined, needed course corrections and opportunities to achieve them. A few provocative and significant potential course corrections did surface. One was to reconsider the language or terminology the profession and association currently uses, specifically the terms below that may be sending confusing, mixed, or negative messages:

- **Autonomous:** Use of the word “autonomous” should be revisited, with serious consideration given to finding new language to express the desire to be fully responsible for the care members of the profession are educated and qualified to provide. Outside participants at the PASS event identified this term as being exclusive and its use being potentially detrimental to claims the profession makes regarding collaboration. In light of the direction of health care reform, emphasizing that physical therapists can be, and are sincerely interested in being, part of the health care team has become an imperative. The profession must start positioning itself as an essential “navigator” within the health care system versus a gatekeeper to one part of the system.
- **Neuromusculoskeletal:** This term may not be clear to consumers and might require redefinition. Clearer terms should be found to convey the profession’s expertise to the public. Redefining this construct represents a good example of the need to begin placing the consumer in the center. This type of terminology may serve to appease individuals within the profession (to avoid anyone feeling

“left out”) instead of reflecting a focus on the needs of the consumer.

- **Patients/clients:** The profession must recognize that patients/clients are really consumers of physical therapy services. A shift to the term “consumer” (or other like term) to describe recipients of physical therapy services may offer new possibilities for shaping the profession’s identity and value across the life span and the acuity curve.

Another significant potential course correction that surfaced was the need to “look in the mirror” as a critical step toward better meeting the needs of society. The PASS participants articulated that the spectrum of Summit events (those before and during) was both agitating and stimulating. The agitation might have been precipitated because participants found themselves confronting challenges that have existed for many years, including the need to:

- Be more transparent in delineating the integration of the academy, the clinic, and the laboratory.
- Clearly identify and test the value of physical therapy.
- Adopt an important and visible leadership role in prevention, health, and wellness in addition to the leadership role we currently provide in rehabilitation.

Participants found the PASS event stimulating and profound because of the way in which these opportunities were discussed. Participants were pushed to move beyond existing notions of how things “are” to what can be with “unlimited possibilities.” No idea was summarily dismissed due to existing law, regulation, education, practice models, or reimbursement policy.

Another stimulating outcome of the PASS event was the clear and unqualified input from the PASS participants from outside the physical

therapy profession that now is the time for the profession to resolve its longstanding internal challenges so that physical therapists can assume the leadership roles for which they are eminently positioned. The non-physical therapist participants were involved, committed, and provocative. They shared challenges that each of their respective professions must meet and congratulated the physical therapy profession for its vision and leadership to engage other members of the health care team in this discussion.

A significant and overarching message from the PASS meeting was the opportunity for the profession, now and in the future, to lead, a goal requiring substantial change in how we think, act, and work together. Now is the time for us to divest ourselves of self-contained silos in education, practice, and research and come together to create systemic change. Rather than acting in incremental ways within the academy, the clinic, and the research laboratory, we need to join as a community committed to determining how best to serve societies’ health care needs. Assuming leadership requires our identification as a community willing to embrace change, make sacrifices, and take on the extra work and responsibility entailed in creating change. Accordingly, we must take a hard look at ourselves and find the resolve to unabashedly:

- Bridge the gap between the academy, the clinic, and the laboratory — do it, do not just talk about it! Bridge the gap through actions that are clearly identified not only by internal constituents, but by external constituents as well.
- Evolve physical therapist professional education so that the curriculum can more quickly and effectively absorb changes in science (eg, genomics, molecular medicine). This challenge requires an in-depth

analysis and course correction to ensure that the essential, fundamental sciences that serve as the foundation for the profession have established mechanisms to recognize, prioritize, and absorb scientific advances. Although not directly discussed at this meeting, the need to understand or absorb changes in social and behavioral sciences is critical.

- Establish or guide ongoing educational efforts to allow educators, practitioners, and researchers to stay abreast of important innovations in health care and to understand the horizon of change in a timely fashion.
- Clearly identify, communicate, and promote the value of physical therapy. The profession must continue to shape the role, value, and worth of physical therapy. One way to accomplish this step is for individuals within the profession to examine themselves differently. All physical therapists need to view themselves as engaged in a profession rather than just holding a health care job. We all must reframe our understanding of value. As one PASS participant noted, value is based on the perception of the person receiving a service, not on the perception of the person delivering it. Physical therapists should recognize that patients/clients are really consumers of their services and through words and deeds show that they truly value the input of their consumers. The underpinnings of this are that professions serve society, and a profession is granted recognition as society values the care received.
- Address the mismatch among practice, regulation, and reimbursement. Practice is changing rapidly, and new markets needing our services are emerging. A move to these new areas is effectively hampered through historic practice models currently reflected in state practice acts and coding and billing procedures. Some

states do not permit physical therapists to meet emerging demands in fitness and wellness within the current practice act and regulatory constraints.

### Summary

A clear message from the PASS event was that for physical therapists to be effective and thrive in the health care environment of the future, a paradigm shift is required. During the PASS meeting, participants reframed our traditional focus on the physical therapist and the consumer to one in which physical therapists are an integral part of a collaborative, multidisciplinary health care team, with the health care consumer as its focus.

The PASS Steering Committee recognized some of the opportunities that surfaced during the PASS meeting may be potentially disruptive or not within the profession's present strategic or tactical plans. Thus adopting a framework that helps to establish the need for disruption and prioritizes opportunities is a critical and essential step.

For the profession to position itself for successful participation in the health care paradigm supported during the PASS meeting, it must act now to capture areas of opportunity, make appropriate course corrections, resolve long-standing internal challenges, and refine existing strategies. Action now is even more important in light of the unique window of possibilities presented by the current health care reform effort.

The ability to envision the future and take advantage of emerging trends and opportunities is crucial to the association's success. Future-oriented, "blue sky" conversations are one way to gather such information and have the added benefit of engaging and energizing members and other stakeholders in the physical therapy

profession's success. Finding ways to develop, foster, and facilitate such conversations at the national or component level that seeks glimpses into wisdom rather than reiteration of specific operational directives and further funnels that wisdom into the association's strategic planning process is an essential step for the profession's success in the 21st century.

The PASS participants and the PASS Steering Committee recognized the challenges of pursuing efforts to disengage from the notions and structures that no longer serve the profession and to adopt innovations that help the profession best serve patients/clients (consumers). This opportunity requires imagination, inspiration, and commitment on the part of the association, its membership, and each individual physical therapist and physical therapist assistant. Such efforts should be combined with, or as appropriate, result in a revision of Vision 2020 efforts. Such a posture will ensure that members of the physical therapy profession are fully prepared to participate as essential partners within the health care team and thus well positioned to positively influence the well-being of individual consumers, communities, and society at large. Each of us in the physical therapy profession must take on post-PASS roles and responsibilities to accomplish the systemic change that is so intimately intertwined with our destiny.

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PASS Committee Members: Joanell A. Bohmert, PT, MS, Physical Therapist, Anoka-Hennepin Independent School District No. 11, Anoka, Minnesota; Carl DeRosa, PT, PhD, FAPTA, Professor, Northern Arizona University, Flagstaff, Arizona; David G. Greathouse, PT, PhD, ECS, FAPTA, Director,



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Clinical Electrophysiology Services, Texas Physical Therapy Specialists, New Braunfels, Texas, and Adjunct Professor, US Army-Baylor University Doctoral Program in Physical Therapy, Fort Sam Houston, Texas; Sara Knox, PT, DPT, Assistant Professor, Department of Physical Therapy, Lynchburg College, Lynchburg, Virginia; Alexandra J. Sciaky, PT, MS, DPT, CCS, Center Coordinator of Clinical Education, Department of Physical Medicine and Rehabilitation, Physical Therapy Section, Veterans Affairs Ann Arbor Health Care System, Ann Arbor, Michigan; R. Scott Ward, PT, PhD, Professor and Chair, Department of Physical Therapy, University of Utah, Salt Lake City, Utah; Stanley H. Wilson, PT, EdD, CEAS, Associate Professor and Associate Dean of Academic Affairs, College of Allied Health and Nursing, Nova Southeastern University, Ft Lauderdale, Florida.

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**Appendix.**

Participants of the Physical Therapy and Society Summit (PASS) Meeting Who Were Outside the American Physical Therapy Association Leadership or Membership

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John Banja, PhD  
Professor  
Department of Rehabilitation  
Medicine  
Emory University  
Atlanta, Georgia

Clement Bezhold, PhD  
Chairman  
Institute for Alternative Futures  
Alexandria, Virginia

Craig Bosworth, BAppSci (Physio),  
MBA  
Public and Industry Affairs Manager  
Strategy and Corporate Affairs  
Medibank Private  
Victoria, Australia

Stephanie Crowley (graphic recorder of  
meeting)  
Graphic Recorder/Facilitator  
Founder of Chrysalis Studios

Henry R. Desmarais, MD, MPA  
Principal  
Health Policy Alternatives Inc  
Washington, DC

Ronald Dixon, MD, MA  
Director, Virtual Practice  
Massachusetts General Hospital  
Boston, Massachusetts

Ken Giacin  
Chairman and CEO  
StemCyte Inc  
Ewing, New Jersey

John H. Graham IV, CAE  
President and CEO  
ASAE and the Center for Association  
Leadership  
Washington, DC

Joseph C. Kvedar, MD  
Director  
Center for Connected Health  
Partners HealthCare  
Boston, Massachusetts

Reuben Mezrich, MD, PhD, FACR  
Professor and Chair  
Department of Diagnostic Radiology  
University of Maryland School of  
Medicine  
Baltimore, Maryland

Malcolm R. McNeil, PhD, CCC-SLP,  
BC-NCD  
Distinguished Service Professor  
and Chair  
Department of Communication  
Science and Disorders  
School of Health and Rehabilitation  
Science  
University of Pittsburgh  
Pittsburgh, Pennsylvania

John Moore, MD  
Research Assistant  
MIT Media Lab  
Massachusetts Institute of  
Technology  
Cambridge, Massachusetts

Kenneth J. Ottenbacher, PhD  
Professor and Director  
Division of Rehabilitation Sciences  
University of Texas Medical Branch  
Galveston, Texas

Marsha Rhea, CAE (meeting facilitator)  
President  
Signature I, LLC  
Alexandria, Virginia

Lucy M. Robbins  
Parent and Caregiver  
Manchester, Massachusetts

Peter W. Robbins  
Parent and Caregiver  
Manchester, Massachusetts

W. Zev Rymer, MD, PhD  
Vice President for Research  
Rehabilitation Institute of Chicago  
Chicago, Illinois

Barbara Safriet, JD, LLM  
Visiting Professor of Health Law  
Lewis and Clark Law School  
Portland, Oregon

Zary Segall, PhD  
Distinguished Professor  
Center for Convergent Design  
Baltimore, Maryland

Nathaniel M. Sims, MD  
Assistant Professor, Anesthesia  
Massachusetts General Hospital  
Boston, Massachusetts

Barbara A. Smith, PhD, RN, FACSM, FAAN  
Associate Dean and Professor  
University of Maryland School of Nursing  
Baltimore, Maryland

Philip Vierling, MBA  
Chief Executive Officer  
Kalypto Medical Inc  
Hastings, Minnesota

Michael Weinrich, MD  
Director  
National Center for Medical  
Rehabilitation Research  
Rockville, Maryland

Charles T. Wetherington, BS, MSME  
President  
BTE Technologies, Inc  
Hanover, Maryland

Jonathan R. Wolpaw, MD  
Chief  
Laboratory of Neural Injury  
and Repair  
Wadsworth Center  
New York State Department of Health  
Albany, New York