BIOGRAFICAL ARTICLES 1953-2000
Scarab Vol 35 #1 Feb 1986, pix of Sue & Ray
Scarab Nov 84 Vol 33 #4, Tribute
New Dominion VA Jaycee Magazine Feb 1953
PT May Dee 2000
PT @ NCU 1967 pix of Sue = “backbone & it all” pix
Background Was Obstacle And Impetus

By Mike Altz
Times-Dispatch Staff Writer

Her German background provided both an obstacle and an impetus for success for Suzanne Hirt, who after 36 years of practice will receive her Ph.D. in physical therapy.

Ms. Hirt, professor and chairman of the Department of Physical Therapy in the School of Allied Health Professionals at Medical College of Virginia, will receive the Mary McMillan Lecture Award later this month. It is given annually by the American Physical Therapy Association to the individual who makes the greatest contribution to the education and practice of physical therapy.

The obstacle was a familiar one. As a German Jew during the Hitler regime, Ms. Hirt found her life and budding medical career derailed after three years of medical training. It was the same German culture, she said, that provided the discipline and training she needed in later years in the United States, she said.

Born and reared in Berlin, Ms. Hirt fled Germany in 1938 and came to the United States two years later. Her mother and several distant relatives died in concentration camps.

HER GERMAN BACKGROUND provided both an obstacle and an impetus for success.

The system in Germany, unlike that of the United States, encouraged women to become nurses, not doctors. In the 1930s, women accounted for roughly half of all German medical school students.

"I took for granted that what was available for me in pre-Hitler Germany would be available for me in this country," she said.

However, a lack of financial backing prevented her from continuing her medical education. She opened the fan-developing field of physical therapy.

Since entering the University of Wisconsin as a student and staff physical therapist in 1942, Ms. Hirt has enjoyed success in both the clinical and educational areas of the field. She began teaching as a graduate student at Wisconsin in 1942 and started her career as a teacher at BCM two years later.

Her last clinical experience came in the late 1940s and early 1950s, when she helped treat Richmond area victims of the last polio epidemic. The administrative requirements of her job have prevented Ms. Hirt from continuing clinical work.

"Many times I have missed working with patients, but I couldn't do everything, so I decided to teach," Ms. Hirt said.

SHE SAID SHE fell into her position as technical director of the School of Physical Therapy in 1968 "by accident," because "they needed someone to fill the position quickly." Though she originally thought she would be the interim director, the need and influence of the nation's oldest physical therapy program spoke otherwise.

The APA announced last June that Ms. Hirt would receive the McMillan Award, named for the founder of the study of physical therapy. The woman is the first physical therapist to prepare a lecture she will present to the APA national conference at the annual convention in Washington last June.

Ms. Hirt earned the award for her achievements in education. She has taught more than a thousand physical therapists in her 36 years at BCM, and has also taught courses in human anatomy for first-year medical students, rare for an educator who never received her doctorate.

Ms. Hirt's next uncompleted lecture is entitled "Progress is a Baby Race," after a phrase coined by Mary McMillan herself. The lecture will stress the need for continued communication in the field, and her desire to see physical therapy continue to advance step-by-step.

Thus far, Ms. Hirt has been there every step of the way.
at the Medical College of Virginia
What Is Physical Therapy?

Physical therapy is one of the most rapidly expanding and challenging of the health professions. It offers a stimulating career for young men and women who enjoy working with people and are interested in the scientific and health fields.

The practice of physical therapy is directed toward preventing disability, relieving pain, developing, improving, or restoring muscle function, and maintaining maximum performance within the patient’s capabilities.

Cerebral palsy, arthritis, and stroke are representative of disabilities that are treated by the physical therapist. Each of these conditions presents a challenge to the physical therapist’s knowledge and skill.

Upon prescription by a qualified physician, the physical therapist, based upon his fundamental knowledge of anatomy, physiology, pathology, and clinical experience, evaluates the patient’s physical limitation. He then designs an exercise program that is taught to the patient with careful supervision.

Physical therapy provides opportunities for persons with varying skills and interests. The graduate physical therapist may work with patients in a general hospital setting, in a rehabilitation center, a specialized school or hospital, a community health program, a physician’s office, or his own office. The military services offer physical therapy programs in which the graduate physical therapist is eligible for a commission as an officer. Within the profession, there also are opportunities, with additional experience, in the areas of teaching, administration, research, and consultation.

Why don’t you think about entering this adventurous career, one that offers the opportunity to guide people, young and old, to fuller lives and greater happiness despite their physical limitations?
Yesterday and Today

The Medical College of Virginia was opened in the fall of 1838 as the medical department of Hampden-Sydney College. In 1860, it became a state institution. It was enlarged and enriched in 1913 by consolidation with the University College of Medicine.

Upon the establishment of Virginia Commonwealth University in 1968, the Medical College of Virginia retained its name, but, at the same time, became the health sciences division of this University.

Various hospitals have been erected, remodeled, and replaced through the years until today four hospitals, the A. D. Williams Memorial Clinic (which serves as the outpatient department), and the new self care unit in the Clinical Center provide patient care. The hospitals—MCV West, MCV South, MCV North, and MCV East—and the self care unit have a total bed complement of approximately 1,400, including bassinets.

Today's Medical College of Virginia covers more than 33 acres of downtown Richmond. Its buildings alone, exclusive of equipment are valued at approximately $70,000,000, based on replacement costs. Tunnels connecting most of the buildings of the institution carry utility lines and provide for pedestrian traffic.

To educate those who would serve humanity, MCV gives degrees in the schools of medicine, dentistry, pharmacy, nursing, graduate studies, hospital administration, physical therapy, medical technology, and radiologic technology. In addition, there are certificate courses in cyto-technology and blood banking and a dietetic internship program.

Cabaniss Hall, a woman's dormitory.

The Medical College of Virginia has a variety of continuing education programs in medicine, dentistry, pharmacy, nursing, and other areas of the health sciences to help keep today's practitioners abreast of new discoveries and techniques in their respective fields. These programs are designed to present appropriate subject matter at convenient times and in a manner that allows members of the health professions to assimilate the new information. This is accomplished by holding clinics, conferences, and lectures in other Virginia communities, through educational television, and by teaching exercises and short residency training programs on campus in Richmond.

Research, a very vital part of any health center, is carried out extensively at this institution. Such emphasis constitutes an important attraction to outstanding scientists from all over the world.

The Medical College of Virginia is the only institution in the State of Virginia offering physical therapy education. This education is provided in accordance with the standards of the American Physical Therapy Association and the Council on Medical Education of the American Medical Association.

The school of physical therapy opened its doors on September 27, 1945, with an enrollment of 34 students. Since that time, up to September, 1967, 22 classes have been graduated with a total of 612 students. Its students are an integral part of the student body and are represented in the student government of the College.

Life in the dormitory.
The school of physical therapy is located on the third floor of MCV South Hospital at Twelfth and Broad streets, across the street from the main hospital, MCV West.

Richmond is beautiful and historic. It has been a center of medical education for more than a century. It is located in the heart of the first permanent English civilization planted in America. Richmond, well known for its museums, libraries, monuments, historic public buildings, homes, and churches, offers many opportunities for students to enjoy a cultural atmosphere. This is particularly significant for those preparing for the health service professions.

Expenses and General Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Application</td>
<td>$10.00</td>
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<tr>
<td>Tuition (per year)</td>
<td></td>
</tr>
<tr>
<td>Virginians</td>
<td>$500.00</td>
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<tr>
<td>Non-Virginians</td>
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<td>Consolidated Services &amp; Activities Fee</td>
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<td>Conditional Examination</td>
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<tr>
<td>Each Subject</td>
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<td>Textbooks (approximate for two years)</td>
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<td>Uniforms</td>
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<td>Men</td>
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<td>Women</td>
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<td>Clinical Affiliation (travel and living expenses)</td>
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<td>Junior—summer: 6 weeks</td>
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<td>Senior—spring: 12 weeks</td>
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<td>Residence Halls (per year)</td>
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<td>Meals (per year)</td>
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<td>State Licensure Examination (senior year)</td>
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<tr>
<td>Special Fees (P. T. students per year)</td>
<td>$18.00</td>
</tr>
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*All costs subject to change without notice.
Dormitory facilities are available on campus for both men and women students. All single students except those residing with parents or relatives in the immediate vicinity are required to live on campus.

Food service is provided and is required for all dormitory students.

A limited amount of financial assistance is available to both junior and senior physical therapy students. The amount of assistance awarded the individual student is based on the availability of funds and the need shown by the student. MCV provides three types of student assistance: scholarships, loans, and campus employment.
Entrance Requirements and Selection of Students

A minimum of two years at an accredited college or university is required for admission. Acceptance of applicants is conditional until an official transcript indicating satisfactory completion of at least 64 semester hours (or 96 quarter hours) including required courses is received.

The applicant must demonstrate ability and personal qualifications that are necessary for the professional responsibilities of a physical therapist.

For information on financial assistance, write Financial Aid Officer, P.O. Box 244, MCV Station, Richmond, Virginia 23219.

Students in the school of physical therapy are covered by a comprehensive program of prepaid medical care through the student health service and Blue Cross Hospitalization and Blue Shield Medical-Surgical Plans. Both diagnostic and treatment services are provided.

A composite health fee, included in the consolidated services and activities fee paid annually at the time of registration, entitles the student to year-round benefits. All benefits terminate upon graduation or withdrawal from school for any reason.

Prior to entrance, students are required to have a physical examination by their private physician and certain immunizations. Any remediable defects should be corrected before entering the College. Upon acceptance, forms are sent to the student for recording the above information. These forms must be completed and returned to the student health office prior to the opening of school.

Specific Course Prerequisites

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
<th>Quarter Hours</th>
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</thead>
<tbody>
<tr>
<td>English</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Biology (lab course)</td>
<td>6</td>
<td>9</td>
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<tr>
<td>General Chemistry (lab course)</td>
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<td>12</td>
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<tr>
<td>General Physics (lab course)</td>
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<td>12</td>
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<tr>
<td>General Psychology</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>*Social Science</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>College Algebra &amp; Plane Trigonometry</td>
<td>3-6</td>
<td>4-9</td>
</tr>
<tr>
<td>or equivalent</td>
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<td></td>
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<tr>
<td>Electives</td>
<td>18-21</td>
<td>35-40</td>
</tr>
<tr>
<td>TOTAL</td>
<td>64</td>
<td>96</td>
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</tbody>
</table>
Recommended electives are: foreign languages (Latin, French, or German), mathematics (analytic geometry, calculus), social and biological sciences, physical education courses such as gymnastics, tumbling, and modern dance.

*May be selected from the following:
- Adolescent Psychology
- Anthropology
- Child Psychology
- Economics
- History
- Personality Development
- Philosophy
- Psychology of Adjustment
- Sociology
- Statistics

Students interested in making application should have transcripts forwarded at the completion of one year of college to: Committee on Admissions, School of Physical Therapy, Medical College of Virginia, Richmond, Virginia 23219. An application form will be sent upon receipt of transcript.

Personal interviews are recommended to assist the student in clarifying his own thinking and ambitions. They frequently assist the committee on admissions by guiding the student in the direction for which he is best suited.

Necessary qualifications for the prospective physical therapist are good emotional and physical health, a desire to be of service to others, and a sincere interest in people. The applicant must satisfactorily complete course prerequisites for the first two years of college work.

Applicants are required to submit a completed application form, official transcripts of all college work, a recent photograph, a 150-300 word composition, a $10 application fee, and a list of current courses. All applicants are required to take the School and College Ability Test after application for admission has been made. The committee on admissions begins processing all applicants upon receipt of the above information and the first semester grades of the sophomore year.

The applicant, upon notice of acceptance, must send a tuition deposit of $35 to MCV. This deposit is not refundable but is deductible from total tuition costs.
Program of Study

Students are admitted as juniors in September. The program extends over a period of two years and leads to the degree of bachelor of science in physical therapy. The junior year is divided into three academic quarters (fall, winter, spring) covering a period of 36 weeks, and one clinical quarter (summer) of six weeks’ duration. The senior year is divided into three academic quarters (summer, fall, winter) and one clinical quarter (spring). The first quarter is of six weeks’ duration and the succeeding three are each of 12 weeks’ duration.

Institutions affiliating with the Medical College of Virginia are:

D. C. General Hospital, Washington, D. C.
George Washington University Hospital, Washington, D. C.
Goldwater Memorial Hospital, Welfare Island, New York, New York
Hampton VA Center, Kecoughtan Station, Hampton, Virginia
McGuire VA Hospital, Richmond, Virginia
Montefelio State Hospital, Baltimore, Maryland
New York State Rehabilitation Hospital, West Havenstraw, New York
Richmond Memorial Hospital, Richmond, Virginia
Richmond Nursing Home, Richmond, Virginia
Riverside Hospital, Newport News, Virginia
Sinai Hospital of Baltimore, Inc., Baltimore, Maryland
Tidewater Rehabilitation Institute, Norfolk, Virginia
U. S. Public Health Service Hospital, Norfolk, Virginia
Walter Reed General Hospital, Washington, D. C.
Winchester Memorial Hospital, Winchester, Virginia

<table>
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<tr>
<th>Junior Year</th>
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<tr>
<td>Hydrotherapy</td>
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<td>Introduction to Physical Therapy</td>
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<td>Introduction to Therapeutic Activities</td>
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<td></td>
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<tr>
<td>Massage</td>
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<tr>
<td>Neuroanatomy I</td>
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<tr>
<td>Pathology</td>
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<tr>
<td>Psychology</td>
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Senior Year

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<tr>
<td>Electrotherapy-Low Frequency</td>
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<tr>
<td>Medical Lectures</td>
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<td></td>
</tr>
<tr>
<td>Muscle Testing &amp; Training</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Neuroanatomy II</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>1</td>
<td></td>
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<tr>
<td>Orthopedics</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Physiology</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Professional Administration</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Professional Literature</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Techniques</td>
<td>2</td>
<td></td>
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<tr>
<td>Therapeutic Exercise</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Faculty provides individual assistance.
Students learn by treating patients.
It often takes courage.

Faculty

Susanne Hirt, B.S., M.Ed., Educational Director
Professor of Physical Therapy

Carlton L. Jones, B.S., M.A.
Associate Professor of Physical Therapy

Elizabeth J. Fellows, B.S., M.A.
Associate Professor of Physical Therapy

Marianne E. McDonald, B.S.
Assistant Professor of Physical Therapy

Sandra J. Orton, B.S.
Instructor of Physical Therapy
Graduate Program

In September 1967, a graduate program leading to the degree of master of science in physical therapy was instituted. For information write to: Dr. Daniel T. Watts, Dean, School of Graduate Studies, Medical College of Virginia, Richmond, Virginia 23219.

The first milestone in an exciting career.
2 Pediatric Progress
The university's Department of Pediatrics will benefit greatly from a newly established professorship, says its department chairman.

4 Theatrical Therapy
Gerontological research has shown that the effects of creative therapy on the elderly can be dramatic.

10 Susanne Hirt: A Tribute
Physical therapy alumni honor their former professor and department chairman of nearly four decades.

13 Honoring excellence
Four university professors were named outstanding by their peers during this year's Convocation.

15 Capsules
24 'Round the Circuit
25 Newsmakers
26 Alumni Update
30 Lest We Forget

Executive director: Mrs. Frances W. Kay
Editor: Cynthia McMullen
Designer: Jeff Fabian
Director, VCU Publications: David Mathis

Editorial committee:
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Mrs. Marianne Rollings
Dr. Charles O. Watlington

MCV Alumni Association of VCU staff:
Mrs. Franklin B. Stone, executive director
Ann M. Grubbs
Lynn Merrick
Susanne Hirt
A TRIBUTE

Dr. Otto D. Payton, chairman, Department of Physical Therapy, has asked that the following tribute to Susanne B. Hirt, former department chairman, be printed along with a photograph of her oil portrait. Alumni who contributed to the portrait fund are thanked for their generosity.

Susanne B. Hirt retired as professor and chairman, Department of Physical Therapy, School of Allied Health Professions, in 1982. She served as chairman of the department for 34 years.

During her distinguished 37-year affiliation with the university, Hirt made outstanding contributions to the field of physical therapy as a clinician, educational administrator, and as a master teacher of exceptional caliber.

Born in Germany, Hirt was a candidate in medicine at the University of Berlin and later at the University of Vienna, Austria from 1931-35. Shortly thereafter she came to the United States and received a certificate in physical therapy in 1942 and a Bachelor of Science in physical therapy in 1948 from the University of Wisconsin. She worked as staff physical therapist at the University of Wisconsin General Hospital immediately after her graduation in 1942, and it was there that her teaching talents were quickly recognized. As an instructor in the university’s School of Physical Therapy, she taught anatomy and pathology to physical therapy students from 1943-45.

Experiencing a turn in her professional career, Hirt came to the Medical College of Virginia in 1945 as assistant professor of
anatomy and supervisor of the polio clinics. She became technical director in 1948 of what was then the School of Physical Therapy, and completed her Master of Education degree at the University of Virginia in 1956.

It would be virtually impossible to list the contributions that this remarkable lady, teacher, and friend has made to the profession of physical therapy. She consistently supported and served the American Physical Therapy Association through four decades of professional activity. She was a director of the association from 1956-60, and served on the Executive Committee and as president of the Virginia Physical Therapy Association. In these capacities she constantly demonstrated her commitment to the highest standards of clinical practice and education.

Hirt’s search for professional ideals led her to serve numerous times as Virginia delegate and chief delegate at the Annual House of Delegates of the American Physical Therapy Association. She currently is an active member of the American Physical Therapy Association’s Committee on Accreditation in Education, and has utilized her talents and boundless energy in many health related areas, being a member of several professional societies and associations. Her respect for research and the sharing of professional expertise is evident in the publication of many journal articles and textbook chapters. She is a co-author of Scientific Bases for Neuropathologic Approaches to Therapeutic Exercise (1977), a text widely used in physical therapy therapeutic exercise classes today.

Throughout her career in physical therapy, Hirt’s clinical and educational skills were shared with many persons fortunate enough to know her and study under her guidance. Her performance as a teacher was incomparable; through her tremendous influence hundreds of students have become leaders in the field of physical therapy. Her professional dedication and zest for inquiry are a model that countless students have chosen to emulate. Her warm and gracious manner, sense of humor, and infectious enthusiasm prevailed in every class she taught, and her challenging and demanding approach to physical therapy education has been an inspiration to all graduates, as well as to other therapists who have come to know her.

For her contributions to the profession of physical therapy, the American Physical Therapy Association named her as recipient of the 1981 Mary McMillan Lecture Award, the highest honor that the profession of physical therapy can bestow upon an individual.

Due to her ability and insight, Hirt helped to bring the Department of Physical Therapy at the university to the forefront of physical therapy education, and assisted the program in preparing to meet the complex educational challenges of the future. With her retirement, however, Professor Hirt’s career in physical therapy was far from over. Friends and former students will be most pleased to know that she remained with the department as professor emeritus, and has continued to teach histology and neuroanatomy to the junior physical therapy students.

With a lifelong dedication to teaching, administration, research, and patient care, Hirt has reflected a love for physical therapy that has endeared her to the hearts of students for many years.

As an expression of appreciation, the faculty and alumni of the Department of Physical Therapy chose to honor Hirt by having her oil portrait done by artist John Shaffer. The portrait currently is on display in the department’s faculty library as a tribute to Susanne B. Hirt.

Photography by Chip Mitchell
Scarab
February 1986
Volume 35 Number 1

2 Scarab Readers Surveyed
A sample of alumni gave their suggestions for making the Scarab more readable.

8 School of Dentistry Preventive Care
The School of Dentistry, city, and state combine forces to provide preventive dental care.

12 Dental Alumni Donates Artwork to Raise Funds for School of Dentistry
The sale of Baxter Perkinson’s (D.D.S. ’70) watercolor prints benefits continuing education in the dental school.

14 Capsules

17 ’Round the Circuit

23 Newsmakers

24 Alumni Update

27 Lest We Forget

30 Calling All Alumni

Executive editor: Mrs. Frances W. Kay
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Mrs. Marianne R. Rollings
Dr. Charles O. Watlington

MCV Alumni Association of VCU staff:
Mrs. Franklin B. Stone, executive director
Ann M. Norman
Lynn Merrick
The School of Allied Health Professions Department of Physical Therapy presented its 40th Anniversary Celebration on November 18, 1983. The event spanned two days of educational programs, a reception, and a banquet, and was attended by students, faculty, staff, alumni, and friends. The event was a great success.

Dr. Alfred J. Smolinski, chairman, and Dr. Herman A. Konig, immediate past chairman of the division, will pursue their plans to secure a location for friends of MCV at regional meetings. The success of these events is the result of the willingness of the MCV faculty to host the events and update the attendees on their School of Allied Sciences.

An outstanding alumus for 1986 will be selected and recognized when he lectures at Reunion Weekend, May 16-18.

Dr. Thomas C. Berens, dean of the School of Allied Health Professions, welcomes Hilda M. Trauma (physical therapy '46) to the 40th Anniversary Celebration of the Department of Physical Therapy.

From left, Dr. Otto D. Peyton, chairman of the physical therapy department, Hilda M. Trauma (physical therapy '46), Randy Richter (M.S., physical therapy '85), and Suzanne Hirt, former chairman of the department.
From the President's Desk

Dear Fellow Jaycees:

Since most Jaycees are concerned almost wholly with local activities, they are often unfamiliar with what Jaycees elsewhere are doing. One of the primary functions of your State organization is to furnish an opportunity for comparison—to provide you with ideas in use by others and at the same time let them know of your chapter’s successes. The Awards program and publications from the State office partly serve that purpose. State gatherings offer a splendid opportunity to meet neighboring Jaycees and discuss relative projects.

Likewise, we in Virginia want to know how we “stack up” against the other forty-eight states and three territories. Are we outstanding, just average, or worse? You wouldn’t choose any but outstanding and you’re absolutely correct. First, we have the only President of the U. S. Jaycees. Second, Jim Mullendore was one of the five outstanding state presidents last year. And there are many irrefutable figures. Virginia is one of the only fifteen states that has a full-time executive employee and one of the twenty-two states that has a separate state office. At the time of the survey being quoted, average state membership was 3,044, ours was about 3500 and is now over 3900. The average local chapter size was 41 members—in Virginia we averaged about 70 members per club. Attendance at our State meetings was just about double the national average. Our New Dominion is one of the few publications on slick paper and carries almost twice as much news coverage. Yes, we are proud that Virginia ranks among the top Jaycee organizations in the Nation.

The purpose in giving you those figures was not to encourage you to sit back, thumbs in suspenders, and say, “Well, look what we got.” We in Virginia have a reputation to maintain. We will stay on top of the heap only as long as we remain active. This year the success of each state will be measured largely by two factors: (1) increase in chapters (our goal is 15 net) and (2) increase in membership (our goal 20% net growth).

In the field of extension we just aren’t doing the job. Gloucester has notified that it has expired and Damascus is delinquent in its USJCC dues at last word. There are at least eighteen localities which can support a new Jaycee club and each of the eighteen has been assigned some local. You may have one. Every chapter in Virginia has extension opportunities. What have you done to keep Virginia on top?

Last year Virginia had a net increase of ten chapters but no gain in membership because so many locals weeded out deadwood. So far this year the growth in members is encouraging but can be largely explained by rosters that are just returning to last year’s strength before the trimming.

Now, while the need is uppermost in your mind, won’t you please resolve to do those two things: start a new Jaycee club in some nearby town and see that your club has a planned membership drive. I am counting on you.

Sincerely,

Sidney
Helping Hand Of Hope

The following article was prepared by Susanne Hirt, Technical Director, Baruch Center of Physical Medicine and Rehabilitation, School of Physical Therapy, Medical College of Virginia.

During the last ten years the general public and civic-minded communities have become increasingly aware of the physically handicapped adult and child. The National Foundation for Infantile Paralysis publishes yearly reports on the added number of victims of poliomyelitis who are left partially or totally paralyzed by the disease. The Korean conflict adds to the World War II veterans who lost one or more limbs or were left paralyzed from a spinal cord injury. Automobile and industrial accidents add their share to the number of disabled persons. In addition, there are diseases and conditions such as Cerebral Palsy, Multiple Sclerosis, Tuberculosis and Arthritis which may leave their victims with serious physical handicaps. All of these have been repeatedly brought to the attention of the public through local newspapers and popular magazines.

Advances in medical care during the early stages of injuries and diseases have made it possible for many of the seriously ill to recover, though they may be left with permanent disabilities.

The total number of the physically handicapped in this country has been estimated by the Office of Defense Mobilization as being well over two million.

The general public knows that a person with marked physical limitations may prove capable of resuming an active and useful life, socially as well as economically. However, the physically handicapped often needs help in order to be able to demonstrate his maximum abilities and learn to live within the limits of his physical abilities. Help is needed during the entire rehabilitation period from entering into a hospital to the final stage of gainful employment or return to school and further training.

The general public is less well acquainted with the type of professional personnel that is needed to assist the handicapped during his rehabilitation period. The total rehabilitation process of the physically handicapped person is the concern of a recently officially established medical specialty, which is called Physical Medicine and Rehabilitation. The representatives of this specialty are qualified, specially trained physicians. They are members of the medical staff in state and private hospitals, in Veterans Hospitals, hospitals of the Armed Services and the recently established rehabilitation centers. These medical specialists are heading teams of professionally trained personnel who carry out prescribed treatment, train and re-educate. The team is made up of occupational therapists, speech therapists, educational and psycho-therapists, vocational guidance personnel, social workers and physical therapists. The physical therapist is perhaps the one who is least known to the public, but he is an essential member of the team.

Physical Therapy has been in existence as a profession for over twenty years. During the last five years almost as many men as women have entered the profession. The minimum length of training for a qualified physical therapist is a four-year college course which includes professional specialization during the last year. Under the supervision of a qualified, licensed physician the physical therapist administers prescribed treatments, carefully selected for the individual patient. Various medical properties of physical agents such as heat, light, water, electricity and massage are being used during early stages of injury and disease, in order to relieve pain, reduce swelling of joints, relax tightened muscles, and maintain or restore the tone of weakened and paralyzed muscles. As soon as the patient's condition permits, major emphasis is placed on active participation in a therapeutic exercise program. The physical therapist teaches the patient in individual or group sessions how to strengthen weakened muscles through appropriate resistive exercises; how to walk with crutches or braces or with artificial limbs. During the final stage of physical rehabilitation the patient is taught to perform all necessary "self-care" activities of daily living: how to dress himself, take care of personal needs, climb stairs, enter public vehicles or automobiles and many others.

The supply of well qualified physical therapists has failed to keep pace with rapidly expanding needs. Although the number of physical therapists in 1951 was almost four times as large as that in 1941, there are only about 6,800 qualified physical therapists available in the United States at this time. At the present, approximately 600 physical therapists are trained each year in 28 schools throughout the country. In order to meet the estimated demand for 15,000 therapists by 1960, over 1000 students must be trained each year. This means that the present number of trainees needs almost to be doubled. A very real need exists, therefore, for bringing the opportunities of a useful and rewarding career in physical therapy to the attention of young men and women graduating from high school or just entering college. It is a profession which offers opportunities for a variety of interests and talents. The scientific mind may find satisfaction in research projects with patients or in laboratories.

(Continued on page 16)
Helping Hand Of Hope

The following article was prepared by Susanne Hirt, Technical Director, Baruch Center of Physical Medicine and Rehabilitation, School of Physical Therapy, Medical College of Virginia.

During the last ten years the general public and civic-minded communities have become increasingly aware of the physically handicapped adult and child. The National Foundation for Infantile Paralysis publishes yearly reports on the added number of victims of poliomyelitis who are left partially or totally paralyzed by the disease. The Korean conflict adds to the World War II veterans who lost one or more limbs or were left paralyzed from a spinal cord injury. Automobile and industrial accidents add their share to the number of disabled persons. In addition, there are diseases and conditions such as Cerebral Palsy, Multiple Sclerosis, Tuberculosis and Arthritis which may leave their victims with serious physical handicaps. All of these have been repeatedly brought to the attention of the public through local newspapers and popular magazines.

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(Continued on page 16)
Hello Sue!
It was so wonderful to hear from you.
So keep in touch — and let me know if you need anything.

Leslie Cartlidge
1-703-684-2222
features

Risk Management:
The Hot Topics
PT spoke with members of APTA's Committee on Risk Management Services and Member Benefits to get advice on some of today's most important liability issues.

by L. Caitlin Smith

Navigating a Web of Opportunities and Risks
Maintaining a Web site and communicating with patients electronically poses a variety of legal risks.

by Kathleen Lewis, PT, MA, PT, JD

Forecast 2000:
The final installment of the series in which APTA's Catherine Worthingham Fellows answer the question, "What does the physical therapy profession need to do to thrive in the new millennium?"

Oral History Series:
(Part 4) Sue Hirt
PT presents the fourth installment in a series about PTs who have contributed to the growth and evolution of the profession.

by L. Caitlin Smith

The Shoulder Girdle: Kinesiology Review
In a case involving a survivor of breast cancer, knowledge of shoulder girdle kinesiology is critical in managing shoulder dysfunction.

by Pamela K Levangie, PT, DSc, and Ellen Cook Humphrey, PT, MA, PT, OCS, ATC

Earn 2 Contact Hours
In this month’s installment of our continuing oral history series, PT profiles the narrative of Susanne (Sue) Hirt, PT, MA. Hirt’s unique personal history—from her initial training as a German Jewish medical student under the Nazi regime to her extended tenure as founding chair of the physical therapy department at the Medical College of Virginia—shaped a professional philosophy that incorporates both traditional and avant-garde physical therapy techniques. Her unusual journey from the streets of Berlin to the halls of academia in southern Virginia is a compelling study in opportunity, skill, character, and perseverance.
On June 27, 1995 the Committee on History interviewed Sue Hirn, PT, MA. Born in 1913 in Berlin, Germany, Hirn was 1 year old when World War II was begun. Raised in her birthplace, she graduated high school in 1929—2 years before Hitler came into power. For the Jewish Hirn, it was a youth fraught with both complication and opportunity.

At that time, all people who were Jewish—whether religious or non-religious, and I was not very religious—were very much aware that they were threatened and endangered by what was going on in Germany.

My father killed himself when I was 8 years old. My mother was his second wife, and she was a wonderful parent who loved her family, loved Berlin, and loved people. The more Hitler was entering into the world and destroying the Jews, the more she became interested in helping them. So she spent years assisting elderly Jewish people.

I was fortunate to have been accepted at the School of Medicine in Berlin after I finished high school, and I studied in the pre-medical school for 21/2 years and received my pre-medical certificate.

I enjoyed studying anatomy from the very beginning. My teacher was a very famous anatomist who was excellent in teaching us about the human body. I had wanted to become an orthopedist.

I spent one more semester at the university in the medical school. I studied pathology and other clinical abnormalities. Then Hitler came along and decided I had to leave. Suddenly, I was no longer eligible to be a member of the university.

When Hitler threw me out of the university, I wanted to go on with medicine, so I went to Vienna and spent 1 year studying at a Viennese hospital. At that time, the early medical students were permitted to do clinical work, similar to how physical therapists spend time training in the clinic today. I enjoyed that work very much. I still wanted to become a physician, but I didn't know what was going to happen.

After 9 months, my mother told me that Hitler was threatening to kill her unless she brought me back to Germany, so I went back. After a few months, I managed to get back to Vienna, where I enrolled in a 2-year gymnastics course. I was 23.

Gymnastics in Germany and Austria is very different from what we call gymnastics in the United States. There is no name here for it, really. It has to do with developing the sense of your body and having people move, even people with disabilities. We did work with children with cerebral palsy in that course.

In March 1938, Hitler came to Vienna with all his German soldiers and destroyed the city overnight, literally. It was an extraordinary experience. I remember seeing troops entering the city while we stood at the windows, taking photos. I was sorry I didn't have a gun. I would have shot it.

There were other Jewish people in the school with me. We knew we had to leave, and quickly. I was preparing to leave for Switzerland with one of my colleagues, when I received a telephone call from my sister and mother in Berlin. We had friends in Ankara, Turkey, who needed somebody to stay with their 5-year-old boy while his mother, who was a psychiatrist, went to the United States to get her medical diploma. They were also in exile from Germany, since the husband was a German social democrat politician, so of course the Nazis also threatened him. They had originally asked my sister to go stay with them, but knowing Hitler had just entered Vienna and I was in danger, she said “No. My sister Susie should go.” So I went to Ankara.

I was really lucky, because my passport at that time did not have the Jewish symbol in it yet, so when I left Vienna, the people didn't know I was Jewish, which is why I was able to leave the country safely. I remember when I was on the train from Vienna to Zurich, the German soldiers came in and undressed me to the bottom of my soul. But they didn't find anything Jewish on me, any evidence. I was very lucky.

I took care of this little boy for 6 months, until the mother told us that she
was ready to have her family come to America. She was in Baltimore. They asked me whether I wanted to come and join them, and I said yes.

They said, "We’ll put you on our list as a piece of furniture." I’m still not sure whether that was really a joke or if it really was true, because I still was not an "official" person. I had no permit to enter the United States, but the family needed me to do the housework and take care of the child, so they took me along anyway. That was the luckiest thing that ever could have happened.

As for my own family, I have one full sister, one half sister, and one half brother. My brother left with his family for Vienna, and in 1938, both my sisters left Berlin for England, where the government was allowing Jewish women come and live, provided they’d work as housekeepers. They agreed, and waited out the war with the British.

As it would turn out, my mother was not so fortunate.

When Hirt had boarded the boat for the United States in 1938, she was 25 years old. She lived in Baltimore for 1 year before moving with the family to Washington, where she stayed for another 2 years.

In 1939, the war started in Europe, and I knew my mother was in danger. The rest of the family had left Germany by then. There was nothing I really could do, so I just stayed in Baltimore.

By 1941, I was getting restless. I knew I could not remain a housekeeper for the rest of my life, that I had to do something for myself. I didn’t know where to go or what to do, and I had no money.

I went to a school of nursing and asked the nurse in charge whether I had a chance to be admitted to a school of nursing, because I was still interested in medicine. She asked me what my background was, and, when I told her I had 3 years of medical school in Berlin, she closed the door on me and said, “No way, you know too much.”

I found some friends who helped me and said to me, “Would you be interested in working with amputees?” I said I’d be interested in working with anybody in a health situation. So they took me to a veteran’s hospital in Washington where the injured soldiers were and told me about physical therapy.

There was no “physical therapy” in Germany, so this was all new to me. I became very interested in the profession and in working with these soldiers. Knowing I wanted to learn more, the hospital sent me to see Emma Vogel at Walter Reed.

I asked her whether she could help me find a school of physical therapy somewhere in the United States that would accept me without money, since I had none. I told her I’d be willing to work at anything, and that I had 3 years of medical background. She said, “OK, sit down here. I’ll show you the list of physical therapy schools.”

We went over all 13 on the list, and she recommended the Mayo Clinic in Rochester, Minnesota.

I wrote a letter to the Mayo Clinic. I don’t know why, but they refused me. My medical background was a hindrance to me at that time, probably. I wasn’t quite aware of it yet, but I had the feeling people thought that somebody who had spent 3 years studying medicine in Germany didn’t quite belong in this profession.

So then I went back to Ms Vogel and asked her what I should do. She recommended I write to the University of Wisconsin, which I did. It was a happy accident that the person who was in charge of the physical therapy school in Madison turned out to be a German physician, and he asked me to send him my papers to verify my background. Fortunately, I still had my certificates from the medical school, so I sent him everything.

He wrote back to me and said, “We’ll take you any time, and you don’t have to pay anything. And your background is more than sufficient to enter the school of physical therapy.” So I didn’t have to take any science courses, just the physical therapy courses. That was the beginning of a wonderful career in the profession. And it was all thanks to Ms Vogel. She saved my life.

In Wisconsin, Hirt took a housekeeping job with a minister’s family, where, in return for her work, she received free room and board. Nine months later, her entry-level physical therapy education was complete, and she was ready to put her new skills to the test.

Yet, as she went through PT school, Hirt continued to be concerned for her family. With the help of her employers’ congregation, she
tried to raise the money to save her mother, but it was too late. Hirnts mother was killed by the Nazis in 1942.

I was devastated, but I had to go on. The war had just started for the United States, and they had no available job at the university, so I started looking other places for work.

I found I had a hard time doing so, because every time a prospective employer found out I was German, their response was “We don’t hire refugees.” I got 3 or 4 letters like this before Margaret Coley, who was my mentor and friend at the university, asked the administration to create a job for me. They hired me on as a physical therapist.

I worked in the position for a year before the girl who was teaching anatomy decided to pursue her master’s degree, and the school invited me to take over teaching the course. I was so excited.

I decided that the physical therapy students needed to get to know the human cadaver. Up to that point, schools were not teaching autopsies to the physical therapy students. The first year, I just demonstrated.

It was the first time ever that they were invited to see inside the human body, to see the quadriceps and hamstrings first hand.

In 1942 we had a polio epidemic, so I was doing two things: I was teaching anatomy and working with patients with polio. Then we got a new director of the PT school: Dr Frances Hellebrandt. She walked around the wards observing what we were doing. She was a physiologist and was not really accustomed to working with handicapped people. But she showed a great deal of interest, curiosity, and enthusiasm for what we were doing.

Then there was Sister Kenny. We had an opportunity to watch her work, which was an extraordinary, fascinating experience I’ll never forget. She was a person who involved the patient in the process of re-education. She would tell the patient to imagine the movement and to participate in it. I was very much impressed by that.

The Director of the school, Dr Hellebrandt, left the university in 1944 to help establish the Baruch Center of Physical Medicine at the Medical College of Virginia. Hellebrandt noticed that the college was lacking a physical therapy school, so a year later, she invited Hirnt to come and teach anatomy and help build a faculty.

At that time I had only a physical therapy certificate, so in 1948 I went back to Madison to get my bachelor’s degree, because it was obvious that one couldn’t stay at the Medical College of Virginia and teach anatomy without a BA.

Before I came back, Dr Hellebrandt called me again. “We need somebody to be chairman of the school.” She asked me whether I could not come back and take over. I said, “I’m not a leader. I’m just a therapist and hands-on anatomist.” She insisted that I try. So in 1948, at the age of 35, I became the Chairman of the School of Physical Therapy.

It was 10 years since Hirnt had boarded the boat for America as a housekeeper. She continued to lead the program and, in 1955, received her master’s degree in physical therapy from the University of Virginia.

My goal as an administrator was to make the learning of anatomy more alive, in order to make the physical therapist more aware of the human body. I had the feeling that what the students had learned on traditional usage of the human body was too abstract, too far removed from the living human body.

I remember when I was teaching anatomy, therapeutic exercise, and muscle testing. I had the feeling that the physical therapy students should do the same movements with their own bodies to learn the feel of the exercises. In Germany, this was the tradition for many years—kind of what we called gymnastics. Basically, it meant bringing a certain amount of awareness into your body as you move.
I asked the physical therapy students to lie down on the floor and just feel what it felt like, because the patients were always lying down. They said, “Oh, no, students don’t ever lie down on the floor.” But after a while, they loosened up and learned a little bit more about their own bodies as a result.

I still felt that the anatomy was not alive enough. So I spent a lot of time teaching people to touch each other’s bodies and learn about the triceps or the biceps or the trapezius or the pectorals. Find it in your colleague. See what it feels like when they’re used, when they’re moving. As the students became more comfortable, they realized that they were just like any therapist who is touching a human body, and they really enjoyed the approach, because it gave them hands-on opportunity for study.

Hirt continued teaching into the late 1950s. In 1979, after a 34-year affiliation with the program, Hirt began to contemplate retirement.

I had never looked at myself as being ready for retirement. I always looked at “What am I going to do next year?” But the day inevitably came. Instead of quitting work, however, I decided to go to Israel to the Tel Aviv University, where they invited me to teach for 6 months and to brief them on what we were doing in physical therapy in the United States.

After a semester in Israel, I traveled around, attending world conferences and courses given in Richmond and in Australia by Moshe Feldenkrais. I had attended his courses before, when I was still active as a physical therapist.

There’s a lot of controversy over the Feldenkrais method, controversy that I never really bought into or understood. It is an approach that can enhance our profession, and since the ultimate goal of physical therapists is to understand the human body, it only seems logical that we pull together all our resources for our patients’ benefit.

I went to my first Feldenkrais course in 1979. There were 300 students, all social workers. I was the only physical therapist in that group, and I was immediately sold on it. I knew this guy had something that we needed. In 1981, he came back to Washington, and I took a second course. I decided that when I retired, I wanted to become certified.

When that time came, I enrolled in training from 1988 until 1991, when I got my certificate. I had started teaching classes in 1989 for people 60 and over at the Shepherd Center in Richmond, Virginia. It’s been doing very well, and the students love it.

The basic concept of the program is to learn to become aware of your own movements first in order to project this knowledge into your brain, to learn to distinguish the feelings generated by the muscles. Otherwise, the feeling of movement is a meaningless phenomenon.

That philosophy goes back to what I’d say to my own students about lying on the floor and feeling the muscles for themselves, and how one cannot really teach anything else unless he or she has first learned it on his or her own body. I’m convinced that a good, experienced, intelligent physical therapist does that instinctively. Margaret Rood followed similar “common sense” theories, and designed a very wonderful, ingenious approach to getting rid of pain. I took some of her courses, too, as so many others did.

The moral is, if I had to advise today’s physical therapists, the message would be simple: Get together and share. Understand the basic phenomena of the human body, hands on. Whatever modern techniques we have are really secondary. The bottom line is that I am not just a therapist, I am a living human body, just as my client is a living human body. We can—and should—understand each other on that most basic level.

Sue Hirt received the Mary McMillan Lecture Award in 1981. Over the course of her career, she served as Virginia Chapter president (1948-1978), Chief Delegate (1977), APTA Director (1956-1960), and Chairman of the Virginia State Board of Medicine’s Advisory Committee on Physical Therapy (1958-1965 and 1968-1976). She currently lives in Richmond, Virginia.

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Portraits in Leadership

also inside
An Olympic PT
Innovations in Clin Ed
Outcomes Databases
Reform Efforts in UR
INSIDE

REIMBURSEMENT by Debra Lane
"Trends in Workers' Compensation Reimbursement": Being prepared for what’s coming means staying informed about what’s happening now.

UTILIZATION REVIEW by David W Clifton, Jr, PT
"Who’s Watching UROs?" Part I: The first of a two-part series explores some issues behind current reform efforts in UR.

JUDGMENT CALL
"Allocation of Care": An ethical dilemma. What would you do?

INSIGHTS by Jody Gandy, PhD, PT
"Working at APTA"

SPEAK UP

LETTERS

CAPITOL WATCH

NEWS

RESEARCH LINE

PROGRESS REPORT

CALENDAR

MARKETPLACE

also in this issue

INDEX TO ADVERTISERS

About the cover: On leadership, Marilyn Washington, PT, says, “It just takes the encouragement of one individual. I can remember two instances when I was running for both chapter and section office. Leaders from both of these groups approached me to run and guided the way...I credit them with where I am today.”

Cover photo: Aldo Mauro


PT—Magazine of Physical Therapy is the professional issues magazine of the American Physical Therapy Association Inc. (APTA). PT® is published to meet the needs and interests of APTA members and to promote physical therapy as a vital professional career. PT® provides legislative, health care, human interest, and Association news and serves as a forum for discussion of professional issues and ideas in physical therapy practice. Views expressed in articles published in PT® are those of the authors and are not to be attributed to PT®, its editorial advisory board, or the American Physical Therapy Association, unless expressly stated. PT® is indexed by Cumulative Index to Nursing and Allied Health Literature (CINAHL).
features

PORTRAITS IN LEADERSHIP
by Kimberly E. Wynn
The next century will bring new challenges to the profession, and today’s leaders are ready to meet them head on. Find out what motivates these leaders, what qualities they possess, and how you can chart your own course to leadership.

ARE YOU READY TO JOIN AN OUTCOMES DATABASE?
by Jan P. Reynolds
Advice from sources in the outcomes database industry. Also: comments from CARP and JCAHO, agencies that have a growing interest in outcomes data.

MY OLYMPIC EXPERIENCE
by Bill Bandy, PhD, PT, SCS, ATC
Through a series of diary entries, physical therapist Bill Bandy shares his experiences as a health care provider on the front lines of the Olympic Games held this summer in Atlanta.

COLLABORATIVE LEARNING: THE 3:1 MODEL
by Melanie Pernaught
The series continues with a look at another innovative model of clinical education.

THE HISTORY THAT’S NOT IN THE BOOK
by Ellen N. Woods
In this installment of the 75th Anniversary Series, 12 long-time members, who participated in the first-ever President’s Colloquium held during PT ’96, recount their stories of the early years of physical therapy.

75 YEARS
“We considered making participation mandatory,” says Frank Zibrat, JCAHO Manager of Indicator Measurement. “But we decided against it in response to concerns voiced by various constituencies. However, pending approval early next year by the JCAHO Board of Commissioners, participation in a JCAHO-approved performance measurement system will be required by the end of 1997 for hospitals and long-term care organizations.

Last year JCAHO put out a call for measurement systems; more than 150 systems responded. (Among them: FOTO and Medirisk.) Approximately 60 systems have submitted specifications for review by an appointed Council on Performance Measurement. The Council, comprised of nationally known experts in outcomes measurement, established an initial evaluation framework for the review of performance measurement systems. The Council’s framework incorporates six broad characteristics, or “attributes of conformance,” and identifies specific criteria relating to each attribute. The attributes relate to and include: quality of performance measures that compromise the system; database capability, data quality, risk adjustment and stratification, provision of timely measurement feedback to participating organizations, and relevance to the Joint Commission’s accreditation process.

It is expected that later this year the Council will identify and recommend to the JCAHO Board of Commissioners those measurement systems determined to have satisfied the criteria for participation in the JCAHO accreditation process, with the Board acting on those recommendations in January 1997. “Our plan, pending board action, is to make the list of approved systems available to the public and then begin a gradual process of implementation,” adds Zibrat, who points out that the JCAHO’s own IM System also is going through the review process.

The JCAHO views the use of performance measurement data as “another part of a planned continuous accreditation process.” Although triennial surveys will continue, “we anticipate being able to reduce their length and make them more focused and consultative,” says Zibrat. “We want to help organizations improve the quality of patient care. We want to be able to identify and then call an accredited organization’s attention to trends and patterns in their data that warrant investigation and possibly action to eliminate threats to high-quality care. The use of performance measure data will be an important addition to that process and bring added value to the accreditation process.”

As yet, there are no definitive answers when it comes to outcomes data systems—and there may never be. But indications are that these systems will play a major role in almost all aspects of health care. Although there are limitations to outcomes databases, the promising fact remains that studies such as the one conducted by Jette and Jette—which analyzed FOTO data from 1,097 patients treated in any of 68 physical therapy practices nationwide, and which provided evidence that type of intervention is related to outcomes—could not have been done even 5 years ago.

Jan P Reynolds is Contributing Editor.

References

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Circle Reader Service No. 96
The History That's Not in the Book

by Ellen N Woods

The 1995 publication of APTA's history book, Healing the Generations, helped launch the Association's 75th Anniversary celebration this year. At PT '96 in Minneapolis, Minn., APTA President Marilyn Moffat, PhD, PT, FAPTA, hosted the first-ever President's Colloquium. In keeping with the theme of history, she brought together a panel of members to share entertaining memories of the profession's early years. During the colloquium, which she dubbed "The History That's Not in the Book," she questioned panel members on such topics as how they got into physical therapy, starting salaries, scariest moments, and famous patients. Below are some snippets from what proved to be one of the annual meeting's most popular events:

ARTHUR NELSON, PhD, PT, FAPTA (42 YEARS OF MEMBERSHIP)

As a physical education major in college, Arthur Nelson took a summer job at a boys' camp. He met a boy there who had a paralyzed right arm as a result of polio. "I taught him to swim. I thought, 'this is really neat. I wonder if there is a profession that actually does this.' So I looked in some health and physical education magazines and saw an ad for Duke University's Physical Therapy Program. I applied there and at New York University (NYU). I went to NYU, where I met Beth Addoms, and it was her enthusiasm that really got me in the field."

Nelson took his first position at Cornell Medical Center in New York. "I was making $3,400 a year. I had a baby on the way. My wife was making more than me as a bank teller. I actually thought about going into real estate. I started seeing private patients at about $3 a home visit. I wasn't getting home until about 10:00 every night."

Nelson got a laugh from the audience when he told them he treated Irving Berlin for osteoarthritis and "Billie Jean King for—believe it or not—tennis elbow."
ROBERT BARTLETT, MS, PT, FAPTA
(42 YEARS OF MEMBERSHIP)

Bob Bartlett got into physical therapy “by accident.” He told a story of working at a YMCA while he was in college where he was involved in a pool program for people with disabilities. That got him thinking about physical therapy. He knew a PT at his church who told him about the profession. After graduation, he tried teaching and didn’t like it. So when he got out of the Navy, he went to NYU’s Physical Therapy Program.

Bartlett started out at the Institute for Rehabilitation Medicine in New York City in 1957 making $3,200 a year. He has fond memories of treating Roy Campanella, who became paralyzed as a result of a car accident during the height of his baseball career with the Brooklyn Dodgers. “I would be working with Campy with about half of the Dodgers team there harassing him—trying to motivate him—and he’d be giving it right back. It was very enjoyable.”

LUCY BUCKLEY, PT
(42 YEARS OF MEMBERSHIP)

Lucy Buckley called her entry into physical therapy a “process of elimination.” She was interested in medicine. “But as a girl back then and with younger brothers… I had no desire to be a nurse. There wasn’t anything but physical therapy. I didn’t think I had the personality for it, but I went into it just the same. It was the best decision I ever made in my life.”

Buckley started out as a staff PT at Grace New Haven Hospital in 1958 for $3,200 a year. Her most frightening moment came when she attempted to make a home pediatric visit. She approached the house, which was nothing more than a covered-over hole in the ground. “I knocked on the door leading down to the cellar hole and out came a shot gun.” Buckley ran, and later found out the family thought she was someone from the state who had come to take their child away.

RUTH WOOD, PT, FAPTA
(46 YEARS OF MEMBERSHIP)

“From the time I could walk I wanted to be a school teacher,” said Wood. “I went to school and graduated, and it took just 6 weeks to realize I had made a terrible mistake.” At the time, polio was rampant. Wood told a story of a friend of hers whose daughter had polio. Wood went to the physical therapy treatments that is what piqued her interest in pursuing physical therapy.

Wood started practice in 1951 in a private orthopedic clinic at $400 a month. She said that the charge for treatment in her facility was $3 for exercise and $4 for exercise and any additional modalities “no matter how much time it took.” Her most famous patient was Admiral Byrd. “I felt sorry for him because people were always asking him about his expeditions. So I didn’t ask him anything. He couldn’t stand it. After about 10 minutes, he started telling me.”

VILMA EVANS, EdD, PT
(46 YEARS OF MEMBERSHIP)

Vilma Evans said that her choice to get into the physical therapy field was not a difficult one. She has many health care professionals on both sides of the family, and she was always intrigued by the work of Sister Kenny.

Evans started out in 1951 at St John’s Hospital in Springfield, Ill, on a polio epidemic assignment at $240 a month. It was there that she encountered her most scary moment as a PT. “I was in a room with patients with polio when the power went out. Three patients, three iron lungs, and one therapist—no one else was in the room. What do you do? You can only pump one lung at a time. I grabbed one manual pump while screaming for help. You only have a few minutes before you lose a patient. Fortunately someone heard me.”

JAY SCHLEICHKORN, PhD, PT
(46 YEARS OF MEMBERSHIP)

Jay Schleichkorn was serving as a surgical technician at an Army hospital when he did something that his two older brothers, who were also in the Army, told him never to do—volunteer. “One day they came to the surgical tech unit and asked for five volunteers to be PTs. It sounded good. I stepped forward and trained as a PT technician. I did it for some time in the Army, and when I got out, I went to NYU. That was post-war, September ’46. Out of a class of 40, 32 were men. It was the first real swing of men in physical therapy.”

It was 1950 when Schleichkorn took his first job making $4,000 a year. That plus home care at $5 a visit was barely enough to raise a family, he said. “It was tough times.”

MARSHA WROE, PT, FAPTA
(50 YEARS OF MEMBERSHIP)

“After college, I joined the WACs. I was doing court martial in New Jersey. Someone came up to me and said, ‘We’re sending you to PT school.’” I said, ‘What’s PT? I’ve loved it ever since,’” said Martha Wroe about her entry into the field.

Wroe started out as an Army PT in 1944 making $150 a month. She recalled that the cost of a physical therapy treatment at that time was between $3 and $5.

LAURA SMITH, PT, FAPTA
(50 YEARS OF MEMBERSHIP)

Laura Smith studied physical education in college and said that it was the anatomy and physiology components of her corrective physical education courses that interested her the most. She credits her kinesiology teacher and Mabel Fitzhugh, who was a PT pioneer in the treatment of children and an instructor at her college, with suggesting that she look into physical therapy.
Smith began practice in the summer of 1946 during a polio epidemic in Los Angeles. She was in charge of the 17th floor at Los Angeles County Hospital where there were 70 teenage boys with polio. Her compensation was $360 a month.

WINIFRED REGAN, PT (50 YEARS OF MEMBERSHIP)

On how she became a PT, Winifred Regan’s response was simple. “When I got out of college, I knew I wanted to get into a profession that would help people. The polio epidemics were right on the front pages, so I thought that would be a good place to start.”

Regan started practice in 1946 at $2,600 a year; the cost of an outpatient physical therapy treatment at that time was 75 cents.

INEZ PEACOCK, PT (52 YEARS OF MEMBERSHIP)

Inez Peacock, like so many others of her time, started out as a physical education major. “My kinesiology teacher urged me to look into physical therapy. When my husband went overseas in World War II, I went back to school and could not have picked a better profession.”

Peacock started practice as a physical therapist in 1945 at the Visiting Nurses Association in Detroit in their Curative Workshop. Her salary was $1,800 a year. She shared an amusing story of her first frightening moment as a physical therapist. “I was stretching a patient who had had a fracture. I heard a crackling sound, and he yelled and moaned. I had just had a patient whose wrist was refractured by a physical therapist. This was a Saturday, and I was all alone except for a college student working as a secretary. I called the doctor. Unfortunately—or fortunately—he wasn’t in. The man went home, and I kept calling him. He said he was feeling better. Well, he came in on Monday morning, and it was like a miracle—his range of motion had increased tremendously.”

SUSANNE HIRT, PT (53 YEARS OF MEMBERSHIP)

“I studied medicine in Berlin, and I finished my first 3 years when Adolf Hitler threw me out. When I came to this country, I had no money and didn’t know what to do. The University of Wisconsin offered me a position in their School of Physical Therapy because it was related to medicine. They said they would educate me at no cost, so I went,” said Susanne Hirt about how she came to physical therapy.

One of Hirt’s most memorable experiences was watching Sister Kenny work with patients who had polio. “She was a character—so determined. She was almost gruff in her view of the medical profession. She was angry at doctors who put paralyzed limbs into immobilization. It was very scary and very exciting. I learned a lot.”

FLORENCE KENDALL, PT, FAAPTA (62 YEARS OF MEMBERSHIP)

Florence Kendall had never even heard the term “physical therapy” as a young graduate of the University of Minnesota. “I taught for a year and then decided I would like to get into some type of hospital work. I knew I wasn’t suited to be a nurse because I didn’t like being around sick people all day.” It was her corrective physical education instructor who suggested she look into physical therapy school.

Kendall wowed the audience with a story of two movie stars. “Mr. Kendall (her husband, Henry O. Kendall) was treating Clark Gable. Carole Lombard was so intrigued by the whole process that she asked for a muscle examination. My husband asked me to examine her. Well, he never lived that down in the hospital.”

Ellen N. Woods is Editor.
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September 5, 1996

Susanne Hirt, PT
7301 Normandy Drive
Richmond, VA 23229-6730

Dear Susanne:

Thank you for participating in the first President’s Colloquium. It was truly one of the highlights of Physical Therapy ’96. In appreciation of your participation in this ‘historic’ event, enclosed is a photograph of the group and a videotape of the session.

I hope you enjoy showing the videotape to your family and friends.

Again, thank you for your participation.

Sincerely,

Marilyn Moffat, PT, PhD, FAPTA
President

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