Ms. Hirsh
notes on
Hx of
McMullan
lecture?
9 Education

Mildred Elson 1. 1964 ✓
(Deuer) The Legacy of Mary McMillan Ed.

Catherine Worthingham 2. 1965 ✓

1965 Complementary Functions and Responsibilities in an Entering Prof.

Ruby Decker 3. 1966 ✓

1966 (Los Angeles)

A Hard Look

Emma Vogel 4. 1967 ✓

1967 The History of Physical Therapists, (Miami Beach) United States Army

Helen Kaiser 5 1968

1968 10 Days's Tomorrow

1969 Margaret Rod 

1969 Stereotyped or Stereophonic Responses

Mary McMillan 1959

1980 - 1959
Hislop 10 1975. 5 5:1069
Daniels 9 1973. 5 4:469
Worthington 2 1965. 2
Blair 7 1971. 6:493
Knott 8 1972. 5 3:365
Decker 3 1966
Snyder 5 1971
Vogel 4 1967
Blood 14 1979
Carlin 11 1976
Eistle 1 1964
Singleton 12 1977
Rood 6 1970
Kendall 15 1980
Moore 13 1978

7 years - 15 lectures

68-69-70
1974
Eelson
Worthingham 2
Decked 3
Vopen 4
Snyder 5
Bed 6
Blair 7
Knott 8
Daniels 9
Accup 10
Carlin 11
Pingleton 12
Moore 13
Blood 14
Kendall 15

1964
1956
1966
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1971
1972
1973
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1976
1977
1978
1979
1980
1970
Lucy Blair

1971 50th Anniversary
(Boston)
Past Experiences Project
Future Responsibilities

Margaret Knott
1973
In the groove
(Cas Vegas)

Lucille Daniels
1973
(Houston)
Tomorrow Now:
The Master’s Degree
For Physical Therapy Education

1974 - No Lecture

Helen Hislop
1975
(Anaheim, CA)
The Not-So-Impossible Dream

Jane Carlin
1976
(The Revolutionary Spirit
(New Orleans)
Mary Clyde Singleton 12

Do We Dare To Remember?

Red Book Out

Margaret Moore 13

1978
(Las Vegas)

Helen Blood 14
(Account Ability)

1979
(Atlanta)

1980
(Phoenix)

Florence D. Kendall 15

This I Believe
"Progress Is a Relay Race" (Mary McMillan, 1949)

I. OUR HERITAGE - THE McMILLAN SPIRIT

It is hard for me to put into words what it feels like to stand here before you as your 16th Mary McMillan lecturer. I feel deeply honored and appreciate the message you sent out to me with this invitation.

We are convening this year for a very special conference, special in many ways. Above all, this is our 60th anniversary, and we are now approaching maturity. We also celebrate the one hundredth anniversary of Mary McMillan's birth. We are convening in our Nation's capital and much of our professional history took place in this city. It also happens to be the city where I was introduced to physical therapy. It came about during a brief visit with Col. Emma Vogel, who at that time, just prior to World War II, was Director of Physical Therapy Services here at Walter Reed Hospital. Col. Vogel was one of Mary McMillan's most renowned pupils and later became her teaching assistant. She was well versed in physical therapy education and I went to see her to find out in which of the 13 existing physical therapy schools I could get the best education for the least amount of money. Col. Vogel took one look at me and sent me off to the University of Wisconsin. She must have thought, I felt, that among other things, the University of Wisconsin would teach me how to speak the English language. And I am forever grateful to Peg Kohli who did just that and taught me many other things besides. Col. Vogel also was our 4th Mary McMillan lecturer and she said this of her former teacher and colleague: "I vividly recall her enthusiasm, her interest in maintaining high professional standards, her warm personality and her indomitable spirit."
The first time I met Mary McMillan was in 1946 at the Blue Ridge, NC Conference, our 25th Anniversary. It was my first national conference and we brought with us our first graduating class of the Medical College of Virginia. I heard Mary McMillan give her now so well known and memorable speech "Physical Therapy on Three Continents." And I would like this 16th Mary McMillan lecture to stand for a celebration of the McMillan spirit, that spirit that made all of us decide that physical therapy is the profession we want, that we want to stay with it and that we want to help make it great, come what may. Mary McMillan insisted that if we want to preserve our profession, we can do it only by standing on our own merits, that we must keep ourselves updated, that we must believe in ourselves or others will not have faith in us...

"However," she said: "this does not mean cocksureness, which all too frequently comes from ignorance." One of Mary McMillan's earliest concerns for our profession was that members must share with each other, share their experiences, their needs, their difficulties and their opinions. She said, however, "Life would be unbearably tame if we always agreed at all times." An advice we surely followed well. And to the clinician she said... "a physical therapist must have sympathetic understanding and that does not mean "maudlin sympathy"; ... "the physical therapist must know when to let a patient let off steam and when to put in the right word; a physical therapist must never let a patient go without hope and "I do not mean false hope". She said, "Hope chases away fears which gives nature a chance to heal and physical therapy aids nature's healing."
While she served in the Army during World War I Mary McMillan not infrequently took matters into her own hands. Reed College in Portland, Oregon requested that she be given leave to take charge of 200 women who had registered for a war emergency course in physical therapy. When the War Department was slow in responding to this request, Mary McMillan was heard to say to her superior: "If the War Department can't make up it's mind, I have made up my mind, it may mean my resignation." The request was granted the next day. There is a familiar ring when we hear Mary McMillan say . . . "I tried to sell physical therapy and sell myself, it was a hard job, they had little time for the likes of me." There was a rebel spirit in Mary McMillan which she frequently expressed with humor and tongue in cheek. In 1946 she said: "There is every reason to believe that after 25 years of struggle, that august body, the Senate of the United States, is about to recognize physical therapy as a necessary part of the U.S. Army Medical Corps. Officers will then have salaries comparable to the Army and Navy. They will also be entitled to Army privileges - not merely Army rules and regulations as in the past."

This spirit is our heritage! Previous Mary McMillan lecturers expressed it in their own way. Jane Carlin spoke to us of our "willingness to attack the barricades of tradition and constraints" and Maggie Knott let Confucius speak in her closing quotation: "Turtle makes no progress until neck is out."

II. DECISIONS TO BRING ABOUT CHANGE

I have chosen Mary McMillan's phrase "Progress is a Relay Race" as the title of this presentation because it flashed a multitude of pictures through my mind. A relay race, above all, stands for
a co-operative effort. To reach the goal within the best possible
time, participants must be finely tuned to each other; they must
give to each other and take from each other. Each participant
accepts responsibility for his own performance, and yet, there is
shared commitment and expectation of shared rewards. This seemed
to me a fine blue print to guide our steps toward progress in our
profession. Recently, and you have heard it many times, we made
two monumental decisions. Specialists may become officially
certified and entrance into the profession is to be on a post
baccalaureate level. All physical therapists, I believe, will
become profoundly affected by these decisions. And further, I
believe, that we will find these 2 decisions to be intimately
related to each other, and that in time they may prove to be
inseparable. The basic message we are sending out with these
decisions seems to say that we believe the time has come for us to
take our destiny into our own hands and to bring about those changes
that will be needed in order to upgrade our profession and to alter
our professional image.

Now that we have decided what our goal is to be and are mapping
out the path we wish to travel, we must, most importantly, I believe,
stay tuned to each other - we must hear and understand each other,
we must give to each other and take from each other.

III. OUR FOUNDATIONS TO BUILD ON

And as we move forward into the future it may serve us well to
briefly bring back to mind those colleagues of ours who ran this
relay race before us; the pioneers of our profession, who laid down
in fact and in spirit the foundations upon which we now are building.
When our association was only 7 years old in 1928, our Founders published their first comprehensive and incredibly detailed analysis of our profession. They called it: "A Study of Physiotherapy as a Vocation". Reading this testimony in the recently published "Beginnings" was an eye opener for me as it may have been for many of you. From the very beginning our profession was characterized by diversity in background, in education, in practice and in opinion. To clarify and unify the professional image, a questionnaire was sent out to 236 physical therapists throughout the United States. Information was requested on every conceivable aspect of their professional involvement - a model of communication which we have followed meticulously ever since. The main purpose of the questionnaire was to develop a comprehensive course in physical therapy as a major subject in a University. A clear majority of the answers favored a 4 year curriculum in a University, awarding a Bachelor of Science Degree. That was 1928. More than 30 years later in 1960, the Baccalaureate Degree became mandatory for entry into the profession. That same year, however, a group of pioneers with foresight and courage initiated the first Master's Degree program for entry into the profession. At Western Reserve University the faculty and their Program Director, Dr. Geneva Johnson, created for us an educational model of lasting significance.

In 1970, Catherine Worthingham completed her magnificent and thorough study of physical therapy education in the 1960's. The results of her study are well known to most of you. They represent a milestone in professional self-assessment; and based on the results of her study, Dr. Worthingham predicted that basic education for the profession would develop probably ... "either into a continuous 5 (or more) year program leading to a Master's degree or into
a two year graduate program".

Specialization seems to have been practiced in our profession from the very beginning. In the 1928 study the comment was made that "there is an interesting and absorbing opportunity in physical therapy for scientific research and for the possibility of specializing in any of the various subjects".

Throughout the years we have recognized and appreciated specialists among us; their names have become household words like: Signe Brunnstrom, Dr. and Mrs. Bobath, Henri and Florence Kendall, Margaret Rood, Maggie Knott and Dorothy Voss. We can no longer visualize the practice of our profession without the contributions these specialists have made. They were trail blazers who showed us new and more effective ways of treating patients. They provided us with new knowledge and new insight into the scientific bases for treatment procedures and thus they helped broaden the scope of the profession. As teachers, they produced generations of highly skilled new teachers and so have helped raise the standards of the profession. A unique and historically remarkable tribute was paid to these and other specialists through the Northwestern University Special Therapeutic Exercise Project - the project we all know so well as "NUSTEP". A small, imaginative and energetic faculty at Northwestern (University) under the leadership of Elizabeth Wood and Dorothy Voss performed a miracle by publishing a document that will continue to serve us well for many years to come.

IV. SPECIALIZATION

Now in 1981 we are about to certify officially those physical therapists who possess clearly identifiable, advanced knowledge and skills in an area of specialization. Surely we are adding a
new dimension to our profession. The advanced clinical competencies and related knowledge required of the certified specialists are bound to become a part of our professional armamentarium.

Official recognition of specialists appears to have been the culmination of a steadily growing interest among members in acquiring knowledge and skills that previously had not been available to them. During recent years many of us have had opportunities to participate in continuing education programs which were offered by members of specialty groups. We have been exposed to new and challenging ways of analysing and evaluating patients and of solving clinical problems. We have had opportunities to learn how the old and the new clinical approaches can supplement and reinforce each other to facilitate patient progress. We have seen clinicians and classroom teachers, beginning students and graduate students learn together and teach each other in study groups that are developing all over the country. In other words, something is happening inside our profession that is new, exciting and contagious.

The role of the specialists will be an exacting one. They will be well aware that to maintain that status, they must continue to acquire new knowledge and must continue to refine their skills. Specialists must assess their performance as clinicians and must collect data on their successes and their failures. A specialist knows that research is the life blood of specialization. This is how Aristotle put it: "It is the mark of an educated man to look for just as much precision in each inquiry, as the nature of the subject allows."
Clinical specialists will not function in isolation; they will seek advice and information from each other and they will seek consultation from all those professionals who can contribute to the care of their patients. The clinical specialist will become a role model, a preceptor and a teacher of teachers. For those who view our profession from the outside, the identification of areas of specialization will help clarify the role of the physical therapist. It will help identify the diversity of the profession and it will speak to its usefulness within society. If we see specialization as an intrinsic component of our profession, which I believe we must, we will need to establish a firm link between the basic educational process that leads into the profession and those processes that may lead, in a variety of ways, to advanced competencies.

V. THE EDUCATIONAL MANDATE

Our mandate for post baccalaureate entry states that our present educational system is no longer adequate to meet the needs of the profession or of society, it demands change. Change is a process, and by the time it can be demanded openly of those who will be involved in that process, change, inevitably, is well under way.

The psychologist Rollo May recently said that in our day all professions are in the midst of radical change; that all professions require courageous persons to appreciate and direct that change, and he further states that all professions are in need of creative courage, that courage that will lead to discovering new forms, new symbols and new patterns on which to build the changing profession.
Signs of ongoing change within our profession are many and readily visible. We can see changing patterns of practice, changing role models and innovative designs for teaching and learning. We are rapidly developing a new vocabulary that must be learned so we can continue to talk with each other and will continue to understand each other.

We certainly do not lack in resources for renewal of our profession, nor do we lack creative minds to be our innovators. But we do need to identify precisely what changes we need to make in our educational system and how these changes are to affect the product of that system, the student. Though our motto is change, we may wish to reconfirm the fact that the end product of basic physical therapy education should be and should remain to be a competent physical therapy clinician.

Much responsibility and hard work will fall upon our Program Directors and our faculties. They will have to be able to convince the decision making bodies of our academic institutions that change is needed, that it is feasible, and that it is well underway. Program Directors will face obstacles and challenging encounters. These, however, should help strengthen our decision for change and help clarify our options and our alternatives. "Progress", Robert Kennedy once said, "is a nice word - but change is its motivator and change has its enemies." We may, quite possibly, find some enemies out there but hopefully - one at a time.

We have no crystal ball to see where we will be in 1990. To give to our present and future students all the advantages we have available now should be our first priority. Our skilled
clinicians and our basic scientists must mingle as role models, as preceptors and as classroom teachers. They must mingle in our labs, in our clinical centers and in our classrooms. The interaction of various role models should create for the student an atmosphere that is conducive to raising questions, to decision making and to problem solving. And these are the ingredients for good patient care as well as for seeking new knowledge. To do all this we need just one more essential ingredient and that is time. Students must have time to learn about the consequences of good and bad decisions. They need time to explore whether they really know what they think they know and they need time to learn how to respond to gaps in knowledge in a creative manner.

Given that time, students will become decision making professionals, comfortable in that role, and will be right up front in that relay race.

Perhaps, at this time, the greatest value of our educational mandate lies in the fact that we stated clearly that our educational system must not remain static. To be able to move into the future we must have the capacity for change and must be able to respond to change; to prepare students for the uncertainties of the future is indeed an essential ingredient of higher education.

If Mary McMillan were here with us today, I feel certain that she would say to us what she said to her colleagues while in the midst of creating a new profession. And she said: "What we need now is a unanimous effort to establish high standards for our profession - and enthusiasm that knows no bounds."

SUSANNE HIRT
Chairman and Professor
Dept. of Physical Therapy
MCV Station Box 224
Richmond, VA 23298
REFERENCES


"Progress is a Relay Race"
M. M'Millan, 1949

Our Heritage - The M'Millan Spirit

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We are convening this year for a very special conference - special in many ways.
Above all, this is our 60th anniversary, and we are approaching maturity. We also celebrate the one hundredth anniversary of Mary McMillan’s birth. We are convening in our Nation’s Capital—and much of our professional history took place in this city. It also happens to be the city where I was introduced to physical therapy.
It came about during a visit to a brief encounter with Col. Emma Vogel, who at that time—just prior to when she was Director of Physical Therapy Services—here at Walter Reed Hospital. Col. Vogel was one of MMM's most renowned pupils—and later became her Teaching Assistant. She was well versed in physical therapy education—and I went to see her to find out in which of the 13
existing physical therapy schools–I could get the best education–for the least amount of money. Col. Vogel took one look at me–and sent me off to the Univ. of Wis. – She must have thought—I felt—that among other things, the University of Wisconsin would teach me how to speak the English language. And—I am forever great ful to Peg Kohli, who did just that—and taught me many
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The first time I met MM'ly was in 1946 at the Blue Ridge, N.C. Conference, our 25th Anniversary.
It was my First National Conference and we brought with us our First graduating class of the Med. Coll. of Va. I heard M.M.'M give her now so well known and memorable speech "Physical therapy on three Continents." and I would like this 16th M.M.'M lecture to stand for a celebration of the M'Millan spirit. - that spirit that made all of us decide that physical therapy is the profession
we want, that we want to stay with it and that we want to help make it great - come what may.

Mm'nm insisted that if we want to preserve our profession, we can do it only by standing on our own merits, that we must keep ourselves updated - that we must believe in ourselves - or others will not have faith in us...

"however," she said: "this does not mean cocksureness-
-which all too frequently comes from ignorance."

One of M M's earliest concerns for our profession was - that members must share with each other their experiences, their needs, their difficulties and their opinions, she said. However,

"Life would be unbearably tame, if we always agreed at all times..." An advice we surely followed well.

And to the clinician, she said... "a physical therapist..."
must have sympathy — understanding — and that does not mean "mouldy sympathy." "The physical therapist must know when to let a patient let off steam — and when to put in — the right word; a physical therapist must never let a patient go without hope — and: "Do not mean False hope," she said. — "Hope chases away fears which gives nature a chance to heal,"
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A relay race, above all, stands for a co-operative effort. To reach the goal within the best possible time, participants must be finely tuned to each other; they must give to each other and take from each other. Each participant accepts responsibility for his own performance, and yet, there is shared commitment and expectations of shared rewards.
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The basic message we are sending out with our decisions seems to say very clearly, that we believe the time has come for us to take our destiny into our own
hands — and to bring about those changes that will be needed in order to upgrade our profession and to alter our professional image.

And now, that we have decided what our goal is to be, and are mapping out the path we wish to travel, we must, most importantly, I believe, stay tuned to each other — so we can hear and understand
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And as we move forward into the future it may serve us well to briefly bring back to mind those colleagues of ours who ran that relay race before us; the pioneers of our profession, who laid down in fact and in spirit—
The foundations upon which we now are building.

When our association was only 7 years old—in 1928—our Founders published their first comprehensive and incredibly detailed analysis of our profession. They called it:

"A Study of Physiotherapy as a Vocation." Reading this testimony in the recently published "Beginnings"
was an eye opener for me - as it may have been for many of you. From the very beginning our profession was characterized by diversity in background, in education, in practice and - in opinion. To clarify and unify the professional image, a questionnaire was sent out to 2,366 physical therapists throughout the United States.
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was to develop a comprehensive course in physical therapy as a major subject in a university. A clear majority of the answers favored a 4 year curriculum in a University, awarding a Bachelor of Science Degree. That was 1928. More than 30 years later, in 1960, the Baccalaureate Degree became mandatory for entry into the profession.
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Emerging new leaders now in 1981 we are about to certify officially those physical therapists who possess clearly identifiable advanced knowledge and skills in an area of specialization. Surely we are adding a new dimension
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The Educational Mandate

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To prepare students for the uncertainties of the future is indeed an essential ingredient of higher education.

C.W.
1965
If Mary M. Millar were here with us today, I feel certain that she would say to us what she said to her colleagues while in the midst of creating a new profession. And she said: "What we need now is a unanimous effort to establish high standards for our profession— and enthusiasm that knows no bounds."
Our Heritage — "The McMillan Spirit"

Pride: Search for recognition

Self-satisfaction

Roadblocks in search of professional identity

Phys. Med.分离

I believe it is important to recall that we are

to remain in search of challenge

The lid being lifted

Emerging new leadership

Growing toward professionalism
I (if) your prof. means anything by it, it is because the A.T. has put into your Ascar. The things that made it count in the prof. world.

We have an inherent right to make our mark "to be counted."

We need to create standards and maintain them. We need to go on—keep your torch lighted—pass on your shrunken torch to the next generation.

The longer I thought about this paper the more I read and contemplated the more? fell off, and with the W. William of it.

It is not because you give it is simply the law that if you give a piece of your self you get a great deal out of it.
"PROGRESS IS A RELAY RACE ..."

MARY McMILLAN, BOSTON, 1949

I. OUR HERITAGE - "The McMillan Spirit"

II. ROAD BLOCKS IN SEARCH OF PROFESSIONAL IDENTITY

III. IN SEARCH OF CHALLENGE

To changing the image of the profession

IV. EMERGING NEW LEADERSHIP

Growing toward professionalism

Please note: I am very tentative

I. I'll Call the McMillan Spirit

II. Decisions to bring about

III. How to make change evolve

IV. Other 88...
In 1984, V. V. and I thought it important to bring about change in the foundation to build on the Hungarian spirit.
Dr. Eichenlaub Principle

I. Focus on Patient

P.T. a science - humanly conduct
Learning is problem-solving that requires time - 

II. Edu is a continuous
from college to lifelong learning

III. Edu requires Eval procedure
to assess from

IV. T
Sixteenth Mary McMillan Lecture

"Progress is a Relay Race"

SUSANNE HORT, MEE

It is hard for me to put into words what it feels like to stand here before you as your 16th Mary McMillan lecturer. I feel deeply honored and appreciate the message you sent to me with this invitation.

OUR HERITAGE: THE McMILLAN SPIRIT

We are convening this year for a very special conference, special in many ways. Above all, this is our 60th anniversary, and we are now approaching our 16th Mary McMillan lecture. We are celebrating the achievements of Mary McMillan, and much of our professional heritage is present in this city. It also happens to be the city where I was introduced to physical therapy, during a brief visit with Col Emma Vogel, who at that time, just prior to World War II, was Director of Physical Therapy Services here at Walter Reed Hospital.

Col Vogel was one of Mary McMillan's most revered pupils and later became her teaching assistant. She was well-versed in physical therapy education, and I went to see her to find out which of the 13 existing physical therapy schools I could get the best education for the least amount of money. Col Vogel, one look at me and sent me off to the University of Wisconsin. The rest is history. I think that among other things, the University of Wisconsin would teach me how to speak the English language. And I am forever grateful to Peg Kohli, who did just that and taught me many other things besides. Col Vogel was our 4th Mary McMillan lecturer and one of her former teacher and colleagues, I greatly recall her enthusiasm, her interest in maintaining high professional standards, her warm personality, and her indefatigable spirit.

The first time I met Mary McMillan was in 1946 at the Blue Ridge, North Carolina Conference, our 25th Anniversary. It was my first national conference, and we brought with us our first graduating class of the Medical College of Virginia. I heard Mary McMillan give her now well-known and memorable speech, "Physical Therapy on Three Continents." And I would like to think that 16th Mary McMillan lecture to stand for a celebration of the McMillan spirit—those ideas that made all of us decide that physical therapy is the profession we want, that we want to stay with it, and that we want to keep on growing, some with what may be Mary McMillan's insistence that if we want to preserve our profession, we can do it only by standing on our own merits, that we must keep on learning, that we must believe in ourselves or others will not have faith in us. "However," she said, "this does not mean complacency, which too frequently comes from ignorance."

One of Mary McMillan's earliest concerns for our profession was that members must share with each other their experiences, their needs, their difficulties, and their opinions. She said, however, "Life would be unbearable tame if we always agreed at all times."

"We are not a homogenous group, and we must be sensitive to the differences of opinions and beliefs. "A physical therapist must have sympathetic understanding, and that does not mean "mama's sympathy."" The physical therapist must know when to let a patient let off steam and when to put the right words into the patient's head."

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hopes... Hope is a thing which gives nature a chance to heal, and physical therapy adds nature's healing.

While she served in the Army during World War II, Mary McMillian not infrequently took matters into her own hands. Reed College in Portland, Oregon, requested that she be given leave to take charge of 200 women who had registered for war emergency courses in physical therapy. When the War Department was slow in responding to this request, Mary McMillian was heard to say in her report, "If the War Department can't make up its mind, I have made up my mind. It may mean my resignation."

The next year passed and the war. There is a familiar ring when one hears Mary McMillian say, "I tried to sell physical therapy and sell myself. It was a hard job; they held me up for ten times as much as we"

There was a great spirit in Mary McMillian, frequently expressed with humor and tongue in cheek. In 1946 she said, "There is every reason to believe that after 25 years of struggle, that august body, the Senate of the United States, is about to recognize physical therapy as a necessary part of the US Army Medical Corps. Officers will then have services comparable to the Army and Navy. They will be entitled to Army privileges—most Army nurses

This spirit is the heritage of previous Mary McMillian lecturers expressed in their own way. Jean Carrin spoke to us of our "willingness to accept the standards of treatment and conservation," and Blanca Kaiser in her closing: "Purdie minus no progress until such time.

DECISIONS TO BE MADE ABOUT CHANGE

I have chosen Mary McMillian's phrase, "progress is a relay race," as the title of this presentation because it flashed a multitude of pictures through my mind. A relay race, above all, stands for a cooperative effort. To reach the goal within the best possible time, participants must be finely tuned to each other. Each participant accepts responsibility for his own place in the race, and yet he shares the common purpose and the enjoyment of the shared rewards. This seems to me a fine blueprint to guide our steps toward progress in our profession. Eternally, as you have heard many times, we made two monumental decisions. Specialization may become officially certified, and entrance into the profession is to be on a postgraduate level. All physical therapists, I believe, will be profoundly affected by these decisions. And further, I believe we will find these two decisions to invariably related to each other and in time they may prove to be inseparable. The basic message we are sending out with these decisions seems to say that we believe the time has come for us to take our destiny into our own hands and to bring about those changes that will be needed in order to upgrade our profession and to alter our professional image.

Now that we have decided what our goal is to be and are mapping out the path we wish to travel, we must, most importantly, believe, stay tuned to each other—we must hear and understand each other, we must give to each other and take from each other.

OUR FOUNDATIONS TO BUILD ON

As we move forward into the future, it may serve us well to bring back to mind briefly those colleagues of ours who ran this relay race before us, the pioneers of our profession, who laid down its feet and laid spirit the foundations upon which we are now building.

When our association was only seven years old in 1938, our founders published their first comprehensive and incredibly detailed analysis of our profession. They called it "A Study of Physiotherapy and Education." Reading this summary in the Romney published paper, was an eye-opener for me, as it was...
have been for many of you. From the very beginning,
our profession was demonstrated by diversity in back-
ground, in education, in position, and in opinion. To
clarify and satisfy the professional image, a ques-
tionnaire was sent out to 236 physical therapist through-
out the United States. Information was requested on
every imaginable aspect of their professional involve-
ment—a model of communication that we have fol-
towed consciously ever since. The main purpose of
the questionnaire was to develop a comprehensive
study in physical therapy as a major subject in a
university. A clear majority of the answers favored a
four-year curriculum in a university, reporting a
Bachelor of Science Degree. This was in 1948. More
than 30 years later, in 1980, the baccalaureate degree
became mandatory for entry into the profession. That
same year, however, a group of students, foresight
and courage initiated the first master's degree pro-
gram for entry into the profession. At Western
Reserve University the faculty and their Program
Director, Dr. Gwenda Johnson, created for us an
educational model of training and education.

In 1979, Catherine Warren was able to com-
plete her requirements and secure study of physical therapy
education in the 1960s. The results of her study were
well-known in our own society. They represent a mile-
stone in profession self-assessment. Based on the
results of her study, Dr. Warren was able to develop
a model for physical therapy education that bind
education for the profession would develop
probably "under the guidance of certain faculty".
So, the program leading to a master's degree or Basic & Com-
prehensive training program (T)
Specialization seems to have been practiced in our
profession from the very beginning. In the 1970 study,
the student was asked to answer the question, "Is there an
unwillinghting and anticipated opportunity in physical therapy for
scientific research and for the possibility of specializ-
ing in any of the various subfields?"
Throughout the years we have recognized and appre-
ciated specialists among us. Their name have
become household words like Signe Bruunmeier, Dr.
and Mrs. Brenda and Florence Rasmussen, Margaret
Rose, Maggie Kast, and Dororthy Vonn. We
can no longer imagine the practice of our profession
without the contribution these specialists have made.
They were trailblazers who showed us new and more
effective ways of treating patients. They provided us
with new knowledge and new insight into the sci-
cific base for treatment procedures, and then they
helped broaden the scope of the profession. As re-
search, they generated generations of highly skilled
students and at the same time raise the standards of the
profession. A unique and historically remarkable cri-
tique was paid to them and other specialists through
the Northeastern University Medical Therapy Edu-
cation Project—this project we all know so well as
NUEP. A small, imaginative, and energetic faculty
at Northeastern University under the leadership of
Elizabeth Wood and Dorothy Vonn performed a sur-
face by publishing a document that will continue to
serve us well for many years to come.

SPECIALIZATION

In 1981 we are now about to certify officially those
physical therapists who possess clearly identifiable
specializations in an area of specialization. So far we are adding a new dimension to our
profession. The advanced clinical comprehension and
related knowledge required of the certified specialists
are bound to become a part of our professional ar-
chitecture.

Official recognition of specialties appears to have
been the realization of a steadily growing interest
among members in acquiring knowledge and skills
that previously had not been available to them. Dur-
ing recent years, many of us have had opportunities
to participate in continuing education programs of-
fered by member of specialty groups. We have been

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exposed to new and challenging ways of analyzing
and evaluating patients and solving clinical problems.

We have had opportunities to learn how the old and
the new clinical approaches can complement and rea-
fice each other to facilitate patient progress. We
have seen clinicians and classroom teachers, begni-
ing students and graduates, continue their work together
and move together in many groups that are develop-
ing and opening up in this century. In other words, something
is happening inside our profession that is new, excit-
ing, and surprising.

The role of the specialist will be an exciting one.
They will be well aware that the present is not enough.
They must continue to acquire new knowledge and
must continue to refine their skills. Specialists must
move their performance as clinicians and must collect
data on their successes and their failures. A specialist
knows that research is the key. And specialization
is in the field of specialization. This is how Aristotle put it: "It is the mark of an
unenlightened man to look for just as much precision in
each inquiry as the nature of the subject allows.

Clinical specialists will not function in isolation.
They will seek advice and information from others,
and they will seek consultation from all others
who can contribute to the care of their patients. The clinical specialist will become a role
model, a mentor, and a teacher of others. For
those who view our profession as the context, the
identification of areas of specialization will help to
clarify the role of the physical therapist. It will help
identify the diversity of the profession and it will
spread to a wide range of society. It is the special-
ization on an integrated component of our profes-
sion, as I believe we must, will need to establish a
firm link between the basic educational process that
leads into the profession and those processes that may
lead to a variety of ways to advanced competencies.

THE EDUCATIONAL MANDATE

Our mandate for postbaccalaureate study means that
our present educational system is no longer ade-
quate to meet the needs of the profession or of
society; it demands change. Change is a process, and
by the time it can be demanded openly by those who
will be involved in that process, change inevitably is
well under way.

The psychologist Sidney Rayner said that in
today's world, professions are in the midst of radical
change, and all professions require courageous
person to appreciate and direct that change. He further
states that all professions are in need of persons with
creative abilities, which will lead to the discovery of
new forms, new symbols, and new patterns on which
to build the changing profession.

Signs of ongoing change within our professions are
many and readily visible. We can see changing pat-
terns of practice, changing role models, and innova-
tive designs for teaching and learning. We are rapidly
developing a new vocabulary that must be learned so
we can continue to talk with each other and will
continue to understand each other.

We certainly do not lack in resources for renewal
of our profession, nor do we lack creative minds to do
our innovations. But we do need to identify precisely
what it is that we need to make in our educational
system and how these changes are to affect the pro-
duct of that system, the student. Through our motto is
change, we may wish to remember the fact that the
end product of basic physical therapy education is
and should remain a competent physical therapy
clinician.

Each responsibility and hard work will fall upon
our program directors and our faculty. They will
be able to create the climate-making bodies of our academic institutions that change is
needed, that it is feasible, and that it is well underway.

Program directors will face obstacles and challenging
encounters. These, however, should help strengthen
Selected Readings


2. Vogel EI: The history of physical therapists. United States Army, 1967


our decision for change and help clarify our options and our alternatives. “Progress,” Robert Kennedy once said, “is a nine word, but change is its movement and change has no enemies.” We may, quite possibly, find some enemies out there but hopefully not as a 

We have no crystal ball to see where we will be in 1990. To give our present and future students all the advantages we now have available should be our first priority. Our stated missions and our basic missions must mingle as role models, as prospects, and as classroom studies. They must mingle in our labs, in our clinical sessions, and in our classrooms. The interaction of various role models should come for the student an atmosphere that is conducive to raising questions, to decisions-making, and to problem-solving. And these are the ingredients for good patient care as well as for seeking new knowledge. To do all this, we need just one more essential ingredient and that is time. Students must have time to learn about the consequences of good and bad decisions. They need time to explore whether they really know what they think they know, and they need time to learn how to respond to gaps in knowledge in a creative manner.

Given that time, students will become decision-making professionals, comfortable in that role, and will be ready to jump up from the noisy race. Perhaps, at this time, the greatest value of our educational standards lies in the fact that we know clearly that our educational system must not remain static. To be able to move into the future we must have the capacity for change and must be able to respond to change. To prepare students for the uncertainties of the future is indeed an essential ingredient of higher education.

If Mary McMillan were here with us today, I feel certain that she would say to us what she said to her colleagues while in the midst of creating a new profession: “What we need now is a unanomous effort to establish high standards for our profession—and enthusiasm that knows no bounds.”
“Mary McElhaney insisted that if we want to preserve our profession, we can do it only by standing on our own merits, that we must keep ourselves updated, that we must believe in ourselves or others will not have faith in us.”

“Each participant accepts responsibility for his own performance, and yet there is shared commitment and expectation of shared rewards.”

“... we believe the time has come for us to take our destiny into own hands and to bring about those changes that will be needed in order to upgrade our profession and to alter our professional image.”

“From the very beginning, our profession was characterized by diversity in background, in education, in practice, and in opinion.”

“Specialization seems to have been practiced in our profession from the very beginning.”

“Specialists must assess their performance as clinicians and must collect data on their successes and their failures.”

“The clinical specialist will become a role model, a preceptor, and a teacher of teachers.”

“Signs of ongoing change within our profession are many and readily visible.”

“To give our present and future students all the advantages we now have available should be our first priority.”

“The interaction of various role models should create for the student an atmosphere that is conductive to raising questions, to decision-making, and to problem-solving.”

“To be able to move into the future we must have the capacity for change and must be able to respond...