

Orienting the Physical Therapist to Public Health Practice

JOHN B. ALLIS, M.A., M.P.H.

CONCOMITANT with the aging of our population is a significant rise in the prevalence of the chronic diseases. This in turn has increased the demand for physical therapists and physical therapy services by all public health agencies (1-3). The unprecedented demand for services has outstripped the capabilities of existing medical facilities (3). We also have witnessed the frequent appearance and rapid growth of out-of-hospital treatment programs, with a concurrent shortage of physical therapists to staff them.

The passage of the Social Security Act in 1935 and its resultant crippled children's program markedly increased the need for therapists (4, 5). More recently, two legislative actions stepped up the demand for physical therapists: the Federal appropriation of monies specifically earmarked for chronic disease programs and the Community Health Services and Facilities Act of 1961. Both programs are administered by the Public Health Service (1). These legislative measures have proved to be effective vehicles with which to stimulate activities at State and local levels, and the resultant activities have exceeded the most optimistic expectations. For example, many health departments have established new organizational units for chronic diseases, geriatrics, and nursing homes. All are intimately associated with physical therapy and rehabilitative practices and principles.

The physical therapist who enters public health practice as a consultant no longer works in the traditional one-to-one patient-therapist ratio around which his professional training has been centered. He can no longer select treatment techniques and apply them to the patient

without first discussing the proposal with other professionals. A mere nodding acquaintance with the other team members or related professionals of the agency is not enough. He needs a working relationship with the entire health department staff and a working knowledge of all its programs. He needs skills in administrative practices, patient and program evaluation techniques, community organization, and human and group relations—areas seldom included in a therapist's training and education.

One might assume that all professionally trained physical therapists, including those who serve as consultants, would qualify for employment by public health agencies, but this is not so. Additional and specific prerequisites supplemental to graduation from an approved school of physical therapy have been identified and recommended (4-9). If these recommendations concerning type and length of experience are observed, the number of recruitable therapists will be reduced.

Public Health Training for Therapists

The enumeration and examination of training mechanisms for professional growth in public health that are available to practicing physical therapists are relevant to this report.

Mr. Allis is regional physical therapy consultant, Division of Chronic Diseases, Public Health Service, Atlanta, Ga. This article was adapted from a thesis in partial fulfillment of his M.P.H. degree from the University of North Carolina. A similar adaptation was presented at the annual conference of the American Physical Therapy Association held in Denver in July 1964.

The list includes all opportunities that help a therapist effectively apply the principles, skills, and philosophies of physical therapy to public health practice. Through appropriate and diverse experiences, the therapist could develop a deep understanding and appreciation of public health philosophy—a necessary attribute of an effective public health practitioner.

Education in schools. Foremost among the mechanisms is professional training leading to a graduate degree in public health. Although this is considered the ultimate in academic preparation for a public health career, it is not basic professional education, so I will not examine or evaluate it.

The second mechanism is the basic professional education of the physical therapy student. Perhaps some concepts of public health could be incorporated into the physical therapy curriculum. With possibly three exceptions, schools of physical therapy do not offer formal courses of study in public health, community health, or community organization (8). Field experience or student affiliation with a public health agency, under the proper supervision, might supplement classroom instruction.

Short-term courses. A third mechanism, the short course, seems particularly effective in supplementing professional education. The wide selection of short courses available today to the practitioners of all health-related professions testifies to the popularity they enjoy.

The physical therapist had little opportunity before 1962 to benefit from a course specifically designed for his profession and related to public health (10). In 1962 the University of North Carolina School of Public Health offered the course, "Principles of Public Health for Physical Therapists." Although similar courses have been offered since and some therapists have attended them, a wide gap still exists between current needs and what is offered to fulfill these needs in short courses.

On-the-job experience. Another mechanism to be considered concerning professional growth in public health is on-the-job professional experience. Some therapists have gained valuable experience in the increasing numbers of home care, chronic disease, and geriatric programs in this country. However, such "seasoned" therapists not only are in short supply

but their experience and background qualifications frequently are incompatible with the proposed prerequisites for physical therapists entering public health (5).

Professional journals. Continued education is the individual responsibility of all professional persons and the corporate responsibility of professional associations. One mechanism for such education is the professional journal.

It would not serve my purpose to examine the effectiveness of this type of communication and dissemination of knowledge. However, examination of the literature appearing during the past 12 years reveals the lack of specific material on the triad of physical therapy, orientation, and public health.

Many articles on the subject have been outdated because of the changing nature of public health practice. Needs have changed significantly over the past decade. The role and functions of the therapist are seen differently now as compared with those of a decade ago. Judging from the literature, neither professional associations nor experienced practitioners seem to have been fruitful sources of material for the professional journals. Professional journals devoted to physical therapy, physical medicine, and rehabilitation offer little information related to public health programs or practice.

In summary, the opportunities open to a physical therapist for professional growth and development in public health practice leave much to be desired.

Responsibilities of Service

It seems pertinent in this report to consider, in part, the findings of a study on what is expected of a nurse consultant (11) because such expectations are equally applicable to the physical therapy consultant. A nurse consultant is expected to analyze the community and agency needs concerned with nursing and to evaluate these nursing services, the research activities, and coordination of the total program, including direct patient care, with other community programs.

The following eight activities, identified as being major responsibilities of the nurse consultant (11), seem applicable in establishing the role and responsibilities of the physical therapy consultant:

- Assisting in program planning.
- Evaluating the program in special areas such as activities of daily living, functional performance of patient, ambulation or transfer skills of patient, or an educational program.
- Administering and supervising in specific areas such as physical therapy services, rehabilitative aspects of a program, or program administered by and under the direction of the physical therapist.
- Conducting research in relevant areas.
- Developing procedures and techniques applicable to the program.
- Establishing and maintaining interagency relations.
- Maintaining own competency.
- Assisting with special problems.

Based on these considerations, the orientation program for a therapist entering public health as a consultant assumes even greater importance. Such a program must attempt to bridge the gap between professional training and other preparation received by the therapist and enable him to function effectively in the new setting. The process could well be likened to a missile on a launching pad. It is "on the pad" that the success of the launching and following flight is determined. Everything at this point must check out.

Method of Collecting Material

I initially thought that a review of the literature over the past 5 years would be an adequate investigative approach. However, I found the material pertinent to orienting the physical therapist in public health to be so meager that I extended the review period to 12 years. I found considerably more material on such orientation programs in nursing journals than in journals concerning physical therapy.

Faced with this serious lack of material, I chose other avenues for gathering information on physical therapists. Recently, the number of therapists who have entered public health practice has increased. I thought that certain of these therapists would have gained practical experience and would possess valuable information for an orientation program. Therefore, I contacted several experienced therapists through correspondence or personal interview

and sometimes both. A total of 14 therapists, 5 physicians, and 3 nurses were interviewed.

Rather than using a formal questionnaire or structured inquiries, my questions were tailored to the person's position and the type of program with which he was associated. The following information was sought from the therapists: What factors motivated your changing from the clinical practice of physical therapy to public health practice? What academic courses or experiences were particularly helpful to you in discharging your professional duties in the public health setting? What was the content of your orientation program? How long was it in days or weeks?

The results of this effort not only have substantiated the need for orientation but have been particularly helpful in formulating recommendations for planning the orientation of physical therapists into public health philosophy and methods.

Results

I agreed not to identify the respondents by name; therefore, I have not given the usual bibliographic citations in support of certain statements.

Motivational factors. The following factors were influential in the initial decision of the therapists to enter the field of public health:

- Favorable influence of professors while receiving an education.
- Favorable impression and subsequent influence of certain dynamic public health practitioners.
- Desire to play a more influential role in the direction as well as the quality of service offered communitywide.
- Desire for professional advancement.
- Opportunity to expand professional horizons.
- The sincere and mature attributes so frequently found among public health workers.

Many respondents offered supplemental advice. They thought that a person should carefully analyze and evaluate his professional and personal goals, his interests, and qualities of leadership. The factors that were considered to be important personal qualifications were a mature attitude and a high degree of altruism.

Helpful courses and experience. More professional in nature were the data relating to academic courses or experiences that have proved to be particularly helpful in public health practice. Two factors appeared with high frequency: (a) as an essential prerequisite to functioning in the capacity of a consultant, a high degree of competence and broad experience in one's own field, and (b) formal courses in social and behavioral sciences.

Other courses stated as being helpful to therapists were growth and development, educational methods and materials, group dynamics, and community organization.

The importance of supplemental training beyond graduation from a school of physical therapy was eloquently emphasized by an experienced consultant: "Those who must rely on intuition to help them work with groups, to understand community power structure, to use educational materials to greatest advantage, and so on, labor under a big handicap."

Content of orientation. Such statements as "Before working for the department I had no training, experience, or exposure to the field of public health" and "I had no orientation program" are heard too frequently. They attest to the critical nature of the problem. More often than not, the preparation and education that will help a therapist in making his greatest professional contribution in keeping with the mission and objectives of the employing agency are left to his own resourcefulness and ambition.

Both published and unpublished material evidence wide agreement that an orientation program is, and rightly so, highly individualized. Some administrators recommend and practice tailoring the program to fit the individual and professional needs of the person to be oriented (12). This may be done through the skillful use of the curriculum vitae. Included in the planning should be those who are to participate in the orientation. Although each person will not have to review all available information on the new employee, certain information should prove beneficial. Significantly influencing the design and objectives of an orientation program are: kind of program to which the person receiving orientation is to be assigned; emphasis and approach of the program, which may be educational or direct or indirect service; geo-

graphic area to which person is to be assigned; and community organization and structure.

The broad headings of a program in a large agency include orientation to the agency, the division, and the program. The methods for covering these areas are numerous but could follow the sequence mentioned. None of the respondents indicated that their employing agency provided a program demonstrating the degree of development reflected in these three areas. Rather, the following material on orientation programs emanated from the literature.

AGENCY: Information concerning the employing agency should include its mission, authority, scope, and objectives; philosophy, organization, policy, and protocol; personnel policies, regulations, records, and reports; philosophy of public health; and functions, responsibilities, and interrelationships of certain staff positions.

DIVISION: Although the division orientation program appears to be repetitious, this need not happen. The focus of attention shifts at this point to the division, bureau, or department within the agency, where scope, objectives, and philosophy often differ from those delineated for the total agency. Orientation subjects in the division would include its mission, authority, scope, and objectives; policy, organizational structure, and protocol; and records and reports. A knowledge of community organization and resources and of location, organization, and staff of related departments is needed, along with the cooperation of related agencies and groups.

Frequently, a division will embrace several programs that demonstrate similarities in organization and staffing. Similarities may be found among the different agencies serving a single community. In this instance the orientation program may serve a real need: clarification. Mutual understanding is a prerequisite to the development of sound interdepartmental and interagency communication and cooperation.

PROGRAM: This phase of orientation encompasses the field activities. These can be introduced only after the new employee has acquired some knowledge and understanding of public health philosophy and practice (13). Some agencies have established a specific field

office for training and orientation (14,15), and the initial experience could be obtained in such a center. If the field experience includes home visits, the patients should be selected for their educational value.

This third phase of orientation would include such subjects as introduction to all staff members in the program; mission, aims, and objectives; records and reports; policy, organizational structure, lines of responsibility, and protocol; philosophy; and determination and definition of responsibilities and role of related staff members.

Other subjects would be regulations for consultants, supervisors, and field staff; administrative plan for a physician referral system; administrative plan for an interagency referral system; standard procedures for consultation and home visits; community organizations, resources, and related activities; introduction to the staff of the district office and to key members of the staffs of related programs, departments, or agencies; introduction to the inservice education program.

Some persons think that orientation is a never-ending process. Therefore, the inservice education program and the short course are quite important. A number of agencies reportedly devote up to 8 weeks in preparation for the job, but statements indicating that some agencies have no orientation program are not uncommon. Other agencies regard the carefully assigned and supervised initial field experience as an extension of the formal orientation program. When provided, the supervised field experience usually lasts 6 months.

Summary and Recommendations

A physical therapist needs supplemental education to develop his highest professional degree of competency in order to make his most effective contribution to the practice of public health. Professional qualifications, training, and experience are factors worthy of evaluation in selecting physical therapists for public health practice. The therapist, too, needs to weigh his personal and professional objectives before entering the practice.

In general, education in physical therapy is not attuned to current needs as they interrelate

with physical therapy, the community, and public health practice. Except for formal graduate study in public health, the usual mechanisms available to physical therapists for professional growth in the area of public health are ineffectual. For a physical therapy consultant, the orientation program assumes monumental importance as he shoulders broad responsibilities. Too often he enters the practice of public health without previous relevant education or experience.

Orientation programs are highly individualized and require long-range planning. They should include orientation to the agency, division, and program, in that order. One objective carried throughout is the development of an understanding of public health principles and philosophy.

The duration of an orientation program is flexible. Some agencies provide no formal program while others devote several weeks to orientation. Some agencies provide supervised field experience, which can be introduced only after some knowledge and understanding of public health philosophy and practice have been attained.

Because of the need for guidelines in orienting physical therapy consultants to public health practice, the following recommendations are made: (a) include courses in public health practice in the curriculum of schools of physical therapy and appropriate experience in public health programs during clinical training; (b) establish field training centers at locations where facilities, staff, programs, and communities meet requirements of the approving bodies of the American Public Health Association and the American Physical Therapy Association; and (c) conduct field training in two phases—a carefully supervised initial phase lasting a few weeks and covering a variety of meaningful experiences, and a 6-month secondary phase of on-the-job training with supervision geared to the professional and personal attributes of the new assignees.

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DOCUMENTATION NOTE

The author's outline of an orientation program for State health departments has been deposited as Document No. 8563 with the ADI Auxiliary Publications Project, Photoduplication Service, Library of Congress, Washington, D.C. A copy may be obtained by citing the document number and remitting \$1.25 for photoprints or \$1.25 for 35 mm. microfilm. Advance payment is required. Make checks or money orders payable to: Chief, Photoduplication Service, Library of Congress.

Registry of Chemicals Tested Against Cancer

To develop a computer-based registry of chemical compounds tested for possible anticancer activity by the National Cancer Institute, the Public Health Service recently signed a 19-month \$489,400 contract with the Chemical Abstracts Service, American Chemical Society, Columbus, Ohio.

Chemical Abstracts Service will feed into computers information about approximately 130,000 chemicals already tested for possible activity against cancer by the Institute's Cancer Chemotherapy National Service Center. Information about new chemical compounds will be entered in the computer as soon as they are received.

Chemicals will be registered by structural formulas, molecular formulas, chemical names, bibliographic references if available, and registry index numbers.

After the registry is established, the National Cancer Institute will merge pharmacologic and clinical information about drugs with chemical data to permit analysis of the relationship of the chemical structure of drugs to anticancer activity, in an effort to design more effective drugs.