20 YEARS OF DPT

USC's Doctor of Physical Therapy Program Celebrates a Milestone
“I’m learning hands-on from a population that requires health care services more than anyone I’ve worked with before,” Craig Lindell, DPT ’17 says. Lindell is one of seven USC doctor of physical therapy students taking part in a new service-learning experience in partnership with students from the University of California—Los Angeles. The group of medical, public health, undergraduate and physical therapy students take to the streets of West Hollywood twice a month, providing treatment and health referrals to homeless and indigent populations. Not only does the mobile clinic give students real-world experience, it also helps code community service into their professional DNA. “I’ve witnessed and been part of providing individuals hope, and I think that is the strongest power I want to share with every community,” Lindell says.
The DPT at 20

Actually, it was more than 25 years ago that USC faculty, led by Helen Hislop, began planning for what was then a revolutionary idea — that physical therapists should receive a Doctor of Physical Therapy (DPT) degree.

I was not at USC then. Indeed, I was one of many skeptics in academic physical therapy, most of whom thought that this might represent too big a leap. However, nothing convinces as effectively as success. Most of the skeptics were converted by the incredible success of the advanced DPT program at USC and then by the outstanding accomplishments of the first entry-level class that entered in 1995. It is easy, in hindsight, to view these successes as inevitable, but that was not the case. The successes of those first classes were due in large part to the adventurous spirit, hard work and creativity of the faculty and students who collaborated in shaping the DPT at USC.

If we were brave, we might imagine what could have occurred if those initial classes had not been so successful. Much of the physical therapy community was expecting failure. If USC (and a few other pioneering programs) had not been so successful, the rapid adoption of the DPT in the early 2000s might not have occurred. Physical therapists in the United States might today still be in two-year master’s programs.

This issue celebrates the accomplishments of those pioneers of 20 years ago. USC, and the physical therapy profession, owes them recognition and gratitude. We can also look to them for inspiration and leadership as we face the future.

Facing difficult and uncertain times in health care, we need to contemplate bold moves to advance the practice of physical therapy. Will it be USC faculty and students who again lead the way?
BETTER TOGETHER 31-33
BY JOHN HOBBS MA ’14
USC’s Interprofessional Geriatric Curriculum pulls together students from a variety of health professions to provide health care consultation to senior citizens. Five years in, course organizers hope to take their collaborative approach to the next level with a Center for Excellence in Interprofessional Education, Research and Practice.

CHRONICLE OF EVENTS

MOTION IN BRIEF

PHYSICAL THERAPY RESEARCHER SHOWS MORE THERAPY NOT ALWAYS BETTER
Dr. Carolle Weinstein MPT ’94 published a study in the Feb. 9 issue of the Journal of the American Medical Association, providing evidence that more physical therapy isn’t necessarily linked to better motor outcomes. The study, named the Interdisciplinary Comprehensive Arm Rehabilitation Evaluation (ICARE), began in 2008 with a $13.4 million grant from the National Institutes of Health and compares patient-centered, task-oriented training called the accelerated skill acquisition program to customary occupational therapy. The results could lead to more efficient stroke rehabilitation, eliminating the need for unnecessary medical interventions. The Journal of the American Medical Association is an international, peer-reviewed medical journal with an impact factor of 35.

DIVISION ALUMNI RECOGNIZED BY JOURNAL OF ORTHOPAEDIC & SPORTS PHYSICAL THERAPY
Faculty member Kim Yamada DPT ’06 and Su-Zu-Ping Lee PhD ’12 were recognized by the Journal of Orthopaedic & Sports Physical Therapy with awards at the journal’s 2016 Reviewers Reception, which took place at APTA’s 2016 Combined Sections Meeting in Anaheim, Calif. Yamada was recognized as associate editor with the highest number of new submissions — 40 musculoskeletal imaging submissions — and with the Spotlight Award for Mentoring Performance as an associate editor. Lee was recognized as reviewer with best overall performance.

USC PHYSICAL THERAPY MAINTAINS NO. 1 RANKING BY U.S. NEWS & WORLD REPORT
BY JOHN HOBBS MA ’14
USC Division of Biokinesiology and Physical Therapy has ranked No. 1 since 2004.

In its more than 70 years, the division has been a pioneer in the physical therapy profession and a leader in both physical therapy research and education. Among its milestones, the division was the first program to directly award a doctor of philosophy degree in physical therapy in 1984. It was also one of the first programs in the nation to offer the doctor of physical therapy degree in 1995 as the entry-level professional degree in physical therapy. This evolution gave the profession an evidence-based, scientific foundation, helping to establish physical therapy as a trusted partner among health professionals.

All of the division’s full-time faculty members now have doctorate degrees. Eight faculty members have been selected as Worthingham Fellows of the American Physical Therapy Association, giving USC the highest concentration of individuals of this most prestigious distinction.

The division receives more than $3 million per year from foundations and federal funding agencies, including the National Institutes of Health, to conduct cutting-edge research, propelling the profession forward in ever more exciting ways. The division has been consistently ranked No. 1 by the U.S. News & World Report since 2004.

IN MOTION

SPRING 2016
Rob Landel MPT ’84, DPT ’96 has been named the 2016 recipient of the Dorothy Baethke-Eleanor J. Carlin Award for Excellence in Academic Teaching by the American Physical Therapy Association (APTA).

Established in 1981, the national award acknowledges an individual who has made significant contributions to physical therapy education through excellence in academic teaching.

“It’s an incredible honor because teaching means a lot to me,” Landel said. “There are so many outstanding teachers out there — many right here in our own division — so to be singled out by my peers and former students means I must have done something right.”

Indeed, it’s only the latest teaching award for the professor of clinical physical therapy. In 2009, Landel took home the James A. Gould Excellence in Teaching Orthopaedic Physical Therapy Award by the APTA’s Orthopaedic Section. In 2014, he was recognized with USC’s highest award, the Associates Award for Teaching, and in 2016, he won the division’s “Outstanding Teacher Award,” not once but twice — the only division faculty member to do so.

“Dr. Landel is the most gifted teacher I have ever known,” said Beth Fisher MPT ’80, PhD ’00, professor of clinical physical therapy at the division, in her nomination letter to the APTA.

Landel began working at the division in 1989 as an assistant professor of clinical physical therapy. He was promoted to associate professor in 1996 and full professor in 2011. He is one of eight Catherine Worthingham Fellows — the highest honor bestowed by the APTA — at the division.

Landel is currently the director of the division’s entry level doctor of physical therapy program and the director of the division’s four residency programs.

“I feel so lucky to have been in a position to teach others because it allows me to leverage what knowledge and skill I may have,” Landel said. “I can only treat so many patients a day, but if I can teach our graduates to be effective, then my influence goes well beyond what I can do myself.”

This is not the first time a faculty member at the division has been honored with the Baethke-Carlin Award. In 2010, then associate professor of clinical physical therapy Katherine Sullivan won the award, and, in 2004, Kornelia Kulig was honored. Landel will officially receive his award at the division’s pinning ceremony.

“In his nomination letter, Associate Dean James Gordon spoke of Landel’s academic leadership, his long history of incorporating technology in the classroom and his creation of an instructor training program. “His teaching style has the effect of empowering students, helping them develop reasoning and problem-solving skills,” Gordon said. “He is a master of challenging students without intimidating them.”

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The rebranding of physical therapy virtually redefines the movement system as the necessary foundation for human wellness. In addition to attending the summit, Smith will be an ongoing ambassador for the new vision, which also involves rebranding physical therapists overall. “By better characterizing physical therapists as movement experts, we seek to solidify our professional identity within the medical community and society,” said Smith, who joined the division in 2013.

Assistant professor of research Beth Smith has been selected to participate in the APTA Movement System Summit later this year. The summit is the next step in APTA’s quest to “transform society by optimizing movement to improve the human experience,” a new vision statement set forth in 2013.

Last fall, division professor Beth Fisher MPT ’80, PhD ’00 delivered the prestigious G. Maureen Rodgers Vision for Physical Therapy Lecture at Rancho Los Amigos National Rehabilitation Center in Downey, Calif. The annual lecture provides a platform for physical therapy leaders to think critically about the profession. Past lecturers have included Dr. James Gordon and the late Helen Hislop.

“I never thought I would achieve the kind of acclaim that would put me forward as a possible candidate to deliver this,” Fisher said. Fisher holds a dual appointment with the neurology department at the Keck School of Medicine of USC. Her lecture, titled “My Journey from the Bench to Bedside and Beyond,” chronicled her academic career and the inspirational figures she’s encountered along the way.

By John Hobbs MA ’14
“We’ve got one mother-daughter combo that’s actually begun to run races.”
— Cheryl Roznik DPT ’97, associate professor of clinical physical therapy, in a recent issue of Trojan Family Magazine, on the success of Fit Families, the division-based community health program that provides free physical therapy services to children at risk of developing Type 2 diabetes. Read more: tinyurl.com/uscfitfamilies

“If you figure someone is teaching 15 classes a week, they’re teaching two to three classes per day. That’s a lot of repetitive movement in the same position.”
— Dr. Aimee Diaz, instructor of clinical physical therapy, in a recent Racked article, talking about SoulCycle offering an in-house physical therapist to their instructors. Read more: tinyurl.com/diazinnaked

“I like to think that I’m a walking example that when something like this happens, if you put in the effort and the work, you can rebound and keep persevering.”
— New York Mets’ David Wright, describing his rehabilitation efforts in the April 2016 issue of Men’s Fitness after the onset of spinal stenosis. One of the exercises helping him back onto the baseball field is the Watkins-and-Meyer routine, named in part for John Meyer DPT ’98. Read more: tinyurl.com/watkinsmeyer

THE ROAD SCHOLAR

THIS PAST FALL, Christopher Powers PhD ’96 took part in a 500-mile “Ride for Research” to help raise money and awareness for the CAL-PT-Fund. The division professor and CPTA president joined two other CPTA members for a relay-style race, traversing the Golden State. Powers began his 160-mile segment in Buellton, Calif., and finished in Santa Monica, Calif. The three men raised more than $14,000 for the fund, which aims to advance the science and practice of physical therapy by providing grant support for physical therapy researchers in California. “The CAL-PT-Fund has played an important role in moving the profession towards autonomous, evidence-based practice,” Powers says. “Supporting the CAL-PT-Fund is more than just a good thing to do, it is a professional obligation.”
One of the reasons that physical therapy suits Noriko Yamaguchi DPT ’08 is that it appeals to her curious mind. “I always knew I wanted to study biology, but I went to a liberal arts college so that I could explore a lot of different subjects,” says Yamaguchi, who joined the clinical faculty of the USC Division of Biokinesiology and Physical Therapy in 2009. As a physical therapist, Yamaguchi manages to keep her curiosity satisfied by seeing a variety of patients, from cancer survivors to the elderly to people with neurological problems to professional athletes and the homeless. One of the niches she has carved out for herself is working with patients with multiple sclerosis. Through USC PT Associates, the division’s faculty practice, with locations on both UPC and HSC campuses, Yamaguchi collaborates with occupational therapists in a coordinated effort to help these patients, who often have trouble with balance and walking, maximize their quality of life. Here are five more things you should know about Yamaguchi:

1. She runs the community exercise class at USC PT Associates, which is open to people with Down syndrome, older adults and people with neurological disorders. These classes are neither a sweat-inducing cardio workout nor traditional physical therapy. Rather, participants get to work one-on-one with DPT students from the division to help them address a particular deficit. “Someone may want to learn an exercise to decrease pain or improve their endurance, and we teach them exercises to address that,” Yamaguchi says.

2. Yamaguchi moved to Los Angeles to pursue a PhD in biological oceanography at UCLA but left the program after finishing her master’s degree. After teaching high school for a few years, she entered the doctor of physical therapy program at USC. She is still friendly with a lot of Bruins and collaborates with UCLA physical therapists to provide street-side physical therapy to L.A.’s large — and growing — homeless population. “Chronic pain is a big problem for this group of people,” Yamaguchi explains. “A lot of them also have injuries from trauma.”

3. She runs and does yoga, but her favorite sporty pastime is Ultimate Frisbee, which she started playing as an undergraduate at Smith College. She describes Ultimate as a “little fringy, a little hippie” kind of sport, but it is also really demanding on the body. Players run, jump, dive, catch and throw. Yamaguchi collaborates with L.A.’s professional team, the Aviators, collecting information about player injuries for physical therapy research.

4. Despite being athletic, Yamaguchi did not pursue a career in physical therapy — like so many others — because she suffered an injury, went through physical therapy and was amazed by the results. “I am built like an ox,” Yamaguchi says. Instead, she got into physical therapy by looking for a career that combined her desire to do something active but that would also be meaningful.

5. Born in Kawasaki, Japan, Yamaguchi’s family moved to Chicago when she was an infant. Like so many immigrant families, her upbringing was a cultural mash-up. She and her siblings spoke Japanese to their parents and English to each other. Thanksgiving was a true celebration of the family’s roots in both Japan and the United States. “We always had turkey and sushi,” she says.
Since starting Red Star Riders, a nonprofit organization that provides adaptive bikes for children with physical disabilities, Sally Morcos DPT ’06 has met many inspiring patients. But one family stands out. “Two years ago, a mother reached out to us just before Christmas,” says Morcos, a pediatric physical therapist and vice president of Red Star Riders. “She wanted to give both her daughters a bike: One of her children was typically developing, and one was not.”

One of the girls had Rett syndrome, a rare genetic disorder that leads to severe neurological impairments, and had lost a lot of physical function. “The mother had promised herself and her family that they wouldn’t participate in activities that both kids couldn’t do together,” Morcos says. “So either both girls got a bike, or neither would get one.”

Morcos rallied Red Star Riders supporters and, in a matter of days, the nonprofit had purchased and fitted the girl for an adaptive bike. “On Christmas morning, both girls got bikes,” she says, “and what greater joy is there than finding a bike under the Christmas tree?”

The adaptive bike was a gift that kept on giving long after the holidays. “It became the girl’s primary means of mobility over her wheelchair,” Morcos explains. “Even for Halloween, her family created her costume around the bike, and she went as Elliot from E.T.”

For years, Morcos used adaptive tricycles as part of her patients’ physical therapy to help with strengthening, range of motion and flexibility. “We also realized how important these bikes could be for families outside the clinic,” she says. “Parents wanted to have these bikes at home so their kids with special needs could ride at the park like other children in the neighborhood. Unfortunately, insurance doesn’t cover the cost of the bikes because they’re not a medical necessity.”

In 2001, she and six other physical therapists at Children’s Hospital of Los Angeles teamed up to start Red Star Riders as a local chapter of AMBUCS, a national nonprofit that designs and donates therapeutic tricycles. Since its start, Red Star Riders has raised more than $300,000 to provide 134 adaptive bikes to children with special needs across Southern California. Morcos and her team of Red Star Riders volunteers — which has grown to 15 members, including five division graduates — evaluate and fit adaptive bikes to children with a range of conditions, including Down syndrome, autism, spina bifida, muscular dystrophy and those with neurological deficits or spinal cord injuries.

“We can see just about anyone and any diagnosis, and we’re able to adapt the bikes to their physical needs,” Morcos says. “And the children don’t need to be our patients; physical therapists can refer children to our group for evaluation, and we can add them to our wish list.”

AMBUCS has a fleet of 50 bikes, which can be adjusted in multiple ways, including for patient height, hand or foot control, as well as varying degrees of head, trunk and leg support.

“The best feature is the rear-steering control, which allows parents to do all the steering,” Morcos says. “In addition to several small events, Red Star Riders hosts a couple of large fundraisers each year to pay for the adaptive bikes, which cost between $500 and $1,000.”

The nonprofit’s fifth annual casino night will be held at USC’s Galen Center on Saturday, May 21 at 6 p.m. A $75 ticket for the semi-formal affair affords patrons an evening of games, dinner and drinks, as well as a raffle and silent auction.

“Since Red Star Riders is run by only volunteers, 100 percent of the proceeds of all our fundraising efforts goes directly to purchasing bikes for the kids,” Morcos says. Morcos says her time at USC instilled in her a desire to give back to the community. “It’s one of the school’s core values,” she explains. “While I was a student, I participated in USC’s Fit Families Program, which provides PT services to underserved children, and I traveled to Mexico with a faculty member and group of students to work with children in an orphanage.”

Morcos continues to find her work with Red Star Riders to be fulfilling. “There are so many different ways, including for patient height, hand or foot control, as well as varying degrees of head, trunk and leg support. "The best feature is the rear-steering control, which allows parents to do all the steering," Morcos says. "In addition to several small events, Red Star Riders hosts a couple of large fundraisers each year to pay for the adaptive bikes, which cost between $500 and $1,000. The nonprofit’s fifth annual casino night will be held at USC’s Galen Center on Saturday, May 21 at 6 p.m. A $75 ticket for the semi-formal affair affords patrons an evening of games, dinner and drinks, as well as a raffle and silent auction. “Since Red Star Riders is run by only volunteers, 100 percent of the proceeds of all our fundraising efforts goes directly to purchasing bikes for the kids,” Morcos says. Morcos says her time at USC instilled in her a desire to give back to the community. “It’s one of the school’s core values,” she explains. “While I was a student, I participated in USC’s Fit Families Program, which provides PT services to underserved children, and I traveled to Mexico with a faculty member and group of students to work with children in an orphanage.” Morcos continues to find her work with Red Star Riders to be fulfilling for everyone involved. “We see how beneficial it is for families beyond therapy to have these bikes for their kids to ride with their friends and siblings,” she says. “When I see the smile on the children’s faces, it makes it all worth it and inspires me to do more.”

How You Can Help:

Red Star Riders is always looking for donations and volunteers. Anyone can help build bikes, assist during community outreach events and more, no physical therapy degree required. For more information, visit www.redstarriders.com.

“Parents wanted to have these bikes at home so their kids with special needs could ride at the park like other children in the neighborhood.”

BY JAMIE WETHERBE MA ’04

Sally Morcos DPT ’06 and her team of physical therapists fit children with disabilities with customized bikes that help transform their lives.

PHOTO BY CHRISTINA GANDOLFO
NEVER STOP LEARNING

THE DPT TURNS 20

BY BREANNE GRADY MCM ’10, HŒPE HAMASHEGE, JOHN HOBBS MA ’14 AND YASMINE PEZESHKPOUR MCM ’16

It’s been two decades since the USC Division of Biokinesiology and Physical Therapy launched the first post-professional doctor of physical therapy program in the nation. At first controversial for its move away from a master’s degree as the entry-level degree, the doctor of physical therapy is now considered the professional standard. In fact, as of 2016, the APTA’s accrediting arm, the Commission on Accreditation in Physical Therapy Education, no longer accredits any new programs that aren’t doctoral level. In this issue, we catch up with some of the first graduates to see how the doctor of physical therapy degree has helped them achieve success in their careers.

For more information on the division’s continuing education courses, visit pt.usc.edu/continuingeducation

CONTINUING EDUCATION
IT WAS THE POLIO EPIDEMIC in the ‘40s and ‘50s that initially sparked JoAnne Gronley’s interest in physical therapy. “It seemed like a wonderful vehicle to help patients recover from paralysis,” she says.

Gronley studied physical education as an undergrad and afterward pursued a physical therapy certificate while serving in the U.S. Army. In 1975, Gronley earned a master’s in physical therapy from USC. “USC has a wonderful faculty, each individual with expertise in one or more areas on the cutting edge of physical therapy,” she says.

After a nearly four-decade career in physical therapy, Gronley became one of USC’s first doctor of physical therapy graduates in 1996. While mostly retired now, Gronley spends her time doing research in the pathokinesiology lab at Rancho Los Amigos National Rehabilitation Center in Downey, Calif. She also participates in research project planning, assists in manuscript preparation and “helps wherever she can.”

In fact, her helpful nature is a personal trait that has benefited not only her own development as a mentor, but also the career development of others. “In my professional life, I have had many wonderful experiences and opportunities interacting with patients and peers in unique clinical and research settings,” she says. “This often placed me in the role of instructor or mentor to therapists early in their clinical education.”

Twenty years after receiving her doctorate, Gronley reflects on mentoring other physical therapists throughout her long career and the legacy she wishes to impart. “I trust that our interactions have played some small part as these professionals have gone on to seek new heights in their careers, developing insights into patient care advances based on critical thinking and creative problem solving as it relates to new approaches in patient care,” she says. —B.G.

Kyle Baldwin MPT ’92 DPT ’98

Kyle Baldwin was at first hesitant about pursuing a doctor of physical therapy degree nearly 20 years ago. “I was just a few years removed from my master’s program when I joined the charter DPT class,” he says. “I was a little reluctant about returning to school, but after talking with my USC colleagues, I knew that this was a great opportunity for me.”

Nearly two decades later, Baldwin has a successful career — both as a business owner and an educator — that he credits to the education, experience and mentorship he received while studying at USC. Recognizing the impact education can have on aspiring physical therapists, Baldwin wanted to stay involved by serving as a teaching assistant and then faculty member at the division. Today, he is an adjunct assistant professor of clinical physical therapy. “I knew that I wanted to continue to teach within our program and also grow with the expanding services of our department and hospital system,” he explains.

Baldwin also specializes in joint replacement rehabilitation and has treated more than 30,000 joint replacement patients worldwide. “I have traveled the world, helping educate people and their families about the rehabilitation process following joint replacement surgery,” he says. “The reality is that joint replacement surgery really can change someone’s life, both physically and emotionally, and I want to help in this evolving process.”

In 2011, Baldwin opened the Center for Physical Therapy in Long Beach, Calif., where he primarily treats orthopedic patients. “I have been fortunate to have had such a rich variety of experiences while working alongside smart and dedicated physical therapists,” Baldwin says. “I am also very happy to have been a part of the USC faculty in some capacity since 1992. This has helped my patients and my practice all these years.” —Y.P.
WHEN DANIEL KIRAGES APPLIED to physical therapy programs in 1994, he didn’t get accepted anywhere. “It was a blessing in disguise,” he recalls. He spent the year working at Keck Hospital of USC and when he applied the following year, he got into his first choice, USC, but this time the program had changed to a doctoral program. After graduation, Kirages took a job at Kaiser Permanente where he carved out a niche for himself, treating patients with pelvic health disorders. That specialty earned him an invitation to give his first classroom lectures on treating pelvic disorders at Azusa Pacific University. Kirages also completed a fellowship at Kaiser and, around the same time, he sat for the orthopedic clinical specialty exam. With a few more feathers in his cap, experience in the clinic and a bit of teaching under his belt, Kirages was offered teaching positions at both USC and Mount Saint Mary’s University Los Angeles in 2003. For many years, he juggled responsibilities at USC, Mount Saint Mary’s, Kaiser and his own practice. By 2011, he was asked to take on additional responsibilities at the division and now spends the majority of his time at the school, either teaching or practicing at USC PT Associates where he sees the majority of his patients. “I had a great experience as a student, and we had great mentors on the faculty,” says Kirages. “I jumped at the chance to spend more time at USC.” —H.H.

USC began the first post-professional DPT program in the United States in 1994. The division’s first post-professional DPT graduate was Cindy Wederich, who is currently an adjunct instructor of clinical physical therapy at the division.

FAST FACT

Daniel Kirages ’94, DPT ’98

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“I had a great experience as a student, and we had great mentors on the faculty,” says Kirages. “I jumped at the chance to spend more time at USC.” —H.H.
TIM LUNDBERG WAS CONSIDERING A CAREER in alternative health care when an opportunity arose to work as a physical therapy aide at the USC PT Associates. Impressed by the team around him, he decided shortly thereafter to pursue his own doctorate in physical therapy. Lundberg greatly admired the staff, which included the likes of Robert Landel MPT ’84, DPT ’96 who hired him initially. “I was thoroughly impressed and inspired by the care, skill, knowledge base, commitment to perpetual learning and fun personalities they all possessed,” he says.

Nowadays, the DPT alumnus serves as the lead physical therapist at the outpatient therapy department of Veteran’s Affairs in Des Moines, Iowa. He received his orthopedic clinical specialist credential in 2014, but continues to treat a variety of conditions as part of the VA’s Spinal Cord Injury team, which handles patients with debilitating diagnoses like spinal cord injury, ALS and MS. Since joining the VA 11 years ago, he has played a part in his department’s significant growth and attributes his desire to excel in part to his alma mater: “USC promotes a standard of practice and commitment to excellence that prevents accepting less in whatever setting you choose to participate,” he says.

Fueling this drive, Lundberg enjoys forming relationships with patients and their families, assisting people during trying times and discovering solutions to a variety of challenges. And he often thinks back to his USC experience for further inspiration. “To this day, I find myself asking the question, ‘What would my professors or classmates do? ...’” —Tim Lundberg

READER SURVEY

What made you want to pursue a doctor of physical therapy when it wasn’t necessary to practice at the time?

“I recognized the doctorate program as an opportunity to be a pioneer in what I was hoping to be the future of the profession. I’m really glad that USC gave me the opportunity.”

—Amanda Mirise DPT ’98

Al Lavayen MPT ’82, DPT ’96

EVERY ONCE IN A WHILE, we meet a special coach that sets us out on our life’s path. For Al Lavayen, that coach was quite literal — Lee Walton, his water polo coach during his undergraduate studies at San Jose State.

Walton, who was also Lavayen’s professor in the area of adaptive and special education courses, inspired him to become a physical therapist. Part of one of the first USC DPT graduating classes, Lavayen also received his master’s degree in physical therapy from USC. He considers both programs unique on the impact they have had on his clinical practice and career.

“During the USC master’s in physical therapy program, my academic and professional training provided me with a knowledge base whereby I was able to enter the profession well-prepared for my clinical development,” he explains. “Returning for the DPT program, I was part of a unique and extremely talented pool of candidates under the direction of Drs. Hislop and Perry, which furthered our professional development as a group.”

Currently, Lavayen is in private practice in Mission Viejo, Calif. His clinic specializes in outpatient orthopedic care, joint replacement rehabilitation and post-op rehabilitation. In addition, he consults in electromyographic and nerve conduction studies (EMG/NCS) to evaluate peripheral nerve injuries. In fact, he became state-licensed in EMG/NCS during his post-graduate classes at USC and hopes to encourage future physical therapists to pursue this niche.

Throughout his career, his daily inspiration has been seeing his patients’ success in attaining their function and regaining their mobility. “Often their success is a result of the ‘clinical pearls’ that were taught and shared by my USC faculty and peers at all levels,” he says. —B.G.

“TIM LUNDBERG WAS CONSIDERING A CAREER in alternative health care when an opportunity arose to work as a physical therapy aide at the USC PT Associates. Impressed by the team around him, he decided shortly thereafter to pursue his own doctorate in physical therapy. Lundberg greatly admired the staff, which included the likes of Robert Landel MPT ’84, DPT ’96 who hired him initially. “I was thoroughly impressed and inspired by the care, skill, knowledge base, commitment to perpetual learning and fun personalities they all possessed,” he says.

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WHILE SHE WAS WORKING on her doctor of physical therapy degree, Michelle McCarthy recalls being too busy to get involved with too much other than her school work. But she does remember the faculty talking to the students about service and about becoming advocates for the profession.

After finishing her degree, McCarthy took a job at Veteran’s Affairs in West Los Angeles and spent a few years there before moving on to Westwood Physical Therapy. She has since opened her own practice, McCarthy Physical Therapy in West Los Angeles, and has taught at Mount Saint Mary’s University for several years.

Somewhere between honing her skills in the clinic, completing her orthopedic clinical specialty certification, opening her own practice, teaching part-time and starting a family, McCarthy also got bitten by the advocacy bug.

She joined the California Physical Therapy Association and has held various positions in the organization over the past several years. Currently, she is a California delegate to the American Physical Therapy Association (APTA), helping to set APTA’s policies.

When she is not seeing patients, teaching or doing advocacy work, McCarthy is also involved with a group called the Unrecables, part of Disabled Sports USA, that organizes ski trips for disabled people. She joined the group when she was working at the VA, fell in love with the organization and, in spite of a busy schedule, still volunteers with them.

Looking back at her graduate education at USC, she says everything she has accomplished harks back to those years.

“The training, the fundamentals, the wonderful mentors,” she recalls, “USC gave me a solid foundation for growth.”

—H.M.

Yogi Matharu ’95, DPT ’98

YOGI MATHARU ENTERED the division’s first doctor of physical therapy class with a bit of skepticism.

People outside of the school were telling him he was going to face opposition by both physicians, who had medical degrees, as well as his fellow physical therapists, who were practicing with certificates, bachelor’s or master’s degrees.

“Most of the people in the first class understood that they were taking a bit of a risk,” says the orthopedic physical therapist.

Keeping an open mind, the then USC undergrad student with designs on becoming a medical doctor attended sessions with the division’s “awe-inspiring” leaders, including Drs. Sandy Howell and Helen Hislop.

“There was an energy and excitement from the faculty that was palpable,” Matharu says. “Mostly, I felt that they cared deeply about patients, students and the profession. I left those events sure that I would be a DPT.”

Now an assistant professor and director of clinical physical therapy, Matharu hopes to guide division students based on his own experience — something he and his pioneering classmates didn’t have.

“The first class was something special. There wasn’t a class above us to talk to so we relied on each other and the faculty,” he says. “Many things we had to fight for in 1998 we take for granted as obvious now.”

Looking to the future, Matharu hopes to make an impact before leaving USC.

“I would like my professional legacy to be the advancement of the clinical and research enterprise at USC. We have a network of physical therapy clinics and hospital sites throughout California that will ensure that all patients have access to high quality, evidence-based physical therapy care and that will accommodate 100 percent of our USC students for clinical training.”

—Y.P.

FAST FACT

In 2002, the Commission on Accreditation in Physical Therapy Education (CAPTE) stopped accrediting bachelor’s programs. In 2016, it did the same with master’s programs.

Michelle McCarthy DPT ’98

WHILE SHE WAS WORKING on her doctor of physical therapy degree, Michelle McCarthy recalls being too busy to get involved with too much other than her school work. But she does remember the faculty talking to the students about service and about becoming advocates for the profession.

After finishing her degree, McCarthy took a job at Veteran’s Affairs in West Los Angeles and spent a few years there before moving on to Westwood Physical Therapy. She has since opened her own practice, McCarthy Physical Therapy in West Los Angeles, and has taught at Mount Saint Mary’s University for several years.

Somewhere between honing her skills in the clinic, completing her orthopedic clinical specialty certification, opening her own practice, teaching part-time and starting a family, McCarthy also got bitten by the advocacy bug.

She joined the California Physical Therapy Association and has held various positions in the organization over the past several years. Currently, she is a California delegate to the American Physical Therapy Association (APTA), helping to set APTA’s policies.

When she is not seeing patients, teaching or doing advocacy work, McCarthy is also involved with a group called the Unrecables, part of Disabled Sports USA, that organizes ski trips for disabled people. She came across the group when she was working at the VA, fell in love with the organization and, in spite of a busy schedule, still volunteers with them.

Looking back at her graduate education at USC, she says everything she has accomplished harks back to those years.

“The training, the fundamentals, the wonderful mentors,” she recalls, “USC gave me a solid foundation for growth.”

—H.M.
LIZ SOUZA ADMITS THAT SHE WASN’T SURE the timing was right when she decided to join the division’s first doctor of physical therapy class more than 20 years ago. Though she had been practicing physical therapy since 1988, she and her husband Gary Souza MS ’00, DPT ’00, owned a business and had two small children at home. “I thought the timing was crazy, but I had always loved school and once I started the program I was inspired to learn more and get more involved,” she says. Among the faculty members Souza considered mentors were the late Drs. Helen Hislop and Jacquelin Perry. “Their passion for the profession and willingness to stand up for what was right will never be forgotten,” she says. Today, Souza is an adjunct assistant professor of clinical physical therapy at the division. In 1995, Souza got her Certified Hand Therapist (CHT) certificate, an area she claims she never imagined specializing in. “When I was in PT school, we did not get much information on hand evaluation and treatment,” Souza says. “Now, with aspiring physical therapists, I want them to be aware of what physical therapists have to offer hand patients and not be uncomfortable working with them.” Today, Souza continues to see patients in the practice she and her husband have owned in Diamond Bar, Calif., since 1984. She also helps students and established physical therapists learn more about the process of becoming a certified hand therapist. “Physical therapists have a great background in the physiology of tissue healing, biomechanics and movement analysis that is so important when working with the hand patient population. We have a lot to offer them.” —Y.P.

JASON SANDERS WAS A 400-METER HURDLER track athlete for Ball State University in Muncie, Ind., when he discovered his penchant for physical therapy. Initially interested in athletic training, he was directed toward physical therapy by his advisers. After volunteering for an outpatient clinic in his home state of Ohio, he knew he was hooked and applied to USC for his doctorate. Sanders describes his time at USC as “powerful,” both personally and professionally. “Time with professors outside of class who were willing to share their knowledge was truly an invaluable experience,” he says.

Sanders and his wife Kelly (Michaud) Sanders DPT ’99 live in San Luis Obispo, Calif., and are partners in their own physical therapy business called Team Movement for Life, an outpatient clinic specializing in orthopedics. Together, they have forged a unique approach to the clinic practice model and now have 31 practices throughout California, Arizona and North Carolina. “Our company has really pushed the envelope in private practice beyond the standard owner/employee model,” he says. “In 2015, we gave 31 percent of our company to our team members and became an ESOP (employee stock ownership plan), and the largest of its kind in our profession. Our goal is to become 100 percent employee-owned.”

In addition, Sanders serves on the Board of Trustees and as outgoing chair for a federal physical therapy PAC, which brings awareness to the policy and political side of the profession and its patients. “When I was in PT school, we did not get much information on hand evaluation and treatment,” Souza says. “Now, with aspiring physical therapists, I want them to be aware of what physical therapists have to offer hand patients and not be uncomfortable working with them.”

What advice would one of the first doctors of physical therapy give to current DPT students? “Remember why you got into this profession, and it was never for the money,” he says. “And when opportunity knocks, open the door.” —Jody Cormack MS ’96, DPT ’96, ME ’01

READER SURVEY

In what ways did USC set you up for success in the profession?

“Chern privileged to have learned from some of the best professors and alongside some of the most dedicated colleagues. The knowledge I gained and the network I became a part of helped me to reach my goal of entering physical therapy education.”

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TRACY SYKES PRACTICED physical therapy for just two years after graduation before devoting herself full-time to her growing family. But the member of the division’s first doctor of physical therapy graduating class has remained remarkably connected to USC throughout the past two decades, supporting and advocating on behalf of the division and the university overall.

“USC is a great institution,” she says. “I always felt a connection and commitment to give back to the school that gave me a chance at a second career later in my life.”

One of Sykes’ passions recently has been in the area of pediatric physical therapy. “My husband and I have been blessed with four healthy children, but we have friends and family with children who have physical impairments,” she says.

In 2009, Sykes and her husband Gene, who works at Goldman Sachs and is leading the committee to bring the Summer Olympics to L.A. in 2024, donated $1 million to the division to establish the Sykes Family Chair in Pediatric Physical Therapy, Health and Development. The inaugural chair holder is Dr. Linda Fetters, an expert in pediatric physical therapy. They also established an annual scholarship, given to a physical therapy student planning a career in pediatric physical therapy.

Sykes has sat on the division’s board of councilors since 2004 and was a founding member of the USC Physical Therapy Alumni Association. In 2015, she became a member of the USC Trustees, a 55-member group which helps govern the university.

“My husband and I were very fortunate to attend great universities,” Sykes says. “We both feel it is our responsibility to give our time, energy and resources to make sure universities continue to be supported as centers of excellence and progress.”

—J.H.

“USC is a great institution. I always felt a connection and commitment to give back to the school that gave me a chance at a second career later in my life.”

—Tracy M. Sykes

JULIE TILSON REMEMBERS feeling a tremendous amount of responsibility as a graduate of one of the nation’s first doctor of physical therapy programs.”

“At that time there was skepticism among the physical therapy community that a DPT degree was a good idea,” she says. “I felt that it was our job to show the new degree had value while simultaneously showing cohesiveness among physical therapists, who had other educational backgrounds — certificate programs, bachelor’s degrees and master’s degrees.”

Today, Tilson is as an associate professor of clinical physical therapy at the division, working with some of the faculty under whom she trained.

“All of the faculty were amazing, and I now have the opportunity to work with many of them. Two who have since passed that had a strong influence on me were Drs. Helen Hislop and Scott Irwin,” Tilson says. “Dr. Hislop was an amazing visionary for what physical therapy could be as a profession, and Dr. Irwin taught with inspiring confidence, poise and creativity.”

Tilson initially specialized in neurological physical therapy and later specialized in vestibular physical therapy.

“Vestibular physical therapy has a strong foundation of research evidence and there was a substantial need for therapists with skills in that area,” she says. “I love having the ability to guide a person with severe dizziness back to a high quality of life.”

Through the years, Tilson has amassed more than a dozen publications and has dedicated herself to finding ways to integrate the best available research evidence into clinical decision-making.

“I hope through my career, research and teaching I can make the idea of evidence-based practice a reality for physical therapists and their patients.”

—Y.P.

“I felt that it was our job to show the new degree had value while simultaneously showing cohesiveness among physical therapists who had other educational backgrounds ...”

—Julie Tilson

WHERE ARE THEY NOW?

Tracy M. Sykes DPT ’98

“USC is a great institution. I always felt a connection and commitment to give back to the school that gave me a chance at a second career later in my life.”

—Tracy M. Sykes

Julie Tilson DPT ’98, MS ’09

“I felt that it was our job to show the new degree had value while simultaneously showing cohesiveness among physical therapists who had other educational backgrounds ...”

—Julie Tilson
Five years ago, alumnus Ian Leahy stared down his own mortality. Today, the testicular cancer survivor participates in life-affirming races and hopes to inspire others to not let a cancer diagnosis stop them in their tracks.

I t was the summer of 2010, and Ian Leahy had the world at his feet. Fresh off his DPT program at Thomas Jefferson University in Philadelphia, he and his wife were planning a move cross-country for his orthopedic physical therapy residency at the USC Division of Biokinesiology and Physical Therapy.

During that time, the athletic 27-year-old began to notice random sharp pains in his abdomen and groin. Chalking it up to some recent gym training, Leahy didn't fret but soon discovered a lump on his testicle.

He was between insurances, so he went to an urgent care facility where they diagnosed him with an infection and prescribed antibiotics. Leahy believes a “placebo effect” made him feel better initially. But during the trek to Los Angeles, he felt the pain grow worse. That September, Leahy saw a urologist in L.A. who ordered a same-day ultra sound, which came back positive for a tumor. Within a week, he had surgery to remove it. But the tumor removal wasn't enough.

Leahy was concerned that treatment for the tumor would interfere with his ability to perform certain duties the residency required. “I tried my hardest to continue to work, but halfway through the first treatment cycle, energy-wise, I just couldn't do it,” he explains. “With physical therapy, there is a demand on the therapist himself, whether he is demonstrating an exercise or helping transfer a patient, so I told the residency director, Mike O'Donnell, that things weren't going to work out in terms of my being able to continue to work.”

That was an especially hard admission for Leahy, given that leaving USC would also mean forfeiting the insurance covering his cancer treatment.

Instead of enjoying his new residency, Leahy was now scheduling chemotherapy treatments. “From the time I got diagnosed to the time I started chemotherapy, it was about two weeks,” he recalls. “It was a whirlwind.”

Leahy was concerned that treatment would interfere with his ability to perform certain duties the residency required. “I was kind of that person before who had that mentality of ‘just suck-it-up, you can do this, just push through it,’” Leahy says. “When I think back to when I was undergoing treatment, so many times I just wanted to physically give up. I try to understand how things are affecting patients emotionally and mentally and develop my treatment strategy to incorporate that.”

Five years after finishing treatment in mid-December 2010 and right after the new year, resumed his residency full-time and finished his requirements. During that time, ongoing clear CT scan results compelled Leahy to do something life-affirming. He called up his three brother-in-laws, including Patrick Thomas Jefferson University in Philadelphia, and 13.1-mile bike ride and 15.3-mile run. He also wanted to raise awareness by telling his story publicly. “I started a blog that told the entire story from start to finish. From when I was diagnosed, what I went through, treatment, what I did to mix psychologically,” he explains.

Within the first two months, he garnered more than 2,000 page views, and Team Inspiration, a nonprofit organization that develops exercise programs for cancer patients, reached out to him to represent them in races.

Leahy, who now works for the Children's Hospital of Philadelphia Sports Medicine and Performance Institute, will be representing Team Inspiration in Ironman 70.3. His new lease on life has fueled more than just his physical endeavors — he has embraced a newfound empathy for many of his patients.

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For more information on Team Inspiration, visit their website at teaminspiration.org.

Five years ago, alumni Ian Leahy stared down his own mortality. Today, the testicular cancer survivor participates in life-affirming races and hopes to inspire others to not let a cancer diagnosis stop them in their tracks.

It was just the thing I needed to do to show myself, 'OK, I'm done with all this treatment stuff, I can finally get back to living my normal life.' – Ian Leahy

BY BREANNE GRADY MCM ’10

PHOTO BY SCOTT LAM
Interdisciplinary course brings disparate health professions together to provide health care consultations to low-income seniors.

There’s an old parable that tells of a group of wise men unknowingly standing in a dark room with an elephant. Each is allowed to touch just one part of the unknown object to identify it. Afterward, the men debate vigorously: One is convinced the tusk is a spear; another thinks the tail’s a whip; someone argues the animal’s flank is a wall.

It is only after sharing information and working together that they’re able to arrive at the realization that a giant pachyderm stands before them.

It’s this collaborative spirit that is the foundation of interdisciplinary team-based health care models — also called integrated health care models — which are spreading across the nation. “People don’t have diseases in neat little categories,” says Cheryl Resnik DPT ’97, associate professor at the USC Division of Biokinesiology and Physical Therapy. “It’s about getting to know a person as a complete human being as opposed to a single issue.”

Resnik is one of a handful of faculty members serving as advisers to students enrolled in the Interprofessional Geriatric Curriculum (IPGC), an innovative course that pairs USC health professions students with low-income seniors facing chronic illnesses.

IPGC began in 2011 with a $450,000, 3-year grant from the U.S. Department of Health and Human Services awarded to the family medicine department at the Keck School of Medicine of USC, with Dr. Jo Marie Reilly, associate clinical professor of family medicine as co-principal investigator. Reilly envisioned using IPGC to teach primary care physicians how to work in interdisciplinary teams.

Since then, the program has grown, adding disciplines and increasing the number of students enrolled. In total, nearly 400 future health care professionals have taken the course in the past five years.

“As health care delivery becomes more interdependent and complex, it is critical that each health care team member works in concert to provide optimal patient care,” Reilly says. “IPGC’s success is its ability to value the contribution of each health care student and help them recognize that the most important member of the health team is the patient. Working together, each student maximizes and complements each other’s skills, to provide the best patient care possible.”
HOW IT WORKS
The course — a 10-hour service learning credit at the division — holds three sessions at low-income senior residences across Southern California. Its goal is twofold: to better educate students from dentistry, medicine, occupational therapy, physical therapy, physician assistant practice, pharmacy and social work about what the other professions do and to provide health assessments, exams and referrals for disadvantaged senior citizens.

“The students really enjoy working as a team,” says Dr. Jeremy Teoh, IPGC dental faculty adviser and clinical assistant professor at the Herman Ostrow School of Dentistry of USC. “They like to be able to interact with other health professionals and work together for a common goal, which is the health of the senior resident.”

Senior citizens were chosen to “teach” the future health professionals because they often take many medications for a variety of age-related illnesses, making them ideal patients for a multidisciplinary patient care model.

The class meets five times in total, with three sessions centered around actual patient health care consultations. One consultation session is dedicated to medication management and cognitive testing; another is focused on mobility and home safety; and a third highlights oral health care and nutrition.

Each class session begins with a didactic portion where representatives from each of the professions share with the group of about 90 students information about typical assessments their profession conducts that can be administered by any medical professional to better understand a patient’s overall health status.

Afterward, the teams — comprised of at least one representative from each profession — and a faculty adviser visit low-income seniors in their apartments to provide home-based consultations. At the end, students information about typical assessments their profession conducts that can be administered by any medical professional to better understand a patient’s overall health status.

The faculty members behind IPGC hope the program continues to grow so they can teach even more future health care professionals how to work collaboratively.

THE PHYSICAL THERAPY ASSESSMENT
During Aguirre’s second session, dedicated to mobility and home safety, the retired house painter complained of a stiff neck. When he turned his head to look over his shoulder, he’d have to move his entire torso, he shared.

Physical therapy student Alyssa Kano DPT ’17 showed Aguirre a few neck exercises using a towel to help increase his range of motion.

“I really appreciated that she told me about that exercise,” Aguirre says, through a Spanish-speaking interpreter. “Before, when I’d reverse the car and look over my shoulder, I couldn’t move my neck. Now I don’t have any problems.”

In addition to helping Aguirre with his stiff neck, the group conducted several assessments to see how quickly and deftly he was able to move around his home. They also identified any areas that represented hazards.

“I’d highly recommend the program to other seniors,” Aguirre says. The students were very respectful and attentive.”

LOOKING TO THE FUTURE
While the program proves beneficial to the seniors receiving health advice from a team of USC students, it’s what it can do for patient care that could make the biggest impact.

“We’re hoping the experience will result in the students calling on their colleagues more when they’re practicing clinicians, referring more and seeing things from a broader perspective,” Resnik says.

“This experience will definitely help me be a better health care provider,” Kano says. “It has helped me expand my perspective on the people we work with beyond the scope of physical therapy and the musculoskeletal system.”

The faculty members behind IPGC hope the program continues to grow so they can teach even more future health care professionals how to work collaboratively.

“Actually I would like USC to set up a Center for Excellence in Interprofessional Education, Research and Practice,” Resnik says, pointing out that integrating interprofessional education is now an accreditation standard for every single health profession at USC.

“There’s really nothing like this experience,” Resnik adds. “It offers our students a 360-degree view of the patient’s life rather than just looking at it through their own lenses.”

THE IMPORTANCE OF MENTORSHIP
Meet the individuals mentoring the next generation of physical therapists through the division’s Clinical Education Program.

BY YASMINE PEZESHPOUR MCM ’16

DR. DANIELLE CHEUNG
Owner, San Gabriel Valley Pediatric Physical Therapy

As owner of San Gabriel Valley Pediatric Physical Therapy, Danielle Cheung helps treat one of the most vulnerable patient populations: children. Her role also provides her the opportunity to mentor and train current USC physical therapy students on best practices for providing treatment to sometimes complex pediatric patients.

What made you want to go into physical therapy as a career?

“I actually would like USC to set up a Center for Excellence in Interprofessional Education, Research and Practice,” Resnik says, pointing out that integrating interprofessional education is now an accreditation standard for every single health profession at USC.

In high school, my favorite class was anatomy and physiology. That, paired with my deep desire to help children, initially made me realize that physical therapy was a solid career path for me.

What have you noticed about working with students from the USC Division of Biokinesiology and Physical Therapy?

USC students have a strong curriculum with current evidence to support their treatment approaches, which they bring with them to our pediatric setting. They are motivated to learn independently and are very receptive to being mentored and sharpening their skills with our complex pediatric patients.

Why do you think the division’s Clinical Education Program is beneficial to students?

Students get to integrate their knowledge from the curriculum with new information gained on-site while treating patients. So far, the students have done a great job and have been very open to learning techniques from my staff and me to provide the best care to our pediatric patients.

What is the most rewarding part of working with current division students?

Seeing them gain confidence and flexibility in blending play with evidence-based practice to provide effective sessions to the children — especially when they free themselves to think on their feet and artfully provide therapy that looks like play and requires narration to educate family members on how to assist their children with mobility skills. It’s truly amazing to see.

For information on how to become a mentor site through the division’s Clinical Education Program, contact Karen Campos, administrative coordinator of clinical sites and contracts at (323) 442-3506 or kcampos@usc.edu.

PHOTO BY JOHN SHAUZICK

Meet the individuals mentoring the next generation of physical therapists through the division’s Clinical Education Program.

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Meet the individuals mentoring the next generation of physical therapists through the division’s Clinical Education Program.
Addressing the Biggest Threat to Physical Therapy

BY CHRISTOPHER POWERS PhD ’96
CPTA PRESIDENT

Without question, we are in the midst of a rapidly changing health care environment, and anxiety regarding payment for physical therapist services is on the rise.

In a recent APTA survey, payment issues were the top concern facing physical therapists nationally. In California, the top reasons members contact the California Physical Therapy Association (CPTA) are for payment-related questions and concerns.

Regardless of the practice setting, reduced payment and the progressively increasing regulatory burden surrounding payment is influencing how we deliver our services.

To make the diminishing payment, many practices have adopted higher patient-volume strategies to meet the bottom line. This strategy has an obvious downside: less one-on-one time with patients and/or increased reliance on support personnel.

The declining payment for physical therapist services is perplexing, given the fact that early physical therapist intervention for many conditions (e.g., low back pain) may save the insurance industry thousands of dollars per case in the long run.

Nonetheless, payment is declining at an alarming pace, and there is no sign of this trend reversing itself in the foreseeable future.

The legitimacy of TPAs as a quality improvement mechanism is the subject of intense debate and scrutiny in physical therapy, legislative and legal circles. Physical therapy is not alone in the TPA battle. Chiropractors, radiologists and optometrists are just some of the providers also adversely impacted.

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Nonetheless, payment is declining at an alarming pace, and there is no sign of this trend reversing itself in the foreseeable future.
My earliest inspiration was my father, Dr. Robert Gordon, who was a physician. Even as a small child, I was aware that others respected his skill and knowledge and sought him out for help with medical problems. A seed was planted — I grew up wanting to have such special knowledge and skill that would set me apart. But as I grew older, I began to appreciate that my father understood the practice of medicine to be a calling — to a life of service to his patients. His knowledge and skill had a purpose. For my father, to be a physician was a privilege.

For me, being a physical therapist is a privilege — not only do we help our patients overcome physical and emotional challenges, we also serve as witnesses. The patients we treat face major crises. Their bodies and sometimes even their lives are falling apart. Every day we witness acts of courage and expressions of human dignity. And these interactions can be so intense, I remember patients I treated 40 years ago as if it were yesterday. One patient I remember well is Henry, a middle-aged man who had Guillain-Barré syndrome and was completely paralyzed when I first saw him. But, about two months later, he walked out of the hospital, almost completely recovered. At the time, I was just a few years out of school, feeling insecure about my skills and beginning to think that I would never measure up to the master clinicians who were my role models. The day before he left the hospital, Henry came to thank me, and he told me how lucky he was to have had such a good therapist taking care of him. I began to explain to him that I was not the reason for his recovery, that the nerves recover their function naturally. “I know that,” he said. What he was grateful for, he said, was the way that I had guided his recovery. At first, when he was paralyzed, the way I moved his limbs gently but firmly gave him confidence that I knew what I was doing. Then I coaxed him to make his first active movements when he didn’t think he could. He said that I always seemed to know when to ask him to do something new. He recalled especially waiting for the first time with me, an experience he said he would always remember since he had thought he would never walk again. (What a privilege we have to be able to share such experiences with our patients!) Finally, he said, “You should be proud of what you do. There’s no one else in this whole hospital who could do those things.” His words had an enormous impact on me. Perhaps I did have the special knowledge and skill I had wished for.

Truth be told, however, the patients who most inspired me were not my successes, but my failures. I will never forget Marva, who had a cervical spinal cord injury. She fought so hard to live for more than two months, but she finally decided that a life with quadriplegia was not worth the fight. I also remember Bobby, who showed so much initial promise after a devastating stroke but just seemed to hit a wall about six weeks later. And there was Carlos, who seemed so close to recovering his sense of self after a severe traumatic brain injury but never could quite find it. I took each of these failures personally, even as I acknowledged that the failures were not mine. We just didn’t know enough: It was our science and skill that failed them. Our knowledge seemed to end just at the point where it was needed most. Ultimately, it was these failures that led me to a career in research and education. I began to believe that I could serve my patients most by striving to advance our knowledge about the brain and its pathologies and by improving the ways that we teach student physical therapists.

I think my father would be proud.

In the end, it is the patients that inspire me. The patients who have set up our world, not as a place of uncertainty, but as a place of possibility — and with that possibility comes indescribable hope. It is as if we are seeing inside people — their strengths and resolve as well as their fears and insecurities — and, as a result, we sometimes achieve an extraordinary sense of closeness with them. It is as if we are being granted access to the most innermost parts of people that perhaps no one else in this hospital could have possibly stumbled upon. Because these interactions can be so intense, I remember patients I treated 40 years ago as if it were yesterday. One patient I remember well is Henry, a middle-aged man who had Guillain-Barré syndrome and was completely paralyzed when I first saw him. But, about two months later, he walked out of the hospital, almost completely recovered. At the time, I was just a few years out of school, feeling insecure about my skills and beginning to think that I would never measure up to the master clinicians who were my role models. The day before he left the hospital, Henry came to thank me, and he told me how lucky he was to have had such a good therapist taking care of him. I began to explain to him that I was not the reason for his recovery, that the nerves recover their function naturally. “I know that,” he said. What he was grateful for, he said, was the way that I had guided his recovery. At first, when he was paralyzed, the way I moved his limbs gently but firmly gave him confidence that I knew what I was doing. Then I coaxed him to make his first active movements when he didn’t think he could. He said that I always seemed to know when to ask him to do something new. He recalled especially waiting for the first time with me, an experience he said he would always remember since he had thought he would never walk again. (What a privilege we have to be able to share such experiences with our patients!) Finally, he said, “You should be proud of what you do. There’s no one else in this whole hospital who could do those things.” His words had an enormous impact on me. Perhaps I did have the special knowledge and skill I had wished for.

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My Inspiration

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