MEET THE
Clinical Education TEAM

VALERIE TEGLIA
Co-Director of Clinical Education

KAREN CAMPOS
Clinical Education Administrator

MICHAEL SIMPSON
DPT '09
Co-Director of Clinical Education

TRINH NGUYEN
Student Services Coordinator
REIMAGINING OUR PHYSICAL SPACES

IN THE FACE OF A ONCE-IN-A-CENTURY (HOPEFULLY) PANDEMIC, USC Physical Therapy, the collection of patient care sites where Division faculty provide physical therapy, had to re-think the ways in which it provided much-needed treatment safely and healthfully. From new regular deep cleaning protocols to distanced exercise equipment, the clinical sites made a number of changes to give patients peace of mind that physical therapy treatment can still occur ... even during a global pandemic. Click the link to watch a recent video, highlighting the ways in which we re-imagined physical therapy in the time of COVID-19.

WATCH
youtu.be/jco-lH8DEK8

VIDEO BY
JOHN SKALICKY
AS WE COME TO THE CLOSE OF THE YEAR, I am sure many of us would just as soon forget 2020. We have experienced a pandemic unlike anything in our lifetimes, plus unprecedented political turmoil and unrest, not to mention wildfires and other natural disasters. We can be forgiven for being relieved that 2020 will soon be in our rearview mirror. But we also understand that history will assess our responses to these challenges. And history is a stern judge.

In March, we quickly made radical changes to adapt to the COVID-19 pandemic in a way that prioritized the health and safety of our student, faculty, staff and patient communities, while affirming our mission to provide high-quality education and outstanding patient care. During the early days of quarantine, we focused on shifting didactic training to virtual platforms, postponing hands-on clinical skill instruction until we were able to return to the school and clinical education sites safely. The transition to online learning was nearly seamless thanks to lessons our faculty had learned since launching the DPT@USC hybrid online/on-campus program almost three years ago. To further support our residential pathway students, additional faculty stepped in to provide more concerted attention to our residential pathway students, decreasing the student-to-faculty ratio to 12-to-1 and ensuring more successful engagement with coursework.

In the clinic, we rapidly increased our use of telehealth to provide continuity for remote patients sheltering in place — a situation many USC PT faculty providers also felt more prepared for, thanks to their familiarity with online instruction. Our faculty at Keck Hospital were on the front lines of treating COVID patients, including in the ICU. We listened to their stories in faculty meetings, and we were inspired.

In the midst of this year’s valiant movement protesting systemic racism and social injustice, we launched a new Diversity, Anti-Racism, Inclusion, and Community Engagement Council with a mission to foster a more diverse and inclusive educational environment here at USC. As leaders in the field, diversity and inclusion are important guiding values for us, and we aim to provide all of our students an inclusive, anti-racist environment where all members of the community are valued and feel welcomed. I encourage you to visit our Diversity and Anti-Racism page to learn more about our comprehensive anti-racism plan.

Perhaps our greatest lesson was that we can be flexible and adaptable in the face of unrelenting uncertainty. Our faculty and staff have worked long hours, often navigating through unexplored terrain. We learned to have a plan A, a plan B, a plan C, and a plan D for every new situation we face. Our students are at the tail end of the planning process, and so they have suffered the most from whiplash. We have come to understand their pain and to admire their courage.

As 2020 ends, we are all too aware that we may face our greatest challenges in the months to come. But we have stood up to the whirlwind. It has taken our measure, and we have discovered that our strength lies in unity, compassion, and resolve. We know now that we will get through to the other side, and we are confident that history will judge us fairly.
in fostering a diverse community of Committee to improve our efforts the CPTA’s new Diversity Affairs start planning my wedding for next graduation? What have you been doing since those feelings, and some said they came up to me and acknowledged represented minority, which made me feel experiences being an underrepre- connect with classmates about my to say. A lot of times, I struggled to The best reaction was hearing that got? What was the best reaction you sharing your story during the Diversity Story Slam? It was an awesome experience. Hearing the diverse experiences that students and faculty had in their lives allowed me to see another side of them. What was the best reaction you got? The best reaction was hearing that others could relate to what I had to say. A lot of times, I struggled to connect with classmates about my experiences being an underrepre- sented minority, which made me feel alone. After sharing my story, people came up to me and acknowledged those feelings, and some said they felt similarly. Hearing this made me feel I was not alone. What have you been doing since graduation? I had a small break to vacation with my mom, pass my board exams and start planning my wedding for next year. I just started working at Rancho Los Amigos. I was also asked to join the CFSPA’s new Diversity Affairs Committee to improve our efforts in fostering a diverse community of PTs/PAs in California.

ALAN CHEN ’13, DPT ’18 DIVERSITY STORY SLAMMER

Alan Chen shares his Diversity Story Slam entry, “Pr discriminate,” (p. 26) about his initial feelings of apprehension about being out and proud during the DPT program. What was it like for you sharing your story during the Diversity Story Slam? I really enjoyed being able to talk about my experience being in the LGBT+ community. I hope that my story resonated with the audience and they were able to see a different perspective. What was the best reaction you got? It was fulfilling to hear that there were folks that could connect with my story. At some point in their lives, a lot of folks feel like outsiders, so having people come up and tell me that they felt the same way was both validating and heartwarming. What do you hope people get from your story and how does that affect your life? I hope people feel comfortable about being who they are. I want to inspire people to be true to themselves and to be open about who they are.

LAUREN COTTER DPT ’22 MY INSPIRATION COLUMNIST

Hybrid DPT student Lauren Cotter recounts her mission trip to Vietnam, where she helped treat patients with amputations in this issue’s “My Inspiration” (p. 44).

What was it like sharing your story of inspiration with our readers? It was a fun, easy experience. I really enjoyed being able to share my story. What did you learn about yourself as a result of your time in Vietnam? I learned that I am capable of doing more than I ever thought possible and that I have a heart for missions.

What’s the best piece of advice you’ve ever been given? “Don’t ever stop learning.” Being a student, this really hits home for me. I think that it’s so important not only to continuously expanding your knowledge from an academic sense, but also to educate yourself on the world around you.

What would you like to be doing in five years? I hope to be working as a physical therapist and to continue participating in mission work. Like so many others, I also hope to finish paying off my student loans.

DIVERSITY STORY SLAM

GRACE AMOO ‘16, DPT ‘19

Grace Amoo participated in the inaugural Diversity Story Slam event, “Pride,” (p. 26) about his initial feelings of apprehension about being out and proud during the DPT program. What was the best reaction you got? The best reaction was hearing that others could relate to what I had to say. A lot of times, I struggled to connect with classmates about my experiences being an underrepresented minority, which made me feel alone. After sharing my story, people came up to me and acknowledged those feelings, and some said they felt similarly. Hearing this made me feel I was not alone.

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Division Launches Comprehensive Anti-Racism Plan

The goal of the plan, which will be revised every academic year, is to create a welcoming, inclusive educational environment for all.

BY JOHN HOBBS MA ‘14

After George Floyd Jr. was murdered by Minneapolis police officers — one of whom had kneedled the 6-foot-4 Black man’s neck for nearly nine minutes, suffocating him — millions of Americans took to the streets, protesting the police brutality toward Black people that has become all too common and the overall systemic racism that permits it. To many, it felt like a national reckoning, an awakening, that was long overdue.

As the unrest continued mounting day after day, the USC Division of Biokinesiology and Physical Therapy community held a virtual town hall — one of whom had kneedled the 6-foot-4 Black man’s neck for nearly nine minutes, suffocating him — millions of Americans took to the streets, protesting the police brutality toward Black people that has become all too common and the overall systemic racism that permits it. To many, it felt like a national reckoning, an awakening, that was long overdue.

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For nearly 10 years, since changing its admission process to a holistic one of whom had kneedled the 6-foot-4 Black man’s neck for nearly nine minutes, suffocating him — millions of Americans took to the streets, protesting the police brutality toward Black people that has become all too common and the overall systemic racism that permits it. To many, it felt like a national reckoning, an awakening, that was long overdue.

Matthews thinks it could have further-reaching impacts.

In addition to exposing support for the Black Lives Matter movement — “Our most urgent and immediate goal is to save Black lives — to put an end, once and for all, to the wanton disregard for Black lives that is deeply embedded in our society’s laws ...” — the plan lays out 12 objectives for the 2020-2021 academic year (see sidebar).

The first objective was to create a new leadership position in the Division to focus on equity, diversity and inclusion. Associate Professor of Clinical Physical Therapy Didi Matthews ’99, DPT ‘03 was appointed to this position, titled the Vice Chair for Equity, Diversity and Inclusion.

“It means a lot to me to be in this position,” Matthews said, explaining that, as someone who identifies as Black, she had not seen many that looked like her represented in her schooling or profession. “To see the support and decisive action we’re taking suggests to me that others also think that the status quo is not acceptable.”

The plan also called for the creation of a division-wide council, called the Diversity, Anti-Racism, Inclusion and Community Engagement (DARIC) Council, to foster diversity in the recruitment and retention of faculty, staff and students, provide an inclusive, anti-racist environment where all community members are valued and feel welcome, and to promote population and health equity. This council is currently composed of six faculty members, three students and one staff member.

In addition to the Division-wide council, there are three sub-councils — admissions, faculty-staff support and student support.

The 2020-2021 plan’s objectives fall under the categories of program structure and leadership, culture and environment, faculty and staff development, curriculum, admissions, faculty-staff recruitment and retention, professional diversity, patient care and research.

Beyond the Division

“We’re not going to be able to address every single issue in the course of one academic year,” Matthews explains. “The idea is for this plan to be living, evolving, sustaining for years to come. We’ll know it’s been a success if in the 2025-2026 academic year, we still have a plan that has been assessed and revised, based on the benchmarks we’ve already met in previous years.”

Matthews said Division participation has been really inspiring.

“There has been a lot of faculty and staff engagement during this time when there’s already a significant burden on faculty and staff because of the effects of COVID-19 on all of our work efforts,” Matthews said. “I was surprised by the breadth and level of engagement.”

While the objectives are meant to make the Division more welcoming to everyone, Matthews thinks it could have further-reaching impacts.

“It’s important that we do this work in the Division, but it’s also important that we push the status quo where we can outside the Division as well,” she said. “When we notice that there are things standing in the way of diversity, equity and inclusion outside the Division, including in healthcare generally, that we have the knowledge and tools to be able to address it.”

The Plan

1: Create a new leadership position in the Division to focus on equity, diversity and inclusion.

2: Form a Division-wide Council that will guide the Division’s strategic priority to foster diversity in the recruitment and retention of our students, staff, and faculty; provide an inclusive, anti-racist environment where all members of the community are valued and feel welcomed; and promote population health equity.

3: Develop and subsidize student organizations that provide students with support and engagement during their education.

4: Make our community more inclusive, participatory and protective of people of color and other marginalized groups.

5: Educate ourselves about racism and social justice in health care education, practice, and research.

6: Encourage participation by faculty in advocacy for equity and social justice as a valued activity that will be recognized in addition to their overall effort in teaching, service, or scholarship.

7: Update the DPT and BKN curricula to incorporate a health justice perspective.

ADMISSIONS

8: Expand efforts to create a consistent and sustainable increase in the enrollment of racial/ethnic minorities in the DPT and BKN programs.

FACULTY/STAFF RECRUITMENT AND RETENTION

9: Create a program to develop and increase representation of racial and ethnic minorities at all levels of our faculty and staff.

PROFESSIONAL DIVERSITY

10: Use our national leadership in physical therapy to advocate for increasing the PT profession’s diversity.

PATIENT CARE

11: Make our clinics more accessible and inclusive to a diverse population of patients, volunteers, students, and faculty.

RESEARCH

12: Make the Division’s research culture more equitable and inclusive.

2020-2021 OBJECTIVES

INMOTION FALL 2020

THE PLAN

PROGRAM STRUCTURE AND LEADERSHIP

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CULTURE AND ENVIRONMENT

4: Make our community more inclusive, participatory and protective of people of color and other marginalized groups.

FACULTY AND STAFF DEVELOPMENT

5: Educate ourselves about racism and social justice in health care education, practice, and research.

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Filling in the Gap in Neonatal Care with Play

USC research Stacey Dusing is conducting research on the best ways to help premature infants thrive at home.

By Katherine Gammon

When babies are born early — or at before 33 weeks — they are at risk for a myriad of issues in life, including developmental and learning disabilities. And while they receive lots of care in life, including developmental and learning interventions, the babies mainly stayed in the crib, “they were told to do with their baby at home — and they were introducing the NICU environment, where babies mainly stayed in the crib,” she said.

Now, Dusing has been awarded a grant, in collaboration with the University of Melbourne, to study telemedicine for infants born preterm.

Dusing and her Australian counterparts will also hope to see lower levels of stress in parents. “The combination is a huge because these parents are at high risk for struggles with stress,” she said.

For decades, Dusing practiced as a neonatal physical therapist, and it is an area of absolute passion for her. “I spent a lot of time in parents’ homes with new babies, and it shocked me to see how little parents knew about supporting the baby’s development,” she said. “They were so overwhelmed. But she saw firsthand how the dynamic shifted when therapists gave parents ideas about how to take specific action.

She added that this is one of the first grants to investigate how telemedicine works, compared with traditional visits in this population of families with babies born early — questions that have only become more vital during the pandemic. “We are at the forefront of being able to evaluate the question of telemedicine with this group.”

“Part of why this is important is if we can support babies from the very beginning maybe those kids will have fewer problems later in life.”

POWERS NAMED ASSOCIATE CHAIR

Professor Christopher Powers DPT ’96 has been named the Division’s associate chair. The decision was announced, following former Associate Chair Cheryl Resnik’s decision to step down from the role. Resnik will help Powers transition into the role while maintaining her faculty position within the Division. As associate chair, Powers will serve as “right-hand” to Dean James Gordon in administering the division. “My role will be to assist Jim Gordon with the multitude of things that we have going on in the Division and to ensure everything is running smoothly,” said Powers.

Resnik, who was recently awarded the Marlan Williams Award for Research in Physical Therapy and Powers have worked closely since 1997. The award is named in honor of the late Marlan Williams, a leader in the field of physical therapy.

DIVISION’S DOCTORAL PROGRAM IN KINESIOLOGY RANKED 12TH IN NATION

USC’s PhD program in biology has been ranked 12th in the nation by the National Academy of Kinesiology, when adapted for faculty size. The ranking places the Division among the top 10 percent of the nation’s programs.

“It’s an honor for our biology program to be ranked among the upper tier of kinesiology programs in the country,” said Christopher Powers DPT ’96, who is director of the Division’s biology program. “We see this as an external endorsement of our outstanding research program, faculty and student commitment.” The National Academy of Kinesiology ranks programs every five years, with the 2020 ranking reflecting the calendar years of 2015-2019. The last ranking, which took place in 2015, placed USC at 15th in the nation, when adjusted for faculty size.

RESNIK EARNED AWARD OF MERIT

Associate Professor of Clinical Physical Therapy Cheryl Resnik DPT ’99 has been recognized with the Royce P. Noland Award by the California Physical Therapy Association. The award is meant to acknowledge exceptional service and achievement by an individual to both the profession of physical therapy as well as the American Physical Therapy Association (APTA) and its components.

For more than 20 years, Resnik has held leadership positions within the APTA. She served two terms as president of the California Physical Therapy Association and was vice president for two APTA sections, the Section on Administration and later the Section on Administration and Health Policy. The Noland Award is only the most recent in a string of accolades for Resnik. She was elected a Catherine Worthingham Fellow in the APTA in 2017, earned a James B. McMillip Leadership Award from the CPTA in 2013, and, in 2008, an APTA Lucy Blair Service Award and an Outstanding Service Award from the APTA Section on Health Policy and Administration.

KUTCH AWARDER NEARLY $2 MILLION TO STUDY TMS IMPACT ON PELVIC FLOOR DRAIN

Associate Professor of Biokinetics and Physical Therapy Jason Kutch has been awarded $1.8 million R01 grant from the National Institutes of Diabetes and Digestive and Kidney Diseases to follow up on research into how a certain area of the brain might be responsible for interstitial cystitis/bladder pain syndrome (IC/BPS). “Interstitial cystitis is a chronic pain condition that severely affects the lives of women who suffer from the condition,” said Kutch in an interview with the Southern California News Group. “It is a pain and urinary symptoms that can be so severe that it can affect a patient’s ability to work, affect what they can and cannot do on a daily basis, what they can eat and their personal relationships.”

In a new study, titled “Motor cortical neuromodulation in women with interstitial cystitis/bladder pain syndrome: Reducing pain by improving brain and muscle activity,” the researchers aims to determine if it is possible to reduce pain by improving brain and pelvic floor muscle activity, using non-invasive repetitive transcranial magnetic stimulation (TMS).

WOLFEL, MULTIDISCIPLINARY TEAM PROPOSE ADDING NEW METRIC FOR AMPUTATION CONSIDERATIONS

A multidisciplinary team, which includes Assistant Professor of Clinical Physical Therapy Stephanie Wofelf, has proposed adding a new metric to a risk stratification tool used when considering amputation. The tool currently considers the extent of a patient’s wound, blood supply and the severity of infection. In a Journal of Vascular Surgery article, the team proposes considering a patient’s ambulatory functional status, or ability to get around in the world post-amputation when making decisions regarding amputation. “The overarching goal is for each patient to be as active and engaged in the world as possible,” said Wofelf, a certified wound specialist physician therapist who treats patients at the Keck Medical Center of USC. This measure would be scored, from a range of 0 (the patient was walking outside the home with or without an assistive device) to 3 (the patient was completely bedbound). The overall goal of incorporating this measure would be to further individualize attempts at limb salvage.
It was while rehabilitating a patient, whose right side had been affected by stroke, that Beth Fisher MS ’80, PhD ’00 noticed something peculiar.

While practicing to stand up, the patient naturally pulled his left leg beneath him to support his weight. With his right leg, though, he used his hand to move it beneath him.

“Why do you use your hand,” she asked him. “Because it’s easier,” he responded. Fisher challenged him to do it again, using his affected leg instead of his hand. Much to the patient’s surprise, he was able to use his right leg the same way he had his left. “I didn’t know I could do that,” he said.

“He’s five years post-stroke, and he’s just discovered that he has an ability that he never had before because he had solved the problem in a compensatory way, so there was never any reason to try to solve it in a different way,” said Fisher, a professor of clinical physical therapy.

It was lessons learned from these types of patient interactions that Fisher hoped to share with her audience while delivering the 24th annual John H.P. Maley Lecture at the NEXT Conference and Exposition in Chicago in 2019.

“We, physical therapists, tend to be too impairment focused,” she said. “If you strengthen a limb over and over again, but someone gets up and walks in a way that doesn’t use that limb, it’s a big waste of the patient’s time.”

In her lecture, titled “Beyond Limits: Unmasking Potential Through Movement Discovery,” Fisher argued that physical therapists are unwittingly limiting their patients’ rehabilitation by focusing too much on the impaired limbs rather than looking at ways that they might be compensating to get from point A to point B.

“If we’re not able to see how someone’s automatic choices to compensate are masking an underlying ability that they may have, then we’re never going to reach their full potential,” she said.

Citing the brain’s plasticity and ability to relearn movement, Fisher urged her colleagues not only to identify compensatory actions in their patients but also to task those patients with activities that challenge those actions to maximize their patients’ rehabilitation efforts.

She added that those compensatory behaviors are not limited to neuropathology, citing a recent dissertation by Ming-Sheng Chan PhD ’18 that showed patients fully recovered from ACL reconstruction surgery were still avoiding the use of their affected leg.

“During the speech, I said that physical therapists are far too educated to simply hold someone’s gait belt as they figure out how to get around,” Fisher explained. “That’s not our job. Our job is to help our patients reach their full potential.”

Fisher holds a dual appointment at the USC Division of Biokinesiology and Physical Therapy and the Department of Neurology at the Keck School of Medicine of USC. She is the director of the Neuroplasticity and Imaging Laboratory.

ICYMI:
Division Professor Delivers 24th Annual John H.P. Maley Lecture

Beth Fisher uses the prestigious opportunity to challenge physical therapists to look beyond impairments to maximize recovery.

BY JOHN HOBBS MA ’14

OFF THE CLOCK

JUDY ZHOU
DPT ’20

Amid the maelstrom of readings, assignments, quizzes, practical skills learning and clinical rotations that is the DPT program, Judy Zhou DPT ’20 has a powerful arrow in her quiver to relieve stress.

“Archery is the process of shooting one arrow at a time, aiming for perfection and always seeking clean execution,” Zhou says. “It’s very relaxing, puts me ‘in the moment’ and quiets the whirlwind of my life.”

JUDY ZHOU DPT ’20

ARCHER

continued on page 12 »
Zhou first became interested in archery when she was 12 years old, watching the televised archery competitions during the 2008 Summer Olympics. “I felt drawn to it almost immediately — to the point where I was obsessed,” she says. “It’s an individual sport, so I believed that no one else would be able to control the outcome of the arrow but myself, and that was powerful.”

Zhou begged her parents for archery lessons. And reluctantly, they gave in, thinking it was most likely a passing fancy for their daughter.

But passing fancy, it was not. Zhou found the sport incredibly satisfying, hearing the arrow whistle as it sailed through the air and the thud as it landed within the target’s concentric circles. “The feeling of shooting the center bullseye is the best thing ever,” says Zhou, who still practices and teaches archery 12 years later.

Zhou took on a coach and began perfecting her game, eventually competing and (often winning) national competitions. At the age of 17, she narrowly missed making Team USA for the World Archery Field Championships. The team aimed to take the top three archers from across the country. Zhou finished fourth place, missing the coveted third place by only one-half millimeter (a distance shorter than the hyphen in “one-half”).

“I had worked really hard to get there, practicing every single day, skipping class to practice, skipping SAT prep to practice. I was just so determined,” she says. “Sometimes you can go ‘all in’ for something and still not get there, and it’s heartbreaking.”

But the stinging upset didn’t stop Zhou, who competed throughout college with the team from Columbia University, where she earned her bachelor’s degree in neuroscience. When it came time to chart a career path, Zhou found inspiration in the relationship she had with her coach, who had sustained a spinal cord injury at 19 and used a power wheelchair to get around. Not only did she want to be able to help others like her respected mentor, she also wanted to develop similar relationships. “The physical therapist-patient relationship is very similar to that of a coach and athlete, which involves mutual trust and understanding,” she says. “This kind of personal understanding is something I’ve always valued, and physical therapists are so lucky to build these kinds of relationships with their patients.”

She also hopes one day to merge her passions, aiming to conduct research on archery injury prevention.

Whatever path she takes, Zhou’s time on the archery range has taught her that there’s nothing in life she can’t do. “When an archer totally trusts in himself or herself to put the arrow in the center of the target, nothing can stop that from happening,” she says.

― Judy Zhou DPT ’20

“Headstrong
As a USC DPT alumnus, I can say, with confidence, that I know which muscles need to be strengthened in order to balance your whole body on top of your head long enough to get a shot — even if it’s less than one second.” — Ryan Kahanu DPT ’12

PHOTO BY NATE JENSEN

PHOTO BY VICTORIA SANGALANG

HEADSTRONG
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Fairy Tale

ONCE UPON A TIME, in lands far away, BreAnn Hill DPT '21 led a life some can only dream about. Every day, for four years, the figure skater would put on a blonde wig and a green sequenced skating dress, topped off with a pair of gossamer wings, to dazzle and delight children across the globe, playing Tinker Bell with Disney on Ice.

“It was an absolute gift,” Hill says, of her time as Tinker Bell. “I performed in dozens of countries and watched children’s faces light up at each show while playing a character many of them knew and loved.”

Hill first began figure skating at the age of 7. Her entire day revolved around the ice rink: She would wake up every morning at 5 to get in an hour of practice before school. After school, Hill would put in another two to three hours on the ice. As if that weren’t enough, she also took ballet lessons to help improve her figure skating performance.

Throughout her childhood, Hill competed around the country, even qualifying for the U.S. Figure Skating National Championship competition. During college, she was approached by Disney on Ice to audition for the role of Tinker Bell. “The actual tryout itself only took about 15 minutes, which is crazy when you prepare so much for something.”

Hill had barely stepped off the ice before she was offered the part. “It was ecstatic,” she says. “It was a dream come true, and I was in disbelief that it was all happening so fast.”

With the metamorphosis to fairy complete, Hill left college behind to tour, carving up ice across the United States, as well as in Mexico, Canada, Southeast Asia, Japan, Australia, Indonesia and Western Europe.

“I saw and experienced so many different cultures and had the opportunity to experience so many beautiful places,” says Hill, who also met her husband — a carpenter who was responsible for harnessing Tinker Bell to fly — on tour.

“I performed in dozens of countries and watched children’s faces light up at each show while playing a character many of them knew and loved.”

—BreAnn Hill DPT ‘21

After four years, Hill hung up her wings to continue her then-interrupted education, eventually earning a bachelor’s degree in kinesiology from the University of Nevada, Las Vegas.

Throughout her career, Hill had suffered her fair share of injuries — one of the reasons she went back to school, also one of the reasons she pursued physical therapy. “I wanted to help performers overcome injury the same way physical therapy had helped me over my career,” she says. “Being a performer, an athlete and now having a cultural perspective from years of travel, it just felt like a natural fit to use all those experiences to become a well-rounded physical therapist.”

“We hope that we will get there eventually, but... the research we do is... really surrounding prevention.”

—Judy Pa, assistant professor of neurology and division research partner, during a Voice of America segment on how virtual reality and exercise impacts cognitive ability in aging adults.

IN THE NEWS

A Poet Among Us

“Our goal is to prevent... dementia, to prevent Alzheimer’s disease. There are no effective treatments yet. We hope that we will get there eventually, but... the research we do is... really surrounding prevention.”

—Judy Pa, assistant professor of neurology and division research partner, during a Voice of America segment on how virtual reality and exercise impacts cognitive ability in aging adults.

You might think Wendy Johnson DPT ’21 would be left-brain dominant. After all, she studied biology and chemistry as an undergraduate and is currently pursuing a doctor of physical therapy degree at USC.

But, inside Johnson’s chest beats the heart of a poet. The 27-year-old Trojan recently published The Definition of Me, a book of 65 poems she penned between 2008 and today. In the book, which is available for purchase on Amazon, Johnson deals with everything from spirituality to depression to past romances. “Writing allows me to showcase my vulnerability,” Johnson says. “I struggle with being vulnerable and opening myself up to others. But pouring my heart out on paper allows people to see me for me.”

Johnson definitely pours her heart (and a few tears) out with “Dear Future Child,” her favorite poem in the book.

“You might think Wendy Johnson DPT ’21 would be left-brain dominant. After all, she studied biology and chemistry as an undergraduate and is currently pursuing a doctor of physical therapy degree at USC. But, inside Johnson’s chest beats the heart of a poet. The 27-year-old Trojan recently published The Definition of Me, a book of 65 poems she penned between 2008 and today. In the book, which is available for purchase on Amazon, Johnson deals with everything from spirituality to depression to past romances. “Writing allows me to showcase my vulnerability,” Johnson says. “I struggle with being vulnerable and opening myself up to others. But pouring my heart out on paper allows people to see me for me.”

Johnson first discovered her love of writing as a fifth grader. As a high school freshman, she joined a formal poetry organization, which gave her opportunities to share her gift with the public.

And while the second-year DPT student will complete her studies in just over a year and a half, she has no plans to retire her pen. “This is only the first book,” she says. “I plan to continue to write when I can because writing is how I truly express myself.”

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Bailey’s Choice

Last year, Assistant Professor Sook-Lei Liew MA ’08, PhD ’12 appeared in an episode of “Fast Forward Girls,” a new YouTube show that pairs inquisitive girls with leading female innovators to learn about traditionally female-underrepresented professions in science, technology, engineering and math. In this episode, YouTube vlogger Bailey Ballinger, 12, (left) shadows two Trojan women — Liew, to learn about virtual reality-based physical therapy and USC neurosurgeon Saman Sizdahkhani, to learn about brain surgery. After completing challenges with each professional, Ballinger ponders possible career options and reaches out to the person she would most like to be her mentor. Who will she choose?

IN MOTION

FALL 2020

IN MOTION

FALL 2020

BORN OUT OF COVIDITY

As COVID-19 took hold in early March, leading to government-enforced closures for all non-essential businesses, it became apparent that the Division would need to rethink its admission process. With in-person information sessions and tours no longer feasible, the Division partnered with a Webtour technology company to create a virtual tour of the USC Division of Biokinesiology and Physical Therapy. Each of the 14 locations offers visitors a fully immersive, 360-degree view of some of the spaces most interesting to prospective students. But don’t just take our word for it: Take the tour yourself, and relive your time at the Center for the Health Professions building.

#WelcomeWednesdays

Earlier this fall, we launched an Instagram series, called “Welcome Wednesdays,” where we featured various community members, who shared with our followers how they were meant to feel welcome despite any differences, affirming the Division’s commitment to diversity. The campaign lasted six weeks. Below are a few posts from #WelcomeWednesdays. For more, visit pt.usc.edu/welcome-wednesdays-instagram-series.

“Growing up homeless is humbling, and the life lessons you learn along the way add to this unique experience. … The decision to have my life turned around by attending USC’s doctor [of physical therapy] program is one without regrets. My classmates along with staff and faculty across campus have welcomed me beyond what words can explain.”

—Mich Hamlin DPT ’21

“Being a non-resident graduate student can be very stressful sometimes. … The division of BKN and PT have supported us time and time again through these uncertain times by several means of adjusting curriculums during a pandemic to emotional support to insuring us that this matter is as important to them and helping us through it …”

—Sara Almansouri MS ’17, PhD ’21

“In the time I’ve been a member of this Division, I’ve never experienced any form of discrimination or negativity because of who I am. Since first coming out to my peers and the faculty, I’ve never felt like I’ve had to hide the fact that I’m gay or worry about how it will impact my relationships here …”

—Justin Tong DPT ’21

WATCH

tinyurl.com/fastforwardgirls

YOU ARE WELCOME HERE

WHETHER YOU ARE...

YOU ARE WELCOME HERE

WHETHER YOU ARE...

TAKE THE VIRTUAL TOUR

vr.peekpeek.com/usc/bkpnt/

ETC
Elise Ruckert

**Associate Professor of Clinical Physical Therapy Elise Ruckert** joined the Division faculty full-time in August 2019, but she’s not new to USC. Ruckert completed her neurologic residency at Rancho Los Amigos in 2008, where she says her passion for teaching was ignited. Now, with more than 10 years of experience, she has returned to the Division as the first full-time faculty member solely devoted to teaching in the hybrid program. Here are five more things to know about Ruckert:

1. **She’s Originally a New Yorker Who Now Resides Just Outside of Washington, D.C.**
   
   “My position is mostly remote, but I come to Los Angeles a number of times a year to teach in the DPT@USC hybrid immersions and participate in faculty-related activities,” she says. “Since my research is related to the scholarship of teaching and learning, I have a lot of flexibility in being able to do that from a distance.”

2. **She First Learned About Physical Therapy from Her Childhood Babysitter Who Specialized in Cardiopulmonary Disorders.**
   
   “Her job always intrigued me, but I was more interested in the brain side of things than the lungs,” she says. “When I was exposed to rigorous science coursework in high school, I realized that my interest in the brain and my desire to help people in a health profession could be fully realized with a specialty in neurologic physical therapy. The rest is history!”

3. **Ruckert Has a Long History with the Division.**
   
   “After graduating from my residency, I worked at Rancho Los Amigos on the spinal cord injury service while also keeping my foot in the classroom as an adjunct faculty. The pull to the classroom became stronger and stronger, so three years later, I took on a full-time clinical faculty role at the Keck Medical Center of USC in neurologic acute care while teaching in the division with Drs. Beth Fisher and Didi Matthews on neurologic coursework.”

4. **For the Past Seven Years, She Worked at George Washington University, Where She Served as Program Director for the MedStar National Rehabilitation Network and GW’s Physical Therapy Residency Program.**
   
   “Developing that program was a dream of mine ever since completing my own residency education,” Ruckert explains. “The program has now graduated more than 10 advanced neurologic practitioners, and more than 10 mentor faculty members in the program have earned their board certification in neurology.”

5. **When Ruckert’s Not Busy with Her Professional Endeavors or Traveling for Immersions, You Can Catch Her Spending Time with Her Family.**
   
   “We enjoy hiking and biking in the greater D.C. area. I have a 3-year-old that really keeps my husband and me on our toes — and impacts the time we have for hobbies,” she says, with a laugh.

*PHOTO BY NATE JENSEN*
... AND JUSTICE FOR ALL

USC DPT alumni form group, the Movement Alliance, to provide pro bono treatment and education for protesters injured while peacefully protesting against systemic racism.

BY MICHELLE MCCARTHY

Vernon was one of thousands who took to the streets in late Spring 2020 to protest the death of George Floyd Jr. As a person of color, I’ve experienced my own injustices,” she says. “It feels like we need to be out there on the front lines. There’s a feeling of unity when you’re with everybody, and we’re all fighting the same fight.”

At a demonstration in May, Vernon was shot in the face with a rubber bullet and tackled by police. The bullet only left a bruise (thankfully, she was wearing an N95 mask), but her fall resulted in a flare-up of an old nonhealing ankle injury. Undeterred, Vernon showed up at another gathering the following day. “That’s when she broke her ankle. I sat in the ankle by what I think was a rubber bullet,” says Vernon, an e-commerce merchandising manager. “I fell on the ground, and police started tear gassing the crowd, so I had to get up and continue running. Two days later, I ended up going to urgent care and realized my ankle was broken.”

On crutches and with her foot in a boot, Vernon headed back out to protest a week later. “That’s when she met members of the Movement Network (formerly known as PT4Justice), a group of recent USC DPT graduates who provide pro bono physical therapy treatment and education to those who’ve been injured while protesting against racial injustice.

GRASSROOTS MOVEMENT

“It started when Kari [Ayoob DPT ’19] posted on her social media: ‘Anyone who was or who knows of anyone injured at a protest, please contact me for physical therapy services,’” says Chelsea Fan DPT ’19. “I thought, ‘That’s a great way to get involved because since a lot of us are still working in a clinic, it’s a little hard for us to go to protests and then go back to the clinic and treat patients,’ so I messaged her.”

Within a day or two, we already had the rest of the people from our class who wanted to help out.”

The initial group consisted of 11 USC alumni. “We all have an extensive history of giving back to the community,” Fan says. “At USC, Ben [Yu DPT ’19], Lauren [Wittrock DPT ’19] and I were in mobile clinic, where we provided healthcare services to the homeless population in Hollywood. A lot of us felt a little bit helpless at first because we couldn’t necessarily go march, but we wanted to be able to help in another way. I realized I had a skill set that could be really helpful for people.”

Once word got out about the Movement Network’s mission, physical therapists from other states and cities flooded the members’ inboxes with inquiries to see how they could help. The organization now has 70 physical therapists across 12 states who’ve offered their services.

Some members attended protests in order to gain exposure, wearing masks and holding signs on the sidelines listing contact information for anyone who’d been injured. “People would take photos of them and contact us later,” Wittrock says.

VIRTUAL ASSISTANCE

Vernon emailed Fan, and her first session took place via Zoom to determine the extent of her injuries. “She gave me a few stretches to try out and asked if I was comfortable getting treated in her home,” Vernon says. “Chelseas was extremely gentle knowing how high my pain level was. She used a taping technique that helped the swelling on my leg tremendously. I’m feeling so much better now, and I’m close to being fully recovered.”

Eryn Roberts was also injured by a rubber bullet discharged by police — which cut through her right tricep tendon and muscle — while protesting in Downtown San Diego. She met with Fan virtually for two sessions and was consulted about her injury and what expectations were for recovery. “Chelseas was very helpful in making sure I got set up with the appropriate physical therapist for my injury and someone I could see face-to-face in my area,” Roberts says.

Patient injuries have ranged from soreness to issues resulting from violence. “There were a lot of knee injuries,” Fan recalls. “Quarantine had happened for two months, and a lot of people were pretty sedentary. Then all of a sudden, they were out walking, so they weren’t prepared.”

WHAT THE FUTURE HOLDS

The Movement Network is currently in the process of filing for nonprofit status, with help from a pro bono law firm. Looking beyond the current protests, the organization wants to be able to help underserved populations, especially those who have had a hard time navigating the healthcare system.

“We also want to go into schools and educate kids about the physical therapy profession and provide mentorship,” Fan explains. “Through education, we want to get more people of color interested in physical therapy and let them know it’s obtainable for everyone.”

Future goals include establishing free clinics that provide health screenings and creating satellite branches in other states.

Giving back to the community is ingrained in the education at USC. “As a result, Fan says it’s not surprising that members of her cohort came together to create this organization.”

“The feedback has been overwhelmingly positive,” she continues. “More so than any of us thought. We weren’t going into this like, ‘Who’s going to notice this? How can they help us grow?’ We realized this is something that’s needed in the community.”

Many of the PTs who are offering free services do so in addition to their regular 40-hour work weeks. But Wittrock says when it’s something you’re passionate about, it doesn’t feel like extra work. “As somebody who has a background in social justice and working with underserved communities, I was like, ‘This is it. This is what I’ve been looking for — a way to get back to working with those types of communities.’ A lot of us go into physical therapy because we want to help people. It’s something I look forward to when I get done with my day, no matter how exhausted I am.”

— Lauren Wittrock DPT ’19

MORE INFORMATION

themovementnetwork.org

@movementnetwork

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MORE INFORMATION

themovementnetwork.org

@movementnetwork
BY JAMIE WETHERBE MA ’04

Eddie Barojas thought 2013 would be his year. The stand-up comedian and actor, then 36, was receiving more recognition and roles, including a three-day shoot on the popular CBS sitcom, Mike & Molly.

“All of a sudden, everything changed; my life just took a hard left,” says Barojas, now 43. A few days after wrapping his appearance on the show, Barojas developed severe scrotal lymphedema, a buildup of fluid causing swelling of the genital area.

In a matter of weeks, the lymphedema swelled to almost 50 pounds, and for six years, the promising performer was mostly confined to a bed. “I couldn’t walk; I couldn’t wear clothes,” he says. “It completely interfered with my daily life.”

Barojas sought help from several providers to treat his condition. “I stopped counting after seeing about 35 specialists,” he says. “I could never get a direct answer as to what caused it and what would make it go away. Until I finally met the people at Keck — I don’t know why I met them so late.”

UNDER THE KNIFE

Last year, Barojas saw Leo Doumanian, associate professor of clinical urology at the Keck School of Medicine of USC, who was able to develop a treatment plan.

Though Barojas still doesn’t know what caused his lymphedema, the treatment plan required removing the mass. Doumanian performed the first of two surgeries in February of 2018, removing about 15 to 30 percent of the lymphedema. The surgery was so extensive, it took Barojas a year to heal.

In May, Doumanian and his team performed a second surgery, removing the remaining lymphedema. “He basically freed me of this thing I’d been carrying around for six years,” Barojas says. Though the surgery was a success, Barojas was left with extensive wounds, as well as the damage the mass has done to his body over time.

A few days following his procedure, Barojas was admitted into Keck’s Inpatient Acute Rehabilitation Unit for an intensive rehabilitation regimen to help regain his independence. “They wanted to work with me because they knew I’d been bedbound for six years,” Barojas says. “I had no endurance — I could barely stand or even sit. They wanted to get me back into my life again.”

SUCH DETERMINATION

The three-week, inpatient program included three hours of intensive therapy services — a combination of occupational and physical therapies — five days a week, as well as care from other medical professionals, including lymphedema and wound-care specialists.

“Eddie had a huge team — that’s the amazing thing about this unit. The nurses, doctors, social workers and other providers work together to take care of patients around the clock,” says Ross Sugiyama DPT ’10, lead physical therapy student for Barojas. “When you’re in the hospital, the only thing you want to worry about is getting better. Whatever stress we could take off him would help his recovery in the long run.”

While the team treats a plethora of diagnoses, including post-transplant patients and those with a range of neurological and orthopedic conditions, Barojas’ case proved unique. “I’d never seen anyone with Eddie’s specific condition, and he’d been struggling with it for some time,” says Jenna Hankard DPT ’16, instructor of clinical physical therapy and lead physical therapist for Barojas. “But Eddie is also really young, vibrant and resilient. He was so determined and had so much energy to put toward his rehab — that juxtaposition was really unique to work with.”

Barojas’ physical therapy sessions included exercises to build endurance and strength, as well as interval walking, plank exercises to improve his core and cardiovascular strength and step-up exercises geared toward walking up and down stairs. “He had really functional goals,” Sugiyama says. “He wanted to be able to walk on his own, so he could get back into the community and do the things he loved to do, like seeing friends and visiting his father.”

Much of the work also focused on balance, continued on page 24 »
which Barojas found highly helpful. “Whenever I stood up, I was always wobbly because the excess weight [from the lymphedema] changed my gait and posture,” he explains. “I walked hunched over and bowlegged, so when they finally removed the mass, it was like my body didn’t know what to do anymore.”

The physical therapy team created novel training situations designed to help Barojas’ body adapt as the swelling continued to subside after surgery. “As the weight of the edema was changing, Ross did a great job of giving Eddie strategies to react and catch his balance, exposing him to things he wasn’t exposed to before, so muscle memory could take over,” Hankard says.

ANGELS GOING ABOVE AND BEYOND

Over the course of a few weeks, Barojas made huge strides — from walking a distance of 50 feet to walking around the 500-foot unit and going up and down stairs.

“He made a lot of gains, and it all had to do with his work ethic and determination,” Sugiyama says. “He was so motivated; it was inspirational to work with him. He’s a guy who would do anything to get back to where he was.”

His team of providers also wanted to get Barojas back on stage.

“When he was in the hospital, a video of his stand-up was getting really popular on YouTube,” Sugiyama says. “It felt like his career was still there, he just had to get back into it.”

As a special send-off, the team asked Barojas to perform a short stand-up routine for patients and providers. To draw a crowd, they created flyers and turned the dining room into a little café.

Barojas used the opportunity to work on new material. “I didn’t want to do old jokes; I wanted to write new jokes for the medical field,” he says. “To tell jokes and get that feeling again, to start feeling normal again — it was really emotional.”

For Sugiyama, the routine was a huge success. “It was really funny, but not only that, he walked in with a walker and stood up the entire time,” he says. “It was his moment, and he did amazing.”

Now at home, Barojas continues to focus on getting stronger, eating well and losing weight. Within a month, he also plans to return to the stand-up stage and hopes his providers will again be in the audience.

“I’d love to invite them to a real show at a real comedy club — to see me back up there and know that they’re the reason,” he says. “They are amazing people that truly motivate you and care about you; they are angels willing to go above and beyond.”

—EDDIE BAROJAS

PHOTOS BY NATE JENSEN

STORY SLAM

The mic was open in 2019 as the Division held its inaugural Story Slam in honor of USC’s Diversity, Equity and Inclusion Week. Faculty and students were invited to share five-minute personal stories involving a patient interaction, a cultural experience or a reflection speaking to the theme of diversity and inclusion. We’ve selected three such stories for publication in the following pages. These have been edited for clarity and space. You can find even more Story Slam entries below:

The Power of Diversity
Jessica Goytizolo DPT ’20

I Told You So
Rob Landel MS ’84, DPT ’96

Was it Because I’m A Girl?
Susan Sigward PhD ’04

Last Moments with My Grandfather
Emma Wong DPT ’21

My Name is Vatche
Vatche Yousefian DPT ’21

WATCH
Barojas’ comedy send-off to his USC medical team
When I got into PT school, my biggest concern wasn't really how much work it was going to be; I was actually more worried about fitting in.

I had been out of undergrad for about two years. During that time, I went through a period of professional and personal self-discovery, I pursued dance/choreography as a career, came out to my parents, dated and broke up with my first boyfriend and learned how to be perfectly OK with being alone. I was finally starting to understand who was and how to be comfortable in my own skin.

So, when I thought about being transplanted into a new social setting, I panicked. What if none of my classmates liked me or understood who I was? More than anything else, I was worried about being the guy in my class. I didn't have a lot of straight male friends at the time, and I had this idea that most guys in PT school would be into sports, work out a lot and act hyper-masculine.

I wasn't worried about actually helping me to make genuine connections with my classmates.

After that conversation, all gay hell broke loose. Interestingly enough, everything I was worried about actually helped me make genuine connections with my classmates. My lack of sports lingo became kind of an inside joke. My closest circle of guy friends were super open about talking about gay culture and my personal life, and were interested in learning about it. I found that the more I started to be myself, the more people wanted to talk to me.

But I think what really made me realize that I should always be true to who I am was that I eventually became friends with guys who were the complete opposite of me. Remember that 6-foot-something, built-like-a-tank ex-college baseball player who was seemingly not amused with me that first day? We’re really close friends now — along with a couple other 6-foot-something, built-like-a-tank ex-college athletes.

When I started PT school, I was worried that I would have to sacrifice part of myself to fit in with my classmates. Interestingly enough, by the end of my time at USC, my classmates ended up teaching me more about myself than I had learned on my own.

—Alan Chen ‘13, DPT ’18

When I first became interested in physical therapy, I was excited to learn that it was a growing and exciting field. I did my research and found lots of women to look up to. I remember watching Stephania Bell on ESPN or Judy Seto sitting behind Kobe at the Lakers games. However, I never really found black or Latina women in these prominent positions in physical therapy. Not even black or Latino men.

While growing up, without even realizing it, I always sought guidance from family members, older friends and professors who were of color. These were people whom I related to. They understood where I was coming from and could tell me that they went through similar hardships as I had. All of these mentors guided me and motivated me to follow my dreams by serving as role models who followed theirs.

Once I got to undergrad, I felt like I needed another role model in PT to let me know that I could do it. Thankfully, I was blessed to have met Sean Johnson DPT ’08 — a black physical therapist — while I was at USC. He not only became a faculty supervisor for the club I was co-founding, he also became my personal mentor. Thanks to him, I was able to network with other black and Latina women, but still, they are very few.

Now, I realize how lucky and blessed I have been by being surrounded by a strong and diverse network because I am not sure if I would have made it this far without their guidance or assurance. After talking to other PT students across the country, I realize that many underrepresented minority students outside of USC do not have this network, and my goal is to change that.

Although it is cliché to say, I truly feel like representation matters. If you can see it, you can be it. I was able to see myself in others, which helped me be successful, so I hope I can give back that same representation by talking to underrepresented minority pre-physical therapy students across the country.

—Grace Amoo ’16, DPT ’19

PHOTO BY NATE JENSEN

LISTEN TO THE STORY SLAM

PHOTO BY NATE JENSEN
As a kid, I never really remembered feeling as if I didn’t belong. I was raised in a middle-class household by a white American mother and a black African father. I made it through middle school and most of high school with minimal drama. I was able to hang with kids of all different ethnicities and backgrounds. I was athletic enough to hang with the sporty kids, cool enough to hang with the popular crowd and smart enough to hang with the nerds and geeks. I enjoyed talking with adults so it seemed as if they didn’t mind me around either. I felt I belonged everywhere and with everyone.

But in everyone’s life, there are moments that serve as defining points. That moment came in the early spring of my senior year. In my honors courses, most, if not all, of my classmates were college bound. Everyone was eagerly anticipating their college admissions letters. Each day, word buzzed around about who got in where.

I remember standing in the back corner of the room with three or four classmates talking before government class. A classmate of mine came storming into the room. He was a well-liked, freckle-faced kid with fiery red hair. His usually fair skin was reddened with anger. He stormed over to some other classmates of ours and was angrily talking about college acceptances. I couldn’t hear everything that he was saying. But what I did hear, loud and clear, was that the only reason that a certain student in our class got to a certain school was because of affirmative action, which was also the reason my angry classmate did not get in.

And this was the point when I began to question my belonging. I became concerned with the idea that people on my new college campus would question whether I really belonged there or if I “stole” that spot away from another student. For me, this feeling of being questioned made me always feel uncomfortable. It made me lean further into my studies to prove to others and perhaps to myself that I did belong. In my freshman writing course, if an essay assignment was for a 7-10 page paper, you better believe my paper was 10 pages. And don’t get me started on the time I got a D on a physics exam. I am still tormented by the jokes of my college girlfriends regarding the semester when all I did was sit in my bed, doing physics problems over and over again to ensure that I got 100 percent on the remainder of the tests through the semester to bring my grade back up to within an A range.

This need to prove myself to others and earn my belonging followed me from that day in high school through college, graduate school and into my professional life. I worried that my patients would not want to be treated by a 20-something black woman. I worried that they would question my knowledge and ability to help them — not based on what I knew, but based on how I looked. I tried to compensate for this by being overly professional, by flawlessly explaining to them my understanding of their condition and how I would help them so that I could gain their trust in me.

“In a way, I am thankful … [His comment] helped to drive me and propel me to do my very best and to become who I am today.”

—Didi Matthews ’99, DPT ’02

I am sure that if I talked to my high school classmate today about that comment that has echoed in my mind for the past 25 years that he wouldn’t remember it. It was a simple moment of frustration for him. I know he didn’t mean to hurt me in the way that he did. And I don’t hold it against him. It didn’t start in that classroom on that spring day, I believe that this would have started somewhere else in my life journey. And in a way, I am thankful for it. It helped to drive me and propel me to do my very best and to become who I am today.

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“In a way, I am thankful … [His comment] helped to drive me and propel me to do my very best and to become who I am today.”

—Didi Matthews ’99, DPT ’02

I am sure that if I talked to my high school classmate today about that comment that has echoed in my mind for the past 25 years that he wouldn’t remember it. It was a simple moment of frustration for him. I know he didn’t mean to hurt me in the way that he did. And I don’t hold it against him. It didn’t start in that classroom on that spring day, I believe that this would have started somewhere else in my life journey. And in a way, I am thankful for it. It helped to drive me and propel me to do my very best and to become who I am today.

—Didi Matthews ’99, DPT ’02
When it comes time for USC doctor of physical therapy (DPT) students to be placed in clinical rotations — where they apply the skills they’ve learned in a practical setting — it’s beneficial to have a number of clinics from which to choose. And that is something that USC has in spades, thanks to its robust clinical education program, which offers students more than 5,000 options across all 50 states.

“The clinical education component is when students have the opportunity to translate what they’re learning in the classroom to skills in the clinical setting with actual patients,” says Valerie Teglia, assistant professor of clinical physical therapy and co-director of the clinical education program. “It’s one thing to practice with your classmates who have no problems, but it’s different to use those skills with patients who have pain, weakness or other issues.”

While there are clinical rotation options close to home — USC Medical Center of USC — 90 percent of DPT students choose to take advantage of USC’s vast network of partner clinics.

1,760 HOURS

Whether they’re enrolled in the residential or hybrid DPT program, all students will spend 1,760 hours in direct patient care throughout their three years. USC’s clinical education program offers six different rotations — two two-week rotations, a six-week, an eight-week and two terminal experiences during the final year of a student’s studies.

Residential students complete 16 weeks full-time during one semester in their third year and another 16 weeks part-time, with an integrated semester between clinic and the classroom. Hybrid students participate in two 13-week full-time experiences with their integration of coursework over both semesters. Both pathways spend the same amount of time — although divided differently — completing clinical rotations.

Another key differentiator is how USC’s clinical education experiences are spaced out within the curriculum. “Our students don’t do two years of didactic work and then get end-loaded with all their clinical practice,” says Michael Simpson, DPT ’09, associate professor of clinical physical therapy and co-director of the clinical education program. “They’re prepared to go into clinical care and practice from their first and second years. It’s really important that students have an opportunity to work as a physical therapist to reinforce what they’re working toward — that this is really what they want to do. It’s a positive aspect of our program.”

FINDING THE RIGHT PLACEMENT

Students are able to search through a database containing all the locations with whom USC holds contracts before putting together a wish list of rotations. The database allows them to see what each clinic is about, what it values and what kind of patients it treats; and they can read reports from previous student experiences.

“We also talk to our faculty who have had our students in the classroom to find out how does this student learn best?” Simpson says. “Are they better engaged with a challenging environment? Are they better engaged with a slower-paced environment? Do they handle pressure well? Do they take feedback well? “It’s not a perfect process, and it’s not a guaranteed process. We encourage students to look at the breadth of opportunities available and to think about their clinical education experiences, to think about the fact that we want to diversify our students so we graduate strong generalists. Sometimes they get things that are on their wish list, sometimes they get spots that are similar.”

continued on page 32 »

MEET THE CLINICAL EDUCATION TEAM

The clinical education team is responsible for placing USC DPT students into a myriad of clinical education sites to get their 1,760 hours of required clinical experience. It can be a Herculean task. Here’s how each team member contributes to get it done:

<table>
<thead>
<tr>
<th>TEAM</th>
<th>NAME</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEET THE CLINICAL EDUCATION TEAM</td>
<td>VALERIE TEGLIA</td>
<td>CO-DIRECTOR OF CLINICAL EDUCATION</td>
</tr>
<tr>
<td></td>
<td>KAREN CAMPOS</td>
<td>CLINICAL EDUCATION ADMINISTRATOR</td>
</tr>
<tr>
<td></td>
<td>MICHAEL SIMPSON</td>
<td>CO-DIRECTOR OF CLINICAL EDUCATION</td>
</tr>
<tr>
<td></td>
<td>TRINH NGUYEN</td>
<td>STUDENT SERVICES COORDINATOR</td>
</tr>
</tbody>
</table>

Nguyen is a details person, ensuring students maintain division administrative requirements (CPR certification, health clearances, etc.) as well as site requirements (background checks, fingerprinting, drug testing, etc.). She maintains the clinical education database and ensures all paperwork is in working order.
Clinical Education

BY THE NUMBERS

383
Number of USC DPT students — all of whom will work with the clinical education team to secure clinical rotations

50
Number of weeks a DPT student will spend in clinical rotation over the course of their three-year education

1,760
Number of hours a DPT student must spend in clinical rotation to graduate from USC

>5K
Number of contracts USC has with clinical sites across the nation, giving USC students a number of options to prepare them for their future as a physical therapist

50
Number of states where USC has contracts with clinical sites so that USC students can select places where they may land after graduating

STUDENT-FOCUSED CLINICS

What does it take to partner with USC’s DPT program? Aside from having to be a licensed physical therapist in practice for at least a year, Simpson and Teglia say they look for clinical sites that value participation when it comes to student learning experiences. “We want our clinical partners to be interested in educating students and seeing the newer generation of physical therapists develop. They need to be an active participant in that and to guide and mentor them through clinical practice,” Simpson says. “What we value in clinics are people who are movers and shakers in our profession, who are evidence-based in their practice and who are looking for new and innovative ways of delivering physical therapy services to our patients — places where our students are going to have the opportunity to learn from compassionate, caring, energetic individuals,” Simpson says. “It’s our job to meet the needs of not only the students but also of our clinical partners.”

MAKING DREAMS A REALITY

The fact that USC has a strong reputation in the physical therapy community also benefits the DPT program. “It gives a credibility to our education and to our students, so many of the top clinical facilities want that relationship,” Simpson says. “Our number of partnerships is huge because of the fact that our alumni network is very strong. USC’s reach is far, and our respect in the community is very strong. Because of all of that networking and the relationships we have within the physical therapy community, our partnerships are quite strong.”

Once at a clinical education site, students will often attend an orientation, before getting paired up with a clinical instructor who will serve as a trusted mentor to the student. The goal is for the clinical instructor to take into consideration where the students are in their education and what the objectives are for this clinical rotation. “We want our students to be able to build a reasonable course of care for a patient, from their initial interaction through the development and progression of their treatment plan to figuring out what the plan is for discontinuation of services,” Teglia says. “To build that whole piece from start to finish and see the big picture — how physical therapy fits into that patient’s life.”

Witnessing that progression is one of the most satisfying aspects of Teglia’s job. “It is so cool to watch the students mature, to see them progress from oftentimes unsure, not very confident novices in the clinic to seeing them at the end of year three being confident and positive and ready to go out and really make a difference in people’s lives.”

Simpson agrees: “You learn a lot from students, and they learn a lot from you. I’m fortunate to be in the best profession in the world, and I love what I do. I get to help 300 students a year pursue their dreams and make them a reality.”

« continued from page 27

Building
EVEN BETTER
Educators

A new initiative challenges faculty members to sharpen their teaching skills in the Division’s ongoing quest for teaching excellence.

BY JOHN HOBBS MA ’14
WHAT DOES IT TAKE TO BE A GREAT TEACHER?

Is it simply about having expertise in a certain subject area? Clinical Associate Professor of Physical Therapy Didi Matthews ’99, DPT ’00 doesn’t think so. “What we’ve learned over time is that what was once thought of as excellent teaching — somebody with a great understanding of the concepts, who simply gives information to a student, is not enough,” she says. “You have to know how to teach that information in order for it to be really learned well.”

It was with this in mind that Matthews, along with Professor of Clinical Physical Therapy Rob Landel MS ’84, DPT ’96 and Associate Professor of Clinical Physical Therapy Dan Kirages ’94, DPT ’98, applied to take part in the USC Center for Excellence in Teaching’s Faculty Fellow Leadership Institute. The Institute is a series of 14 seminars taking place over a school year, bringing together educators from across the spectrum of academic disciplines to discuss how to develop practices, initiatives and policies to further their school’s goals toward teaching excellence. “It was very exciting to me to be able to learn from the CET instructors,” Kirages says. “Learning about best practices in teaching seemed like a great idea, especially because we were going to come back to the division and assist our peers in the same process.”

Having heard from their institute peers that there had been some resistance at their schools when they took the newfound information back, the three division faculty members weren’t sure how their ideas might be received. But instead of resistance, Matthews and company found a faculty very welcoming of learning how to up their game in the classroom. “We have an outstanding group of faculty who are committed to and passionate about teaching,” Landel says. “We clearly set high expectations for our students, but behind the scenes, there is a high bar among the faculty about teaching well.”

Building on past success

Taking part in the Institute gave the three division faculty members an opportunity to take stock in what they and their colleagues were already doing well. From in-class room clickers that allow faculty to assess learning on the spot to active learning sessions that give students an opportunity to better understand complex concepts to computer-based testing tying each question to a learning objective, the division had already taken actions to maximize their students’ learning.

“I also think we were already doing a great job of threading certain coursework throughout the program,” Matthews says, referencing the way pediatrics, wound care, oncology and pain management are touched upon throughout the curriculum. “The students see these themes recurring in order to help reinforce prior learning and advance their learning on a certain subject.”

She also says the mentorship program, which pairs students with faculty members, as an integral part of student success within the program. Kirages adds that a few years ago the division had streamlined content throughout the curriculum into “need to know” and “nice to know” information to ensure courses were not too overwhelming for maximum educational benefit.

Getting started

In 2018, the three faculty members established the Division Institute for Excellence in Teaching (DIET), a division-wide initiative to share with their peers all they were learning during their time at the USC Center for Excellence in Teaching Institute. During Phase 1, the group, led by Matthews, held four town halls over an annual faculty review process.

During Phase 2, which pairs students with faculty members, as an integral part of student success within the program, “We have an outstanding group of faculty who are committed to and passionate about teaching,” Landel says. “We clearly set high expectations for our students, but behind the scenes, there is a high bar among the faculty about teaching well.”

Having agreed upon the division’s collective north star for reaching excellence, which include being respectful and professional, challenging and supportive, inclusive and supportive of diversity, relevant and engaging, prepared and well-organized, fair and equitable and adaptable and evidence-based. Having agreed upon the division’s collective north star for reaching excellence, which include being respectful and professional, challenging and supportive, inclusive and supportive of diversity, relevant and engaging, prepared and well-organized, fair and equitable and adaptable and evidence-based.

During three 90-minute meetings, Division faculty came together to reflect on their own teaching in the classroom and hear from other faculty members as they set out to draft their teaching statements.

Once drafted, each faculty member’s statements will be reviewed by another faculty member, who will give them feedback. The eventual goal is to create metrics that, along with course reviews and classroom observation, could be incorporated into an annual faculty review process.

Already seeing changes

As a result of these efforts, there have already been visible changes in some classrooms. “I am making my slides much simpler; my presentations are for their instruction and then specifically what are the different activities, assessments and materials they need to use in their class in order to meet the needs of their students,” Matthews explains.

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Matthews notes that this initiative is even more important now as the Division continues to grow — in part because of the hybrid online/on-campus degree program.

“As we grow, we need to ensure that we maintain the level of excellence that people have come to know the USC DPT experience for,” she says. “This institute will help us to do just that.”

PHOTO BY NATE JENSEN

PHOTO BY NATE JENSEN
Hybrid DPT students spend nearly 60 days in intensive on-campus immersions, giving them the opportunity to refine their hands-on skills and solidify all they’ve learned online.

BY STEPHANIE CORRAL
When USC launched its three-year hybrid online/on-campus doctor of physical therapy (DPT) program in 2018, Michael Andersen DPT ’06 had his initial concerns. “I didn’t know if we could successfully teach psychomotor skills and clinical reasoning in a hybrid format,” says Andersen, an assistant professor of clinical physical therapy.

But his fears were soon assuaged when he realized the efficacy behind the program’s in-person immersion experiences. “When it comes to hands-on skills, hybrid students report the same level of confidence in their skills as our residential students, which is a good thing,” Andersen says. “Hybrid students come to immersion hungry for feedback from faculty and with an eager intensity to absorb all they can while on campus.”

During each of the approximately 12 required immersions that are scheduled regularly throughout the program, DPT students spend between three and 12 days on campus, refining and being tested on the course material they have learned virtually, through videos, assignments and live-streamed classes.

“Immersion is the perfect time to make sure we truly understand the content, rather than simply being able to regurgitate that content on paper,” says Williams, who lives in Philadelphia.

To call the bump in knowledge she has received through immersion “enormous” would be an understatement, she says. “I entered immersion with limited confidence in my manual technique,” Williams says. "However, almost immediately upon completing exams, I was able to relax and see how much information I had internalized. I feel grateful for the immersion experience, as it offered a concentrated stretch of time that was solely focused on honing my hands-on skills.”

Planning an immersion is a feat in itself because there are so many moving parts, Andersen explains. Faculty must plan the calendar of daily events for the week, recruit instructors for all the coursework, as well as arrange special events and activities.

“These students work so hard away from campus to learn very difficult concepts and skills,” he says. “I hope that being on campus in front of faculty helps solidify what they have learned at home, provides them with helpful guidance for their skill performance and clinical reasoning and generates a confidence in their practice as they continue their journey to becoming physical therapists.”

In Andersen’s patient management course, students get the chance to attend an in-patient hospital experience where they

PHOTO BY NATE JENSEN

Hybrid DPT student Sonia Williams DPT ’22 performs a valgus stress test to assess the integrity of her classmates’ medial collateral ligament.

PHOTO BY NATE JENSEN

In PT 521L Patient Management, hybrid DPT student Jason Tabor DPT ’22 gauges his classmate’s neutral lumbar spine position in preparation for a Thomas Test, which will assess the flexibility of her hip flexor muscles.
can shadow a physical therapist.

For Jason Tabor DPT '22, the in-patient hospital experience was one of his favorite parts of immersion because he conducted a subject interview for the first time.

“My confidence for subject interviewing was relatively low, but now I feel like I can run into any patient room and get what I need to get from a patient,” says Tabor, who lives in Palmdale, Calif.

Back home in Portland, Ore., DeMots keeps her newly acquired skills fresh by practicing on community volunteers every week.

“What I have found most helpful is practicing on others who are familiar with physical therapy because they have a lot of an idea of how my hands-on skills should feel,” DeMots says.

FULLY IMMERSED

During their three years of study, hybrid online/on-campus students will complete up to 12 hands-on immersions, lasting anywhere from three to 12 action-packed days. This is a sample of immersions during the first and second year.

YEAR 1 SAMPLE IMMERSION

Sunday
9 a.m.-1 p.m. PT 521L Patient Management 2-5 p.m. PT 521L Patient Management Monday
8 a.m.-10 p.m. PT 514L Musculoskeletal Anatomy 1-5 p.m. PT 521L Patient Management Tuesday
8 a.m.-10 p.m. PT 514L Musculoskeletal Anatomy 1:30-4:30 p.m. Clinical Education Office Hours Wednesday
8 a.m.-12 p.m. PT 521L Patient Management 1:30-5:30 p.m. Clinical Education Office Hours Thursday
9:30 a.m.-1:30 p.m. PT 534L Neuroanatomy (Gross Lab & Extra Credit Practicum) 1:30-3:30 p.m. PT 534L Neuroanatomy Review (Optional Review) 3:30-4:30 p.m. PT 534L Neuroanatomy (Skills Lab & Skills Check) Friday
8 a.m.-10 p.m. PT 531L Patient Management Practical Exam 1:30-2 p.m. PT 531L Patient Management 2:30-3:30 p.m. Written Exam Review (Optional Review)

YEAR 2 SAMPLE IMMERSION

Sunday
7:30-9:30 a.m. PT 549L Clinical Exercise Physiology (Labs 1 & 7: Exercise Technology and Fitness Assessment V0, Submax) 10 a.m.-10 p.m. PT 549L Clinical Exercise Physiology (Labs 1 & 7: Exercise Technology and Fitness Assessment V0, Submax) 1-5 p.m. PT 571L Clinical Management of Cardiopulmonary Dysfunction Monday
8:30 a.m.-11:30 a.m. PT 549L Clinical Exercise Physiology (Labs 4 & 8: Modalities Exam Review) 10 a.m.-12 p.m. PT 571L Clinical Management of Cardiopulmonary Dysfunction 5:15-6:30 p.m. PT 534L Neuroanatomy (Optional Review)

Friday
8 a.m.-10 p.m. PT 571L Clinical Management of Cardiopulmonary Dysfunction (Practical Exam) 1:30-5:30 p.m. PT 571L Clinical Management of Cardiopulmonary Dysfunction (Gross Lab & Extra Credit Practicum) 7:30-9:30 a.m. PT 549L Clinical Exercise Physiology (Optional Review) 1-5 p.m. PT 549L Clinical Management of Cardiopulmonary Dysfunction (Gross Lab & Extra Credit Practicum) 3:30-4:30 p.m. PT 549L Clinical Exercise Physiology (Optional Review)

Saturday
8-10 a.m. PT 571L Clinical Management of Cardiopulmonary Dysfunction (Retest) 10 a.m.-12 p.m. PT 549L Clinical Management of Cardiopulmonary Dysfunction (Practical Exam)
it’s a diagnosis that no one wants to hear. Sure Richard Johannesen, then 71, had been experiencing symptoms for years — elevated prostate-specific antigen (PSA) levels, frequent urination and softer erections — but his doctors chalked it up to an enlarged prostate, especially after two biopsies came back negative for cancer.

For years, these symptoms were managed with two medications — one that controlled his bladder spasms and another that shrunk his prostate — that is, until 2015.

After seeing a new urologist at the USC Verdugo Hills Hospital and having a third biopsy, Johannesen received life-changing news: He had prostate cancer.

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“You can’t help but get a little depressed,” says Johannesen, a retired automobile engineer, who is now 75. “One of the ways I got through it was to get on my computer at home and research options.”says Johannesen, a retired automobile engineer, who is now 75. “One of the ways I got through it was to get on my computer at home and research options.”

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Johannesen then chose to undergo surgery.

“Incontinence after prostatectomy affects patients in different ways,” says Associate Professor of Clinical Physical Therapy Dan Kirages ’94, DPT ’98. “Some approach this change of life with a hopeful, motivated attitude, but others look at their future with a less than rosy lens.”

Kirages provides treatment to men dealing with incontinence after prostatectomy at USC Physical Therapy, the division’s faculty-run clinical practice. Thanks to a close connection with the USC Institute of Urology, which performs hundreds of prostatectomies annually, the practice has seen a large increase in the number of patients in its pelvic health program.

UNDER THE KNIFE

Of the treatment options available to Johannesen — radical prostatectomy, radiation therapy or hormone therapy — he chose a prostatectomy, the complete surgical removal of his cancerous prostate.

The prostate is a walnut-shaped gland situated between the bladder and the penis. The urethra runs right through the prostate’s center, carrying urine out of the body. The gland also secretes fluid that nourishes and protects sperm during ejaculation.

During a prostatectomy, surgeons (with or without robotic assistance) remove the prostate, which leaves a gap between the bladder and the urethra inside the penis’ base, which surgeons then stitch together. During the process, the bladder neck spherincter, which is partly responsible for holding in urine, is removed.

Even when done with robotic precision, the procedure often creates unintended side effects. Nearly all men will experience erectile dysfunction for a few months after their surgery, with 40 to 50 percent returning to pre-treatment function after a year, according to John Hopkins Medicine. Due to the loss of the bladder neck sphincter, they can also encounter urinary incontinence.

Though Johannesen experienced both side effects, it was the urinary incontinence that was most distressing. “I got by wearing dark pants and taking urinary pads with me,” Johannesen says.

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A SET BACK

Shortly after Johannesen’s prostatectomy, his physicians noticed that his PSA levels were again climbing, suggesting that surgeons had not removed all the cancer cells.

“I was not ready for that,” Johannesen says. “That was my lowest point after my recurrence. I was very depressed.”

To remove the rest of the cancer, Johannesen would need to go through radiation therapy, a procedure that requires patients to have an empty rectum and a full bladder — a challenge for someone experiencing urinary incontinence.

The oncologist suggested Johannesen begin physical therapy treatment right away to strengthen his pelvic muscles so he could maintain a full bladder for the procedure.

“She says, ‘Good news! There’s this wonderful person over there in our physical therapy department that helps men with this.’” says Johannesen, who began physical therapy treatment in 2016.

Kirages began helping Johannesen strengthen his pelvic floor muscles, using verbal cues, hands-on cues and biofeedback to help him visualize how his ‘hidden muscle’ is working.

He then prescribed a 16-20 week progressive exercise program.

THE PHYSICAL THERAPY ANGLE


The only physical therapist on the panel, Kirages contributed guidelines related to providing patients pelvic floor muscle training before surgery, when their muscles are free from surgical pain; immediately after surgery, and even after one year, if the patient’s incontinence hasn’t improved.

“Inviting a physical therapist to be on this guideline authorship panel is a statement of tremendous respect for our profession,” Kirages says. “We, PTs, feel that we are the most equipped for working with this patient population because of our deep understanding of exercise prescription, physiology, neurological re-education and anatomy.”

MORE THAN A PHYSICAL THERAPIST

Johannesen suffered another blow when he found out he was not a candidate for radiation therapy after all.

“My doctor said the collateral damage would be far greater than the benefit,” he says. “That was the second biggest disappointment along my path.”

Though still battling cancer today, Johannesen says he has seen an improvement in his continence over the course of the pelvic floor muscle training program.

But even more than helping him manage his incontinence, Kirages has been a big support system for Johannesen throughout his prostate cancer fight.

“He’s been this fantastic guy,” Johannesen says of Kirages. “He’s been more than a physical therapist; he’s been a friend.”

USC physical therapists help men strengthen their pelvic floor muscles and reduce the side effects of prostate cancer treatment.
I am currently a second-year DPT hybrid student. Like many of my peers, my path to physical therapy school has been a bit of a winding road. I earned undergraduate degrees in art and psychology at Mercer University in Macon, Ga. Along the way, I also completed the prerequisites for physical therapy school and began researching opportunities that would provide me with hands-on experience in physical therapy.

During the summer of 2016, I had the privilege of traveling to Vietnam as part of Mercer on Mission, a five-week, service-oriented study-abroad program. The mission’s purpose was to create and fit prosthetic legs, which we would make both universal and affordable, for unilateral and bilateral amputees. While traveling through Vietnam, I had the opportunity to provide basic medical care and physical therapy to 2,700 individuals and build and fit prosthetics for more than 500.

Following the Vietnam War, many veterans were left handicapped due to injuries from buried land mines. Today, many civilians accidentally walk over (and detonate) these leftover mines and lose limbs, leaving the country with an estimated 200,000 amputees. During my time in Vietnam, I saw patients with homemade prosthetics crafted from broomsticks, tin cans or whatever they could find. Patients without prosthetics arrived with crutches or canes. In the worst cases, patients crawled or dragged themselves by their arms.

While working with these patients, I gained a greater appreciation for the many privileges we enjoy in the United States, especially access to basic healthcare. As Americans, many of us are fortunate enough to have access to dental, vision and medical care. Many of our Vietnamese patients, however, traveled for days from remote villages just to reach our clinics. These people came seeking basic medical care, prosthetics or physical therapy. After reaching the clinic, they would wait outside in the heat for hours until their number was called. Watching people rush the clinic doors every morning in an effort to get one of our limited spots changed my perception of healthcare forever.

Although the work in Vietnam was demanding, the conditions were rough and the hours were long, my experiences played an essential role in forming my attitude about my life’s work. Some days were truly a struggle, but in the end, all were priceless.

On many occasions, I witnessed a patient, who I had carried or helped to crawl into the clinic, walk out hours later on their own (prosthetic) feet. One memorable day, I had the privilege of assisting an elderly amputee who had come in to the clinic using a crutch since he had no prosthetic. I built this gentleman a prosthetic leg and demonstrated exercises to continue to strengthen his residual limb.

Once given the finished prosthetic, the man was eager to stand without his crutch. While standing, he started to dance. He told our translator that this was the first time he felt like a man since losing his leg almost 30 years ago. I can truthfully say that this was an experience I will never forget.

My experience treating this man, and many others like him, strengthened my resolve to pursue a career in physical therapy. While other careers might provide similar compensation, none could ever match the intangible joy I felt in using my skills to help others. If I can help someone regain strength or mobility, and increase their sense of independence, then I know that what I do will have purpose and significance.

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