

# ROBERT G. DICUS AWARD SPEECH

Jack Close, M.S., P.T.

**D**istinguished colleagues, previous Dicus awardees, Mrs. Dicus, friends and family, what a thrill and honor it is for me to stand before you tonight, in this beautiful and historic room, as the recipient of the 11th annual Robert G. Dicus Award—on this, the 35th Anniversary of the Private Practice Section of the American Physical Therapy Association.

I am truly humbled and honored to receive this special award and I am grateful to see so many of you here tonight to share in my joy and excitement. You have truly overwhelmed me with your best wishes, your kind compliments, and heartfelt congratulations. Thank you so much.



*Jack is president of Close and Kleven Ltd., a professional corporation, and director of Las Vegas Institute of Physical Therapy and*

*Sports Medicine. Jack has been extremely active in the APTA, having been on the Board of Directors and Vice President of the APTA. Jack has served the Private Practice Section as a member of the public relations committee, secretary, corresponding secretary, Editor of "Whirlpool," and President of the Section in 1980.*

I am truly honored to have Mrs. Shirley Dicus with us tonight—the wife of the man who we all remember and honor each year with this special activity. In addition, we are honored this night to also have his son Steve Dicus and daughter Ann Baldwin with us. Shirley, Steve, and Ann, thank you for finding the time to be with us tonight—I'm really glad you are here.

As many of you know, it was during my term as President of this Section that this award was created. I can still remember the enthusiasm of the Board of Directors when the motion passed to create this award. And there was even more enthusiasm and excitement when the Board selected the name of the award. Even though I did not get the chance to personally meet Bob Dicus, I can remember how honored Bob was to have this award named in his honor. Also, he was so excited when we told him that the first recipient of this award was going to be his long time friend and confidant Charles Magistro. In fact, he was so excited that, in spite of all of his ailments, Bob told me, through Shirley, that he was going to try to be in attendance at this dinner—even if he had to charter a plane and bring his respirator with him. What a shock it was to all of us when we heard of Bob's passing just a short time before this special activity. I had the special opportunity to present this award to Charlie and I remember what a difficult time

I had controlling my emotions—God has blessed me with three "bladders"—two of which happen to be in my eyes. It proved to be a very touching and emotional experience for all who were in attendance. I really felt that I had lost a friend and I felt that the spirit of Bob Dicus was with us that night. I hope that you are here tonight, Bob.

I would like to take a few moments to recognize a few people, many of whom are in the audience this evening. As I have said on previous occasions, I feel that in this life, we cannot achieve success on our own. Success in our families, our business, or in any area of our life comes as a result of individuals working together to achieve a common goal. I am reminded of one of my favorite songs by Bette Midler entitled "The Wind Beneath My Wings." So many of you here tonight have touched my life and provided me the "Wind Beneath My Wings" to help me accomplish many of my goals. As the song says:

"It might have appeared to go unnoticed, but I've got it all right here in my heart . . . Did you ever know that you're my hero. You're everything I wish I could be. I could fly higher than an eagle, for you are the wind beneath my wings."

First of all, even though they passed on some 20 years ago, I would be remiss if I didn't publicly express my love and appreciation



to my parents who taught me so much about life and the importance of genuine love and caring, about optimism, perseverance, giving a 110% in all things I would do—and yes, I will even give them credit for my sense of humor and my “English” bullheadedness. I wish they were here tonight. I love you Mom and Dad.

In receiving this special award tonight, I wish I could divide it into pieces—for there are several individuals who I feel should share in this award. First and foremost, I want to express my love and appreciation to my best friend, my confidant, my eternal mate, the one who definitely deserves at least one half of this award, my lovely wife—Gaye. She has been such a support and asset to me through our 29 years of marriage, through all of our ups and downs and all the challenges and trials; she has always stood by me at my side, providing me unconditional love and support and always was there to tell me that I could do it. Thank you, Gaye. I love you more than you know.

Next, I think that our children also deserve a piece of this award. I'm grateful to them for their love and support, even though they sometimes had to put up with a father in absentia. But they were always there when I needed them and they were always willing to provide whatever help and assistance that was needed. I am truly blessed to have such a “close” family. I am happy to have some of them here with us tonight. May I introduce our daughter Tiffany and her husband Doug Hedger, and our daughter Kristie. Our oldest son, Jack Jr., and his wife Cheryl couldn't make the trip due to work commitments, and our youngest son Steve is currently in South Africa serving a mission for our church. Tiffany works as my administrative assistant and I don't know what I would do without her. Doug is an attorney with the public defender's office in Las Vegas, and Kristie is a junior in the Athletic Training Program at University of Nevada-Las Vegas. We have also been blessed with four grandchildren, but they couldn't

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be here tonight. And no, it doesn't bother me a bit to be called "grandpa." My motto is that if I knew that grandchildren were this much fun, I think we should have had them first.

I'm also grateful to have Gaye's mother with us tonight—Lueen Taylor. Thanks for being here, Mom.

Also, even though they are not here tonight, I feel that our staff deserves a piece of this award and I want to publicly thank our staff for their unconditional support and love. I am sure that each of you feel that you have the best staff in the United States—maybe you have—but I feel that our staff is the best in the world.

I would also like to express my appreciation to the APTA staff who are here tonight and who I had the opportunity to work with during my 8 years on the APTA Board of Directors. You are each special people with many skills and talents. I have learned much from you.

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*We have come a long way from our reconstruction aide beginnings.*

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I will cherish the time we spent together and you will always have a special place in my heart. Thanks for being here tonight.

And, last but not least, I would like to recognize a special friend, one who is like a brother to me, my business partner, Keith Kleven. Keith and I have been together since 1973. We will both be the first to say that the development of our partnership hasn't been easy. During the first few years, it seemed that we were ready to split up almost every other week—if not daily. But what can you expect from two individuals that are sometimes quite bullheaded,

headstrong, and independent. But we hung in there, and I think that we have truly developed a "business marriage." I feel that we have grown up together and have come to accept each other as we are and are willing to give and take more than we did when we started. I really mean it when I say that I feel that he is my brother. Keith, I am proud of our partnership. You have done a lot for me and I am grateful for all your efforts and dedication. I don't think I know anyone who cares and gives more than you do.

In preparing for this address, I found myself pondering what I wanted to share with you, the members of the Private Practice Section—MY PEERS. Many things came to my mind, especially my last 20 plus years in this section and the growth that has occurred in the section since I have been a member. I also thought about the paralleled success that we—as private practitioners—have had in the clinic. I am proud of this growth in both of these areas. However, as we look to the 21st century, we have to anticipate continued growth and change—we all know that. However, whether or not this change and growth will be in our best interest—in my mind—will depend greatly on those of you in this room this evening. YOU ARE THE FUTURE, and I would like to share with you one clinician's opinion about how I see the future of our profession.

First of all, let me say to you that I am proud to be a physical therapist. I have never had a day when I wished that I had gone into some other field. And, I'm grateful to be a part of such a dynamic profession—we have such a rich and successful history. Many great things have been accomplished by many in this room and our predecessors—getting away from "prescription" physical therapy, the ability and opportunity to accredit our own professional preparation curricula, direct access, and continued movement towards autonomous, interdependent practice, entry into the profession at the postbaccalaureate level, increased public awareness of our profes-

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sion, and so much more. We have come a long way from our reconstruction aide beginnings.

However, as I look to the 21st century and try to anticipate what the future holds for our profession, I feel uneasy and I am concerned. If a person from the desert can put this in nautical terminology, let me say that our professional ship—which has come through many rough seas—is not water tight and we are taking on water in spite of many who are working to keep us afloat.

Many of you know that on the day I was notified that I was selected to receive this award almost 9 weeks ago, my older brother, Gene, was involved in a very serious single-car automobile accident. He suffered multiple injuries—including severe brain trauma, C-2 cervical fracture, 7 rib fractures, his left ear was literally ripped-off, and he was almost scalped on the right side of his skull. He had lung and kidney damage, and to top it off, after the accident occurred, he wasn't found for about 6 to 7 hours after the accident. In addition, because of long standing heart disease, he was on high doses of a blood thinner. By all rights he should have died on that deserted highway in the rural part of Southern Nevada. This has been a real humbling experience for me and our family. However, for me, it has also given me a glimpse of the current medical care in an environment where most of the medical practitioners and nurses didn't know that I was a physical therapist. I am sure that many of you in this room may have gone through many of the same circumstances with which our family had to deal.

Even though I am not a physician—and proud of that—after 23 years of physical therapy practice in acute, chronic, and rehabilitative medical environments, I feel that I have a pretty good knowledge of what kind of medical treatment my brother should have received. Bluntly put, he did not receive it. From the moment he arrived at the hospital, it was a daily fiasco. On admission, the head triage nurse didn't know a

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*Caring is action; it is not a passive activity. It is something we all need to work on every day because we really never master this skill.*

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"flight for life" flight was bringing my brother to the hospital when he was already in the ER being ignored. They missed the diagnosis of the cervical fracture for almost 4 days. They didn't pick up that he had a flail chest and his lungs were full of fluid until we made them aware of the problem. They didn't immediately recognize a change in neurological status with a dilated pupil until we got a nurse to understand what we were seeing—I could go on and on.

Is this an isolated experience? I don't think so. Many have come forth and shared their similar experiences. Am I up here to put down the medical profession—NO. However, I am here to say to you that something is happening to the medical profession that creates a terrible sinking feeling in the pit of my stomach. You probably hear in your practice, as I do, when your patients describe: the 45-second office visit after a 2- to 3-hour wait in a packed physician's waiting room, the inaccessibility of the physician, inappropriate medical fees for services rendered, the general lack of genuine caring for the patient, increased emphasis on medical specialization without concern for the whole patient, etc. As we look out our windows and watch this happen to the physicians, is it possible that we are not looking out of a window but rather into a mirror? Is our profession having similar problems? I would probably answer that question with a paraphrase of a biblical statement: Let ye who are without sin cast the first stone.

I feel that there are many professional issues that occur in our profession on a daily basis that are causing our "ship" to take on

water. Let me share with you tonight a few of those practices that I feel cause holes in our professional ship—however, let me say to you, this list is not all inclusive nor is it in rank order.

1. Physical therapists poorly or never evaluating a patient's function and/or needs—simply providing U/S, MHP, and massage—defined by most as the "fake and bake" routine. This treatment is not physical therapy—it doesn't take a post-baccalaureate degree to apply these modalities.
2. With all due respect to our exhibitors, physical therapy treatment with an emphasis on machines and equipment rather than on the physical therapist's greatest assets—his or her head, heart, and hands.
3. Patient's receiving physical therapy, not participating as an active participant in the program—allowing the patient to depend upon the physical therapist to "fix me."
4. All physical therapy being provided by supportive personnel without daily/weekly reevaluation by the physical therapist. I am a strong supporter for the proper utilization of the physical therapist assistant. However, you and I know of those clinics where one physical therapist and 1 to 2 assistants or aides are seeing 60, 70, 80 patients per day.
5. Physical therapists being more concerned about the financial bottom line than the well-being and caring of the patient. Where should our emphasis be?
6. The physical therapist who demonstrates his or her "lack of caring" for the patient by treating the patient as a "neck" or a "back" or "knee", rather than as a whole patient with physical and emotional/psychological needs.
7. The lack of commitment to our profession by its members—apathy—which is associated with the permeating attitude of our members best described



as the "what's in it for me" attitude. Let someone else do the work, but I'll be happy to share in the benefits.

8. The loss of our senior/experienced clinicians to administration or other occupations, which results in a loss of historical perspective and vision along with a loss of their clinical expertise and knowledge.
9. A lack of commitment of our members to research and to education—especially clinical research and clinical education. We desperately need validation of the treatments which we provide. If we don't do the research, who is going to do it for us? Along with this, our schools are having increased difficulty placing our students in clinical education environments where they can truly practice and develop their clinical skills—rather than functioning as an assistant with very little supervision. What is going to happen

when we extend our clinicals to 1 year?

10. New graduates entering private practice or POPTS environments directly out of school. Each year we lose students to these environments that cause them, in my opinion, to sink to the lowest level of materialistic practice and they tend to abandon their opportunity to practice at higher levels of humanistic, problem-based, scientific practice because of their need for immediate financial reward.

In spite of these challenges, I still have much hope and enthusiasm for our profession—my overall vision is one of optimism rather than pessimism. As I have said before, I am proud that I am a physical therapist. However, the time is here when we must meet the challenges on which depend the existence of our profession. As a clinician, I feel that we need to recognize that the core ingredi-

ents for the successful survival of our profession into the 21st century will revolve around the following:

1. Our skill and ability to evaluate, problem solve, and correctly treat the movement dysfunction problems presented by each of our patients.
2. Our ability to demonstrate the highest degree of caring for our patients, our peers and our profession.

Last year in Reno, Nevada, Shirley Sahrman addressed this section with an address entitled "The Future of the Profession." I am sure that many of you here tonight remember that presentation. For the sake of time tonight, I will not restate many of the things Shirley said; however, let me share with you a few quotes from that talk:

"Physicians are the least qualified to evaluate the patient's overall functional status. They generally just give

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medication to camouflage the symptoms . . . We (physical therapists) treat the etiology."

She continued:

"We need to move away from defending our turf from the modality point of view and move to the defense of our ability to evaluate and treat movement dysfunction".

She then went on to describe a 17-point plan that she felt would help us achieve "the full potential of physical therapy." I feel that Shirley is "on target" and I would encourage each of you to get a copy of the audiotape from that presentation or write to Shirley to get a copy of her talk.

But just saying to everyone what we do and that we are the best is not enough—we must prove that we are the best. As Ruth Wood stated:

"If we are to be successful as independent practitioners, we must not only provide those services that justify our existence, but we must do so better than anyone else. Just announcing that a particular treatment or field is within our scope of practice and then jealously guarding it is not enough. We must prove to the consumer that we do it the very best—in an ethical manner—at a reasonable cost."

Helen Hislop related the following about the future of our profession:

"Why will we survive? How will we survive? By providing a unique and distinct service to the people—service not equaled in it's excellence, breadth, or comprehensiveness by any other group."

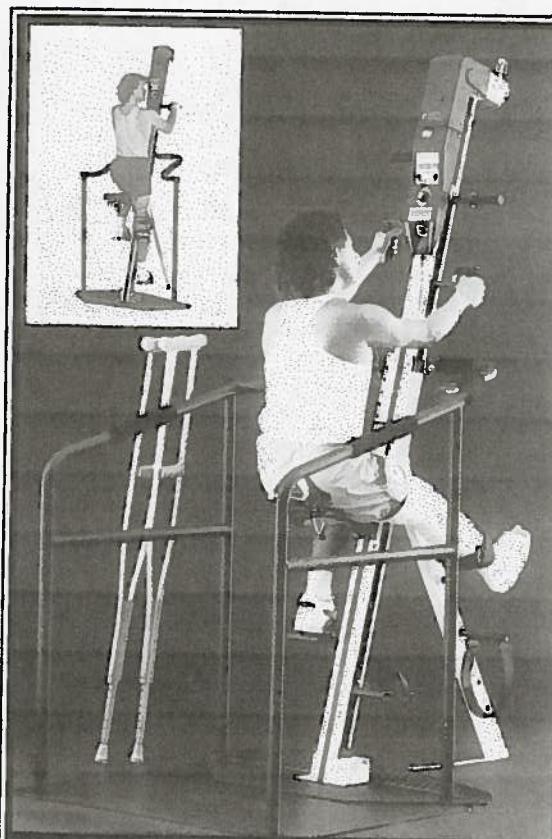
And, as Charles Magistro stated:

"I am convinced that one of the primary reasons the specialty of physical

medicine and rehabilitation failed to control physical therapists was because they did not lay hands on the patients or deal directly with their problems. We physical therapists must never permit our profession to be jeopardized by failing to provide those services that justify our existence."

We need to diligently work at refining and reshaping our skills and abilities so that each of our patients may receive the most modern, up-to-date treatment and care that is possible. If we don't, we are going to find ourselves and our profession left on the "dock" because the referral and reimbursement ship has already sailed without us.

Let us look at the subject of "caring." Many individuals use this term—in most cases it is used as a cliché, a stereotyped expression—without much true meaning. It sounds good to say that—"I care"—but few really demon-



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strate or practice true caring. Caring is action; it is not a passive activity. It is something we all need to work on every day because we really never master this skill. Each day is a new day. If we really try, we can learn different ways in which we can show that we care. I would like to refer you to the book by Stephen R. Covey entitled *The Seven Habits of Highly Effective People*. In this book, he describes the principles of personal vision, personal leadership, personal management, interpersonal leadership, empathetic communication, creative cooperation, and balanced self-renewal. I have found that these principles have helped me both in my personal and professional life. In fact, when I started to read this book I had a hard time putting it down because so much of it made sense to me. One of the things that Mr. Covey says in his book is that "PEOPLE ARE MORE IMPORTANT THAN THINGS." He then goes on to describe a process that he says each of us should go through to perform a self-evaluation and identify our own principles and the center of our lives.

"You can't have the fruits without the roots . . . self-mastery and self-discipline are the foundation of good relationships with others . . . The most important ingredient we put into any relationship is not what we say or what we do, but what we are."

In our profession, it has been said that "nobody cares how much we know until they know how much we care." There are many ways in which we can show that we care. However, let me share with you six simple actions, as defined by Mr. Covey, that say "I care":

1. Truly understand the individual. This involves empathetic understanding and follows the principle of "making what is important to the other person as important to you as the other person is to you." "Treat them

all the same by treating them differently."

2. Attend to the little things. Little kindnesses and courtesies are the foundation of a good relationship.
3. Keep your commitments. "If you cultivate the habit of always keeping the promises you make, you will build bridges of trust that will span the gaps of understanding."
4. Clarify expectations. "Unclear expectations in the area of goals undermine communication and trust. . . the cause of almost all relationship difficulties is rooted in conflicting or ambiguous expectations around roles and goals."
5. Show personal integrity. "Personal integrity generates trust . . . but this goes beyond honesty. Honesty is telling the truth . . . conforming our words to reality. Integrity is conforming reality to our words . . . keeping promises and fulfilling expectations."
6. Apologize sincerely when you make a mistake. We should all recognize that we are not perfect; however it takes a great deal of individual character, strength, and personal integrity to admit when you are wrong.

Our destiny is in our hands; as it has been said, destiny is not a matter of chance — it is a matter of choice. You can work to "plug" the holes in our professional ship or you can continue to work on less important and less fruitful labors—such as simply bailing out the water from our "professional" ship.

You have probably heard or read the story of "The Cynic and the Philosopher"; however, let me present it to you again tonight.

It seems that one day the Cynic asked the Philosopher a question: "I have a bird in my hand. Tell me, Philosopher, is the bird dead or alive? The Philosopher thought for a moment and noted, "If I say to him that it is dead,

he will let the live bird fly away; but, if I say to him that it is alive, he will clench his fist, crush the life from the bird, open his hand, and show me a dead bird." So the wise man said to the Cynic, "You have a bird in your hand. You ask me if it is dead or alive: I answer, it is as you will."

As in this story, our future is at our will—it is our choice. I for one cannot be certain what our tomorrow will be like. However, one thing that I am certain about is that your tomorrow and mine will be what we choose to make it. Of all my expectations and hopes, the greatest is that we will remember that we are in physical therapy to **PROVIDE SERVICE AND CARE TO OUR PATIENTS**. They deserve our best service, genuine caring, our respect, and our full attention.

In closing, I would like to leave you with the words of one of my favorite authors, George Bernard Shaw:

"This is the true joy in life—that of being used for a purpose recognized by yourself as a mighty one. That of being a force of nature, instead of a feverish, selfish little clod of ailments and grievances complaining that the world will not devote itself to making you happy. I am of the opinion that my life belongs to the whole community and as long as I live it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die. For the harder I work the more I live. I rejoice in life for its own sake. Life is no brief candle to me. It is a sort of splendid torch which I've got to hold up for the moment and I want to make it burn as brightly as possible before handing it on to future generations."

It is my hope that each of us will take the personal and professional responsibility to not hold up a candle to the future, but rather to light a torch so that we will be able to light the path to the future and at the same time let our light shine so brightly so as to show others the way. ■