



2011 Robert G. Dicus Award Recipient James C. Milder, PT, DPT, Acceptance Speech

THANK YOU, TOM, AND MAY I OFFER my sincere thanks to the Section Board of Directors, the Awards Committee, and especially those who initiated and supported my nomination for this honor. You are kind and I am flattered. It is truly wonderful to be acknowledged by one's peers. Allow me also to thank my wife Annie and our children for their unconditional support.

Abraham Lincoln prefaced a speech by saying, "The world will little note nor long remember what we say here today." In his case he was wrong, but in my case it is a possibility. So let me be brief and put in a plug for service to our professional association.

We have an obligation to nurture and improve our profession. We can best do that by supporting our association through service.

This is a time of change for the entire health care system, a change that is extraordinary because of involvement of the federal bureaucracy. We are faced with government regulators deciding they need to become increasingly involved in our practices. A few examples are:

- The implementation of ICD-10 and the explanation for why we need it.
- Quality reporting is to become a punitive system ... really?
- We are still not finished with implementation of HIPPA provisions.

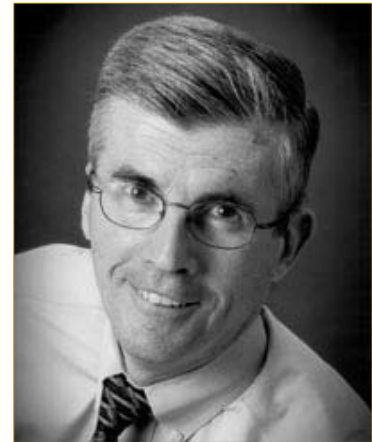
Remember Ronald Reagan's nine most terrifying words in the English language: "I'm from the government and I'm here to help."

These are the very type of challenges that APTA is best positioned to address. The section has made the right move in securing a lobbyist and working closely with APTA. What about us as individuals? Private practice PTs are far too rare in the

APTA House of Delegates. A few highly respected members of APTA's board are PPS members, but they certainly need much more substantial support in the House. Each PT in this room and this section should be an active participant in his or her state chapter and in the sections working in volunteer and elected positions. Each chapter delegation to the House of Delegates should include a number of PPS members.

One of the reasons the Private Practice Section was founded was in response to a challenge presented by physiatrists in the 1940s. At that time there was neither universal state licensure nor an accepted educational standard. Physical therapists demonstrated legitimacy through membership in APTA. Association membership required that one be an RPT, which meant being admitted to and in good standing with the American Registry of Physical Therapists, an AMA-controlled body governed by PM&R physicians. Association membership and the designation "RPT" were how our predecessors separated themselves from others who claimed to be PTs but lacked professional preparation. Eventually, the physiatrists who controlled the registry saw an opportunity; they promulgated rules which required RPTs to work under the direct supervision of a physician. Patients were required to see the supervising physician, who would create a treatment plan for the therapist to carry out. This situation was intolerable and impractical for those who wished to practice in stand-alone physical therapy settings—private practice.

A standoff ensued, with APTA policy and some association leaders in support of the registry and the founders of this section opposed to the registry. Section members worked through the House of



Delegates and were able to affect favorable change in association policy. Concurrent with moving away from the registry, the association worked for universal state licensure, which eventually became the reality under which we practice.

The question now arises whether we could face such a challenge today. Could there be a significant divergence between APTA policy and private practice priorities? The answer, especially in light of health care reform, is obvious. When we fail to fulfill our obligation to serve, we surrender our role in the decision-making process. Let me ask the following.

- Are you comfortable, at this time of reform, that direct access under Medicare should not be a priority for APTA's legislative agenda?
- Is this the time to relieve the membership and the House of Delegates of responsibility for directing the association? Is it time to give that duty to the board exclusively?
- Do you agree that we should never accept a health care paradigm that sees

DICUS AWARD, continued on page 67

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anyone other than physical therapist assistants assisting physical therapists in the care of clients and patients? The section has led the way in opening that door, but the struggle is far from over.

We are faced with serious challenges, and unless we engage in the discussion, priorities of others will inform the association's direction.

Again, private practice PTs must get much more involved in leadership of chapters, sections, and the House of Delegates.

Let me finish by pointing out that I have gotten much more out of my service than I have ever put in, and for that I thank all those with whom I served; it has been a privilege and you have been more than generous.

About 30 years ago, I attended the PPS Annual Conference in Denver. During a reception, I mentioned to Phylis Lehman that I would like to get involved in the section. She immediately took me by the arm and introduced me to Francis Guglielmo, who said I should come to the Program Committee meeting in the morning. While on that Program Committee, I served with many great PTs, including at least 5 others who have since been

honored with this Dicus award. They all have been good friends who have openly shared their wealth of knowledge.

The reason we come to this meeting is so that we may learn how others are succeeding at the very things we are trying to do. If the professional educators among us will forgive me, I will hypothesize that there are two ways we learn at this meeting,

- One is sitting in presentations being impressed by PowerPoint slides and being inspired by new and exciting theories.
- The other is by sitting down and informally networking with peers.

It is through networking that we learn how others are overcoming today's challenges. When we network with our peers, we share our successes as well as the hard-earned lessons of our failures. It is nice to know what might work; it's crucial to know what certainly hasn't worked. What better way to leverage our networking opportunity than by involvement in the various volunteer positions within PPS?

You see, what worked before, what was special and unique yesterday, has become commonplace; we must learn new ways

of saying what we say and doing what we do. I am reminded of a story I once heard and have often repeated. It goes like this:

Three dogs—a German shepherd, a Labrador retriever, and a Chihuahua—stopped in at a bar after a long day at work. They each ordered a beer and sat back to relax and commiserate. After a few minutes, in walks the prettiest poodle you ever would want to see. Beautifully turned out, pink ribbons—the whole 9 yards. The guys sit up and take notice. She saunters across the floor and looks things over. After a minute she says, “Would one of you boys like to be my date?” They reply “Woof,” “Woof, woof,” “Yip, yip, yip, yip.” So she says, “Fellas, I’ll tell you what, the one who can use the terms ‘liver and cheese’ the most creatively wins the date.” So the German shepherd gets down off the bar stool walks over to the fine lady and says, “I love liver and cheese.” She rolls her eyes and says “Next.” The Labrador retriever walks over just as bold as can be and says, “Liver and cheese is my favorite!” She just shakes her head. Everybody looks at the Chihuahua, who is grinning from ear to ear as he says, “Liver alone boys, cheese mine!”

Thanks, and have a good meeting. ■

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