

Thank you so very much for honoring me with this award. Being included among the Robert G Dicus award recipients is humbling indeed. A very special thank you to those who nominated me, to the Awards committee and of course the PPS Board of Directors. I shall do my very best to uphold this honor you have given me.

I have not traveled this path alone. There have been many who have helped, mentored and guided me along the way—several in this very audience. I would like to mention just two.

First of all my Dad...who is here in spirit today. He was a consummate businessman who demonstrated in every way the importance of ethics and the value of the golden rule. He ingrained in me the “give it all you’ve got every single day” philosophy that I hold so dear.

My husband, Neil Cinquemani, who as a physical therapist taught me the importance of professionalism and of giving back to the profession....and as a husband and best friend has given me council strength, support and the time to pursue association activities for 25 years....Neil, I share this award with you.

Vision 2020 stands as the preeminent goal for our profession, but don’t you still find yourself wondering what Physical therapy – and particularly private practice - will really be like in the year 2020 and beyond? We’ve successfully managed an enormous amount of change since our inception as Reconstruction Aides back in the early 1920’s. Now the transition to a doctoring profession is bringing even greater challenges and change. With it predicted that 97% of PT entry level educational programs will be at the Doctoral level at the end of this decade, I’d like to think that by 2020 most Physical Therapists will be Doctors of Physical Therapy who are fully autonomous practitioners of choice with unrestricted direct access for our patients. And, hopefully, many more physical therapists will be business owners.

If you doubt that clinical practice as we know it today stands to change immensely, consider this fact: all that was known in the first 5000 years of human history doubled in the 30 years between 1966 and 1996. It will double again in the 10 years between 1996 and 2006 and once again in the 4 years between 2006 and 2010. Who can even begin to imagine what all of this new information will do to the practice of physical therapy? Or how our patients and patient population will change. Between 1946 and 1964, 76 million baby boomers were born and are now turning 50 at the rate of one every 7 seconds. By the year 2010 the percentage of Americans between 50 and 70 will increase by 50%. In 1964 there were only 5000 people over the age of ninety, today there are more than a million and in 2010 there will be 6 million people in their 90's. This maturing baby-boomer generation will have a dramatic impact on the health care system.

When we were young, we boomers didn't trust anyone over 30... *now* we don't trust anyone at all. No doubt we are perceived as “know it alls” and independent thinkers who prefer to make our own healthcare decisions. Meanwhile, health care information is coming at us from multiple sources and in different ways, including vast amounts of medical information that is readily available on the internet. So there you have it ...a newly emerging, well informed, somewhat distrustful and aging health care consumer who as a group are: politically powerful, increasingly affluent or very poor; open to alternative medicine, disdainful of advertising, and privy to an unprecedented amount of information and technology that is exponentially expanding. Despite all of this, or perhaps because of it, health care consumers crave human contact. That translates to a real opportunity for physical therapists who are thoroughly committed to continuing to provide physical therapy in a hands on, face to face encounter.

Surely by the year 2020 a significant amount of credible and readily available research will substantiate our clinical decisions about the most effective physical therapy interventions. Those interventions will be based on Best Practice models designed on the basis of this research and a vast amount of clinical outcome data. Of course for all of that to happen, the Foundation for Physical Therapy Research will need our continuing financial support in order to ensure that there will be timely and relevant physical therapy research projects.

By 2020, we will routinely order testing and diagnostic services and refer to other health care practitioners as we deem necessary. I suspect that in the years ahead, many of the diseases that now lead to the need for Physical Therapy may be cured...dreadful diseases such as cancer, diabetes and MS. And where our treatment approaches in the past have concentrated on existing diseases and injuries, in the future health maintenance, disease prevention and wellness from the moment of birth will become a more important part of our services.

By 2020...hopefully long before...we will achieve "physician status" in the Medicare program thus allowing direct access with reimbursement for physical therapy.

With such a future in mind, what about private practice? Physical therapists in private practice are known and recognized for innovation, entrepreneurship and the determination to succeed. I believe that the next 15 years will provide an even greater opportunity for the expansion of private practice into many, if not all arenas, where PT is provided. Of course, it's unrealistic to think that ALL physical therapists will be a sole owner or partner in his or her business. We know that there will always be those who prefer to be employees and that is ok. But all of us must accept that as professionals we do have the ethical and moral responsibility to choose where, with whom and how we practice. That is why, as truly autonomous practitioners, more and more of us will own our physical therapy practices.

In the 50's and 60's, a few brave PT's, like Robert Dicus, Jim McKillip, Charles Magistro, Francis Guglielmo, Marilyn Moffat, Jay Goodfarb, and Florence Kendall, struck out on their own into the world of "self employment". I say "brave" because in those days it was almost heretical to go against the norm and become self employed. We in this room are grateful for their bravery and willingness to lead the way.

As PT's in private practice, we have worked hard to develop the referral sources and reputation that confirms our credibility and competence within the medical community surrounding us. We often give up time that could be spent with family and friends to ensure our business is successful. We develop our own community of patients – who come to us for a multitude of reasons over the course of several years and for whom we are healers, wellness promoters and advocates. This investment of time, energy and talent leads to a successful, well-established practice.

And then, at an inevitable point in time, the reality of retirement sets in and we begin to wonder if we can or even want to work "this hard" forever. But what happens to the practice? It's my impression that not enough of us think ahead to make sure that our hard earned and well positioned practices will continue to meet the needs of the community even without us. Do we not have an obligation to our profession, our community, our employees and our patients to promote the continuation of the services they have come to respect. If we "walk away" – leaving behind our legacy - or sell to the nearest hospital or large publicly-held corporation, we're likely to create a significant void...certainly for the patients we have so dutifully served and nurtured and for those who have worked with and for us. The service delivery will change. The physical therapy needs will hopefully be met but it may not be the same. To fill this void, others will move in.... young therapists starting a private practice that will take years to develop. Or perhaps alternative providers such as massage therapists, trainers, and chiropractors will attempt to fill the void.

In his best-selling book entitled "The World is Flat," Thomas Friedman discusses the globalization of our world...how walls have come down because technology has allowed us to connect and collaborate horizontally across world borders and cultures. All of us should begin to imagine how physical therapists, patients, and private practice might encounter and benefit from these very same advances in technology and globalization and from the philosophy of "flattening". I can't be certain about the form that might take, but I am certain that private practice must welcome that encounter if we are to be successful in our transition to a doctoring profession.

Although today there are many more PT's in private practice, the market share is still small (perhaps about 25% of all therapists are self employed). But what is most striking to me is how, with so much change around us, the private practice model has changed so little. The PPS member survey conducted in 2004 tells us that 64% of practice owners are male and the owners average age is 43. Most practices have one or two PT owners with 5 PT employees, 1.3 PTA's, 2 aides and 4 administrative staff. Most of the practices are a one or two clinic setting. Sound familiar?

Practice models could adopt the "flattening philosophy" by dissolving the walls of ownership and by eliminating the "top down" style of management. We know that people who are stakeholders are more deeply vested and certainly more productive. With more and more therapists, especially new graduates, interested in having practice equity, the avenues for ownership need to expand ...whether it be through partnering in a small or large group practice, employee stock ownership programs or perhaps even franchising. There is most certainly the opportunity for an increase in the types of practice arrangements. And as we know, timing is everything. Positioning for the expansion of private practice could not be better. In this post Enron era, corporations have become symbols for greed, fraud and corruption. Most consumers are looking for the opposite. They are looking for a personal experience with someone who will tailor services to needs and go the extra mile. That's US!!

However, changing ownership models doesn't just happen...it requires legal and financial planning as well as the time and commitment for the prerequisite training and mentoring.

We need to get started. The benefits are many but most importantly, these new and emerging models can provide even more opportunity for collaboration and connection; they can make our practices more successful and they can help us design the very best exit strategies when we, as owners, begin the transition from buy in to retirement. In that way, the ownership models can help us ensure the continuation of private practice, the retention of established patients, the meeting of community needs, and the prevention of others filling the void.

The Private Practice section and its' members should take the leadership role in promoting various models of practice ownership, including among others, independent contracting, physical therapist partnerships and franchises, and the provision of services based on practice privileges. Perhaps if we took the lead in developing, adopting, and modeling these approaches to ownership, physical therapists would quit working for physicians...and begin working alongside them as interdependent and autonomous practitioners.

While certainly competition is healthy, we should remind ourselves that our primary competitors are not physical therapists but rather all those other providers who are very intentionally trying to take a piece of our turf. Maybe it's time to flatten our world within a neighborhood, county, or even state by collaborating with and referring to other PT's. Bringing down the walls of competition between physical therapists may, in fact, create a level playing field within the profession and promote the free movement of best practices. Today, this is known as "open sourcing"-a form of self-organizing collaborative community. It works because each practice and individual therapists can no longer be everything to everyone and if you try to be all things to all people you'll end up being nothing to anyone. The clinical science of physical therapy has expanded dramatically in the past several decades and now it encompasses many specialty areas. Through open sourcing we may be able to better ensure that patients remain with physical therapy management and receive the specialized services they require...even if those services are not provided within our own clinic. In one real sense, we have facilitated this approach through the APTA "Hooked on Evidence" project that provides a mechanism for the collection, sharing, and utilization of research data. But we have still have a long way to go and a few more walls to tear down.

I believe that all of the change and innovation that is certain to accompany our transition to a doctoring profession offers us immense opportunity and provides a catalyst for strengthening our position in the greater healthcare delivery system. Granted,

change is hard, but it is hardest on those who are not prepared. You and I know that physical therapists in private practice have excelled in entrepreneurship, innovation, and creativity. My goal in presenting you with these possibilities is to encourage all of us to think more intentionally about what we want our profession and most importantly, our practices to be in the future...and to encourage us to envision a scenario that at one and the same time fulfills the needs of our patients and takes us to the heights of our abilities, our creativity and imagination.

I challenge all of us to contribute to the development of the practice models and pathways that will help ensure a future wherein private practice is no longer the exception but rather the rule in the delivery of physical therapy services. Let's chart the course and travel the road-prepared and destined to complete the journey.