Four hours of freedom

Rehab ‘Specialists’ Take Time for Patients, Students, and Selves

By Tyler Smith

Four hours a week isn’t much – less than the average American’s daily dose of television, according to the folks at Nielsen. But top therapists at University of Colorado Hospital’s Rehabilitation Medicine Department are using those 240 minutes to benefit patients, students, colleagues, and also themselves.

The department encourages its physical, occupational and speech therapists to obtain professional specialty certifications. But it’s gone a step further, creating an internal clinical ladder, now in its third year, for therapists interested in coaching and mentoring their peers and developing projects to improve patient care.

example, Wimbish said, there are only 30 or so physical therapists (PTs) with a specialty in neurology in Colorado. Nine work at UCH. They help to rehabilitate patients recovering from stroke or dealing with challenging movement disorders, such as multiple sclerosis and Parkinson’s disease.

All told, 21 PTs have received professional specialist certifications in either neurology, orthopedics or geriatrics.

Restoring health. Meanwhile, the number of PTs who have earned the hospital’s “specialist” title has also grown. They form a cadre of highly trained therapists who are conversant with the latest research and apply it to helping patients regain their health.

“What we try to do in therapy is promote health so people don’t require as many hospital services,” Wimbish said.

The rising number of PT specialists at UCH reflects a change in the profession, said Geoff Klein, an outpatient PT specializing in orthopedic therapy, with a specialist certification from the American Physical Therapy Association (APTA) and the hospital’s specialist title.

“Ten years ago we treated patients,” he said. “Now a lot of our time is spent on teaching and education to help patients understand why they have what they have. We can help them feel more in control of their lives by nipping problems in the bud with preventive care and early interventions.”

Mix of skills. Reaching the specialist rung at UCH requires a group interview, during which a candidate discusses his or her ideas for projects that will improve patient care and contribute to
the development of the department. Staff who get the specialist designation get .1 FTE time for coaching, mentoring, developing projects and other administrative duties.

Klein got his APTA specialty certification in 2006 after completing an orthopedic residency at the University of Wisconsin-Madison. He put in three months of study for the six-hour exam, which included an exhaustive anatomical review as well as sections on evidence-based practice and current research. Study consumed a good portion of his week and all of his weekends, he said.

When UCH created the specialist position, Klein saw an opportunity he’d been looking for. He’d managed a few clinics in Chicago that offered no opportunities for clinical advancement, he said. On the other hand, full-time clinical care at the hospital left little time for professional development, coaching or research.

“The specialist position gives us some administrative time to develop projects that improve patient care,” he said. “And we have an opportunity to become leaders within our specialty.”

Professional challenges. The position is similarly attractive for Mark Mañago, PT, a neurologic physical therapist who practices at the AF Williams Family Medicine Clinic at Stapleton. Mañago said he has little interest in a pure supervisory position, but the specialist designation allows him to expand programs in the department while continuing to devote most of his time to patient care.

Mañago, who passed his specialist exam in 2009 and earned the hospital title in 2011, said he’s worked on identifying and passing on to other therapists evidence-based standards of care that serve as models for treatment. He’s worked with the Physical Therapy Department at the CU School of Medicine to help teach PT students preparing for clinical practice.

He’s also launched a quality improvement (QI) project with providers at the Rocky Mountain MS Center at UCH that aims to streamline the referral process so patients with multiple sclerosis get into the Neurology Clinic quickly. The initiative also includes reviewing how many patients finish their course of care and correlating that to outcomes.

The specialist position helps him to hone skills like QI that he might never have considered in his patient care role, Mañago said.

“It helps my career to learn that type of analysis, as well as my relationships with the clinic and the neurologists,” he said. “At the same time, QI optimizes patient care and outcomes. It’s a move toward evidence-based practice.”

Klein’s most extensive project is developing a “direct access” program for patients that would allow them to get PT services without a physician referral — something that hospital bylaws currently prevent. He first created a small pilot project and is now working on a six-month follow-up he hopes to begin in January 2014.

He’s also worked on medical chart reviews to assess the quality of the department’s documentation, developed monthly professional lectures on temporomandibular joint disorder, and mentored physical therapy students, among other projects.

The biggest challenge, Klein said, is fitting time for the work in the allotted four hours each week while maintaining a daily caseload of eight to 12 patients.

A differentiator. Matt Carlson, PT, an orthopedic specialist at the Lone Tree Health Center, called the specialist certification exam “one of the tougher ones” of his life, but added it offers an important professional step.

“It sets you apart from other therapists, and it has set me up to better serve my patients,” he said.

Carlson said he keeps up with professional literature and research and translates what he has learned into practice. For example, he summarized clinical guidelines for treatment of hip arthritis and neck and back pain from the Journal of Orthopedics and Sports Medicine and organized them in smaller, easier to digest documents for PT staff.

Since he got his specialist title at the hospital, Carlson has also worked on revamping his department’s website with bios and photos of therapists and additional information on diagnoses. He developed a series of lectures on chronic pain that he presents at the main campus twice a month, as well as a presentation on...
the relatively rare Ehlers-Danlos syndrome, which is marked by hypermobility of the joints that causes pain with ordinary activity.

Carlson uses a portion of his administrative time for mentoring. He rounds with PT students and delivers lectures for his colleagues seeking to advance their knowledge and careers.

His specialist position is more than a title, he said. “It’s made me a better physical therapist. It’s given me more time to develop lectures,” he said. “I like trying to explain things, and this has given me more time to solidify the information and set it up right.”