

Unprecedented Times: Where Do We Go From Here?

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We are the witnesses to unprecedented times. We are students, parents, educators, health care professionals. We are a society that will move forward through a tsunami-like wave of change to land upon our new norm. How do we change the focus from waiting for these unprecedented times to be over, to one of praxis — of effective action based on diverse and representative reflection?

No matter the specialty practice area, location of service delivery, or state in which we practice, constraints and restrictions exist. There are certain things we will not be able to change. Working within those confines can be frustrating and debilitating. Even though we cannot ignore these constraints, we continue to provide, address, and offer change — even during a global pandemic. It speaks to who we are: a profession and individuals who are, in fact, always in motion.

The pandemic has brought much to light. There is an overwhelming need to focus on surviving the present and a fervent wish to get back to normalcy. We feel a sense of frustration with where we are, where we have been for the past months, and the barriers — often beyond our control — that we have yet to overcome in order to get back to where we were. Yet where we land post-pandemic will not be the same as where we were. Perhaps this time should then be reframed and posed as one of possibilities. This would require us to look through the uncertainty to help define a better future for our patients, our students, ourselves, and, subsequently, our profession. How do we do that during a global pandemic?

Our professional history leads the way. We have been at similar strategic points, albeit not as sudden, nor with such global devastation. Our professional organization is about to celebrate its centennial. APTA's website says, "Where others saw limitation, we saw potential. Since our founding in 1921, we have moved forward together, with a passion and commitment to transform lives and strengthen our profession." This global pandemic and how we respond is yet another opportunity to search for potential and not limitations. Thinking back to the origins of this profession, as rehabilitation aides helping soldiers returning from World War I, it appears we are again on the front line in a different battle.

I don't know any PT who has not drastically changed the way that they are practicing. Many of those working in hospitals were sent to COVID units to help train and/or implement transfers/positioning to support patients most affected by the virus. Those working in home care, specifically those addressing wound care, often did so with their own makeshift personal protective equipment. Many who own or work in private practice had to either shut their doors or recreate how they would provide services and still get reimbursed. Many families living with those who are immune-compromised have a sense of "welcome to my world," where strict adherence to hand-washing and acute awareness of maintaining social distancing for their loved ones had been their pre-pandemic life and has only heightened.

For those in pediatrics, trying to maintain provision of mandated services has proven particularly difficult. In a recent conversation with a 12-year-old boy who has not left his city apartment for over two months, his questions returned to wanting to know when he would be safe again to go to

school and to see people smiling. What is the long-term impact for him? What is the long-term impact for his parents — who are his caregivers, educators, friends, and support — all while they are working themselves? In this and other cases, I realized that the needed help was beyond the intervention I was attempting to provide. I needed to be an advocate in unprecedented times.

I have a heightened awareness of what "natural environment" really means to us as a profession. My attempts at treatment went through many iterations. It often felt like the Wild West. Methods of adherence to task completion that had worked in person were no longer applicable. My initial sessions with telehealth often involved me trying to coax children back in front of the camera so I could see what they were doing and then guide them through our intended treatment. There has been a learning curve, as much for me as for families. This new and sudden format of service delivery forced effective communication: instructions for caregivers who may find themselves completely overwhelmed, and working with individuals who may not comprehend the intended task or who are not "buying in" either to the task or to the idea of telerehabilitation.

I have spoken with providers who lament the loss of hands-on approaches and the ability to be in the same room with their patients so that they can offer correction or guidance, or quickly manipulate the environment for more effective results. The introduction of web-based and virtual services offers us facilitators to treatment as much as it does barriers.

One of the strongest facilitators of the web-based video format is that we are forced into our patient's natural environment. As such, we are taken back to 1990, when, as a milestone for our profession and how we practice it, we were introduced to the concept of motor learning during the II STEP (Special Therapeutic Exercise Project) conference. This was such a change in format that many had great difficulty restructuring their intervention plans and actions. The focus of that conference was on the patient, their environment, and more of a hands-off approach to intervention.

Could that be any more applicable than right now? We have an opportunity within the individual's natural environment to provide meaningful interventions that allow for carryover and subsequent progress. In 2016, at the IV STEP conference, and subsequently at the Combined Sections Meeting, we heard Alan Lee, PT, DPT, PhD, talk about telehealth and the impact on physical therapist practice. I enjoyed the topic, the discussion, and the thought that this might be a specialty area for those who were interested. I can't imagine that anyone would have thought that this is how the majority of our profession soon would practice — if they are lucky enough to be practicing at all.

We are being challenged to think outside the box. I am hearing how practitioners are using whatever is available — sometimes soup cans and milk jugs — to provide effective interventions. For some patients, the transition occurs fairly quickly and easily. But what about others, for whom the transition proves more challenging? For those patients, we need to think of the past as we plan for the future: How can we change the focus from "limitations" to "possibilities"?

Telerehabilitation is here to stay, and, as such, many of us will need to change our typical approach. We need to set a new curriculum or framework for ourselves: looking at the personal,

societal, and cultural influences of our patients as much as we look at ourselves and what we potentially bring to the interaction. Have you ever thought about the amount of data or internet connectivity a person has as being a barrier or facilitator to providing effective interventions? We should. This is our new frontier.

It is reassuring to think that we continue to do the job set before us many years ago: provide effective interventions for those we serve. As we reach this milestone in our profession and work toward a redefined new normal full of possibilities, it is important to remember that our profession was defined during a crisis. Where we go from here depends upon the lessons we learn and share along the way.

Where others saw limitation, we saw potential. Since our founding in 1921, we have moved forward together, with a passion and commitment to transform lives and strengthen our profession. Where do we go from here?

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