

## State the Obvious

R. Scott Ward

**B**efore I begin my remarks to you this evening (Figure), I would like to take a just a moment to recognize and thank a very special group of first-time conference attendees . . . my family!

My wife, Diane, who is an accomplished scientist and an amazing life partner and mother, and my 3 remarkable daughters—Kristin, Sarah, and Mary—are truly the wind beneath my wings. It is their flexibility and gracious spirits that free me to serve and enable me to be effective on your behalf. I am grateful for them and so pleased they could be here in Boston with me for conference this year.

Now, I invite you to take a short trip down memory lane with me to a time when I was a student physical therapist volunteering for a week at Muscular Dystrophy Association summer camp.

It was a great experience to live with and assist a few young men with Duchenne muscular dystrophy for a week. I captured a glimpse of the effort and struggles associated with being a care provider for wonderful people with extraordinary needs. This perspective helped influence the way I looked at the material learned during my schooling. It was a perspective that was not obvious to me before that experience. I was allowed to attend daily medical clinics with the physical therapist, the neurologist, and the nurse. This firsthand experience with a medical team anchored my understanding that information and idea sharing are essential to maximize consumer care.

The physical therapist allowed me to participate in his examinations, and we discussed treatment plans and goals. During one clinic, he asked me to express my conclusions from a gait assessment we had just completed, and I told him I was reluctant to do that because I was not an expert. He firmly told me that it was my job to learn to recognize even subtle changes in movement and that I should never hesitate to express those observations. He told me to “state the obvious.”

The very next child we saw had a loading response characterized by limb retraction and compromised ankle motion during mid-stance through mid-swing and finally reflected in forefoot initial contact, all of which led to knee and hip compromise. These gait deviations were so obvious, even to a then novice like me, that when I saw them, I shouted, “Wow, look at that, will you!” Well, the clinic staff was reasonably mortified and pulled me aside for a bit of constructive chastisement and further instruction in professional demeanor. I guess I did not fully appreciate what my

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mentor intended when he told me to “state the obvious.” Nevertheless, I have never forgotten that charge to state the obvious, and that is the theme I wish to challenge you with today.

Why do we choose to either state or not state the obvious? Humans are social creatures by nature, and it could be that bringing up the obvious may allow us to safely begin a conversation. Some might avoid the obvious because it could be annoying or make them seem dumb. For example, it can be irritating when someone states something that is obvious and needs no interpretation, such as “looks like rain” while standing in the middle of a downpour. Generally, though, discussing something obvious like the weather or a recent news event is a benign way to initiate and manage a conversation.

Is the obvious truly evident to everyone, or merely self-evident? The obvious sometimes can be a difficult thing to recognize, especially when it is routine for us. In fact, we may simply overlook the obvious because it is, well, so obvious to us. But, what is clear to us might not be as apparent to someone else. Every day, we teach what is obvious to us to students and to the consumers of our services. We provide lessons that are essential for them to learn about practices that may be well-ingrained habits for us. Recognize that imparting “the important obvious” is the essence of teaching and, therefore, a critical element of our profession.



**Figure.**  
R. Scott Ward, PT, PhD, APTA President.

Taking a proper history, measuring joint motion, or assessing muscle flexibility are just a few examples of what may seem like routine skills to many of us, but these and other essential skills are not so mundane to our developing clinician colleagues. So let us be more than willing to share what is obvious to us with someone to whom it is less obvious.

As I also learned from the muscular dystrophy camp experience, what we state as obvious should be stated in a way that takes into account the important perspectives of others. If we measure our conversation with the scale of additional perspective, we will be more successful and gain more ground than we might ever think possible. Although we might be prone to avoiding stating the obvious, I encourage us to actually do more of it, and follow it up with action. Indeed, I will state 4 examples of “the obvious” to you here today to get us all started.

**The first obvious: people expect our every effort to help them get better.**

We are responsible to give them our full attention as they seek recovery. We have made fantastic strides in the progression of physical therapy. We recognize the need for a distinct di-

agnosis of the conditions that will benefit from our intervention, and we develop plans of care directed from that diagnosis. The consumers of our services expect us to apply evidence and experience to the care and guidance we provide them, and we are more prepared than ever before to provide evidence-based and evidence-informed care. We recognize and respond to our patients’ and clients’ desire for a prognosis. Our educational programs focus on using evidence to enhance learning and challenge faculty to apply evidence to keep curricula contemporary. The types of projects and funding levels of basic and clinical research being conducted by physical therapist scientists are the envy of our many colleagues in rehabilitation medicine, as well as other areas of health care. We are leaders in collaborative care and transdisciplinary research.

During this progressive time for the physical therapy profession, health care has become headline news, and its costs have continued to spiral essentially out of control. So, attendant with the changes we have experienced in our profession, we also have experienced an undeniable push toward the depersonalization of health care. Often, we are torn between connecting with the consumers who seek our services and simply billing for their attendance. The former, the connection, defines us, it is what we are about; and the latter defeats us. Let us as a profession concentrate on the connection.

There are other groups who claim to provide physical therapy, explaining it as some generic activity counsel. This is not true. Physical therapy, as only those of us educated properly to provide real physical therapy know, combines the best of our art and science, the finest of personalization and competence, and the essence of compassion and evidence. It takes great sacrifice to learn and

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practice authentic physical therapy. Consumers come to us for a transforming experience. It is obvious to me that we are best prepared and most capable of providing them with that expected experience.

**The second obvious: the public needs to continually hear about us, from us.**

They need to hear what physical therapy is and hear that from those of us who provide it—not from some other source. The greatest source of good public relations is good practice. Nothing speaks more loudly and clearly about this great profession than patients and clients who are well cared for.

Create a buzz in your community, not only with the people with whom you interact most but also with your local media. Create a buzz about an established clinical success or a new clinical program your practice offers. Buzz is generated by repeatedly communicating your successes and new offerings. Take advantage of APTA's "Move Forward" campaign, and access ideas about public relations from APTA's BrandBeat Web site. Report consumer success stories, and get permission from the consumers who have received your services to use direct quotes about their experience with your practice's programs. Keep your stories upbeat, and target them to groups that can benefit from your programs. Keep your stories consistent and refreshed with new examples of success.

Sometimes we worry about chances we either missed or that someone else seemed to capitalize on before we could. Piet Hein once wrote: "It ought to be plain how little you gain by getting excited and vexed. You'll always be late for the previous train, and always in time for the next."<sup>1</sup> Don't fret too much about any one perceived missed opportunity. More

opportunity trains will come. Look for those opportunities, and take advantage of them.

Join local business organizations, volunteer often in your community—let your neighbors and fellow citizens know you have much to share to improve the quality of life of individuals in society, and let them know what you do and what your profession is all about. They will be interested as you clarify what physical therapy is and will likely ask you for an on-the-spot consultation. What a great way to refer them to your practice or the practice of a colleague.

Look for opportunities to share what you know. How many of you have been approached for professional advice at parties and holiday gatherings? I refer to these as "Thanksgiving Day consults." I cannot remember the last time that a conversation with a new social contact did not include a "Can you tell me about this click in my knee?" or "What can you do with this pain in my neck?" I am proud that family, friends, and even strangers seek my professional counsel. I am even prouder to provide referrals to the practices I am affiliated with and to my physical therapy colleagues who I know will deliver high-quality care.

**The third obvious: our care is of value.**

Although this value is obvious to us and to the health care consumers we treat every day, we cannot *assume* it is as apparent to others. Part of the responsibility of care that each of us bears is to transfer the knowledge of what we do, how we do it, and why it matters to payers, regulators, and policy makers. That responsibility requires competence and effectiveness from each of us. What is being paid for should be worthy of the cost. Our services, properly delivered and delivered only by those of us properly

trained to provide it, are definitely worthy of the cost.

You should expect appropriate pay for the important care you offer your patients and clients. And in many cases, the level of appropriate pay is more than we are now getting. Although this is clear to us, it may not be clear to those who oversee payment. If we simply tell them we want more money for our care, we are not changing their perspective. Even though we may not agree with their perspective, we need to try to understand it. *Our* perspective is that payers are unresponsive, and the *payers'* point of view is that we often are unclear in our documentation. The majority of comments I get from payers about problems with physical therapy are related to documentation. Documentation is likely the most critical opportunity for us to communicate what we do and to clarify our value.

Documenting the skilled care we provide, such as why we choose the interventions we do and clear reasons for why the selected interventions are necessary—and then linking the interventions to the impairments, activity limitations, and participation restrictions identified in the diagnostic process—are areas in which we sometimes fall short. The elements of communication outlined in APTA's Defensible Documentation<sup>2</sup> provide tips and guidance that address the concerns I have heard from national and regional payers.

Sometimes, even when we do thorough documentation, denials come our way. This can be so incredibly frustrating, especially when we know we often end up attempting to explain ourselves to someone we know does not have a clear understanding of our frustration. Just as you should get to know your legislators, I strongly recommend that you

get to know the actual decision makers in the insurance companies you work with. Ask to meet with them, and help them personally understand the issues you are having. This may not always work, but give it a try instead of stopping at the first level of resistance.

Arm yourself with facts, not only about the consumers you are advocating for, but also about the practice you are running. It is essential that you know your business, and that means knowing exactly what it costs to operate your practice. Don't downgrade your practice by contracting for services below what it costs to run your operation. Share that during negotiations, and stand by your facts. I promise you that along with your efforts, APTA will continue to advocate for more appropriate pay for the services we provide.

### **Finally, the fourth and last obvious: the power in this room.**

And the *greater* power of our 75,000-plus membership. With collective action, imagine what we can achieve. We can make better care, better understanding of our services, and better payment for those services a reality. If we work together, we can use the obvious to dispel myth. Together, we can make it clear that we proudly represent physical therapy and communicate that *we* are physical therapy.

I have provided you with only a few examples of what I think are "the obvious." What would be "the obvious" that you would state? Think about that, and then go state it without reserve. And as we state the obvious, let the action that follows be the good we expect others to see.

I challenge you to be great at what you are doing and to make yourself and what you do absolutely and positively *obvious*.

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- 1 Thoughts on a Station Platform. In: Hein P. *Collected Grooks II*. Valby, Denmark: Borgens Follag; 2002.
- 2 APTA's Defensible Documentation for Patient/Client Management. Available at: <http://www.apta.org/AM/Template.cfm?Section=Documentation4&Template=/CM/HTMLDisplay.cfm&ContentID=70701>.