

## Celebrating 40 Years – A Historical Walk from Foundation to Our Ruby Year

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The ruby is a gem that signifies light to the darkness. As legend indicates, the ruby encourages following your heart and teaching one to enjoy being in the physical world. The ruby has been thought to increase the perception of the spiritual energy that exists throughout and transmits into the physical realm of matter creating awareness and movement. The ruby is the gift given to acknowledge a 40th anniversary. The Academy of Geriatric Physical Therapy (AGPT) is a gem so like a ruby. The AGPT is a unique and precious gem that has brought light to geriatric physical therapists and geriatric patients, encouraged members to follow their hearts, provided spiritual energy increasing the physical energy, awareness, and motion throughout the realm that matters – our older adult patients and clients. Like a ruby, the AGPT has been buffed and shaped by time. As we acknowledge our history and the many accomplishments of the AGPT (formerly the Section on Geriatrics), we also look ahead to another 40 years. In the section's 40 years of existence, we have much to commemorate, many to honor, and many wonderful events to recognize and remember.

Wow – Has it really been 40 years since our founders met in Joan M. Mill's living room to discuss the formation of a special section within the APTA focused on the practice of Geriatric Physical Therapy?

The AGPT has experienced a tremendous amount of progress and change over the past 4 decades. The health care environment in which we now practice is considerably different than it was when the inspiration to develop a section specific to the needs and interests of those therapists caring for older adults was pursued. The vision of our founders was remarkable and right on target. It was ahead of the "age wave." The necessity for the establishment of the then called *Section on Geriatrics* was evident at the outset and that need has grown 40-fold since the seed was planted. The Academy has become a strong advocate and influential leader for the unique therapeutic and legislative requirements of the elders we serve, not only within the APTA, but on a national/federal policy level and an international level with our involvement within WCPT and other international organizations.

Our beginning seemed so simple and yet it was so complex in establishment and development. The Academy was conceived initially out of need. There was a paucity of research in geriatric physical therapy, a lack of education in the area of geriatrics in every school curriculum across the nation, and a missing link between those therapists treating geriatric populations and our Mother-Ship, the APTA. The perception by our own peers regarding those of us who worked in geriatric facilities was often negative and truly not accurate. We were not just working at a Nursing Home because we did not want to work that hard...the opposite was the case. Geriatric physical therapists were out to change that perspective and demonstrate our inherent worth and value in improving the quality of physical therapy care provided in geriatric facilities and the quality of life for the older adults that we have the opportunity to care for. Our ruby, the AGPT led the way forward.

At a meeting of 4 physical therapists in March of 1976, the first attempt to organize the *Section* developed the following purpose for the existence of the proposed specialty Section. This purpose would be to "provide a means by which members who have an interest in Long Term Care may meet, confer, and promote interest in Long Term Care." The primary goal developed at this initial meeting was to "improve physical therapy care for Long Term patients by generating educational resources, supporting research, and setting up standards of care for physical therapists in Long Term Care." After petitioning for the *Section* and an initial failure of the petition in the APTA House of Delegates, our founders pressed on. As if they had the benefit of a crystal ball, our founding team regrouped and

determined a more focused definition of the Section would be a better way to go. They refined our purpose and goals, changed the name from the *Long Term Care Section* to the *Section on Geriatrics*, and re-petitioned the APTA to establish a Section specific to the physical therapy needs of a geriatric patient population. The APTA House of Delegates formally accepted and established the *Section on Geriatrics* in *June 1978*, 40 years ago. A cause for celebration of our 40th Anniversary in Orlando at APTA's NEXT 2018 is clearly at hand.

At the first official meeting of the "Section on Geriatrics" in 1978, 2 specific goals set the stage for the next 40 years of growth and development. These goals were to:

- procure from government agencies reimbursement for the treatment of older persons; and
- include in the curriculum of physical therapy schools courses in gerontology.

There has been considerable enrichment and evolutionary change within the Academy since then; however, those two initial goals are still a key part of the Academy of Geriatric Physical Therapy's current working goals. This is reflected in the present goals, strategic plan, and in the Position statement (below) of the Academy (see the AGPT website). The goals currently state that the goals are to:

- provide direct care to geriatric clients in an acute, long term, home health, hospice, or outpatient setting;
- supervise health care practitioners involved in the care of the geriatric client;
- are involved in the education of health care practitioners specializing in geriatrics; and
- develop and/or implement programs involving the aging adult.

In the current dynamic strategic plan, the goals are to:

- support autonomous physical therapist practice with the aging population;
- pursue best physical therapist practice for optimal aging;
- support members in advocating for the health, wellness, fitness, and physical function needs of the aging adult; and
- establish the Academy of Geriatric Physical Therapy as the premier resource for physical therapists and physical therapist assistants working with adults.

Though enhanced and providing greater specificity, the original goals continue. Another landmark year is 2020, and it is coming soon. In two years we will reach one of our established goal years – 2020 as a target date established and approved by the APTA House of Delegates. Our position statement is as follows:

#### **Section on Geriatrics Position Statement: 2020 PT Practitioner for the Aging Population**

**By 2020**, physical therapists practicing with the aging population will be autonomous practitioners of choice for exercise, physical activity, prevention, and optimization of function in all settings. Practitioners in geriatrics, applying their knowledge of the indicators and consequences of the aging process, will promote remediation of impairments, activity and functional limitations, participation restrictions, and disabilities and will promote prevention, health promotion, fitness, and wellness. Physical therapists practicing with the geriatric population will be evidence-based practitioners, applying the appropriate level and specificity of exercise and other interventions that will improve and maintain function and quality of life.

Physical therapists practicing in geriatrics will incorporate the values of altruism, compassion, commitment, competence, integrity and respect into all patient/client interactions. They will be advocates for their patients/clients, serving as a resource directing them towards appropriate health interventions outside the scope of PT practice, and actively lobbying for legislative changes that will benefit the older population. Approved by the APTA Board Committee to Review Component Documents, in a letter dated 9/18/06.

These stated goals reflect a refinement and enhancement over the past 4 decades, yet the theme and direction over the past 40 years seems to be steady and the thread has been carried through the AGPT tapestry since the beginning in 1978. The influence of our prophetic and fearless leaders, those founders who envisioned the development of a Section specific to the needs of our aging adults and those physical therapists treating them, has been steadfast. It is surely apparent that the AGPT leadership has continually reorganized and expanded the role of the AGPT upon the foundation it was given. There are some wonderful perspectives on the AGPT website providing historical synopses from many of the Academy's past presidents. It is a wonderful walk down memory lane and I highly recommend it is well worth the read.

Joan M. Mills, the driving force for the creation of our Section, was the first President. She was succeeded by Osa Jackson (2nd President), Bette Horstman (3rd President), Clara Bright (4th President) who oversaw the 10th Anniversary celebrations, Carole Lewis (5th President), Dale Avers (6th President), Jennifer Bottomley (7th President) who had the good fortune to shepherd the 25th anniversary celebrations in Tampa, John Barnes (8th President), Bill Staples (9th President) and now Greg Hartley, our current and 10th President. Each president had remarkably committed executive and board members, committee chairs, and committee members. As you read through the website, many of the builders and nurturers of the AGPT are discussed. There are way too many to list in this article.

Joining the "Section on Geriatrics" in 1978 - in today's market was quite a bargain. At the first Section Board Meeting in 1978, the *Committee on Competencies* was established and the budget was set at \$1000. Dues were \$10 a year and there were 51 members. Do the math. We did not have much money to work with. Expenses for travel to and from meetings were paid out of the pockets of our committed original leaders then and for many years to come. It was not until the mid-1980s, during the presidency of Carole Lewis (5th President) and then Dale Avers (6th President), that we were even partially and then fully reimbursed for travel. By the time I assumed the Presidency, executive and board members received full reimbursement for travel to conferences and Section-related activities. Today membership dues are \$55 a year, still a small price to pay for all the resources, services, educational opportunities, specialization, legislative support, practice updates, incredible website, our rich and welcomed publications, mentorships, fellowships/residencies, collegiality, and all those other unspoken benefits of membership offered by the AGPT. It is truly an amazing membership bargain for \$55!

An interesting piece of trivia for the AGPT, if a member trivia game should ever be developed, is that there are now two times more members on the current AGPT Executive Board and Board of Directors combined than there were at the first meeting as the "Section" in 1978! Yes, that is 2:1. If you read prior President's anniversary articles, you will see that up until about 10 years ago this ratio was 1:1! What this reflects is an absolute increase in the leadership of the Academy. The more committed individuals working towards common goals increases productivity. This productivity is exceptionally visible. The leadership body has grown and so has the membership. Paid membership of the AGPT has grown from 51 in 1978 to the current membership steadily approaching 5,800 (website = 5,715) as we

celebrate 4 decades... and continue to grow. These increases reflect the substantial escalation of interest and practice that has occurred in geriatric physical therapy over the past 40 years.

As reflected in previous historical walks down memory lane by this author and others in benchmark years (Anniversaries) publications of *GeriNotes*, the then *Section on Geriatrics* experienced a marked increase in activities and available services for the membership over time. There was a continual and substantial amount of hard work to develop and enact specialization and establish the certification process of geriatric specialists in physical therapy. The specialist certification program identifies physical therapists with advanced clinical knowledge and experience. The lion's share of the specialization efforts took place in the second decade of AGPT's existence. Our first certification of specialists in geriatrics occurred in 1992, at which time we certified 14 specialists. By our 25th anniversary (our Silver year) in 2002, Clinical Specialists had increased to 516 and as of 2018 there are 2,418 certified Geriatric Clinical Specialists with a notable 285 being certified this year (2018) alone. Awesome!

An additional complement to becoming a GCS is to become a Certified Exercise Expert for Aging Adults, CEEAA. One of the many educational programs available through AGPT, this certification provides advanced instruction and practical experiences to understand the different dynamics needed to increase strength, endurance, and functional abilities in our aging population. The AGPT leadership recognized that academic curriculums provided instruction of exercise for the healthy, younger adult and not for the frailer older adult with multiple physiologic, biomechanical, endocrine, etc changes that should be put into the equation when prescribing exercise for older adults. With this in mind, an AGPT Task Force provided their expertise in the development of the CEEAA certification instruction, clinical implementation, and ultimate certification. Courses for certification are available on the website. You will need a larger letterhead to fit all of your credentials...yet another and a different facet to our AGPT gem.

Home study courses were created and initiated in 1998 and continue to be available online. The format has changed over time; these courses are a means of obtaining continuing education units (CEUs) through self-paced, home-based study. Other AGPT educational programming is also available online through Webinars and Webcasts. In addition to home study modules, *GeriNotes* CE exams are also a superb mode for case-based learning and honing clinical skills. Regional programming provides links to other CE courses available for face-to-face learning experiences. This is not an all-inclusive review of the many available educational resources on the website.

Research is another area of progress. The demand for *evidence-based practice* has exponentially increased the number of laboratory and clinical studies. Though research has always been a foundation upon which the AGPT was built, recent research initiatives by the AGPT in conjunction with WCPT and APTA, as well as the Academy's fiscal commitment to the Foundation for Physical Therapy's Clinical Research Network and beyond has provided clinicians and academics with an endless flow of solid research. This clearly cemented one of the initial Section goals (1978) in the formulation of a specialty section in geriatric physical therapy. The APTA's provision of *Hooked on Evidence* program served as a starting point and a target for the systematic progression establishing the scientific basis of physical therapy practice. The AGPT's ability to fund research and award researchers has helped in nurturing many aspiring clinical and academic researchers. As a clinician and an academic, I can testify to the invaluable contribution of AGPT sponsored research, development of the *Journal of Geriatric Physical Therapy* providing research specific to our field, and emphasis of evidence-based practice in all educational programming. This has served our patients well. The geriatrics focused research by my DPT students has not only enhanced the general practice standard in clinical settings but has also served to continually enrich my personal clinical and teaching skills. I am sure this is true for many clinicians.

Starting with small grants, through continuous presidential support of Academy funding for the Foundation, the AGPT is now funding important research projects ear-marked for geriatric-based research.

Strategic planning processes were initiated early by the leadership for managing AGPT business and activities. This is now a working, dynamic document that provides an on-going procedure to steer, influence, and guide the Academy's activities. The need for a comprehensive plan for the development of the AGPT was recognized early on by leadership; visionaries put a mechanism in place to sustain and progress our work. The Strategic Plan not only enabled the AGPT to function more efficiently but provided a more efficient way of ensuring continuity of projects, action items, and accomplishments. It provided a map to follow...a GPS for AGPT. This has provided a clear historical document of the growth and evolution from the Section on Geriatrics to the Academy of Geriatric Physical Therapy. The Academy's Strategic Plan is current and available on the AGPT website.

One of the most significant advances over the past 40 years has been the splitting of our publications. *GeriNotes*, a clinical magazine, provides news of AGPT activities, information on upcoming events, and publishes clinically relevant information and resources. The *Journal of Geriatric Physical Therapy*, a peer-reviewed publication, provides research specific to geriatric physical therapy, is indexed in CINAHL, and recognized by the medical community for the richness and integrity of the articles published. The quality, depth, and relevancy of this publication has been remarkably enhanced and enriched since its conception and is recognized as a top-notch source for geriatric research on a national and international level.

Access to all of the publications and information about the AGPT is readily available online as well as our print publications. It amazes me how many times each week I go to [www.geriaticspt.org](http://www.geriaticspt.org) and connect with the publication site. The website has grown from a single page to a multi-link webpage with connections within the site to information regarding AGPT and links to very important resources through the APTA, WCPT, social media sites, *JGPT* and *GeriNotes*, IPTOP (geriatric subgroup of WCPT and part of AGPT), and a bevy of other resources too immense to cite here.

Position papers available on the AGPT website include topics such as: Practice Autonomy, Cultural Diversity, Geriatric Practitioner 2020, Physical and Chemical Restraints, and Physical Therapy Assistance. There was a time when locating documents, such as these, was a mountainous task. Now they are available with a simple click of the mouse. The availability of other written resources is also a noticeable enhancement over the years. Examples, such as "Essential Competencies in the Care of Older Adults at the Completion of a Physical Therapist Post-professional Program of Study." Study materials and resources are available for preparation for specialization - a goldmine of information as you pursue advancement in your professional career. I have named just a couple of the many publications now produced by AGPT and available through the website. The real point here is the time and diligence of AGPT members who produce these materials, continue to update, and revise to keep things pertinent. When I started as a member of AGPT, we had one page mimeographed copies of materials available! I also owned a Tandy computer that was as slow as molasses! The refinement of computers and availability of rapid communication has certainly resulted in a refinement of AGPT resources. Our gem is continually polished and shaped as time goes on.

Social connections to Facebook, Twitter, and Listserv also provide an interactive platform for upcoming events, conferences, and other opportunities pertinent to the AGPT membership.

Special Interest Groups (SIGs) have been multiplying, especially in the last 20 years. We know we cannot go backwards to another time, because the aging population will move on without us. The SIGs developed are in tune with this movement forward and AGPT continues to maintain the leadership position through the SIGs. Current SIGs are focused in the following areas:

- Balance and Falls SIG
- Bone Health SIG
- Cognitive and Mental Health SIG
- Global Health for Aging Adults SIG (our direct link with IPTOP of WCPT)
- Health Promotion and Wellness SIG
- Residency and Fellowship SIG

The AGPT SIGs have impressively changed and evolved to meet the needs of the membership. The collaboration with other Academy's and Sections within the APTA as well as the international link with IPTOP open the world to us. The SIGs provide a format in a changing world for physical therapists to manage the changes as they occur instead of being managed by them. The AGPT champions the interests of geriatric physical therapists who are being asked to do more with less. We must manage changes in a way that translates into the highest level of care in our practices. As the SIGs are remodeled and reshaped to meet the needs of our older adults, the focus is modified to keep on top of the change.

The AGPT has established an international relationship with the worldwide members of WCPT. An aging population is a global challenge. It was deemed, at last summer's WCPT conference in Cape Town, South Africa, that our international society needs to maintain and increase our connectivity. Sharing resources, international research links, and educational opportunities are numerous in opportunity. I was delighted by the number of AGPT members who travelled to South Africa for this conference and who attended most of the International Physiotherapists working with Older People (IPTOP) events and celebrations. The AGPT should be commended for the continued engagement with IPTOP, providing a liaison and chair of the Global Health SIG, for the efficient exchange of resources, ideas, and initiatives. We have had the opportunity to contribute to the position paper of geriatric physical therapy that is now available on the World Health Organization website. Disney was right... it is a small world after all.

The AGPT has established numerous awards. When I first joined the Section in 1982, we had less than 5 awards granted, not including our nominations of Section members for APTA awards. We had the Distinguished Educator, Clinical Excellence, Excellence in Research Awards, and the most prestigious award, accurately named The Joan M. Mills Award. That is 4 awards. We awarded them in the last 10 minutes of our member's meetings. The awards ceremony has now been separated from the member's meeting as it encompasses 3 research awards, 8 professional clinical and academic awards, AND 4 student awards. Now, this list of awards includes recognition of outstanding achievement in clinical and academic research and practice and recognizes student involvement with the Academy. In many cases financial awards towards research, advocacy, and mentorship are involved. This is something our founders could have never instituted with a budget of \$1000. In 40 years we have experienced the development of Research awards for: Adopt-A-Doc Award, Excellence in Research, Fellowship for Geriatric Research; Professional Awards for: Clinical Educator, Clinical Excellence, Distinguished Educator, Joan M. Mills, Lynn Phillippi Advocacy for Older Adults Award, Outstanding PTA, Volunteers in Action, and Clinical Residency/Fellowship Grant. Student Awards, established in the last 15 years include: Consumer Brochure Contest for Students, Outstanding PT & PTA Student Awards, a Student Award for Research, and Student Membership Award. This is a remarkable accomplishment – the ability to finance and administrate 16 different awards. Bravo AGPT!

It is a positive improvement to realize increasing inclusion and involvement of the Physical Therapist Assistant and Student Physical Therapist in AGPT governance and activities. Now the AGPT is comprised of ALL Physical Therapist professionals. What a welcome advance for AGPT. The early leadership spoke often of completing our unity by adding PTAs and students. There was resistance from the top and financial restrictions within the AGPT. Nonetheless, both PTAs and students are invaluable members of our team in many geriatric facilities. Members were steadily persistent, unremitting, and we should celebrate this marvelous improvement...following our hearts, providing intangible energy, increasing awareness, and producing motion throughout the realm that matters...adding more facets to our gem.

Unrelenting energy and an appreciation and sensitivity for cultural diversity of members and patients have been directed toward increasing awareness. It is a core value of the AGPT. Through publications and ongoing initiatives and an emphasis in education, cultural diversity continues to be a part of the principles established by the AGPT. Since the AGPT membership serves an older population from diverse cultural and ethnic backgrounds, cross-cultural understanding is an integral part of clinical, educational, and research skills. The Academy continues to provide its members with opportunities to develop awareness of and sensitivity to cultural and ethnic issues. Our accomplishments as an Academy serve as a model for many of the other APTA components.

From its beginning, the AGPT offered a bold vision of what we wanted to be: an innovative Section of the APTA committed to nurturing our leaders and professionals, committed to delivering high-quality, skillful, evidence-based physical therapy for older adults. While much has changed over the past 4 decades, the AGPT has remained true to this vision of education, research, and communication. As 2018 advances and we look to the future, we hope to continue to provide our members with the many resources available through the AGPT. I would venture to say, we have accomplished so much in a relatively short period of time.

Forty years have passed since the inauguration of the Section on Geriatrics, now the Academy of Geriatric Physical Therapy. It has been 40 years of growth and evolution, shaping, and remodeling our Academy to meet the needs of our profession in the treatment of the older adult population. As the specialty of geriatric physical therapy has developed so has the improving the mobility and functional abilities of the older adult population. Our Ruby year is a landmark in a journey that has encountered many hurdles and challenges. However, our journey has also experienced and been marked by many successes. The Academy of Geriatric Physical Therapy is an exceptional and valuable gem that has brought light to geriatric physical therapists and patients, encouraged the AGPT to follow our hearts, provided spiritual energy increasing the energy throughout the realm that matters – our older adult patients and clients. There is so much more that needs to be done.