OUR RICH HISTORY

The House of Delegates of the APTA formally accepted and established the Section on Geriatrics in June of 1978 in Las Vegas, NV. At the first official meeting of the SOG in 1978, two specific goals set the stage for our future growth and development. These goals were to:
1. Procure from government agencies reimbursement for the treatment of older persons
2. Include in the curriculum of physical therapy schools courses in gerontology

The spark that ignited the SOG was Joan Mills, who in 1969, took a physical therapy position in a general hospital that had a 200-bed long-term care unit (LTC). Joan noted a wide range of ages and diagnoses of patients that she treated, however most of the patients were older. This inspired Joan to begin the Section on Geriatrics, and she served as the first Section Chairperson. In 1978, paid membership was 51 members and dues were $10. Today, paid membership is currently over 5,200 and dues are $45.

The Section on Geriatrics has experienced a tremendous amount of growth and change over the past thirty years. The health care environment is considerably different now. When Joan was inspired to develop a section within the APTA specific to the needs and interests of those therapists caring for the elderly were the focus. The vision of our founders was remarkable and insightful. The necessity for the establishment of the Section on Geriatrics was evident at conception and the Section has become a strong advocate and influential leader for the unique therapeutic and legislative requirements of the people we serve, not only within the APTA, but, on a national/federal policy-making level as well. The Strategic Planning process, initiated over twenty years ago, is now a collaborative document and an on-going procedure that steers, influences, and guides the Section's activities.

Our first geriatric clinical specialists were welcomed into the Section in February 1992. The certification of specialists in geriatrics has now reached its nineteenth year. The number of Geriatric Clinical Specialists has grown from 14 in 1992 to 1109 in 2010. The first year of recertification was 2001.The clinical magazine we now call GeriNotes was first published in 1978 and the Journal of Geriatric Physical Therapy was introduced in 1994. Research has always been a foundation upon which the Section was built and the Section on Geriatrics has established numerous awards and programs to facilitate education and support research efforts. Our current logo "The Tree of Life" was introduced in 1991.

The future is bright for the Section on Geriatrics as we look towards enhancing and improving the lives of the older adults that we serve.

A VISION TOWARDS THE FUTURE
An Historical Perspective

Jennifer M. Bottomley, PT, MS, PhD

Many leaders of the Section on Geriatrics were visionaries and remarkable leaders. The first historical perspective presented in print in Section publications were from Steve Gudas. He wrote the following after the second year that the Section was in existence:

The 1980 Annual Conference of the American Physical Therapy Association in Phoenix marks the second anniversary of the Section on Geriatrics. The following history of the section will serve to acquaint new members with the section's origin. The roots of this section actually date back to 1975 when considerable interest was being generated among physical therapists involved in geriatric and long term care.

Joan Mills, the first section chairperson, had noted a dearth of material on physical therapy and long term care when she began work at Truman Medical Center East in Kansas City in 1969. Eventually she asked the Missouri State Board of the APTA, in 1975, if they favored a section for long term care. The response was overwhelmingly positive. Immediately, Ms Mills contacted Kansas City area therapists to assess needs, establish goals, formulate bylaws and functions for the proposed section.

Contact and inquiry on a national basis – with physical therapy education directors, major health centers, and relevant outside agencies – came in 1976. It became apparent that interest in geriatrics and long term care was not limited to the Kansas City area. Thus a petition to form a long term care section was presented to the APTA Board of Directors in late 1976.

In December 1976 Joan Mills, organizer for the Long Term Care Section, communicated progress thus far to all interested therapists. Further communication served to identify problem areas and needs. Primarily LTC curricula, information, resources, and research were scarce and/or ambiguous. Additionally, LTC interests tended to overlap with pediatric, community health, and other sections' interests.

Consequently, at this time the question was raised, "Should we reduce the definition to focus only on Geriatrics?"

In the spring of 1977, the APTA Board of Directors rejected the proposal for a LTC section. They reasoned that the term Long Term Care lacked specificity. Time to reorganize and restructure goals. True, Long Term Care crossed many different disciplines, diagnoses, and did not essentially illustrate or represent a cohesive common interest. After all, a great deal of physical therapy is *long term care, and the rehabilitative needs of chronic patients could be – and were – addressed by other sections and special interest groups.*

Section planners decided to wait another year before seeking section approval. However, the ideas and interest generated in 1977 did not lie dormant. The Geriatric and Long Term Care special interest group held its first program in Orlando, Florida during the 1978 Combined Sections Meeting. Fifteen persons attended the business meeting and drafted a petition, stating purpose and functions, and requesting approval for a Section of Geriatrics. A flurry of activity followed and 300 petition signatures were obtained in two weeks time. The Section was finally approved by the Board of Directors in the spring of 1978. The 1978 House of Delegates passed the petition of the Section on Geriatrics – and the section was officially recognized. Dues were established, bylaws formulated, officers elected, committee chairman appointed, activities and goals defined.

Since its official inception, the Section on Geriatrics has continues to grow in membership, purpose and identity. The Executive Board of the section is now larger than the entire group attending the first business meeting in Orlando, 1978. Section programs and activities span several days rather than a few hours. Tapes of section programs and newsletter materials bring timely information to the many members who cannot attend conferences. Each month more individuals, more organizations, more facilities are expressing interest in and support our section. This has resulted from the efforts and commitment of many individuals – and from the initial leadership of Joan Mills. As a Section we've come a long way – but we've only just begun. (Section on Geriatrics: Historical Perspective. Steve Gudas. GeriTopics - Summer 1981).

……

When Osa Jackson took office her vision was clear. She wrote:

The object of the Section on Geriatrics as stated in the Bylaws is to bring together physical therapists who are interested in the treatment of people needing geriatric care and to promote related professional growth. The philosophy that is implied by the previous statement is that every single individual member of the Section is an important voice. The group or section is formed in order to utilize the strength and clout of many people working for the same goal: safe and effective treatment of our aging patient population.

The issue of timing the work done or the energy that is spent by the Section is as crucial in geriatrics as it is in any other activity. The primary goal for the Section is to facilitate timely and pro-active activities in all areas which impact geriatric physical therapy. It is my belief that the Section has gone through enormous growth in the past two years but this in only the beginning.

At the present time, the government and other major organizations involved in health care delivery are re-evaluating the total picture of health care services for the aged. A foundation is being developed in many realms which will have long term impact. One example of such policy development that will affect geriatric physical therapy and rehabilitation for the next ten years is the upcoming 1981 White House Conference on Aging. In the past two conferences held in 1961 and 1971 there was no comment made in the policy statement which reflected what physical therapy was or that physical rehabilitation after illness or accident was a priority issue. In the year 2010, it is projected that there will be 4 times as many eighty year olds as there are today. For this reason, I believe that there is a crucial need for every State chapter of the APTA to work with the Section to assure that representative going to the White House Conference on Aging know what physical therapy is and how it can impact the aging person.

The upcoming White House Conference is but one of many issue that will need to be acted on during my 2 year term of office. The list of possible and need projects to be addressed include:

1. *definition of minimum competencies in geriatric P.T.*
2. *description of operational clinical affiliations in geriatrics*
3. *facilitation of geriatric curriculum development*

4. *liaison to chapters, and other sections*
5. *evaluation of local gerontology programs as they relate to physical therapy continuing education*
6. *formal information sharing*
7. *quality assurance in geriatrics*
8. *legislation*
9. *definition of continuing education needs*
10. *research*

(President's Message: Osa Jackson. *GeriTopics – Winter 1980)*

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By the time the Section on Geriatrics celebrated its tenth year anniversary, Clara Brights predictions for the future were remarkably right on target. She wrote in the Spring of 1988:

"I have a dream." These works seem apropos for this first quarter of the Section's 10th Anniversary Year. Would you dream with me what could happen in the next decade?

- *I see Section members becoming certified as specialists in geriatrics.*
- *I see physical therapy educational facilities offering comprehensive programs in geriatrics.*
- *I see continuing education programs in geriatric physical therapy being conducted in all regions of our country.*
- *I see Geri-Topics becoming the leading clinical publication focusing on geriatric physical therapy.*
- *I see a geriatric informational center which serves as a resource for students and other interested individuals.*
- *I see many Section members conducting geriatric research to validate our procedures and to increase our knowledge about prevention, promotion and treatment.*
- *I see Section members participating in geriatric special interest/study groups.*
- *I see a network of Section members who are active in the legislative arena working towards quality health care.*

And last, but not least –

- *I see Section members being advocates for the consumer.*

My dream is nothing new. It is the accomplishment of what the membership is requesting TODAY. Just as "we the people" are the government in our country, we, the membership, are the Section. We can only achieve those dreams when WE, the membership, are willing to work towards those dreams.

How will YOU help the Section to progress in its second decade? On what dream(s) will YOU work? Let's make ALL of our dreams for the Section com true!
(Chairman's Message. Clara Bright. *Geri-Topics* – Spring 1988)

THE PAST: A HISTORICAL PERSPECTIVE OF THE SECTION ON GERIATRICS

Joan M. **Mills**

1978-86

June of 1988 is the Tenth Anniversary of the inception of the Section on Geriatrics. In this decade the Section has developed from a small group of 50 to an amazing membership of 2,259 in 1987.

The idea germinated during 1969 when I began working at a general hospital with a 200-bed Long Term Care Unit. The majority of patients were older persons. Since I had not worked with the older population prior to this time, I went to the library where I found very little information, and none discus- sing physical therapy. I went to the physicians who told me "not to waste time on those old people - there is enough to do in the acute hospital. We can just give them Thorazine and make them happy." I found only a few physical therapists who were working with this population. Very little geriatric education was being taught in physical therapy curriculums, so that students and therapists did not understand the unique needs of the aged nor feel capable of working with older persons.
As time went by, I became more and more indignant about the inadequate way in which the functional needs of the aged were being met. I wanted to do some- thing!
With encouragement from the Missouri Physical Therapy Association Board of Directors and support from physical therapy colleagues in Kansas City, I decided to attempt to establish a new Section in the APTA. A meeting with four other therapists took place in

Kansas City on March 10, 1976. The minutes of this initial organizational attempt stated that the purpose of the Section 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." 'Me goal was to "improve physical therapy care for Long Term patients by generating educational resources, research, and setting up standards of care."
A petition to establish a Long Term Care Section was developed but it was not approved by the APTA Board of Directors when it was presented in 1977. Our stated purpose did not adequately define a special

area of Physical Therapy as was required by Board policy. The Board suggested that instead we form a Section that would focus on the needs of the geriatric patient.

After changing the name to "Section on Geriatrics," rewriting the bylaws and purpose with the focus on geriatrics, and securing signatures on petitions, the Section was formally established with the passage of Section petition by the House of Delegates of the APTA in June 1978 (Las Vegas, Nevada).

The functions outlined in the first bylaws of the Section on Geriatrics were:

1. To provide and to exchange information and thereby improve treatment of patients needing geriatric care.

2. To promote and improve geriatric care within the educational pro- grams of physical therapy education.

3. To provide a mechanism to encourage and support therapists becoming involved in research in geriatric care.

4. To provide, through professional meetings and periodic publications, a communication system for physical therapists working with patients needing geriatric care.

The first official meeting of the new Section on Geriatrics took place at the Annual Conference of the APTA in June of 1978 after approval by the House of Delegates. Two specific goals were identified - to procure from governmental agencies reimbursement for the treatment of older persons, and to include in the curriculum of physical therapy schools courses in gerontology.

By that time there was a mailing list of 250 interested therapists! I felt this interest was wonderful!

At the first Section meeting, June 1978, the officers elected were: Chairman - Joan M. Mills; Vice Chairman/Program - Osa Jackson; Secretary - Clara Bright; Treasurer - J. T. Gilbert; Nominating Committee - Robert McNeil, Chairman, John Kernic, and Mike Higginbotham. Carol Bernstein Lewis (the 1988 incoming Section Chairman) agreed to be chairman of a committee to work with development of gerontology programming in physical therapy curriculums. Many of these people continue to devote much time and effort to the Section. At this meeting two communication mechanisms were established - a newsletter for the membership and a liaison committee to interact with related organizations.

A Board meeting was held in Kansas City in the fall of that first year. Since we had only a few donated dollars, every- one paid their own expenses and the meeting was held at the home of Joan Mills. In this meeting a committee on competencies was established and the budget was set at $1,000. The paid membership at this time was 51 members and dues were $10.

Ray Gatian published the first news- letter at his own expense in 1978. 'Me cover of each quarterly issue contained an illustration depicting older people engaged in an activity related to the season of the year. A chairman's message, section business, and miscellaneous items of interest to Section members were reported to members in the issues of the first year.

Membership more than doubled in 1979 to 291 members. What a welcome relief to the budget! We held our first pre-conference workshop in 1979 with an attendance of 481 Osa Jackson and Carole Lewis accomplished this feat and later presented this workshop several times around the country. It was a very important educational effort for the Section. A logo representing infinity was adopted by our Board as the symbol for the Section.

In 1979 Fran Kern became newsletter chairman and used her skills to great advantage for the Section. During her term as newsletter chairman, many changes and new features were begun, including a redesigned cover, advertisers, a standardized cover, scholarly articles, abstracts of meetings, and an enhanced budget for the newsletter. Fran conducted a "Name the Newsletter" contest with Margaret Kreisle submitting the winning name of *Geri-Topics.*

Throughout the years, via the proceedings and publications, them has been a continuing effort to reach out to therapists unable to attend national meetings by setting up regional meetings, state geriatric interest groups, etc. That effort continues today. It has varied in its success, but remains a high priority of the Section.

The Board and membership remained cognizant of the need for research even though we could not find a chairman for a Research Committee for several years. The first research chairman of the Section, Otto

Payton, facilitated the publication of a series of articles on the research process. These were later compiled and published as a *Research: A Key To Progress* under the editorship of Fran Kern and Pearl Peterson. A series of abstracts on articles appearing in other journals were published during this time.

The focus of the Research Committee changed somewhat when Tim Kauffman joined the Board in 1982. He set up a research survey project to define the population of patients who are 65 year old and receive physical therapy. "The demographic data generated can be, used to design curricula in geriatric physical therapy and stimulate research in clinical care. A Research Award was established in 1985 to recognize significant articles in the field written by physical therapists.

'Me development of competencies is another area that has been continued as an ongoing goal of the Section. At several work meetings, members have helped to identify competencies. Mary Ann Wharton, using the Delphi technique to identify arm of competencies in geriatrics for her Master's thesis, gave a boost to this effort Presently, I believe, we are firmly on our way to specialization with the efforts of Bonnie Teschendorf and that committee.

One of the projects identified during the first year of our organization was to develop and catalogue resources such as videos, books, etc. At that time they were hard to find. In 1981 under the guidance of editor Steve Gudas, the *Geriatric Rehabilitation Audio-Visual Resource Catalogue* was completed and marketed to physical therapists and other professionals.

Excellent educational programming at Combined Sections Meeting and Annual Meeting, featuring well-known excellent speakers on timely subjects, has been a tradition of the Section. Our Program Committee chairs, Marilyn Miller, Osa Jackson, and Mary Ann Wharton, are to be commended for their efforts.

In 1980, Osa Jackson became the second Chairman of the Section, and the Joan M. Mills Award was established to honor those who give outstanding service to the Section. Recipients of this award include Clara Bright, Carole Lewis, and Osa Jackson. During her term of office, the Section developed in the following ways:

1. A survey of physical therapy educational programs was made, asking for information on the type, amount and quantity of geriatric and gerontology con- tent within the curriculum

2. Osa Jackson was an alternate delegate for the 1981 White House Conference on Aging, and other Section members contributed at State Meetings.

3. The Section sponsored a resolution expressing support for the 1981

White House Conference on Aging and emphasizing the importance of physical therapy services. It was passed at the 1981 House of Delegates.

4. Geriatrics was the topic for morning informal sessions at the 1982 World Congress for Physical 'nerapy in Stockholm. Tim Kauffman and Osa Jackson presented papers on geriatrics at this meeting.

5. Mike Higginbotham developed a section poster for publicity purposes.

6. The organization in geriatrics of state special interest groups began.

7. 'Me first issue of the quarterly journal, *Physical and Occupational Therapy in Geriatrics*, was published by Haworth in Fall 1980, with Section members on the editorial board.

Bette Horstman was installed as the third Chairman in 1982 and served two terms. During her terms of office the following developments occurred:

1. 'Me bylaws were changed and the Vice-Chairman was given responsibility for the membership development

2. An updated membership brochure was developed in 1985.

3. Membership services, such as the Danish & coffee breakfast, "I Love Older People" buttons, "Exercise and Be Alive at 75" bumper stickers, and a section suite for meetings and socials at the Annual and Combined Sections Meetings were added.

4. A slide tape developed by Dennis Powers and edited by Carole Lewis was recipient of Honorable Mention Award in the APTA public relations contest

5. A brochure on Physical therapy and Geriatrics for the public was developed, printed, and distributed.

6. A paper on entry level content in geriatrics for the physical therapist was developed by Neva Greenwald with Board input and was presented by Joan Mills at the entry level Education Content meeting in St. Louis, Missouri, 1982.

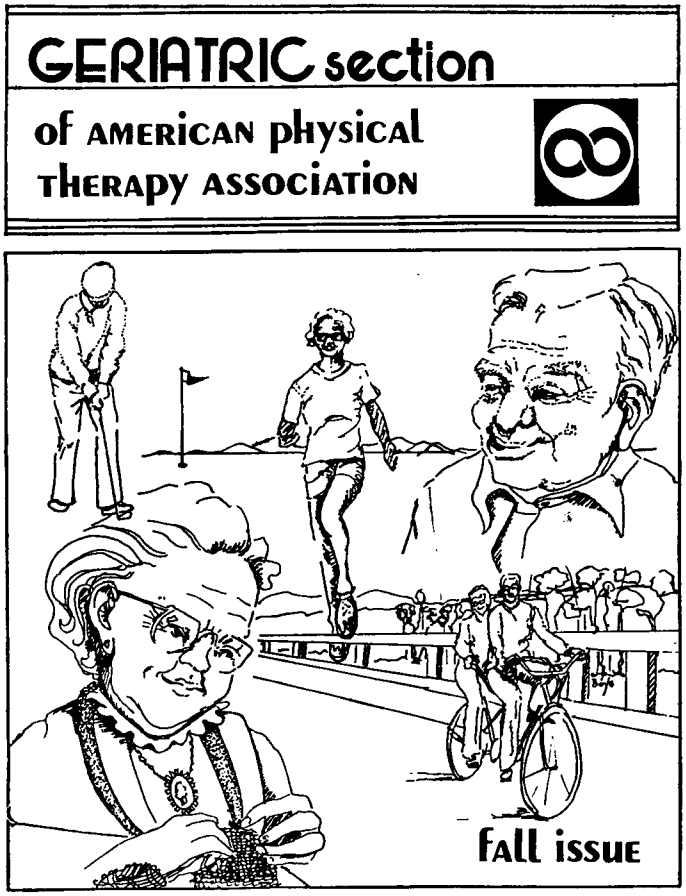
7. Tim Kauffman's research survey study was begun.

8. Clara Bright established the Phonathon (1983) to assist the Foundation for Physical Therapy. This has enabled the Section to contribute nearly $2,000 to the foundation annually.

9. *Topics in Geriatric Rehabilitation,* a new multidisciplinary journal, was published in 1985 by Aspen Publishers, Inc.; Carole Lewis is editor, others from Section are on the editorial board. The first issue received an award from the Association of American Publishers as the best single issue of a scientific journal for 1985.

I have named many people who have spent much time and effort in the development of the Section on Geriatrics. There are so many who have worked diligently for many years - I could never identify them all! What great people! Such fun! Such an overwhelming response - I never dreamed it would happen, and it has happened so quickly!
Clara Bright was installed as the fourth Chairman in 1986**…**

Reprinted with permission – *GeriTopics Volume 11, Number 2, Summer 1988*
Joan Mills, PT
Founding Chairman of the Section on Geriatrics
Director of Rehabilitation Services, Truman Medical Center East, Kansas City, Missouri



First cover of Section On Geriatrics newsletter, Fall 1978, later named *Geri-Topics*

SECTION ON GERIATRICS: THE PRESENT

Clara P. Bright

"Ten Years Young and Growing With Age," the slogan of the tenth anniversary of the Section on Geriatrics, aptly states the current status of the Section. 'Mere have been accomplishments and these will be "touched on." Since the Section is young and the field of geriatric physical therapy relatively "new," there are areas of service being developed. It is my privilege to describe, from my perspective, these events of the recent "Present" and the critical issues facing physical therapy and geriatrics today.

SECTION ACCOMPLISHMENTS AND DEVELOPING SERVICES

Strategic Planning

Since the beginning, the need for a comprehensive plan for the Section was recognized. Although previous Boards worked towards certain goals, no written plan was established. The current executive committee set a goal to develop a written strategic plan. During the past two years, two meetings were devoted to this purpose. Written goals were produced based on the response to member- ship surveys, including an opinion poll. A manual which contained the first draft of a strategic plan was given to each member of the Board of

Directors. The executive committee recognized that the plan would need further refinement and that the Board members would need assistance and training to set up a program plan for each committee. A first step was taken to provide this help when a brief training session was con- ducted at the Board meeting held during the 1988 Combined Sections Meeting.
Strategic planning will enable the Section to function more efficiently and will allow better continuity of activities as the officers and committee chairmen change. The Section will become more fiscally responsible. Priorities will be set. Currently, the first priority is to complete the process for specialization.

Status of the Geriatric Physical Therapy Specialty

The task force on specialization worked diligently during the past two years and produced the petition, the first step in the process to obtain a specialty in geriatric physical therapy. This petition was submitted to the American Board of Physical Therapy Specialties for consideration at their April 13, 1988 meeting. The petition was referred back to the task force to make certain revisions. When all the requirements are met, the petition will be referred to the Association Board of Directors and to the House of Delegates for further action. It appears that a specialty in geriatric physical therapy is "on the horizon."

Publications

The most effective means of communication for any organization is its news- *letter. Geri-Topics,* the Section's news- letter, continues to provide timely information and articles to keep the member- ship abreast of what is happening in geriatric physical therapy. Members have been encouraged to submit material for publication. Two new features are Book Reviews and a column entitled "Politically Speaking" which focuses on educating the membership to be effective in the legislative arena.

in celebration of the Section's tenth anniversary, a special tenth anniversary issue was planned.
Members were invited to submit articles and information regarding the Section's history. This trilogy of articles is an example of the content of this special issue.
At the request of the membership, the first Section membership directory was published in March 1987.

Regional Programming

Requests have been made from the membership for regional programming. If these requests were made by many physical therapists in one area of the country, there would be a sufficient number of individuals to finance such a program. The requests, however, are coming from individuals throughout the country. Before the Section can conduct a regional program, there must be some assurance that the program will be well attended. It has been the experience of several other Sections that regional programming, on the whole, has failed. This has not deterred the Board. A long- range goal is to hold regional programs.
The first step in obtaining this goal is to establish in most of the states a net- work of physical therapists working with the geriatric patient. The regional liaisons have met at Annual and Combined Sections Meetings. They have been "brainstorming" on how to develop a network, especially how to develop interest in forming geriatric study groups or special interest groups. Those members in states which have established groups praise the concept highly. If a cluster of states in one region of the country were to have viable geriatric study or special interest groups, there would be enough support for the Section to hold its first regional program.
Through the regional liaison committee, a new concept has evolved for Section on Geriatrics legislative activity. Since the State Chapters and the Association have established legislative programs, it appears to be more effective to link into these activities. A member of the regional liaison committee will be a legislative liaison and will keep in contact with the Association legislative department. This individual will alert the regional liaisons of pending geriatric legislation and whether the state legislative committees should be contacted. The regional liaison would activate the network of geriatric physical therapists, as necessary. In this manner, more individuals would be involved, for in the political arena, numbers count.

Research

The Section membership, through the opinion poll, recognized the importance of more research in the field of geriatrics. The research committee continues to work towards this goal. 'Me committee, itself, is

currently conducting a research project. Actually, the study, which is to identify the geriatric population over 65 receiving physical therapy, is now in its last phase, compiling the data. The results will soon be forthcoming and will provide some very useful data.
A research award, which was established by the committee to recognize physical therapy researchers and co- authors who have written outstanding research papers in geriatrics, has been presented to worthy recipients at Combined Sections Meeting. The research committee has also coordinated the Section's participation in the poster presentations at Combined Sections Meeting.

Public Relations

The public relations committee has been very active the past two years. One of their achievements was to pro- duce an audiovisual presentation on the value of a fitness program for the older patient. There are available two sets of these slides. They may be borrowed by contacting the Section's public relations chairman or the Association's public relations department.
To encourage students to join the Section and to become active in the area of geriatrics, the committee has arranged for every physical therapy and physical therapy assistants' school to be put on the mailing list to receive a copy of *Geri- Topics* for their library. The Section is also represented by an individual who contributes information to students for their student conclaves.
The committee has arranged for a Section recruitment booth at the Association's Annual and Combined Sections Meeting. Committee and Board members worked at the booth to answer questions about the Section. They sold pins, T-shirts and other items. These fundraisers were good publicity for the Section.

Geriatric Physical Therapy Position Statement

The Section was the prime mover in the development of a Position Statement: Geriatrics and Physical Therapy (RC-12-87). The Section presented the original motion for the development of such a Statement at the 1986 House of Delegates. Section members produced the first draft of the Statement and submitted it to the Association's Board of Directors. The Section delegate and members worked with the Association Board and members of other component delegations to produce the final draft at the 1987 House of Delegates. The complete Statement was printed in *Geri- Topics* (Volume 10, No. 3, Fall 1987).
The Position Statement was also published in Notes and notables/Echos et nouvelles, a column in *Physiotherapy Canada:* page 121, March/April 1988, Vol. 40, No. 2. Cheryl Cott, Chairman of the Gerontology Division of the Canadian Physiotherapy Association, made comments about the Statement. Some of her remarks were as follows:
1."We certainly support the general philosophy of the Position Statement."
2. "The emphasis on reimbursement for services and adequate funding reflects the difference in health care delivery between the two countries, but ....”
3…"We felt that there are other areas in our scope of practice that are not mentioned in the Position Statement - for example, there was no comment on the need for research to validate our practice, nothing on our consultative role with the family and caregivers, and no indication of the importance of supporting and promoting the philosophy of the team approach when working with the elderly."
4. "...it would be appropriate to have a CPA Position Statement on Geriatrics and Physiotherapy at some time in the future."
It is of interest that the first draft of the Position Statement, submitted by the Section to the Association Board, contained statements relating to the scope of practice which are mentioned in No. 3 above.

Program

The program committee continues to present outstanding programs at Combined Sections Meeting. These have been very well received by all physical therapists attending these sessions. The topics have been timely and the speakers well versed in their subject matter.
In conjunction with the tenth anniversary celebration of the Section, the 1988 Combined Sections Meeting theme was on aging. The Section's pro- gram chairman coordinated the effort of the other Sections to hold joint pro- grains on geriatric topics. A first for Combined Sections Meeting was that the Sections contributed funds to procure a keynote speaker. She was Margaret (Maggie) Kuhn, founder and president of the Gray Panthers. Maggie, who is 82 and a model for how to cope with disability and to be creative and productive in old age, made an impact on the audience. She talked about the six myths of aging. It was especially gratifying to hear her dispel the myth that all old people are alike. This is a very important premise that not only physical therapists but the public needs to learn.

Since the 1988 Combined Sections Meeting was held in Washington, D.C., it provided an opportunity to make an impact on national legislators. The Private Practice Section and the Section on Geriatrics co-sponsored a well- attended and informative session on legislative action.
A highlight of the Section's tenth anniversary celebration was the lovely evening social which was open to all Association members. It was a wine and cheese party with a quartet playing during the function. It is interesting to note that this function was well attended by students.

CRITICAL ISSUES IN PHYSICAL THERAPY AND GERIATRICS

By the year 2020, it is projected that 17% of the population will be over 65.

The percentage would be much higher if the older population 50 to 65 were included. We should be preparing to give service to this older group NOW. I agree with Jane Mathews, current president of the Association, who stated in her speech, delivered at the Ceremony for Recognition of Clinical Specialists at the 1988 Combined Sections Meeting, that physical therapy may be tagging in this specialty area.

Quantity of Geriatric Articles

The Section membership and other interested individuals are asking for protocols and other information. The Section is unable to provide this material at the present time. As stated in the introduction of this paper, geriatric physical therapy is relatively "new." It may be that the current membership, who have worked many years in the field, are the "experts." It behooves them to share *in Geri-Topics* their knowledge by writing articles, case studies or hints from the field.
For the past few years, authors have been noting the lack of literature regarding geriatrics in physical therapy. In the March 1988 issue of *Physical Therapy,* Rita A. Wong in her article, "Geriatric Emphasis In Physical Therapy," stated:
"A quick index scan of articles with an emphasis on pediatrics, another age- specific category, revealed that from 1966 to 1986 there were an average of 8 1/2 times more *Physical Therapy* annual index listings for pediatrics than for geriatrics. This imbalance occurred despite the fact that pediatric patients make up a much smaller percentage of our patient population (11%)."
She further stated that this lack of interest may be due to the stereotyping of older people "as uninteresting, unchallenging, and having a limited rehabilitation potential."

Physical Therapy Curricula in Geriatrics

All of the recent studies show that there is a need for more emphasis on geriatrics in our physical therapy curricula. The studies show that about 95% of the schools include geriatrics in the course content but it is simply "touched on"; that is, the subject is integrated into the other courses. Very few schools have specific courses that are specifically on geriatrics. There should be an increase in the depth of coverage and time devoted to the aging process.

Although the Section on Geriatrics has submitted a petition for a specialty in geriatrics, under the best of circum- stances, the first examination for the certificate of specialization in geriatrics could not occur until 1990. 1 believe school administrators should take the lead, as stated by Wong, to "identify and implement curricula changes to improve our knowledge and understanding of geriatrics, and evaluate the impact of educational experiences in geriatrics on changing physical therapists' attitudes."
It appears that the greatest lack is in clinical affiliations. The student sees the geriatric patient in the acute hospital setting. Every student should have the opportunity to work with patients in nursing homes, adult day care renters, and other non-traditional settings.

Faculty should become more involved in working in these settings. They would be able to arrange experiences for the students with both the frail and the well elderly. The students would then learn that all older persons are not alike. They would have an opportunity to ob- serve that older persons have a different reaction to treatment than the young adult. It should be recognized that no matter in what specialty the graduate physical therapists work, the individual will be working with some older patients. Graduates should be prepared to work with them.

Research in Geriatrics

There is a need for more research in the field of geriatrics. Rita Wong, in her article mentioned above, pointed out that although one fourth of all patients treated by physical therapists were over 65, only 5% of our research efforts were in this area. She further stated, "We must have a sound clinical and scientific base to provide effective physical therapy to the elderly patient," and that further research is needed that includes the attitudes and career choices of physical therapists and evaluation and treatment modifications for the older patient.

The Foundation for Physical Therapy recognizes the need for research in geriatrics. The Foundation is a source for grant money to conduct a study in geriatric physical therapy.

There is a need for a data base regarding the numbers of physical therapists working in geriatrics, in what settings they are working, etc. Accurate projections cannot be made without these statistics. This became very evident to me when I was asked to answer questions regarding physical therapy in geriatrics in a survey conducted by the task force on standards for a curriculum in geriatrics of the Association for Gerontology in Higher Education. The APTA staff could not provide the data because the Association's computer did not have the capability to keep this type of statistics. At this writing, the Association is conducting a survey to help plan a system based on component needs in data management

As a member of the task force, it was gratifying to learn that physical therapy is not lagging behind most other professions. Our Association is not the leader in developing standards, but has done more in this area than some other professions. The Section may become one of the leaders when the process for a specialization in geriatric physical therapy is accomplished.

International Activity

Many of the same critical issues which "face" the American physical therapists in the geriatric field are "facing" physical therapists in other nations. 'Ibis became evident at the World Confederation for Physical Therapy held in Sydney, Australia, May 1987. A national allied health task force in geriatrics was formed and several American physical therapists were selected to participate. It became evident that Americans were considered leaders in the field.

Advocacy and Coordinating with Senior Groups

Physical therapists must be advocates for their geriatric patients. Many older individuals do not understand the medical system. They do not know where to seek help in the continuum of care. Currently there is pending legislation which will affect the quality of care the, older individual will receive. it be- hooves physical therapists not only to let their views be known, but to encourage and assist the geriatric patients to also contact their legislators and to elect public officials responsive to their needs.

There are many senior groups advocating for health care. The Association should coordinate with these groups. It is gratifying to note that the Association, at the national level, has made contact with the American Association of Retired Persons, which has a member- ship of over 24 million. Physical therapists, especially Section members, should contact the local chapters of AARP. They are always looking for speakers. I think association with this powerful group could prove to be of mutual benefit.

SUMMARY

The Section on Geriatrics has made an impact, both locally and internationally, during the first ten years of its existence. Physical therapists working with the geriatric patient are being recognized as providing a worthwhile and challenging service. Presently, there are critical issues which must be faced by the members of the Association and the Section to prepare for the growing need for geriatric physical therapy services. It appears that this challenge will be met. The Section will continue to grow and will be the leader in geriatrics in the Association.

Come grow old with me, the best is yet to be. *Robert Browning*

Clara P. Bright, MA, PT; Chairman, Section on Geriatrics; Physical Therapy Consultant, Wickenburg, Arizona

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PHYSICAL THERAPY IN GERIATRICS ... THE FUTURE

Carole B. Lewis

Planning for the future of physical therapy with a crystal ball would be a simple task. The crystal ball would make. it easy to decide what equipment to buy, what space to lease, how many people to hire, which books to read and what techniques to study. There. are, however, disadvantages to the crystal ball approach. It may make things simple to plan 20 to 30 years in advance, but without the crystal ball one creates the future. The crystal ball technique may limit innovation and restrict the decision-making process, but by telling others that particular treatments are effective or by selecting a particular site providing improved care for patients, the future directs itself. Based on current facts and some speculation, it is possible to create an improved future for treating older patients. The premise of creating the future is the basis of this article.

Presented with the arduous task of writing an article on the future of the Section on Geriatrics, a few pratfalls come to mind. This article will be critiqued in ten years as Geneva R. Johnson's 1974 article entitled "Physical Therapy Education and the Future" as it appeared in the *Journal of Physical Therapy* has been critiqued. There are some truths in her article but also un- founded fears. Ms. Johnson was worried that physician assistance would come to dominate physical therapy. She even alluded to the possibility that physical therapy would be dead in several years.

Obviously, the practice has progressed beyond these fears of 1974.

If this article is reviewed in the year 2000, there may be some pleasant surprises. Maybe there will be 10,000 members in the Section on Geriatrics and the Section will have a larger and more important role in deciding the fate of rehabilitation and maintenance for the elderly.

Focusing on geriatric physical therapy, the statistics support growth for the Section on Geriatrics and for physical therapists providing services to older persons. Statistics indicate that the number of people over the age of 65 has climbed from 3 percent in the beginning of the century to 10.8 percent in 1987. There will be an even greater percentage of older people once the "baby boomers" reach their sixties. There will also be a greater need for health care among this population. With the increasing need for health care comes a more knowledgeable and informed point of view and a cyclic effect (i.e., even more demand for health care services).

There is an evolution occurring in the practice of physical therapy and geriatrics. In the last ten years it appears that the setting and type of physical therapy has changed dramatically from year to year. DRG's have made hospital settings much less lucrative for treating older patients on a long-term basis. More older patients are receiving physical therapy in long term care facilities and in the home because hospital stay is not available.

What will the setting be for older persons in the year 2000? One possibility is that older people will more likely be living in group settings and in community living centers. Physical therapy may be supplied by use of video conferences for older persons or home video units that can be shipped to older persons and when used, will teach them how to move around or exercise their limbs. The limits for what physical therapy may be are only limited by a person's imagination.

Treatment techniques should be examined in much closer detail. As the profession evolves, review of the goals and aims of physical therapy for the elderly may be needed on a yearly or more frequent basis. Current techniques such as hot pack, ultrasound, and massage may be passed in the year 2000. Physical therapists may not be providing hands- on treatment at all. On the other hand, they may be using hands-on treatment and supplementing with high technology or classes that would be provided on a daily basis. There will definitely be more concrete, reproducible assessment tools for ergonometric living situations for older persons. Functional capacity evaluations used for younger people may be used more regularly with older patients in the foreseeable future. Physical therapists may be using more functional treatment protocols as opposed to therapeutic treatment protocols to get patients functioning in the independent realm.

Finally, research will need to address .providing physical therapy services in a more cost-effective fashion. Specifically, by investigating the effectiveness of not only one-on-one physical therapy services, but of one-on-ten services. In other words, traditional physical therapy for older persons must be proved effective and then the possibility of treating more than one person can be examined.

In other countries of the world with large elderly populations, as well as in the U.S., a one-on-one approach may be impossible. The profession must, there- fore, continue research in this area and change practices, accordingly. Research must focus on how physical therapists can train aides to work with patients using hands-on technique.

There will be many older persons requiring physical therapy services and physical therapists may not be available to provide these needed services. There may be more responsibility given to physical therapy assistants and physical therapy aides. Physical therapists may become designers of grand scale techniques with assistants providing the bulk of actual therapy evaluation. Physical therapy aides may treat the majority of patients.

Education for geriatrically trained physical therapists will also be different. Physical therapists will not only need to team about current trends, techniques, and research, but will need to know how to teach others to teach physical therapy. For example, to be good teachers of family members and to teach aides, assistants, and children to take care of older patients or relatives. Again, this is speculation, but it may mean the need for additional direction for physical therapy.

If attention is shifted from the profession of physical therapy and geriatrics to look more closely at the Section, it seems that the Section is already taking steps to function effectively in the year 2000. Specialization is being implemented that will help to develop experts in the field of geriatrics. These experts will design effective programs for treating the aged, and will have thorough knowledge of how these programs can be implemented for the geriatric patient.

The Section will also need to provide avenues for continuing research. The possibility of setting up research connections with the National Institute on Aging or the National Institutes of Health, so that physical therapists around the world can link directly through computer technology to funding, education and research materials, and expert consultation. In addition, membership will need improved information retrieval systems. Software packages may be developed by the Section on Geriatrics with specific exercises that can be used for different disabilities and impairments so that the physical therapist can access a central computer data base and obtain specific information on treatment or exercises that are oriented towards the individual. Communications will be such that it may be possible to send even the Section newsletter over the computer to physical therapists that are hooked into a universal network.

Educational programs must continue to be available throughout the country and must provide information on a variety of techniques, from hands-on to high technology, from computer software use to providing geriatric care for every older person.

The Section should also devote a great deal of time to legislative efforts. This year has shown how important having strong communications with administrative and legislative contacts can be to establishing an effective reimbursement schedule for physical therapy. Geriatric physical therapists must continue to let constituents, patients, and administrators know that physical therapy services must continue and more importantly, that funding must continue. Administrators and legislators are learning that physical therapy is some- thing that improves the quality of life of older persons. To that end, legislative brochures for patients, health care providers, and administrators that address the efficacy of rehabilitation for older persons must be developed.

Another important aspect of future physical therapy will be the improved image of the practitioner among physical therapists and among the community at large. Geriatric physical therapists are sophisticated clinicians, but it is time to let people know how educationally-and-research-oriented geriatrics really is.

To provide good care to a person with multiple diseases, multiple medications, and multiple functional limitation requires a keen mind that has taken in all the facts to provide optimal care. Yet this information is not currently shared with other professionals. More attention must be channeled into changing the image of the geriatric physical therapist in the community and among clinicians in general. This view is already changing, but the process can be augmented by continuing to choose leaders that are highly visible within the physical therapy and national communities. People who aspire to provide high quality care to older persons and can make a contribution to the Section will be an important factor in the continued growth of the geriatric section.

There is challenge and a positive future for the Section on Geriatrics, but looking into a crystal ball will not give the answers. The answers are within the individuals that make up the Section. The Section must go forward and meet the growing needs of older persons. To do this it is important to look carefully for ways to update and inform membership of current changes in the health care realm. It must be stressed that the most important task for the Section will be to educate our members, the association, patients, legislators, administrators and the community concerning new plans and ideals for the Section and by doing this, to provide future quality of life for older persons.

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OUR FUTURE OURSELVES

WHAT CAN WE EXPECT?

WHAT CAN WE DO?

An outline of comments by George L. Maddox presented at the Joint Conference on Aging in March, 1988, Biloxi, Mississippi.

I. The Demographic Revolution: Implications of an Aging Population

A. The modern triumph of survival is bittersweet; we are doing better but feeling worse as life expectancy has surpassed the threescore and ten and is climbing.

B. But survival does not insure maintenance of functional capacity.

C. An aging population, therefore, requires new ways of meeting needs in health, income maintenance, housing, transportation, and learning.

II. The Knowledge Revolution and the Rise of Realistic Optimism

A. Generalizations about "the elderly" have succumbed to documented diversity among older adults.

B. The observed diversity reflects different adult lifestyles and related risks, not just genetic differences; work and family are critical in how life transitions are experienced.

C. The potential capacity of older adults is typically under utilized but demonstrably can be activated.

D. Options and opportunities for self-fulfillment and the reinvention of oneself in adulthood are more important than genetics in determining the future of aging.

III. The Revolution of Expectations and Hope for Late Adulthood

A. Professionals and policy makers are scrambling to keep pace with the rising, reasonable expectations of a *new* generation of older adults.

B. Older adults, avoiding a polarized politics of age, are pioneering with few precedents in the construction of the future of their aging.

C. In the final analysis, we confront a crisis of values: NO DEPOSIT/NO RETURN; DISPOSE OF PROPERLY; or RETURN FOR REFILL.

Five Stimulating Books on Constructing the Future of Aging:

George Burns, How to Live to be 100 - Or More. New York: Putnam, 1983

E. W. Busse and George Maddox, The Duke Longitudinal Studies of Normal Aging, 1955-1980. New York: Springer Publishing, 1985

Alex Comfort, A Good Age. New York: Crown, 1976

James Fries and Lawrence Crapo, Vitality and Aging. San Francisco: Freeman, 1981

George Maddox (Editor-in-Chief), The Encyclopedia of Aging. New York: Springer Publishing, 1986

Submitted by Neva F. Greenwald

20/20: Come - Celebrate the Vision

By Date Avers, MSED, PT

The Section on Geriatrics is 20 years old! This seems a good time to reflect on the Section's nature and celebrate the accomplishments of this dynamic organization and the people who made these accomplishments possible.

The Section on Geriatrics is a dynamic and ever changing organization that, as one of the 19 special interest groups of the AFITA, brings together resources for the purpose of giving back to our members and our clients. We do this by advocating for older adults and their highest quality of life through the physical therapy profession. The most precious resources of this Section are its 7000+ members and the many heroes and heroines that have given vision and purpose to the geriatric domain of physical therapy. Joan Mills was the **first** heroine of the Section, having the vision and initiative to create the Section in 1978. Her vision was to bring together physical therapists and physical therapist assistants that work with geriatric patients for the purpose of education, collaboration, research, and mutual support. This vision is still fundamental to the operations of the Section today.

One of the more recent heroes in the Section is Kent Dunovan, the current Editor of *GeriNotes.* Kent's vision, nurtured initially by the late Lynn Phillipi, has created this special anniversary edition of *GeriNotes. GeriNotes* is one of the most important products of the Section, striving to communicate clinically relevant in- formation to all of our membership. By all accounts, Kent and his editorial team including Sharon Klinski have succeeded in their ongoing mission. Thank you to all of them for consistently creating a publication to be proud of.

At the last strategic planning conference held in August, the Section's Board took some time to celebrate our past accomplishments. This is an important task in order to move forward and was insightful to all of us. A partial list of those accomplishments is included below join with me in celebrating these accomplishments:

- *GeriNotes,* now issued 6 times per year
- Funding for research in geriatrics including our endowment to the Foundation for Physical Therapy
- Changed profile of the practice of physical therapy
- A refereed journal, *Issues on Aging* Provision of a vehicle for talented geriatric physical therapists and physical therapist assistants to spread the word Development of a model geriatric curriculum
- Commitment to leadership development
- Specialization
- Recognition of our membership's talents and accomplishments through awards
- A fiscally sound organization
- Our leadership in electronic communication including the Web page and E-mad structured Board activity Support for and inclusion of physical therapists assistants
- Our value of and work towards diversity
- Our visionary efforts
- Our network activities with external organizations

“This seems a good time to reflect on the Section's nature and celebrate the accomplishments of this dynamic organization and the people who made these accomplishments possible.”

We then thought about our heroes and heroines. The following list was generated in a few short minutes by the Board, and should not be thought of as inclusive, but rather as a celebration of these specific individual's contributions:

- Joan Mills
- Our members
- Carole Lewis
- Bette Horstman
- Jane Koons
- Past Board members and Presidents
- Committee members

- Researchers
- Presenters
- Mary Ann Wharton
- Component Management Services
- Lynn Phillipi

No celebration is complete without the visible coming together, and we are doing just that in grand style in Boston. This visible celebration is occurring be- cause of the tremendous efforts of Bette Horstman, chair of the 20th Anniversary Celebration and her talented committee: Fran Kern, Bill Staples, Jennifer Bottomley, Naomi Pollack, Sandi Levi, and Pat Traynor. My gratitude and appreciation are extended as once again, the spirit of volunteerism is exhibited in grand style.

Dale Avers, MSED, PT –GeriNotes – February 1998