

PT in the ICU

Inside the nation's first preprofessional course on advanced acute care



FROM THE DIRECTOR



ON BEHALF OF OUR FACULTY, STAFF, AND STUDENTS, I WELCOME YOU TO *EMORY PHYSICAL THERAPY*. We are off to a strong start with our class of 2020, which includes 78 students from 27 states, coming to us from 53 universities and 21 undergraduate majors.

In early May, we graduated the Doctor of Physical Therapy Class of 2017, which included two DPT/MBA

students, one DPT/MPH student, and 68 students who earned their DPT. Our commencement speaker was Sharon Dunn, PT, PhD, president of the American Physical Therapy Association and professor and chair of the Department of Rehabilitation Sciences at Louisiana State University Health Sciences Center. Dunn's talk focused on pursuing dreams, staying humble, and doing our absolute best in all endeavors.

We are pleased to highlight acute care in our magazine this year. Recent research shows that early mobilization and physical therapy in the intensive care unit (ICU) improve patient outcomes. However, as many of you know, the ICU is a complicated and challenging environment for physical therapists and patients. In these pages, we're pleased to highlight the training work being done by Assistant Professor Kathy Lee Bishop, PT, DPT, CCS, and Jennifer Sharp 11DPT. Bishop and Sharp co-teach Emory's Advanced Acute Care

elective, a one-of-a-kind experience that centers on weekly simulations and concludes with short rotations in local ICUs. The course operates in close cooperation with Emory Healthcare and other hospital partners in metro Atlanta. Graduates who have taken this advanced class are at the forefront of implementing and advancing early mobilization interventions in the acute care units in which they practice.

We continue to rely on philanthropic gifts from our alumni and other supporters to help students in financial need. In this magazine, we share the story of alumnus and donor Lee Roberts 84MPT, 06DPT, and his daughter Caroline Roberts 14DPT. Below, you'll also see information about our newest scholarship program, named after alumna and donor Norma Fraser 82MMSc. We are always grateful for your consideration when making charitable decisions.

Finally, we are looking forward to hosting the 2nd Inter-professional Simulation Conference, November 14-15, 2017. The conference brings together interdisciplinary health science educators and clinicians to promote and determine best practice, assessment measures, and techniques in use of simulation as an education tool. We look forward to seeing many of you here soon for this exciting conference.

I hope you enjoy this issue of *Emory Physical Therapy*. My sincere thanks to all who support the Division of Physical Therapy in so many ways.

Best wishes,
Zoher Kapasi, PT, PhD, MBA
Professor and Director

Alumna Funds New Scholarship

Long-time supporter and alumna **Norma Fraser Devine 82MMSc** has pledged a \$100,000 gift to the Emory Division of Physical Therapy. The gift will be given over a period of five years (2017-2022) to further strengthen the Division's scholarship program. The Norma Fraser Scholarship in Physical Therapy will support students with financial need.

Fraser received a master's degree in physical therapy from Emory in 1982 and served as the director of physical therapy at Emory University Hospital Midtown (previously called Crawford Long Hospital) for many years. Fraser attended Emory with the help of a scholarship. "My life would have been totally different without this help. I am grateful that I am now in a position to pay this forward and help another young person achieve their goals and ambitions."

To join Fraser in supporting students, visit emory.edu/give



Norma Fraser Devine, speaking at Emory in April, with husband Robert Devine (center) and division director Zoher Kapasi looking on.

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EMORY | physical therapy



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"Yoga and meditation strategies can keep physical therapists within our scope of practice and help us work with the stress and anxiety that perpetuate how people hold their muscle imbalances."

— Instructor Marlysa Sullivan, PT

ON THE COVER | Jenny Sharp (l), Courtney Beshel 17DPT (back center), Eugene O'Hanlon 17DPT, and Kathy Lee Bishop mobilize an acute care patient as part of a simulation.

Assistant Professor Trisha Kesar and research coordinator Steven Eicholtz demonstrate a new biofeedback interface connected to the Motion Analysis Lab treadmill.

Trisha Kesar has spent her career confounded by a problem. As director of Emory's Motion Analysis Lab, she has been frustrated watching stroke survivors struggle to recover walking

function—and physical therapists struggle to effectively help. “Gait is complicated,” says Kesar, who has a PhD and is assistant professor of rehabilitation medicine and physical therapy at Emory. Often stroke patients struggle to regain push-off in the leg affected by stroke, leading to difficulties in walking at an appropriate speed. Some may compensate for limited push-off in ways that can hurt other parts of their body.

“Until now, we haven't had a good way of telling patients during training or rehabilitation, ‘This is what I want you to do, and here's an objective measure of whether you're doing it or not,’” says Kesar. “If they're not paying attention or don't have the cognitive ability or body awareness they had before the stroke, it can be a challenge to help them gain awareness of their own deficits.”

Now Kesar and colleagues, including Professor Steve Wolf, PhD, PT, FAPTA, FAHA, have come up with a possible solution. Using adapted biofeedback software and a projector screen connected to the Motion Analysis Lab's instrumented, force-sensing treadmill, they're able to provide real-time quantitative data about push-off to patients as they walk. This is the first known research focused on applying biofeedback for regaining push-off after stroke.

Preliminary studies show that such feedback can help patients increase push-off without negative compensation or consequences. Results of a pilot study appeared in the June 2017 issue of the *Journal of NeuroEngineering and Rehabilitation* and show that healthy volunteers increased push-off on the targeted leg by 20% to 30%.

For Kesar, push-off has long been a focus of her career. “Push-off is one of the key factors that influences gait in stroke,” says Kesar. Without enough push-off by the affected leg, a series of problems may ensue, including limping, leaning, slow walking, and compensating with the unaffected leg—all of which can lead to musculoskeletal issues, balance challenges, and an increased risk of falling.

Conversely, improving push-off may remedy these challenges. “If I fix push-off, I can fix problems with knee flexion, improve walking speed, and so much else,” says Kesar. “Push-off is one of the few deficits that can help target other impairments, offering upstream effects that benefit other parts of the gait cycle and other joints like the knee.”

With the current biofeedback interface, patients walking on the treadmill hear a beep and see a bar move on a screen when they meet or exceed their push-off goal for each step. In the feasibility study with healthy college-age participants and a subsequent pilot study with stroke survivors, research participants adjusted their movements to increase the occurrence of the beeps. Lab researchers individualized target push-off goals for each participant, measuring push-off in newtons.

“The beauty was that stroke survivors could see every step they took in real time and see how close they were getting to the target the physical therapist had set for them,” says Kesar. “They all wanted to succeed because it's like playing a game.” Within one session, study participants walked with more push-off and symmetry and were able to maintain those changes for 10-15 minutes after the training period. “It showed proof of concept,” says Kesar.

Kesar says this new intervention is possible because of recent technological advances. “The system gives information about real-time physiological behavior in a way that patients understand and that directs them how to change behavior,” says Kesar. Goals are individualized and adjusted as patients gain skill and strength. If a patient increases push-off in a way that could have a negative impact, such as by leaning, physical therapists can offer redirection. “It's beautifully simple,” says Kesar. “People want more information. They want to know that they're doing what we want them to do.”

Atlanta dentist Piara Singh had a stroke in July 2009 and participated in the study. “Being in Dr. Kesar's study has made me aware of concentrating on foot placement and push-off,” he says. “I think of the biofeedback beep while walking on the treadmill at home.”

Stroke survivor Jeanie Gamble also participated in the study. She says her time on the lab's treadmill continues to support her rehabilitation efforts. “I was able to learn what I was doing right and what wasn't as effective,” she says. “I learned what I needed to do.” Gamble now takes long walks a few times a week, focusing during parts of those walks on foot placement and push-off.

The initial studies have been funded by Emory through Kesar's ongoing research grant and include collaboration with Wolf, former Emory physical therapy neurology resident Katlin Genthe 16DPT, Emory Motion Analysis Lab manager Steven Eicholtz, and Georgia Tech undergraduate researcher Chris Schenck.

Kesar and Genthe are speaking about the research at a biofeedback symposium at the American College of Rehabilitation Medicine conference later this year. Kesar is also applying for grants to extend this research. “It's hard for patients to stay motivated and push themselves to the right challenge level,” says Kesar. “My goal is to develop a gait-retraining game that is engaging and entertaining. I want to make rehab more fun.”

Future research may also explore how this real-time feedback may work with another of Kesar's research interests—functional electrical stimulation—or other existing gait treatments.

Eventually, Kesar hopes that biofeedback may be a tool that physical therapists can regularly integrate into their treatment regimens. As technology continues to evolve, Kesar imagines that sensors within shoe insoles could connect to phone apps—and that such technology may someday take the place of her treadmill and projector screen. She also anticipates that others besides stroke survivors may benefit, including patients recovering from traumatic brain injuries and military veterans recovering from physical injuries. It's just a matter of time, she says, before biofeedback is a tool throughout rehabilitation medicine. **EPT**

Helping Stroke Patients Regain Push-Off

A STEP FORWARD

By DANA GOLDMAN • Photography by KAY HINTON



PT in the ICU

Inside the nation's first preprofessional course on advanced acute care

By DANA GOLDMAN • Photography by KAY HINTON

There's a simple reason why Alex Johnson 17DPT tried to avoid intensive care units (ICUs) during her first clinical rotations: "I was petrified," she says. Ventilators, lines, monitors, and questions about patients' medical stability made her hesitate. "When I walked into an ICU, I was automatically intimidated," she says. "Patients were so ill. They seemed so fragile."

Johnson knew she had a decision to make. She could continue to avoid critically ill patients with complex conditions—or she could learn everything she could to overcome her fear. Because she wanted to be able to work in a hospital, she decided on the latter. Because she was a student in Emory's Division of Physical Therapy, there was a clear way to get the information and experience she was looking for: Emory's Advanced Acute Care elective. It's the first and only preprofessional course in the United States dedicated to understanding and treating the acute care patient.

Course genesis

For course co-instructor Jenny Sharp 11DPT, the idea began with a chance meeting in an ICU at Emory University Hospital Midtown. Alex Truong, MD, MPH, had been conducting research on the benefits of early mobilization, a set of coordinated protocols to help even the sickest patients begin to sit, stand, and walk again as quickly and safely as possible. He wanted Sharp's support in creating a protocol for treating patients in intensive care who could benefit from physical therapy.

Truong knew that physical therapists would be crucial for creating and implementing a protocol that worked. "Nurses and doctors underestimate what our patients can do physically," says Truong, an assistant professor of medicine at Emory. "Physical therapists are best at challenging patients to optimize their functioning."

For other health care professionals, encouraging critically ill patients to be physically active can seem counterintuitive. "All

everybody sees at first is risk," says Sharp.

Yet research shows that the adverse reaction rate for early mobility efforts is between 1% and 3%. The most common reactions are drops in oxygen saturation and blood pressure.

In addition, research by Truong and others has shown that bed rest for patients may hurt more than help. "In the old model of acute care treatment, patients just languished in bed and became very weak," says Sharp. Recent studies show that a stint of hospital bed rest may lead to weakened states for subsequent years—including decreases in nerve conduction, debilitating muscle weakness, and resulting challenges in going back to work or family life. Research has also shown that early mobilization efforts can result in decreased complications, shorter lengths of hospital stays, and lower hospital readmission rates.

Soon, Sharp found herself serving as an early mobility coordinator at Emory University Hospital Midtown, training other staff members on the benefits of getting critically ill patients moving. At the same time, she was doing what she could to gain confidence and competency with her own acute care patients. "I was educating myself on the different equipment and medical diagnoses that you typically see in critical care," she said.

Occasionally, Sharp would think back to her coursework at Emory. "The electives I had taken were fabulous, but none of them prepared me for what I was doing in acute care," says Sharp. In 2012, she started drafting an email to Professor Marie



Students debrief a simulation and discuss fundamentals of early mobilization.



Kristin Muldowney 17DPT and Spencer Ashmun 17DPT practice 'suctioning' through an endotracheal tube.

Johanson, PhD, PT, OCS, who chairs the division's curriculum committee. *Might Emory be open to creating an advanced acute care elective?* she asked.

Convergence

Shortly after receiving Sharp's email, Johanson received another on the same topic from Assistant Professor Kathy Lee Bishop, PT, DPT, CCS, a longtime advocate for physical therapy in acute care settings. Bishop had taught Sharp at Emory, but they had not been in contact since Sharp's graduation.

For Bishop, who co-teaches the course, the idea was in response to research on early mobilization as well as the reality of chronic shortages of physical therapists in acute care facilities. Recent articles in *Physical Therapy* and *Annals of the American Thoracic Society* have named physical therapy staffing shortages in ICUs as a significant barrier to rehabilitation for acute care patients.

One hurdle to physical therapist recruitment in such settings is that many therapists have not had enough experience to be comfortable. "Even if a student did a rotation in an ICU, that wasn't enough to create a deep passion," says Bishop. "I wanted students to realize that they could have a career in acute care, and I wanted to create that spark of passion for them."

When Division Director and Professor Zoher Kapasi, PhD, DPT, MBA, heard about Sharp and Bishop's idea, he connected them and gave them the division's backing and blessing. He was aware of the research about early mobilization and the statistics on staffing shortages. He also knew that Emory had a resource that would be crucial for the type of course Sharp and Bishop envisioned: the Emory School of Medicine simulation lab. "Given the research, the simulation lab, and the caliber of Sharp and Bishop, the decision was easy," says Kapasi. "I hoped this course would spur some of our students to go into acute care, helping to fill a great need. This was a win-win proposition."

Course design

Soon Sharp and Bishop began meeting to discuss course design.

Given the challenges of working with

acute care patients, they wanted to create strong simulation, debriefing, and didactic components, with class size capped at eight students. Both were aware that this would be the first such course in the nation.

Bishop and Sharp crafted the course to center on weekly ICU simulations, each more challenging than the previous scenario. During the first, students figure out how to treat "pneumonia" in a high-fidelity mannequin that is hooked up to a ventilator. Soon they're dealing with simulations involving acute lung injury, stroke, and pediatric illnesses. The simulations culminate with a standardized patient experiencing multi-system organ failure.

Sharp says that no matter the simulation, students have the same tasks. "They have to learn to organize the equipment lines and figure out how to help the patient get out of bed."

Students also learn the basics of professional communication through role-playing nurses, doctors, family members, and

students from other disciplines. Says Bishop, "Interprofessional communication in this setting is crucial for patient-centered care as well as for patient and staff safety."

In addition, each week includes a simulation debriefing and hour-long lecture. Bishop explains cardiovascular and pulmonary reviews, heart rhythms, lab values, and pharmacology, while Sharp lectures about early mobility and outcome measures. Guest speakers from fields including pediatrics, neurology, and orthopedics discuss particular challenges and needed skill sets for working with patients. The course finishes with students completing 16 hours of rotations at ICUs throughout Atlanta. "We go from bench to bedside," says Bishop.

says the course provided much-needed information and experience. Johnson recently began work at Grady Hospital in Atlanta and says she now looks forward to ICU rotations. "I have a better ability to explain to patients why we're doing what we're doing. I have a better understanding of what the physical therapist does in the ICU and how integral my role is."

Outcomes

As the only such course dedicated to the acute care patient, the Advanced Acute Care elective has drawn national attention. In 2016, Bishop and Sharp reported their experience at the American Physical Therapy Association Combined Sections meeting. Earlier

“ I wanted students to realize that **they could have a career in acute care.** ”
—Course co-instructor Kathy Lee Bishop

The student experience

The course premiered in 2014. Among its first students was Jenny (Brickman) Terry 14DPT, who now works with surgery and neurology patients at Memorial Hospital Central in Colorado Springs, Colorado. "The Advanced Acute Care elective made me more confident and comfortable in the acute care setting, particularly with patients with medically complex conditions," says Terry. "It gave me a good foundation to understand, and then explain to patients, family members, and sometimes to physicians and nurses, that in most situations patients should not be in bed 24 hours a day."

For alums of the class who now work in acute care, their experience in the field backs up the data. Christina Sperle 14DPT also took the course in its first year. She remembers a recent patient who transferred to her unit at Johns Hopkins Hospital in Maryland after a month spent entirely in a bed at another hospital. "During his evaluation, I helped the patient sit up for the first time in more than a month," says Sperle. "He immediately became more alert and smiled for the first time anyone had seen since he'd entered that first hospital." Sperle says the patient's wife immediately began crying with relief and then spoke. "That's the man I married." For Sperle, the episode reinforced the power of early mobilization.

New graduate Alex Johnson, who had been so petrified of ICUs,

this year, they described the course and their early findings in the *Journal of Acute Care Physical Therapy*. Along with co-author Patricia Ohtake of the University of Buffalo, they report that students have increased in clinical understanding, skill, and confidence as a result of the elective.

Now in the course's fourth year, co-instructors Bishop and Sharp are continuing to fine-tune the curriculum in hopes of enhancing outcomes even more. For the first time, current students are shadowing critical care nurses and respiratory therapists as part of the course. Says Bishop, "We want them to understand different roles in the ICU, and we want to enhance interprofessional communication, understanding of lifesaving medications and delivery formats, and understanding of oxygen delivery systems and mechanical ventilation."

So far, more than half of students who have taken the course have chosen to find work in acute care settings. Those include Spencer Ashmun 17DPT, who began a job in acute care at the Mayo Clinic in Minnesota earlier this fall. "This class really opened my eyes on how to be safe and objective in what can seem like a chaotic and fragile environment," he says. "I know this class has pushed me in the right direction, and I can't stress enough how grateful I am for this course." **EPT**

Enhancing PT with Mindfulness & Yoga

Helping patients manage stress and anxiety to bolster treatment

When Melissa Keightley 16DPT meets new patients, she often begins by helping them with their breath before they attend to the body. Her patient population in Portland, Oregon, includes people living in poverty, many of whom are homeless. “Depression and anxiety are very common among these people,” says Keightley. “Breathing and meditation practices can make it easier for them to focus throughout the rest of our session.”

Keightley is using techniques she learned at Emory in the elective course Yoga and Meditation/Mindfulness in Physical Therapy. Since 2012, the course has

been educating third-year students on how to incorporate mindfulness strategies into daily physical therapy work.

The class is the brainchild of Professor Marie Johanson PT, PhD, OCS, who directs the curriculum committee. “We are always interested in evidence-based exercise philosophies and systems that complement ‘traditional’ therapeutic exercise,” she says. “We had already had positive experiences with electives in Pilates and Tai Chi, so this seemed like an ideal addition.”

The teacher is Marlysa Sullivan, PT, a certified yoga therapist and registered yoga teacher recognized as an expert in the field of therapeutic yoga. As a physical therapist, she came to yoga therapy because she believed that helping patients with body-mind integration and stress levels would help people with complex conditions such as chronic pain. “Some people fully recover when you correct their musculoskeletal imbalance,” says Sullivan. “But other people keep having the same issue come up. Yoga and meditation strategies can keep physical therapists within our scope of practice and still help us work with underlying nervous system issues, as well as mental and emotional



Marlysa Sullivan, PT, teaches Emory students fundamentals of yoga and mindfulness.

components that perpetuate pain and structural imbalances.”

Students learn the history, philosophy, and neurophysiology of yoga, as well as practical ways to introduce patients to breathing techniques, yoga postures, meditation, and mindfulness. Sullivan and guest speakers also educate students about yoga and mindfulness interventions with specific patient populations, including orthopedics, neurology, traumatic brain injury, pediatrics, chronic pain, and acute care.

The techniques typically induce a positive physiological response in patients. “Mindfulness and yoga practices create a parasympathetic relaxation response in the body,” says Sullivan. “When we create that, the muscles relax and the mind and body settle. Once the body settles, we can do neuromuscular re-education.”

That training has come in handy for Katherine Krueger 15DPT, who took the course in 2014 and now works in an outpatient clinic in San Diego. “The concepts have helped me better understand and work with patient’s symptoms and presentation,” she says. “I am better able to problem-solve and tailor therapy to what the patient needs.” **EPT**

Faces of Giving | ALL IN THE FAMILY

Two generations of Emory alums share one philanthropic vision

Caroline Roberts 14DPT will tell you she shares a unique connection with her dad, William ‘Lee’ Roberts 81C, 84MPT, 06DPT. Both are graduates of the Emory DPT program who work as physical therapists in Florida. Lee is in his 24th year of school-based pediatric physical therapy, with a focus on neurological issues. Caroline currently works in outpatient orthopedics but hopes to someday also work in school-based pediatrics.



William ‘Lee’ Roberts with his daughter and fellow DPT alum Caroline Roberts.

How did you both decide to go into physical therapy?

CAROLINE: I decided I wanted to be a physical therapist when I was 7 years old. I grew up watching my dad as he volunteered with Special Olympics and helped my uncle, his brother, with cerebral palsy. The more I understood about the role of a physical therapist, the more passionate I became about pursuing this career.

LEE: Caroline made a booklet in first grade naming ‘physical therapist’ as her career goal. She never changed that dream.

I originally thought I’d be a dentist. But because I have a brother with cerebral palsy, I was around physical therapy and kids with handicaps most of my life. When finishing undergrad, I shadowed a physical therapist at Emory University Hospital. That experience helped me understand the impact that physical therapy can make on the lives of patients.

What’s it like being in the same field?

CAROLINE: It’s helpful to always have him as a resource when I have practice-related questions, ethical challenges, or equipment needs.

LEE: We banter on a professional level about ethics, evidence-based research, and best practice. I joke with my boss that she should hire

Caroline because she’s a better therapist than I am. I’m amazed with what she has learned.

CAROLINE: I’ve always known my dad is great at what he does. It’s a huge encouragement to me to know that after all his years of practice, my dad still loves his job. The passion with which he pursues his work is unrivaled, even after all these years. His patients know it. His colleagues know it. He’s as passionate as he was his first day.

What helps you both stay passionate?

LEE: The work is rewarding because I can make a difference in a child’s life. It’s a big deal if I can help them make seemingly small

improvements that make a huge impact on their quality of life. They can begin to see progress and gain independence.

CAROLINE: It is an absolute privilege to walk through the rehabilitation process with my patients. Helping them reach their goals and regain their function is an honor.

Lee, your family donates each year to Emory Division of Physical Therapy. Why does your family support Emory financially?

LEE: It’s important that we support the amazing program Emory has built. Physical therapy programs are expensive, and I want to help students afford Emory. They’re going to come out with a great education.

CAROLINE: For my dad, it’s a way to continue to promote the profession and to make sure his patients will have well-educated clinicians care for them when he retires. We are very thankful for the way Emory prepares students to care for each patient as an individual and not just as a diagnosis. Our hope is that the program will continue to lead the profession in providing the best care possible. **EPT**

Share in Emory PT’s Future | If you’ve been inspired by Emory faculty members or alums, consider turning your enthusiasm into action. To support student scholarships, visit emory.edu/give or contact Andrew Christopherson, director of development, at 404.727.8253 or andrew.christopherson@emory.edu.



Former dancer and current DPT/PhD student Mary Alice White says her former career informs a new passion for science.

From Dancer to DPT/PHD

Mary Alice White 18DPT choreographs a new career

For years, Mary Alice White 18DPT worked as a professional, classically trained dancer in New York. Now White, 35, has a new identity: Emory's first dual DPT/PhD student. As she prepares to finish her DPT coursework and rotations, she is also beginning a doctoral program in Applied Physiology through Emory's partnership with Georgia Tech.

White had been dancing professionally for eight years when she decided it was time for a career change. "Dancing was wonderful until it wasn't," she says. "All of a sudden I thought, My body is so tired. There's a shelf life for being a dancer. I danced until I was about 30, which is a long career for a lot of people."

She became interested in physical therapy while doing a side job as a Pilates teacher. "Clients with complicated issues would come in, and I became more and more interested in how to help them," says White. "But I didn't understand the pathology." She

became intent on building a skill set that would provide relief to people in pain. "When I decided I was done dancing, it made sense to me to head in the direction of physical therapy so I could gain the clinical understanding of what my clients were going through."

Before applying to physical therapy programs, White took prerequisite courses in New York. In doing so, she also discovered a new passion and talent for science. "I found I was more of a science nerd than I had anticipated," says White. "I loved chemistry. Thinking about the way atoms interact in three-dimensional space reminded me of dance and body parts moving in space. So chemistry felt like an interesting bridge between what I had been doing and this new

venture I was on." A subsequent neuroscience course confirmed her new direction, leading her to imagine a new life for herself that included clinical physical therapy work and applied research.

White applied to Emory because of its DPT/PhD program and after hearing Professor Steve Wolf talk at an American Physical Therapy Association conference. "A lightbulb went off for me," White says. "I thought, 'This is the kind of research I'm interested in.'"

Specifically, White hopes to focus on molecular changes that underlie neuroplastic change in the area around a neurological injury immediately after that injury has occurred. She's betting that increased understanding could lead to potential implications for treatment protocols.

For Mary Alice White, her continuing excitement serves as confirmation that she is on the right professional path. "I don't feel like I've stepped into another life. The dual DPT/PhD feels like a reasonable progression from where I started. This is what I love and, like dance, I'm just going for it." **EPT**

EDUCATOR OF THE YEAR: Coordinating Rotations for Success

Emory DPT students interested in pediatrics have long appreciated Beth Radford 98MPT, PT, CCCE. As the student education coordinator for Children's Healthcare of Atlanta, she has spent the past nine years helping Emory physical therapy students have positive clinical experiences. In recognition of her commitment, Radford has been named the Division's Outstanding Clinical Educator of the Year for 2017. Criteria included strong student evaluations, consistent involvement on behalf of the profession, and modeling of exemplary clinical care.

As a student at Emory, Radford completed a rotation at Children's. Now, she says, her reward comes as she watches new physical therapists gain their footing and experienced physical therapists shine as mentors. "I like trying to make the rotation as positive as possible for the clinical instructor and the student," says Radford. "It's rewarding to help them have an outstanding pediatric experience here."

Among Radford's fans is Haley Quinlan 15DPT, who completed two clinical rotations at Children's and now works alongside Radford. "She is truly dedicated and passionate about her work," says Quinlan. "She is committed not only to her patients but to the profession."

Radford's manager, Cathy Chronic, also sings her praises.



At Children's Healthcare of Atlanta, Beth Radford 98MPT provides behind-the-scenes support to Emory students before and during rotations.

"She is focused and detail oriented, spending long hours getting students placed correctly and coordinating the required paperwork. She cares about providing the best in whatever she does." **EPT**

A Winning Clinical Partner Close to Home

The Division of Physical Therapy has chosen Emory University Hospital as Outstanding Clinical Partner of the Year for 2017. Barbara Hewett, MEd, OTR/L, who coordinates clinical education, accepted the award on behalf of the hospital.

Hewett credits the hospital's clinical instructors for students' positive experiences. "Our clinical instructors are totally amazing. They're knowledgeable and committed to providing the best clinical education experience." In fact, all the clinical instructors at Emory University Hospital have completed the APTA Credentialed Clinical Instructor Program.

"At Emory University Hospital, clinical instructors use



Emory University Hospital's Barbara Hewett coordinates clinical education for Emory DPT students.

guidance and feedback to help students become active, independent, problem-solvers," says Patricia H. Bridges, PT, EdD, associate professor and director of clinical education for the Division of Physical Therapy.

Eight Emory DPT students will complete rotations at Emory University Hospital this year. Hewett focuses on scheduling, student assignments, needed documentation, and clarifying expectations for students and instructors.

"Communication is most important," says Hewett. "Going from a clinic to an acute care setting can create a lot of anxiety for students. I want to make sure students come prepared and have a positive experience." **EPT**

Class of 2017 Student Awards

Each year the Division of Physical Therapy presents awards to graduating students.

DIRECTOR'S AWARD FOR ACADEMIC EXCELLENCE | This award was given to **Shannon Bowling** and **Amy Wolkin** in recognition of exceptional academic work.

EXCELLENCE IN LEADERSHIP AWARD | This award was given to **Emilly Marshall** and **Leah Mountain** for showing considerable initiative and organizational skills related to class and program activities.

EXCELLENCE IN SERVICE AWARD | This award recognized **Cierra Crowder**, **Emilly Marshall**, and **Molly Tarter** for outstanding service contributions to the program and/or physical therapy's professional association.

FRANCES A. CURTISS AWARD FOR EXCELLENCE IN COMMUNITY SERVICE | This award recognized the outstanding service contributions of **Courtney Asker**, **Tiernan Damas**, **Leah Mountain**, and **Krista Watson** to the community at the local, national, or international level.

GROWTH MINDSET AWARD | This award acknowledged **Erin Bailey** and **Lindsey Snopek** for modeling perseverance and courage in meeting challenges and who, through hard work and dedication, demonstrate resilience and a love of learning.

IAN H. TOVIN SCHOLARSHIP AWARD | This award was given to **Katherine Weigand** in recognition of outstanding performance throughout the program and an intention to focus on orthopedics after graduation.

JOHNNIE MORGAN AWARD FOR EXCELLENCE IN CLINICAL SCIENCE | This award was given to **Meredith Ehrenheim** and **Katie Weigand** for going above and beyond what is expected of students during their clinical affiliations.

PAMELA A. CATLIN AWARD FOR EXCELLENCE IN CRITICAL INQUIRY | This award was given to **Emma Goldberg** and **Carly McMullen** who were deemed by the faculty and their research advisers to have shown leadership, mastery of content



Zoher Kapasi (second from left) with Excellence in Service Award winners Molly Tarter (l), Cierra Crowder, and Emilly Marshall.



Carly McMullen (second from left) and Emma Goldberg (right), winners of the Pamela Catlin Award for Excellence in Critical Inquiry, pose with faculty members Michael Borich (left) and Sara Pullen (second from right).

knowledge, problem-solving ability, enthusiasm, and value to overall research projects.

SUSAN J. HERDMAN AWARD FOR CLINICAL PRACTICE | This award was given to **Leanna Racine** for exemplifying the drive to advance the profession and who demonstrated knowledge and skills in a specialized area of patient care.

Faculty notes

Sarah Blanton, DPT, gave a presentation about the *Journal of Humanities in Rehabilitation* at the World Congress of Physical Therapy in Cape Town, South Africa.

Michael Borich, DPT, PHD, was appointed to the Foundation for Physical Therapy Scientific Review Committee. He also received grants from the National Center for Neurorehabilitation and from the Foundation for Physical Therapy VCU-Marquette Challenge.

Jeananne Elkins, DPT, PHD, has worked with the Veterans Administration to develop a validated brief screening tool for identifying caregivers with caregiver stress syndrome.

Bruce Greenfield, PT, MA, PHD, has been promoted to full professor. In an article in the *San Diego Union Tribune* he discussed the ethics of healthcare organizations buying the rights from sports teams to market as primary providers.

Marie Johanson, PT, PhD, OCS, has been promoted to full professor. She was chosen to serve on the American Board of Physical Therapy Specialties. She continues to consult with the Tbilisi State Medical University in Tbilisi, Georgia, working to improve the educational training of physical therapists.

Zoher Kapasi, PT, PhD, MBA, has been promoted to full professor. He was awarded the *Atlanta Business Chronicle's* Allied Health Professional Health Care Hero Award. Emory University also awarded Kapasi the Emory Williams Distinguished Teaching Award in May.

Suzanne Penna, PhD, ABPP was named an "Outstanding Faculty Educator" for Educator Appreciation Day at Emory School of Medicine, and was elected as Treasurer/Secretary of the Association for Internship Training in Clinical Neuropsychology.

Sara Pullen, DPT, MPH, CHES, has been promoted to associate professor. She is serving as an international consultant for rehabilitation program implementation. She was also awarded a grant from the Center for AIDS Research at the National Institutes of Health for her work with chronic pain management for people living with HIV.

Lena Ting, PhD, received the 2017 Hidden Gem Award from Emory University School of Medicine. Her studies on adapted tango rehabilitation for Parkinson's disease are featured in the *Journal of Neurologic Physical Therapy* and the *Journal of Neurophysiology*. She also is a co-author of a paper on energy-recycling assistive stairs in *PLOS ONE*.

Michael Wooden, MS, PT, OCS, MTC, is being recognized by *Orthopaedic Physical Therapy Practice* for his many years as its book editor. The book column is now 'Wooden Book Reviews' in his honor.

Alumni notes



Elise Townsend 97MPT works with a multidisciplinary research and clinical team at Massachusetts General Hospital managing care for children and adults with neuromuscular diseases. She lives in Charlestown, Massachusetts with her sweet and spunky daughter, Catherine.



Jessica (Ignatius) Hamilton 07DPT has been working in acute care for the past decade, with a focus on early mobilization in ICUs in adult and pediatric hospitals. She now lives in Indianapolis with her husband Doug.

Brittany Jennings 07DPT has worked as a neonatal and pediatric PT for 10 years in Atlanta. She founded her private practice, Infant Connections, five years ago. She lives with her husband and two children in Brookhaven, Georgia.



Rebecca Grant 09DPT works in pediatric outpatient rehabilitation in Atlanta, specializing in vestibular rehabilitation, post-concussion syndrome, and aquatic therapy for patients with various neurologic and orthopedic diagnoses.

Jordan Felsberg 13DPT and his wife Danielle Tomeck Feisberg 13DPT are parents of three children: Lily, Charleston, and Fiona. Both work as adjunct professors at Wingate University's DPT program. Danielle has started a PhD program in applied neuromechanics at University of North Carolina-Greensboro.

Crystal Huber 13DPT/MBA is a quality improvement coordinator at Alta Bates Summit Medical Center in San Francisco. She married Michael Olsen 13MPH/MBA last year. She is on the board for the nonprofit Spark, which focuses on global philanthropy that advances gender equality.



Michael Robinson 13DPT is now an adjunct professor with the Howard University Doctor of Physical Therapy Program, teaching Introduction to Musculoskeletal Systems and Advanced Musculoskeletal Systems.

Annie Keener 14DPT has served as a tutorial leader in Orthopedics and Foundations courses at Marymount University's Department of Physical Therapy.

Rachel Malina 15DPT completed an orthopedics residency with Mercer University last year. She plans on pursuing a yoga teacher certification.

Michelle Sauer 15DPT is now a board-certified neurologic clinical specialist after completing a neurologic physical therapy residency at TIRR Memorial Hermann. She lives and works in Houston.



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