

History of the Orthopaedic Section: The 1970s
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In 1967, physical therapist Stanley Paris approached Eugene Michaels, then the President of the APTA, about the feasibility of establishing a Section for American Physical Therapy Association (APTA) members whose primary interest was manual and manipulative therapy. Paris was laboring under a 2-pronged disadvantage: first, President Michaels was not receptive because he feared that such a Section would be too specialized and that if such a Section were allowed, therapists in other areas of specialization such as ultrasound might too request their own Section. Michaels clearly wished to avoid fragmentation of the national organization into a disparate collection of Sections. Section, and perhaps most importantly, at that time manipulative therapy was not widely accepted within the physical therapy profession.

But Paris would not be dissuaded. That same year, 1967, a group of physicians—Dr. John Mennell and Dr. Janet Travel among them—formed the North American Academy of Manipulation Medicine. Paris wrote to the Academy requesting full membership for physical therapists, but Travel, the group’s first president, replied that “manipulation [was] a diagnostic and therapeutic tool to be reserved for physicians only.” Another brick wall.

Paris again persisted. He set about forming the North American Academy on Manipulation Therapy, with a formation meeting held in Boston on 28 August 1968. In attendance were invited representatives of both the APTA and the Canadian Physiotherapy Association (CPA). Also present were Mennell from the United States and Cliff Fowler and John Oldham from Canada.

Interest in manipulation therapy was growing. In 1971, Paris and Oldham invited Freddy Kaltenborn to the United States and Canada. Now, in addition to courses being taught by Paris, enthusiastic therapists interested in expanding their manipulation skills and knowledge base could participate in courses offered by Kaltenborn. The North American Academy on Manipulation Therapy presented a series of seminars, and physical therapists were eager participants.

By 1974, the Academy could boast of 942 members, mostly American. It met the growing needs of its members by publishing a newsletter and by conducting seminars and conferences. Even in the face of the Academy’s success, many physical therapists held to the lingering sentiment that manipulation treatment was merely a fad. Academy leadership, however, saw that the Academy’s goals could be met by forming an

Orthopaedic Section within the APTA and a special interest group within the CPA. The foundation having been laid over the course of 7 productive years, the time had come for organization-building within the mainstream professional bodies.

In early 1974 a constitutional conference was called in Chicago, at which time bylaws were approved and officers elected. In June 1974, over 7 years after Stanley Paris first approached the APTA to request Section status, the Orthopaedic Section was approved and Paris was elected its first President. Sandy Burkhart was elected Vice President, Peter Edgelow, Secretary, and Stan Schlacter, Treasurer. Also in 1974, Mariano Rocobado appeared on the scene. Rocobado's contributions, in conjunction with the continued activities of Freddy Kaltenborn, served to further advance the breadth and depth of manual therapy.

Dr. John Mennell, a strong proponent of physical therapists employing manipulation techniques, was the featured speaker at the inaugural banquet in June 1965. The topics of several position papers presented at the meeting presaged vital questions and controversies that the Section would face in the years to come: certification for specialization, chiropractic, and osteopathy. Coming challenges aside, 1975 marked the year in which our national body recognized mobilization as a valid treatment procedure, with the first APTA-sponsored course in joint mobilization preceding the meeting. At the meeting, plans also were made for the first Combined Sections Meeting to be held in Washington, DC in February 1976.

Orthopaedic Section leadership quickly recognized that its mandate extended beyond manual and manipulative therapy, and they began to address other issues in Section publications. Paris briefly served as the first editor of the Bulletin, succeeded by James Gould in the summer of 1976.

Threats to the physical therapist's right to practice joint mobilization were met head-on in 1976. Members voted to establish a legal fund to defend that right, the money to be raised by assessing \$2 in addition to the \$10 membership dues. This action was necessitated by challenges posed by 2 groups. First, chiropractors voiced their opposition to physical therapists practicing manipulation. Chiropractors were becoming better organized and they were upgrading their curriculum by adding courses similar to those being taught in the typical physical therapy program. Second, athletic trainers in Pennsylvania substituted "athletic trainer" for "physical therapist" in their practice act and added, "to treat without physician referral." This was defeated. The APTA House of Delegates approved treatment without physician referral in 1974 but rescinded it in 1978. These events, plus the fact the

physical therapists could no longer practice chest physical therapy without sitting for the inhalation therapist examination, rendered the need to develop certification for specialization more urgent than ever. Further, the membership felt that an exam or a certificate of competency for teachers, too, should be developed. Recalling the 7 years it took to become recognized by the APTA as a Section, members realized that the immediacy of the problem demanded that the push for certification come from within the Sections.

The Task Force on Clinical Specialization held its first meeting in Washington, DC, with representatives from all Sections plus 2 members-at-large in attendance. The Task Force worked out a tentative plan for Advanced Clinical Competencies to be presented to the 1978 House of Delegates. At the 1978 meeting of the House of Delegates, the concept of specialization was approved, and 1978 saw significant progress toward establishing competencies for specialization in orthopaedic physical therapy.

There were several other events of note in 1978. Florence Kendall was awarded “Honorary Membership to the Orthopaedic Section” for her work in helping the Section develop its bylaws. The Bulletin was converted to a Journal. Section bylaws were updated. The Acupuncture SIG requested that the Section BOD consider their becoming a “subsection.” And Section membership stood at 3,000—up from 1,800 just one year before, despite a 1977 dues increase to \$12.

As the Section grew, a concomitant need for increased information emerged. The Journal had been doing double duty—disseminating news of Section business as well as publishing scientific articles. Section leadership quickly realized that the competing and burgeoning demands of both Section business news and scholarly articles for journal space could not be reconciled with a single publication. Dues were increased to \$20, and as it had earlier, the Section again began publishing a Bulletin for news, this time in addition to the Journal. Journal subscriptions stood at 3,572 for Orthopaedic Section members, 1,794 for Sports Section members, and 2,387 for non-Section members—were being met.

The Orthopaedic Section had quickly become the largest APTA Section and, as such, recognized its capacity to effect change within the profession by virtue of its dominant position within the national organization. But it also recognized the need to exercise restraint. A quotation from the Summer 1978 issue of the Bulletin expressed the sentiment of the times very well:

We in Orthopaedic Physical Therapy are in a position to take the lead role in changes that will occur in our profession, ie, certification of the specialist. We must work within the system. Remember we are Physical Therapists first and Orthopaedic Physical Therapists second. Our strength lies in being strong and active members in the APTA and its respective Chapters and Sections, rather than only our Section.

The accomplishments of the Orthopaedic Section in its first 6 years resonated throughout the entire physical therapy community: in a profound transformation, the technicians of the 1960s and early 1970s were becoming skilled clinicians capable of evaluating and treating without specific physician referral. Physicians were beginning to respect the assessments and treatments their patients were receiving and started to include physical therapy as an integral component of their treatment of musculoskeletal problems. Orthopaedic physical therapy was coming of age.

Manual and manipulative therapy continued to grow internationally, eventually resulting in the establishment of the International Federation of Manual Therapy (IFOMT), which is the first clinical subsection of the World Confederation of Physical Therapy (WCPT). Only organizations, not individuals, can be members of IFOMT. In order to become a member, an organization's members must each, as individuals, meet IFOMT standards. Within the APTA, there was not and is not a mechanism whereby such a select group can be formed because any APTA member is free to join any Section. Thus, once again there emerged a need to form an Academy—this time the American Academy of Orthopaedic Manual Physical Therapists. The Academy successfully applied for IFOMT membership in 1993 and has since established solid ties with the Section. The President of APTA is the official liaison between the Academy and the APTA.
