

PRESIDENT'S MESSAGE

Does your practice lead with movement?

Rick Wickstrom, PT, DPT

When I opened my November 2024 APTA Magazine, I was struck by points in the “*Leading the Way*” article, which included insightful excerpts from the 29th John H.P. Maley lecture by Phil McClure, PT, PhD. Dr. McClure’s lecture titled, *The Movement System and Diagnosis – Are We There Yet?* provided perspective and called for more consensus on movement system key concepts to move our profession forward. He called for more work to better position our profession as having unique expertise in the movement system, in collaboration with other health professionals. Movement elements of motion, force, motor control, and energy influence physical active participation through the dynamic interaction between the person, environment, and task demands.

As occupational health practitioners, we must seek direct contract opportunities with employers to promote workers’ safety, productivity, and health to greater value proposition across their lifespan. We must differentiate ourselves from other types of professionals in all practice settings by linking examination with movement system diagnoses to better understand the relationship between pain and functional performance. Dr. McClure recommended more focus around establishing “appropriateness criteria” to stimulate referrals to physical therapy that would benefit from higher value pathways for care. An example is educating workers’ compensation payers to recommend a job-specific functional capacity evaluation or workplace assessment by a physical therapist when the disability after an injury exceeds optimal duration guidelines.

Equally and likely more critical will be to adopt a proactive total body approach to optimize participation in all aspects of life by leading with movement screens to guide physical activity programs, promote workplace accommodation, and initiate referrals to other health care team members. I expect to hear more about the state of the union on the movement system in physical therapy from Nancy Bloom, PT, DPT, MSOT, when she delivers the next Maley lecture in Washington, DC, in 2025. Perhaps our advocacy for physical therapy would be more effective if we offer regulators direct access opportunities to participate in a movement screen that highlights our value to justify higher payment because our services reduce disability, pain, and other claims costs.

As I approach the end of my second term as OHSIG President, I am excited about the building groundswell among APTA delegates to move the needle for our profession in health promotion and primary care as an entry point to an expanded scope of practice that offers greater autonomy and reimbursement than traditional commercial insurance plans. An important step priority should be to follow the lead of North Dakota in becoming the first state to recognize physical therapists as primary care providers for the Workers’ Compensation program. A helpful step in that direction

would be for all APTA state chapters to identify and prioritize the removal of restrictive language from state regulations that are not consistent or referenced in the FSBPT Model Practice Act. Specifically, we must fix language that:

- (1) Undermine public perception of our expertise to diagnose and prescribe physical therapy interventions,
- (2) Restrict consumer direct access to primary or specialty care by a physical therapist,
- (3) Define our scope of practice by what the practice of physical therapy does not include,
- (4) Prevent us from progressing our clients’ participation in work, lifestyle, and leisure activities.

Our consistent response to all legislators and stakeholders to justify removal or modification of language from our state practice act that such language disrespects our expertise and is not validated as necessary, for public protection in model practice language established by the Federation of State Physical Therapy Licensing Boards.

This edition of OPTP includes a Member Spotlight on David Hoyle, PT, DPT, OCS. We are blessed to have him as an active OHSIG contributor in the first cohort to qualify for the OHSIG Occupational Health Practitioner Certificate. Dr. Hoyle is serving a second term as an OHSIG Nominating Committee Member. He is highly engaged in other OHSIG initiatives, such as advocacy for PT Direct Access to State and Federal Workers’ Compensation programs. Dr. Hoyle will lead a distinguished panelist group at the OHSIG’s featured presentation in the Combined Sections Meeting in Houston, TX, on Friday, February 14, 2025 (from 11:00 a.m. to 1:00 p.m.). This presentation at CSM 2025 is titled, *The Physical Therapist’s Role in Disability Prevention through Mitigating Psychosocial Barriers through Return to Work*

OHSIG MEMBER SPOTLIGHT

David Hoyle, PT, DPT, OCS

Dr. Hoyle graduated in 1987 with a bachelor’s degree in allied health with a major in Physical Therapy from the University of Connecticut. He has practiced in a variety of settings, including hospitals, as a member of an HMO medical group, private and corporate practice. He enjoys teaching and has taught in physical therapy programs at the entry-level. He has presented at professional meetings that include the APTA Combined Sections Meeting, American Occupational Health Conference, the conference of the American College of Occupational and Environmental Medicine (ACOEM), National Workers’ Compensation, and over 200 continuing education weekend courses and live and recorded online trainings for therapists. Currently, he serves as the National Director of WorkStrategies for Select Medical. WorkStrategies is comprised of the occupational health services of Select Medical. His role emphasizes assuring quality of care of those workers’ compensation claimants through overseeing philosophy, tools, and training for physical and occupational therapy in Select Medical’s nearly 2,000 Centers.



David Hoyle, PT, DPT, OCS
Occupational Health Practitioner

1. What inspired you to become a Physical Therapist and specialize in Occupational Health?

As a high school athlete, I was introduced to Athletic Training and Physical Therapy through a sport-related injury. I shadowed and was encouraged by the head athletic trainer at the University of Connecticut to pursue physical therapy as an avenue to becoming an athletic trainer. Although I did clinical hours in the training room under the apprenticeship model, my career direction changed to Physical Therapy. While working at a large hospital, I had the opportunity to help develop a work conditioning and functional capacity program in the late 80s which sparked an interest in ergonomics and led to my interest in the challenges in occupational health.

2. What is your current service focus for occupational health?

Like so many, I wear a lot of hats. I still treat in general outpatient practice a couple of mornings each week; I am doing some research as well as part of a group authoring a paper on risk stratification for delayed recovery and extended work absence with ACOEM. I lead a talented team of clinicians who concentrate on advancing the practice in the area of occupational health and am involved as a leader of continuing education including teaching consistent with the Academy's Clinical Practice Guidelines.

3. What do you love most about your occupational health practice?

I love the diversity of services provided. I am really lucky to work with some well-known United States employers to help them maximize the health of their workforce impacting worker quality of life, productivity, and the fiscal health of companies and our economy.

4. What frustrates you most about your practice environment?

The way we traditionally get paid for what we do. This is one thing that attracted me to Occupational Health. In direct-to-employer services, we have the opportunity to work with employers to develop payment synergies that benefit all parties. We need to make drastic changes in our more traditional services towards value-based care that rewards the positive impact we have on people's lives rather than getting paid to apply techniques to individuals.

5. What regulatory or organizational changes are needed to promote value in occupational health practice?

I was involved in the promotion of direct access in the late 1980s. We should be proud of all we have achieved in this area, but we need to realize that in occupational health, we have barely scratched the surface. Very few states allow for direct access under workers' compensation. If we can work to change this, we have a more positive impact on the workers' compensation system outcomes as well as a better practice environment for our profession.

6. How do you hope to position your practice in the next 5 years?

Five years? I will be turning 65. It has been a great ride over the last nearly 40 years, but every ride has an end. I don't think I will be letting my license expire in 5 years, but I do think I will be mentoring others to take over some of the things I am working on. I've done what I have done throughout my career...while always searching for where I can have the most positive impact. That has provided diversity and a lot of rewarding experiences but also, at times, a lot of time away from home and what can be a stressful lifestyle. At some point, I want my energy and focus to shift back to the care of the individual in front of me. It is such a blessing to be let into someone's world in their time of need and do your best to help them. I hope in 5 years, I will be concentrating mainly on that. I have done some pro bono work and hope to be in a position to do more of that here in the United States and in countries that are underserved in the area of musculoskeletal and overall health resources.

Need an OHP Jumpstart for Direct to Employer Contracts?

Reimbursement, Access, Authorization and Patient Advocacy are issues that restrict physical and occupational therapists from practicing at their full scope of expertise. PTs/OTs on social media platforms are wondering what path would make a difference for their patients and careers. The Occupational Health Practitioner (OHP) Certification was created by the AOPT Occupational Health SIG exactly for this reason.

Expanding your skillset with OHP Certification will liberate your practice from traditional insurance headaches with a plethora of new tools, such as: Functional Job Analysis, Job Fitness Exams, Job Coaching, Early Intervention, Workplace Wellness, and Work Rehab to advance worker participation and well-being from hire to retire.

OHP Certification includes mentorship to foster delivery of D2E therapy services that focus on Total Worker Health. OHSIG members who achieve the OHP educational certificate are promoted in a Directory Search to generate service referral for their occupational health focus. Break free from the post-injury episodes of care. Prevent injuries, make employee lives better, and reignite your own passion as a health professional in a financially stable environment. To request more information, email: orthoisc@orthopt.org.