

PERSPECTIVES FROM THE FIELD

PT Humanitarian Efforts

Interview Compiled by Kristen Wilson, PT, DPT



OFTEN VIEWED AS A GIVING PROFESSION, PHYSICAL THERAPY HELPS ITS patients achieve superior levels of function, returning them to their goals and mobility aspirations. But perhaps physical therapy can play an even greater role in promoting health and well-being both domestically and abroad. These four therapists have embraced using their physical therapy services to extend humanitarian efforts to those in need, and offer useful insights into how their endeavors have affected their personal and business lives.

MIKE HORSFIELD

CEO of Rock Valley Physical Therapy in Iowa and Illinois

TERRY BROWN

COO of Pro Active Therapy in Kentucky

KATHY DIXON

Co-Owner of Action Potential Physical Therapy in Pennsylvania

BLAIR PACKARD

Co-Owner of East Valley Physical Therapy in Arizona and Co-Founder of Care for Life, a nonprofit charitable organization engaged in community development work in Mozambique, Africa

Briefly describe the nature of your humanitarian work and how you became involved with your outreach efforts:

MIKE: Like most companies, Rock Valley always tries to be good stewards of our communities through sponsorship of a variety of events (races, golf outings, etc.). During a strategic planning session five years ago, we became more intentional about separating our philanthropic versus marketing activities. We created an employee-led philanthropic committee who focused our giving around the mission of “making healthier communities.” We established a budgeted line item consistent with Forbes’ “Most Generous Companies” list and empowered the committee to leverage our resources to benefit our local communities.

TERRY: A small group of medical professionals got together 15 years ago and saw a dire need for medical and dental care in Honduras following Hurricane Mitch. We teamed with a Methodist mission group that began with two physicians, a dentist, and a hygienist. When we returned from that first trip, we recruited others, and today our team consists of 35 members. We provide physicians, physical therapists, dentists, hygienists, pharmacists, support personnel, prescription glasses, and education regarding nutrition, birth control, clean water, and general hygiene. These people are all volunteers from Frankfort, Kentucky, and surrounding communities, are ecumenical and share a common bond of love for those less fortunate.

KATHY: When Action Potential opened eight years ago, I along with my business partner, Kristen Wilson, decided that we wanted our company to represent more than just physical therapy. We wanted Action Potential to serve as a platform to do good within our community. Along with providing free educational lectures to local community groups, organizing an annual NAGA First Swing Golf Clinic, and hosting an annual Turkey Trot charity 5K race, we knew mission work was the final step of our service plan. We joined forces with a local pediatrician, Una Brewer, and her mission group Go Make A Difference (GOMAD). GOMAD makes frequent trips to villages in the Dominican Republic providing educational resources that empower villagers to improve their quality of life. During our inaugural trip this past April, we provided educational sessions on the benefit of movement to promote healthy aging and decrease pain, as well as postpartum education for women on posture and core stability for safe lifting to prevent injury. We built and administered assistive walking devices to allow older adults to walk safely in the village. We also discovered that the simple act of providing kindness and a helping hand can go a long way to encourage people to make change.

BLAIR: In 1999 we knew nothing about humanitarian work and couldn't have pointed to Mozambique on a map or globe. A young friend, a graduate student in social work, had returned from a summer internship in Zimbabwe and



Terry Brown, PT, of Pro Active Therapy in Kentucky, went to Honduras with a group of medical professionals to help with medical and dental needs after Hurricane Mitch. Terry helps a man with a prosthetic arm in this photo.

told Cindy (my wife) that her midwife skills were badly needed in sub-Saharan Africa because mothers and babies were dying for lack of care and knowledge. Cindy went on her first seven-week fact-finding trip to Mozambique in 2000. We both returned in February 2001, and after another three weeks and lots of study and reading, we formed Care for Life as a 501c3 charitable organization with its mission to Alleviate Suffering, Promote Self-Reliance, and Instill Hope. Cindy is yet to deliver her first baby in Africa, and I've never provided physical therapy. But our organization, with an annual budget of over \$400,000, has a full-time presence with 30 Mozambican employees to deliver a program called the Family Preservation Program. We are in the orphan prevention business. Entire communities, every family, is engaged and organized around an incentivized 30-month program that helps each family become self-reliant through achieving goals in eight areas of emphasis including education, health and hygiene, food security and nutrition, sanitation, income generation, home improvement, psychosocial well-being, and community participation. Once a community is self-reliant, we leave and go to another village. These are the social determinants of health in rural Africa. Last year university sociology researchers completed a five-year, randomized, controlled study of Care for Life that demonstrated that mothers one year after childbirth have a 78 percent better survival rate in communities where we worked than in control villages. Babies up to a year old have a 57 percent better chance of survival. We are saving lives—thousands of them. I did once get a pediatric physical therapist to share three weeks of her life teaching physical therapists in Mozambique in neuro PT due to a high rate of malaria fever-induced cerebral palsy. Now we make sure every villager has mosquito nets to sleep under to prevent malaria.





The Rock Valley Physical Therapy team participates in the Living Standards Water Day.

What are the challenges that working in this type of environment pose? Or in other words, what makes fulfilling your humanitarian work difficult?

MIKE: Measuring success is difficult. Hitting our lead measure each year (defined as a % of top line revenue given back to our communities) may be a good first step, but we must find a way of measuring the impact on those we intend to serve.

TERRY: One can experience all kinds of challenges in this environment. The logistics of moving 35 people and all of their equipment and supplies from Frankfort, Kentucky, to the hillsides of Honduras is daunting. Safety concerns are paramount as this is an unstable country that has many areas controlled by gangs. Being away from home and your practice is always difficult and presents challenges. Providing physical therapy to our patients, however, is purely a joy without real challenges. In an open air building on a mountainside in rural Honduras, there is just you and your patient. There are no rules, no documentation, no reimbursement concerns. You have your brain, your hands, and your compassion for the person sitting across from you. You grow to understand that your job is not to fix their problem, but to connect with them in the most elemental way. Can I create a smile, hold their hand in mine, convey a basic human connection of care for this person? The real challenge is to understand that it is you who is receiving the gift.

KATHY: The two greatest challenges for me were the language barrier and the overwhelming feeling of figuring out what to focus on to begin making a difference. We were lucky to have a fantastic translator who was able to translate our words, but more importantly, the concept of what we were teaching about health and the body. We had to strategically break the information into fragmented concepts to allow translation to occur. Frankly, I felt disrespectful and frustrated that I could not speak the language (even though I tried with what little Spanish I spoke!). The challenge of

figuring out where to focus our efforts was more of an internal struggle. We, as physical therapists, are fixers. Fixing is challenging in an environment where people have many needs related to health, social behaviors, and basic survival. We wanted to fix everything, but we were only there a few days. Where should we begin? Physical therapists are creative thinkers and problem solvers, but we are also accustomed to having many resources at our fingertips. During our trip, we arrived at the village carrying only a book bag containing a water bottle and notepad. Despite the limited resources, we were able to collect information by speaking with the villagers and devise a plan. The most useful thing we could offer was to empower and encourage the villagers by sharing our knowledge of health and movement, demonstrating the ability to utilize resources found within the village to create walking canes, and create an action plan for next time. We had to realize that we couldn't fix everything or even address everything, but we could create a trade wind with a small change.

BLAIR: That open door that we went through in 1999 took us to about the furthest place in the world we could find from Arizona, nine time zones away, to a country consistently in the top five poorest in the world, that is Portuguese speaking (plus other local dialects), and where when we started in the Beira area of Mozambique, the adult HIV infection rate was 33 percent. Early on when it took us a year to get a shipping container out of a port, the US ambassador from Mozambique said, "We sure make it hard to help our country, don't we?" There are numerous times we could have folded our tent and come home, but we haven't. There is a saying that, "Once you have seen the sun set in Africa, your life will never be the same again." It is true. We have lived there at one time for three years straight; we have a 19-year-old daughter, Lindy, who we tell people adopted us when she was two; and we have some of the best friends in the world.



What are the benefits you gained from working domestically or abroad through your humanitarian work?

MIKE: We are blessed to be in a profession where we get to help people every day. Extending this outside the walls of the clinic through philanthropic activities provides an additional opportunity for our team to bond outside of work, feel good about what they do, who they do it with, and most importantly, why they do it.

TERRY: Working in Honduras for the past 13 years has challenged me to open my eyes to my many gifts. We often complain about our personal and business issues, sometimes forgetting how blessed we truly are. I have gained insight to how alike we all are in this world. Though our circumstances may be drastically different, at our core, we all want and need the same things.

KATHY: I learned from a wise woman on our trip that “your mission work is wherever you decide to put your feet.” The benefit of mission work for me is realizing that I can make impactful change every day, whether I am acting as a physical therapist or just a gracious human being. A small act of kindness along with the empowerment of knowledge and encouragement can make a big difference in someone’s life.

BLAIR: It is a common misconception that you do this kind of service because you have something to give. We do provide knowledge and organization, but the truth is, working with the Mozambicans, they develop and continue to make this program work. We have learned far more from them. Preconceived ideas and prejudices fall away. Early in our experience I once watched one of our interns, a graduate student math major from the US, sitting at a kitchen table with a high school-aged boy who lived in an orphanage for older kids. They were going over a college algebra book. I said to our volunteer, “Is he getting any of that?” I will never forget his reply. “Getting it? I’m not teaching him anything. He knows this stuff forward and backward.” Check your prejudices at the entry door to nonprofit work. You learn that poverty is not a matter of choice or intelligence. It is typically an issue of opportunity.

What lessons did you learn the hard way?

MIKE: Many! Years ago, our philanthropic chair shared the book *Toxic Charity*, by Robert Lupton, with our committee. In reflecting, I think we violated most of his principles at some point along our journey. His checklist has helped us be more deliberate in who we partner with and how we give. I would highly suggest this book to anyone who is interested in ensuring their giving doesn’t do more harm than good to the people they are trying to help.

TERRY: My very nature is to be in control and make things better. My brain is wired to efficiency and productivity.

I spent my first few years refining ways we could see more people and provide more services. What I learned is that I was missing out on the time to truly connect.

KATHY: The greatest lesson I learned is that we were sometimes the source of chaos and commotion. Our group did not give food or items away to the villagers for free, but just our presence, along with bringing work supplies and our own water and food, created a disturbance that I don’t think would normally be present in the village.

BLAIR: Almost everything was learned “the hard way,” which is perhaps the best way to learn—from mistakes. When we started everyone told us to do one thing well, but we didn’t listen. We learned that a focus on one thing doesn’t work. We learned that handouts don’t work. We turned down and stopped using World Food Organization handouts, much to many people’s surprise and criticism, so that we could work to incentivize villagers to take pride in growing their own food. What we give them, after they take classes, prepare their land, and set goals is the “reward” of a hoe, a watering can, and plenty of seeds.

Please share your advice for how to get involved in physical therapy humanitarian work.

MIKE: Be honest with your “why” and intentional with your “what” and “how.” Oh, and have fun!

TERRY: Find a group that is already doing something that interests you. Join them and become a part of the team. It is an experience that will reward you far beyond your expectations.

KATHY: Start by talking with people who have done mission work in order to get an idea of what kind of work and environments you may want to try. Then research different groups to join, especially for your first trip, since they already have established processes in place for transportation, housing, food, and mission work to be done. Finally, I would suggest you find your person or persons who you would want to share this experience with. You will need a support system while you are there, as the emotions can be overwhelming at times, and two heads are always better than one when trying to create new ideas.

BLAIR: Don’t be afraid to walk through open doors when the opportunity presents itself to help others. You never know how your knowledge and skills learned in your career may be used. We have a proven program because I came from a profession that is evidence based, so from the first year we began collecting data around 53 separate indicators. Finally, one of the things you can do to fulfill your professional ethical pro bono responsibility is to support a nonprofit. They all need funding to work. 

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