

## Physiotherapy—Leadership and Opportunities

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Thank you. *Merci. Bonjour.* It is certainly a great honour to be here as the Enid Graham Lecturer. I feel quite humbled, and I would like to thank those physiotherapists who nominated me for their confidence and their support. I am grateful to a number of people who helped me prepare for this day by checking facts or finding old photos that we could use, and special thanks go to Joan Walker who coordinated the PowerPoint presentation.

When I was writing *Head, Heart and Hands*,<sup>1</sup> the title came fairly easily, but when I was reminded that I would need a title for this lecture, I was at first stumped. As it happened, while I was writing the first draft of my talk I was also preoccupied with a theatre project in Chester, Nova Scotia, and the first heading that sprang to mind was – *Head, Heart and Hands: The Musical!* It's too bad I couldn't talk any of my musician friends into getting up this early in the morning!

Although I am one of the few physiotherapists in this room who has actually met Mrs. Graham, most of you will recognize this photo (Figure 1). It's a pity we don't have a whole slew of photographs of her on file at the Canadian Physiotherapy Association (CPA). She was a force to be reckoned with, and she personified so clearly the theme chosen for this year's Congress – *Innovate, Advance and Lead!*

Enid Graham's own career as a physiotherapist began when she responded to the need to treat Canadian servicemen injured during World War I. Initially, as a member of the Royal Canadian Army Medical Corps, Mrs. Graham taught rehabilitation techniques at a short course set up at McGill University in 1916. She then went on to be a key player in the creation of Toronto's first physiotherapy school, a temporary programme established in 1917 by the Military Hospital Commission at Hart House.<sup>1</sup> (p.65) As one of the first leaders in our profession, Mrs. Graham had a great influence on the establishment and advancement of educational opportunities for physiotherapists in the early days.

During World War II, Mrs. Graham built on her earlier success with even greater results. As chair of CPA's Military Affairs Committee, she helped organize the recruitment of physiotherapists, who were enlisting in record numbers for service overseas. Because she had been incensed that her "masseuses" (as they were designated) had been denied officer rank in the earlier war (a rank that had been conferred on nursing sisters), Mrs. Graham lobbied successfully to attain officer status for physiotherapists serving in World War II. Of course, it helped that she was married to a prominent physician who was one of her greatest supporters, but, given the temper of the times, this was probably the only way these things could have been achieved. Leaders do know how to take advantage of whatever opportunities are available.

Mrs. Graham was a wonderful combination of charm and determination, and she remained vitally interested in the work and achievements of the leaders who followed her. She was very proud to be present at CPA's fiftieth anniversary celebrations in 1970 (see Figure 1). It is now nearly nine decades since she and her colleagues founded CPA, yet her challenge to the physiotherapists of her time – to strive for excellence and promote the profession – is still valid today.

### INNOVATION AND LEADERSHIP

It must be hard for recent graduates to realize just how far the profession has come since it got its start almost 90 years ago. From its modest beginnings as a collection of medical gymnasts (see Figure 2), nurses, masseuses, and the graduates of the newly created Canadian physiotherapy courses, CPA gradually developed into a strong organization determined to promote high professional standards. Under its auspices and through its membership, a number of physiotherapists emerged as leaders, both nationally and internationally. On the national scene, these therapists made their contributions not

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**Figure 1** Enid Graham was an honoured guest at the celebrations marking CPA's fiftieth anniversary in 1970



**Figure 2** Remedial gymnastics formed an important part of the curriculum at the six-month programme instituted in 1917 at Hart House

only as clinicians but also as teachers and, more recently, as researchers.

Because the benefits of physical therapy were not well understood in the early part of the twentieth century, many therapists had to be quite innovative when seeking employment in Canada. One such therapist was Esther Asplet, who arrived in Montreal from England in 1909. Despite the fact that she was an experienced therapist and a qualified member of the British Chartered Society of Massage and Remedial Gymnastics, she had a difficult time breaking into the medical field in Canada. One day, after spending several hours at Montreal General Hospital, seeking an opportunity to speak to the renowned but gruff surgeon for whom she hoped to work, she was finally able to get his attention. When he asked what he could do for her, she replied that she had come to see what she could do for him! She subsequently went on to have a long and successful career in Montreal, in both public and private practice.

Another pioneer was Eileen Boland, an Irish nurse/physiotherapist who arrived in Halifax in 1921. She began her Canadian career by volunteering, one day a week, at the Dalhousie Public Clinic, for which she was reimbursed with a small gift at Christmas. Many others had similar experiences, in striking contrast to today's practice, in which many physiotherapists function quite independently as "first contact" practitioners.

The hard fact is that there were very few positions available in Canada for any physiotherapist in the early days. It was only when large number of casualties began returning from World War I that the medical profession began to see the value of physiotherapy. Their interest in physiotherapy did not carry over into the post-war

period, however, and opportunities for employment remained scarce. At one point during the 1930s, in the midst of the Great Depression, there were six new physiotherapy graduates vying for a single vacancy in the whole of Canada. As Mrs. Graham put it in 1970, "It is frank to say that for a very long time, very few men of the medical profession viewed the work of the physiotherapist as a valuable adjunct in their treatment of patients."<sup>2</sup> Unfortunately, it took another world war to persuade authorities of the importance of physiotherapy. Judging from recent media coverage of injured personnel returning from deployment in Afghanistan, public awareness of physiotherapy is again on the rise.

The initial shortage of Canadian physiotherapists in the early days resulted in a number of therapists' being recruited from Great Britain. These were hospital-trained therapists who came to Canada to take up positions as department heads in hospitals or as teachers in a university-based physiotherapy school. The first of those schools was a two-year diploma programme located at the University of Toronto (U of T) in 1929. As the demand for physiotherapists increased during World War II, a second school was opened at McGill University in 1943. The nominal director of each of these schools was a physician, but, for the students, the *de facto* heads were physiotherapists: Lilian Pollard and Helen Nicholson Gault. In the post-war period, the demand for physiotherapy in the civilian population intensified as a result of recurring polio epidemics (see Figure 3), and a number of specialized clinics and home care programmes were also recruiting physiotherapists.

By the 1950s, it was clear that there was an acute shortage of qualified physiotherapists across the country



**Figure 3** Depending on the medical facility, treatment of poliomyelitis ranged from immobilization to gentle massage to hot packs and muscle re-education, but many patients were also obliged to spend long periods in an "iron lung," which substituted for the paralysed thoracic muscles

and that additional schools were needed, which, in turn, meant that more physiotherapy educators were needed. A teacher's diploma course was started at the U of T, and some of those new teachers went on to develop new university programmes in other parts of the country. In a spirit of cooperation, some anglophone therapists even travelled to Quebec to form part of the initial teaching staff in French-language programmes there. By stressing the importance of advanced levels of education and the best in professionalism, all these educators laid the groundwork for development of the high standards that inform the profession today – in education, clinical practice, and research.

### CLINICIANS AS LEADERS

Although we tend to be aware of the contributions of academics, because they are the ones who publish most of our records, it is important to remember that clinical therapists provide leadership as well. Senior therapists become leaders when they act as mentors to juniors, or to students during interning. Every clinician who heads up a busy department or a specialized clinic has to be an effective administrator if she or he is going to succeed. Even in the 1950s, when assessment and requisition for treatment remained strictly the purview of physicians, it was the physiotherapists who made many of the treatment decisions, and, as heads of departments, they were definitely in charge of budgets and staffing issues. I observed, at that time, that many of those leaders had honed their skills on the job, often with no real management training but, rather, through personal experience gained while running a department and participating in hospital politics.

### LEADERSHIP ROLES WITHIN CPA

Over the years, many physiotherapists have served CPA as volunteers, participating in policy making and performing a variety of leadership roles. From its founding in 1920 until several years after World War II, the fledgling association was run entirely by volunteers. All activities—branch meetings, annual Congresses, and even publication of the journal—were planned and carried out by physiotherapists in their spare time. Most of this work was done by the therapists who lived in Montreal and Toronto, but as membership numbers grew and more members were located far from these urban centres, the tasks became overwhelming. To deal with the increasing business of managing the association's affairs, a national board of directors was created in 1946 and the first permanent employee, Marg Millar, was hired to run the new “national office.”

Although not a physiotherapist herself, Mrs. Millar took to her role as Executive Secretary with her natural enthusiasm and energy, along with a healthy sense

of humour. She proved to be a vital asset and a stabilizing force as she shepherded the struggling association through many changes during the next two decades. Now, 40 years later, a strong and confident CPA is reaching out to the general public, during National Physiotherapy Month, with tips on maintaining good health.

Mrs. Millar ran the Association office alone, with very little clerical help. It was not until the mid-1960s that CPA began to recruit physiotherapists for executive positions. Their in-depth knowledge of the profession, along with their leadership abilities and Marg's administrative skills, eventually led to a big reorganization of CPA in the 1970s.

The first physiotherapist to be hired was Helen Saarinen-Rahikka, whose role as a “professional consultant” was one of advocacy for the profession and of helping CPA achieve a number of new goals. Among these goals were the development of opportunities for post-graduate education for physiotherapists, the creation of an accreditation plan for hospital physiotherapy departments, and a protocol to assist therapists who were involved in planning new physiotherapy departments. By 1967, when I was hired as the first salaried editor, there were four full-time and one part-time staffers in the Toronto office dealing with a membership of fewer than 2,500 across the country. Today a staff of 23, in two offices, serves an ever-growing membership of more than 10,000.

As editor during the 1970s and 1980s, I was fortunate to have a ringside seat as CPA began to redefine itself as a modern, assertive professional association; and the profession itself was also changing. As my friend and colleague Joan Walker said to me recently, “I didn't realize it at the time, but we were then at a pivotal point of the profession's adolescent development” (J. Walker, personal communication, 7 May 2008).

During the 1970s, CPA began pursuing a number of initiatives that grew out of a long-range planning document. Topics like caseload standards and guidelines for clinical specialties dominated the agendas. Marion Leslie, who was named Executive Director in 1972, was a physiotherapist with a background in psychology and a keen sense of financial acumen that led to improvements in budgeting and accounting. Joan Pape, as Assistant Executive Director, drew on her administrative experience as a head of department and two terms as president of CPA to work on governance issues. When Nancy Christie took over as Executive Director, the association headed into new territory as it began to issue policy statements on education and practice.

If I am an unabashed promoter of CPA, it is because the association has been the leading force behind so many of the achievements that propelled the profession forward. None of those advances happened merely through the goodwill of the wider community. It was the leaders in our own profession who were driving the change.

Among those leaders were university teachers who rose to the challenge to upgrade their own qualifications so that they could argue more effectively within their universities about increasing the level of the undergraduate programme. On the clinical side, physiotherapists in hospitals recognized the importance of accreditation of their departments, and private practitioners led the quest for more autonomy in practice. It was CPA leaders who ensured that the management information systems were developed and that the Physiotherapy Foundation of Canada was made a reality. In forging new policies to guide the development of both the profession and CPA, all these volunteers created more opportunities and exemplified the slogan *Innovate, Advance and Lead*.

Although, in the beginning, the association tended to work mostly in isolation, by the 1990s CPA had opened an office in Ottawa to enhance its relations with other health care groups and to improve its political contacts.

With the dawn of the new millennium, CPA and its partners in the National Physiotherapy Advisory Group began to analyse some of the increasingly problematic issues facing the profession. Working papers on the role of physiotherapy with respect to human resources, cost effectiveness, and several other factors related to primary health care contributed to the development of "Vision 2020," a proposed "Physiotherapy Model of Practice" that affirms PT as an essential service component of the Canadian health care system.<sup>3</sup> Over the years, as the association grew, it also began to recognize the importance of increasing its public profile through good public relations, including the events associated with Physiotherapy Month.

Today, it is clear that CPA and the profession are still closely tied together. It is useful to remind any of your physiotherapist colleagues who are *not* CPA members that, in addition to the many services it offers to its members, CPA represents *all* therapists in negotiations with government and other stakeholders. It has been an agent of change in the past, and, as a member of the newly created Canadian Health Leadership Network, CPA will now have another opportunity to participate in discussions related to the planning of future health care delivery in Canada.

### LEADERSHIP ON THE INTERNATIONAL STAGE

Although Canadian physiotherapists have naturally focused primarily on issues at home, they have also played leadership roles on the international stage. In addition to the many occasions when individual therapists participated in global exchanges, CPA has been active through the World Confederation for Physical Therapy (WCPT). CPA has often held a seat on the executive committee, and, in fact, two Canadians—Doreen Moore and A.J. Fernando—have served terms as WCPT presidents. A third Canadian physiotherapist,

Brenda Meyers, is currently WCPT's Executive Director. It is significant that the World Health Organization has identified the years 2000–2010 as the Bone and Joint Decade, with a goal of improving the quality of life for people affected by musculoskeletal disease or trauma.<sup>4</sup> Canadian physiotherapists should play a role in helping to achieve this goal. It is another chance to *innovate, advance and lead*.

### ADVANCES IN PRACTICE: MY EXPERIENCE AS A CLINICIAN

In my own lifetime, the changes in technology and in the health sciences have been remarkable. When I entered McGill, there were only two universities in Canada that offered physiotherapy programmes, both of which granted only a diploma. Although I was disappointed not to be working toward a baccalaureate degree, I was keen to study physiotherapy, so off I went to Montreal – the first time I had been out of my home province. In those years, the career choices for women were not quite as varied as they are now. The standard options were limited to secretarial, teaching, or nursing positions. I was not really interested in any of those fields, so, in high school, I was wavering between physiotherapy, journalism, and physical education. As it turned out, I have been lucky enough to be able to experience the first two of those occupations. Perhaps it is not too late to see what I could do in the third—physical education!

As McGill was offering a combined physical therapy and occupational therapy (OT) course in the 1950s, I received a diploma with dual qualifications. My career as an occupational therapist, however, was brief. As a new graduate working in a physiotherapy department in Halifax, I was asked to transfer to the OT department as a temporary measure when one of their staff was on sick leave. Unfortunately, my instructions to a patient who was working on the last in a set of six woven placemats were wrong. Because we had been obliged to rethread the loom for the last mat, we (or, rather, I) somehow misread the intricate instructions, and the desired pattern did not appear in the weaving. No one could determine where we had gone wrong, and the result was an interesting and unique mat that did not fit with any of the others in what was to have been a matched set. They did not ask me back!

It was not long after that, however, that I resumed my studies and finally earned the coveted baccalaureate degree. To clarify that I do, in fact, also have credentials as a practising physiotherapist, I should mention that I worked in physiotherapy departments in several hospitals in Canada and even one in England. That last was a very old hospital in a Cockney area of London, where I was assigned to the Lord Mayor's Ward. It was a marvellous experience. In addition to the bewildering forms of speech (and it went both ways—the Cockneys thought

I had a very odd accent!), I learned about the strict hierarchy observed at the hospital with respect to one's status on staff. It was a bit like *Upstairs, Downstairs*, really. For example, I, like everyone else, had to jump up off my chair immediately when Matron entered the tea room; but, on the other hand, as a "colonial" I was one of the privileged few to be invited to the very exclusive Lord Mayor's Tea Party, a once-a-year event. It was all quite intriguing, but eventually I returned to Canada, where, after more hospital experience, I was offered the job of Editor of the journal, and I took it on as a temporary post—one that lasted 20 years!

I should now like to mention one small, but nevertheless welcome, advance for the profession. I feel I would be remiss if I overlooked the change in the style of the professional uniform. Although we owe our origins to both remedial gymnastics and nursing, it was our relationship with nursing sisters that determined our dress in the early days. It is instructive to remember that, until 1954, the two Canadian physiotherapy schools and all hospital physiotherapy departments were considered the exclusive domain of women. In addition, there seemed to be a general convention that all women who worked in hospitals should wear a uniform, perhaps under the assumption that wearing a starched white dress and white stockings accorded the wearer a certain dignity.

Physiotherapists working for the Department of Veterans' Affairs, as I was, were therefore, for some

years, obliged to wear garb that was quite unsuitable for much of the work they were doing, such as leading an exercise class, getting down on one's knees on a mat, or even working with bulky slings and springs. Our standard cotton uniforms were so heavily starched by the hospital laundry that they could practically stand up by themselves. The buttons were not sewn on but had to be attached (rather like cufflinks) by being pushed through buttonholes in the stiffly starched material, and the entire set of buttons had to be removed from one uniform and reinserted in the clean one every time we changed. A recurring nightmare for many physiotherapists was one in which she arrived at the hospital, ready to put on her uniform, and could not find her box of buttons! It was not until the early 1960s that culottes were introduced as a welcome alternative, and they came in a variety of colours, too! We could finally lose the white stockings, the white "nurses" shoes, and the silly caps that were always coming askew. Of course, today, it is hard to distinguish a therapist from a lab technician, from a physician, from a patient. The only thing "uniform" about most health care providers today is that they all wear street clothes.

Although the details of treatment regimes have changed considerably over the years, I suspect that the underlying premises have not. As students, we used to joke about the old mantra "heat, massage and exercises." It seemed to be a catchall recipe for most musculoskeletal conditions (see Figure 4). Perhaps it still finds its place in



**Figure 4** As was the custom in the 1950s, a physiotherapist supervising patients during a "mat class" was obliged to ignore the ever-present packs of cigarettes brought into the treatment area

the modern clinic, but, during my recent experience as a patient in a physiotherapy clinic, I also received a number of other types of treatment, including acupuncture. Because I have been out of practice for so long, however, I will not comment on any of the clinical advances, except for the one that does loom large for me: the increase in the number of private practitioners, with a concomitant rise in the level of responsibility accorded to the therapist. Such responsibility raises the bar for risk management as well. To be a primary-contact practitioner is an enticing concept, but, in accepting this greater responsibility, physiotherapists must be fully prepared to assume the consequences for their actions, and they must conscientiously accept their own limitations as well. By raising the entry level for clinical practice to a master's degree, the profession has signalled that therapists will have the necessary competence to accept that responsibility. The profession, in turn, must then take responsibility for accreditation, to ensure that *all* physiotherapists, if they choose to take on the role of primary-care practitioner, are well prepared for this role.

### ADVANCES IN EDUCATION

The introduction of a master's degree was just one in a long list of changes in the type of education offered to physiotherapists over the years, and, like other changes, it invited controversy. When the first bachelor's degree course for physiotherapists was introduced in 1954 at McGill, Dr. Fisk, the school's director, stirred up a bit of a firestorm by stating that a longer course leading to a baccalaureate degree, including "a fully rounded science course with professional training," was what was needed.<sup>1 (p.72)</sup> The subsequent debate in the *Journal of the CPA* and at branch meetings focused on concern for the future of the profession if physiotherapists were divided according to their academic qualifications and on anxiety as to whether the new course might affect standards of practice. Despite these initial misgivings, once the degree course was approved by McGill, similar programmes were gradually introduced by other universities, and, eventually, the bachelor's degree became the new standard. You will not be surprised to learn, however, that while some university programmes were still offering only a diploma, Enid Graham was advocating, in a journal editorial, that a degree be the standard qualification.<sup>2</sup>

Since that initial controversy, not only has the number of Canadian physiotherapy programmes increased to 14, but men have been admitted to the programmes, and the percentage of male students continues to grow. As I mentioned earlier, another change that affected physiotherapists occurred when universities began to insist that the physiotherapists who were teaching in their programmes upgrade their own academic qualifications. Those who did not comply soon found themselves looking for

other employment. As the academic qualifications of the teaching staff rose, so too did the opportunities for their students. Currently, 11 of the 14 PT programmes offer an entry-level master's degree and 12 offer a post-graduate doctoral degree in physiotherapy or a related field of study. Over the years, also, many clinicians who held only a diploma have returned as students to earn a degree. Having watched the entry-level qualification rise from diploma to baccalaureate to master's degree, I would suggest that there has been a good deal of *innovating, advancing and leading* in our collective history.

### CREATING A "BODY OF KNOWLEDGE"

Among the changes that have played a part in the creation and expansion of our body of knowledge is the proliferation of research, with the resulting textbooks and articles in scholarly journals. When I was studying at McGill in the 1950s, although we had some eternally reliable tomes like *Gray's Anatomy*, we had only a few textbooks that specialized in describing symptoms and treatments related to physical therapy. Most of those books were written by physiotherapists who had no training in scientific research and whose texts were based on empirical observations or mere tradition, without any real scientific evidence for their assertions of best practice. The large number of texts available to students today, based on actual research results, along with other educational sources such as teleconferencing, distance education, and the Internet, provides a much broader spectrum and a deeper understanding of the subjects that form the modern curriculum. What we used to dream of creating—our own "body of knowledge"—is now being developed, and it is furnishing the basis for evidence-based practice.

The advances in establishing this body of knowledge came slowly, and, as editor of *Physiotherapy Canada*, I was well placed to observe some of that progress. A review of past journal articles and editorials provides a set of indicators that mark the changes.

The first issue of CPA's journal was published in 1923. I have a copy of a 1924 issue, and one of the authors listed on the cover is none other than Enid Gordon Robertson! Widowed as a young woman, she later remarried and became known to posterity as Enid Graham. From the 1920s through the 1960s, each issue of the journal carried a full list of CPA branch presidents and the Board of Directors on the masthead, along with a list of physicians who were identified as the "Medical Advisory Board." There were *four times* as many physicians' names listed as there were names on CPA's own Board of Directors, and many of the leading articles were written by physicians. Articles written by physiotherapists tended to report only anecdotal evidence, gleaned from their own experience, or to suggest variations on techniques that had been handed down in a

hierarchical manner, in what was later termed a “recipe” approach. Much of each issue was devoted to CPA news and updates on the activities of local branches, and even events in the personal lives of the members.

From the 1960s on, however, as therapists moved from a diploma to a degree basis, they were beginning to question traditional methods of treatment. Rather than accepting “recipes” on faith, they wanted to know the *why* of treatment, and they began to lobby for more educational opportunities and even for the chance to undertake their own research in their own field.

### INNOVATION—AN ORIENTATION TOWARD RESEARCH

In the journal, this interest in research first appears in 1963, with the publication of an article titled “An Approach to Clinical Studies” by a Canadian PT, Phyllis Carleton,<sup>5</sup> and another, “The Rudiments of a Scientific Paper,” by Helen Hislop,<sup>6</sup> a renowned American PT educator. The fact that both articles were also printed in French is an indicator of the importance that the editor attached to these papers, because such translation was not a usual practice at the time. In light of today’s requirement of a master’s degree as the basic entry level for practice, it is startling to realize that, in 1963, such basic information as these articles provided was necessary. At that time, no Canadian physiotherapy school included research methods as part of the curriculum, and most therapists who decided to take an advanced degree were obliged to choose a related field such as anatomy, education, or epidemiology to achieve their aim.

When I first took on the job of editor, the editorial board consisted of six physiotherapist clinicians, volunteers who had an interest in the journal but no editorial experience. Nor had I, actually, and I soon discovered what a steep learning curve lay ahead. It took a while before we could “innovate, advance and lead” (see Figure 5). Editorial meetings were held in the evenings, in my dining room, until we eventually had an office. The first “office” was a small room in the School of Physical and Occupational Therapy at McGill, which we obtained rent-free and which had many other advantages, including access to physiotherapy educators on site. This arrangement lasted for about six years, until the expanding school needed to reclaim the space and we were obliged to move out. CPA then provided us with a budget for rental of a proper office in another part of the city, and, in our new larger space, we began to expand our own staff and activities.

By the 1980s, having recruited a few physiotherapists with stronger science backgrounds, the journal gradually redirected its focus away from its traditional emphasis on CPA business and toward more scientific content. I joined two science writers’ associations and picked up lots of editing tips from the professionals. I also

travelled to New York to meet with the editor of the American Physical Therapy Association (APTA) journal, and brought back many ideas for improving our own. We shamelessly adapted many of the procedures that the APTA had developed for use in reviewing papers, and we instituted our own new system of peer review. We began publishing articles on the “how to” aspect of conducting clinical research, and we encouraged clinicians to take an interest in applying research findings. That focus continued through the 1980s, with an occasional editorial on the subject as well. To help get the message out, we also created exhibits and staffed information booths at many of CPA’s annual Congresses.

From the beginning, we encouraged novice authors to learn from reviewers’ comments and emphasized the importance of good, clear writing, all with the aim of helping physiotherapists improve their presentations. Although potential authors sometimes complained about the strictures imposed on their articles, the editorial board and its editors were determined to develop the journal into a publication worthy of respect from serious researchers and clinicians.

In 1972, the editorial board brought in another innovation: the journal was given a bilingual name (*Physiotherapy/Physiothérapie Canada*), designed to reflect the bilingual nature of the profession and the fact that many of our physiotherapy researchers were francophones who preferred to submit their articles in French. Abstracts in both languages accompanied each major article, and, for the first time, we were able to pay an honorarium to our volunteer translators. Later, of course, professional translators were hired on a contract basis. Unfortunately, the bilingual title eventually had to be scrapped because of the difficulty it presented for referencing purposes.

Despite a gradual increase in the number of PT researchers, there seemed to be a lag in incorporating new research findings into clinical practice—what came to be known as “knowledge transfer deficit.” Unfortunately, as an editorial in a recent issue of *Physiotherapy Canada* suggests, when it comes to thinking about incorporating new information in publication form, there may still be a gulf between clinical physiotherapists and those oriented toward research.<sup>7</sup>

Back in the 1970s, that gulf presented the editorial board with another hurdle, and that was the reluctance of Canadian physiotherapists to submit articles with a research focus to their own journal. Of course, at that time, there was still only a relatively small number of physiotherapists involved, partly because the number of therapists with advanced degrees was small but also because of the difficulty they faced in getting funding for original research.

Unfortunately, although that gate has opened slightly, this is another area in which some things do not seem to have changed. As was the case in the 1980s, I note that





**Figure 5** In the 1960s, the editorial board meetings of the *Journal of the CPA* were held at the editor's home because, following the tradition of her predecessors, she had no actual office

today's *Physiotherapy Canada* editor is still asking for more collaboration from physiotherapists, who tend to bypass their own journal in favour of the specialty journals, those with greater credibility with granting agencies. Thus the quest for inclusion in Index Medicus remains a challenge still, despite rigorous peer review and the high standards upheld by *Physiotherapy Canada's* editorial team. Perhaps with the advent of the Internet and the availability of so much information online, acceptance by Index Medicus is not so important as it once was, but it is still a very worthy goal.

Since the 1980s, there have been significant changes in the technical production of the journal. When I started as editor, every bit of text was composed on a manual typewriter, and we pored over manuscripts and the galley proofs with eagle eyes to catch the inevitable errors. There was no such thing as spell-check. To improve the appearance of any specific document, some staff were provided with an upgraded, "modern" electric typewriter. One of its special features was that we could choose between several different styles of fonts by inserting into the machine a little steel ball about an inch in diameter. Each ball had the standard keyboard characters embossed on its surface, but in a particular style and size. My next machine was even more "advanced": it had a three-page memory feature!

In the early days of my tenure as editor, the printing plant was still using letterpress technology, in which the linotype operators used lead-cast type, all set by hand. This method meant that we had to be very careful when checking any revisions, because correcting a mistake on line 3 might result in the linotype operator's making a new mistake on line 4. Later, long after the printing plant had switched over to offset and computerized processes, *we* were still preparing all the text copy on typewriters in the editorial office.

The editorial office was also responsible for preparing the dummy layout for each issue—a physical replica of all the pages, both editorial and advertising. The printer supplied us with a duplicate set of galleys for each issue, one for marking corrections and the second to use for making up the pages. This second set was cut up and pasted (literally, with scissors and a paste pot, not like today's computer version of "cut and paste"!) on special matrix pages, then assigned to specific positions on the printer's 16-page forms. During my 20 years as editor, I learned a lot about the technical side of the printing business!

The impact of computers on the printing business has been phenomenal. The ease with which text and artwork can be moved around makes the old process seem mediæval. But those changes have also been matched by a gradual strengthening of the scientific focus of the

journal's content. The articles in recent years reflect these attributes, and under the leadership of Editor-in-Chief Susan Harris, the journal now measures up to internationally recognized standards. Her lucid editorials and the careful editing of well-prepared scientific articles have made a valuable contribution to the profession. Such a focus and the emphasis on evidence-based practice would seem to be an extension of the sort of approach that Enid Graham encouraged.

### CURRENT LEADERSHIP OPPORTUNITIES

Mrs. Graham would also no doubt be in the forefront of current debates on issues such as the role of the physiotherapist in primary care, in triage, in ordering X-rays, and in emergency departments. Today, with politicians, medical personnel, and the public all voicing concerns over cost-effective therapy, scope of practice, and accountability, Canada's entire health care system is in a state of flux. Physiotherapists must ensure that they are part of the decision-making process in the debate over the delivery of health care. They must face up to such challenges as the possible erosion of their practice by other increasingly active professional groups; they must recognize the need to be accountable to the consumer; and they must adapt to changing technology for optimum communication and recordkeeping. These and other issues present challenging opportunities that require in-depth study, discussion, and decision making on the part of our leadership.

### THEN AND NOW

While I was preparing this talk, I looked through some back issues of *Physiotherapy Canada* and came across my final editorial. In December 1986, I wrote that the editorial board had made some progress toward its goal of producing a more scientific journal and that less space was given over to CPA business. Nothing startling there, but what caught my attention was a recommendation I made back then regarding the need for a director of publications in the future. Although since then CPA has several times redefined staffing roles related to its publications, I was pleased to see that it has recently created the post of Director of Communications, which signals that the association's policy is to aim for clear, effective, and consistent communication both internally and externally.

I was amused to read one rather rash prediction I made in 1986, because it has partly come true. In the editorial I suggested that, in the future, CPA's journal would be delivered via electronic mailboxes, and that the print journal would exist only as fragments of computer printouts. And this was before I even owned a computer, let alone knew very much about a newfangled technology called the Internet! Today, although my

copy of *Physiotherapy Canada* is still delivered to me by the post office, much of the other information disseminated by CPA comes via its website, and, indeed, electronic mailboxes have become a standard feature of many homes and workplaces right across the country.

So, at the risk of making another prediction, I will state that I see an update of *Head, Heart and Hands* in our future. Our profession has come a long way in 88 years, and my book covered only the first 75. It is through the record of past achievements that we honour those who went before us and inspire those who follow. CPA will be considering a number of ways in which to celebrate its one-hundredth anniversary in 2020, and I believe that publishing a new volume of the profession's history would be an excellent start. The year 2020 may seem a long way away, but it is not too early to begin such a project, and perhaps some of the essays and stories that would contribute to the text might even be available for the ninetieth anniversary, which is less than two years away.

Finally, as a postscript, I would like to add a personal note that I think would find favour with Enid Graham if she were with us today. Enid Graham's commitment to improving the lot of patients and therapists alike would probably have been transferred to the community in general, during peacetime. I do not have any evidence of this, but from what I know of her as an activist, I would like to think that it was true. She was not focused solely on physiotherapy. My own feeling is that physiotherapists today have a lot to offer the community at large and that more of them should extend their horizons and be active participants in areas beyond the profession, whether in the world of the arts, or in sports, or in civil society.

Physiotherapists receive an education that equips them to deal with analysis and problem solving, and their natural aptitudes usually include good organizational know-how and interpersonal skills. Those abilities are always in demand by the many community organizations that depend on volunteers to keep things humming. In addition to contributing to the community, the volunteer also benefits. Not only do you enjoy a "value-added" bonus as you enrich your own life, but, when you identify yourself as a physiotherapist, you help to raise the profile of the profession in the eyes of the public. I encourage all physiotherapists to take advantage of the many opportunities for leadership that exist in their local community, in addition to those that will shape the future of our profession.

In closing, I thank you for giving me this opportunity to speak to you today. It was an unexpected honour, and it has brought me back in contact with many of my former colleagues, for which I am grateful. And now, having said my piece, I will once again cede the floor to the dynamic younger generation, and slip back into my tranquil retirement life in rural Nova Scotia.

## ACKNOWLEDGEMENTS

The photographs above are reproduced from the archives of the Canadian Physiotherapy Association.

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