Balancing the Needs of the Population, Profession, and Self: Aligning with the Environment

Elizabeth L. Harrison

INTRODUCTION

Thanks, Susan, for your introduction, kind words, and as always your tremendous spirit and leadership. Following in your footsteps from last year's wonderful lecture is indeed a daunting task. I will leave my thanks to the end, as I have been told by others that one can become very emotional during this lecture and, given this once-in-a-lifetime opportunity, I can't waste time being choked up! I would have been pleased to go anywhere in the country to present the Enid Graham Memorial Lecture, but to be honoured in Vancouver during the World Congress of Physical Therapy (WCPT) 2007 is indeed a tremendous pleasure and adds an extra-special meaning to the day. Thanks to Pamela Fralick, CEO of the Canadian Physiotherapy Association, for the call in December; as I am sure you would say, the first time you found me speechless was when you announced that I had been selected for this award.

This week, Canadian physical therapists have the unique opportunity to meet colleagues from around the globe. Anyone having a very narrow concept of physical therapy only needs to look at the diverse scientific program of more than 1,700 presentations. I know that all of us will take in as much as we can this week, but we have our work cut out to translate the research, take the lessons learned back to our own settings, and apply the findings to our patients, students, and communities of practice.

Today's lectureship was established in honour of Enid Graham, and I want to spend a few moments, as have the past 24 recipients, remembering this outstanding woman. Thanks to Christine James, CPA Director of Membership Services and Component Relations, for assisting me in my research on Enid Graham, as my

usual source—Google.com—was not very helpful in this regard! Enid Graham was a founder of the organization now known as the Canadian Physiotherapy Association (CPA). As noted by Joan Cleather in *Heads, Hearts and Hands*,¹ Enid Graham was one of the first individuals to demonstrate the important role of physical rehabilitation through serving the needs of injury and illness of soldiers involved in World War I; furthermore, her achievements are described as "one of the few positive legacies of the war."¹ Enid was a member of a Voluntary Aid Detachment and provided medical care at the start of World War I. After studying physical therapy in Philadelphia in 1917, she entered the Royal Military Army Corps. In addition to her work to assist with establishing the first physiotherapy schools in Canada, she fought for and received a Dominion Charter for the CPA. She chaired the Canadian Military Affairs Committee and succeeded in securing the granting of officer rank to all CPA physiotherapists who volunteered for overseas duty during World War II. I was amazed when I read that 138 of the 340 qualified physiotherapists in Canada volunteered for overseas duty during World War II and were paid and had privileges equal to male volunteers of similar rank. Cleather suggests that "Enid Graham is to the profession of physiotherapy in Canada what Florence Nightingale was to the profession of nursing worldwide. She was a visionary, a true leader and the ultimate champion for the profession as it has evolved."¹

As I contemplated a focus and inspiration for the twenty-fifth Enid Graham Memorial Lecture, I looked to the work of the 24 previous award recipients (see Table 1). These papers are an amazing collection of work—thought provoking, reflective, and visionary. Brenda Meyers used photos from her past to take us through her world travels in physical therapy; through her eyes she has seen physical therapy at its best and most challenged. Carol Richards walked us through her experiences with research teams, mentors, and students. Last year, Susan Harris reflected not only on her professional experiences but on her personal experiences, challenging us to remember the person we work with—listening and observing and responding. Joan Walker's address in 2002 challenged us to consider our place in

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Table 1 Enid Graham Lecture Award Recipients: 1981–2006.

<i>Year</i>	<i>Award Recipient</i>
2006	Susan Harris
2005	Brenda Myers
2004	Carol Richards
2002	Joan Walker
2001	Nancy McKay
2000	Lesley Bainbridge
1999	Susan Muirhead
1998	Diane Lemon
1997	Sharon Wood-Dauphinee
1996	Jenneth Swinamer
1995	Molly Verrier
1994	Catherine McGinley
1993	Helen Saarinen Rahikka
1992	Signe Holstein
1991	David Magee
1990	Gaye Sydenham
1989	Kenneth Hill
1987	Joan Edwards
1986	Douglas Calder
1985	Malcolm Peat
1984	Antoine Helewa
1983	Marjorie Spence
1982	Marion Leslie
1981	Helen Gault

the health professions, using the wonderful theme of steering a ship—obviously her maritime roots.

So what to add to the Enid Graham Lectureship series of great works and wonderful authors (no pressure, I assure you!)? I thought I could have an analogy like Joan Walker's building on her life near the ocean—for me, of course, that would be living on the prairies. I thought I could use farming—evoking thoughts of ploughing fields, planting, growth, resiliency, dealing with adversity, and always looking to large and expanding horizons. These concepts and experiences provide a backdrop to many of the issues facing our profession and our society. The prairie analogy is also fitting for physical therapy at this point in our history, as our opportunities are substantial. I am confident that we are positioned to respond effectively to the many challenges facing our profession, as so eloquently proposed to us by Martha Piper during her address at the opening reception of the 2007 WCPT.

As we all know, farmers spend considerable time scanning the horizons, observing, assessing, and determining actions based on the environment. Farmers consider what is in front of them and predict their actions based on experience. We all are aware of the *Farmer's Almanac* as an important planning tool! So I have approached this lecture by considering the question, How is physical therapy as a profession responding to the environment? In addition to reviewing a variety of publications as a basis for this scan, I have blended my clinical, teaching, and research experiences and my bias, or perhaps we should say "mature reflections." I have also been tremendously influenced by more than 10 years of experience as

chair of Saskatchewan's Health Services Utilization and Research Commission (HSURC) and, most recently, the Saskatchewan Health Research Foundation (SHRF); you will see this background reflected in my presentation.

ENVIRONMENTAL SCAN

An environmental scan assists with identification of key issues. The environment "imposes conditions and circumstances that surround and influence us."² We know that our external and internal environments change constantly and surprisingly quickly. Being responsive to our environment requires insight, reflection, and attention to multiple sources and many vantage points. Interestingly, for the first time in years, the public's interest in "the environment" has topped the long-standing concerns about health care. I believe that as physical therapists we need to constantly assess our environment and ask ourselves whether we are considering the environment in our planning—professionally and personally. I feel guilty, given that we are in the midst of WCPT, that I have primarily focused this scan on Canadian sources. However, this week colleagues representing every region of the world will share their insights into their environments and how they are responding through advances in physical therapy education, research, and practice.

I have defined three categories of sources for this environmental scan, focusing on the last five years. The first source, the newsmakers or media, I propose, reflects the public interest. We are aware of the influence of the press on health care decisions. Second, I have looked at a number of national organizations, including government and research groups dealing with issues related to the health system. The health system represents the environment we work in, directly influencing practice, research, and education. Finally, I have reviewed the health profile of the Canadian population as a fundamental basis on which we should consider how we plan for health care. I would also ask that, as we review these findings, you reflect on three interrelated themes: primary health care, knowledge translation, and interprofessional collaborative practice.

Newsmakers/Media

I started with a simple search of the Internet, as we recognize the growing popularity of this medium as a primary information source for the public. The website www.yahoo.com reports that their 2006 top health news stories include bird flu, AIDS/HIV, cancer, obesity and weight issues, and smoking.³ An article published in the *American Journal of Managed Care*⁴ carried out a content analysis of news stories in October 2002 from the top 50 US markets, representing 122 local television stations. The most commonly reported health topics included

Table 2 Factors Affecting Canadians' Health⁵.

Diet and physical activity
Availability/accessibility of health care services
Social determinants of health:
• Income and education
• Employment
• Family and friends
• Childhood development
• Physical environments
Cultural influences
Gender

infectious disease, cancer, poisoning/injury, circulatory problems, central nervous system problems, and mental health. This study highlights the fact that errors commonly occur in this type of reporting and encourages health professionals and researchers to be more involved in contributing to health reports. We cannot sell short the impact of the media on health and health status. As noted in this article, individuals gain much of their health knowledge from the media, as access to information is easier through the media than through busy health professionals. The authors discuss the impact of mass media, using the example of a 27% increase in colonoscopies in the United States resulting from celebrity news reporter Katie Couric's discussion of her late husband's experience with colon cancer during an episode of NBC's television show *Today* in 2000.⁴ (For anyone who saw the movie *Sideways*, there was a similar result: the story followed two men drinking wine through the Napa Valley, and you will remember the impact of that movie on the drop in sales of merlot!) The point I am making is that physical therapists must pursue closer links with media. I know this is something that the CPA continues to support, but, in addition, any time you are asked to be interviewed, write an article, or participate in a forum, be sure to do it! We can play an important role in ensuring access to accurate and easily understood information so that individuals and communities can make informed decisions about their health care and lifestyle choices.

Health Systems

I have selected a few key organizations known to have a significant influence on health care policy and funding and will present their pressing issues or priorities. The Canadian Institute for Health Information (CIHI) identifies factors affecting the health of Canadians (as noted in Table 2).⁵ You will note the focus on social determinants and access to health care services. Health Canada's 2007–2008 Priorities and Planning (Table 3)⁶ include patient wait times and health outcomes in our First Nations and Inuit populations as key health issues. Many of us are also well aware of Health Canada's focus on advancing primary health care. Two key elements defined by Health Canada as relevant to primary health

Table 3 Examples of Health Canada 2007–2008 Priorities⁶.

Patient wait time
Cancer care
Mental health and addiction
Health outcomes for First Nations and Inuit communities (water, health human resources)
Clean and sustainable environment

care are responsiveness to community needs (it seems that everyone is recognizing that we need to start listening to our communities) and a focus on promoting comprehensive services offered by teams of health providers.⁶ In part, the focus on developing health care teams and collaborative practice has been in response to issues including patient safety, health care costs, and what is described as the new era of consumerism.^{6,7} Health Canada's priorities also include issues related to pandemics, substance abuse, seniors' health, and the national drug strategy.⁶ Closer to home for me, the Health Quality Council in Saskatchewan has identified their 2007 top three priorities as chronic illness assessment and management, patient-centred care that is timely and appropriate, and patient safety.⁸ I think it is fair to say that, whatever the source, we see common issues being identified by various health care organizations.

As research is the basis for advancing the knowledge base on which health care is provided, I have scanned information from national organizations focusing on Canadian research issues. The Council of Canadian Academies is a relatively new organization composed of public members and nationally respected experts from the Canadian Academics of Arts, Humanities and Sciences, Engineering, and Health. Dr. Martha Piper is a member of this prestigious group. A 2006 report from the Council of Canadian Academies, *The State of Science and Technology in Canada*,⁹ identifies emerging trends in research in Canada. Areas identified where Canada may have distinct advantages and leadership related to health innovation include tissue engineering, diagnostic and surgical methods, drug delivery, and genetically customized health care.

The impact of the Canadian Institutes of Health Research (CIHR) on identifying health priorities should be carefully contemplated, as funding through CIHR significantly influences the direction and methodology of the research carried out in our universities and research centres. The institutes defined by CIHR (see Table 4) represent key health research priorities of Canadians.¹⁰

I also want to note that knowledge exchange has been identified as a core activity by research organizations including CIHR. There are many terms used to describe this activity; however, most health research organizations, such as CIHR and CHSRF (the Canadian Health Services Research Foundation), have increasingly

Table 4 CIHR Institutes Representing the Research Priorities of Canadians¹⁰.

Aboriginal Peoples' Health
Aging
Cancer Research
Circulatory and Respiratory Health
Gender and Health
Genetics
Health Services and Policy Research
Human Development, Child and Youth Health
Infection and Immunity
Musculoskeletal Health and Arthritis
Neurosciences, Mental Health and Addiction
Nutrition, Metabolism and Diabetes
Population and Public Health

recognized that a dynamic model focusing on exchange and application of new knowledge must replace the traditional passive dissemination from researchers to health professionals. Similarly, as physical therapists we know the significant challenges posed by one aspect of knowledge exchange, specifically communication. For example, there are barriers created by jargon commonly used in our interprofessional work. We know how fundamental terms and language are to our individual and professional cultures.

This leads me to a little side story related to communication and physical therapy. Shortly after we were married, my husband, Bob, and I went on a vacation to Thailand, where we attended a one-day cooking school just outside of Bangkok. We travelled by car and two riverboats to a lovely home in the countryside, where we were met by our hostess chef and a young German fellow for our exciting gastronomic adventure. After we had a couple of dishes under our belts, we had a little break, and, although our fellow cooking partner did not speak English, I found out that yes, indeed, he was a physical therapist! Of course, instantly we were "kin," and for the rest of the day I became the translator, as our Thai chef spoke English but not German. When she told us to cut up our chicken thighs, he looked to me; I said "quadriceps," and he was in business. Bob rolled his eyes as we carried on throughout the day, me delighting with my official role as cooking translator, relaying anatomical structures of the various pieces of meat to assist in our cooking lessons (see Figure 1).

So, back on track, carrying on with our environmental scan. With respect to government commissions, considering that I am from Saskatchewan, I must highlight a report from a previous premier of Saskatchewan: the Romanow Report.⁷ The Romanow Commission carried out a very detailed assessment of the Canadian health care system and environment, providing key recommendations in a variety of areas. One issue addressed in the report is the need to advance team-based approaches to health care, including interprofessional education of health professional students to enhance competencies for collaborative practice. Of course, those of us who

Figure 1 Cooking school in Thailand (left to right: German PT, owner/chef, Bob Lucas).**Table 5** Leading Causes of Mortality among Canadians: Chronic Conditions¹².

Cardiovascular disease
Cancer
Chronic respiratory disease
Diabetes
Mental disorders
Musculoskeletal disorders

have been involved in the health care and education sectors recognize that these recommendations are not new; however, the visibility of the commission and the substantial references made to the report have been beneficial in highlighting this as an important issue.

Health Profile of Canadians

Finally, as part of the environmental scan, it is essential to reflect on the existing and emerging health profile of the population. Table 5 lists the leading causes of mortality in Canadians, as reported by Statistics Canada.¹¹ The prevalence of chronic diseases such as diabetes continues to rise at alarming rates.¹² Also, it is well known that our population is aging. In 50 years, 1 in 10 Canadians will be over 80 years of age (as I was writing this, I realized that I will hopefully be one of these people!).¹³ In a study from our work with community-dwelling older adults, my colleagues and I found that close to 70% of older adults (mean age = 77 years) self-reported two or more health conditions.¹⁴ Many of these conditions require management by physical therapists as primary health care practitioners. Another example of the health profile of our population is the significant increase in certain surgical procedures, such as hip and knee replacements and angioplasty.¹⁵ Like our patients,

Table 6 Environmental Summary.

Chronic disease/seniors' health
Infectious disease
Mental health
Obesity/child health
Addictions
Physical and social determinants (environment)
Access to health care/wait times
Primary health care

Table 7 Examples of Recent CPA Position Statements¹⁶.

Caseload Management
Funding of Health Services
Health Human Resources Planning
Wait List Management
Home and Continuing Care
Collaboration and Practice
Physical Punishment of Children and Youth
Physical Activity for Children and Youth
Population Health
Primary Health Care
Tobacco

physical therapists know the significant pre-operative disability and post-surgical care required for these patients.

CONGRUENCE WITH PHYSICAL THERAPY

Although only a few key sources of information have been reviewed, one can see common themes emerging, and I have summarized these in Table 6. Hopefully, as you reflect on this environmental scan, you can see congruence with our professional vision, with physical therapy research and education, and with your own personal professional aspirations. How are we doing? What are some examples or evidence to show our congruence with the needs of our environment? Those of us involved in strategic planning, mission-based or health care management are well aware of the "report card" method of assessing our performance in key areas. As you reflect on your own experiences and work environment, perhaps you can provide your own assessment or grade. I have attempted to provide some of my own reflections and analysis of our standing.

Professional Response

I believe that CPA continues to assess and respond as an organization to our environment, as demonstrated by some of their current position statements (Table 7).¹⁶ In addition, the most recent issue of the CPA newsletter, *Contact* (April 2007),¹⁷ discusses the role of the clinical specialist and advanced practice credentials. The proposed goals of specialists and advanced practice credentials are related to responding to the environment,

specifically in areas such as health care access, comprehensive care, reduced wait times, and improvements in health outcomes. CPA continues to show an excellent linkage to the environment, and there is evidence to show that our professional vision is on target.

Physical Therapy Research

Advances have been made in the number of research graduate programs and graduate students in physical therapy and rehabilitation sciences. Physical therapists are leaders in interprofessional research currently going on in Canada. We have recognized through our research activities that one discipline cannot effectively address the complex research problems being presented to us, and we are actively engaged in multidisciplinary research teams. Physical therapy research continues to advance in scope in order to address issues related to chronic disease and primary health care.

When reviewing the 2007 WCPT program, you see the range of topics covered. A preliminary analysis of the abstracts shows the breakdown of topics as follows: global health (10%), professional issues (9%), professional practice (60%), education (12%), and research and development (9%).¹⁸ There continues to be significant interest and emphasis on clinical research, and I want to emphasize that clinical research has much broader application and congruence with our environment than is sometimes seen on the surface. A simple example from my own experience is related to work by our research team in the area of patellofemoral pain syndrome (PFPS). Our interests were related to development of outcome measures and evaluating physical therapy interventions for PFPS. When you look at PFPS, your initial thought might be, What is really the significance of this relatively minor condition to society's bigger health issues? For example, PFPS is described as a syndrome that is self-limiting and presents primarily in younger adults. Indeed, when we reported on the function of this population, we confirmed that the condition primarily occurs in young adults and is described as limiting only some functional activities.¹⁹ So why bother researching this problem, as these folks will eventually get better? Stop and think what we have just reviewed as major health problems: obesity and physical inactivity and, of special concern, the growing prevalence of obesity and other related diseases in children. A primary reason that I became interested in studying PFPS was that I was seeing a large number of female adolescents with this disorder who were not able to participate in recreational activities and sports. They expressed concerns related to pain, increased weight, change in socialization, and decreased physical activity. So, although it is a relatively focused condition, PFPS has serious consequences to short- and long-term health and is an

Figure 2 Curriculum model: University of Saskatchewan MPT.

example of a research area that directly affects primary health care goals, including health promotion.

Although we are moving in the right direction with regard to our research activities and growth, there are barriers that we must collectively address. We have small numbers of PhD-qualified physical therapists in the country; there exists intense competition for national funding and mechanisms; and strategies to improve knowledge exchange and appropriate engagement of patients and physical therapists in research are limited.

Physical Therapy Education

How are we doing in the educational preparation of physical therapists? The entry-level master of physical therapy (MPT) degree has given us a new opportunity to ensure that we are effectively preparing graduates to meet the needs of our environment. Figure 2, taken from the University of Saskatchewan's MPT curriculum, describes the many dimensions of PT.²⁰ As is evident, the focus on the primary health care practitioner, collaborative and inter-sectoral practitioner, and clinical specialist is considered critical, and these roles are directly aligned with environmental needs. However, we recognize that curricula are bursting at the seams with competing demands—one need only have participated over the last months in the revision of the Canadian Physical Therapy Core Curriculum guidelines to understand the challenges. Depending on the context of our interests and work environments, we all have strong opinions as to what new graduates should be prepared for. However, the change of our entry-level credential to a

master's degree provides us with an opportunity to build on knowledge and competencies gained in strong undergraduate degrees. We need to challenge our students and allow them to incorporate their background in developing new competencies critical for primary health care. In addition, as educators, we also have a significant responsibility to ensure that we reflect the needs of society, now and into the future, as we develop and advance our curricula. Constant monitoring of the environment is essential to sustaining a relevant and valued education system for physical therapists.

Physical Therapy Practice and Team Approaches

In evaluating our response to the environment, we should also evaluate our health workforce. We do not and will never have enough physical therapists or other health professionals to manage patients solely as individual health practitioners. We have seen the increasing demand for all types of health care services. Individual assessment, management, and programming are essential, but we must also think about the translation of our work to population strategies. We need to become innovative. For individuals with chronic illness, we need to provide resources, tools, and strategies to maximize their function, improve their quality of life, and reduce personal and caregiver burdens. In addition, we have an opportunity to develop new models of collaborative care by studying and implementing practices from well-functioning health care teams in our communities. Distinct professional roles are being challenged as new models of health care are being supported and facilitated.

Some have argued that the profession of physical therapy may effectively lose its unique identity by moving to collaborative and team models, but the evidence regarding collaborative work clearly shows that the benefits outweigh these risks. Martha Piper also emphasized this during her WCPT opening address. Although I do not have time to cover the issue of collaborative practice and teams effectively, I will leave you with a few thoughts about why we must support initiatives aimed at developing effective health care teams. There is evidence to show benefits from collaborative and team approaches, including better patient outcomes (enhanced safety, decreased wait times, seamless care) and increased professional health and satisfaction.

I enjoyed an interview with Wynton Marsalis, a famous jazz trumpet player, in which he discusses teamwork and creativity: "When you listen to great jazz musicians, you hear the respect they have for each other's abilities. During a performance, most of the musicians' time is spent *listening to others*. You see the *trust* they have for each other because they are always making adjustments and improvising based on what someone else does." Marsalis goes on to state that "the single objective" of a jazz ensemble is Swing, the rhythm that results when a group of people work together, believing that "our way is more important than my way."²¹ This analogy caught my attention, first because I sing with an 11-member band and also because I recognize these same characteristics in the health care teams with which I have worked over the years. Many of us in the physical therapy profession are working on a variety of interprofessional initiatives, such as innovative student experiences in academic programs, developing clinical practice settings and policies that support and champion collaborative practice, and advancing research that can inform best practice.

Personal Congruence

So I have talked about the congruence of the physical therapy profession (practice, research, and education), and finally I want to check in regarding the congruence between our environment and our individual professional and personal aspirations. There is no doubt that we all came into physical therapy thinking of what we might want to do or aspire to. Personal aspirations are key to our success—innovation comes from personal aspirations. It is the individual physical therapist who will improve patient outcomes. However, reflection on what the environment really needs and how you can contribute is important as we chart our personal paths. Now for another (and final) personal story. As many of you know, I have spent considerable time in my life in sports physical therapy, and my colleagues in the sports world would be disappointed without some reflection on my deep commitment to this area of the

Figure 3 Olympic Games, Barcelona 2004 (from left to right: Diana Perez,* Bob Powell,* Marilou Lamy,* Julie Stark, Lois Pohlod,* Brigitte Léger,* Karen Decker,* Laurie Freebairn,* Brian Gastaldi,* Karen Orlando,* Liz Harrison*) * Canadian Medical Team Physical Therapists.

profession (see Figure 3). So you might wonder, How does sports physical therapy fit within this environmental scan? We did not see "athlete" named in any of the foregoing health reports. However, take a look at the health service provision in sports: assessment and management of new or existing conditions or injuries, involvement of a range of health professionals, provision of acute care and emergency services, and focus on prevention and early injury management. In a 1989 study on Canada Games athletes, my colleagues and I found that 75% had pre-existing or chronic problems,²² demonstrating the nature of sports injury management as closely linked to primary health care.

Collaborative practice is fundamental to working as a sports physical therapist. In addition to other health professionals, one works with families, coaches, teachers, and organizations promoting and funding sports and physical activity. Sports physical therapists work as primary health care practitioners and have excellent skills that promote innovative primary health care models. However, we do need to adapt our clinical specialist models to be more inclusive of chronic diseases in order to be more responsive to our environment.

Balancing Act

So, in closing, if I were to assess our overall responsiveness to the environment, I would suggest that we are on track; however, I do recognize that it is a delicate balancing act, and we know how complex balance can be. We need to balance the individual client with the population. Moving to enhance population approaches takes some innovation, but our educational background has prepared us effectively to communicate, work with groups, and identify risks. We must balance our strong personal identity within a team approach. Collaborative

practitioners are highly qualified professionals, and so balancing the two is possible and, indeed, important. Finally, there may be times when personal aspirations are in discord with population needs. We have professional preferences in everything we do. The challenge is to create your own professional model that allows you to stay passionate, enthusiastic, and committed to your patients.

CLOSING REMARKS

In closing, I wish to return to Enid Graham—she was the ultimate champion for the profession as it has evolved. I have no doubt that she is cheering us on right now as she watches her profession continue to evolve. What steps should we take to ensure that we continue to respond to our environment?

1. Partner with the other primary health care providers to respond effectively to our environment.
2. Adopt a flexible approach that encompasses prevention and health promotion within a rehabilitation science paradigm.
3. As individuals and as a profession, be nimble.
4. Take this once-in-a-lifetime opportunity to transform our MPT curricula to consider a more inclusive view of our responsibilities, such as responding to primary health care needs.
5. Be innovative and take risks.

So this brings me the end, and, as previously noted, I have been saving my many thanks to the end. I have been extremely fortunate in my professional and personal life. Today in the audience I am so happy to have my family, close friends, and colleagues from home and across the world. Thank you for travelling to share this day with me.

Thanks very much to the CPA for holding the awards ceremony today, as you have given my fellow Canadian award recipients and me an extra-special experience to remember from WCPT. I recognize the significant work involved and thank the awards committee and the CPA staff for such a wonderful evening event. I also want to recognize the many people in my life. My best friends are physical therapists. Even my family has physical therapy ties. Joining me today is my sister Barbara Ann, who was one of the first physical therapy graduates from the University of Alberta, recently retired after over 40 years as a practising clinician. She was my inspiration for becoming a physical therapist. Thanks to my husband Bob—he is a great partner, recognizing my love of physical therapy and cutting me appropriate slack as needed. As most of you know, I have had the great pleasure of travelling the world with sports physical therapy and, more recently, through my work with the World Confederation for Physical Therapy.

However, I have spent my professional life in Saskatchewan. My heartfelt thanks goes out to the many physical therapists and other colleagues who supported my nomination for this great honour. I believe that where you come from is very much a part of who you are—in my case, this is Saskatchewan, and the physical therapy community in the province is simply the best. As a professional, you need commitment, passion, and smarts; the people that I work with have all of these characteristics, and they consistently demonstrate this not only in the care they give to their clients but in their long-standing work with students at all levels and their volunteer contributions to the profession and the community. I cannot thank them enough for recognizing me through this nomination—the Saskatchewan Physiotherapy Association Awards Committee, our executive director, Pat Tremaine, and our president, Graham Fast. Special thanks to Vic Cottrell for coming tonight. Vic was a faculty member in the School of Physical Therapy at the University of Saskatchewan and director during its developing years, until the early 1990s. He had a tremendous influence on many of us, during our undergraduate years, as a tireless leader and inspirational professor.

Thanks to my national and international colleagues in sports physical therapy and the World Confederation for Physical Therapy for providing me with experiences and memories that have enriched my professional and personal life. From my days of working with sports, I have recognized the power of physical therapy in primary health care and collaborative practice. Coupled with this are my moments of awe when I have witnessed the commitment and innovation of colleagues in other parts of the world who struggle every day to ensure that their patients receive excellent care despite serious challenges. Special thanks to colleagues who have spent hours to travel to Canada to share their experiences, pass on their knowledge, and join with Canadian colleagues to demonstrate the value of our profession.

Of course, on a day-to-day basis, I am very fortunate to work with colleagues who are not only experts in their own clinical and research fields but also dedicated, passionate professional educators. For those of you in the audience wanting to work with this tremendous group of individuals, we have just been granted two new faculty positions in support of the new MPT program; there is no more welcoming and supportive academic environment (see Figure 4)! Finally, I wish to recognize my students—past and present. Yes, I do feel that they are a little bit mine! As much as I value my work as a clinician and researcher, life as a physical therapy educator is never dull, and having an opportunity to work with this group of talented, energetic individuals is a privilege (see Figure 5). Although it is a cliché, the fact remains that the future is in the generations of physical therapists entering the profession. Consistently we recognize the

Figure 4 Faculty and Staff, School of Physical Therapy, University of Saskatchewan, May 2007 (left to right, front row: Brenda Dean, Vanina Dal Bello Haas, Laura Klassen, Liz Harrison, Peggy Proctor, Scott Butcher, Rhonda Scudds; back row: Liz Scott, Angela Busch, Arlis McQuarrie; missing: Bev Cuzner, Cathy Arnold).

Figure 5 World Physical Therapy 2007 Opening Ceremonies (left to right: Telisha Schlat,* Michelle Kadash, PT Saskatoon; Liz Harrison; Graham Fast, President, Sask Physio Association; Melissa Arscott;* Danielle Stav;* Tasha Thornhill;* Katherine Warkentin*) * University of Saskatchewan PT students, class of 2008.

high quality of our students, as they have demonstrated outstanding abilities through presentation of papers and participation in dialogue, networking, and involvement in a world congress—the future is in good hands.

So, my friends, family, and colleagues—thank you for your support, your love, and your appreciation.

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