Editorial

Now what?

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As the new editor of JMMT, I follow in the footsteps of Medeiros, Huijbregts, and most recently, Cook. How does one step into this role and serve the educators and clinicians who comprise this great profession of manual therapy with the ability of these individuals? I do not have a good answer for that question even though I have considered it daily for several months now! Since 1992, each of these individuals, as well as the Editorial Board members who supported them, has given extraordinary time and remarkable effort to bring this journal to a level of quality and professional relevance that its readers have come to appreciate.

Let my first sentiment as incoming editor be a sincere thank you to those who have preceded me as Editor-in-Chief. In the few months that I have worked with Dr Chad Cook, I have already come to fully appreciate the amount of work that goes into doing the job well. I do not underestimate what lies ahead of me. I would like to extend a very special thanks to Chad, who has tirelessly answered my surplus of questions in preparing me for this journey.

Who is the new editor and what is he all about? I have been long in the saddle; 35 years as a physical therapist and a manually trained therapist since 1991 thanks to Mr Ola Grimsby, Mrs Tiina Lahtinen-Suopanki, and Dr Anders Myklebust. I have been an educator for 16 years and have continued my involvement in physical therapy practice throughout those years. I have the highest regard for the profession of physical therapy and would tell you that my manual therapy post-graduate training changed and focused my career path in a profoundly positive manner. Now, I am here to serve this profession to sustain and build upon the work of my predecessors.

As I put these initial thoughts to paper, I have recently returned from the IFOMPT meeting in Quebec City. For those of you who had the opportunity to attend this international event, you undoubtedly share the same enthusiasm for all that transpired at the city's Convention Centre this past October. Special recognition and thanks to the Organizing Committee of IFOMPT, the Canadian Academy of Manipulative Physiotherapy (CAMPT) and to Conference co-Chairs, Elaine Maheu and Rob Werstine, for their efforts, which culminated in a *very* successful convention.

It is apparent that the future of manual therapy practice, around the world, is bright. From Dr Gwen Jull's initial keynote to the closing presentations on Friday, the participants were challenged to think about how we manage our patients, how we instruct future manual therapists, and how we raise the bar of clinical practice quality another notch. Thoughtful presentations made participants more aware of how we consider the evidence, how we manage patients with chronic pain, and about the direction of this profession. Butler, Pettman, Lee, Sahrmann, Rocabado, Flynn, and many others highlighted a docket of world-class speakers that have been instrumental in moving manual therapy forward. In this context, as a manual therapist, I can relate to my favorite quotation from the conference, originally attributed to Sir Isaac Newton, 'If I [we] have seen further, it is by standing on the shoulders of giants.'

Now what? I considered this question on the return trip from Quebec City. My thoughts centered around five issues that I believe require our attention in order to take manual therapy practice to the next rung. I hope that presenting these will stimulate discussion and contribute to the enhancement of both manual therapy education and practice. Many of these reflect issues within the USA; however, others face, or have faced, similar concerns and will offer insight and unique perspective to the discussion.

First, perhaps foremost to me as an educator, is a crucial matter that is receiving very little press to date — the costs associated with becoming a manual physical therapist. The burden of debt that is being imposed on our graduates is no small matter. In 2010, the mean total costs of an in-state public university DPT program was $43 000; the mean for private school costs was $86 500.[1] These numbers do not include debt incurred from the cost of living and/or undergraduate degrees. A study by Thompson *et al.*[2] showed that the consequences of school loans for graduates from one *public* university in the USA included both lifestyle choices and the ability to save for the future. The cost is prohibitive and places our graduates in the untenable situation of having to

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maximize income and clinical productivity from the moment they begin to practice. I have been around long enough to know that when our alumni are saddled with enormous productivity expectations, sacrifices have to be made; the obvious ones being quality of practice and 'non-essential' tasks, such as scholarly activities. How can we expect our future colleagues to engage in clinical research when every moment of the day is consumed with overwhelming productivity concerns? Engagement in, and contributions to, the profession are bound to suffer in the long run.

Second, at the entry level, we must continue to strengthen the instruction of *both* the clinical reasoning and psychomotor skills associated with manual therapy practice, in order to prepare graduates who are competent manual therapists *at the outset* of their practice years. While the standards for competency in, e.g. spinal or extremity manipulation, may be established, I am not as confident that they are adequately upheld. While this may not have universal application, my sense is that a significant percentage of our graduates would *not* assert that they feel distinctly prepared to practice spinal manipulation from day one. Otherwise, why would residency programs be so eminently popular? Do residency models of entry-level education need more robust consideration? Can we integrate those and keep the costs down?

Third, we need to involve more of our graduates in clinical research. Again, I am confident that $<5\%$ of our graduates ever make a significant contribution to clinical research beyond their entry-level program. We have not fostered that culture in our students and, as a result, they are not yet committed to supporting the profession through involvement in meaningful research. All too often, research requirements are viewed as merely another hoop to jump through on the road to graduation. Academic institutions and accrediting bodies alike need to do more to foster a culture of scholarly activity that maximizes the likelihood that our graduates will sustain research activities beyond the academic years. We must figure out how to convey that contributions to clinical research are as important to the sustainability of the profession as competent practice.

Fourth, we need to examine the lack of consistent instruction of manual therapy skills in clinical education. We cannot abide with 'hit and miss' opportunities for our students to learn those skills depending on their clinical placement. Maybe it is time to consider whether or not every physical therapy student should be trained to be a manual therapist, especially if he/she cannot receive a high level of clinical preparation that complements the didactic groundwork. Somehow, greater integration of entry-level education and post-graduate training programs is needed to accomplish day-one readiness.

Finally, not unlike any profession, we must continue to examine whether we really know what we think we know about clinical practice. Should we be confident that a certain clinical prediction rule or body of evidence constitutes best practice, e.g.? Are we still constrained by unjustified enthusiasm for a particular theoretical approach that we never truly questioned? Is there a better way to treat our patients? I think that the Quebec conference affirmed once again that we can do better if we continue to challenge ourselves to reach higher and keep asking the tough questions. This means research, of course, sharing of ideas and constructive challenges to traditions of practice and models of education. In short, our work has to remain a *Rendez-vous of Hands and Minds*.

There you go. That should keep us busy until IFOMPT meets again. That will be in Glasgow in 2016. Do not miss the opportunity to be a part of this extraordinary event.

References

1 Commission on Accreditation in Physical Therapy Education. 2009–2010 Fact sheet: physical therapist education programs. Alexandria, VA: CAPTE, American Physical Therapy Association; 2010.
2 Thompson KT, Coon J, Handford L. Financing physical therapy doctoral education. J Allied Health. 2011;40:169–73.