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Some examples of the kinds of errors to be found in the transcripts are provided below.

Filename	PDF Version Page	Error
jmf_int_transcript_Williams_2_2_1976.pdf	20	“Parkalnd”
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Doris Porter: Physical Therapy

Well, first of all, I'm Doris Porter and I'm chairman of the department of physical therapy, and physical therapy is a program that lasts for 15 months. Students that are admitted to the program either have 90 semester hours or more prior to admission or they may already hold baccalaureate degrees and be admitted to the program. In either case they are candidates for a baccalaureate degree, (os) that for the 90-semester-hour student gets his first baccalaureate degree for the student who already holds a baccalaureate degree, he gets a second degree.

The program itself is 15 months approximately in length. Starts always in very early June. Has a 10-week summer session, a full fall semester, a full spring semester and then a full summer semester ~~with~~ which is the clinical education portion. This is rather like an internship except that it is done in physical therapy prior to graduation rather than after.

The selection of students for the program has gotten to be a really extensive job. We have about 430 applicants this year from whom we will choose 36 students and make up an alternate list of probably 15 to 18 students. One of the things that happens is that physical therapy applicants apply to several programs and, of course, the good ones get accepted for most of those to which they apply. Then when they make their choice, then that either opens up a spot for us or for somebody else.

?Students pretty highly motivated (A)

Well, yes. And this is one of the things that we're
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interested in as we have personal interviews with them, that
is, a bit of what their personal philosophy is, what their
motivation is, what their industry is, and what kinds of
character qualities they have. They have to be well-versed
in communications in terms of dealing with people, not only
on a one-to-one basis but on a group basis.

?What else do you look for?

Well, of course, we start out being interested in what their overall grade-point average is in previous college work that they have done. Then we're also interested in what their grade-point average is in the basic science courses. So that we compute this by putting together their courses in physics, chemistry and biologic sciences. The relationship of these one to the other is an important factor for us.

?What do physical therapists do when they finish the program?

That's probably one of the most difficult things to describe because the work of the physical therapist may be extremely diversified, partly related to the type of institution in which they go to work. Physical therapists work in general hospitals, they work in medical clinics, where they are used for _____ referral patients from all the doctors who may be in that medical clinic, they oftentimes work with a group of orthopedists, they work in crippled children's treatment centers for orthopedically and neurologically involved children. They work in rehabilitation centers. Many of them are self-employed, taking referrals from physicians _____ in the city. They work in public school

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systems. They work in all kinds of special areas for handicapped people, both children and adults, with deaf and blind and the multiply handicapped, the orthopedically handicapped, all the way down the line.

_____ say that as physical therapists gain experience they often become involved in administrative positions as chief physical therapist and physical therapy department directors, administrative directors of large physical medicine departments. Many of them have become involved as directors of rehabilitation centers. They also, some of them go into teaching and become faculties of physical therapy schools. Some of them go into research, both real research and clinical research. Well-dispersed throughout health care?

Right, _____ care facilities _____

?Do all hospitals have a department of physical therapy?

All large hospitals have a department of ^(physical) physical therapy, and more and more even the smaller hospitals are as they are building, building space for physical therapy. Many of the rural hospitals now are trying to get physical therapists to come in on their staff. Now whether or not they have the space, they will make it if they can get the people in.

?Why?

Well, the kinds of things that physical therapy has been able to do for people who have disabilities has over the last 15 or 20 years become very, very obvious as part of the rehabilitation process, and I suppose they're getting

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to be known further and further afield as time goes along, and it's an adjunctive or allied health field which seems to be very successful in its complementary care of patients.

?What's the origin of this particular program?

This program was started when the School of Allied Health Sciences was brought into being, so it ~~was~~ started in 1970, graduated its first class in August of 1971. We started out with 24 students at that time and have gradually increased that from 24 to 30 and then from 30 to the current 36 and this is probably for us an ideal number. We don't anticipate increasing that number at the present time.

?What determines class size?

The amount^t of space that you have or can have in order to run the individual laboratory kinds of things because in addition ^{of} the academic ~~a~~ background, there is much in the way of skill-forming that has to be done in terms of handling the patients and the parts for the various therapeutic exercise programs, therapeutic massage, and this kind of thing. It takes a lot of expensive equipemnt ^{of} have a physical therapy program, the numbers of faculty that you have, of course, it is a very important factor in order to be certain that the student is developing the kinds of skill-techniques that they need. We feel that the optimum level for student-^{of}faculty relationship in our laboratory is on a one to 12 basis, so we have our 36 divided into three groups, which means that each group has a faculty person with ~~in~~ them during laboratory sessions all the time.

?Why a science background?

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The reason that physical therapy is called physical therapy is not because of the interpretation of the work physical as it relates to the body, but physical in the sense that physical entities of the world, light, heat and sound and light and mechanics and magnetism and electricity, all of which are part of the study of physics, if you are using various types of equipment for the patient, in order to produce a certain response, whether that is his heat, whether it is his muscle response to an electric current, no matter what this may be, one has to understand the physics behind it if he really understands ~~the~~ what he is eliciting physiologically within the patient. Otherwise, it would become a dangerous kind of application. From the standpoint of the mechanics as we are designing appropriate therapeutic exercise for patients, each one of whom is different, each one of whom ~~is~~ has a different problem, each one of whom is a different size and shape. We are dealing with leverage systems with bones and joints, fulcrums and _____ and as a result as these are controlled by the applications of motors to the muscles, the calculation of the generation of force within a muscle to overcome whatever the activity may be ~~and~~ on the outside becomes critical.

?Is there any relationship between physical therapy and _____ surgery and orthopedics?

Now I'm not sure of the _____ of which you speak.
?Lorenz, the German who developed what he called "bloodless surgery"?

The use of cauterization and electrical equipment for

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this kind of pattern or are you talking about the pneumatic cutoff....

?No, ~~manipulation~~ manipulation of limbs to correct deformities?

Well, of course, physical therapy becomes involved in this very much in the utilization of bracing....

?Bracing, casts, that sort of thing?

That's right, and the physical therapist does become involved with this in part of the analysis, in part of the working with the patient while he is in the cast or in the orthodic device. We work very much with patients who are amputees with the prosthetics and the retraining of the patient for ambulation both on the surface and up and down stairs and all of these kinds of things. There really are very few types of ~~things where~~ patients with whom we don't have an opportunity to work. Many times orthopedics is, of course, a big part of it, ~~and~~ neurology is a big part of it. We work very much with stroke patients, burn patients, post-operative patients of ^(ents) ~~very~~ various kinds, cardiac, pulmonary. if you're over at Parkland, you'll have an opportunity to see some of the work that's being done with patients.

?What's their chief problem?

With the burn patients? All right. Well, ⁱfirst of all, because the nature of the burn ~~much~~ of the _____ and taking away of the sluffing tissue is done often in the Hubbard tanks in the physical therapy department, and often by physical therapists. The other thing that becomes critical is to keep joints mobile and ~~in~~ developing skin or skin

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grafts free and mobile so that you don't end up with contractures and scar tissue in that developing skin, which is so limiting that it inhibits freedom of motion of the joint after the healing has all taken place, and this deals not only with skin but with tendons and ligamental structure, the whole works. We do a lot of retraining with arthritics and traumatics, traumatized joints, after joint replacements. Who is responsible for developments?

Well, I suppose most of those things really come from physical therapists that are working in the field or are working as researchists in the field, as new things are discovered or unearthed in the medical arena, they may have strong implications for changes in physical therapy, so that constantly physical therapy has to be aware of things that are being learned by medicine all the time.

A very large group of patients with whom we ~~at~~ work are cancer patients.

Any research here?

Here at the school, no. Not at the present time. We at the present time have only the undergraduate degree. We would hope to have a masters degree at some^etime in the future. And if we do, then hopefully we would become ~~more~~ involved ^(more) in research than we're involved with now, as it relates to patients.

How do students get involved with patients?

After they've completed the summer session and starting the full fall semester, we have a few days that are devoted almost entirely to how to work some of the modality equipment

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and this is ...just really learning to operate the equipment and it doesn't have anything to do with the theory behind it at this point, and as soon as they have completed this, then each student goes out into a physical therapy clinic for a half a day for the rest of that semester, which amounts to about 12 weeks or so, and during that 12 weeks they would be involved with two different clinics, one for five weeks and then another for five weeks, just for half a day. And while they're there at this time, they are able to start to apply some of the modalities. Later on in the semester to use some massage techniques and some very elemental therapeutic exercises, so that they start to get their exposure to the patient to see other physical therapy people working with the patients, to start to understand the kinds of communications that are going on, to become aware of some of the different personalities that are involved, not only with patients but with the supportive staff in the department, with the physicians, the chief physical therapist, and so forth. Who supervises them?

They , each of the clinics has a person who has the position of clinical instructor. Now in the very large facilities they may have a person who's called the clinical supervisor.....

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