

HISTORY of the ACADEMY OF PEDIATRIC PHYSICAL THERAPY



APTA

Academy of Pediatric
Physical Therapy™

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1910s

FROM THE BEGINNING

APPROX. 1900

Poliomyelitis enters the US.

1914

Physiotherapist Wilhelmine G Wright developed a system for evaluating muscle function and trained several young women in the practice.

1917

The Surgeon General's office formed the Division of Special Hospitals and Physical Reconstruction to prepare Reconstruction Aides in Physiotherapy (RAPTs) for service with wounded warriors.

APRIL 1, 1914

Miriam Sweeney founded the first independent Department of Physical Therapeutics for pediatrics in Boston at The Children's Hospital.

1914

Practice expands into educational environments; 50 special classes for children with disabilities were established in four large US cities.

1917

Jane Merrill serves as Head Reconstruction Aide in the Medical Department of the US Army.



Rehabilitation Aides treating patients with polio in Vermont in the early 1900s.

Photo used with permission from the American Physical Therapy Association

1910s

EARLY PIONEERS

- The first diagnosis-specific clinic was established in 1887 to address lateral curvature of the spine.
- Pre-dating the field of physiotherapy in the United States, Miriam T. Sweeney and Jane Merrill worked in partnership with Boston physicians at The Children's Hospital to deliver specialty therapeutic exercises useful to the fields of orthopedic surgery and neurology.
- Sweeney was known as an outstanding educator and was selected to train RAPT's at The Children's Hospital and Harvard Medical School in Boston.
- Janet Merrill, Helen King, and Rebecca Selfridge were just a few of the pioneering women who helped carry out the evaluation and intervention related to infantile paralysis.*
- 3,000 children were receiving special education services, and rehabilitation aides were assisting in the educational arena as well as in health care facilities.

1918. Miss Janet Merrill is pictured with her assistant Eleanor Gillespie.

Photo used with permission from the American Physical Therapy Association



1920s-1950s

PHYSICAL THERAPY GETS ESTABLISHED

POST
WWI

The end of World War I was thought to end the need for physiotherapists in the military; military health professionals were unaware of the need for therapy in civilian life.

APPROX.
1919

The idea of forming a national association was presented at the Walter Reed Medical Center in Bethesda, MD, as early as 1919, but efforts were unsuccessful.

JANUARY 15
1921

Former Reconstruction Aides in Physiotherapy (RAPTs) created the American Women's Physiotherapy Association (AWPTA) at Keen's Chop House in New York City.



Keen's Chop House in 1921

THE AMERICAN WOMEN'S PHYSIOTHERAPY ASSOCIATION

The first officers were elected or appointed for 1921 and included:

Miss Mary McMillan, President;
Miss Beulah Rader and Miss Emma Heilman, Vice Presidents; Miss Janet B. Merrill, Secretary and Treasurer; and Miss Hazel Furchgott and Miss Marien Sweezey, Executive Committee.

1920s-1950s



While all the other officers and the inaugural members of the AWPTA were trained as RAPT's and served in the Army, Janet Merrill's educational service was so valued by the RAPT's that she was "adopted" by the group and deemed eligible to have AWPTA membership and a role as an officer. Ms. Janet Merrill is thought to be the first and only inaugural member of the professional organization, now the American Physical Therapy Association, who practiced exclusively in pediatrics.

Interestingly, Mary McMillan, the first AWPTA President, had experience in children's hospitals in England and in the United States in addition to her service as an RAPT.

Pediatric physical therapy practice was thus represented through two of the inaugural officers, and it was firmly established that children were an important population to benefit from physical therapy services.

MARCH 1921

In March 1921, the first issue of the *Physiotherapy Review* is published under the editor-in-chief Elizabeth Huntington and assistant editors Isabel H. Noble and Elizabeth L. Wells.

The publication aimed to inform members of news, education, training, and guide the practice of the newly identified field of physiotherapy.

The *Physiotherapy Review* noted that in July and August of 1921, Harvard Medical School hosted a post-graduate course in physiotherapy, including such pediatric topics as corrective exercise in scoliosis and kinesiology and muscle training in the after care of infantile paralysis. The fee was \$50 for the entire course.



1920s-1950s

In early 1922, The AWPTA was renamed the American Physiotherapy Association (APA) to be more inclusive of both genders wishing to enter the field of physical therapy. That name continued until 1947 when the association was given the current name of American Physical Therapy Association (APTA). While traditional practice spanned the entire lifespan, many of the earliest physical therapists took particular interest in the treatment of children.

A publication titled *“Physiotherapy in the Treatment of Children with Rheumatic Fever”* was read before the Pediatrics Section of the California State Medical Association in May 1922. It outlined a protocol for improving breathing, posture, and routine work of childhood.



THE SAGINAW SOCIETY FOR CRIPPLED* CHILDREN

In the Spring of 1922, The Saginaw Society for Crippled Children was created after identifying a need for orthopedic follow-up care for children with disabilities. Children were initially sent to either the State Hospital in Ann Arbor or the Michigan Children’s Hospital in Detroit for orthopedic diagnosis, operation, treatment, or appliances. More clinics followed, funded by local charities and state budgets.

*The word crippled dates to approximately 950 AD and likely stems from the root meaning of “contracted in body and limbs.” The *Academy of Pediatric Physical Therapy* promotes the use of person-first language which emphasizes what an individual *can* do as opposed to what they *cannot* do. Historical documentation is provided as it was written in context for educational purposes and demonstrates how far we have come as a profession.

1920s-1950s

FIRST ANNUAL CONVENTION

The APA held the first annual convention in the summer of 1922 in Boston. Programming included a visit to Boston's Children's Hospital where a physician in charge of Harvard Infantile Paralysis Clinic demonstrated treatments with patients. (PT Review, 2(2):14-15, June, 1922)



1923

In a speech in 1923 during the 2nd annual APA conference in San Francisco, CA, John C Wilson, MD described the "splendid group of professional women winning a realization of their worth" in the treatment of infantile paralysis. The Crippled Kiddies Committee was established in 1923 in Bayonne, NJ, and housed within the local Elks lodge. Jules Menell and Emily Edmonds were instrumental in paving the way for the novel physiotherapy treatment of children.

**BY
1924**

By 1924, an estimated 6,000 children were being taught in 200 classrooms across America. The public was demanding more attention to the subject of special education.

This physical therapist is assisting two children holding onto a rail while they exercise their lower limbs.

*Photo used with permission from the
American Physical Therapy Association*

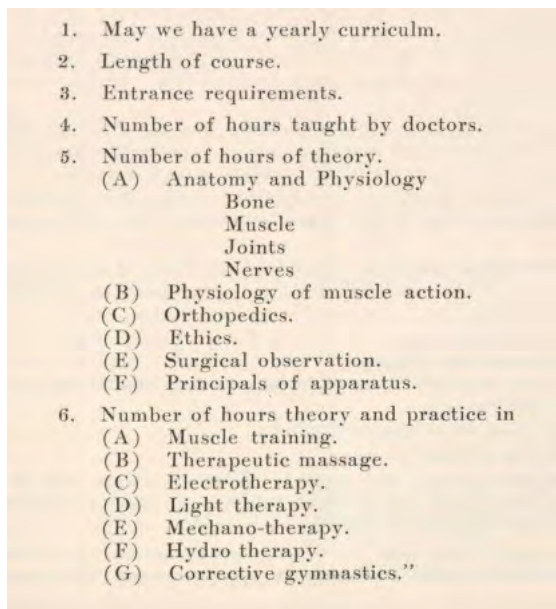


1920s-1950s

In 1925, Halbert W. Chappel, MD, wrote an article for the *Physiotherapy Review* describing surgical intervention and rehabilitation of Congenital Dislocation of the Hip. He described identifying symptoms in children that included waddling gait or extreme lordosis.

At the same time, many states began to pass legislation making physical education in schools mandatory. This mandate required trained physiotherapists to sufficiently address children with postural deformities, nutritional disturbances, nervous disorders, chronic diseases and permanent disabilities.

Programs named therapeutic gymnastics or corrective physical education were developed to meet these demands in the schools. The educational system was tasked with providing children of all abilities the access to complete education and rehabilitation opportunities.

- 
1. May we have a yearly curriculum.
 2. Length of course.
 3. Entrance requirements.
 4. Number of hours taught by doctors.
 5. Number of hours of theory.
 - (A) Anatomy and Physiology
 - Bone
 - Muscle
 - Joints
 - Nerves
 - (B) Physiology of muscle action.
 - (C) Orthopedics.
 - (D) Ethics.
 - (E) Surgical observation.
 - (F) Principals of apparatus.
 6. Number of hours theory and practice in
 - (A) Muscle training.
 - (B) Therapeutic massage.
 - (C) Electrotherapy.
 - (D) Light therapy.
 - (E) Mechano-therapy.
 - (F) Hydro therapy.
 - (G) Corrective gymnastics."

In 1926, a gap in the literature was identified by Clara Morse Eisenbrey when scrutinizing physical condition reports of the enlisted men. She began research aimed at identifying abnormalities in movements and posture in women, who in their college years, had "deficits that should have been found and corrected years ago, before the muscles had readjusted to the defective position."

Marion W. Robertson, director of Physical Training for Girls at Maury High School in Norfolk, VA, started a "posture class" to treat the large number of children who lacked proper body mechanics in her "overcrowded" school. Ella C. Biondi wrote an article from her research of Neils Bukh's "Danish Exercises." (left)

Fundamental gymnastics aimed to work and tone up the whole body due to habitual and occupational postures caused by farm work in the area. Deficits in flexibility, muscular power and the presence of "awkwardness" were targeted with specific exercises in the high schools.

1920s-1950s

THE CRIPPLED CHILD ACT OF 1927

To ensure children with disabilities receive the necessary surgical, medical, hospital, physiotherapy, and appliances they need, the Crippled Child Act of 1927 was created in California.

An article was published suggesting the use of mercury quartz alpine lamps to deliver doses of ultraviolet radiation that was thought to regulate circulation and treat common maladies such as breathing difficulties and muscular weakness. The dosage was altered in consideration of a child's skin thickness. The article mentioned additional requirements for the treatment of children that are still in practice today: cooperation of the physicians and parents; making the treatment area cheerful; and making games out of the treatments.

By 1929, a centralized clinic was established at the Rhode Island Hospital Providence to care for children with infantile paralysis. Often, the children were transported to the clinic by volunteers from all areas of the city. An auxiliary hospital at the Crawford Allen Memorial Hospital in Narragansett Bay provided an up-to-date building with a salt-water pool. General treatments were given three times per week and included heat, massage, muscle re-education, and postural exercises.

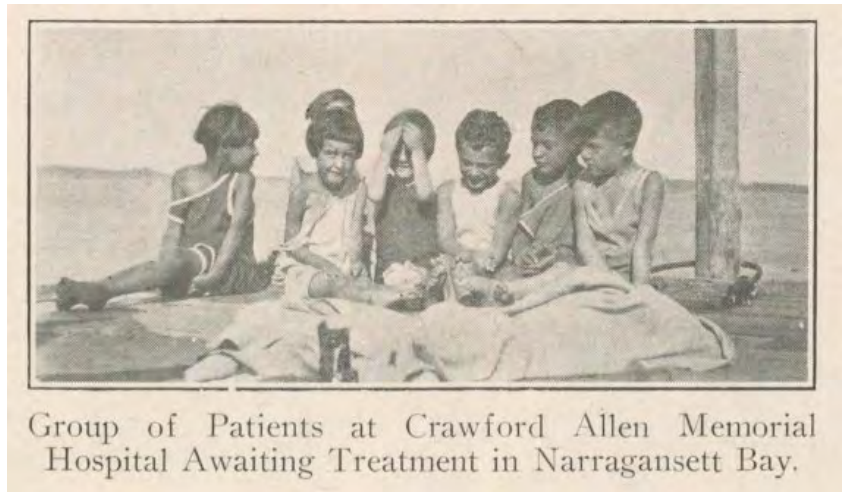


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1920s-1950s

THE PSYCHOLOGICAL EFFECT OF DISABILITY

By 1930, the psychological effects of disability on children were evident to the therapists caring for their physical needs.

Health care providers recognized that terms used in the presence of patients regarding their disabilities may be deleterious to their self-esteem. Care should be given to minimize the stigma associated with a handicap.



John L. Garvey, MD, reminds us that the nature of our work requires individual attention and can become routine. Care should be taken to seek the level of the child's thoughts in the process (Garvey 1930).

The definition and treatments of common congenital deformities and disorders began to appear early in the careers of physical therapists. Robert Funston, MD, from the Children's Hospital of Michigan wrote in the *Physiotherapy Review* to encourage early identification and intervention of the diagnoses of Torticollis, Birth Palsy, Congenital Dislocation of the Hip, Congenital Club Foot, and Congenital Flat Foot (Funston 1931).

In 1933, surgery was regarded as the primary treatment approach for congenital torticollis. Maintenance of the position of overcorrection after surgical intervention was a plaster cast worn for 10-14 days affixed to a sand bag for counter-weight. A novel brace, the Buckminster Brown Brace, was introduced as an alternative to the cast with weights attached to maintain overcorrection.



1920s-1950s

PUBLISHED LITERATURE IN PEDIATRICS



Physical therapists were contributing to published literature in pediatrics. A publication, *Physical Therapy in Infantile Paralysis*, co-authored by Janet Merrill and Arthur T. Legg, MD, in 1932, became the outstanding textbook for muscle examination and muscle training.

An article, “A Broader View of Muscle Training,” written by Janet Merrill and published in 1936 in the *Physiotherapy Review*, was first read at the Reunion, Children’s Hospital and Courses for Graduates, Harvard Medical School, Physiotherapy Course, June 20, 1936. That article was reprinted in 1950 in the now-renamed *Physical Therapy Review* because of the perceived importance of her work. Her expertise in the aftercare of patients with poliomyelitis was exemplified in her teaching and in medical literature.

PEDIATRICIANS AS PARTNERS IN CARE

Physicians remained central leaders in pediatrics, but pediatric physical therapists were beginning to be considered as partners in care. In an invited presentation to the APTA Annual Conference in Cleveland in June of 1950 (published in the *Physical Therapy Review* later that year), Julius Richmond, MD, spoke about “The Role of the Physical Therapist in the Total Care of the Child.”

His remarks about physical therapists note that in “... cerebral palsy programs you have established yourselves as mainstays, indeed, often providing leadership in indicating to those of us in related disciplines what might be within the realm of accomplishment. Certainly in pediatrics we are indeed indebted to you for your loyalty, perseverance, and professional skill.” (Interestingly, his remarks include concepts of family involvement, interprofessional practice, and the role of physical therapists in prevention and positive health in the future when diseases and impairments are minimized, topics still discussed today.)

1920s-1950s



EARLY SPECIAL INTEREST GROUPS

In 1941, the first special interest groups (SIGs) met at APTA's Annual Conference in Palo Alto, CA. While the exact formation is not documented, we know that a Pediatrics SIG was very active by the 1950s and continued until the Section on Pediatrics was formed in the 1970s.

TUSKEGEE'S INFANTILE PARALYSIS CENTER

In 1941, Tuskegee's Infantile Paralysis Center opened by the National Foundation for Infantile Paralysis (now March of Dimes).

Due to the segregation of American hospitals, it was one of few centers to treat black children diagnosed with polio, and the only center of its kind staffed with black health care professionals. Physical therapists, including Eva Lee Baxter and Marjorie A. Franklin, were integral in the rehabilitation of children and adolescents at the center recovering from polio.

The book [The Infantile Paralysis Fight in Tuskegee](#) published in 1947 includes photographs of physical therapy during the early years of the center.



The Treatment Pool at Tuskegee Infantile Paralysis Center, where young Caleb Robinson is receiving treatment from Physical Therapist, Marjorie A. Franklin.



It was some time after he first came to Tuskegee before little Clifford Marshall, of Bowling Green, Ky., could stand on his own two legs, even with the aid of Physical Therapist Mrs. Eva Lee Baxter. Today he strolls nonchalantly about the grounds, aided only by a brace on one leg.

1920s-1950s



Lois "Burnsie" Stevens, an early Physical Therapist who treated patients with Polio.

Photo used with permission from the American Physical Therapy Association

1956 Physical therapist Marthann Brady helps Susie, who has polio, exercise on the parallel bars at Baptist Hospital Polio Center in Alexandria, LA.

Photo used with permission from the American Physical Therapy Association



Physical therapist Marthann Brady helps Susie, a polio patient, exercise on the parallel bars at Baptist Hospital Polio Center, Alexandria, LA 1956.

1960s

LAYING THE FOUNDATION FOR THE SECTION

Members of APTA who were working with children were active in promoting pediatrics as an area of practice, laying the groundwork for the recognition of the Section on Pediatrics, and establishing pediatrics as an area of specialty practice.

The 1960 program for the Association's Annual Conference in Pittsburgh lists one of the group meetings as being a meeting of the Crippled Children's Societies, demonstrating that therapists wanted to meet and discuss pediatric practice, and the conference included several tours, including one to the Home for Crippled Children.



The Home for Crippled Children, Pittsburgh, December 1954. Picture in the public domain.

The Home for Crippled Children, founded in 1902 as a voluntary, nonprofit corporation, is an example of the kinds of programs offered to children.

The six buildings were equipped and staffed to provide comprehensive rehabilitation services for 100 children who were severely handicapped as a result of physical disability and who might benefit from a comprehensive rehabilitation regimen.

Staff included teachers, social workers, clinical psychologists, rehabilitation nurses, physical therapists, dietitians, occupational therapists, speech therapists, bracemakers, a rehabilitation counselor, recreation specialists, dentists, and physicians so that the total needs of the child were considered in providing integrated, effective services. The philosophy was child-centered with the belief that each child had a capacity to respond to services and could be influenced by the "climate." Every staff member contributed to that "climate" through a sense of his or her place in the total treatment picture to maximize the response to services for each and every child. Physical therapists had integral roles in a coordinated program for children with cerebral palsy, a preschool for children with spina bifida, and a program for juveniles with amputations.

1960s

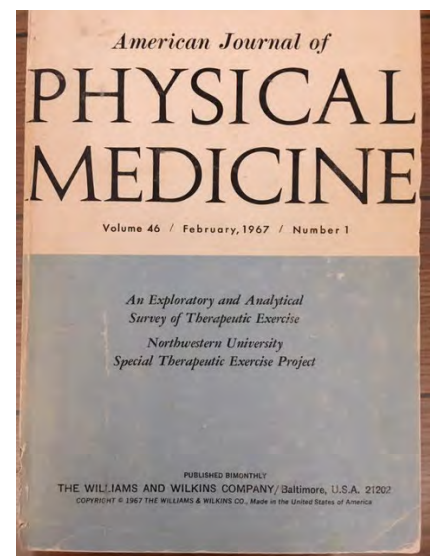
An emphasis on developing leaders specifically for the practice of pediatric physical therapy and as educators began in earnest in the 1960s.

THE NORTHWESTERN UNIVERSITY SPECIAL THERAPEUTIC EXERCISE PROJECT

An emphasis on developing leaders specifically for the practice of pediatric physical therapy and as educators began in earnest in the 1960s. After several years of planning, the inaugural STEP conference took place in Chicago over four weeks from July 25 to August 19, 1966.

The Northwestern University Special Therapeutic Exercise Project (NUSTEP) resulted in conference proceedings, published in the *American Journal of Physical Medicine* and as a stand-alone textbook, which totaled nearly 1200 pages.

The text was developed primarily by and for physical therapy educators who taught adult and pediatric neurology courses. The goal of NUSTEP was “to analyze older and newer methods of therapeutic exercise and to search for ways to meet future needs of physical therapy students through reconsideration of objectives and of curriculum content.”¹(p19) Neurofacilitation approaches of the prevailing gurus were presented (eg, Bobath, Brunnstrom, Knott and Voss, Rood), and overall content included the basic sciences of neurophysiology, motor development, motor learning and motor behavior.



The NUSTEP conference proceedings became a primary textbook for physical therapy students in the latter 1960s, 1970s, and into the 1980s and represented the evolution from physician-directed education to physical therapist-directed education for pediatrics and adult patients with developmental or neurological impairment.

1960s

MATERNAL AND CHILD HEALTH GRANTS

The University of North Carolina at Chapel Hill (UNC-CH) Division of Physical Therapy was one institution among several that began to offer learning opportunities. For example, the Division offered a Pediatric Institute on July 22-26, 1968, to discuss sensation and perception with emphasis on development, assessment, and treatment. Financial assistance was available through The Children's Bureau (later called the Maternal and Child Health (MCH) Bureau), Department of Health, Education, and Welfare.



The MCH Bureau of the US Department of Health and Human Services provided decades of funding for training opportunities for persons to serve families and their children, and several institutions took advantage of the funding. Early efforts were to fund professional (entry-level) education to provide a supply of physical therapists to treat pediatric populations. In the 1970s, funding was extended in a unique program at UNC-CH to fund entry-level education of physical therapist assistants during their clinical experiences so that PTs and PTAs could work as a team to serve families and children.

Later funding was for the development of leaders in the field of pediatric physical therapy through lengthy fellowships and continuing education events. In the 1970s, the program at UNC-CH evolved into an emphasis on pediatrics within a Master of Arts in College Teaching degree program. Students completed 48 credits with 24 course credits in pediatrics and 24 hours in education.

EARLY INVOLVEMENT IN GOVERNANCE OF APTA



Before the formation of the Section on Pediatrics, Claire McCarthy often served as an APTA delegate from the Massachusetts Chapter.

Founding Members Claire McCarthy and Ben Lovelace-Chandler meet at a national meeting in Boston.

1970s

FOUNDING OF THE PEDIATRICS SECTION

The following persons comprised the APTA members who signed the Petition to Form the Section on Pediatrics and became the Founding Members:

Rosemary Archambault, Lynette Chandler, Marian Chase, Dianne Cherry, Holly Cintas, Barbara Connolly, Jane Coryell, Bud DeHaven, Faye Dulcy (Weinstein), Anna Edwards, Jeanne Fischer, Marilyn Gerhardt, Doris Hamilton, Meredith Harris, Sharon Heitz, Carolyn Heriza, Jeanne Hughes, Nancy Hylton, LaVonne Jaeger, Patrica Kurtz, Betsy Leonard, Cornelia Lieb-Lundell, Ben Lovelace-Chandler, Venita Lovelace-Chandler, Karen Yundt Lunnen, Claire McCarthy, Irene McEwen, Marion Magee, Barbara Margossian, Karen Martin, Barbara Mayberry, Amy Mildram, Patricia Montgomery, Pam Mullens, Dot Page, Pam Roberts, Jane Satterfield, Shirley Scull, Alice Shea, Kathy Tanabe, Jan Tecklin, Jane Toot, Sharon Vanderbilt, Karen Wallis, Irma Wilhelm, Pat Wilson, Martha Wroe, Hildred Yost, and Elizabeth Zausmer.

The House of Delegates, the governing body of the APTA since 1944, included some delegates who did not agree that pediatrics constituted an area of special practice. Mr. DeHaven saw the practice of pediatrics in the broadest possible scope, including in the educational environment, and he guided the development of the Petition to establish the Section on Pediatrics. The Petition was not approved during first consideration on June 14, 1974, but Mr. DeHaven gained support of the New York delegation in overnight meetings, and the Petition was approved the next day by the House.

On June 15, 1974, the APTA House of Delegates Approved the Section on Pediatrics (RC 19-74) at the Queen Elizabeth Hotel, Montreal, Canada.

June 16, 1974 First Business meeting of the Section on Pediatrics was held with 64 people in attendance.

First Section on Pediatrics Officers: Bud DeHaven, President; Carolyn Heriza, Vice President; Barbara Muller, Secretary; and Jan Tecklin, Treasurer. **Nominating Committee:** Dave Mason, Linda Horowitz, and Cornelia Lieb-Lundell.

1970s

THE SECTION ON PEDIATRICS: LEGACY OF BUD DEHAVEN

The Section on Pediatrics "... had its earliest formative moments in the mind of GE "Bud" DeHaven ... " (Jan Tecklin article 1994).

Beginning in late 1973, Bud began work towards a Section because of his "love, concern, and [his own] work" in a variety of settings for children, and the realization of unmet needs of pediatric therapists (Spake, Totline, Vol 10, No. 1, Spring 1984). Special Interest Groups within APTA had been meeting officially since 1941, and a Pediatrics SIG is thought to have been active from the beginning and is known to have been active since the 1950s.

APTA formally established specialty sections for groups of members in 1955, and the number of specialty sections grew rapidly. APTA required that a specific number of members sign a petition to establish a specialty section, and those members were expected to commit to paying dues and supporting the specialty section if approved.



Mr. DeHaven served as the President of the first Pediatrics Section until his death in September of 1976. Near his death, Mr DeHaven confided to Jan Tecklin, his friend and the first Treasurer, that he hoped the Section on Pediatrics would be his legacy. Indeed, the current Academy of Pediatric Physical Therapy exists because of the dedication of Bud DeHaven to children and the profession. (About the Author, DeHaven article in *Physical Therapy*, 54(12);1974:1301)

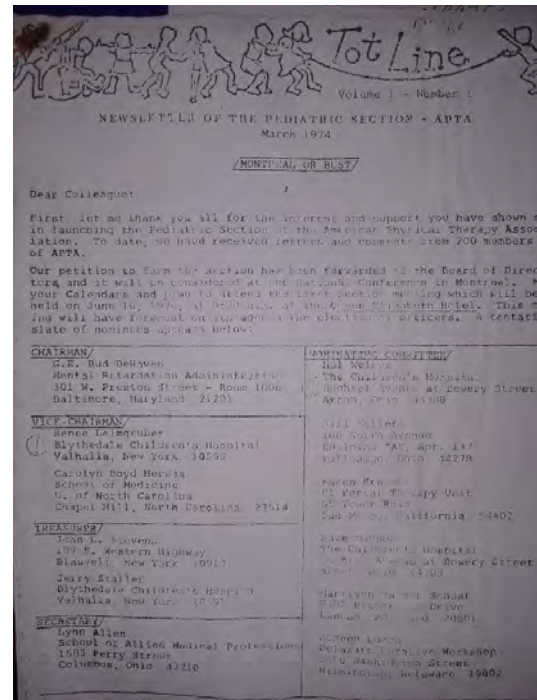
An award in Bud DeHaven's name was established in 1978 to recognize extraordinary services to the Section on Pediatrics. In an article recognizing the 1984 recipient of the award, further details of Bud's dedication were elaborated: *"Bud was active in over a dozen organizations and an officer in several. He said in New Orleans that he planned to devote all his efforts and time after 1976 to the Pediatric Section. To our sorrow, he did not live to have that time. Bud felt that the Section was his major accomplishment. The Section is his legacy as was his love for children"* (Totline, Vol 10, No. 1, Spring 1984, 9-10)

1970s

THE FIRST SECTION PUBLICATION

In March 1974 the first Section on Pediatrics publication, *Totline*, was published by Bud DeHaven.

Initial columns included: New in View: Films, Free for the Writing, Focus on the Journals, The Book Corner, HELP - Share and Ask questions, and Job Market (salaries were \$9,000-\$12,000, with new graduate salaries at \$8,400). The Chairman asked for information, criticisms, and "funds (\$1.50) to defray "out of pocket expenditures" for copying and postage from his own bank account. Initial issues of the *Totline* were mimeographed.



Totline Vol 1 No.1



Later Pediatric Newsletter
Volume 14 No. 1 2003

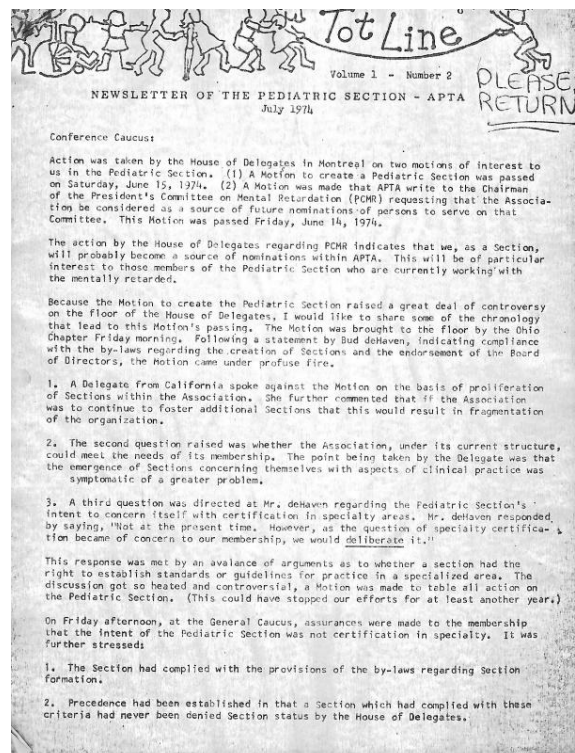
1970s



1974—First Section on Pediatrics Logo
The “P” logo was used until 2003.



June 1975 (Totline vol. 1 No. 5-Pre Conference 1975)
APTA Conference—Pediatric Section
programming was offered for the first time at Annual Conference. We began planning for the Mid-Winter Sections Meeting (precursor to Combined Sections Meeting) to be held February 1976.



July 1974 –Totline Vol 1 No 2.
“The Motion to create the Pediatric Section raised a great deal of controversy on the floor of the House of Delegates.”

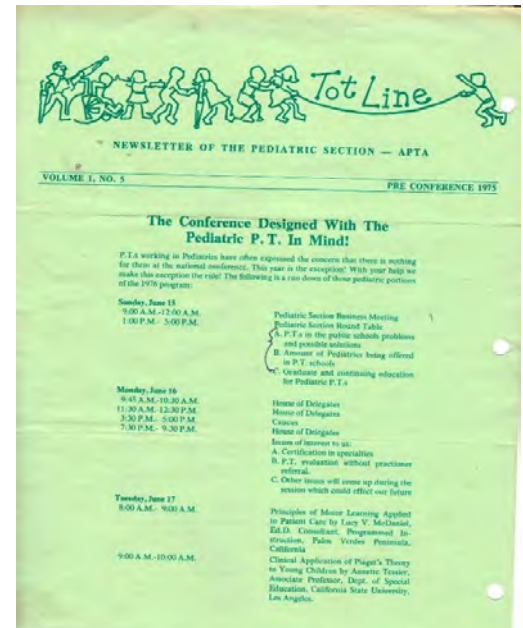


Spring 1975—Totline Vol. 1 No. 4
The green cover remained until publication transitioned to *Pediatric Physical Therapy*. Membership was over 600.

1970s

JUNE 1975 ANNUAL CONFERENCE

Roundtable discussions were held to explore and gather data on relevant topics, including issues around PTs in the public schools, pediatric training in PT programs and programming across 6 days interspersed with the House of Delegates. The business meeting included discussion of problems of public school therapists, roles of PTs as developmental therapists, and federal funding for school therapists, beginning of the development of local then Section position papers.



First Section on Pediatrics Regional Representatives/Directors were elected to represent five regions of the country on the Section Board of Directors, provide regional communication, and begin outreach and regional programming with members of the constituent states. Chapter presidents were asked to name liaisons to work with regional directors to assist in starting state Pediatric Special Interest Groups.

The first Regional Directors were Alice Shea (Northeast), Faye Dulcy (North Central), Chris Ives (Southeast), Jane Hudson (Southern), Barbara Muller (Western).

1975

A Section on Pediatrics Task Force on Specialization was established at the second Section Business Meeting during Annual Conference on June 19, 1975). Carolyn Heriza was appointed as the chair of the task force by the Executive Committee. APTA had established a "system of certification" to allow for the development of a specialization process. The successor to the task force was the Pediatric Specialty Council, which was appointed in 1981 to work toward the formation of a pediatrics specialty area and the development of a certification examination.

Probable cost was estimated to be between \$200,000 and \$300,000. Development of the process for specialty certification included more than 10 years of volunteer work before the first pediatric therapists sat for the exam in 1986.

1970s

WINTER 1975 (VOLUME 1 NO. 7) TOTLINE SURVEY RESULTS

Survey of Membership conducted December 1974 (271 respondents of 535).
Years Full-time PT Experience: majority had over 4 years of full-time experience (33.6%).

specialization graduate programs appeared attractive to the majority of therapists in teaching hospitals, pediatric hospitals and rehabilitation centers, private practice, infant and deaf-blind programs, and in the public schools or graduate school. Groups in which the majority of therapists rated non-degree clinical specialization programs Very important were those in teaching hospitals or on university facilities and those in deaf-blind and infant programs.

The importance of various continuation education methods appeared to be similar for therapists who had or had not attended graduate school with the following exception: the proportion of therapists with graduate work who rated graduate programs for teachers or researchers Very important was more than double the proportion of therapists who did not report previous graduate work. Some of the respondents, of course, are currently in graduate school, but this large differential was not found for interest in graduate programs for clinical specialists. Interest in these programs was high for both groups, as was true for the sample as a whole.

Thirty physical therapists indicated that they had training in neurodevelopmental treatment (NDT), six in Reed's approach to therapeutic exercise. The total number of therapists in the sample with such training may be higher because this information was not specifically requested. Therapists who had completed eight weeks of NDT training had continuation education needs similar to the group as a whole, but were more interested in graduate programs to educate teachers or clinical specialists than was the group as a whole.

A majority of respondents (53%) listed no continuation education needs beyond those enumerated in the survey. Of those who did list additional needs by type, seven people mentioned needs in neurophysiological treatment approaches, nine mentioned CNS dysfunction, and seven mentioned learning disabilities. Other continuation education methods suggested were exchange programs, self-instructional packages and other printed materials, and programs to upgrade undergraduate curriculums.

For more data is available in analysis than can be covered here, but this survey has provided important information for the Pediatric Section on characteristics of the membership and needs that might be met by the section. The results of the survey have also been helpful in obtaining financial support from the U.S. Public Health Service for the Postgraduate Programs for Physical Therapists at the Division of Physical Therapy, Department of Medical Affairs, Health Professions, School of Medicine, University of North Carolina at Chapel Hill. These programs include a graduate program leading to the Master of Arts in College Teaching and continuation education programs offered annually. A Master of Science program will be initiated in the near future.

Although the response rate was not as high as hoped for, money was not available for a followup because information of this kind will help APTA to meet your needs, we are grateful to all who responded and hope for input from everyone in future surveys.

Suzanne K. Campbell
Carolyn B. Horita
George E. DeHaven
Irene J. Whitlin

Acknowledgements

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Job Market

Phoenix, Arizona

PHYSICAL THERAPIST—Position for a neuro-developmentally trained (NDT) therapist with a "ripple" center at the National Collaborative Infant Proper. Opportunity to train other members of a trans-disciplinary team (including O.T., S.T., R.N., S.W., and Early Child specialist) in implementing an NDT approach to treatment. NDT trained O.T. or S.T. will also be

The major methods by which respondents obtained knowledge and experience in pediatric physical therapy were, in order: job (38%), short-term continuing education (32%), and independent study (16%) (Table 1). Twenty-three of the respondents have done graduate work, less than half (47%) of the respondents listed undergraduate education as a source of knowledge of pediatrics.

TABLE 1
Methods of Obtaining Pediatric P.T. Knowledge and Experience

Method	Number	Percent
On-the-job	246	38.4
Workshop, etc.	122	18.9
Independent Study	111	16.9
Undergraduate Education	126	40.0
Continuing Education	45	21.5
Other	27	10.0

A majority of respondents considered short-term courses, APTA regional professional relationship programs, and a printed resource for bibliographies very important for their personal continuation education (Table 2). Graduate programs in pediatric clinical specialties were considered very important to 40% of the respondents while graduate programs in adult teachers and researchers were considered very important by only 40% and 14% respectively.

TABLE 2
Importance of Continuing Education/Experiences

Continuing Education/Experiences	Very Important Number Percent	Not Important Number Percent
Short-Course Workshops	211 60.1	14 4.0
Regional APTA Professional Relationship Programs	144 39.1	11 3.1
Continuing Education Programs	140 37.7	12 3.4
Continuing Professional Development	139 37.4	13 3.5
Printed Bibliographies	138 36.9	13 3.5
Graduate Programs in Pediatric Clinical Specialties	104 28.3	26 7.2
Graduate Programs in Adult Clinical Specialties	75 20.0	29 7.9
Graduate Programs in Research	40 10.7	30 8.2
Continuing Education/Experiences	45 12.1	36 9.7

Because of space limitations, all responses cannot be listed. The following responses illustrate the trends. Physical therapists with over 8 years of pediatric experience listed their own right as important (more than 40%) with less experience in pediatric physical therapy. One hundred percent of therapists working in pediatric hospitals, or facilities for the deaf and blind and in private practice, as well as of graduate students, listed their own right as important (more than 40%) in their own right. Therapists in teaching hospitals, or in facilities for the deaf and blind, or in private practice, as well as of graduate students, listed their own right as important (more than 40%) in their own right. Therapists in teaching hospitals, or in facilities for the deaf and blind, or in private practice, as well as of graduate students, listed their own right as important (more than 40%) in their own right. Therapists in teaching hospitals, or in facilities for the deaf and blind, or in private practice, as well as of graduate students, listed their own right as important (more than 40%) in their own right.

FEBRUARY 1976—FIRST COMBINED SECTIONS MEETING HELD IN WASHINGTON, DC

The Section on Pediatrics offered 2½ days of programming. Topics included: The Role of the Physical Therapist in the Treatment of the Acutely Ill Child"; "Normal Motor Development: A New Way of Looking"; and videotape, "The Miracle of Movement"—Lois Bly; "The Normal Baby: The Sensorimotor Process of the First Year"—Adrienne Bergen, physical therapist; Cheryl Colangelo, occupational therapist; Linda Gottlieb, speech pathologist; "Treatment of Developmental Delays"—Joan Mohr; "Adaptive Equipment for Pediatrics"—Adrienne Bergen; programming with the Section on Research-Research Design and Applications in Physical Therapy discussion sessions on Pediatrics; and the first Section Business Meeting at a CSM.

Spirit of '76 First Pediatric Section Meeting

G.E. Bud deHaven
Mental Retardation Administration
Room 1006
301 W. Preston Street
Baltimore, Maryland 21201



The ad hoc Committee on Research was formed. It became a standing committee in 1980 with Barbara Mabery as the first Chair.



Position Paper on the Role of the Physical Therapist in the Schools was presented to the House of Delegates. This paper was rewritten by the Board of Directors and resubmitted in 1977.

1980s

MEMBER COMMUNICATION TOOLS, COMPETENCIES, SPECIALIZATION CERTIFICATION, AND A PEER-REVIEWED JOURNAL ARE ESTABLISHED

1980

Totline became a multi-page publication.

1980

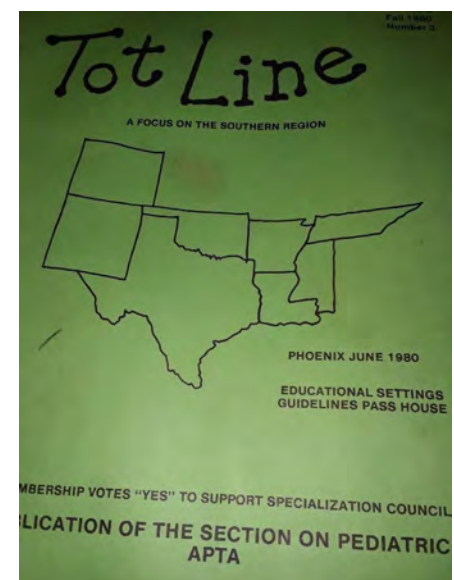
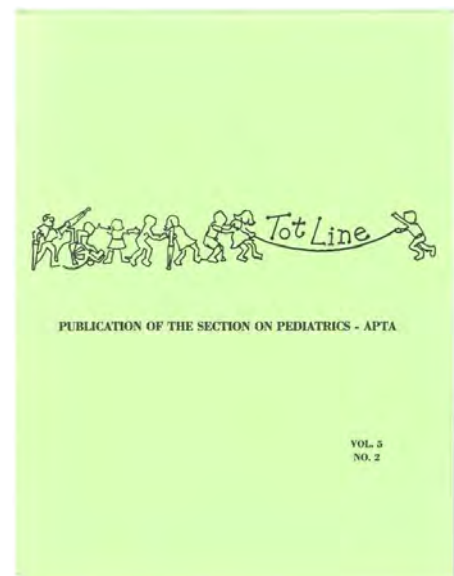
The House of Delegates accepted a policy on Physical Therapy Practice in Educational Environments

1981

Physical Therapy Practice in Educational Environments: Policies, Guidelines and Background Information was published by the Section— Individual states followed with their own.

The “Corner on Legislation” was begun by the Legislative Committee Chair to update therapists regarding relevant federal legislation (Totline, Spring, Vol 7, No 1). A “Survey of Practice: Physical Therapists in School Settings Final Report” resulted from a request by the APTA Board of Directors in November 1979, and provided recommendations for addressing issues from members working in public and private schools.

Meetings with the Office of Special Education and Rehabilitation (formerly Bureau of Education of the Handicapped), member consultants, and the Board of Directors determined that more information than simply demographics (number and location of school therapists) in the states was necessary in order to implement BOD activities. The survey was sent to 898 respondents, and results were submitted on March 3, 1980.



Fall 1980 Totline

1980s

The survey addressed four areas: Present Conditions of Employment, Patterns of Practice, Needs Assessment, and Background Information.

Annual salaries averaged \$17,500 for full-time employees and \$7,500 for part-time employees. Background and training required for successful work in the new educational environments was unique and beyond that of other (mostly young) pediatric therapists. For physical therapists in school environments, “the focus is on education of children, not health care.” Issues included role definition for therapists and administrative understanding of those roles, criteria for service delivery, and communication network for “information and training of future therapists. APTA recognized that training was needed targeting therapists, special education administrators, and organizations related to policy legislation and implementation of PL94-142. (Totline May, Vol 7 No. 2)

**JUNE
1981**

House of Delegates approved the Petition for the Establishment of a Specialty Area in Pediatrics

The House of Delegates approved the Petition for the Establishment of a Specialty Area in Pediatrics after six years of identification of advanced level clinical competencies and the development of the petition by a six-member committee. Areas included Prevention, Physical Examination, Treatment Design and Modification, Treatment implementation, Education, Research, and Communication.

1981

Vol 7 No 3–Pediatric continuing education and post professional education programs began across the country and were advertised in *Totline*

Federal and state legislation relevant to pediatric physical therapists was presented with requests for advocacy and testimonies related to PL94-142 and other legislation.

1980s

**WINTER
1981**

Totline. The first Pediatric Publications Booth was displayed at the Combined Sections Meeting.

1982

Section members provided testimony around the country regarding PL94-142, the Education for all Handicapped Children Act of 1975 which was the landmark federal legislation guaranteeing a free, appropriate public education to all children and young adults aged 3-21 years.



Faye Dulcy shown here enjoying the audiovisual and bound volumes shared at the successful 1981 Pediatric Publications booth in Reno, Nevada.

1982

The North Central Region of the Section on Pediatrics split into the Great Lakes Region and the North Central Region. A new Totline column highlighting ideas and products of advertisers began this year.

**SPRING
1982**

Vol 8, No 1–Totline departments include: “Suggestions from the Field” and “Role of the PT in Early Intervention”.

**JULY
1982**

It was determined that the Specialization Exam would have “written, practical interview and evidence components” and methods for determining caseloads in the schools based upon the severity of students’ disabilities.

1980s

1982 - ENTRY-LEVEL PHYSICAL THERAPY COMPETENCIES IN PEDIATRICS POSITION PAPER

The Entry-Level Physical Therapy Competencies in Pediatrics Position Paper was presented in *Totline* Volume 9, No. 3 with requests for input in preparation for providing pediatric content for proposed entry level master's curricula to be implemented in 1990. These competencies included: screening, examination, treatment design and modification, treatment implementation, consultation/communication skills, referrals and evaluation of community resources, norm referenced tests, unique pediatric conditions. Specific modalities were not listed for pediatric practice, but should be included in entry level programs.

1983

1983 - Section on Pediatrics presents the First Research Award to Susan R. Harris, PhD.

Totline began including Critical Reviews of pediatric research articles (Vol.9 No. 4).



Dr. Susan Harris received the Pediatric Section Research Award from Jan Tecklin, chairman.



Pediatric Section members and friends pause during the wine and cheese reception to formally congratulate Jeanne Fischer, Lucy Blair Service Award recipient and former Vice Chair for the Section.

1983

Jeanne Fischer, former Section Vice President, won the APTA's Lucy Blair Service Award.

**FEB
1983**

Entry-Level Competencies in Pediatric Physical Therapy Position paper was adopted.

1980s

1984 TOTLINE (SPRING, VOL 10 NO 1)

Names of State Representatives for each Region were identified. (No. 2) Pediatric Book Reviews began.



1984—Pediatric Research Award was presented to Suzann Campbell, PT, PhD, FAPTA

1987—Suzann Campbell was the first pediatric PT to become a Catherine Worthingham Fellow



1984—A bylaws amendment was passed to allow mail ballot for voting by all membership.

**NOVEMBER
1986**

The first American Board of Physical Therapy Specialties (ABPTS) Pediatric Specialty Certification Exam was Offered. Four section members became the first therapists to be titled ABPTS Certified Pediatric Clinical Specialists: Jane Sweeney, David Brown, Donna Cech and Dawn McNully.



*Jane Sweeney, David Brown, Donna Cech,
Dawn McNully (not seen)
Certified Clinical Specialists*

1980s

SPRING 1989: *Pediatric Physical Therapy* debuts as the first peer-reviewed quarterly journal of the Section on Pediatrics published by Williams & Wilkins.

After 15 years, *Totline* had transitioned from a home-mimeographed, 6-page newsletter to a more professional, trifold, printed, multiple-page document with cover and an editorial board, but it was replaced by the Section's new peer-reviewed journal.

The first issue of the journal was 43 pages, and contents included: Selective Posterior Rhizotomies, Competencies for the Physical Therapist in the Neonatal Intensive Care Unit, Testimony for the Youth Fitness Hearings of the President's Council on Physical Fitness of Children and Youth, Combined Section Meeting Abstracts, Pediatric Specialty Council: Minimal Criteria For Physical Therapists To Sit For The Specialist Certification Examination; Practice Management; Critical Reviews of Current Research; Government Affairs; New Products; Book Reviews: The Role of the Physical Therapist and Occupational Therapist in the School Setting; The Laughing Baby, Remembering Nursery Rhymes and Reasons.



The first editor of the journal was Toby Long, PT, PhD, FAPTA.

"Being part of the journal is [...] something I am the most proud of as far as my work with the Academy [...] to see the growth of it is pretty wonderful" -Toby Long interview 2021



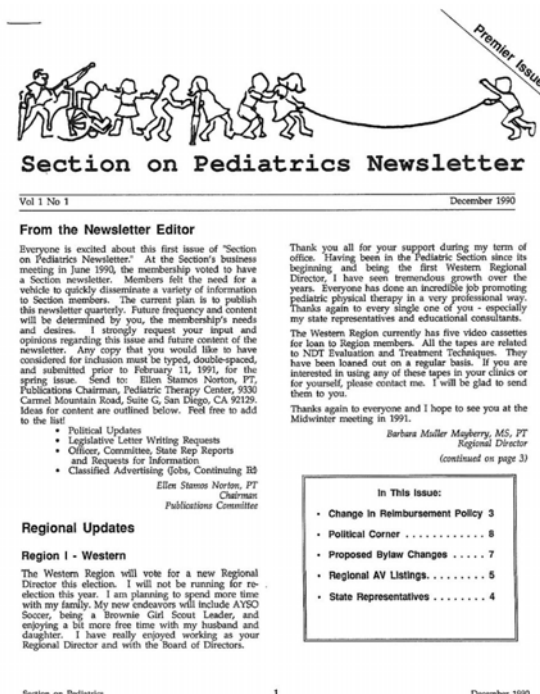
1990s

GROWTH IN SECTION ACTIVITIES: RESEARCH FUNDING, EDUCATIONAL CONFERENCES, AND THE JOURNAL

1990–Section “Chairman” renamed as “President.”

1990–Section on Pediatrics Newsletter debuted.

In addition to having a peer-reviewed journal, the membership voted for a newsletter published quarterly for purposes of disseminating information to members. Columns initially included: Officer, Committee, State Rep Reports, Political Updates, Legislative Letter Writing Requests. Ellen Stamos Norton, the first editor, requested additional topics and input.



1990–II STEP Conference

24 years after the seminal NUSTEP conference in 1966, II STEP was held on “Contemporary Concepts in Management of Motor Control Problems” with Ellen Spake and Ann VanSant serving as Co-chairs.

Photo: Planning Committee from the II Step Conference. Front row L to R: Ellen Spake (Pediatrics), Susan Attermeier (Pediatrics), Ann VanSant (representing Neurology at that time) and Susan Harris (Pediatrics). Back row L to R: Patricia Montgomery (Pediatrics), Roberta Newton (Neurology) and Carolyn Heriza (Pediatrics).

1990s

1994–THE ADVANCED CLINICAL PRACTICE IN PEDIATRICS COURSE

As part of a Maternal and Child Health grant received by Thubi Kolobe and Suzann Campbell, a tuition-free 2-day course was held at the University of Illinois in Chicago for therapists interested in taking the PCS exam. This course, referred to as “the PCS Workshop”, was directed and developed by Thubi Kolobe. It was held yearly for four years before being transitioned to Section sponsorship in 1998. The desired outcome of the course was to “enhance the participant’s knowledge and clinical decision making in the area of scientifically-grounded pediatric physical therapy, whether or not they pass the exam”.

(Information provided by Thubi Kolobe by email, 11-9-21)

1994–PEDIATRIC PTS EMBRACE THE CONCEPT OF SPECIALIZATION

The number of newly certified PCSs increased from 4 to 54 in less than 10 years indicating a commitment to advancing practice.



1995–PEDIATRIC ENDOWMENT FUND

The Section on Pediatrics initiated the Pediatric Endowment Fund through the Foundation for Physical Therapy Research to support clinical research in pediatric physical therapy. The first recipient was Rose Marie Rine in 2000. As of 2021, this grant has awarded \$200,000 total to five investigators.



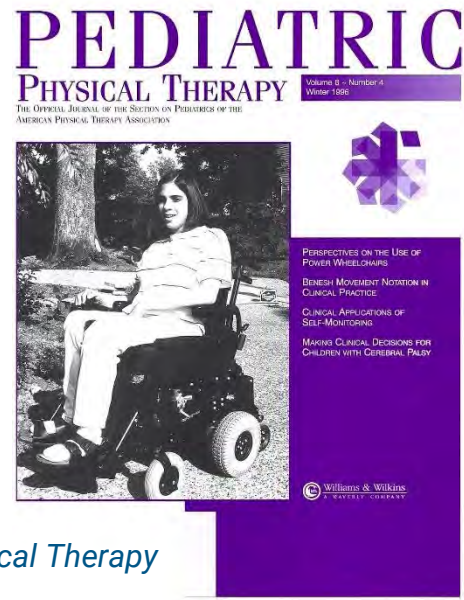
SPRING 1995–SECOND *PEDIATRIC PHYSICAL THERAPY* EDITOR

Ann VanSant, PT, PhD, FAPTA, began her prestigious 21-year term as editor of *Pediatric Physical Therapy*. Her proudest accomplishment was helping the Section on Pediatrics obtain the title to the journal in 2017 (previously the journal was co-owned with the publisher).

1990s

FALL 1995— NEW JOURNAL LOOK!

Pediatric Physical Therapy began including a photo on the cover of each issue to improve the look of our journal, make each issue distinctive and easy to locate, and to give readers a glimpse of the information inside.



Winter 1996 cover of *Pediatric Physical Therapy*

1998—THE FIRST SECTION-SPONSORED ADVANCED CLINICAL PRACTICE (ACP) COURSE

This event was held in Atlanta, GA. Organized by a Task Force comprised of Carol Dichter, Dale Deubler, and Thubi Kolobe, this 2.5-day course intended for experienced pediatric PTs kept the same program philosophy and topics as the PCS program originally offered by the University at Illinois at Chicago. The ACP Course continues to be recommended as part of a therapist's preparation for taking the ABPTS exam to become a Pediatric Clinical Specialist. Many therapists have credited the ACP Course as instrumental to their success in passing the exam.

1999—SECTION ESTABLISHES FIRST SPECIAL INTEREST GROUP

The Pediatric Sports-Fitness SIG was formed as the first Section on Pediatrics SIG in collaboration with the Sports Section of APTA. Heidi Jo Young was the first SIG Chair.

1999—MARY MCMILLAN LECTURE

Suzann K. Campbell presented the 30th Mary McMillan lecture. This lecture is described as the most distinguished honor that an active APTA member physical therapist or life member physical therapist can receive.



Suzann K Campbell, PT, PhD, FAPTA

2000s

SPECIAL INTEREST GROUPS, RESIDENCIES, AND RESEARCH SUMMITS ARE ESTABLISHED

2000—PROMOTING PHYSICAL ACTIVITY IN CHILDREN

Editor of the Journal of *Pediatric Physical Therapy*, Ann VanSant, PhD, PT, prepared us for addressing something much scarier than the Y2K bug - computer potatoes - and the need for a proactive approach to managing stress and promoting physical activity in children.

[Click Here to Learn More!](#)

2001—THE ADULTS WITH DEVELOPMENTAL DISABILITIES SIG WAS FOUNDED

Bob Eskew was the first Chair. As well as being a pediatric therapist, Bob was a consumer of services.

Robert Eskew, PT, MS



2001—CINDY SLIWA, EXECUTIVE DIRECTOR

Cindy Sliwa started as Executive Director January 2001. Prior to Cindy, Eileen Crow was the first Executive Secretary followed by Lucy Mitchell as Component Executive. When Cindy started with the Section on Pediatrics in January 2001, she worked for the Section part-time as an employee of APTA, with the rest of her time supporting the APTA Component Relations Department. Section membership was about 4,200, and the Section mailed a print newsletter 3 times per year, offered 1 educational course per year, had established two SIGs, offered seven awards, funded \$15K in member research grants, and had a total budget of \$399,000.

2000s

Twenty years later, working independently for the APTA Academy of Pediatric Physical Therapy (nee Section), Cindy worked for the Academy full-time with staff member Taylor St John and a number of contractors. The membership has increased to approximately 5,700, newsletters are sent multiple times per month, giving the Academy a robust presence. The annual, dedicated pediatric physical therapy conference draws people from around the world and many in-person, online, and hybrid education opportunities are available. The Academy has grown to 10 SIGs; offers 19 awards, scholarships, and lectureships; and funds \$120K in member research grants. The budget is \$1.2 million, and Cindy has been an integral part of all of this progress!



Cindy Sliwa, CAE (left) pictured with Lisa Dannemiller

President's Message: In Celebration of 30 Years

By Barbara H Connolly, PT, EdD, FAPTA



In preparation of the Section on Pediatrics' Anniversary celebration, I reflected back on the accomplishments that have been made during the last 30 years. I went deep into my files and retrieved the very first *Totline*, the first newsletter of the Section. In Volume 1, Number 1, which was published in March 1974, the "organizer" of the Section, George E "Bud" DeHavan made the following statement:

"PS To date, the organizer has invested in excess of \$150. If you feel so inclined, I would appreciate a donation of \$1.50 to defray some of the costs (duplication, postage, etc) that have been incurred in organizing the Pediatric Section."

I had to smile as I read this statement since there were only about 200 members of the APTA at that time who had expressed an interest in launching the Section. Now we are a section comprised of almost 5,000 members, with dues that certainly exceed \$1.50! Of course, in the same newsletter, the salaries for persons with one year's experience ranged from \$9,000 to \$12,000, and a new graduate was offered the grand salary of \$8,400. As I read these newsletters from 1974, I was pleased to see the names of therapists who, even after 30 years, are still active members of the Section. These names included Carolyn Heriza, the first Vice President; Jan Tecklin, the first Treasurer; and Meredith Harris, the first Specialty Council Chair.

In this year of our 30th anniversary, we reflect on our history and look forward to our



SECTION ON
PEDIATRICS
AMERICAN PHYSICAL THERAPY ASSOCIATION

**2003—The Section on Pediatrics
Adopts a New Logo**

2000s

2004—DR. THUBI KOLOBE INITIATED THE SECTION ON PEDIATRICS RESEARCH SUMMITS

These summits served as vehicles for pediatric PT researchers and basic scientists to collaborate as a “think tank” with the overall goal to advance the science of pediatric physical therapy. Dr. Kolobe is an innovator, mentor, role model and leader in the field of pediatric physical therapy. The first Research Summit was held with the goal of promoting research in the area of physical fitness in children with cerebral palsy. Research Summit proceeding can be found at:

Fowler EG, Kolobe THA, Damiano DL, et. al. Physical Fitness and Prevention of Secondary Conditions of Cerebral Palsy: Section on Pediatrics Research Summit Proceedings. *Physical Therapy*, Volume 87, Issue 11, 1 November 2007, Pages 1495–151



2004—THE START OF THE CLINICAL BOTTOM LINE

Linda Fettes and colleagues introduced Critically Appraised Topics (CATs) in order to answer questions of clinical importance and provide the reader with a clear take-home message (Clinical Bottom Line) that can be applied directly to practice.

2006—FIRST PEDIATRIC RESIDENCY PROGRAM

Oregon Health and Science University started the first Pediatric Residency program. Katie Laubscher was the first pediatric resident. Anne (Turner) O'Donnell was the residency director at that time.

2000s

2006—THE NEONATOLOGY SIG WAS FOUNDED

Jane Sweeney was the first Chair.



Jane Sweeney, PT, PhD, FAPTA

2006—THE SCHOOL-BASED PT SIG WAS FOUNDED

Susan Effgen was the first Chair.



Susan Effgen, PT, PhD, FAPTA

2006—THE FIRST “PROVIDING SCHOOL-BASED PHYSICAL THERAPY UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004 (IDEA) CONFERENCE.

This conference, developed by Susan Effgen and the School-based SIG, was held in January 2006 in Denver, CO. Speakers were Toni Doty, Susan Effgen, Maria Jones, Toby Long, Irene McEwen, Justin Moore, Mary Jane Rapport, Kathy David, and Karen Stavenjord.



2007—THE EARLY INTERVENTION SIG WAS FOUNDED

Elisa Kennedy was the first Chair.

Elisa Kennedy, PT, MSPT, PhD

2000s

2007—RESEARCH SUMMIT II

The second Research Summit was held on the topic “Promotion of Physical Fitness and Prevention of Secondary Conditions for Children With Cerebral Palsy”. Research Summit proceeding can be found at:

Fowler EG, Kolobe THA, Damiano DL, et. al. Promotion of Physical Fitness and Prevention of Secondary Conditions for Children With Cerebral Palsy: Section on Pediatrics Research Summit Proceedings. *Physical Therapy*, Volume 87, Issue 11, 1 November 2007, Pages 1495–1510

2007—THE INTERNATIONAL ORGANISATION OF PHYSICAL THERAPISTS IN PAEDIATRICS (IOPTP) WAS FOUNDED

This organization is a subgroup of the World Confederation for Physical Therapy. The first president of IOPTP was past president of the Section, Barbara Connolly, PT, EdD, DPT, FAPTA. The IOPTP has 10,000 members from 22 countries. All 4952 US members of the Section on Pediatrics (now Academy) were automatically members of the IOPTP. Find out more at www.wcpt.org/ioptp

2009—PROVIDING PHYSICAL THERAPY SERVICES UNDER PARTS B & C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) WAS PUBLISHED

Irene McEwen, PT, DPT, PhD, FAPTA, edited *Providing Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Education Act (IDEA)* for publication by the Section on Pediatrics. All school-based PTs breathed a collective sigh of “Thank you!”



2009—THE HOSPITAL-BASED SIG WAS FOUNDED

Sheree York, PT, DPT, was the first Chair.

2010s

POST-PROFESSIONAL EDUCATIONAL OPPORTUNITIES MOVE FORWARD

JANUARY 2010—the first Annual Conference

The first annual Section on Pediatrics Annual Conference, brainchild of Cindy Miles, was held at the Coronado Springs Resort in Orlando, FL. Conference planning was a 1½ year process. Temperatures were near record lows, but spirits were high! Conference attendees who participated in the “Goofy for Exercise” Walt Disney World Marathon or Half Marathon had a chilly and memorable experience to add to the outstanding conference programming!

Members who planned and assisted with this inaugural conference included: Cindy Miles (chair), Beth Ennis, Sheryl Low, Donna Metzger, Sheree York, Marie Reilly, Sandi Wood, Susan Effgen, and the Booth Committee: Donna Bowers (chair), Jessica Rodriguez, Debi Craddock, and Ginny Peleg.

Pictured: Ann Van Sant, PT, PhD, FAPTA & Cindy Miles, PT, PhD



SUMMER 2010

The *Pediatric Physical Therapy Journal* goes international when joined by the Dutch Association for Pediatric Physical Therapy de Fysiotherapeut.

2011—RESEARCH SUMMIT III

The third research summit was held on Dosing in Children With an Injured Brain or Cerebral Palsy. The summary of this research summit is located at:

Kolobe T, Christy JB, Gannotti ME et al. Research Summit III Proceedings on Dosing in Children With an Injured Brain or Cerebral Palsy: Executive Summary. *Phys Ther*. 2014 Jul; 94(7): 907–920.

2010s

JULY 2012–THE FIRST EDUCATIONAL SUMMIT WAS HELD

The purpose of this summit was to examine inconsistencies and challenges in teaching pediatric content in professional physical therapy education programs and to recommend optimal practices, strategies, and research priorities. Mary Jane Rapport was the Education Summit coordinator. This summit resulted in the development of five core competencies that represent a knowledge base for essential pediatric content. The primary outcome of this summit was the following published manuscript:

Rapport MJ, Furze J, Martin K, et. al. Essential competencies in entry-level pediatric physical therapy education. *Pediatric Physical Therapy*. 2014;26:7-18.

2012–THE FIRST PHYSICAL THERAPY FELLOWSHIP IN NEONATOLOGY

Dr. Jane Sweeney developed the first Physical Therapy Fellowship in Neonatology accredited in the United States by the American Board of Physical Therapy Residency and Fellowship and Education. The clinical partner for this fellowship was Seattle Children's Hospital.



Pictured: Gayle Bonato PT, MPH, Seattle Children's fellowship site manager, and Jane Sweeney PT, PhD, FAPTA, program director.

SUMMER 2012

Pediatric Physical Therapy welcomed the members of Paediatric Physiotherapia, the Swiss Association of Pediatric Physical Therapists, who named our journal as their official professional journal. The Winter issue announced "a mobile application that allows readers to take advantage of the supplemental digital video that accompanies articles." The editor added that online journal publication has allowed the rapid addition of Dutch and Swiss organizations to be added to the journal.



2010s

2013—FIRST CLINICAL PRACTICE GUIDELINE (CPG)

The First Clinical Practice Guideline (CPG): “Physical Therapy Management of Congenital Muscular Torticollis: An Evidence-Based Clinical Practice Guideline from the Section on Pediatrics of the American Physical Therapy Association” was published in *Pediatric Physical Therapy*.

This first CPG, along with the 2013 article “Developing evidence-based physical therapy clinical practice guidelines”, set the structure and processes in place for future APTA Pediatrics CPG development. The 2018 Congenital Muscular Torticollis CPG update laid the foundations for future *updates* of other CPGs and established an example of a companion article to disseminate awareness of the recommendations to pediatricians.

Kaplan SL, Coulter C, Fethers L. Physical therapy management of congenital muscular torticollis: an evidence-based clinical practice guideline from the Section on Pediatrics of the American Physical Therapy Association. *Pediatric Physical Therapy*. 2013;25(4):348-394.

Kaplan SL, Coulter C, Fethers L. Developing evidence-based physical therapy clinical practice guidelines. *Pediatric Physical Therapy*. 2013;25(3):257-270.

Kaplan SL, Coulter C, Sargent B. Physical therapy management of congenital muscular torticollis: a 2018 evidence-based clinical practice guideline from the APTA Academy of Pediatric Physical Therapy. *Pediatric Physical Therapy*. 2018;30:240-290.

2013—ACADEMIC AND CLINICAL EDUCATORS SIG WAS FORMED

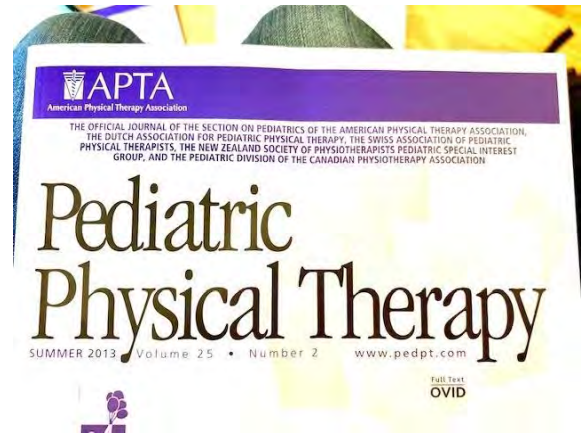
Jennifer Furze, PT, DPT, was the first chair.



2010s

2013

Pediatric Physical Therapy added two more international associations: New Zealand Physiotherapy Paediatrics and Canadian Physiotherapy Association, Paediatric. They joined the Swiss Association of Pediatric Physical Therapists and the Dutch Association for Pediatric Physical Therapy for a total of four.



2014

Mary Jane Rapport becomes Chief Delegate for the Section on Pediatrics. Venita Lovelace-Chandler served as the Academy's non-voting delegate from 2002-2003 and Toby Long from 2003-2013.

Pediatric delegates assisted in passing motions that were especially impactful on pediatric physical therapy practice, including: Enhancing the role of PTs in health, wellness, fitness and health promotion; Collaborations to address childhood and adult obesity; Expansion of the scope of practice to include sleep, oncology as a specialty (including pediatric oncology), and movement science; Fulfillment of Vision 2020 and the adoption a New Vision in Transforming Society; and an Emphasis on Diversity, Equity, and Inclusion.



In 2020, the House of Delegates approved two voting delegates from each Section. In 2021, Academy President Cindy Miles joined Mary Jane as sections cast their first votes. Dawn James started her term as the first elected Chief Delegate in 2023.

Pictured: Mary Jane Rapport and Cindy Miles in the House of Delegates, 2022, Washington, DC

2010s

2015—RESEARCH SUMMIT IV

The fourth research summit was held on the topic “Innovations in Technology for Children With Brain Insults: Maximizing Outcomes.” The summary of this research summit is located at:

Christy JB, Lobo MA, Bjornson K, et al. Technology for Children With Brain Injury and Motor Disability: Executive Summary From Research Summit IV. *Pediatric Physical Therapy*. Winter 2016;28(4):483-9.

2015—FIRST PEDIATRIC CERTIFIED SPECIALISTS RECERTIFY THIRD TIME

Donna Cech and Jane Sweeney, two of the group of four pediatric therapists who were the first to receive their PCS in 1986 recertified for the third time.

Pictured: Donna Cech, PT, DHS, and Jane Sweeney, PT, PhD, PAPTA

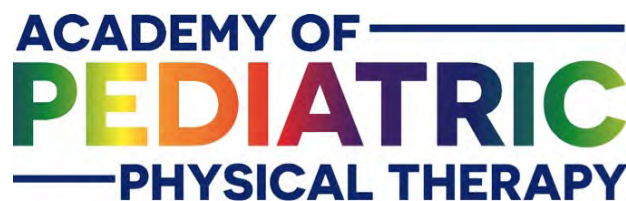


2016—THE SECTION BECOMES AN ACADEMY.

At the CSM 2016 Business Meeting, members voted to change our name from the Section on Pediatrics to the Academy of Pediatric Physical Therapy.

2016

First Academy of Pediatric
Physical Therapy Logo



2010s

SPRING 2016

Linda Fетters, PT, PhD, FAPTA, became the third editor of *Pediatric Physical Therapy*.



JULY 2016

The Pediatric and Neurology Sections hosted the IV STEP Conference. The goal of this conference was to foster, guide, and affect neurologic physical therapy practice over the next decade by relating the roles and responsibilities of physical therapists to prevention, prediction, plasticity, and participation.

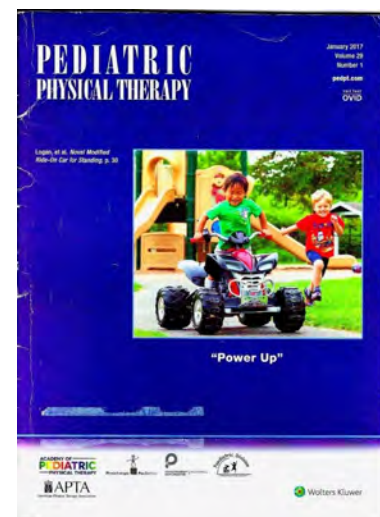
In July 2017, Susan R Harris and Carolee J Winstein published an article "*The Past, Present, and Future of Neurorehabilitation: From NUSTEP Through IV STEP and Beyond*" located at *Pediatr Phys Ther* 2017 Jul;29 Suppl 3:S2-S9. doi: 10.1097/PEP.0000000000000376.

NOVEMBER 2016

Education Summit II was held in Denver, CO. The aim of this summit was to develop an Education Research Agenda to establish evidence for pediatric professional physical therapy education.

JANUARY 2017–PPT VOL. 29 NO. 1

New cover design changes to a blue background as the *Pediatric Physical Therapy* Journal featured a photograph from one of the articles in the issue "in order to promote a personal connection with the research, clinical practice and opinions . . . as well as each of the aspects of evidence for evidence based practice: research, clinical expertise and parents' and patient's values and expectations."



2010s

OCTOBER 2017

The Academy dedicated/raised \$1,008,590 in the “Buy Back the Title Campaign” to complete the purchase of the title to our journal *Pediatric Physical Therapy*. Ann VanSant notes that this purchase enabled protection of our “Brand,” prevented the publisher from using the title on the behalf of another organization, allowed the Academy the option of moving to a different publisher if so desired, and published under the same journal title without having to re-index the journal in Medline.

2017–ANNUAL PEDIATRIC PHYSICAL THERAPY VISIT/CHECK-UP

This concept was introduced to enhance the health and wellbeing of children using preventative, practical, and proactive strategies.

2010s

2018—MARY ELIZABETH PARKER, AN APPT MEMBER, WAS RECOGNIZED AS ONE OF THE INAUGURAL APTA SOCIETAL IMPACT AWARD RECIPIENTS.

Established in 2017, the APTA Societal Impact Award recognizes the impact of physical therapy in improving quality of life and APTA members who demonstrate commitment and dedication to addressing issues related to societal welfare. The recipients exemplify the compassionate nature of the profession, commit to philanthropic initiatives, raise public awareness on societal issues, and demonstrate exemplary leadership and volunteerism.

A parent, and co-advocate who submitted a nomination letter, wrote that for over ten years, Dr. Parker had served as the driving force behind U.R. Our Hope, a non-profit organization that assists individuals and their families with undiagnosed and rare disorders through education, advocacy, and support in order to bring hope through knowledge, empowerment, and healing. Dr. Parker serves as the medical liaison and coordinates family meetings, events, and patient care, sometimes through self-funding and providing respite care. At the time of the award, U.R. Our Hope was serving 75 families throughout the US and in several other countries.

Pictured: Mary Elizabeth Parker, PT, PhD, ABPTS certified as a Pediatric Clinical Specialist and a Neurologic Clinical Specialist, Co-founder & Medical Liaison of U.R. Our Hope



2018

The first recipient of the Advanced Proficiency Pathways for PTAs in Pediatrics was awarded to Angie Richardson, PTA, in 2018, and the second was Lisa Bennett, BS, PTA, in 2019.

Pictured: Lisa Bennett, PTA

2010s

AUGUST 2018–GOVERNANCE REVIEW

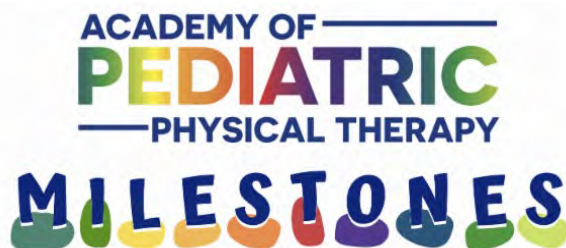
The Academy of Pediatric Physical Therapy held a 2-day governance review facilitated by Bob Harris, CAE. The question was posed, “If you blew up the Academy and started anew, how should it be organized?” The purposes of the review were to: 1) improve efficiency and reduce redundancy of our governing structure; and 2) position our Academy through at least 2025 to advance our profession and the Academy.

Attendees at the governance review included Executive Committee members Cindy Miles, Lynn Jeffries, Lori Glumac, and Sandy Arnold; Regional Directors Erin Bompiani and Connie Johnson; SNP Chair Andrea Mattison; State Representatives Emily Hockman (WV) and Heather Lundeen (ND); Executive Director Cindy Sliwa; ACE SIG Chair Jennifer Furze; Communications Chair Jason Cook; Federal Affairs Liaison Maria Jones; and Practice Chair Alyssa Fiss.

A proposed structure was developed for a new governance plan and for changes to the organizational chart. Governance reform efforts were divided into short-term (next 18 months) and long-term (18 months to 5 years). A Leadership Task Force was established to develop a comprehensive plan for a new governing structure.

SEPTEMBER 18, 2018

The first issue of *Milestones*, APTA Pediatrics’ electronic newsletter, was sent to members. *Milestones* serves as a major communication pathway for members and replaced and rebranded the E-News.



2010s

JANUARY 2019—BYLAWS VOTE

At the Combined Sections Meeting, membership passed a bylaws vote to change “regional director” to “director” to pave the way for APTA Pediatrics’ planned changes in governance. Seven new director positions were announced for open elected positions for 2019. The director positions were later finalized as Directors of Advocacy, Academic and Clinical Education, Leadership Development, Member Communications and PR, Practice, Professional Development, and Research. The four goals of the Strategic Plan—ADVOCATE, EDUCATE, ELEVATE, LEAD—were presented to membership.

2019—RESEARCH SUMMITT V

The fifth research summit was held in Alexandria, VA, on “Optimizing transitions from infancy to young adulthood in children with neuromotor disabilities.” Dr. Thubi Kolobe’s vision has resulted in five Research Summits so far, resulting in millions of dollars of NIH funding in pediatric PT research. Dr. Kolobe, PT, PhD, FAPTA, served as chair of the research committee for many years. One of her biggest accomplishments was to develop the APTA Pediatrics research agenda. She continues to inspire and mentor pediatric PT researchers and is passionate about moving Pediatric PT Research to the next level to serve our children and families. She now “[watches] with amazement the Return of Investment”.



2010s



2019

10th Annual Conference Anniversary
Celebration at Disneyland Resort

LATE 2019—Aligning with the APTA Brand to Become APTA Pediatrics

APTA Pediatrics aligned with the new APTA brand system. According to Justin Moore, the unified brand strengthens our collective voice, promotes community engagement, commits all of APTA to a high level of excellence, and provides a more accessible organization.

Reference: <https://www.apta.org/news/2019/06/10/apta-reveals-future-national-logo-as-part-of-association-branding-project>

DECEMBER 2019

APTA Pediatrics Wonderfund is established. The APTA Pediatrics Wonderfund was created to benefit unmet requests for physical therapy equipment not fully covered by other means and needed by individuals served by members of APTA Pediatrics. The goal is to build a minimum of \$150,000.

2020s

REFLECTING ON OUR PAST AND PREPARING FOR THE FUTURE

FEBRUARY 2020

45th Anniversary of the Academy celebration in Denver, CO, at CSM.

Pictured: APTA Pediatrics Executive Committee and Executive Director. L to R: Sandra Arnold (Treasurer), Lynn Jeffries (Vice President), Cindy Miles (President), Cindy Sliwa (Executive Director), Lori Glumac (Secretary)



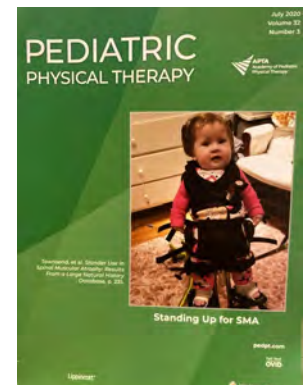
FEBRUARY 2020–4TH Academy Logo!

The new APTA Brand-aligned logo (our 4th) is unveiled at CSM.



JULY 2020

Pediatric Physical Therapy Journal turns green with our new brand color.



MAY 2020

A COVID Task Force is formed to look at post-COVID consequences and sequelae in all pediatric practice areas. The work of this task force culminated in providing family friendly information, practice considerations, and resources in the “The APTA Pediatrics Guide to COVID-19” posted on the Academy’s website.

2020s

JUNE 2020—GROWING NUMBER OF PEDIATRIC SPECIALISTS

ABPTS had certified 2,205 pediatrics specialists as of June 2020.

Source: <http://www.abpts.org/Certification/Pediatrics/>

JULY 2020

The Residency/Fellowship SIG was founded with Jim Moore, PT, PhD, as Chair.



AUGUST 2020—DIVERSITY, EQUITY, AND INCLUSION (DEI) INITIATIVES BY THE Academy

The Academy of Pediatric Physical Therapy DEI Task Force became an official committee. The first chair is Mica Mitchell, PT, DPT. The DEI Committee Mission Statement is “To create initiatives and provide opportunities in pediatric physical therapy that advance diversity and equitable access.”

AUGUST 2020

PTA Pediatrics History Committee was formed under the direction of Chair Venita Lovelace-Chandler, PT, PhD, FAPTA. The mission of the History Committee was to “preserve the rich history of pediatric physical therapy and the APPT to enhance pride of membership and provide artifacts, records and documents for advocacy, education, and research”. Founding members in addition to Venita Lovelace Chandler were Mercedes Aguirre Valenzuela, Lori Glumac, Sarah Goncalves, and Faye Weinstein. An early project included a poster presentation at the 2021 Academy of Pediatric Physical Therapy Annual Conference entitled “100-year History of Pediatric Physical Therapy: Fulfilling our Mission”.



2020s

OCTOBER 2020—SECOND CLINICAL PRACTICE GUIDELINE

“Physical Therapy Management of Children With Developmental Coordination Disorder: An Evidence-Based Clinical Practice Guideline From the Academy of Pediatric Physical Therapy of the American Physical Therapy Association” was published in *Pediatric Physical Therapy*.

Dannemiller, Lisa PT, DSc, PCS; Mueller, Melinda PT, DPT, PCS; Leitner, Adrah PT, DPT, PCS; Iverson, Erin PT, DPT, PCS; Kaplan, Sandra L. PT, DPT, PhD, FAPTA Physical Therapy Management of Children With Developmental Coordination Disorder: An Evidence-Based Clinical Practice Guideline From the Academy of Pediatric Physical Therapy of the American Physical Therapy Association, *Pediatric Physical Therapy*: October 2020 - Volume 32 - Issue 4 - p 278-313 doi: 10.1097/PEP.0000000000000753

OCTOBER 2020

The Cardiovascular and Pulmonary SIG was founded with Amanda Clifton, PT, DPT, as Chair.



DECEMBER 2020

The Student and New Professional SIG was founded with Brigid Griffin, PT, DPT, as Chair.

NOVEMBER 2020—THE ACADEMY’S ANNUAL CONFERENCE WENT VIRTUAL

APTA Academy of Pediatric Physical Therapy held its first ever virtual conference due to the COVID-19 pandemic. The Annual Conference was also held virtually in 2021.



Source: <https://www.eventscribe.com/2020/APTA/>

2020s

FEBRUARY 2021

The World Health Organization (WHO) included physical therapy for pain management in children. [This new version](#) (an update of the 2012 guidelines for chronic or long-term pain management in children) was expanded to include physical therapy and psychological interventions in acknowledgment of the “complex, multidimensional” nature of chronic pain.

2021

APTA Pediatrics participated in the APTA Centennial at the APTA Centennial Headquarters and dinner at the National Cathedral in Washington, DC.

Pictured: The APTA Pediatrics table at the Centennial Banquet



After 40 years, APTA moves to a newly built headquarters building.

2020s

OCTOBER 2021

APTA Pediatrics' participation in APTA's ChoosePT website has grown. At least 23 pediatric symptoms and conditions are included in this consumer website. Examples include: Autism Spectrum Disorder, Concussion, Cerebral Palsy, Childhood Leukemia, Container Baby Syndrome, Developmental Coordination Disorder, Developmental Delay, Down Syndrome, Head-Shape Flatness in Babies, Infant Brachial Plexus Injury, Infant Prematurity, Muscular Dystrophies in Children, Obesity, Osgood-Schlatter Disease, Perthes Disease, Pitcher's Elbow (Medial Epicondyle Apophysitis), Prader-Willi Syndrome, Scoliosis, Slipped Capital Femoral Epiphysis, Spina Bifida, Spinal Muscular Atrophy, Torticollis, and Traumatic Brain Injury.

DECEMBER 2021 – PEDIATRIC CENTENNIAL SCHOLARS CELEBRATE WITH APTA

The APTA offered a Centennial Scholars program throughout 2021, and components were given the opportunity to participate. APTA Pediatrics sponsored two Centennial Scholars, Emily Quinn and Josie Kaytsky. The aim of this 12-month program was to build a core group of diverse and prepared future leaders. Each scholar had a sponsor and a mentor. Other Centennial Scholars who were APPT members included Mercedes Aguirre Valenzuela (sponsored by the APTA BOD) and Heather Higash (sponsored by APTA Oregon). APTA selected Mary Jane Rapport and Venita Lovelace-Chandler to be 2 of the 25 Centennial Scholar Mentors for 2021.

Pediatric members, scholars, and mentors attended the APTA Scholar Celebration which included a dinner at Keen's Chophouse, an educational program, and recognition of the Scholars.



2020s



Amber Gadow, PT, DPT, Board-Certified Pediatric Clinical Specialist; APTA was a Centennial Scholar sponsored by South Carolina and mentored by Venita Lovelace-Chandler.

APTA President Sharon Dunn addresses the scholars at the Centennial Celebration



Pictured are some of the Academy Scholars and Mentors in attendance at the Scholar Recognition Ceremony. Emily Quinn, Mary Jane Rapport (Mentor), Mercedes Aguirre Valenzuela, Na-hyeon (Hannah) Ko, Dennis Guitierrez, Josie Kaytsky, and Venita Lovelace-Chandler (Mentor).

2020s

JANUARY 2022—IN KEEPING WITH APTA'S JOURNAL, *PEDIATRIC PHYSICAL THERAPY* MOVES TO AN ONLINE-ONLY FORMAT

The last print journal was October 2021 (Volume 33, Number 4). In addition to providing cost savings, the decision to move to an online-only format beginning in 2022 supports the environment and usage trends.

FEBRUARY 2022

CSM was online only in 2021 due to the pandemic, but APTA holds an in-person Combined Sections Meeting in February 2022. Academy members are happy to be together!



L to R: Ann VanSant, Ann Hoffman, Cindy Miles

DEI Committee Chair Mica Mitchell (R) greets Mercedes Aguirre Valenzuela (L)



2020s



President Mary Jane Rapport (R) greets members

Former President Sheree York meets with History Committee members



Former Treasurer Suzann Campbell (L) and former President Barbara Connolly attend the Mary McMillan Lecture and Specialization Ceremony.

Below: (L-R) Treasurer Sandy Arnold, Vice President Lynn Jeffries, and President Cindy Miles at the Business Meeting



2020s

2022

APTA Pediatrics Member Engages in Decades of Volunteer Work



During a 45-year professional career with the Public Health Program in the County of Los Angeles, Eunice Shen, PT, DPT, PhD, served in volunteer, appointed, and elected positions for APTA Pediatrics (Government Affairs Committee, Nomination Committee, Cultural Diversity Committee, DEI Committee, Knowledge Translation Committee, Pediatric Sports-Fitness SIG, and Treasurer), the American Board of Physical Therapy Specialties (Pediatric Specialty Council and Specialization Academy of Content Experts), and the California Physical Therapy Association.

Following retirement in 2019, Eunice began volunteer service for two non-profit organizations to help in the Middle East. She served as Rehabilitation Coordinator for Habibi International and as Rehab Director for HIS Foundation—partner organizations. Among her many responsibilities, Eunice worked with the refugee camps in Iraq established by the United Nation with partnerships of different countries for Syrian refugees and Yazedis People groups.

Then-president Cindy Miles commissioned the formation of a History Committee and the development of this timeline in late 2020 to honor the Academy as it approached its 50th Anniversary. The following Committee Members thank her for this challenge and opportunity:

- Venita Lovelace-Chandler, PT, PhD, FAPTA, ABPTS Certified Pediatric Clinical Specialist (Emeritus), Founding Member of the Academy (nee Section), Chair, 2000-2023
- Faye Weinstein, PT, MSPT, Founding Member of the Academy (nee Section), Member 2000-2023
- Mercedes Aguirre Valenzuela, PT, DPT, Assistant Chair, 2000-2023
- Sarah Goncalves, PT, DPT, ABPTS Certified Pediatric Clinical Specialist, Member 2020-2022
- Lori Glumac, PT, DSc, ABPTS Certified Pediatric Clinical Specialist (Emeritus), Board Liaison to the Committee 2020, Member 2021-2023
- Kristen Gary, PT, ABPTS Certified Pediatric Clinical Specialist, member 2022-2023
- Jonathan Greenwood, PT, DPT, ABPTS Certified Pediatric Clinical Specialist, Member 2022-2023
- Emma Marino, PT, DPT, ABPTS Certified Pediatric Clinical Specialist, Member 2022-2023
- Karyna Valencia, SPT, Member 2022-2023
- Priscilla Weaver, PT, DPT, PhD, ABPTS Certified Pediatric Clinical Specialist, Board Liaison to Committee 2021-2023

Thank you to everyone who contributed!