FEATURE

Taking the Road Less Traveled

These PTs have widened their possibilities by narrowing their patient and client base.

By Danielle Bullen Love | May 2018

Many roads are open to physical therapists (PTs) looking to start their own practices. While generalist clinics certainly are beneficial, some PTs have chosen to specialize in sports medicine, neurology, or a multitude of other practice areas. Even fewer physical therapists drill down to more narrow, often untapped patient niches that focus on specific populations or conditions. Here are a few examples.

People With Ehlers-Danlos Syndrome

For some PTs, choosing their niche is highly personal. Susan Chalela, PT, MPT, owns FYZICAL Charleston, a private practice in Daniel Island, South Carolina, that focuses heavily on people with Ehlers-Danlos Syndrome (EDS). "I have EDS myself," she notes.

"I first went into physical therapy because of the mechanical challenges I had with my body growing up," Chalela explains. Her joints would lock up or dislocate. She first heard of EDS during her PT education and thought the symptoms matched her experiences. It wasn't until she'd had a stroke and become pregnant with her first child that she was diagnosed with classical and/or hypermobile EDS. (Classical EDS—or cEDS—is characterized by skin hyperextensibility and atrophic scarring, and generalized joint hypermobility.[1])

As described by the Ehlers-Danlos Society, "The Ehlers-Danlos syndromes are a group of connective tissue disorders that can be inherited and are varied both in how they affect the body and in their genetic causes. They are generally characterized by joint hypermobility (joints that stretch further than normal), skin hyperextensibility (skin that can be stretched further than normal), and tissue fragility."[2]

"EDS is so misunderstood by the medical community and the general public," Chalela observes. Her practice, which she opened in 2017, is fighting to change that. "When I see patients with hypermobility," she says, "I know how to treat them."

Sunil J. Patel, MD, a professor of neurosurgery at the Medical University of South Carolina (MUSC), has a professional interest in EDS and has hosted conferences on the subject. "Dr Patel ran across EDS patients in his practice and wanted me to connect with them as a physical therapist," Chalela says. He encouraged her to start an EDS-focused private practice.

She continues, "I'm still in the building phase of the practice, but I have a full schedule." She receives referrals from neurosurgeons and neurologists at MUSC. Individuals with EDS also find her through Facebook support groups. Some travel long distances and come only once a month. "I try to do a lot of education in management of their symptoms and help with stabilizing or bracing as needed," Chalela says. EDS is a chronic condition, so treatment focuses on ongoing disease management, and patient and practitioner education.

Health care professionals' unfamiliarity with the signs and treatments of EDS frustrates people who have the disorder. Living with the syndrome herself gives Chalela knowledge that other PTs may lack. She has presented to her fellow PTs on the condition. "Understanding the science behind EDS is the only way to understand the patient," she says. "And, as always, PTs must listen to what patients say about complications they are experiencing."

PTs working with this population must think creatively, Chalela says. For example, a person with EDS may not be able to lie down during treatments. The reason? Some individuals with EDS have a CSF leak (in which cerebro-spinal fluid leaks through a defect in the dura, or skull, and out through the nose or ear) or a Chiari malformation (a congenital defect in the base of the skull and cerebellum). Creative workarounds are needed.

Surgery is an option for pain relief.[3] Chalela, however, recommends providing patients with coping mechanisms to facilitate delay of their first EDS-related operation. Once patients with EDS have 1 segment of the spine stabilized or fused, the already weak collagen above and below the stabilized segment deteriorates more rapidly, causing a cascading effect, she explains. That 1 surgery then turns into many.

Chalela says her time as a patient has given her a great deal of empathy and has made her a better PT to this overlooked population.

Female Teenage Athletes

Allison Stringer, PT, MS, also drew inspiration from personal experiences to find her niche in physical therapy. She grew up figure skating and now has spent more than 25 years working with competitive figure skaters.

"I became a physical therapist because it was movement-based—which matched my interest and skills as a figure skater," she says. As she progressed in her career, she met another PT who worked at a skating club and asked herself, "Why am I not doing that?"

Stringer and a colleague started a program at the Skating Club of Boston. She moved on to the Colonial Figure Skating Club in Boxborough, Massachusetts, where she provided physical therapy part-time for 14 years. Stringer worked with skaters on injury prevention and strength and conditioning, and provided rink-side physical therapy for acute injuries. Her services at Colonial were cash-based, bypassing insurance companies.

Stringer wanted to move to a full-time position and in 2012 found an opportunity at ProEx, an affiliate of Professional Physical Therapy, in nearby Woburn. Her years at the skating club had built her reputation, and a large network of skating instructors were sending patients to her. Indeed, she reports, word-of-mouth established her as an expert in skating-related injuries. Today, Stringer is ProEx's regional clinical director.

Eventually, her patient base expanded to include ice hockey players and ice dancers. The core of her patients, however, were preteen and adolescent female figure skaters. Last September, she moved into the legal and compliance department at Professional Physical Therapy. However, she still shares her expertise with colleagues who treat figure skating injuries.

"Figure skaters wanted me to work with them because I spoke their language," Stringer says. She watched videos to assess issues with skaters' form—particularly during jumps—that could cause misalignment, pain, and, eventually, injury. In the clinic, she worked with the skaters on proper form and technique, sharing feedback with their skating coaches. She'd note, for example, that a skate's blade alignment was off—forcing the hip to either drop the knee medially or pronate the foot, and causing a chain reaction of problems up the leg and spine.

"The biggest thing I've seen in my career are lumbar stress fractures," she says. Clients as young as 8 years old presented with them, but Stringer saw those fractures most often in 12- to 16-year-olds during growth spurts. Such injuries were more likely to occur over the summer; Stringer theorizes that once school let out, skaters may have increased their training regimen and overworked their bodies. After jumps, they would land on 1 leg and drop their opposite hip. The figure skaters had the ability to learn the jumps but did not have the necessary matching core strength to manage them without putting excess stress on their bodies. The shock of landing should have been absorbed by the core. Instead, their hips and back were taking the punishment.

Stringer created a weekly physical therapy plan for skaters that included strength-training programs to be implemented by their coaches. The goal: add new elements during each session to get the skaters back on the ice slowly and safely. Stringer says she was fortunate to work with clients who were motivated to seek out additional physical therapy. "People who are invested in their sport are a good niche," she says.

PTs at Girl Fit Physical Therapy in Newtown, Massachusetts also know the value of young, motivated clients who are invested in their chosen sport. The practice serves adolescent female athletes. Founder Kate Hamilton, PT, DPT, initially wanted to go into pediatrics. "In 1 of my orthopedic rotations, I had a great mentor," she recalls. "He challenged me. I ended up going into orthopedics, and I loved it." Hamilton is a board-certified clinical specialist in orthopaedic physical therapy.

After working at her mentor's private practice, she moved to Boston when her husband accepted a job there. She struggled to find the right fit for work, personally and professionally, before striking out on her own. "There are so many adolescent female athletes who need physical therapy and could use injury prevention. I'm happy to fill that space," Hamilton says.

"A lot of people told me I was crazy for cutting out huge chunks of the population," she allows. But, she adds, having a laser focus means PTs gain deeper exposure to their niche and quickly garner valuable experience. She markets her practice, with its focus on young female athletes, to sport medicine physicians and orthopedists who

also work with her target population. Girl Fit's specificity makes girls want to come there, Hamilton says, and makes their parents, who are paying, want to send them.

"We see girls in all different sports," Hamilton notes. "As physical therapists, we know biomechanics and can treat any sport's injuries. We treat the whole athlete and send her back better than she was before she got hurt."

Hamilton and her colleagues also tap into their own backgrounds to relate to their patients. Christina Beachy, PT, DPT, calls on her experience as a volleyball player when treating upper extremity injuries. Jen Wardyga, PT, DPT, was a soccer player, and treats both that population and other athletes who have lower extremity issues. Hamilton travels with the US figure skating team and treats performance athletes such as skaters, dancers, and gymnasts.

Hamilton says that across different sports, noncontact injuries of the anterior cruciate ligament—often stemming from improper running, jumping, and pivoting mechanics—are common. Patellofemoral pain also occurs frequently in adolescent female athletes, as do foot and ankle injuries. Hamilton and her coworkers encounter a lot of overuse injuries, as well. Girl Fit's unique selling proposition is its holistic approach to the needs of young female athletes. "Girls don't get as much training as boys do on how to work out and walk into a gym confidently," Hamilton notes. In addition to injury prevention techniques and injury rehabilitation, the clinic offers fitness classes that are tailored to this age group.

"We assign home exercises, because strength and flexibility training at the clinic is never enough," Hamilton says. The PTs at Girl Fit educate clients on why they should work certain muscle groups. Some girls faithfully follow at-home programs. Others, however, aren't as motivated. So, Hamilton chose exercises that were common to many female athletes, such as those aimed at balance and at core and glute strength, and set them to music. The class maintains gains from physical therapy and builds strength and flexibility. It even includes participants who were never in physical therapy but are seeking to prevent injury.

Telehealth for Musculoskeletal Pain

A willing patient population is at the heart of any niche physical therapy practice. Aideen Turner, PT, MPT, chief executive officer of Virtual Physical Therapists, knows that firsthand. Turner—who holds licenses in both Pennsylvania and Florida—previously had a brick-and-mortar clinic in Pennsylvania, but she occasionally would provide phone consultations when she was staying at her Florida vacation home. Once, while she was at a park in Florida, a patient sent an online request. She responded to him with some basic advice. "He was so grateful. That made me think—we should be doing this to help patients," she recalls.

"Health care is changing, so we need to be more creative" in how we provide the right care to the right person at the right time, Turner says. That first call inspired her to launch a virtual practice focusing primarily on musculoskeletal injuries.

The company's services now include a secure proprietary mobile app and online interface. The app asks the patient for a quick medical history, functional assessment, and pain feedback. Patients log onto the app or the website for real-time video sessions with Virtual Physical Therapists' network of licensed clinicians.

Regulatory and reimbursement issues can be "sticky," as Turner describes it, but solutions slowly are emerging. For example, Medicare doesn't reimburse for online physical therapy services. Private insurers do not always recognize PTs as telehealth providers, but individual practitioners can reach agreements with their own insurance companies. Alan Chong W. Lee, PT, DPT, PhD, chair of the telehealth group of APTA's Frontiers in Research, Science, and Technology (FiRST) Council, says, "Physical therapists need to address future practice opportunities by advocating that state and federal regulations and laws include PTs and physical therapist assistants as telehealth providers." And, of course, any software and the security involved in its use must be HIPAA-compliant.

Currently, regardless of where the PT is located, he or she must have a license to practice in the patient's state. But applying for and renewing licenses in multiple states can get expensive. The Federation of State Boards of Physical Therapy's Interstate Licensure Compact is changing that.

As of January, 14 states had signed onto the compact. PTs licensed in those states may purchase a compact to practice in 1 or more of the 13 other member states without needing to go through the lengthy licensing process. "That will open some doors for physical therapists working in telehealth. The future is treating across state lines," Turner believes. (For more information on the compact, go to http://ptcompact.org/.)

Beyond the regulatory issues, telehealth faces a reputation hurdle. Turner admits that addressing the perception that physical therapy always must be hands-on was a challenge in building her practice. However, she insists, "Patients who have gone through virtual [physical therapy] love it." She gives this example: Early on, before fully transitioning away from her physical clinic space, she was treating a patient for neck pain. But at a point in the treatment, the patient couldn't find time for an in-clinic appointment. Instead, he tried virtual therapy and was won over.

Convenience plays a large part in acceptance of online physical therapy, Turner says. One target audience for Virtual Physical Therapists is workers' compensation patients, as that population can have difficulty getting to clinics. Turner's background includes practicing in onsite workers' compensation physical therapy, so she understands some of the related challenges. "Physical therapists working onsite in workers' comp need to be creative in [developing] exercises without all their equipment," she notes. Such creativity carries over into virtual rehabilitation for work-related musculoskeletal injuries," Turner says.

Aquatic Physical Therapy

Sometimes finding a niche is serendipitous. Sean Hayes, PT, is clinic director of First Colony Aquatic and Rehabilitation Center in Sugar Land, Texas. He and his partners purchased a building already equipped with a therapy pool. This avoided the set-up costs of building a pool, which can be a hurdle to new practices. "There is always the option of leasing pool space at a local hotel or gym to see if there is a need," he advises PTs interested in starting an aquatics practice, adding, "in the last few years it has become easier, because all public pools have been required to ensure their accessibility."

Since January 2013, the Americans with Disabilities Act (ADA) has required that newly constructed or altered swimming pools, wading pools, and spas have an accessible way for people with disabilities to enter and exit. The ADA has technical specifications for when a means of entry is accessible—such as, for pool lifts, the location, size

of seat, lifting capacity, and amount of clear floor space needed. For pools built before January 2013, standards from 2010 are the guide for accessibility.[4]

When Hayes' clinic opened, it was the only combination aquatic and land-based physical therapy facility in the area, giving it a foothold on marketing. The clinic has a dedicated salesperson who promotes the practice to physicians. Charlotte Norton, PT, DPT, MS, ATC, president of the APTA Aquatic Section, advises, "It is critical to inform those receiving marketing that a physical therapist is always assessing the care plan and applying skilled interventions to optimize movement, function, and wellness." First Colony is an in-network provider for many insurance companies, which provides a steady stream of patients.

"The rewards of aquatic physical therapy are the amazing benefits that patients experience," Norton says, noting that aquatic therapy often helps patients "jumpstart" the rehabilitation process. "An athlete with an ankle sprain can usually tolerate sport-specific drills such as cutting and jumping in the water long before he or she can tolerate similar activities on land," she points out.

Many of First Colony's patients come to physical therapy after total shoulder replacements. "We also see many patients with spinal pain who cannot handle weight-bearing exercises," Hayes says. People who have had ankle surgery and can't yet bear their full weight are another common population for aquatic physical therapy. In the pool, with the support that the water provides, patients lose their fear of falling. That allows PTs to address balance impairments more effectively. Beyond the orthopedic applications, aquatic practices also can treat patients after stroke or other neurologic impairments.

For Hayes and his colleagues, the biggest challenge is operational—namely, long holiday weekends, when the clinic is closed. Without water continuing to refill to pool, it evaporates below the skimmers and the pool's heater no longer is effective. It takes an hour to reheat the pool by 2 degrees. "Imagine having to cancel 10-20 clients because the water is 10 degrees below where they expect it to be," he says.

Norton concurs. "Pools are expensive, and it isn't as though you can turn out the lights and stop paying for electricity," she says. "A pool must run 24/7, so there needs to be some creativity with programming."

Like Hamilton, Hayes cites the importance of mentors in identifying physical therapy niches.

"We offer a supportive environment for professional growth. All our therapists begin in a mentoring program," he says. Hayes credits the Aquatics Section with being a strong resource for continuing education, with its course "How to Develop an Aquatic PT Program" and a certificate in Aquatic Physical Therapy Clinical Competency. For its part, First Colony pays for continuing education courses and encourages PTs to pair up when attending sessions. "If there is no one to share questions and ideas with, knowledge that's gained may quickly be lost," Hayes remarks.

Danielle Bullen Love is a freelance writer.

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Top Marketing Tips

The PTs interviewed for this article use various means to find and maintain a steady stream of patients and clients. Marketing to narrow populations is essential to professional and financial success. Different populations responds differently to outreach efforts, so marketing can be a trial-and-error process. Here are some ideas for PTs looking to boost their niche practices.

Target decision makers. Multiple people can function in the role of decision maker. In marketing for workers' compensation cases, Aideen Turner, PT, MPT, advises targeting middle management, as they sometimes can be more receptive to new ideas than are higher-level executives. For her practice, her decision maker is anyone with a say in risk or safety for workers' compensation.

Writing blogs, and presenting at and sponsoring conferences, can be effective ways to get your services in front of decision makers, some PTs advise.

Physicians also play a role, funneling referrals to physical therapists. So, nurture relationships with physicians who treat your population, such as the relationship that Susan Chalela, PT, MPT, has with Sunil Patel, MD, who refers his patients with Ehlers-Danlos Syndrome to Chalela. Chalela advises teaching potential referral sources how physical therapy can help their patients.

Word of mouth. "You have to establish relationships with the community," says Allison Stringer, PT, MS. Reach out to the target population, ask questions, and build your comfort level, she advises. Meet your patient population where they are. Sponsor a 5-kilometer race, or partner with sports teams to offer injury-prevention workshops. Market your services to generalist PTs, fitness professionals, massage therapists, and other wellness providers.

Learn everything you can about your target niche, so potential patients and clients will trust you as an expert. Building such a reputation will encourage current patients and clients to speak highly of your services, as well as use them. Your knowledge will help you gain additional clients, Stringer says, adding, "The more people who can talk about you, the better."

Social media."In today's world, it's all social media," Turner says.

Kate Hamilton, PT, DPT, agrees. It's no surprise that Instagram is a favorite among Girl Fit patients. "They pay attention [to what we post] and feel included and involved," she says. Her clinic's social media marketing was started by a student who reached out and offered to be a marketing intern—proving that strong ideas can come from anywhere.

Yet social media marketing is not just a young person's game. Chalela's involvement in social media groups funnels new patients to her clinic. Turner's company also has a robust presence across multiple social sites. No matter the marketing channel, PTs need to put in extra hours for outreach. "Always say yes if you can," advises Hamilton. "You never know where that next satisfied patient is waiting."