When it is finally over, 2020, for most Americans, will be remembered as one of the most difficult years in our lifetimes. A global pandemic that has claimed more than a million lives worldwide along with unprecedented racial tension in hundreds of cities across our country have made this a time of intense pain, mourning and introspection. It’s been a year that has most people anxiously looking forward to 2021. This year’s issue of Emory Physical Therapy captures the essence of this most challenging year within the Emory Division of Physical Therapy family. It shows how during times of fear and uncertainty, our students, faculty and alumni can be counted to provide leadership in a loving, compassionate way. It’s who we are.

Please take some time to read the personal stories of four Emory alumnae who bravely served on the front lines of care in hospitals located in New York City, New Orleans, Washington, D.C., and Atlanta – all areas heavily impacted by COVID-19 this spring. When the pandemic hit the United States in March, these brave physical therapists, knowing the importance of rehabilitative care to a complete recovery, provided critical care at the bedside of COVID-19 patients who were strong enough to move. To do so, some lobbied their supervisors to allow them to be on the frontlines of COVID-19 care.

These brave PTs not only accelerated the recovery of the many COVID-19 patients while putting themselves in harm’s way, they helped change the way their organizations — especially physicians and nurses — view the rehabilitative field.

We are so proud of Emory’s Alyssa Collier, Katelyn Corridon, Emily Rift, Meghan Wollman and many other hospital-based PTs who are representing our field with such compassion and bravery during these extraordinary times.

While our alumni have always represented the Emory DPT program well throughout the world, I’ve never been more proud of our students and faculty than I am now.

Our second feature article chronicles the Emory Division of Physical Therapy’s response to the horrific death of George Floyd and the resulting racial tensions throughout our country.

Led by students Bridget Ochuko and Jonathan Sandberg, the Emory DPT program has hosted several peaceful, masked protests throughout the summer that call for the end of racism and inequality in America. These protests were preceded by a series of emotional, online town hall meetings with each of the three classes that shined a much-needed light on the hurt, frustration and pain that minorities in our own family feel on a daily basis both as residents of this country and students in the Emory DPT program.

Benjamin Franklin once said, “Justice will not be served until those who are unaffected are as outraged as those who are.” While I can’t speak for the country, I feel confident in saying that the unaffected Emory DPT students and faculty have reached that point of outrage.

Within the DPT program, merely talking about inequality is no longer acceptable. We are taking action. Please read the article on page 6 to learn more about the efforts that our exceptional students, faculty and staff are taking to stamp out racism and ensure that the doors of opportunity swing wide open for minorities interested in pursuing careers in physical therapy.

Also inside this issue, please make sure to read about the remarkable robotics-based research project that the Emory DPT program, in partnership with Georgia Tech, Shriners Hospital for Children and Children’s Healthcare of Atlanta, is working on that has the potential to improve the lives of tens of thousands of children with walking disabilities. Through all of the turbulence around us, I’m proud of the fact that our division continues to do exceptional work.

And finally, the pandemic delayed their arrival but we were thankful for the opportunity to welcome the Class of 2023 in person as they arrived on campus for labs Aug. 26. This new class consists of 62 students from 19 states, as well as China and Japan, representing 48 universities and 22 undergraduate majors. We also had the privilege of adding two new faculty members and one staff member to our Emory DPT program family.

I hope you enjoy this publication and sincerely thank you for your continued support of the Emory Division of Physical Therapy.

Best wishes,
Marie Johanson, PT, PhD
Professor and Interim Director

FROM THE INTERIM DIRECTOR

In the Midst of Turmoil, Emory DPT Students and Alumni Shine
FEATURE STORY
Emory DPT Alumni Shine in COVID-19 Crisis
In national health crisis, four Emory DPT alumnae heroically rise to the challenge.

ALUMNI SPOTLIGHT
’00 Emory PT Grad Becomes Influential Home Care Advocate
After unlikely beginning, Clay Watson becomes successful therapist, leading rehab advocate.

CENTER SPREAD
In Wake of Floyd’s Death, Emory DPT Students Take Stand for Social Justice
National unrest leads to student-led protests, changes within Emory DPT program to address inequality.

NEW PROGRAM
New Initiative Providing a ‘Safe Space’ for Students
Emory DPT Learning Communities redefine student/adviser relationship.

RESEARCH
Collaboration Aims to Improve Lives of Children with Walking Disabilities
New, lightweight robotic knee device could add years of mobility for kids.

AND MORE...
Division Awards
Student Awards
Alumni & Faculty Notes
If there is a silver lining to the COVID-19 pandemic in America, one could argue that it’s that hospital caregivers have been elevated to the heroic public status they deserve. While the majority of Americans sheltered safely in place for nearly the entire spring season, hospital-based doctors and nurses risked their own safety to provide care at the bedside to hundreds of thousands of patients stricken by a previously unknown virus that proved to be highly contagious and deadly.

But what about hospital-based physical therapists? What role, if any, did they play in treating COVID-19 patients? Early this summer, after the first deadly wave of COVID cases hit America, Emory Physical Therapy contacted four Emory DPT alumni, all who work in urban hospitals hit hard by the virus, to hear their own experiences. We learned that, despite early questions about their value in being at the patient bedside, each of these physical therapists donned their personal protective equipment (PPE) and valiantly fought for their patients in restoring mobility. If there was ever a question of the significant role that a physical therapist plays in the healing process, the COVID-19 crisis has answered it. Today, thanks in part to these heroic Emory DPT alumni, the role of the hospital-based PT is more valued than ever.
Meghan Wollman: The Emotional Toll in America’s COVID-19 Epicenter

When the COVID-19 outbreak first hit in March, Meghan Wollman (formerly Stanley), 17DPT, worked in the cardiothoracic ICU in a large hospital in Brooklyn. At first, her department was not treating COVID patients. A week later, as COVID patients flooded the hospital’s ICU, Wollman was wearing PPE and serving on the front lines of patient care in the nation’s COVID-19 epicenter.

“We had so many patients on ventilators,” says Wollman. “We didn’t have the infrastructure to support all of the patients who required an ICU setting.”

Wollman will never forget the emotional toll that the spread of the deadly virus took on her and her colleagues.

“One of the things that was very difficult was just the amount of codes we heard,” she says. “It was nonstop. It affected your general mental health just hearing that over and over and over again. I was at home and the microwave was beeping at the same time something else was beeping. The beeping resembled the sounds we hear when a code is called over the hospital loud speaker and it freaked me out. We just heard it all of the time.”

Wollman credits her husband, family, friends and coworkers for helping her get through one of the most emotionally draining times of her life.

“The only people who truly understood what I felt at the time were my coworkers because they were also going through it. We would talk a lot about it,” says Wollman. “At work, they brought in pastoral care and had a few sessions with us just to let it out . . . We were all wondering, ‘Am I bringing this home to my family? Am I doing the right thing? Am I making the right decisions for my patients?’ We were dealing with guilt and burdens. Just getting that out with everyone was very helpful and knowing that everyone is going through the same thing. It was one of those times when you realize that you have to take care of yourself or you can’t take care of others.”

Wollman’s supervisor joked that their entire staff would emerge from the COVID-19 crisis as cardio/pulmonary physical therapists. Wollman’s quick decision-making with one patient lent credibility to that thought.

“There was an older patient who I was co-treating with occupational therapy and when we sat her up, her oxygen dropped to 78 percent,” says Wollman. “She was already on six liters of oxygen through her nasal cannula and you can’t really increase it more than that. I called out to the hallway and said, ‘This isn’t a code, but somebody get me a non-rebreather mask now. You just have to think on your feet more and do it without asking permission. You do it first and ask for forgiveness later. We put the non-rebreather mask on and thank goodness, her saturation increased and she didn’t have to be intubated.’

Whatever role she plays in the post-COVID-19 future, Wollman feels like the crisis has made her a better physical therapist.

“The positive thing that has come out of it for me is that it has made me more confident in my skills and my quick clinical decision making,” she says. “The things that I do now, if you would have asked me in January if I would be doing them, there’s no way that I would have felt comfortable with it. Now, I don’t even think twice about it.”

Emily Rift: Becoming a ‘Hero’

It’s hard to blame any hospital caregivers who felt uncomfortable about exposure to this unknown and sometimes deadly virus. But Ochsner Medical Center ICU Physical Therapist Emily Rift, 18DPT, not only wanted to be on front lines in the battle against COVID-19, she lobbied hard for it.

“It may seem strange to convince somebody to let you go see a COVID patient,” says Rift, “but we really felt that if we waited until either the threat was gone or the person was more stable, that it would be far too late in the process. The hospital would either be holding up beds awaiting our intervention, or the patient could lose so much mobility when that could be prevented.”

Rift and her colleagues successfully made the case to their supervisors and ICU physicians that while doctors and nurses were responsible for the next five minutes of a patient’s care, PTs were responsible for the next five days and five months and therefore, needed to intervene as early as possible.

“We approached the doctors who we were familiar with and trust us to work with their patients and we said, ‘You can’t keep us out of the rooms. You need to let us go in there,’” Rift recalls. “They were like, ‘Ok, we’ll listen. What do you think you can do with them?’”

During the first wave of the virus, Ochsner, a 767-bed academic medical center just outside of New Orleans, set up six ICUs on five hospital floors and was treating up to 500 COVID-19 patents at a time. According to Rift, nearly 200 of those patients required PT as she and her colleagues put in long hours for several weeks.

“It has definitely been an experience that has taken an emotional toll with a high level of physical exhaustion and very little social interaction,” says Rift. “On top of that was the emotional strain of seeing these patients – the level of fragility that they were experiencing, the level of delirium and the fact that their loved ones couldn’t be there with them. It was definitely an overwhelming time. It required a lot of really intentional self care and relaxation.”

In April, Ochsner recognized Rift as an “Ochsner Hero” for her “passion and drive to keep patients first” and the fact that she has “emerged as a leader on the rehab team.” Rift, who would come home from her shift each night and spend hours researching COVID-19, feels like the experience has made her a much better PT.

“Obviously, COVID threw everybody a curveball, but I will say it’s been an incredible learning experience and it was a really good experience in pulmonology,” she says. “After this, I feel super prepared for anything.”
Alyssa Collier: ‘Thankful’ for the Emory DPT ICU Class

When Washington, D.C.’s Georgetown University Hospital started seeing a rush of COVID-19 cases in March, Alyssa Collier, 18DPT, remembers standing outside of an ICU room window with a PT colleague using a white board to communicate with a nurse in the room about mobilizing a patient. She recalls that the nurse had a “deer-in-the-headlights” look and was unsure of how to safely move the patient out of the bed while managing vent and IV lines. That’s when Collier realized that she and her PT colleagues would be needed on the front lines of COVID-19 care.

“We donned our PPE and were able to get in there and get to the chair and safely mobilize him,” Collier recalls. “It was huge. It was an eye-opening event that showed we needed to be involved with some of these patients.”

After that, Collier and her colleagues convinced their supervisors to create rehabilitation teams for the hospital’s ICU and step-down units. Throughout the ordeal, the hospital peaked at about 100 COVID-19 cases and Collier says she learned more in two months about ICU care than she had in her previous two years.

While she fondly recalls the police officer who walked out of the hospital with his son after weeks of intense rehab and was the subject of a local television news story, she also saw the unpredictable nature of COVID-19 that resulted in death.

“I had a patient who, one day, we walked with her across the entire room and she did great. She was a nonstop talker and she very much stood out,” Collier remembers. “The next day, she was intubated and then the next day, she passed. My coworker showed me her obituary in the newspaper, and it was kind of like, ‘This is so real.’ It was so up and down.”

Collier, who managed to stay healthy while in isolation with her fiancé, credits the Emory DPT ICU elective she took with Drs. Kathy Lee Bishop and Jenny Sharp for adequately preparing her for the crisis.

“I had a patient in the COVID ICU, and a nurse who was caring for him was telling me all of the things that she was doing for him,” Corridon recalls. “I thought to myself, ‘This never would have happened before all of this. No nurse is standing a patient up in intensive care on high levels of oxygen.’ But I think we’ve made really great progress toward a really team-based approach with mobility.”

Katelyn Corridon: ‘If Not Me, Then Who?’

After finishing the Emory University Doctor of Physical Therapy Acute Care Residency in which she split time in the ICUs of two Emory Healthcare hospitals, Katelyn Corridon, 18DPT, was hired by Emory University Hospital and admits to being concerned about her continued educational growth.

“I was a little worried that when I finished my residency, I wasn’t going to be forced into learning like I was in residency by reading articles and staying current and pushing myself. I think that’s really important early on and all through your career,” Corridon says. “And then six months into working full time, COVID-19 happens.”

When the pandemic hit in mid-March, Corridon was one of two PTs assigned to the hospital’s COVID ICU where for a six- to eight-week period, the hospital’s daily COVID census hovered between 30 and 40 patients. Despite the many unknowns associated with the virus, Corridon knew that she had to rise above any fear she initially felt.

“I had the ‘If not me, then who?’ perspective,” she admits. “We had six pregnant therapists in our department and quite a few therapists who have kids at home and elderly parents. I don’t fall into any of those categories and I’m very comfortable in the ICU. I thought to myself, ‘If anyone is going to get this, it might as well be me and my very healthy fiancé. It’s just us at home and we’re not seeing anybody anyway, so we’ll just deal with it.’

During a two-month period in which her entire caseload was COVID-19, Corridon says that the entire staff went through “growing pains” trying to understand how the virus affects the body. A patient would be moving and doing fine one day and be intubated the next.

“There were patients who had to be intubated multiple times,” says Corridon “and we were just trying to find how to best prevent all of the horrible complications of immobility and critical illness.”

Despite the relentless pressure of weeks and weeks of caring for COVID patients, one of the big takeaways for Corridon was how Emory caregivers came together as her rehab team gained the respect of ICU physicians and nurses. She recalled a recent conversation with a nurse who was helping an ICU patient stand up.

“I had a patient in the COVID ICU, and a nurse who was caring for him was telling me all of the things that she was doing for him,” Corridon recalls. “I thought to myself, ‘This never would have happened before all of this. No nurse is standing a patient up in intensive care on high levels of oxygen.’ But I think we’ve made really great progress toward a really team-based approach with mobility.”

EPT
After Unlikely Beginning, Clay Watson Thrives as Caregiver, Becomes Leading Home Care Rehab Advocate

After earning his undergraduate degree from Brigham Young University, Clay Watson, PT, MPT, remembers, in 1997, applying to several physical therapy schools around the country and getting met with a stack of rejection letters. An avid outdoorsman, he had already lined up a job to go sailing in the Bahamas.

Right before he was getting ready to leave, he got a call from the Emory Physical Therapy Program that would ultimately change the trajectory of his life. They had a few open spots in their Class of 2000 and wanted to talk to him. Watson, who was a Grand Canyon river guide at the time, flew to Atlanta for an interview and was soon accepted into the new class.

“The only PT school I got into happened to be one of the top schools in the country,” says Watson, who grew up in Tifton, Ga. “For me, it was a miracle.”

More than 20 years later, the 2000 Emory PT graduate is the owner/operator of Western Summit Rehabilitation in Salt Lake City, Utah, a home health therapy consulting and staffing agency that contracts with about 20 agencies and 50 physical therapists. But while his 11-year-old business continues to thrive, it is Watson’s work in the national and state advocacy arenas that has propelled him to legendary status within Utah’s rehabilitation community. As the current president of the Utah Association for Home Care, he is widely known for his boundless energy and inability to sit still.

“I have really bad attention deficit disorder but at the time, I didn’t know it,” says Watson. “And so, sitting still for all of those classes was really, really hard for me. I was always bouncing up and down. I remember the biomechanics professor getting mad at me because I had to go walk around in the middle of all of my tests. But fortunately, I still got A’s.”

Watson credits his Emory professors for recognizing his challenges but still believing and instilling confidence in him.

“Marie Johanson (Emory DPT’s current interim director) was my research professor and I always felt this steadiness and kindness from her,” Watson says. “As restless as I was, her kindness really just settled me down in a very unique way. I’m forever grateful for that. I needed that calming influence because I was just bouncing off the walls.”

At his class graduation ceremony in 2000, Watson recalls how long-time Emory PT Professor and Director Pamela Catlin validated him in a way that he will never forget.

“Pam is standing there and I’m 6’4” and she’s under 5’0” and she looks up at me and says, ‘Clay, we always knew you had a lot of heart and that’s why we kept you. You’re going to do great things one day because of that heart,’” recalls Watson.

“And that’s really been the mantra of my career which is following my heart and putting my all into it. That’s really been my guiding light to this day. It’s something that you don’t see in yourself until someone points it out. I am where I am now because of that.”

While Watson still loves his role as a caregiver, his success in the policy arena and the ability to affect positive changes for the entire home care physical therapy field is what currently drives him. He says that while large outpatient rehabilitation systems do an excellent job of using clinically driven treatment protocols and then giving their clinicians direct feedback on their outcomes, the home care field lacks needed data.

“Home care therapists often treat chronic diseases with many confounding variables and few protocols specific to their venue of care,” says Watson. “There is a vacuum of outcomes feedback for treating chronic diseases in the home.”

In the next few years, Watson wants to serve on the front lines of developing that data framework for his home care colleagues that will ultimately help prevent people from becoming home bound while resulting in substantial savings for the entire health care system.

More than 20 years into a career that almost didn’t happen, Watson is grateful each day for the opportunity to make someone’s life better.

“We’re helping people get out of their beds and re-enter the community and walk,” he says. “Being there for them, holding their hand when they cry and taking them through that process of getting back on their feet and moving, that therapeutic alliance – that bond – is just a true gift in my life. It helps me so much.”

EPT
A ‘Moment of Reckoning’: Emory DPT Students Lead Charge for Social Justice, Division Equality
DPT Students Rally Against Injustice

As protests broke out in cities across America in June, it became clear from conversations with students that the Emory DPT program leadership needed to establish some kind of venue for students to collectively share their experiences, fears and anger over racial inequality, not just in the country, but within the DPT program. With the help of the Emory School of Medicine's Assistant Director, Multicultural Affairs LaToya Rolle, faculty members set up online town hall meetings for each of the three classes.

"This was a time for the students," says Pullen, who is the only full-time Black/multi-racial faculty member. "No one wanted to hear the faculty say, 'Well, I'm not racist. I've never meant to do anything racist.' This was a time for students to talk about their experiences and for others to listen. And in doing so, I will say that many tears were shed in all three meetings."

Pullen recalled the story that one Black student, who she describes as an "incredible, brilliant person," shared at one of the meetings.

"He was walking behind a white woman at Michael Street Parking Deck at Emory at night and he noticed that she dropped her wallet," recants Pullen. "He said to one of his white classmates who was walking with him, 'Can you go give this to her?' And she said, 'Why don't you give it to her? You saw her drop it.' He said, 'As a tall, Black man, I was always taught you don't approach white women in dark spaces even if you're trying to help.'

"So, he had his classmate give her the wallet. He and his classmate talked about this experience and she said, 'Oh my gosh! Who would be afraid of you? You're amazing!' And he said, 'This is our reality.'"

Ochuko, who will never forget the "uncomfortable silence" of the meetings, views the town halls as a major turning point for the entire DPT program family.

"From my perspective as a Black woman, that was an opportunity for walls to be broken down," says Ochuko. "I've even had these discussions with some of my Black classmates talking about some of the experiences we've had but then recognizing that there's really no point in talking about it because no one's going to understand. People are going to hear it and say, 'Oh man, that sucks.' But they're never going to understand the pain that we feel."

"Those town halls, we bared our souls to everyone and they accepted it. Those were the walls being broken down."

For Emory DPT student Bridget Ochuko, one of just five Black students in the Class of 2021, silence was no longer an option. While the Atlanta native had never participated in a protest before, the death of George Floyd at the hands of a Minneapolis police officer and the resulting protests throughout the country served as her moment of truth.

Further emboldened by a series of online Emory DPT program town hall meetings in which several students of color shared personal experiences that brought many participants to tears, Ochuko and a fellow Emory DPT student, Jonathan Sandberg, organized a series of protests outside of the Emory campus led by dozens of DPT students, faculty members and their families.

"I absolutely had to be part of this," says Ochuko. "What am I going to tell my children in the future?"

Ochuko calls organizing and leading protests down Clifton Road the "newest, craziest thing" she's ever experienced. But long after she leaves Emory, her courage to speak up and lead the charge for social justice will have made a lasting impact.

For the Emory DPT program, faculty members there call the racial tensions of 2020 their "moment of reckoning." No longer is it acceptable to just talk about closing the inequality gap. According to Emory DPT Associate Professor Sara Pullen, DPT, MPH, CHES, faculty members, going forward, are "fully committed" to ensuring that every element of the student experience — from the recruiting and admissions process to the curriculum to alumni engagement — is geared toward enhancing diversity and inclusion.
I really felt like that we were seeing each other as equals and that we were committed to help the people next to us. It was a beautiful thing.”

Sandberg, who is white, remembers hearing the experiences shared at the meeting and feeling “totally exposed.”

“I was oblivious to a lot of the struggles and it definitely created a lot of introspection,” says Sandberg, a member of the Class of 2022. “I knew I needed to look at this issue and that it was important for people who look like me to realize that we can do something about this. We can stand against this.”

That led Sandberg and Ochuko, who were already friends, to organize a protest in which they would invite all of the students in their respective classes. Once the word got out, the Emory DPT program faculty asked to join the efforts.

“They came to us asking if we could make it an Emory DPT program-sponsored event,” says Ochuko. “That was the greatest thing that we could have ever heard because we wanted the backing of our program so much.”

Despite the fact that many DPT students were not in town due to the pandemic, the first protest, held June 19, exceeded organizers’ expectations as faculty and their families joined students in a peaceful, masked demonstration that Pullen admits left her in “awe of the strength of the students and the unity they had created.”

For the many DPT students who couldn’t attend, several sent money to Ochuko and Sandberg to purchase posters, water and snacks for those who could participate.

“We are a lot like a family,” says Sandberg, a native of Berkeley, Calif. “As stressful and difficult as the program is, we all do come together especially when we see injustice. I really do feel a lot of unity and support from all of my other peers. Once these protests began, we heard repeatedly, ‘I want to get involved. What can I do to help? How can I contribute?’”

Faculty ‘In This for the Long Haul’

At a time when African Americans comprise only 5.3 percent of licensed physical therapists in the country — similar to the percentage of Black students in the Emory DPT program — the division’s leadership agrees that the time for talking about inclusion and inequality is over. Action is the only acceptable response.

“We must follow through on the concerns that the students brought to us,” says Emory DPT Assistant Professor Sarah Caston, PT, DPT, who co-chairs the faculty’s new Diversity, Equity & Inclusion Committee.

For Pullen, that starts in the classroom where, after the Floyd tragedy, she rewrote her entire Health Promotion, Wellness and Prevention course — a required class for first-year students — to focus on racial health disparities, equality in health care and activism. This year’s pandemic, she says, is a perfect example in that underrepresented minorities are dying at rates significantly higher from the virus than their proportion of the overall population.

While Pullen has served as a leading faculty voice for minority students through the years, recent student input on diversity and inclusion has exposed some blind spots in the DPT curriculum that no one — including herself — had thought of. For instance, one student pointed out that all of the curriculum’s photos related to wound care only showed Caucasian skin. Another student said that lectures discussing genetic diseases fail to mention sickle cell anemia, a genetic disorder that affects African Americans disproportionately.

“As faculty, we are systematically going through admissions, curriculum and faculty recruitment with the thought that, ‘This is our responsibility,’” says Pullen, who is leading a new group of underrepresented DPT students to address inequality.

Despite these efforts, Caston cautions that the Emory DPT program still has a long way to go to eliminate racial inequality, but she is encouraged that every faculty member is “in this for the long haul.”

“Diversity, equity and inclusion have been on the bullet list of strategic planning for years in multiple programs throughout the country,” she says. “There may have been committees formed, but it appears little meaningful action was taken in certain areas. It is time for these plans to jump off the page and into the classroom and into the clinic. It has to translate now.

“We have work to do and are being held accountable by our students. I am optimistic because we have a committed team — faculty and staff who are invested and care deeply about these issues.”
New Emory DPT Learning Communities
Strengthen Student/Faculty Bond

Remember your college adviser? Many people don’t. That’s because the relationship most likely consisted of just one, maybe two, meetings, usually at the front end of a student’s college career.

At the Emory Division of Physical Therapy, a new program was put into place in 2019 that has already revolutionized the student/adviser relationship and has brought students and faculty together like never before. This new initiative, known as Learning Communities, started with the Class of 2022 and joins a group of eight to 10 students with two faculty members for monthly meetings to discuss a wide range of topics from standard curriculum issues to personal challenges such as anxiety, depression and mental health to societal issues such as social justice and LGBTQ education.

According to Emory DPT Associate Professor Tami Phillips, PT, DPT, MBA, as the division’s yearly class size expanded from 40 to 72, it became harder for faculty to cultivate the kind of meaningful relationships with students that the Emory DPT program has always been known for. While at a national conference in 2018, Phillips recalls attending a session about Learning Communities with Emory Assistant Professor Sarah Caston, PT, DPT. Both faculty members left the session eager to replicate the model at Emory. Since the launch in May 2019, Learning Communities have been a huge hit with both students and faculty and have allowed both groups to connect in a deeper way.

“It’s created a venue for both groups to get to know each other better and for students, they quickly learn that their faculty are human beings too,” says Phillips. “We have many of the same struggles that students do with work/life balance, managing stress and many other things. It’s allowed the students to see us in a different way and also realize that we’re not these intimidating faculty members who they can’t come and talk to. It’s proved to be a win-win for everybody.”

While it’s not uncommon for students in graduate school to suffer from stress and anxiety, the Learning Community model is designed to make it easier for faculty to detect when students need emotional support.

“Learning Communities don’t force people to talk about their issues, but they do provide a safe space where we acknowledge that this is stressful and that there is a need sometimes for additional support and counseling,” says Caston. “It gives more facetime and contacts for students to feel comfortable coming to their faculty advisers with these issues.”

If a student is struggling with a personal issue and has not been coming to class or is struggling academically, the student’s professor can hopefully get answers from one of his/her Learning Community advisers.

“Hopefully, that faculty member will know them better and be more aware when major things happen in their life, like the illness or death of a family member,” explains Phillips. “It allows us to treat these students in a holistic way.”

Savannah Hood, an Emory DPT student in the Class of 2022, remembers last year thinking that the mandatory Learning Communities would be just another obligation on top of so many more in graduate school. Today, she’s a big believer in the value of Learning Communities.

“I feel like every time we have Learning Communities, it’s amazing,” says Hood. “Dr. Caston is one of my Learning Community professors and she’s great. We can talk about anything and we can tell them anything we need to tell them. We can rant about anything we’re stressed about and because many of our professors went through the Emory DPT program, they totally relate to that. I’ve really loved it.”

Nela Handac, another Emory DPT student from the Class of 2022, credits Learning Communities with helping her make friends in the program much faster.

“It was especially helpful to start at the beginning of the first year because it’s pretty overwhelming to start making friends in such a large group,” says Handac. “It gives you another little team that you get to be part of. And, as you naturally make different friends, you still always have this group to come back to and get to know each other even better.”

With the COVID-19 pandemic, the Learning Communities for the Class of 2023 started entirely online — not an ideal situation, but still beneficial says Caston.

“They’re starting the program at a very odd, unique time which can make for a more intimidating experience,” she says. “Our goal has been to let the students know that we are here for them and assure them that even though our interaction is virtual, they are never out of sight, out of mind.”

For Handac, the faculty’s commitment to building relationships with students further reinforces her decision to come to the Emory DPT program.

“Professors can really make the culture what it is, and here, I feel like I can reach out to any of them at any time, walk into their offices, text them and they’re always there,” she says. “Those are the kinds of things that from the beginning, have made me so happy that I made the decision to come here.”
As a former college athlete, Emory DPT Assistant Professor Ben Rogozinski, PT, DPT, remembers the slew of minor injuries that would keep some athletes out of action for weeks. But when he had a chance to work with children as a physical therapy student at the University of South Carolina in the early 2000s, he was blown away by the toughness that children, many of them with permanent mobility issues, would exhibit on a daily basis.

“These kids had such amazing, profound disabilities but when you talked to them and interacted with them, you wouldn’t even know it,” says Rogozinski.

That experience, combined with a love for integrating rehabilitation with engineering and technology, has led Rogozinski to his role as main clinical collaborator on an innovative project that uses robotics to enhance the mobility of kids with walking disabilities. The effort is a partnership between the Emory DPT program, Georgia Tech, Shriners Hospital for Children and Children’s Healthcare of Atlanta and has secured funding from the Imlay Foundation and Shriners Foundation as part of two similar, but separate, research projects.

A large number of children with cerebral palsy and traumatic brain injuries have difficulty walking due to problems in the knee joint. The common problem, known as genu recurvatum, occurs when the knee bends backwards while walking. Over an extended period of time, this knee hyperextension can contribute to other problems such as knee pain, knee osteoarthritis and other abnormal gait compensations.

Led by Georgia Tech Engineer and Assistant Professor Aaron Young, a team of scientists, engineers, clinicians and students came together in 2017 to design a lightweight, robotic device that would help these children walk with a corrected gait through repetitions. The device can be set to provide modular assistance to the knee at various levels depending on the needs of the child. While there are FDA-approved exoskeletons in the marketplace for adults with walking disabilities, according to Young, there is nothing specifically for children.

Young, who completed his master’s and doctorate degrees in biomedical engineering at the Rehab Institute of Chicago, came to Georgia Tech with a background of designing wearable robotics for rehabilitation, but had no experience with the pediatric population. Upon his arrival to Atlanta, he was introduced to Emory’s Rogozinski who, prior to his current position, worked for several years in the motion capture lab at Shriners Hospital in Greenville, S.C. with a team of engineers, biomechanists and orthopedic surgeons analyzing and crafting solutions for individual children with mobility challenges. Young knew he needed Rogozinski’s clinical expertise to get the project off the ground.

Two years and a few iterations later, Young and his team have developed a fully wearable, lightweight, autonomous device that can be worn under clothing with no lines or tethers to a computer. It can provide assistance in four gait phases including early and late stances, swing flexion and swing extension says Young.

“We’re setting the parameters so that it forces them to adopt a good, clean gait,” he says. “We use repetitive task-based training to have them learn that profile. Over time, the idea is to dial that assistance back down. You can remove some of that assistance over the therapy so that they’re contributing more, and the device is contributing a lot less.”

After testing the device on adults, typically developing children and some children with disabilities, the project earned approval from institutional review boards and most recently, received critical grant funding. The same device is used for both grants, but the Imlay Foundation grant focuses on children with genu recurvatum gait patterns due to multiple underlying neurological conditions while the Shriners Foundation will focus on kids with crouch gaits due to cerebral palsy.

While COVID-19 halted the team’s work for several months this year, Young looks forward to continuing testing to refine the robotic and ultimately, secure additional funding to begin a full clinical trial which can be a four- to five-year process. While he would like to see the device ultimately reach the rehabilitation marketplace, his team still has a long way to go to prove the exoskeleton is clinically effective.

“The device itself has been engineered really nicely,” says Young. “It provides good, smooth assistance, it’s lightweight and it’s low profile. We have a long way to go as we test it on patients, but we’re definitely excited about it.”
As the only physical therapist in a successful practice she started 16 years ago, it would be easy to understand if Lynne Repasky, PT, decided that she didn’t have the time to invest in training future physical therapists. But according to Repasky, who usually has up to two students under her guidance throughout the year at All Health Physical Therapy in Tucker, Ga., educating the next generation is a privilege.

“Emory DPT students demonstrate a true passion for rehabilitation,” says Jones. “They are there to be successful during their time in our clinics, but most of them already have an ambition for what they will do after graduation.”

Last year, Jones helped place Emory DPT students in Upstream facilities in the Atlanta area as well as Alabama, South Carolina, Oregon and Washington.

“BenchMark clinicians have all sorts of specialties,” says one Emory DPT student who completed clinicals at BenchMark. “It was awesome because I got exposure to pelvic floor physical therapy, dry needling, cupping, neuro, hand therapy and all sorts of ortho diagnoses. The atmosphere of the clinic was wonderful. The clinical instructors are extremely supportive of the students and always willing to take time to talk or to teach.”

As a 1995 Emory Master of Physical Therapy graduate, BenchMark Physical Therapy Executive Vice President, Operations Walt Porter knows the quality of the Emory Division of Physical Therapy. Since starting with BenchMark in 2002, Porter has led the growth of the company’s locations in the Metro Atlanta area from one to more than 100. He cites his partnership with Emory as a big reason for Benchmark’s impressive success.

“We have an amazing team, including many people who came from Emory,” says Porter, who has hired several Emory grads both in the clinics and executive ranks. “If you surround yourself with good people, good things happen.”

Because of its successful partnership with the Emory DPT program, BenchMark, part of Upstream Rehabilitation with 750 locations nationwide, has been named the DPT program’s 2020 Outstanding Clinical Partner. The company provides clinical training to 30 to 40 Emory DPT students each year throughout the country.

Calling Emory DPT students “incredibly well prepared,” Porter says that BenchMark aims to provide more than just a clinical experience, but opportunities for students “to shadow the therapists with specialty certifications that they may be interested in.”

Ashlee Jones, Upstream’s manager of clinical placement and academic relations who is in charge of student placement, says that many of Benchmark’s clinical instructors specifically request Emory DPT students.
Class of 2020 Student Awards

Each year the Division of Physical Therapy presents awards to graduating students.

Director's Award for Academic Excellence | This award was given to Nicholle Gabrielle Stein in recognition of exceptional academic work.

Director's Award for Excellence in Growth Mindset | This award acknowledged Samuel Jacob Schmidt and Kailey Yocca for modeling perseverance and courage in meeting challenges and who, through hard work and dedication, demonstrate resilience and a love of learning.

Excellence in Service Award | This award recognized Michelle Maile Goto, Amit Singh Grewal, Melissa Rose McCune and Shaun Carl Resseguie for outstanding service contributions to the program and/or physical therapy’s professional association.

Frances A. Curtiss Award for Excellence in Community Service | This award recognized the outstanding service contributions of Elizabeth Grace Babcock, Leah Renee Phillips, Katie Elizabeth Shelnitz and Monica Ziebart to the community at the local, national, or international level.

Ian H. Tovin Scholarship Award | This award was given to Emily Rose Brady and Jacob Christian Travis in recognition of outstanding performance throughout the program and an intention to focus on orthopedics after graduation.

Johnnie Morgan Award for Excellence in Clinical Science | This award was given to Megan Hale, Katelyn Nicole Karbowski and Mark Allyn Nimmo for going above and beyond what is expected of students during their clinical affiliations.

Susan J. Herdman Award for Clinical Practice | This award was given to Annie Marie Goldman and Amit Singh Grewal for exemplifying the drive to advance the profession and who demonstrated knowledge and skills in a specialized area of patient care.

Zoher F. Kapasi Award for Excellence in Leadership | This award was given to Michelle Maile Goto, Ashley Christine Martin, Shaun Carl Resseguie and Katie Elizabeth Shelnitz for showing considerable initiative and organizational skills related to class and program activities.
Kathy Lee Bishop, PT, DPT, CCS, FNAP, served on the APTA’s Acute Care and Critical Care Practice Analysis Team and gave four different presentations at two APTA conferences last year. In collaboration with Dr. Jenny Sharp, she helped develop and implement two new Emory DPT program electives: Advanced Oncology (DPT 935) and Interprofessional Critical Care Clerkship (DPT 955).

Cristian Cuadra, PT, PhD, MSc., recently joined the Emory DPT program faculty as a visiting scholar. With a recent PhD from Penn State University in kinesiology, Cuadra will work in the lab with Emory DPT Assistant Professor Mark Lyle, PT, PhD, exploring how proprioceptive feedback contributes to movement control.

Trisha Kesar, PT, PhD, was awarded the 2020 APTA Eugene Michels New Investigator Award. The award recognizes physical therapists who have engaged in independent research efforts within 10 years of completing their doctoral degree or post-doctoral training, and whose research makes significant impact on the physical therapy profession. She has more than 42 peer-reviewed publications on gait retraining, stroke gait biomechanics, non-invasive stimulation and training-induced plasticity in lower limb muscles.

Stella Nelms, PhD, recently joined the Emory DPT faculty as assistant professor in the Division of Neuropsychology in the Department of Rehabilitation Medicine. Nelms, a psychologist who teaches interpersonal communication to first-year PT students, served as a palliative care psychologist at the Atlanta VA Medical Center from 2010-2019.

Nicole Rendos, PhD, ATC, LAT, CSCS, recently joined the Emory DPT faculty as assistant professor in the Emory Division of Physical Therapy, the Department of Rehabilitation Medicine and the School of Medicine. She earned her PhD in philosophy, exercise physiology at the University of Miami.

Steven Wolf, PT, PhD, FAPTA, was named to the APTA’s Lecture Awards Selection Committee for a three-year term that ends in 2022.
Congratulations Class of 2020