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Energy Techniques as a Way of Returning Healing to Health Care

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Some days, it gets very frustrating for me to treat patients in this new century. Doesn't it for you? I mean, I came into physical therapy in the 1960s to help people with movement problems to heal, to get better. When I first began my career, I loved the challenge of healing each new patient and trying out all of the skills I had learned. I loved finding out that what I had learned actually produced positive outcomes! I spent a lot of time with my patients; I helped them to get better, and they thanked me for it! I was very happy and felt fulfilled, and so I thanked them as well! I had found a career that would serve me well and one that I could serve in proudly.

What happened to those days? What happened to health care as the previous century ended and the new one began? Gradually, we were all being asked to see more patients in less time. As proficient as I was with my interviews, treatments, and home programs, I still lagged behind by the end of the day. Very behind. Further, the people in charge expected something different from me than what I was prepared to give. I was called into my superior's office one day and told the following:

Look, Carol, you're just not carrying your load here. We have a certain amount of units we need to fulfill to break even with the current capitation and reimbursement system, and you've got to be more efficient. We don't want you to give up your wonderful rapport with patients, but just be aware of the time you're spending and speed it up a little. Actually, speed it up a lot. Oh, and remember, get their insurance coverage right away, because if they're Universal, we have to get approval before you even talk to them. So don't waste a session you're not going to get paid for.

The economics of health care had taken over. Service shape shifted into business, and a sea of change overtook my profession. Reluctantly, I seized an opportunity to go back to teaching full-time. I never got the hang of speeding up the process of listening to people's stories. I was not inefficient; in fact, I actually developed clinical mastery over 25 years of practice. However, what was being asked of me, my colleagues, and my students—of all of us—was to stop being health care professionals devoted to being worthy of the trust that people in need placed in us, and to start earning enough money for our practices to stay alive. Meanwhile, while our calling seemed to abandon us, I read in the paper that many of those responsible for reimbursing us for our services were pocketing huge