APTA Wisconsin Candidate Questions

NOTE: Please use APTA Format when listing credentials.

Please list:

Name and Credentials:

- Julia Nameth, PT, DPT, NCS
  Board-Certified Clinical Specialist in Neurologic Physical Therapy

Education:

- University of Wisconsin-Madison Doctor of Physical Therapy Program
- UW Health Neurologic Physical Therapy Residency

Employer and Position:

- UW Health Hospitals and Clinics: Acute Care Physical Therapist

DELEGATE

1. **As an APTA Wisconsin Chapter representative at the APTA House of Delegates, how would you ensure that the voices and concerns of Chapter members are heard and considered in decision-making processes?**
   a. Effective communication stems from connection, so for the voices and concerns of Chapter members to be heard, I believe it is important for Delegates to be actively involved and accessible within APTA Wisconsin and their communities. Regarding my personal engagement, I am a member of the Early Access Committee within APTA Wisconsin and regularly attend Southwest District meetings. Additionally, I believe it is equally important to consider the perspectives of the patients we serve. As someone who is passionate about promoting wellness for individuals with neurological conditions, I believe my involvement in volunteer work will assist with advocacy efforts. This work within these sections of APTA Wisconsin and my greater community has allowed me to establish meaningful relationships with individuals of various backgrounds and perspectives. As a candidate for delegate for APTA Wisconsin, these connections would allow me to best represent our state and profession in decision-making processes to advance our profession from a local, state, and national perspective.

2. **In your opinion, what are some of the most pressing issues facing the physical therapy profession today?**
   Improving access to mobility is a hallmark of physical therapy practice; yet access to our services continues to be a barrier for patients. Physical therapy access is by no means a "new" problem, but instead a growing one. This holds true regardless of practice setting, however, it has become increasingly challenging for specialty areas, such as pelvic health or neurologic physical therapy. It is not uncommon in Wisconsin healthcare systems for patients to wait months to be evaluated by a therapist that

specializes in their condition. This delay in care can not only lead to worsening of patients' medical conditions, but also their quality of life.

Meeting this growing need requires more clinicians who are competent and confident in treating these populations. While specialization is highly regarded within the APTA, it can be highly inaccessible for new graduates and seasoned clinicians alike from a financial standpoint. As a delegate candidate for APTA Wisconsin, I would aim to advocate for policies that reduce barriers to advanced training, which would expand opportunities for clinicians to obtain specialization certification, ultimately leading to improved patient access and outcomes as well as workforce sustainability.

3. **Collaboration is key in representing a diverse constituency at the APTA House of Delegates. Can you describe a successful collaborative effort you have been a part of in the past and how you contributed to its success?**

One of the most challenging yet most rewarding collaborative efforts I have been a part of was during my residency year, where I had the opportunity to assist with developing and implementing an early mobility program specific to intubated patients at my institution's Neuro ICU. Over the span of a year, I assembled a highly interprofessional team including physicians, physician assistants, nurses, respiratory therapists, physical therapists, occupational therapists, and speech-language pathologists to create a screening tool and algorithm to determine clinical appropriateness for mobilization. The program's success was possible because each discipline brought a unique perspective, and the collaboration between our respective fields allowed us to create a protocol that was both safe and practical.

I was the first physical therapist to officially test this protocol under the guidance of our committee, and now this program has become integrated into everyday practice at my institution. To further meet the needs of the families and patients who are exposed to early mobility practices, I created patient education handouts discussing the benefits of early mobilization as well as resources that can offer support during and after the patient's hospitalization. This past February, I had the opportunity to present this project on a national scale at the Combined Sections Meeting in Anaheim and was very inspired by other clinicians who championed similar endeavors. Overall, this project reinforced the importance of adopting an interprofessional, evidence-based approach to clinical practice, and made me recognize what a privilege it is to work with such high acuity patients.