



ACADEMY OF
AQUATIC PHYSICAL THERAPY
American Physical Therapy Association

History of the Aquatic Section

The Aquatic Physical Therapy Section the First Ten Years: A Decade of Progress

by: Jean Irion

INTRODUCTION

As a parent, the refrain, "I can not believe how much they have grown or some other adage to recognize that time has quickly passed before our eyes is often heard. Well, guess what? The Aquatic Physical Therapy (APT) Section is approaching its Tenth Anniversary. We should all be quite proud of what has happened during these past ten years and recognize those that have contributed unselfishly to the development and maturation of the Aquatic PT Section. As always, we have a ways to go, but now is the time to sit back and relish in the glory of the moments and celebrate all that has been accomplished.

THE BEGINNING: RECOGNITION AS A SECTION

Only Judy Cirullo, accompanied by Richard C. Ruoti, could tell us of the origination of the APT Section. It was through the unrelenting efforts of these two professionals that we are here to celebrate our Tenth anniversary. Cirullo and Ruoti met in Chicago in 1989 and 'had a dream' to develop a section within the APTA for therapists working in the aquatic environment. To gain recognition as a bona fide section of the APTA, an arduous process needed to be undertaken, starting with a petition drive. Along with the petition, part of the process to become a section entails a letter of intent to be sent to the other sections of the APTA to advise the sections of a proposal to develop a new section. Cirullo and Ruoti undertook that process. There was initial resistance from the executive committee members of some of the other sections and also representatives from the House of Delegates of the APTA. Executive committee members of these sections and delegates of the House questioned the need for a section devoted to aquatic intervention when aquatic therapy, at the time, was viewed only as a 'modality, just like ultrasound.' Some executive committee members of other sections wanted to take aquatic therapists under their wings as a "subsection" or specialty group within their section, knowing the value of aquatic intervention for the patients served by their section.

With the petition process completed, a vote by the House of Delegates of the APTA was scheduled at the annual conference in Denver in 1992. A great deal of lobbying was done behind the scenes for most issues that came before the house for a vote. This lobbying effort

was undertaken by Cirullo and Ruoti in an undaunted manner and primarily at their own expense. Their hard work paid off with passage of the APT Section by the house at the conclusion of the meeting. Ruoti would like to recognize the current President of the APTA, Ben Massey, for his guidance and support in the efforts he and Cirullo undertook during the process of becoming a section. We most definitely owe a great deal of gratitude to Cirullo and Ruoti for seeing this process through to such a wondrous outcome.

*Proposed APTA
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Section*

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Dear Therapist:

As you can see by the heading, this letter will hopefully update you on the formation of the Aquatic Therapy Section for the APTA.

First let me tell you that both Richard Ruoti and I have been working together on this project from the beginning, since April of 1990. So if you have seen correspondence with only one of our names on it, this doesn't mean that there are two different proposals to the APTA. This is a joint effort.

As far as the progress on preparing this proposal, I'd have to say it is great. As most of you knew through our phone conversations, the deadline for a 1991 approval was December 31, 1990. We did not get our minimum number (200) of signatures by this date, but have them now. Even so we are still actively recruiting therapists who would like to become a member of this section if approved in June 1992. They may contact either Richard or myself at the above addresses for further information.

In addition, I have nearly completed the busy work of writing the Section's bylaws which must be pre-approved and edited prior to final submission in December 1991.

The negative component to this is that there are two APTA sections (including the sports medicine section) that felt that an aquatic therapy section would duplicate the efforts of their section. Richard and I will be working on this hurdle over the next few months.

So what comes next? Completion of the bylaws, final approval by the other 17 Sections and if possible more signatures and petitions from our peers. (This last item would help significantly!)

We will continue to keep you updated as things change, please feel free to contact either of us at any time.

Sincerely,



Judy A. Cirullo, BS, PT



Richard G. Ruoti, PhD, PT

Therapists Seek to Create New Section on Aquatics

By KEN WINTER

Sometimes it takes a little tenacity to get things done, a fact Richard Ruoti, PhD, PT, of Warminster, Pa., and Judy Cirullo, PT, of Wayne, Pa., know well. Together, the two joined forces in 1989 and proceeded toward a common goal — the formation of a new aquatic physical therapy section of APTA.

Before this can be accomplished, however, people will need to understand the boundaries of the practice area they are describing, they said.

"We're intentionally trying not to use the term 'aquatic therapy' just to differentiate from other forms of therapy that utilize water," Dr. Ruoti said. Instead, the proposed section has taken the name "Aquatic Physical Therapy."

According to Ms. Cirullo, who serves as liaison with APTA Component Relations, the term "aquatic therapy" is vague enough to include almost every type of group or one-on-one therapy program that is conducted in an aquatic setting.

The list of program types that fall under this 'aquatic therapy' umbrella includes fitness, self-care, maintenance and wellness, she said. Sometimes, she added, such programs have nothing to do with rehabilitation and are conducted by people who might have good intentions, but are not licensed and have little or nothing to do with health care.

The proposed aquatic physical therapy section, on the other hand, will be defined by the fact that it is based on rehabilitation, evaluation and treatment by licensed physical therapists or other health-care professionals, she said.

"The very fact that there are numerous people around the country all doing different types of therapy in this type of environment is important. This is not to take away from their credentials — they might be terrific — but physical therapy should be done by a physical therapist," Dr. Ruoti said. "We

also want to help educate insurance companies as to what they're paying for Aquatic physical therapy is not just getting into the water at the local YMCA."

"If we're going to give the fitness industry a standard, then we first need to define aquatic physical therapy and take away some of that grey area," Ms. Cirullo said. "Then if we define it, we can go from there. We recognize the strong therapeutic benefits and we want them to be regulated in terms of training and licensing.

"There's a lot of consumer fraud out there; the consumer often has no

idea, and people teaching the courses often don't really know that is what's happening either," she added. "A big part of this will benefit insurance companies in reimbursement. Aquatic physical therapy will be recognized as a professional procedure and not just another 'swimming thing.'"

The long path the therapists hope will lead to the official recognition of a new section began when Dr. Ruoti and Ms. Cirullo met in 1989, and it has taken them across the country and to the steps of the APTA, where their request is currently in the process of being reviewed.



RICHARD RUOTI, PhD, PT



JUDY CIRULLO, PT

Dr. Ruoti's private practice, "buxmont physical therapy," has served primarily as an orthopaedic setting for the past 21 years. He became interested in aquatic physical therapy about five years ago, but upon more detailed investigation, he discovered that there was not much information available on the topic, especially in the area of clinical research.

At that point, he realized the best way to obtain research information on aquatic physical therapy would be to conduct his own studies in a local pool.

"When we started our pool program several years ago, we found a dearth of information regarding the responses to aquatic physical therapy exercise," he said. "That's when I began investigating it and found specific, positive results in non-swimming exercises."

His own findings fueled his desire to learn more about the possibilities of aquatic therapy, and he decided to embark on a self-designed learning tour, which basically consisted of attending every aquatics course he could find. Along the way, he said, he was able to dovetail the research aspects of his aquatic physical therapy interests with concurrent efforts to earn a doctoral degree in exercise physiology from Temple University.

"From there, I was asked by others to go to continuing education courses to give my feedback and present my

(See AQUATIC, page 39)

CSM Coverage

Several Steps Required to Become Section

AQUATIC

(Continued from page 5)

research," Dr. Ruoti said.

Dr. Ruoti met Ms. Cirullo at a lecture she was presenting to allied health professionals at a fitness aquatics conference. After discussing several issues of mutual concern and assessing the amount of national interest in aquatics, Ms. Cirullo and Dr. Ruoti decided to join forces in the attempt to form a section.

If the section is established, Dr. Ruoti envisions not only a conduit for networking ideas and research findings, but also a means through which to offer continuing education courses to other physical therapists.

"Many physical therapists that I've spoken to around the country said they would like to learn more about [aquatic physical therapy] but don't know where to take courses," Dr.

Ruoti said. "We're hoping to stimulate interest in aquatic physical therapy and are hoping that there will be a role the aquatic physical therapy section will fill."

He added that from attending many educational courses across the country, he finds that they often are not taught by physical therapists, but are usually well attended by them.

While Dr. Ruoti was conducting his research on the East Coast, Ms. Cirullo had long been entrenched in her own work in the emerging field of aquatics physical therapy on the West Coast. She said that while in private practice, she took note of the positive responses to aquatics physical therapy of several of her patients, most of whom suffered neurologic and spinal injuries.

Working on her own, she began to integrate aquatics physical therapy with land-based treatments and found that through aquatics physical therapy, her patients could sustain higher levels of aerobic activity without experiencing undue muscle fatigue. In addition, she noticed less soft-tissue swelling, less swelling in the joints, and less overall soreness.

"Rich and I were discussing it together and were brainstorming on

the need to educate our profession, as well as to define and delineate aquatics physical therapy from aquatics fitness or aquatics therapy," Ms. Cirullo said.

According to Sam Meehan, director of component relations at APTA, there are several procedural guidelines that must be followed to form a new section.

For starters, a detailed statement of purpose and rationale showing that the proposed section is unique, pertains to physical therapy, and cannot have its members' needs served through an existing section is necessary.

Also required is that the existing APTA section heads, 17 in all, be contacted and notified that there is a pro-

Opponents argue aquatic section would be redundant, that it should be a special-interest group.

posal for a new section. In addition, a petition indicating intent to join the new section has to be signed by at least 200 members in good standing with APTA who represent no fewer than 27 chapters.

So far, said Ms. Cirullo, all the criteria required to form the section have been met, but there have been problems along the way.

According to Dr. Ruoti, several physical therapists, in particular a few section heads, have stated that they oppose the formation of an aquatics physical therapy section. Their rationale, he said, is that such a section would be redundant, and they argue that aquatics physical therapy already is used by some physical therapists in other sections. As an alternative, opponents have suggested that they become a special-interest group of an existing section.

Dr. Ruoti and Ms. Cirullo, however, disagree by saying that such suggestions fail to take into consideration the full spectrum of possible aquatic physical therapy applications. From the 17 sections already established, they said they see applications for aquatics treatment in the geriatric, ob/gyn, neurology, pediatric, orthopaedic, and sports

PT sections. Confining something as multifaceted as aquatic physical therapy to any one section would preclude its application to the others, they said.

"The situation we have now, I believe, is that a lot of physical therapists who are not using aquatics view it as a modality and not an approach," Dr. Ruoti said. "I see their concern; however, physically, the pool represents the modality. The treatment within the pool is a genre of that modality."

Ms. Meehan said that APTA's board of directors will meet on March 16-18 to review the request for the new section. If a majority vote of the board approves the proposal, the application then will be presented to the House of Delegates at the Annual Conference in June. A majority vote of the House is required for the final approval of the section.

Other therapists have voiced concerns that an aquatic setting has its limitations for different kinds of patients. However, according to Dr. Ruoti, aquatic physical therapy is ideal as a transition to terrestrial settings. Ms. Cirullo added that through her private practice, called Integrated Aquatics Physical Therapy, she specializes in combining the two types of therapy in helping people with spine and pelvis injuries progress to land-based exercises.

"I want people to understand that simply because we're promoting [aquatics physical therapy] and it's a sound physical therapy procedure, that it's not all they should use. People should learn about it and know how to incorporate it effectively and adequately into their land-based programs," she said.

Furthermore, Dr. Ruoti said, it is a misconception that "old-fashioned" large pools are needed for aquatics physical therapy. Emerging technology has made a wide variety of tanks available to offices, he said, some of which incorporate tethers, treadmills and forced current streams.

Ms. Cirullo said that many therapists' (See AQUATIC, page 40)

Original Definition:

Aquatic physical therapy includes, but is not limited to, the rehabilitation, prevention, and overall wellness of a wide patient population. These patients, ranging from infants to the elderly can benefit from safe and effective physical therapy intervention in the aquatic environment, addressing neurologic, orthopedic, and other conditions. Aquatic physical therapy employs unique protocols but may also include swimming mechanics in conjunction with specific treatment techniques. Aquatic Physical Therapy must be supervised and or performed by a licensed physical therapist. Although various kinds of aquatic environments are utilized to perform these specific treatment techniques, Aquatic Physical Therapy is not a modality, but a procedure requiring specific skill and training to implement the aquatic techniques correctly.

Definition:

- Treatment time with therapeutic exercises in the water utilizing supine, prone, vertical, and /or reclined positions
- Utilization of specific evaluation, treatment techniques with a plan and goals
- Supervised and/or performed by licensed physical therapists
- Aquatic physical therapy is a procedure, not a modality
- Aquatic physical therapy is not just swimming or water walking, but may include various movements of these activities to obtain specific functional therapeutic goals

Marilyn Moffat's Definition:

Aquatic Physical Therapy is the skilled practice of physical therapy in an aquatic environment by a physical therapist or by a physical therapist assistant who is under the direction and supervision of a physical therapist. Aquatic Physical Therapy includes but is not limited to treatment, rehabilitation, prevention, health, wellness and fitness of patient/client populations in an aquatic environment with or without the use of assistive, adaptive, orthotic, protective, or supportive devices and equipment.

The buoyancy, support, and accommodating resistance of aquatic environments enhance exercise and functional training for patients/clients across the age span with musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary diseases, disorders, or conditions.

Aquatic Physical Therapy interventions are designed to improve or maintain aerobic conditioning/endurance, balance, coordination and agility, body mechanics and postural stabilization, flexibility, gait and locomotion, relaxation, and muscle strength, power, and endurance.