

FEATURE COMMENTARY**Bridging the Gap from Novice to Expert Clinician***Timothy Mahoney, PT, DPT*


No one applies to Physical Therapy school hoping to be mediocre. We subject ourselves to a painful cycle of studying, stressing, and sighing with relief; of loving, then loathing, then loving PT all over again. We do this not so that we can enter the “real world” as anxious, inexperienced (albeit well-meaning) greenhorns, but to feel confident that we belong in the community of clinicians whom we idolize. Initially, each group of bright, well-read, passionate students truly believe that with graduation and licensure immediate clinical success will follow.

So, during my first year of PT school when a professor made the following statement to our class, I was floored: “*The average time it takes to transition from a novice to an expert clinician in the field of physical therapy is six years.*” Six years seemed an awfully long time, especially considering it would take me three years just to learn the basics in order to graduate. Subsequently, our professor posed a couple of very poignant questions to discuss in small groups: What can you do to shorten that timeframe? What can be done to bridge the gap between novice and expert clinician? These questions were meant to be thought provoking, to elicit a sense of motivation, and to promote an interest in professional development from the very beginning of our foray into the world of physical therapy - and for me, the questions did just that. Our group spoke of continuing education, clinical affiliations, research participation, pursuit of clinical fellowships or specialties, and other ways to stay abreast of the latest publications in the field. Each group presented its answers with the class, and I found that most groups were consistent and right on the money: don’t stop learning, pursue answers, and don’t settle for mediocrity. I left that lecture with a sense of dedication and drive to follow these recommendations.

Upon completion of my doctorate and licensure approximately three years after that lecture, I felt ready to take on the world. I followed my passion to outpatient orthopedic practice, determined to grow and develop from novice to expert clinician. I wanted so badly (and still do) to help every patient, to fix their problems and heal their maladies. I had a fair amount of success with uncomplicated patients who were post-operative, those with sports-related injuries, with gait and balance training, among others. I was able to treat them confidently, because I understood them. I found out very quickly though, that there was a large group of patients that I didn’t understand, and those that were getting better may have been able to attribute this change to pure luck or the passage of time. Almost all of these patients were spine related pathologies: lumbar stenosis, lumbar disc syndrome, lumbar facet syndrome, non-specific low back pain, sciatica, cervicalgia, cervical radiculopathy, cervical HNP, thoracic strain, bilateral upper trap strain, etc. I was lost with these patients, and no matter how frequently I read class notes or researched articles through my usual channels, any information or techniques that I used to treat these patients was with the hope, not the knowledge, that it would help. The confidence that had been growing with my successes was beginning to dwindle, and suddenly six years didn’t seem like such an unreasonable timeframe any more. My clinical failures led to self-doubt, and my self-doubt spurred me to take McKenzie Part A course in hopes of beginning to address my limitations as a clinician.

To say that the McKenzie Method has changed my life would be an understatement. I left the course galvanized, with a passion for change that I have not felt since initially choosing physical therapy as a career. I learned the value of Mechanical Diagnosis and Therapy, not only as a classification system and a valid and reliable way to assess and treat these “difficult” patients of mine, but as an incredible opportunity to *make the choice* to bridge the gap between novice and expert clinician. The systematic approach of MDT takes all the “guesswork” out of the equation by training the clinician to listen and learn from the specific presentation of the person with whom they are working rather than a set of assumptions based on patho-anatomical diagnoses.

In a very short time, I have seen the power of the McKenzie Method of MDT, and it has had a profound impact on my attitudes and thought-processes as a clinician. With patient education as its foundation, MDT is patient-centered, inherently safe, and ethical without compromise. Aside from improving my listening and communication skills, this patient-centered approach has also helped me to genuinely empathize with people, as well as rekindle my love of physical therapy, not as a career, but as a calling.



This May, I celebrated the one-year anniversary of my graduation from physical therapy school. I have since taken McKenzie Part B and hope to pursue credentialing and the diploma program in the future. I still consider myself a novice physical therapist, but I am actively seeking ways to “bridge the gap”, and I truly feel that within the realm of orthopedic physical therapy, nothing will catalyze this growth faster than the systematic assessment that MDT offers. I would strongly encourage all physical therapists, regardless of their level or years of experience, to learn the McKenzie assessment process and embrace success.