Using Aquatic Therapy As a Revenue Stream by Paul Blair (1994)

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Coach Paul Blair is certified ASCA Level 5-USS. He started coaching at the Little Rock Racquet Club in June of 1979. He has produced individuals that have set 16 National Age Group Records, 34 National Age Group Champions, 8 Jr. National Champions, 6 U.S. National Champions, 1 U.S. Open Champion, 1 PanAm Silver Medalist, and 3 Olympic Trial Finalists. Coach Blair is a current member of the ASCA Board of Directors, Board Member *of* ***the international Swimming Hall of Fame, and a member of the Olympic International Operations Committee. He served as Olympic Festival Coach in 1990 and has been a U.S. National Team Coach from 1984-1991.***

I appreciate those remarks, I don't know that they're all **true about being totally organized. I've done more** things by the seat of my pants through the developmen**tal organization of our program than you can imagine.**

What I'm going to do today is talk about our aquatic therapy program. I need to ask some questions first though. How many Orthopedic Surgeons do we have in the house right now? Seeing no hands I'll move on to any Physical or Occupational Therapists? Once again **seeing no hands at least I'm confident enough to know** that I may not get in to too much trouble for what I'm about to say. I am an Aquatic Therapist and now I would like to see all the hands in the room of those of you who are currently or potentially Aquatic Therapists. Thank you. That's exactly what I wanted to see.

Let me start off by telling you a little bit about where I've come from in our program. In 1979 I came to Little Rock as the head coach of the Dolfin Swim Team. I **started a military school, YMCA coaching in West Virginia for seven years and was convinced that there was more to see in the world of swimming as far as** competition was concerned and I didn't want to spend all my life being a number seven sport at a prep school. **I went to a private club where there was swimming and** tennis and thought that there was some potential there to develop a swim team. I wanted to spend more time

working with aquatics. At the same time I was convinced that you didn't need to be poor and be a swimming coach and that there were ways in aquatics that you could have the kind of lifestyle that you wanted to have. Those are the things that I set out to do when I went to Little Rock. Once again, to develop the team and the business of aquatics. Over the years, slowly but surely we have been able to develop those different divi**sions that we have in our current program.**

Virtually I own the business that has the swim concession at Little Rock Racquet Club. Which means that I am incorporated. I am a sub S Chapter. There are many benefits of being incorporated and having a sub S chapter. I run and operate the team. I hire and fire the **coaches and run the program. We have a parent's group** that is involved with our program as a support group that **runs our swim meets and is involved with fundraising** and helping out any other way that they can but I do run the team.

Within our staff right now we have Keith McAffey who runs our administrative side of our program. He also does some coaching and some work for the swim parents group and takes care of our pools at the racquet club. Tom Ginns, one of my former swimmers and National Champion and World Ranked Swimmer is involved with the billing part of Aquatic

Therapy. He works in our Aquatic Sales Division. He does some coaching, teaches private lessons and has some other responsibilities.

Right now within Paul Blair and Associates we have these divisions: An aquatic sales division which means **that we sell aquatic supplies, swim suits and goggles to anyone and everyone. We have our team, we have a fundraising division, a 501c-3 was formed several years** ago that I am responsible for the raising of funds and those funds go towards our national level training and competition. It funds athletes in the summertime to come in with us. Post Collegiate athletes in which I get **a percentage of the monies which do come in. We have** our own swim School SwimAmerica program. Recently I came I came across the Aquatic Therapy.

It is virtually new and I'd like to tell you just a little story of how I got involved with Aquatic Therapy.

About two years ago at this time a gentlemen who is a **marathon swimmer trained with our team. He is an exercise physiologist and has a wellness center and a** wellness program and does a lot of testing around the United States for Georgia Pacific and Tyson Chicken corporations. He sets up wellness programs. He asked **me if I'd be interested in hearing about a business** opportunity. Well for those of you who know me, I said **I'm always**

interested in a business opportunity and asked what might this be? The dialogue went something like this: "Have you heard of Aquatic Therapy?" "Yes It's new but I certainly have heard of it". "Well I'd like you to get involved and become an Aquatic Therapist". "It sounds good to me but aren't there any requirements or qualifications?" Is there a license which is required or any kind of Certification?" "They are working on **this in some states but there currently isn't *in* the state of** Arkansas". I said, "What makes me qualified to do this?" and he said, "Well who knows more about the movement of the human body in water than you do within the state of Arkansas?" I said, "Nobody". He said, "then you're the expert". I agreed very quickly and said how do we get started. We got started by meeting with a local rehabilitation institute and talking with them **to try and get our program started within their organiza**tion but that didn't work out. In the meantime a friend of mine Rick Field whose son swims for Indiana and has **a son whose a breaststroker, encouraged me as well to** get into the Aquatic Therapy. A friend of his in Philadelphia has a center there and I believe they just opened up their third center in which they are seeing about 150 patients a week. I decided it might be fun and it could be profitable and I would give it a try.

Probably some of the rewarding things that come from it are the fact that you get to work with a lot of different people who are coming off injury. To me one of the most exciting things that happened this past year was when Gladys, an 83 year old lady who was a Medicare patient who I didn't get reimbursed for at all after 3 weeks of aquatic therapy, came in one Monday and says, "Coach Blair, I just want to thank you so much, this past weekend was the first time I was able to wash and comb my hair in two years". My mouth fell down, In the beginning I just couldn't believe that this Aquatic Therapy could have that effect. After I got into it more and more and saw the results of therapy within the water it was truly amazing and it just made this whole past year worth it when someone said that kind of thing to me.

What I'd like to do throughout our talk today is talk to you about some of the things we have done within our Aquatic Therapy Program and a little bit about Aquatic Therapy. I also have a video I'd like to show you and talk about some patients that have gone through our program and then open it up for any questions that you may have.

What is Aquatic Therapy? Well, simply it is the utilization of water in the healing process of physical rehabilitation. It is very important to understand that water therapy is probably the best and first start on the road to recovery of any of the therapeutics that can be offered in the rehabilitation of any type of Orthopedic Surgery whether it be shoulder, back or lower extremity.

Aquatic Therapy works because there is no gravity. The **water is a gravity free environment. This allows you to move through ranges of motion, movements that are made with resistance which is provided to strengthen** muscle groups that allow the physical rehabilitation to **occur.**

I am going to at the same time go through my brochure that I have printed for you. It is simply a black and white brochure. When we print it we do it with two color on a glossy paper so it's nice and attractive. I'd like to point out some of the benefits that aquatic therapy does provide. They are: Back and neck injury, Spinal cord injury, Obesity, Back Pain, Low general fit, ness, high levels of muscle tension, hip and knee replacement, different types of sprains, reconstructive **surgery, rotator cuff repair, tendinitis, brucitis, stroke patients and major surgery recovery. To-date I haven't** seen any acute patients. Which means any patients that would be wheeled in in a wheelchair

or patients that would have extreme problems. Our patients have all been patients that have walked in and been referred from a referring physician which would be an Orthopedic Surgeon. We feel we have helped these people out tremendously.

Approximately four to six weeks after surgery a patient is ready for rehabilitation. Up until then, depending on the severity of the injury, rest is needed. After that time a rehabilitation program could be started. We normally see our patients three days a week on a Monday, Wednesday, Friday giving a day off in between, but once they get into our program we find that the water is so gentle on them that they can go each and every day if they need to. The patients that we've probably seen most of all to this point have been patients that are com **ing off shoulder and knee surgery. Most are workman's** comp patients. We provide the rehabilitation for them.

The benefits that water provides are: The buoyancy of water which supports the body and makes the limb movement possible in the water that could not occur on the land. You'll see in the video that I show that one of our patients has very limited range of motion on the land **but in the water she can move through a full range of** motion. It is less shock to the body and to the joints because the water does absorb any movements with the knee or the hip and it is very comfortable and it is not a strenuous type exercise. The warmth of the water cer**tainly promotes relaxation which helps in the healing process. Once patients start in the water they regain a degree of function, flexibility, strength and endurance and accelerate the pace throughout the program. The effects of the warm water are significant to relieve pain,** stress and anxiety that might build up.

There are some downsides to the water. A lot of people when they first hear about water therapy think that they **are going to have to come in and swim laps. They aren't** quite sure what to expect when they come into the pro gram. We assure them very quickly that the benefits of **water can be great for them. A lot of them are con**cerned about the fact that they may not know how to swim or the water is too deep or they'll be embarrassed **to wear a swimming suit. These are some concerns that they might have.**

The physician also benefits from our program. The doc tor can anticipate recovery and hopefully discharge of that patient sooner than on land based only exercise because it does help initially in the healing process much faster than land only based exercises. Aquatic Therapy rapidly builds patient confidence and reduces patient discomfort. They just feel real good about being there in the water and receiving the benefits that water therapy does provide.

The Workman's Comp. or insurance companies benefit **tremendously from the program once again, by shorten ing the length of time or speeding up**

the recovery process. The patient is in rehabilitation a lot less time. The costs are reduced and it also helps in the re-injury **because it introduces not only land based exercises but water exercise based program.**

Determining what exercises need to be done when you first start your program are most crucial. Over the years I've had the opportunity to work with many sports relat**ed injured type people and giving them advise on what to do whether it is water walking or running. You've** probably done this many times as well. Without **you knowing or realizing it you have provided aquatic therapy services as a swimming coach or as a swim** school teacher by being involved with aquatics and prescribing what to do. When I first started, I was kind of lost as to what should be done. The approach that I took is what I took is called a PP or patient participation program. Normally if you've ever been to a physical therapist office with land based exercises you will sit in an **office waiting room for up to an hour. We start our ses**sions on the hour and end on the hour. I make sure that we start exactly on time and finish on time. They like that. They like to come in, do there exercises and get done with them. Most physical therapist will first put a heat pack on the patient to warm the discomforted or **recovering area up. They will take them through a range** of motion with perhaps some manipulation or movement by the physical therapist. They will have them do some land based exercises which are of course very reduced because you can't do as much on the dry land as you can in the water. They then apply an ice pack and send them on their merry way.

In our program, after the initial evaluation where we find out what's wrong with them and what needs to be done, they get one hour of time. For example, if we **were working with someone coming off rotator cuff injury, we would go through our upper body program.** I'll explain it to you as we go through it with the video.

Where can you do aquatic therapy? Well the best place is warm water if you own your own facility. There is a lot of aquatic therapy that takes place at hospitals, at **therapy pools that are warm with temperatures ranging** from 88 to 92 degrees. We have found with our patients that 83 degrees is plenty warm enough to have patients in the water. It might feel a little cool to some of them **but once they get moving along with their program they seem to be warm enough. We've had it as cold as 80** degrees and a lot of them don't seem to mind that either.

Clinics are a good place where therapy can be done. Therapy pools, teaching pools, health centers, fitness centers and competitive pools. The problem that some of you may run in a competitive pool, if you don't own the facility is that you may not be allowed to be doing **these kind of activities, whether it is a swim school or** aquatic therapy. You are not able, for private gain to provide some of the services that aquatic therapy can provide.

The next part I'd like to talk about is the setting up of your business. Most of you are probably business people already. You run swim schools or other parts of **your program. There is certainly a number of ways and** probably some of you are more well versed on some of **these things. You can certainly go to the library or** bookstore or ask any small business owner. Ms. Daland or Mick Nelson would be very good people to contact as **far as owning a small business. You certainly need to check out with state and local government to make sure** you are following all the guidelines that they have to set up your business. What is the best business way to set it up? I've found over the years that you utilize the parents you have on the team. Especially those kids who **have gone through your program and are in college or** beyond. These parents are always happy to help you out. Particularly if their child has had a good experience **or a lot of success within your program. There are a lot** of people there to help you out.

I once heard "" talk about developing and making a seasonal plan. The thing I picked up most of all from that was how to develop a plan or failing to develop a plan. Coach "" says that if you don't make a plan you are certainly going to *have* trouble. Failing to plan is planning to fail. I've found that after a few of these business ventures I've got into that probably the best thing you need to do is take the time you need to develop a plan and strategy of exactly how you are going to do this. Unfortunately, in this business being new and not a whole lot of people involved in it yet. There are some very successful aquatic therapy programs around the country but you really don't know **who to talk to or where to go and see them. So it was** kind of a thing that I developed on my own by asking as many people questions as I could about goals, objectives and what kind of strategies we had. Our initial strategy was to get involved with a hospital. We found that involving yourself with a hospital's physical therapists **and administrators were not quite sure about having** someone who seemed to know a lot about aquatics but wasn't a physical therapist or occupational therapist and this made them a little skeptical about hiring me on as their aquatic therapist without those

credentials. Since then I have found that probably most accepted that exercise physiologists seem to be some of the best people that can do aquatic therapy if you have an aquatic based **program. I have had an arrangement with one of the** doctors that supplies me with patients that when the **insurance company will not accept me for reimburse**ment that they have one of their physical therapists or **occupational therapists come out to our pool and go** through the program that *I've* made up and provided and it is really interesting to see those Physical Therapists or Occupational Therapists that don't have a lot of aquatic **background take these patients through our program.** They don't understand feel and catch of the water, they don't understand what resistance the water does provide. They don't understand how you can ask and the patients can perform a lot more in the water than they can on the **land for all those reasons of weight bearing and gravity.** It is really interesting to see, and I'm not saying that it's **right or wrong, I'm just pointing out that it is interesting** to see a Therapist who is occupational-physical come in and take someone through that doesn't have the aquatic **background. Of course, the best thing to do is to be a** physical or occupational therapist and have an extensive aquatic background and you could do *very* well in the aquatic therapy business.

The strategies we tried to do after the hospital situation didn't work was to simply go to referring physicians that felt that they had confidence in my abilities, skills, knowledge of fitness, exercise physiology and working with the patients. We had to convince them that we could definitely help their patients. Obviously, they need to feel comfortable and confident that you can pro vide those services. Probably a good way is if you *have* any good orthopedic surgeons of kids that are currently **swimmers in your program. Maybe a lap swimmer or** someone who comes into your pool, certainly a physical therapist could help you get started if they were part of a **clinic they could introduce you to orthopedic surgeons.**

Insurance is very important. I currently have a I million dollar insurance policy and additional million dollar pol icy that the club has. Two million total right now of **medical liability insurance which covers a variety of** miscellaneous services that aquatic therapy provides which are included in there. There are certainly a number of documents and forms that you need to go through as far as evaluation. I simply made up an evaluation form. Before I take patients in the water I want to make sure that I feel comfortable with what the extent of their injury is. What kind of surgery they have gone through. For about a half hour we sit and complete the form with all their medical and billing history. Social Security, Insurance, Doctor, Extent of injury, Type of current fit- **ness program, what kind of program they were on.** Guess what we find out about most of the patients that go through orthopedic operations. They weren't on any **kind of exercise or fitness program. Most of them are a** little bit older. A lot of them are women, especially with shoulders, wrists and elbows. They tend to have problems there because of strength.
Certainly there are a lot of older women in their 50' s or 60's that when they were **growing up, fitness and education and going in the weight room was not a vogue thing to do. As a result** they tend to have a lot of injuries and they make *very* **good patients and are certainly glad you can help them out.**

Those forms are important to be filled out so that you understand the extent of their injury. You certainly don't want any liability, to have the opportunity to do **something wrong with the patient. If you are concerned** about what exercises to do, there are a number of books and physical therapy information out there. The actual physical therapists themselves will help you design a program of what exercises to do to help the recovery and speed the recovery along. The forms and documentation **of the program are very very important.**

Collection, re-imbursement and billing is another area. I got spoiled because the first patient I ever had I called **the insurance company to get clearance and the insur**ance company said, “Well just let us know how many times a week you want to see him and send us a bill and **we’ll send you a check”. I thought man this is great!** How many times a week do I want to see him, how long do I want to see him, what is your billable rate and send us the bill. Well we did that. We saw him three times a week and we billed them $65.00 an hour and within a matter of a few weeks we got a check back in the mail. I thought this is great, I love this stuff, I think we need to **get some more patients in here. It got a little bit more** difficult after that especially when you start dealing with workman’s comp. The allowable billable rate in the state of Arkansas is $118.00 per hour. I bill $118.00 per **hour. I have never been re-reimbursed the same amount** by any insurance company. Arkansas workman’s comp pays $40.80 an hour. They pay so much for the first half hour and then so much for each additional fifteen minutes. Guess who pays the most? The federal government. Why not? They seem to pay the most for every thing else they buy. The federal government reimburses $98.00 per hour. They reimburse $75.00 for the first half hour and $14.00 for each additional fifteen minutes. We bill $72.00 for the first half hour and then $23.00 for each additional fifteen minutes. We see all of our patients for an hour, normally three times a week. I’ve had one patient who I’ve seen for a year and a half five days a week for one hour. He’s a workman’s comp patient. He’s had a total shoulder replacement, surgery on both knees, he has a plate in his wrist and basically the guy is a mess. He’s 6' 6" and weighs 290 lbs. He **gets some fitness in but is limited to what he can do because he has a hard time walking and water is about** the only thing he can do except dry land weight exercises that will help him. He’s been a great patient. The **confusing thing to me is that his insurance company** does not want to settle with him. Darn. I guess and I don’t know why but he needs rehabilitation, he needs the service we provide. Take this in light of what I’m **saying. He needs what we are providing. This is not** any kind of scam

or rip off thing. He needs aquatic therapy. If his insurance company is not going to settle with him and why they don't I don't know but it's a pretty complicated system and you probably know how complicated it is by everything that is going through congress right now. I'm going to provide my services five days a week for an hour to Alan every year. I've seen him for eighteen months. Eight hundred dollars a month is what I get reimbursed for Alan for one patient. Is **anyone getting excited out there yet.**

Patient referrals, letters to doctors, the hiring of an administrator, the hiring of a part time PT, Newsletters, testi**monials from patients, attending clinics, talking to doc tors. There are a number of clinics which are going on** this fall. One in Charlotte NC Oct 12th-16th. Aquatic Therapy Symposium. A number of speakers are going to be there. Also the swim school association of **America is running a symposium in Fort Lauderdale.** The first weekend in October. I'm sure it will be very well run and I believe it is at the Hall of Fame Pool.

There are opportunities for you to go out and see these things. Before I really got started and too involved with the program, last year in March I wanted to see what **was actually going on so I tried to call some existing** aquatic therapy programs and talk to the administrators. In summer of 1993 at the national championships Rick Field took me over to St. David's, which is a rehabilitation center in Austin TX. They have a 20 yard pool with warm water, sets of parallel bars and all kinds of apparatus around the pool decks. They bill 3 million dollars a year from that rehabilitation center. The next week. I was .at the Junior National Championships in Minnesota **and saw an article in rehab magazine about a center in** Fairbolt Minnesota. There are two full time PT's and one full time PT that own this center which is right next to a rehab hospital and they see 145 patients a week. They billed about $800,000 a year. They have very little **overhead other than the administrative person**

who does their scheduling. The hospital does all their billing and obviously they are doing very well for themselves as Physical Therapists. What I saw there was a tank of about 8 feet by 12 feet. They have three people at one time in this tank. The most they've had at one time was five. They do some resistance type exercises and they really didn't tell me too much about what they did. Most of their exercises they do are land based exercise **programs. Since them I have visited centers in Colorado** Springs and Shurwood Arkansas. A friend of mine who **is an Orthopedic Surgeon in Jonesboro has a center there** which is a (CMS) Continental Medical Systems business that he owns. He is not allowed to own the business but he owns the building. They have a rent fee and ·the money they bring in from that triples what they normally would pay in the rent. The Aquatic Therapist there is an exercise physiologist from South Africa and sees eight to twelve patients a day. This is in Jonesboro Arkansas with 36,000 people. Population of Fairbolt Minnesota is 40,000 people. There is a lot of patients that are being seen through aquatic therapy and a lot of opportunities out there that most people just don't know about.

What I am afraid is going to happen is that the medical people are going to understand and get involved with the aquatic therapy side of it and then the aquatic people are **going to be left out. There is talk about license and certification programming. I would only imagine that's what these seminars are going to be about is striving to** get some certification program. I talked to an Aquatic Therapist in Dallas at Daly University who has had a **very successful ongoing program there. She is a former** coach from SMU several years ago. She has a very **good business there and has background in exercise** physiology. It certainly helps to have that kind of back**ground.**

I'd like to now take some time and show the video and kind of walk through this program with you. As they are performing their exercise I'll explain it and what it does and let you see some actual aquatic therapy take place.

This is the lady I was talking about. Her range of motion is very limited out front to the side or back. She has had three operations in her shoulder. After her sec**ond operation she was making great progress, had some** problems with her shoulder once again and the Orthopedic surgeon decided he needed to get back in there. You can tell it is her right shoulder because from the front it is a little bit elevated. Now see her range of motion in the water that she cannot perform on the land. **Look at her raise her right shoulder using her trapezius** muscle to lift instead of using the deltoid. After she saw **this video she started really concentrating on keeping** her shoulder down and using her deltoid muscle. The last exercise is a lateral raise. This is a bicep and triceps **motion using the hands. You notice she has her hands a** little bit cupped. We normally like the hands flat for a **large or greater surface area. We allow them to go at their own rate as far as how much resistance they use. We teach them to go real slow at first and then gradually get faster.**

This is the internal external rotation movement which the elbow is at the side. She presses out with her hands and you can see that because of her lack of strength, her right hand goes out a lot less than her left hand. Her left hand is a lot wider than her right just because she doesn't have that kind of strength. Lois is 57 years old and works for Dillard's. She hurt her shoulder in an accident on the job. She lives and swears by aquatic therapy. This was done at our pool last week on a nice quiet sunny day. This is a raise up to the side with hands up. **You saw how limited she was with her movements on** the land and what she can do in

the water. Now she has paddles on doing a chest and back exercise. Her hands are close to the surface to the water. Those paddles are simply Dick Hannulas Hans Paddles with holes in them. I use those because they can feel what they are doing a little bit. They tend to catch and grab the water pretty good and allow you to apply some pretty good resistance with the paddle. Once again she is going to go **through the same exercise all in a vertical or standing** position. Lois is limited to what she can do on the land and she feels a lot better after therapy. She is pain free. She used to be on more medication than she is now and she really enjoys coming out to a quiet calm peaceful atmosphere and going through her exercises. Normally I'm always on the deck while they are performing their **exercises while they are performing their exercises and going through their movements and range of motion.**

I have one patient who has had nine operations on her back. She really gets involved with the program and really works at all these things. She gets after it good in **the water. Lois is just coming off her third surgery and** we've advised her to start slow, to take it easy. She is going to be at this a while. She is going to have to do some type of therapy for the rest of her life. Normally a doctor will prescribe twelve visits or about four weeks of therapy. After they see the patients again they will normally prescribe more depending on the severity of the patient and also upon how fast a patient is recover **ing. Of course a Workman's comp patient does not get** paid nearly as much as they do when they are back on the job. We find that most of our patients want to get back to work simply because they need the money. **Most of them are pretty motivated to get in there and go through the exercises and work and improve so they can** get back to their jobs.

One thing that I certainly make clear to all of our patients is that I am not a doctor I'm not a physical or occupational therapist. I'm an Aquatic Therapist and **what I'm good at is knowing what you can do in the water and how to strengthen muscle groups and how to** get you back on your feet and back to work and basic **recovery.**

Lavern is a 37 year old. She works for the Farm Bureau Insurance Company. She hurt herself simply on the computer keyboard. Simply by the same repetition over **and over again. Her shoulder was bothering her and they moved her to a new work station. Some supervi**sors don't listen real well and they think that workers are **trying to get out of work or whatever. They moved her** work station over so she was a position instead of key ing in here she had to key this way and put a lot of stress on the deltoid. She hurt her shoulder and had to have orthoscopic surgery. Before this she went through her exercises with hands alone. Now she has the paddles on **and is going through making those movements and** motions the same way. You can see that she works a little bit harder than Lois does. She gets after it a little bit more. She is pretty motivated to get back to work. I think I saw her for about four weeks for therapy and that's all she did. After about four weeks they put her back to work for four hours a day and she was certainly glad to get back to work. She works from 8:00 to 12:00 and then comes in for therapy from 12:15 to 1:15. What she found out as they tested her left arm was that before the exercises she had only 10% of the amount of strength that she was supposed to have in her left arm.

Aquatic Therapy in my opinion after being involved for a year and a half is not an end. It is certainly a means to one. We need physical therapy, we need land based **exercise programs. We need the knowledge of those** Physical and Occupational Therapists. Believe me, they know a heck of a lot more

about the movements of the muscles in the human body than I know. I'm not a Physical Therapist or an Occupational Therapist.

Lavern is now working with a Hydrobell. It is made out of plastic with fins and foils and holes through it. It is very light on the dry land. She is going through all her ranges of motion and movements. What I normally do when the patients come in is ask them to look at their upper body structure and see how much it improves over **the time they are going through these exercises. They** can really develop strength. This is about six weeks into her program.

We want each patient to make the movements but we make sure that they feel comfortable and it doesn't hurt. We don't want pain involved with any of the rehabilitation. We want them to feel very comfortable and confi**dent and how they are doing** it.

At this time I would like to open it up to you for any questions you may have. This is the first time that I've given a public talk about Aquatic Therapy. I'm sure that there are lots of things that I overlooked or didn't know what to say. I'd like for you to ask anything that you **may have.**

Question: Something about time involved.

Answer: I don't know that I've added ·any time to my week. I have redirected my time. I can make a lot more money by doing Aquatic Therapy than I can

by sitting behind my desk and filling out entry forms for kids going to swim meets. First of all, I don't like to do those things. I'd rather hire someone else to do those things because what I want to do is coach and teach and **oversee the total program and the business interests that** I have. Not anyone could support that. It takes a combination of all of us. Normally a day for me in the sum**mertime would be a personal workout in the morning** from 5:30-6:30. Shower and get ready for morning practice from 7-9 I work with our Senior group. I do Therapy from 9-12 grab about a half hour for lunch. I teach private lessons from l2:30-2:30. Coach another workout from 3-5:30 and do Therapy or teach any other private lessons from 5:30-6:30. Stop in the office and check any phone calls and return those. I normally learn **more about business from my brother in law who is one** of my partners and who owns the pro-shop at the Racquet Club. I've just re-distributed my time.

Question: Regarding Group Therapy

Answer: When I started I made sure that it was one on one. I needed to ask a whole lot of questions about how they feel when they make a certain movement? Or how does this feel? What benefit do you get? How far do you feel you can move your hands? The most patients I've seen is three patients at one time. When I walked out of the pool that day I had a real good feeling about helping all of those patients but the thing I said to myself most was, "God I love America". I plan to see **more than one patient at a time in the future just because** I feel comfortable and confident that you can do that. Once you teach the patient what to do and how to do it, generally they can go through their exercises on their **own. I've become very versed on talking about politics in Arkansas, hunting, fishing, or whatever it is I need to do I've become real good at talking about it. The big** thing is that you have to make them feel comfortable and want to be there for therapy because a lot of time Therapy is not a whole lot of fun.

Question about Chiropractors

Answer: I do not think that Chiropractors are allowed to refer patients to Aquatic Therapists. It has to be from a referring Physician. A primary care family physician **could refer but it is accepted more when a referring** physician, Orthopedic Surgeon will prescribe Aquatic Therapy. Then you have to make sure that the insurance **company is going to accept** it. I **did that on the front** end. I've probably got 20,000 out now in billables, receivables that I haven't collected yet. Some I know I won't collect just because on the front end we didn't make sure that they were pre-approved and I knew what I was going to get paid for. Physical Therapists cannot **refer patients.**

Answer: The gentlemen I talked to you about, Richard Kirsch who is an Exercise Physiologist and owns his own wellness center and wellness business that pre **scribes what types of exercises need to be done in order to strengthen a muscle group. He and I on the front end had several meetings. He gave me a lot of literature to** read. There is literature out there on the knee, the shoulder etc. Problems and treatments for both. I relied on that but I also relied upon the weight room and the posi**tive negative lift. How to strengthen muscle groups and** the aquatic background as far as what you are capable **and able to do in the water as far as making movements** and resistance. I think it is probably a combination of all three of those. I felt most comfortable about the aquatics. Secondly about the weights and thirdly, researching and finding out more information. I can **assure you that I am a neophyte when it comes to** Physical Therapy yet at the same time I have enough confidence and rely enough on the water and the healing process and the fact that it is really hard to get hurt or hurt someone in the water. Because of this I have **extreme confidence that patients are going to improve and they are not going to get hurt. That's not saying that** they

won't and they don't but the chances of it are less because of all the benefits that water provides.

I think it's 45 years of experience. In 1988 we had some success with sprinters. John Leonard asked me if I would speak at the World Clinic on sprinting and my **attitude was well it's about time someone asked me to** talk about this stuff. That was just my attitude. I was actually flattered that they did. When I got in San Francisco and I looked at my wife an hour before my talk and I said to her. I am the biggest fool in the world. **How could I have ever agreed to give this talk in front of** all these great coaches. These coaches knew a heck of a lot more about sprinting than I did. I'm crazy. Well, **Doug Ingram introduced me and I got up there and got** the microphone and I said you' re all mine now and I went on and gave my talk. That is the attitude that I have about Aquatic Therapy. It's not what I've learned in 18 months it's what I've learned in all those years of **teaching kids which started when I was 14 in gym class**es and water classes, and safety and health and fitness and weight room and all those different things combined.

Question about Lower Back Injury

Answer: One is the water will provide enough resis**tance that water walking forward and backwards are good. A back surgeon whose kids swim for me said to** me once. "Coach, if you can figure out a way to heal the **back through water therapy you are going to travel** worldwide and give talks all over the world because the back is just a very tough injury because of its location and it's nature to heal. We do a lot of our same upper body exercises for the back. A couple exercises **that we add are side bending where we go from side to side. Hands out front and twisting from side to side with** the Hydrotonebells again placing the bells and turning. It is something you have to be very very careful with. **By doing one of the exercises, Lois irritated her**

back and she had to have some muscle relaxers. I just didn't **ever feel good about having her do that exercise ever again so we don't do that exercise with her. Water walking is very good and you can use the hand move**ments in the water. How many of you have had experi**ence of seeing inexperienced water aerobics teachers** teaching water aerobics. What do they do when they are teaching. They don't utilize the water. They are using hands out of the water here instead of utilizing the water to build strength and resistance for upper and lower **body exercises. Lower Back is a real tough one.** Holding onto the side and kicking up and down. Have you seen the Speedo Aqua bench? It is like an Aerobic Step Bench and it's really good because it provides an elevated surface where you can stand on it and straight leg up and back and then combination of straight legs, inner and outer thigh for the hip and lower back. Knee **extension, full range of pushing and then after you go through the exercises you can go step ups on top of the** bench and then step down. I have seen a lot more upper body patients than I have lower body. The patients that I've seen lower body have been knees. I had a patient **come in who was a cement truck driver. He was not** wearing his seat belt and rolled his truck. It just bounced him back and forth inside the cab. His head was swollen up so much you could look up and see his forehead. He banged his shoulder and hurt his knee. He walked in on crutches and could not put any weight **bearing on his knee what so ever. We got him in the** water and had him walk up and down. He said, "Coach **this is amazing. *I* can't put any weight at all on this foot** in the land and yet and I can walk in the water". He felt **real good about it. After about three weeks we got him** on the aquatic step. He stepped up on the step and back down with his right leg first *60* times. He had a lot of trouble bending his knee on land. He was so excited he said, "I want to try it on the land" and I said sure let's try it. We got the step out of the water and he could bend his knee enough to get his foot up on the step and was holding onto a pole pulling and I was behind him pushing up and he still couldn't step up because he couldn't put weight on it. Yet in the water he could **make that range of motion and movement through resistance that got his knee bending and moving and rehabili**tation him. Within about two more weeks

he was walk **ing without crutches. Then he went to a cane and now he's back to work again.**

Question: About depth of water.

Answer: Depending upon how tall the person is. Lois is about 5'2" standing in about 4' to 4 1/2' of water. Laverne who is a little taller is standing in about 4 1/2' to 5' of water. If you are doing upper body you want the water to be approximately right around shoulder height **so that when you are going through all your movements you get a full range of motion. When they are doing lower body exercises the resistance of the water doesn't** need to be as deep. There are a lot of hospitals that don't know how to build therapy pools. They build them like a teaching pool. I've seen pictures of classes **where they are standing in waist deep water. They just** don't get the benefit of the water so they put them on their knees. Then they go through their movements and range of motion.

Question: Regarding use of a handicap lifting device. Answer: I work at a private club and they are not inter**ested in getting in the rehabilitation business and we** don't have any type of lift. I instruct any referring physician that we are not equipped to take acute care patients that would come in wheelchairs or need lifts to **go up and down into the water. We see a lot of work man's comp patients who can walk in and out on their** own. The last thing that I would need at our private club is for a wheelchair to come up with someone in real bad shape and have some of the members see it and feel like their private club has been invaded. I have to be a little bit careful of what I am capable and able to do.

Question about future plans.

Answer: My strategy is going to be to try to meet with HMO administrators, the major medical providers and to try to sign a contract to be their provider for Aquatic Therapy Services. I have not done that as of yet. Virtually what I have right now is three referring physi**cians. A back physician, one that is a microsurgeon** which he does on hands, elbows, shoulders and one who is just a general Orthopedic Surgeon. I have a patient load right now of 11 patients per week. The most that I've had is 30 in a week. You can put the numbers to it. If you can see 20 patients per week and can make $50-$60 per patient you are going to do pretty well for your self. What I've done is I have had to blend this in with **my other responsibilities. I didn't want to grow too fast** so that it got out of hand. The other side of it is that in the summer I am real busy but now in the fall I can cer**tainly see a lot more patients because I have a lot more time during the day when I;m not giving private lessons or coaching as much.**