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Observations on PT Attire

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Observations on PT Attire

by Susan E. Roush, PT, PhD

Congratulations to Dr. Ingram and her colleagues on their interesting and thought-provoking study. The clothes we wear say so much about us, even when we think no one notices. In my experience, dress codes are difficult to develop and even trickier to maintain. The views of physical therapy patients add a vital perspective to this discussion.

Two aspects of the study stand out for me. First, the subjects considered attire more important for female physical therapists than for male physical therapists. The preference for women was toward more formal attire, e.g. lab coats or something other than capris and a t-shirt. While society's gender roles continue to evolve, it appears that patients view female physical therapists differently from males. This is an area that is wide open for further research. With the profession comprised of 75% women, these differences should be explored.

The second finding that stood out for me was subjects' preference for casual attire, including scrubs, and shorts and t-shirts. What does it say about us when a reasonable number of patients think shorts and t-shirts are appropriate clinical attire? Even though subjects read

the APTA's Physical Therapy Scope of Practice before rating the photographs of differing attire, perceptions were that physical therapists' attire should be casual, and for some, very casual. I worry that this is related to how these subjects in particular, and our patients in general, perceive physical therapists and the physical therapy profession. As we strive to establish our credibility as an autonomous doctoring profession, it appears that a meaningful percentage of our patients think we should dress in a manner that very few, if any, of us consider professional attire. Do they understand the profession and think casual dress is appropriate, or does casual attire match their low perceptions of what physical therapy is? In my experience, the general public does not know what a physical therapist does, and we are routinely confused with athletic trainers, personal trainers, massage therapists, yoga instructors, and others. The results of this study may reflect that broader lack of understanding.

Over the last decade physical therapy moved quickly to establish the DPT as our entry-level degree. Maybe this transition happened too quickly for the profession to have had time to thoroughly process and reflect on what the change means. For example, I don't know many DPTs who use the title "Doctor" in the clinic. Additionally, in interviewing

applicants to our academic program I often ask "do the DPTs you have worked with / observed use the title 'Doctor'." I have never had an applicant answer "yes." Admittedly, there are statutes that may preclude use of the term in some states, as described in Carolyn Bloom's article in the last issue of *HPA Resource*, however this is not universally the case. In many states, use of the term is lawful, as long as the individual uses suitable words or letters to identify the health profession in which the degree is held. We fought for the title but we don't use it, suggesting at least some confusion among our ranks. In my experience, other health professionals with clinical doctorates, e.g. chiropractors, don't seem to have any difficulty using the title doctor.

I think our patients are confused about who we are and what it means to hold a clinical doctorate. We are confused, our patients are confused, and the public is

confused. I think Dr. Ingram's study may highlight this confusion in regard to how physical therapists dress. I also think that her work presents a valuable opportunity for us to re-engage in these tremendously important discussions. Hopefully, further research in this area can inform those discussions.

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