

**PRESIDENT'S MESSAGE**

*Rick Wickstrom, PT, DPT, CPE, CME*

The Combined Sections Meeting in Boston, MA was a memorable event for education and networking with physical therapy students, practitioners, researchers, and exhibitors who share a common passion for advocacy and clinical excellence.

My arrival to Boston on Wednesday afternoon for CSM allowed me to reconnect with my close friend and OHSIG Vice President, Dr. Steve Allison who has served as an amazing sidekick with me to inspire many initiatives to move the needle of occupational health physical therapy practice forward. Steve has made it a mission to educate PT Licensing Boards that Physical Therapists are qualified to perform DOT Physical Examinations of Commercial Drivers with the additional training required by the Federal Motor Carrier Safety Administration. This provides precedent for entry-point practice in other areas such as sports participation physicals.

Thursday morning at CSM began with an opportunity to make a platform presentation of my research of psychometrics for the Active Movement Scale in physical therapy patients transitioning to fitness. This clinical study was initiated in partnership with Dr. Inga Wang of the University of Wisconsin – Milwaukee, who engaged with me on this project when the world as we knew it was shut down in response to COVID-19.

Thursday night began with a strategic planning meeting with our OHSIG leaders after soaking in education and being awestruck by vendor demonstrations in the exhibit hall. We have accomplished so much together, and I loved getting together for food and spirits to cap off a great day.

Friday afternoon of CSM gave us another opportunity to network with occupational health practitioners at our OHSIG Annual Membership Meeting. It was great to be able to highlight the completion of our Occupational Health Practitioner Certificate program that is now generating revenue to fund research and other initiatives. This event was followed by our OHSIG sponsored presentation, *Innovative Workplace Strategies for Promoting Musculoskeletal Health and Well-being Using the Total Worker Health® Approach*. This was an outstanding panel presentation by speakers Cory Blickenstaff, PT, MSPT, Michael Kean, CSP, Katia M. Costa-Black, PT, PhD, and Stewart Levy, RPh, MBA.

This morning started off on a great note when I received my copy of the March edition of PT Magazine article, *Going Straight to the Source: Direct-to-Employer Services*. I hear many complaints about declining reimbursements and wasted administrative time related to the traditional insurance model. This article provides examples of pioneers in direct-to-employer physical therapy practices that take out the insurance middleman.

This edition of OPTP includes a Member Spotlight to feature one of our emerging leaders, Lisa Krefft, MSL, OTR/L who was in the first cohort to be recognized with an Occupational Health Practitioner Certificate. I credit the vision and inclusive vision of our past-President, Joe Donnelly for implementing the AOPT Individual Partner Program as a path to welcome in other practitioner types such as occupational therapists to engage in our OHSIG. Lisa is a contributing member of our OHSIG Public Relations Committee and now has a non-traditional role as an Occupational Health Consultant in technology solutions such as AI Computer Vision Kinematics to assess for musculoskeletal risk factors. We are blessed to have her contribute to the success of our OHSIG.

**MEMBER SPOTLIGHT**  
**Lisa Krefft, MSL, OTR/L, OHP**

**Why did you become an Occupational Therapist?**

My career path was guided by early work and volunteer experiences, family, and athletics.

Working for our family physician in high school solidified my focus in medicine. My PT/trainer kept me on the courts resolving my “tennis” elbow with tape and changing my grip- simple magic! Peer counseling gifted me beginning skills and appreciation for mental health promotion. With several nurses and engineers in the family, my cousin introduced me to industrial engineering. Occupational Therapy holistically combines interests in body, mind, and environment while requiring creativity in solving complex problems within a variety of environments. Having lost my father, it resonated with me that work is an essential occupation for all.



### What is your current Occupational Health service focus?

As an Occupational Health Practitioner (OHP), I consult with employers and providers to implement cross-functional solutions for Total Worker Health and technology transformation. In my role at 3motionAI, I provide sales support, advise on strategy for product development and market fit for 3motionAI proprietary 3D motion capture, advance analytics for risk mitigation, employee motion, and performance optimization across various global employer market sectors.

### What do you love most about your Occupational Health Practice?

First, the people and their stories—employers, practitioners, workers alike. I'm energized by the potential of technology transformation to incorporate legacy insights and scale the positive impact of early intervention triage in health promotion and injury prevention, the way that I care for my family. It is a privilege to work alongside employers, providers, and workers to deploy strategies that optimize safety, while ensuring equitable and affordable access to healthcare.

### What frustrates you most about your practice environment?

The monetization of the current healthcare environment. It has always been incumbent on OHPs as with any provider to secure the opportunity to help people by securing a payment source. I began creating direct pay access programs 20 years ago that continue to deliver sustainable, ongoing returns on investment and never looked back. I defended providers reporting to me from having to join cost-based networks by illustrating value-based outcomes. D2E and D2C services allow providers the opportunity to provide individualized value-based client care without constraints imposed by payors or other outside sources. Upcoming generations of providers have been deprived of mentorship opportunities by minimum staffing, weakened cross-functional skill sets by practicing only at the top of their license, report burn out by lack of psychological safety and support in their work areas with nobody

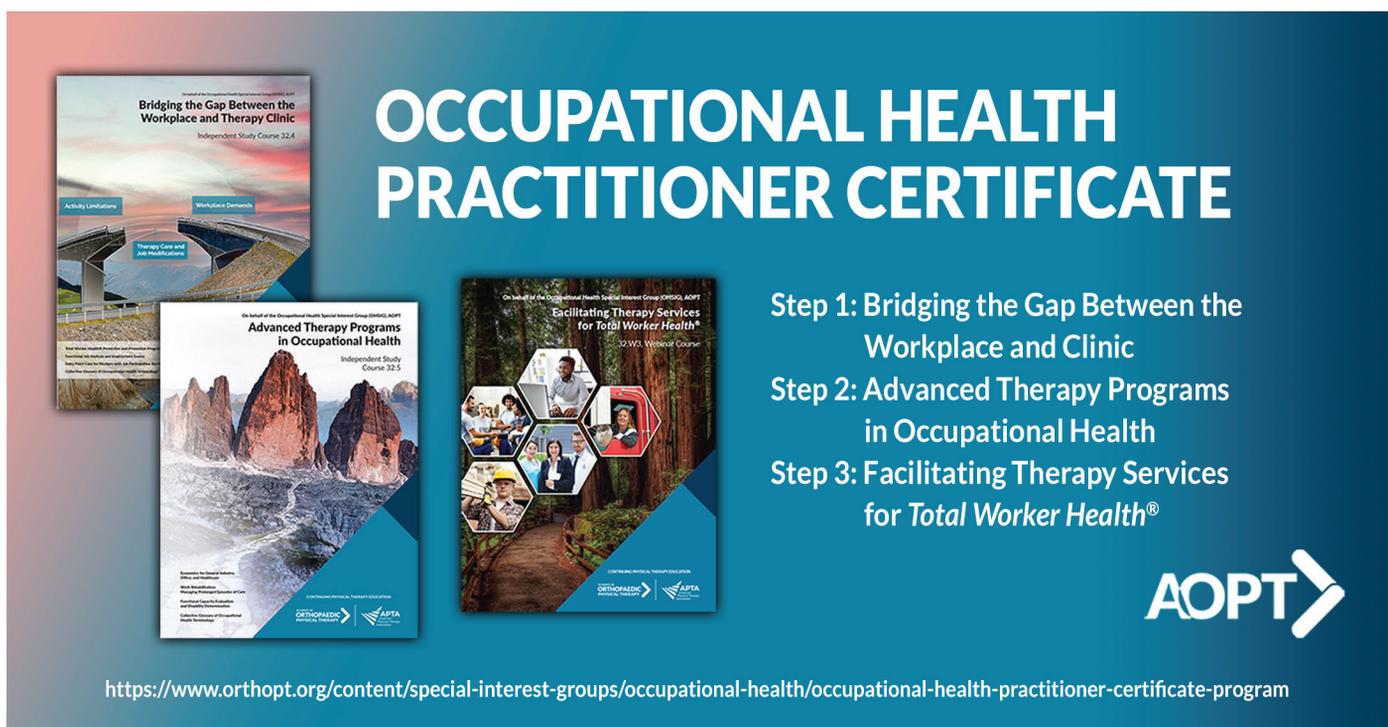
to tell them it was not always that way. Participation in professional organizations support developing professionals in shaping practice and finding a voice.

### How do you hope to position your practice in the next 5 years?

Direct to employer services have existed for decades and have evolved. The current notion I have for the future is to play an integral role in the technology transformation and the development of laws, rules and regulations governing AI, equity, data privacy, healthcare quality, and access. It is my aspiration in creating scaleable models for best in class, compassionate healthcare that it will be accessible to all regardless of economic or geographic boundaries. I would like to revisit this vision in 5 years. With the rapid adoption of artificial intelligence, the future may be better than we envision, and with diligent care and guidance, not worse than we anticipated.

### What regulatory or organizational changes are needed to promote Occupational Health Practice?

From a practice perspective, the implementation of national followed by global licensure and certification will remove barriers to scaling services for global employers and initiatives. Occupational health practitioners have a unique role in working with employers and their employees on legal compliance. Employers turn to OHPs as experts to interpret regulatory requirements and compliance at a state, national, and now global level. A current U.S. Supreme Court case is challenging the 1984 Chevron decision which created "Chevron deference", a foundational framework of administrative law, states that government agencies are best positioned to interpret federal statutes if a question is not specifically addressed, provided the interpretation is reasonable. Occupational health practitioners advise such agencies. The potential for overturning Chevron may result in courts deciding all questions relating to statutory interpretation—and reducing the impact that OHPs have in working with employers and regulatory bodies.



The graphic features a blue background with white text. On the left, three course covers are displayed: 'Bridging the Gap Between the Workplace and Therapy Clinic', 'Advanced Therapy Programs in Occupational Health', and 'Facilitating Therapy Services for Total Worker Health'. The central text reads 'OCCUPATIONAL HEALTH PRACTITIONER CERTIFICATE'. To the right, a list of steps is provided: 'Step 1: Bridging the Gap Between the Workplace and Clinic', 'Step 2: Advanced Therapy Programs in Occupational Health', and 'Step 3: Facilitating Therapy Services for Total Worker Health®'. The AOPT logo is in the bottom right corner. A URL is at the bottom: <https://www.orthopt.org/content/special-interest-groups/occupational-health/occupational-health-practitioner-certificate-program>