

**Highlight a Sports Clinical Specialist
Colleen Barkley PT, DPT, SCS, ATC**

SPTS: Where do you currently work?

CB: I currently work at Fort Jackson (South Carolina) Basic Combat Training (BCT) Center of Excellence, the Army's largest BCT installation.

SPTS: Describe your current work setting.

CB: Although we have 3 separate physical therapy clinics at Fort Jackson, my primary work setting is at the main Troop Medical Clinic (TMC). The TMC is an outpatient ambulatory clinic where all of the Soldiers-in-Training at Fort Jackson receive their non-urgent medical care. Physical therapists in the Army, both active duty and civilian, are provided with additional privileging that allows them to work as primary neuromusculoskeletal evaluators and physician extenders. These privileges include ordering various diagnostic studies (x-rays, bone scans, MRI, CT), prescribing limited medications, placing the Soldier on work restrictions (profiles) as needed as part of the treatment plan, and referring to specialty clinics as indicated. Physical therapists at the TMC have similar duties as an orthopedic physician's assistant (PA), which is essential in this environment as we only have 2 orthopedic surgeons to provide care for all of the beneficiaries at Fort Jackson. This is "direct access" physical therapy in its purist form. I am also a physical therapist and a Lieutenant Colonel in the Air Force Reserves and provide care to Airmen, primarily at Shaw Air Force Base, located in Sumter, South Carolina.

SPTS: What made you choose to specialize in sports physical therapy?

CB: My initial interest in sports physical therapy stems from my background as an athlete and my interest in athletic training. Sports have always been a part of my life and my affinity for working with athletes is what eventually led to my career choice as a physical therapist. In the Army, Soldiers are "athletes" whose sport includes a lot of running, jumping, crouching, climbing, and marching, often with gear that can weigh over 80 lbs. Soldiers in BCT have only 10 weeks to learn their initial combat skills before moving on to their Advanced Individualized Training (AIT), where they learn their occupational specialty. Just like any sports medicine clinic, most of the musculoskeletal injuries we see in the TMC are related to overuse or acute trauma. As physical therapists in this environment, our job is to recognize (diagnose) and appropriately manage significant injuries in a timely fashion, prevent further progression of an established injury, and safely keep these Soldiers involved in training (if possible) so that they can complete their mandatory events in the time provided. All things considered, sports physical therapy is the best fit as a clinical specialty in this environment.

SPTS: Describe your educational background.

I attended undergraduate school at Western Washington University in Bellingham, WA, from 1983 to 1988 and received a Bachelor's degree in Physical Education, Exercise, and Sports Sciences. That same year, I was accepted into the US Army-Baylor University Graduate Program in Physical Therapy at the Academy of Health Sciences, Fort Sam Houston, TX. I graduated from this program in 1990 with Master's degree in Physical Therapy (MPT). In 1995, I became certified as an Emergency Medical Technician (EMT-B) so that I could be eligible to sit for the SCS examination. In 1996, I began taking the additional classes I needed at the University of South Carolina to be eligible to sit for the athletic trainer certification (ATC) examination and eventually received this certification through the National Athletic Trainers Association (NATA) in 1999. After 16 years as a physical therapist, I decided to follow the guidance of APTA's Vision 2020 and pursue a higher degree. In 2008, I received my Doctor of Physical Therapy (DPT) degree from the Arizona School of Health Sciences at A.T. Still University.

SPTS: Describe your past professional experiences.

CB: For most of my career as a physical therapist, I have worked in a military environment. I began as an officer in the US Army, transitioned into the US Air Force Reserves, and eventually took a job as a civilian physical therapist for the US Army at Fort Jackson, where I have worked for the past 8 years. A downfall of being a physical therapist in the military is that you can easily lose touch with your peers in the civilian sector. Although I attended many continuing education courses and professional meetings, I still did not feel like I could relate to my peers and had no idea how my experience and knowledge could assist my professional association. Through my work as a physician extender with Soldiers and Airmen in various settings, however, I developed a strong clinical background in musculoskeletal injury and management. This was only strengthened by my prior training as an EMT-B and through my volunteer work over the years as an ATC for various local sporting events. I decided to use this knowledge to assist other physical therapists that were interested in the specialty area of Sports Physical Therapy.

Over the past 3 years, I have been an Emergency Responder Instructor for the American Red Cross (ARC) and the Sports PT Section (SPTS). One of the things I discovered through this certification is that the current Emergency Responder program is targeted more toward community and environmental injury and management, and not as much towards athletic injury. Because this certification is one of the requirements to be eligible to sit for the Sports Clinical Specialist examination, physical therapists pursuing this certification should be trained to respond to sports related emergencies. As my final project for my DPT degree, I decided to update the section of the Emergency Responder course that covers musculoskeletal injury and management so that it reflects the more common acute injuries seen in the athletic environment and how to appropriately manage

them on the field. Through this project and my involvement with the SPTS, I have developed wonderful professional relationships with my peers and with some of the leaders in Sports Physical Therapy that I have always admired throughout my career.

I believe that it is important to find a way to pass on what you have learned so that others may also benefit. Knowledge is useless if it is not shared, and I find great satisfaction in using my unique background and experience to help educate physical therapists and other health care providers in the management of patients with sports-related injury. With the focus on prevention, I have become more involved in community education and frequently volunteer to speak to the Fort Jackson community and Employee Wellness Program on various topics related to sports medicine, fitness, and injury prevention.

SPTS: List any outside activities and personal information (if you so choose).

CB: My work in the Army, especially at Fort Jackson, has exposed me to many opportunities that are unique to our profession. Because PTs are utilized as physician extenders, I have the opportunity to evaluate and treat Soldiers with the extremes of overuse injuries on a daily basis. The primary diagnoses I see are stress fractures of the lower extremities, hips, and pelvis, which occur in much greater numbers in the Military than they do in a civilian environment. I am privileged to be involved in all aspects of the management of these Soldiers, from the initial evaluation to the final disposition, whether that is BCT graduation or otherwise. I am fascinated by lower extremity biomechanics and how they factor in to the development of bone stress injury and have been significantly involved in the development of Clinical Practice Guidelines (CPG) for the clinical management of these Soldiers. The US Army Medical Research and Materiel Command (USAMRMC) Bone Health and Military Medicine Research Program (BHMMRP) recently held a multi-national State of the Science Stress Fracture Research Conference and I was invited to speak to the panel of researchers, physicians, and scientists as a clinical expert in the area of bone stress injuries. The Army has some amazing research and patient care facilities. Because of my work with BCT Soldiers, I have had the opportunity to tour a few of them, such as the United States Army Institute of Environmental Medicine (USARIEM) in Natick, Massachusetts, and the Center for the Intrepid (CFI) in San Antonio, Texas.

On a personal note, I will say I learned the most about biomechanical injuries in runners by training for and completing 2 marathons and over 10 half-marathons over the course of the past 10 years. I am not a "natural runner", so all of these runs were a significant accomplishment for me as well as excellent research. I use what I have learned on a daily basis with the Soldiers in training as well as with all patients I see that have an injury related to repetitive impact sports. These experiences have made me a much better Sports PT.

**SPTS: What do you value most about being a sports clinical specialist?
What opportunities has it afforded you?**

CB: Being a Sports Clinical Specialist (SCS) has opened doors for me that would not have been opened otherwise in both the civilian and military environments. I have had the opportunity to observe and work with some of the best orthopedic surgeons in the world and have been significantly involved in the rehabilitation of athletes at all levels, from junior high and high school all the way up to professional. Because of my various certifications, I was chosen for a summer internship in sports medicine at Lake Placid and had the opportunity to work with many Olympic athletes in a variety of sports. In the military, my knowledge and certifications have provided me with recognition and professional acknowledgement from various military agencies that affect Army policy and medical management of Soldiers. I have been asked to assist in the development of a list of running shoes available for the BCT Soldiers at the Reception Battalions across the Army and am also the clinical supervisor for a research program utilizing athletic trainers in the Army training environment. Having the SCS certification combined with my DPT also provides me with greater credibility to the Company Commanders, Battalion Commanders, and higher level officers in the various military organizations I interact with on a daily basis.

SPTS: What was the best decision you made on your path to becoming a specialist?

CB: My best decision on my path to becoming a specialist in Sports Physical Therapy was to apply to a sports medicine fellowship. The fellowship I was accepted to was a combined effort of HEALTHSOUTH, the University of North Carolina- Chapel Hill (UNC- Chapel Hill), and the American Sports Medicine Institute (AMSI). Through this fellowship, I received the best hands-on training in all aspects of sports medicine, including on-field evaluation and management of injury, venue and training room coverage, orthopedic clinical evaluation, surgical observation, post-operative rehabilitation, and biomechanical analysis. I highly recommend this for anyone interested in the field of sports medicine and/or pursuing certification as a Sports Clinical Specialist.

Once I completed the fellowship, I worked hard to develop strong professional relationships with the local sports medicine community. I spent many days and nights on the sidelines of athletic events as a "student trainer", volunteered for the mass pre-participation physicals for junior high and high school athletes, and spent my Saturdays at the local "black-and-blue" clinics following Friday night football games. This is the best way to get to know the physicians, nurses, EMTs, and coaches that work with athletes and to develop the trust and collaboration that is so important in the field sports medicine.