

Lebanon Valley College®



Voices of Lebanon Valley College
150th Anniversary Oral History Project

Lebanon Valley College Archives—Vernon and Doris Bishop Library

Oral History of

Roger Nelson

Professor *Emeritus* of Physical Therapy

Date: June 27, 2014

Interviewed by Art Ford

Professor *Emeritus* of English and Alumnus, Class of 1959

Transcribed by Jananne Ferrere

Vernon and Doris Bishop Library Student Worker and Alumna, Class of 2015

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Dr. Roger Nelson, Professor *Emeritus* of Physical Therapy—With a distinguished physical therapy teaching career, Nelson joined the LVC staff in 2002 as chair of the recently formed Department of Physical Therapy. He discusses in detail the challenges and rewards of establishing The Valley’s successful program. He retired in 2011.

A: I'm Art Ford. I'm here in the IT office, where the IT people have for Skype. I'm talking with Roger Nelson, who is retired from the Physical Therapy Program here at Lebanon Valley College. The date today is—do you have any idea what the date today is, Roger?

R: The 27th of June.

A: June 27, 2014. We're going to be talking with Roger about his experiences with Lebanon Valley College and Roger, did you get the list of questions that I sent you?

R: I did not, no.

A: OK. I'll give them to you now (laughing), as we talk about them. What we have been doing is gather information, mementos, and also personal recollections from people that were here at Lebanon Valley College at different times and various capacities. Faculty members that are now retired, such as you, students that have been out for some time, board members, that sort of thing. So, we are compiling up this group of oral histories in part because it's good to have that—it's history of the College in the Archives, but also because at some point in the future, someone will be writing another history of Lebanon Valley College. We think that this information will be useful for that purpose. So, we do have the facility to do the recordings—digital recordings—but we will also be transcribing those. When we transcribe them, we will send a copy of the transcription back to you, and then you can decide whether you want to change anything, if there are any errors in there, that sort of thing—send it back to us, then you will receive a copy of the transcription as well as a copy of the original digital recording for your own records. So that's how we go with that. Any questions about all of that?

R: No. I think that's a great idea to record this.

A: Yes. Well, the interview is in two parts—one is factual based about you, so we have some understanding of the context of the comments you are making, and also to know something about you as a person at Lebanon Valley College, for people maybe 200 years from now who are checking into this—to know the context. Then, most of the interview we do is about your experiences with the College. So first of all, what's your hometown?

R: My hometown is Staten Island, New York.

A: OK. Were you born there and raised there?

R: Born and raised, lived there for 23 years, went to Port Richmond High School, then went to New York University for a physical therapy degree. I joined the United States Public Health Service in 1965, then I had 25 years in the United States Public Health Service as a commissioned officer, serving in Baltimore, Boston, San Francisco, Iowa, and West Virginia. After which I retired from West Virginia, and was offered a position as chair in physical therapy at Thomas Jefferson University, and I was there for 10 years.

A: When did you leave there?

R: I left there in 2001. They didn't have a series of sabbaticals—at that time, I was there 10 years and was getting a little burnt out. I asked the dean if I could take a year off without pay, and he said, "You're either here or you're not here." So I said, "Well then I'm not here."

(Laughing) Then I left and took another position at the College of Staten Island, which was an interim period for one year, and my brother still lived in Staten Island so I would visit with him, etc. So that was an interesting time. During that time, they contacted me about a faculty position at Lebanon Valley College. I interviewed, we were in the process of finalizing the

faculty plan, the current chair left. Dr. [Steve] MacDonald asked me to be the chair of the program.

A: What year was that; that you came?

R: 2002.

A: 2002? OK. When did you retire then from The Valley?

R: 2011.

A: Well, that's close enough. Let's go back to your youth for just a moment. Did your parents have college degrees?

R: My father did. He went to an engineering program, worked during the day as a ship builder and also with the City of New York. At night, he would travel from Staten Island to Cooper Union and that was a free education at that time. I think it is still a free education for engineering. He won his bachelor's degree in mechanical engineering. My mother did not. I don't believe she finished high school because there were seven children and they needed to work.

A: The depression years, I suppose?

R: Yes. She—I don't believe that she went to high school—so they all seven children worked as they could work. So the finances for the family and they lived in Brooklyn—in the Norwegian part of Brooklyn because we're of Norwegian descent; both sides of my family came from Norway.

A: Do you know what particular town or towns?

R: It was the southern part of Norway, but I could find out. My sister—my older sister—moved to Norway in 1959. So she lived there until her death, which was just last year. They were all from that same southern part near Kristiansand.

A: Have you been back there to visit?

R: I have been back there a number of times. I went back in September because she (my sister) was dying, so I wanted to give my last visit with her. I was over before that, about three or four times. My parents also went over for three months at a time, which now I don't know how my sister did it (laughing). They enjoyed it. When my parents went over the first time in 1961 it was on a ship. They would take great big boxes of food from America, all kinds of food. These boxes would be twice the size of your standard desks. Because you could travel with those for free, if you took the boat. So they thought that they might—when they unpacked the material, the little kids in the neighborhood would think my father was a millionaire (laughing). Because the money was so tight in Norway and it was post-war, and they didn't have a different variety of food and such, so they would supply my sister with a year of food. Non-perishable types of items. So, my favorite scenario was when they would finish unpacking, and my sister would say, 'You forgot the marshmallows.' So, we had to mail the marshmallows to my sister or she would—she was the princess in my family.

A: Yes (laughing). The only daughter, I suppose?

R: The only daughter. They lived here, in America for five years, but they had a baby that was born cerebral palsy because it was a breach delivery. Then, that baby is now 57 living in a group home which is—she lives independently and has a great time because she lives with other slightly handicapped people. She has a mild amount of cerebral palsy.

A: Let's go back to your high school years just for a moment. Again, where did you go to high school?

R: I went to Port Richmond High School.

A: What was that like? Was that primarily an academic institution or—

R: Yes. At that time, not a lot of people went to college. The community college system wasn't that big at that time. So, it was a mix of academic and technical kinds of things. I was in the academic program.

A: Were you involved with extracurricular activities as well?

R: As I remember, I didn't. My father didn't drive us anywhere. If we went some place—plus we lived in New York City—we took the bus. Or you took your bike. I don't remember a lot of extracurricular activities in high school.

A: Then you went to NYU, you said?

R: Well, at first I went to Staten Island Community College for two years to save a little money, then went to New York University for the physical therapy program. At that time, physical therapy was a baccalaureate degree. It was actually a certificate, and then you could get a bachelor's degree. Now of course, it is a doctorate program.

A: OK. Well, anything else you think we should know about your background?

R: No.

A: Let's move on now to your experiences here at Lebanon Valley College. You already explained how you came to Lebanon Valley College, process that got you here. When you arrived, did you have any thoughts about the physical plan itself? Did it strike you one way or the other?

R: No, at the time, there was quite—some challenges that we had that Dr. MacDonald was excellent working with. Now we have that now is our office space, whereas that was an open area before. We worked through that during our early years when we were in candidacy. When I was first there, the school did not pass its candidacy, and they didn't become accredited and that's why I was put in charge of the program to get it in the right direction, etc. So, at the time, the only issues really related to staff offices and things like that, the teaching facilities were excellent, and now I suspect, we could have a better increase level of—number of facilities for teaching. But, at the time, we were—

A: When you arrived, you said that the College—the Physical Therapy Program was in some danger? Not being accredited; is that the accurate thing to say?

R: There's a process in the accreditation where you apply for candidacy, then towards the end of your candidacy period—when you enroll students—you are enrolling students in the Physical Therapy Program—then at the end of the program, the accrediting body, The Commission on Accreditation in Physical Therapy Education, comes to the program and has a set criteria. They evaluate the program and it didn't pass because of the attended weaknesses in the curriculum and other issues related to faculty and so forth. So then that first class, had to—it's called the Golden Parachute—you make an arrangement with another school and Shenandoah University in Virginia took our students from that graduating, or near graduating class, and they graduated in another year or two at Shenandoah at LVC's expense. The basic problem was that the program that was developed was a master's program and all of the other programs at that time were moving from the master's to the doctorate of physical therapy Program. But, the individual that developed this at the time, who was the chair, didn't quite understand that I

guess. So, when we worked with Dr. MacDonald, we realized that we had to look into this program and that's what we did very quickl—with the help of Claudia Gazsi—the tremendous amount of work with the candidacy criteria. This is 70 criteria so you end up with two loose leaf books that are four to five inches thick. It is a tremendous amount of work. We were able to get it and we got the initial accreditation, which was at that time for three years, and so the students in that year were able to graduate with a doctorate of physical therapy degree. It was a trying time for LVC, but Dr. MacDonald was the dean at the time and was very supportive of the program, and so was the president at the time. The support has always been there since then.

A: What were the most difficult obstacles that you had to overcome to reach that accreditation? What were the most serious problems, I suppose?

R: Well, I guess the most serious problem really was answering the criteria into the form that CAPTE understood, and that's where Claudia came in to her own, in terms of working with me. I worked for—well we only had three faculty at the time—it was myself, Claudia, and Stacey Ruch—we worked pretty heavily on getting the appropriate curriculum. The other major issues that the Commission found was that the curriculum didn't hang together; it wasn't integrated—it wasn't coordinated. So, we spent a lot of time developing a curriculum that would be coordinated and integrated, and have the material that would flow through each of the three years of the program by increasing levels of difficulty if you will, from an educational point of view into the third year. It was a matter of understanding that process of which the prior individual didn't understand. Just put a course here, a course there, like laying raisins and walnuts—trying to make a sundae out of the whole thing.

A: That original group of students that had the choice of going to Shenandoah, did they all go to Shenandoah?

R: I believe they did. There might be one that did not, but I believe all of them did. And they all graduated. I haven't—I was in contact with one of the professional meetings of one of the students.

A: You don't recall who that is, do you?

R: No, I do not. But there's a list of the students. It would be a good thing if we could get a hold of that and talk to them.

A: Just to find out how they felt about the whole thing. It must have been a difficult experience for them, I would think.

R: It was a very difficult experience and of course, for myself coming in a little bit late, I didn't know the students as well, but it was extremely difficult for Dr. MacDonald. Very difficult to the point that he mentioned it for a year and a half of this issue. He never wanted this to happen again.

A: So what bothered him was the difficulty it made for the students that already made it in the program?

R: Correct. The covenant he had with the students. That he had to break that covenant. But he also had the covenant that they would be taken care of. And they were taken care of.

A: And what year was that again when you received the final approval or accreditation?

R: (long pause)

A: Was that about the time—two or three years after you came?

R: I think it was. It was in that period of time. There's a history in the accreditation document that details that specifically. I think it was two years after I got there.

A: So the period after that—when you were chair, how would you describe the workings of the department at that point? You hired additional people, I suppose?

R: Yes, and that was part of the development process for CAPTE was—

A: Can you tell me what that accreditation agency is?

R: Commission on Accreditation in Physical Therapy Education.

A: OK.

R: Being a small College in a small area—geographic area, rural area in Pennsylvania—it was a little bit of a challenge to get faculty to come versus a big city like Pittsburgh or Philadelphia or New York—that kind of thing. We were challenged from that point of view. But, we were able to get a good group of faculty that came because they also had ties to the area. So we were lucky to get that. Also, because I was active in the association and I was on the board of directors for the APTA for six years, so I had a national presence, they were willing to at least entertain coming to the organization and teaching. So we were able to gather a good set of faculty for the program. Then we spent time developing the faculty and also further developing the curriculum.

A: Then you had students coming—

R: Well, we had the students there. They transferred right into the professional part of the program.

A: With the years following that, did you have any trouble recruiting students to a school this size?

R: Never had trouble recruiting students. That was—it's a big draw—physical therapy. Like at Jefferson in the early '90s, there were a thousand applicants for 50 spots. So, I think we were always at 300 to 400 applicants at LVC for the 34 spots. In the beginning, we had a smaller class because we were still fumbling through the curriculum and once you develop roots—I used an analogy with the students that we were the ice breakers and we were going through and breaking the ice with the education component with these students. I think we had seven or eight students in the beginning and then 15 students, and so forth. Then word got out that we have the accreditation and the gates opened. We had no trouble filling 30 to 40 spots. The first class was about 30, which was nice because other programs are up to 60 or 80 students, in one class.

A: Was it—how did the department work together? Was it an amiable department when you were here?

R: I'm sorry, I missed that first part.

A: Was it an amiable department over the years?

R: Yes, we were focused on getting this department together and focused on—we wanted to succeed. We didn't want to disappoint the students anymore. We wanted to make this thing work and we felt that we wanted to make it work because of the continued support of Dr. MacDonald. So, we were working for a "good father" image. We were proud of what we were doing and wanted to continue doing that. We certainly didn't want to go the route of the first time. We didn't want to lose any more students. And the faculty worked well together. When you are working in the program, you have a common goal and core to the program.

A: Were there any of the faculty that the students particularly liked or were drawn towards that you can think of?

R: I can't say that at the time—I think pretty much there weren't any negative faculty, if I put it that way.

A: OK.

R: There were all very positive and a good influence on the students. Each of them had their own quirks that the students would perceive. We had a great set of courses and we had people that were genuinely interested in educating quality physical therapists.

A: Now you're also part of the larger College, and what was your relationship with the rest of your colleagues in other departments of the College, since you were so busy doing what you were doing there?

R: You know, in the beginning we didn't—we were at the other side of the tracks—we didn't have a lot of interaction. I had most of my interaction with faculty like Phil Billings and... I'm dropping his name right now, but, really nice to us and worked with us. Some of the other faculty members I never interacted with in the beginning. My job was to get this thing going and my job wasn't a political thing; to interact with the rest of the faculty at the moment. I felt that I needed to get everything rocking and rolling here for the program.

A: You did mention Phil Billings, however, from the English Department, and working with him. In what sense did you work with him?

R: Phil was also on our advisory committee, and we had our advisor come from CAPTE. Also, his son was in physical therapy school at the time. It was a little bit of a common core, and we

would visit and talk about some of the things that we were doing. I can't think of his name right at the moment. And the other fellow was in the English Department—Oh, Gary Grieve-Carlson!

A: Oh, yes. Also an English professor.

R: Very supportive. He was always there, walking back and forth from the exercise area, and would say, 'Hey, how are you doing? Keep working!' and so forth. It was—some of the faculty members—I got a call from Steve [MacDonald] one day and said that some faculty were walking past the department and didn't see so-and-so in the office. I said, 'Well, Dr. MacDonald, if I walk over to the College during lunch time, I walk past one of the offices, they would be over in the exercise area, and I wouldn't think that they weren't in the office.' So I said, 'We need to stop this business of examining us and feeling this separation kind of thing. We are in it together.'

A: Did you get any feeling that, well from some of the faculty members, resentment that you were getting all of this attention?

R: Oh, yes. I think that in a liberal arts sense that the feeling is that you should learn for the liberal arts, and that you shouldn't train someone for a "trade." Although, the physical therapists aren't obviously a trade profession. That was a little bit of an undercurrent from some of the faculty members.

A: By the time that you had left, do you feel that had pretty much been overcome?

R: Yes. I think that we showed them that we are team players and that we are developing—and the fact that we supplied almost 30 percent of the student body. Because this is a six-year program. We also have an economic impact—or still have a significant economic impact. I think that part had kind of disappeared—by a lot.

A: Specifically, what courses did you teach when you were here?

R: I taught the evidence-based practice courses that were four courses in a series over a three-year period. So, evidence-based practices are an important part of what we do and that you based your decisions and treatment on scientific evidence. So, I took the basic components all the way to the articles and review the articles that are good from scientific point of view and how we can interpret those articles for the improvement of patient care. In talking about treatment guidelines, because I developed the first set of treatment guidelines back in '94 and was using those kinds of guidelines for how you are going to manage a patient. Treatment guidelines can be roughly looked upon as a road going from Annville to Harrisburg. How do you get to Harrisburg? Do you take 322, go up to 81; which is the best way to get there, and the most efficient way? Then, how do you know when you are off the highway? You turn off this road to Palmyra and you are no longer going to Harrisburg, because you need to know that. That's the way you look at patient care-OK, I have an injury that can go to wellness; how do I get from the injury to wellness? What's the most efficient way? Those are the things that we talk about. Health policy issues because they were introduced in Introduction to Physical Therapy, so we talk about larger health policy issues and where physical therapists sit with care and the patient.

A: You must have taken some considerable satisfaction when you did retire in what had accomplished in your time here.

R: Yes. In fact, the last year—well the year before my retirement—the year after my retirement—I was awarded the McMillan Lectureship, which is the highest award of the American Physical Therapy Association gives. I was able to give that McMillan address one year

after I retired, so I guess it was one year ago before a national meeting. You get to talk about your vision for physical therapy in the future. I was able to do that and I was fortunate enough that I often kidded that I have a supply cabinet in the PT department that was large enough for a desk. I worked on the lecture program for 14 months, so I would go into the faculty meeting and I would bounce off the ideas on the fact as I went through the process for 14 months. It was a fun process.

A: Could you sort of summarize that vision you said you had for the PT program in the future?

R: Yes, I can send you the manuscript.

A: I'm thinking of the people that are listening to this years from now. Because it sounds like a vision you have for the PT's at Lebanon Valley College, as well as the profession in general.

R: Yes, really I titled it "the next evolution." The physical therapists are going to have to be aware of where their place is and define the value of physical therapy, the value is in the eyes of the beholder because the patient has a certain metric for value. The carrier has a certain metric for value, the physician that requests the physical therapy has a certain metric for value. The individual that is paying for the services has their own metric for value. So, I talked about the metrics that we use for value, and talked about the importance of physical therapy integrating in with the business program because physical therapy is a business in a sense. I talked about increasing levels of coursework in the business department of colleges so physical therapists knew of cost efficiency and cost effectiveness of their care because as we get in the area of reduced payment systems, you are going to need to know which is the most effective treatment and what effective treatment can I provide at the lowest cost? Then I talked a little bit about The Commission on Accreditation in Physical Therapy Education in that they have 70

criteria each with multiple components and when they get a new criteria, they simply add it to the existing criteria. I suggested that CAPTE needed to do some cleaning up on their end by saying what criteria are out of date and how can we get rid of criteria? How can we anticipate the changes that are going on in our current healthcare in a more efficient manner? Because CAPTE it takes five years to six years for a new criteria to be developed. Well, you're lacking healthcare development at that point significantly because healthcare changes have occurred ten years ago and you are just now getting to the measure of metric that was accomplished those years ago. So, I suggested to them that they need to look at current healthcare trends and see how they could make a set of criteria that would be anticipatory of healthcare changes. And I talked a little bit about how APTA, the organization that represents physical therapists, who have changed using new social technology mechanisms and other administrative things that could make it more accessible to physical therapists because today-well, historically, only 30% of physical therapists are members of APTA. The other 70% are not, so how could you gain membership? It's a cost basis. You are making decisions based on value related to what you are paying for what you are getting. I spent most-I divided pretty much into three major areas; where the practice is going, where the education should be going, and where the APTA should be going.

A: Now that you've retired, it sounds like you are staying involved with the organization, and development itself?

R: Yes, I still am. I have several grants with the APTA on larger policy issues. When I was at Lebanon Valley College, I was also a consultant for a larger healthcare group that managed worker's compensation cases and I had access to large databases of healthcare. So we got a lot

of grants from the APTA to study these larger questions relating to the delivery of healthcare services by physical therapists. So I'm still active in that.

A: Let me broaden this out a little bit. Even though you spent a fairly small amount of your career at Lebanon Valley College, you were here at an important—rather crucial time for the College. You contributed a great deal towards that. As you think back over those years at Lebanon Valley College, what would you say that Lebanon Valley College means to you?

R: It means quite a bit to me, actually because I think what it does is provides me model for physical therapy education can occur at a liberal arts setting. I tell the students that they get a good grounding in the liberal arts areas, for example, for them to take courses that they normally wouldn't. Some philosophy course or some other course-music course. I had two students that majored in music, and I said that's great! Because you need to be able to talk to your patients about things other than their physical well-being and you should be able to talk to them about broad things, like for example, my son went to Gettysburg College and went on to be a pediatrician but when he was at Gettysburg College, he took Chinese poetry. You can talk to patients about other things in the broad context. So I think that the laboratory that Lebanon Valley College provided for the students was very valuable. I really push that with the students when they come in the first year. We have the students right when they enter the first year all the way up to the end of their physical therapy degree. Which is a great opportunity to learn the students and to encourage them as they move through the program. The major issue is taking that liberal arts education and transforming it and how you can move that education to connect more with the patients. Because what you need to be able to do is get into the patient's head and motivate them, not everyone is motivating by the whip. You know, you say

you have to do this exercise, etc. but they are motivated by other mechanisms and you can find what motivates them.

A: You're saying that a liberal arts college, especially a small liberal arts college, you can do that?

R: Yes and you can get that—and the nice thing is you can get to know the students. It's nice because we were over in the exercise area and they would come over and see me and they would say, 'Hi, Dr. Nelson! How are you doing?' I then respond with the same and ask about their courses and so on. During some of the times when the students would come in, I would say, 'How did you miss this test?' They would say they fell asleep. I said, 'Your job is to get to school on time and to get to that class.' I heard later that one of the students said, 'Dr. Nelson yelled at me today.' (both laughing). Which is a little like being their "Dutch uncle" if you will? That was a good opportunity because you really got to know the students. I've had students come up to me and talk 20 years down the road and find me at a conference and say, 'Dr. Nelson, do you remember me?' Sometimes I do, sometimes I don't, but they remind me and so that's great. I think that if I was looking, I would hope that LVC would grow large enough to sponsor an alumni night at our national conference because most of the schools have Tuesday night at this national meeting, like "Arcadia University Alum meets, members of University of Pittsburgh meet," you know. We haven't developed enough of the graduates yet to do that. I think that maybe in the next 10 years they should think about doing that and also I play golf with Stan [Dacko], the current director, so we do a lot of talking about the program.

A: It sounds like you still have some things to look forward to here with your students.

R: Yes, I would attend the ten-year reunion for the physical therapy program and things like that.

A: Good.

R: And we would look at those kinds of issues because I think it is important for students, especially when you are looking for contributions to the program. You're looking at a 20-year income when you get out of college; loans, getting married, and all of these other things. You want to be able to keep with the students and keep them in the loop. They might not write back to you, but they enjoy seeing what LVC is doing.

A: You do seem to be breaking up a bit (Skype connection), which is fine because we have reached the end. That's a good way to conclude I think. I thank you very much, Roger.

R: You're welcome, thank you.

A: Good to see you.

R: Yes, good luck!