Physical Therapy is More than Just Physical

By Danielle Christ

Congratulations to Doctor of Physical Therapy Student, Danielle Christ (Rutgers University), finalist in the annual Student Essay Contest, co-sponsored by the American Counsel of Academic Physical Therapy (ACAPT) and the Journal of Humanities in Rehabilitation (JHR). The eighth in an annual series, this national contest offers a creative opportunity to ignite critical reflection in Physical Therapy students across the nation to support holistic approaches to patient care. This year's essay prompt was:

In clinical practice, physical therapists frequently encounter moments of uncertainty—cases where clear answers or established protocols may not exist for a given problem. Navigating this ambiguity requires not only clinical expertise but also the capacity to adapt, reflect, and respond to new and complex situations. The Master Adaptive Learner (MAL) model emphasizes lifelong learning and adaptability in these uncertain moments, encouraging clinicians to continuously reflect, learn, and innovate in their approach to patient care.

In this essay prompt, we invite students to describe their experiences of navigating ambiguity and uncertainty in clinical practice or education, and offer examples of how their encounters with the health humanities—ie, engagement with literature, ethics, storytelling, or the arts—have influenced their approaches to healthcare. How have they helped you cultivate the skills to become a Master Adaptive Learner (one who is more reflective, adaptive, and innovative)? How have the humanities enhanced your ability to manage uncertainty with empathy, curiosity, and creativity? In what ways have these disciplines guided your growth as a resilient and adaptable clinician in training?

During my first clinical rotation in an outpatient orthopedic clinic, I encountered a patient who significantly shaped my understanding of the complexities of rehabilitation and the role of empathy in patient care. This patient had recently undergone a total knee arthroplasty (TKA) and was recovering from a post-surgical infection that severely complicated her recovery progress. What I initially perceived as a relatively straightforward rehabilitation case soon revealed itself to be a deeply challenging and insightful experience—one that tested not only my developing clinical skills but also my ability to navigate uncertainty and respond with empathy.

A COMPLICATED RECOVERY PROCESS

The patient, a 63-year-old woman, had initially been excited about her knee surgery. After years of debilitating osteoarthritis pain, she hoped the TKA would restore her independence and help her return to her active lifestyle. However, things did not go as planned. Shortly after her surgery, she developed an infection around the knee, requiring a prolonged course of antibiotics and a second surgical procedure to clean out the infection. By the time she came to me for physical therapy, she had already endured weeks of additional pain, fear, and frustration, beyond what was anticipated.

When I first met her, I felt a sense of uncertainty about how to approach her rehabilitation. Her recovery had been delayed, and her knee was still swollen; she struggled with even the most basic range-of-motion exercises. As I observed her guarded movements and hesitant demeanor, it became clear that she, too, was filled with uncertainty—about her body, her progress, and the possibility of returning to her previous level of function. She expressed feeling trapped in a body that was betraying her and was afraid she would never regain full mobility. I began to realize that her challenge was not just physical; it was emotional as well.

OUR FIRST STEPS

I started our sessions by focusing on basic mobility exercises and addressing pain management. However, after a few visits, I realized that this patient's struggle went beyond what could be measured with a goniometer or strength assessment. One day, during a session, she hesitated before performing an exercise and quietly said, "I don't think I can do this anymore. What if it doesn't get better?" I recognized that this moment of vulnerability required a shift in my approach.

I could no longer focus solely on physical rehabilitation. I realized there would be great benefit in helping her reframe her experience and rebuild her confidence.

ADDING A HUMANISTIC DIMENSION TO TREATMENT

As we worked together, I began to make space for her to talk about her previous activities and experiences (gardening and walking) and what they had meant to her, and what her biggest fears were now. Through these conversations, I learned that she was grieving not just about acquiring the infection, but also for a detrimental shift or loss in her sense of self. She no longer felt like the person she had been before the surgery—the independent, active woman who could move freely.

Together, we began setting small, manageable goals that included not just physical milestones but also emotional ones. We started with activities like standing up from a chair with less discomfort, or walking around the clinic with more certainty. I encouraged her to reflect on her progress by journaling about her feelings and how she was coping with the emotional side of recovery.

As the weeks went by, I saw her begin to regain not only physical strength but also confidence. She was able to walk longer distances and even began to talk about gardening again. We honored each milestone. One afternoon, she smiled for the first time during a session and said, "I might not be where I was, but I'm getting closer every day." We celebrated the fact that she was able to walk around her house again without pain or fear.

By the time she was discharged from physical therapy, her knee was functional, and her emotional resilience appeared to have strengthened. She had learned to trust her body again and to see her recovery as a journey, not just a destination.

THE MULTIPLE LAYERS OF RECOVERY

Ultimately, this experience taught me that recovery is

multilayered and requires a multifaceted approach. Reflecting on this experience, I realized how pivotal it was in my development as a clinician. Managing uncertainty in this case wasn't about finding a quick fix or rushing to get my patient's knee to bend fully. It was about acknowledging the whole person—physically, emotionally, and psychologically.

By integrating elements from the health humanities, such as narrative medicine, I was able to see her not just as a patient with a knee replacement but as a person with a unique story, fears, and aspirations. This approach helped me embrace the uncertainty of her recovery with empathy, curiosity, and creativity. As I continue my training, I will carry these lessons with me.

About the Author

Danielle Christ is a current Doctor of Physical Therapy (DPT) student in the Rutgers University DPT program. She completed undergraduate degrees in both Health Science and Biology and is looking forward to beginning her career as a Physical Therapist. She was initially drawn to becoming a Physical Therapist after experiencing an ACL and meniscus tear when she was a younger high-level athlete. She had such a positive experience with the compassionate rehabilitation professionals that helped her return to sport that she knew she wanted to help people in the same way she was helped.