

To Be, to Inflect, to Feel

By Katherine Hendry

Congratulations to Doctor of Physical Therapy Student, Katherine Hendry (Emory 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?

My grandmother passed when I was sixteen. Following that great loss, one of my favorite songs to play on the piano was Beethoven's *Moonlight Sonata*. It's a common song played by pianists, as it is neither incredibly difficult nor excessively long. However, the most significant aspect of the piece was that I could *feel* it. The low bass notes of the song would emit from the piano and reverberate into me, shaking my ribs and altering my heartbeat. By the end of the song, my heart and the tempo were the same. I could lose myself in the music and take a breath or two without feeling overpowering grief.

That is the beauty of music. Even though there are tempo ranges, dynamics suggestions, and time scales to

maintain, rarely do two musicians play the same song identically. Each inflection of the piece is a fingerprint of the musician, a chance for the player and the composer to connect across what could be centuries.

Although I love playing the piano, I never sought to play professionally. Surprisingly, despite the multitude of people in my family who studied humanities, I found myself drawn to science. The subtle art of the neurons called me to study neuroscience in undergraduate school, and my fascination with muscles, along with a desire to help people, led me to pursue a Doctor of Physical Therapy degree.

THE CERTAINTY OF A CORRECT ANSWER

One of the reassuring aspects of science is that there is, often times, a correct answer. Neurons run on electrical signals powered by sodium and potassium. The brain sends signals to the spinal cord, which forwards the information to peripheral nerves, which innervates muscles. Even in physical therapy school, where there is a running joke that every professor will respond to a question with “it depends,” there is always a correct answer. If a patient presents with back pain, it makes sense to perform a cross single leg raise. If a patient has experienced a stroke, checking sensation and coordination is a logical step to take.

DEALING WITH THE GRAY AREAS

However, anyone who works with patients knows that there are gray areas in clinical practice where there isn't a right or clear answer. Practitioners are often faced with the harsh reality that our patients are *people*, with needs, thoughts, families, and dreams of their own. Black-and-white powerpoints about different psychological diagnoses and a semester about motivational interviewing are insufficient to bridge the gap between science and personal communication.

Oddly, these gray areas are where my previous experience in piano overlapped with physical therapy, as I was challenged to be creative with, empathetic toward, and curious about, my patients.

FINDING THE MUSIC IN REHABILITATION

One time during a session, one of my patients broke down in tears. He was usually chipper, despite his recent spinal cord injury. However, he had learned that morning that he would most likely need to implement a bladder program for the rest of his life. I could not understand what he was going through, and in many ways, I was out of my depth. After all, my Anki flashcards hadn't prepared me for this, and we had to fill the rest of our 45-minute session.

Surprisingly, in this sterile clinical environment, I found myself drawing upon my experience with music. I was called to respond to this tempo change within the patient care sessions, and adjust my dynamics to meet his quieter tone. After all, music is a way to connect to my humanity. Music is about losing yourself in *being*. Sometimes, there is nothing else to do but to tackle the next measure. Music is also about feeling the emotion of the piece, committing to be curious not only about what the piece means to you, but what it meant to the composer. You also are given a license to be creative, to leave your own impression of a piece.

I sat with my patient, and I gave him space to experience his emotions. I let myself be curious about what the situation was like for him and refrained from telling him I understood. I allowed myself to stray off of the official plan of the session, with a willingness to be creative in an environment where I was constantly being observed. This was a small moment in time, but it provided a valuable opportunity to see how important the connection with my patient as a person truly was.

When my patient was ready, we went through the rest of the session on his terms. He played music on his headphones, loudly, while I assisted with his sit to

stands in the sara stedy. I refrained from my usual you-can-do-this attitude, instead facilitating what he needed. I did not fix his feelings; I knew I could not. I did the only thing I could do for him in that moment: let him feel them.

MOVING BEYOND DATA POINTS

When working with people, we clinicians need to step beyond the data points of the chart. We need to

connect to our empathy, to our being. We need to be curious about each other and our patients. We need to be willing to adapt, whether to a tempo change or a shift in plans, to whatever comes our way. We need to be creative as we sight-read our lives. Although I have learned these skills through my interactions with music and the humanities, I firmly believe that I am a better clinician for it.

About the Author



Katherine Hendry is a Class of 2025 Doctor of Physical Therapy student from Emory University. She graduated in 2022 from the University of North Carolina at Chapel Hill with a Bachelor of Science degree in neuroscience and minors in anthropology and chemistry. She is aiming to complete a residency in orthopedic physical therapy by 2026. She enjoys reading, exercising, and playing piano in her free time, as well as her new knitting hobby.