

Building *a* Practice:



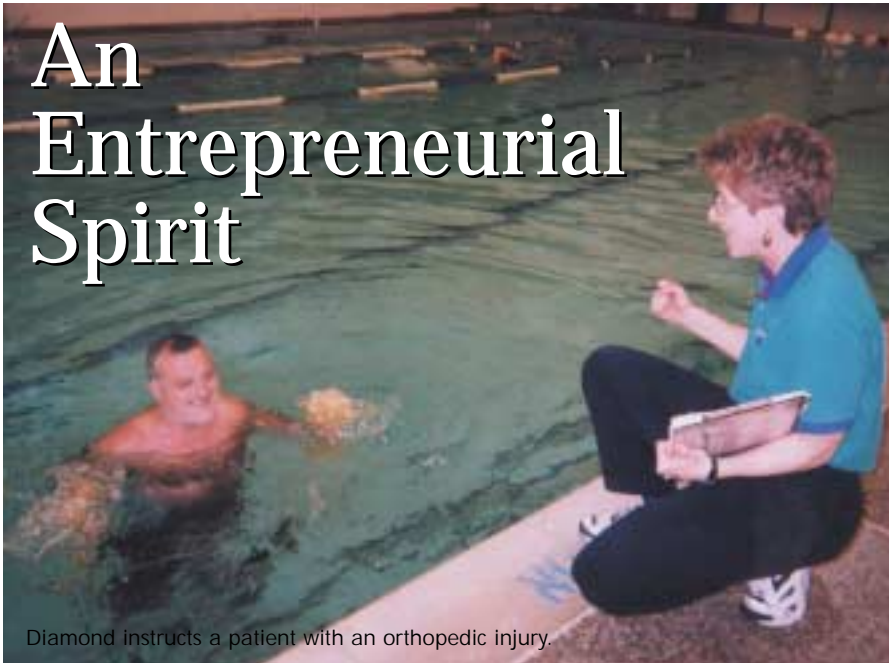
Niches in Fitness and Aquatics

by Melanie
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Starting a practice in today's environment can be daunting, but the principles of good business sense and market savvy are as valid today as they've ever been. Two private practice success stories, including a multiple-site fitness and rehabilitation partnership built from a small practice and a small aquatics practice, illustrate the rewards of hard work and solid planning.



An Entrepreneurial Spirit



Diamond instructs a patient with an orthopedic injury.

There are people who ask themselves “Wouldn’t it be nice to do X,” all the while resigning themselves to the idea that X is a dream they will never pursue. Then there are those to whom that phrase is usually a prelude to action. Such a one is Laura Diamond, PT, MSPT, who diverged from an aquatic physical education career in mid-stream to pursue a physical therapy degree and build a practice that is now, she says, exactly what she wanted when she made that decision.

In 1984, Diamond was working as an aquatics consultant, using a warm-water pool at the Perkins School for the Blind in Watertown, Massachusetts. Her undergraduate degree had been in physical education, and to that she had added credentials as a Water Safety Instructor Trainer and experience as an aquatics director at the Boston YWCA. Branching out as an independent contractor, Diamond offered aquatic consultation and physical education to clients such as the United Cerebral Palsy Foundation and Perkins. When she found that she very much enjoyed working with a population of clients with mild to severe disabilities, Diamond sought a way to make that the primary focus of her career.

“When I was in undergraduate school, my mother had said, ‘You should be a phys-

ical therapist.’ But of course you never listen to your mother. Then, later, when I was an aquatics consultant, and many of my friends were going to medical school, I realized that I would get more of a scientific base than I had and would be recognized in the medical model by becoming a PT,” she says.

Learning How to Be a PT

Before she made the leap, Diamond researched the physical therapy profession, contacting the Massachusetts chapter of APTA to find out what the current issues affecting the profession were. She spoke to PTs in different settings and did day-long observations at local hospitals.

After completing her prerequisites, Diamond applied and was accepted in the physical therapy program at Sargent College in Boston, where she completed a master’s degree in 2 1/2 years. Upon graduation in 1989, she set about finding work in either of the two settings she had selected, acute care or rehabilitation. Diamond wanted to have at least a couple of years in each, but there was one other requirement: The facility where she would work would have to have a pool.

Diamond did her research and approached the facilities that she had

identified as meeting her needs. As she had planned, she worked for 2 years in acute care at Boston’s Brigham and Women’s Hospital and for 2 years at the New England Rehabilitation Hospital in Woburn, Massachusetts, to give her the exposure to health care that she wanted, as she puts it, “to learn how to be a PT.” Then, in 1993, she took the next step toward her goal of private practice.

“This Is What I Want to Do”

“I started school not knowing what managed care was going to look like when I got out,” she says. “When I went into practice, it was just starting to get bad. People said to me, ‘Oh, you’ve gotta be nuts,’ and some others said, ‘Do it, but keep it small. Because you have a niche, you’ll be okay.’ Even though I had direction and knew where I was going, I was scared. To give up a full-time job with benefits! I actually dropped back to 24 hours to start, because I wanted an income. But a friend convinced me that I had to just get out there and *do it*. So I walked into health clubs, and I said, ‘This is who I am, this is what I do, and I want to do it here.’”

What Diamond was proposing were contracts whereby she would use the health clubs’ facilities to provide aquatic physical therapy and traditional physical therapy to clients, thus giving her access to the pools she needed and giving the club another benefit to offer clients. Aiding her in her approach to clubs were a strong entrepreneurial spirit that Diamond says she has had all of her life (“I delivered newspapers, I drove a cab, I always read the business section of the newspaper”) and business skills developed through her many enterprises. (She has since taught some of those business skills to physical therapy students at Boston University.)

“There are a few different ways to structure a contract,” she explains, describing some of the options she had in making arrangements with the clubs. “You can rent a room for a certain amount a month, or pay the club on a per-head basis. You can put caps on your rent, or you can float

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your per-head basis, so that for the first 20 or 100 patients, it's going to be one amount and then for the next 100 cases, it's going to be half that. Or you can give them a percentage of your gross receipts, though I don't recommend that because then the club will need access to your books."

Diamond's thoughtfully presented business plans won her arrangements with a number of different clubs. She christened her new business Diamond Physical Therapy Associates (in anticipation of the physical therapist colleagues she soon began to contract with) and set about building a referral base.

That meant marketing, another area where Diamond's past business experience came into play. Her primary approach then and now has been to contact potential referral sources directly, both to let them know about her practice and to educate them in what aquatic physical therapy is.

"I've used direct mail with follow-up calls, and I've sent 'thanks for the referral' cards. Some people want referral pads, and I'll frequently hand-deliver those instead of mailing, so I can meet the receptionist and maybe the doctor," she says.

"It's important when I do call physicians, though, to get them in the water with me. Out of about 300 calls, I might get 20 people in the water, and they'll say, 'I'm really glad I came, because I had no idea what this was about. I thought it was swimming or water aerobics.'" Diamond also has found it helpful to provide potential or actual referral sources with plastic holders with her brochures and ask them to display the brochures in their offices. Recently, she took out an ad in the Yellow Pages.

Diamond Physical Therapy Associates today contracts with two health clubs: Waltham Athletic Club in Waltham and Wayside Racquet and Swim Club in Marlborough. Patients are not required to be members of the clubs to have access to care. Diamond also contracts to perform physical therapy on-site at Longfellow

Health Center in Wayland, where her services are presented as part of the center's spectrum of wellness offerings, including both mainstream and holistic therapies. She and her patients also have access to a 90-degree therapy pool at the Ferndale Center in Waltham.

In addition to aquatic therapy, Diamond offers what she refers to as "land therapy," including manual therapy and—at Longfellow, where she has access to them—modalities. Among the practitioners referring patients to her are other PTs who appreciate the benefits of aquatic therapy but don't have access to a pool. Diamond integrates her treatment plan with theirs, providing aquatic therapy to supplement the care provided by her colleagues. Although Diamond does accept some patients with third-party insurance arrangements, she does not contract with managed care organizations, and she says that a large percentage of her patients are self-pay.

The practice has contractual arrangements with other therapists to provide services for her practice and has a part-time billing person, but for most administrative functions, Diamond says, "I'm my own administrator. Sometimes, I wish I could just hang a shingle in a regular office, to have it all under one roof in one location, with front desk reception. I spend what sometimes seems like a lot of time coordinating charts, registration sheets, etc. But that's also what I think helps me to be successful, so it's a Catch-22. My fantasy is to have computers in every site and have them networked for billing, communication, and scheduling."

Diamond says there are other challenges, such as recruitment and retention

Diamond assists a patient with cerebral palsy perform stretching exercises.



Diamond observes a patient with Sjogrens disease doing trunk stabilization exercises.



of associates. Although her associates are paid on a per-diem basis, she is unable to promise a set number of hours, making the arrangement less attractive to therapists interested in a guaranteed salary and benefits. She acknowledges that it's a risk for potential associates, but says it is one of few in her practice. "There's really been little risk to me. This business didn't cost me very much—I just needed some aquatic therapy equipment, and I needed the health clubs. But no one would be interested in acquiring my practice—it's not acquirable, because it's me."

And it's just what she had envisioned when she decided to become a physical therapist. "I feel really good about what I've done," she says. "I know that my practice is unique, and I was able to pull it together by setting goals and accomplishing them." For Diamond, it seems, the words *wouldn't it be nice* really are a first step toward making her ambitions a reality. **PT**

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