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The Big Decision

When I was assigned an I-search essay, I knew I wanted to be a physical therapist, so I looked into other topics. The day after I decided to research whether or not I wanted to become a coach, I had an interesting conversation with my Anatomy and Physiology of Human Movement professor, Dr. Lund. I had just done exceptionally well on our first test, and he told me that he thought I would make a good orthopedic surgeon. He also informed me of a bunch of science classes that I was supposed to take in order to be eligible for physical therapy or medical school—classes I hadn't considered in my four-year plan. I took his advice very seriously, and at the end of our conversation, I had a strong question for my I-search essay. Do I want to be a physical therapist or an orthopedic surgeon?

What I Know and Don't Know

Most of what I know about physical therapy and orthopedic surgery is about the education required for either field. Both require a doctorate, so I'll need at least eight years of school either way. I also know, or at least think I know, what each field is basically about. Physical therapists work with rehabilitation, and orthopedic surgeons fix injuries that pertain to bones, joints, and muscles. If a volleyball player were to tear her rotator cuff, the surgeon would fix the injury, and the therapist would work with her to rebuild her strength.

However, there are far more things that I don't know. I don't know what kind of residency program there is after grad school or how long it would be. I want to know how many

hours I would work each week and what kind of salary I would be getting. I also want to know what my responsibilities would be, if there are any opportunities to advance, and how much independence I'll have to make my own decisions. I especially want to make sure I will be able to spend time with my family. I don't want to become a parent that is never around for their kids. Another important question to answer is how I can use my skills from my civilian career in the Air National Guard. But the most important question for me to ask is, "Will I enjoy what I do?" The last thing I want is to wake up and hate having to go to work.

Why I Want to Answer this Question

College keeps getting more expensive. I can't afford to spend a couple years deciding on a major; I need to have a plan. I need to start working towards graduation now. I need to know what I want to do with my professional life, so I can start meeting the prerequisites and boosting my resume. Knowing what I want to do will also give me some piece of mind. I won't be stressing-out not knowing where I'm going. I'll have a plan of action. Also, the outcome of this research will definitely have a huge impact on my future, and I'm going to work towards whatever I decide at full speed. Finally, the career I choose will also affect my personal life. Family is very important to me. My parents were always there for me even when I didn't see them, and I plan to do no less for my kids. For these reasons, I need to answer this question.

The Research

My research started in Maucker Union right after Dr. Lund suggested I consider being an orthopedic surgeon. I began talking with a couple of my Alpha Delta Pi sisters about my newfound dilemma and asked for their advice. They both confirmed all the science classes I would have to take and suggested I talk to my advisor. They also thought it would be a good idea

if I declared a second major in biology or some other science course to ensure I would be allowed into some of the upper level courses.

After my last class, I went back to my dorm and looked into some possible science majors. I printed off the plan study for a couple potential majors and started adding credit hours. I was already an exercise science major with a coaching minor, and I didn't want to give either of those up. However, the total number of credits was going to take me five years to finish. When this realization hit me, I decided to go talk to an advisor.

I went over to the athletic-academic services office in the Human Performance Center to talk to my athletic-academic advisor, Kara Park. She was in a meeting when I got there, so I talked to Stacia Greve instead. I explained what my dilemma was, and she asked me if I was ever given the worksheet for the pre-physical therapy program. I never knew that was even available, so she gave me one for pre-physical therapy and one for pre-medical. As I was looking through these, I realized most all of the courses overlapped and some I had already finished. I decided to work the classes into my four-year plan and found that I could graduate in four years if I took summer classes every year.

The next step in my research process was to find out everything I needed to know about physical therapy and orthopedic surgery. For the first time ever, I stepped into Rod Library with a research agenda. Instead of wasting my time navigating through four floors of collections, I walked up to a library assistant and asked for help. He found what I was looking for in under a minute and directed me to the career collection. I spent about two hours there reading and taking notes over whatever I couldn't check out. Although a few of the books were a little old, it was reassuring that they were all saying about the same thing. The only incorrect information I noticed was that some books said only a master's degree was required for some physical therapy

positions. Today, a degree in physical therapy is four years at grad school. With these books, I was able to learn how much education and training is involved, what kind of hours and salary I can expect, and what each job entails. Once I had all this information down, I decided to get out in the field and see for myself what these careers are all about.

Right before classes let out for spring break, I stopped over at the Cedar Valley Medical location in the Human Performance Center. I talked to the receptionist about possibly shadowing an orthopedic surgeon. She wrote down my name and all my contact information and said she would give it to one of the surgeons. I thanked her and walked across the hall to try to set up a job shadow of the physical therapist. I started talking to the receptionist, and she directed me into the physical therapist's office. The physical therapist, Charlotte Wahl, seemed a little hesitant about letting me come because she already had several students doing internships. I told her I only needed a few hours, and we agreed to have me come first thing in the morning on the Monday after break.

I showed up for my job shadow at 7:30 a.m. She started going through the different appointments I would be able to see. There were a couple people with back pain, one that was strengthening his ankle after a surgery, and one more that would be using the underwater treadmill to strengthen his knee. When patients started arriving for their appointments, Charlotte introduced me and started explaining what she was doing. I recognized a lot of the equipment she used from my time spent in the athletic training room in high school. There were heat pads and ultrasounds for the patients with back pain, and elastic bands for the patient strengthening his ankle. She started explaining that it was her job to assess the problem, develop a therapy plan, and teach that plan to the patients. The patients would come in for a series of visits, and the

physical therapy team was responsible for tracking their performance to make sure the therapy was effectively increasing range of motion and/or strengthening the patients' muscles.

From the few hours I spent in the physical therapy clinic, I noticed that there was a lot of interaction with the patients. I also noticed that there can be a wide age range as well as a range of problems. There could be a high school football player overcoming a knee injury or an elderly woman who just had a hip replaced. However, my observations didn't answer all the questions I was looking for. I set up a time to come back and interview Charlotte the next week. I asked the questions I was really interested in like the amount of family time, if there were opportunities to advance, and how much independence she had.

Two and half weeks had passed since I left my contact information for the orthopedic surgeon, and I still hadn't heard anything. I was beginning to worry that I wouldn't be able to get in a job shadow before this paper was due. Fortunately, my parents reminded me that I knew an orthopedic surgeon. His daughter, Jordan Johnston, was on my high school basketball and golf teams. I sent her a message on Facebook right away. I wanted to make sure he actually was an orthopedic surgeon, so I asked her what kind of doctor her dad was. Her reply said, "Lol orthopedic surgeon! Aka Bone doctor." I asked her if she thought I would be able to job shadow him for a few hours, and she started arranging the whole thing for me. By the end of the night, I had two separate job shadows- one in the operating room (OR) and one in the clinic.

When I showed up for the OR job shadow, I was told I had to change into scrubs. I was pretty impressed with how comfortable they were. I also had to wear little footies over my shoes, a big blue hairnet, and one of those masks that goes over your nose and mouth. When I was all dressed, a nurse took me over to meet up with Jordan's dad, Dr. Roswell Johnston. As he was 'scrubbing-in' (washing his hands, wrists, and forearms to get rid of germs and bacteria), he

asked me some basic questions about how I was doing and what my paper was for. I told him I was trying to decide on a career, and he started telling me all about orthopedic surgery.

When we went into the OR, two nursing students and I were instructed to stay away from anything blue. The blue indicated that it was sterile, and there was a lot of blue in this room. My experience in the OR was incredible. Dr. Johnston told me to stand right over his shoulder as he started making the incisions to remove a ganglion cyst from the patient's wrist. I could tell that it was really important to pay close attention to detail- something I do quite often. As soon as he had the cyst removed, one of the other doctors started stitching up the patient's wrist. The next procedure was an 'Osgood-Schlatters Ossicles Excision.' Even after Dr. Johnston explained what it was, I still didn't understand it very well. From what I did comprehend, he was removing a loose piece of bone from the patient's knee because of something that became messed up with her growth plates. About half way through the procedure, Dr. Johnston asked how I was doing. He wanted to make sure I wasn't going to pass out. I told him I was fine and later realized that it didn't bother me because I wasn't thinking of the patient as a person. The patient was completely covered except for their wrist and knee, so that's what I saw. They were working on a wrist and a knee; there was no patient. When the procedures were over, Dr. Johnston started making notes about exactly what happened. Finally, he took me with him to talk to the patient's mom. He explained how the surgery went and what they could expect for recovery. I changed back into my own clothes, and as I was driving back to campus, I thought, "That was pretty awesome."

That afternoon, I went back to job shadow in the clinic. For the short time I was there, Dr. Johnston saw five patients. The first was slightly comical. This elderly woman came in for knee pain but said all the pain was in her upper thigh and up to her hip. She also said she never had hip surgery, but her x-rays showed that she had a bolt and screw in her hip. Dr. Johnston gave

her a cortisone shot for the pain and moved on to the next patient. The second patient experienced an accident at work and was having knee pain. She was also given a cortisone shot. The third patient had fractured her finger about two months ago, so she was going to need surgery to fix it. The fourth patient was an older man with knee problems who ended up scheduling a knee replacement. The fifth patient was most interesting for me because I was learning about the shoulder joint and muscles in my class. The patient had recently broken his clavicle, or collar bone, and was now coming in for a tear in his supraspinatus, one of the muscles in the rotator cuff. During Dr. Johnston's evaluation, he let me provide resistance as the patient tried going through a series of motions. It was a great study method for my shoulder quiz the next day. The patient was going to need surgery very soon so that the muscle wouldn't tear further, but he also needed to increase his range of motion before he could have the surgery. Dr. Johnston prescribed physical therapy to him for two weeks. Throughout my time in the clinic I noticed how very fast-paced the work was. He wasn't spending extensive time with each patient; he diagnosed the problem, provided a solution, and moved on to the next patient. Before I finished my job shadow, I needed to ask him the same questions I asked the physical therapist. I found out about family time, independence, and advancement opportunities.

At the end of all of this, I still hadn't learned where these career fields could take me in the Air National Guard, so I decided to ask during my next weekend in Des Moines. I talked to Chief Master Sergeant (CMSgt) Ramirez, the senior enlisted member in the Medical Group. I explained to him what I was doing and asked him if I could practice either of those careers in the Guard. His answer was the key reason in my final decision.

What I Learned

After going through the research process, my decision was easy. First, everything I already knew about these two careers was confirmed in my research. Physical therapists help patients increase range of motion and/or build strength, and orthopedic surgeons diagnose and fix problems pertaining to bones, joints, and muscles. The differences stack up from there. After physical therapy school, physical therapists become certified and start working. After medical school, orthopedic surgeons spend one year in an internship, four to five years in a surgical residency, and then a certification process. Physical therapists work about forty to fifty hours a week while orthopedic surgeons work fifty to sixty. However, orthopedic surgeons can make anywhere from \$45,000 as a first year resident to \$250,000 after certification and up to \$700,000 per year while physical therapists salaries range from \$38,000 to \$100,000.

Family time, advancement, and independence were pretty much the same. Both careers would allow me to spend time with my family. Even though orthopedic surgeons work more hours, Dr. Johnston was at every single one of Jordan's games. Opportunities for advancement were also very similar. Both offered opportunities to become teachers in graduate programs and research, and orthopedic surgeons can choose to specialize in certain areas of the body. Independence was also the same. Both of the people I shadowed were free to make their own decisions and set their own schedules.

The last two questions I asked were the key influences in my decision. One was whether or not I would enjoy my work. When I did my physical therapy job shadow, things were rather slow. I found myself getting kind of bored. I also saw that there was a lot of close personal contact. The same people were coming for appointments on regular basis, and it was obvious that there were small relationships between the physical therapist and the patients. During my

orthopedic surgery job shadow, I couldn't help but notice how fast everything was. There wasn't any surgeon-patient communication in the OR, and the clinic only allowed for about five to ten minutes per patient. I also liked the aspect of looking at x-rays to determine the problem. I liked seeing visuals to help determine what's right and wrong.

The other question was whether or not I could use my skills from either of these careers in the Air National Guard. CMSgt Ramirez's answer was very simple. There aren't any positions in the Guard for a physical therapist, but there are several positions for medical school graduates. As a civilian orthopedic surgeon, I could become a flight surgeon in the Guard.

At that point I had my answer. I was going to start working to become an orthopedic surgeon. To cap off my research project on April 4, 2011, I formally declared my plan of study. I am an exercise science major with a coaching minor, and I am working to complete the pre-medical program.

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