

It Was a Dark and Stormy Night . . .



Nearly everyone enjoys a good story. But stories can do far more than entertain. They can inform, educate, inspire, motivate, and persuade. Listen as PTs tell their stories.

By Stephanie Stephens

Once upon a time on a brisk Boston November day in 1957, Edna M. Goldwater, BA, asked a gathering of physical therapists (PTs): “What kind of story do physical therapists have to tell? How do you tell it? And why should you bother?”

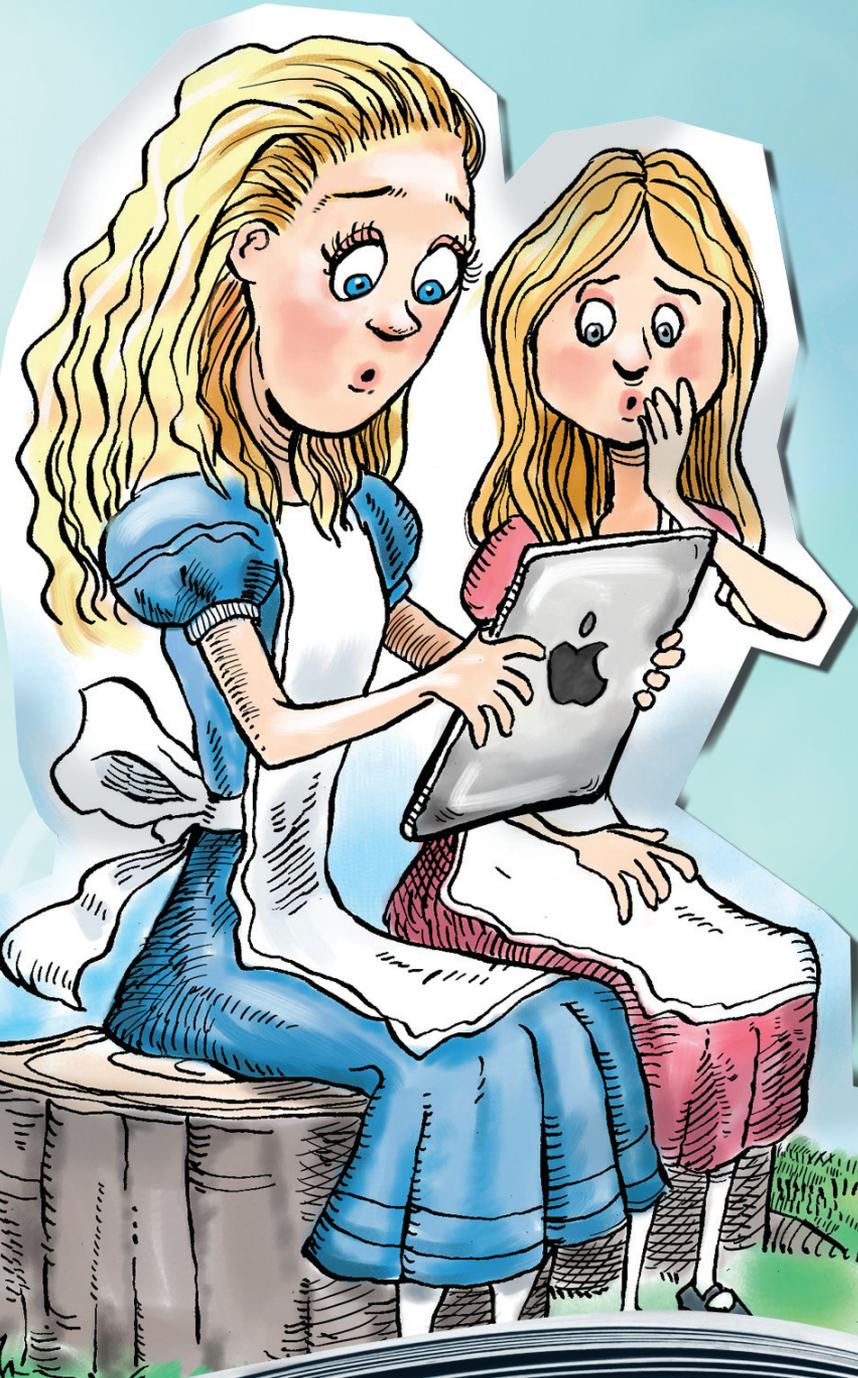
Goldwater answered her own question by describing a number of benefits, ranging from patient education and public outreach to promotion of the profession. She told the PTs, “All of you have important things to say, and the people in your communities need to hear them. They need to hear about you often, about your problems and your progress. . . . And if you can comfort people, can help them feel more at ease with themselves and the world in which they live, you are helping them do their best. You are also easing the burden on their

relatives and friends, and, incidentally, you enhance your own prestige.”¹

Precisely 50 years later, APTA President R. Scott Ward, PT, PhD, spoke on “Physical Therapy: Stories That Must Be Told” during his PT 2007 presidential address. Ward said, “Some of our stories may draw a tear. Others can encourage a smile. . . . Our stories are as good as they get; they draw out all kinds of emotion. We can learn from them; we can be inspired by them.”

Ward, as did Goldwater, described various ways stories can be used—among them, to help colleagues improve the quality of patient care, inspire and encourage students, inform the public, influence politicians and policy makers, and advocate for patients.²





Story has no beginning or end; arbitrarily one chooses that moment of experience from which to look back or from which to look ahead.

Opening Line
The End of the Affair
Graham Greene



Essentials of Storytelling

Storytelling is the conveying of events in words, images, and sounds. The earliest forms of storytelling were thought to have been primarily oral, combined with gestures and expressions. Rudimentary drawings scratched into the walls of caves may have been forms of early storytelling.

Stories have been carved, scratched, painted, printed, or inked onto wood or bamboo, ivory and other bones, pottery,

clay tablets, stone, palm-leaf books, skins (parchment), bark cloth, paper, silk, canvas and other textiles, recorded on film, and stored electronically in digital form. Even tattoos have been used to tell stories.³

Because of storytelling's popularity and long history, it's not surprising that researchers believe that the enjoyment of storytelling may be hardwired into our minds. An article in a recent issue of *Scientific American* said, "Popular tales do far more than entertain... Psychologists and neuroscientists have recently become fascinated by the human predilection for storytelling. Why does our brain seem to be wired to enjoy stories? And how do the emotional and cognitive effects of a narrative influence our beliefs and real-world decisions?"

"The answers to these questions seem to be rooted in our history as a social animal. We tell stories about other people and for other people. Stories help us to keep tabs on what is happening in our communities. The safe, imaginary world of a story may be a kind of training ground, where we can practice interacting with others and learn the customs and rules of society. And stories have a unique power to persuade and motivate, because they appeal to our emotions and capacity for empathy," wrote Jeremy Hsu in *Scientific American*.⁴

"Storytelling has been the lifeblood of communication throughout human history," says Ward, who also is professor and chair of the physical therapy department at the University of Utah in Salt Lake City.

"Physical therapy is a good story," Ward said in 2007. "...Our story is not yet complete, nor, I hope, will it ever be... If our profession does not declare our history and our destiny, who will? If we do not speak for patients, their challenges and their triumphs, who will? If we do not influence others with our genuine expression of hope and success, who will?"



It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair.

Opening Line
A Tale of Two Cities
Charles Dickens

Legislation, Regulation, and Public Policy

Is the nation is going in the right direction or the wrong direction? Are more regulations needed... or fewer? Should

taxes be raised or reduced? Is global warming a myth or reality? Guns or butter? Civil liberties or civil defense? These and similar questions long have been asked, but it seems that lately they're being asked more frequently and more forcefully.

Storytelling can help cut through the abstract debates, the number-laden arguments, and the macro-level discussions.

"We use storytelling to put more meaning behind our policy requests and priorities when we work as a lobbying team," says Justin Moore, PT, APTA's vice president of government affairs and payment policy. "When we go to the Hill, we do try to connect to a patient story, to demonstrate how important something is and how it affects the legislators' communities. We go from the policy level to the practical level."

CNN political analyst Paul Begala, speaking at PT 2011, told participants in the upcoming PT Day on Capitol Hill that it was “critically important” that they share with lawmakers the experiences of patients and clients whose function has been restored and whose lives have been improved by physical therapy. Begala urged PTs, PTAs, and students to leverage physical therapy’s outstanding public image during interactions with lawmakers.

More than 50 years ago, Goldwater told the gathered PTs: “Many patients will be willing to have their stories told. You are witnesses and participants in human drama.”

The only thing that has changed is that many patients now are willing to tell their own stories. Ward recalls entering a legislator’s office with another PT and a patient. “We have with us one of your constituents,” Ward said.

The woman began to tell her story about her condition, her treatment, and her success as a result of physical therapy intervention. “I’d seldom seen a legislator lean forward to take it all in. He was so engaged,” remembers Ward.



The patient explained that but for an extension to the Medicare cap on therapy services, and exceptions for her to continue therapy for another condition, “I wouldn’t be here talking to you today.”

“It was a show-stopper,” says Ward.



Tell me Ishmael.

Opening Line
Moby Dick
Herman Melville

Cooper, PT, MSPT, ATC, MTC, MBA, and CEO of U.S. Corporate Wellness in Littleton, Colorado.

“For us to think we’re so smart, we’ve seen so much, and don’t need another story is ridiculous,” says Cooper. “My daughter, Ashley, told me, ‘We’ll never run out of movies because if you listen close enough, everyone in the world has a unique story.’ And that’s exactly the point.”

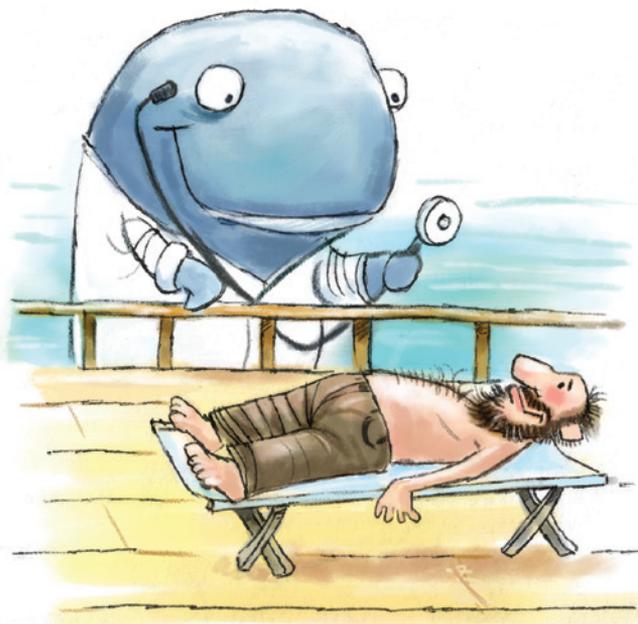
Listening to Patients’ Stories

“It is easy to lose sight of the fact that still, in the 21st century, it is believed that 80%-85% of the diagnosis is in the patient’s story,” said Jerry Vannatta, MD, former dean of the University of Oklahoma College of Medicine, in a 2003 article in *The New York Times*.⁵ The article described a movement called narrative medicine, which involves teaching medical students how to listen.

Ward in his 2007 address said, “There are 2 sides to every story: the telling and the listening. All good stories require a teller and a listener. Sometimes you are the one telling the story, and sometimes you are the one doing the listening...”

“Listening to the story is equally vital because listening allows us to better understand what a person is thinking and feeling,” Ward continued. “Thorough listening helps us avoid making mistakes. Good listening is an active, not a passive, skill and one that we know can make a great deal of difference in the success of our decision making.”

“As PTs, we may think, ‘I’ve been around so long that I’ve heard this patient’s story a million times and I already know the answer. I’m the expert. I’ll fix him,’” says Brad





He was an old man who fished alone in a skiff in the Gulf Stream and he had gone eighty-four days now without taking a fish.

Opening Line
The Old Man and the Sea
 Ernest Hemingway

Marketing and Physician Referrals

Are you fishing for physician referrals, but coming up empty?

Storytelling can answer the physician's question: "So what is it exactly that you're going to do for me?" Your answer should drive your own story, says Tannus Quatre, PT, MBA, of Vantage Clinical Solutions in Bend, Oregon.

However, before you seek the attention of referral sources and patients, define the value you have to offer, Quatre urges. "This helps to diminish our own biases—such as how good we are—which get in the way of a good, compelling story. How good I am or my practice is makes the story about *me*, not a story that revolves around my audience. Who wants to hear that?"

Here's a tip: Imagine that other PTs are as good at what you do as you are. How can you set yourself apart? It's your creativity when crafting and communicating a story that your audience is ready to hear.

Rise above the noise. Don't just market to be marketing. Focusing on the features and benefits of your practice may feel good, but if others are doing the same, then your story won't stand out, Quatre says. "You may lose the message—in one ear and out the other—if you throw out tidbits of information that could come from any practice," he suggests. Instead, "Ask yourself: 'What is the message I *really* want to communicate to my referral sources?'"

"You can still be an important part of the story, even the hero," he says, "but you should always make sure the story is centered around what your audience needs and not just what you excel at."

Then make that message your own. Quatre gives an example of how a message to referral sources could be framed: "We'd really like to have a shot at working with some of your patients, so give us your hardest case. We're dedicated to great patient care and to making your life easier. This is what we're staking our claim to, and we hope you will give us a chance to prove it."

Build your story with a structure and a focus. "Be something to someone, not everything to everyone. Make sure your story doesn't go in a million different directions. Have one clear direction with a beginning, a body, and a conclusion," Quatre says.

One particular type of story—a marketing case study—is an effective vehicle for conveying your value proposition to the consumers or to referral sources, says Quatre. Consider case studies a way to "legitimize" storytelling.

"It's much better to have someone who's benefited from your services do this storytelling for you, versus you saying: 'You should come and see us because we're really good at X, Y, and Z,'" he says.

Quatre first counsels PTs to identify their own prototypical client: "Is she a 55-year-old executive, out of shape with low back pain, or an active 33-year-old soccer mom?" he asks. While they're not mutually exclusive, of course, the goal is to visualize the primary client. "Once we've established that person in the mind's eye, we develop our case with a story that explains how the practice can help."

Example: "Sally Jones" is that 33-year old mother of 2, who takes the kids to school, to soccer practice—the usual—and she's frequently in the car. She has joint pain, comes to the physical therapy practice, and realizes great success.

"Talking around that visual is compelling," he says. "Then the practice can state: 'We really help patients with joint pain.' That statement has meaning; it resonates." A listener who connects with Sally's story may then "see" himself or herself being a patient of the practice.

Now meet "Mary Smith," as described by Christopher Albanese, PT, MS, CSTS. She's a mature adult suffering from chronic arthritis. "When she comes in, we assess what she can and can't do functionally—and what she used to be able to do," he says. Christopher and his brother, Stephen Albanese, PT CSCS, are partners in Access Physical Therapy & Wellness with 14 clinics in the Northeast.

Mary Smith's PTs document the progress toward her functionally optimal level. They use photos: "before" and "after," during treatment, using stairs, holding her grandchild and walking her dog. She's previously told her primary care physician (PCP) that she didn't want to have surgery. Now she's on the move.

“Primary care physicians may not always be familiar with what a PT can do,” says Stephen Albanese. Mary’s doctor can view the case study—presented in marketing materials such as a brochure or on the Albanese’s Web site. Now, Stephen suggests, the PCP may think: “Physical therapy is a really good option. I’ll definitely consider it for more of my patients.”

Stephen Albanese points out that consumers and referral sources instinctively want to know “What’s in this for me or

my patient?” Therefore, he advises: Make your story visually attractive with title, headings, fonts, and photos that all are designed “to grab attention and make someone read further.”

And consider bringing the case study off the printed page and to life. For example, if Mary lives at a senior center, conduct a seminar and have her join you at the podium. “When she tells her story to the group, they already know her and trust her. Her story can help solidify your message,” Stephen Albanese says.



I had the story, bit by bit, from various people, and, as generally happens in such cases, each time it was a different story.

Opening Line
Ethan Frome
Edith Wharton

Students, Mentors, and Motivation

Stories evolve in the telling. And the storyteller may modify the story to fit the situation. Goldwater said, “You talk about yourself socially at different times and in different places, and you seldom tell a story the same way twice. What you say usually depends on the people you’re talking to and what you would like to get across to them.”

Finley explains how she does it: “I use stories to lead my business, to convey a vision or strategy, to market, to mentor a student, or to inspire my patient not to give up and quit. I tell one story to students repeatedly, and each time it changes a little and evolves.”

Here’s one of Finley’s stories: While she was a student, a patient fell next to her. “I was devastated, thinking, ‘Maybe this isn’t for me. It’s too much pressure.’”

A nearby colleague held up a length of plastic PVC pipe and said, “When you work with patients, bad things happen: heart attacks, blood clots, and more. You have to decide: Do you want to be a plumber and work with pipe or do you want to work with people? How do you want to spend the rest of your life?”

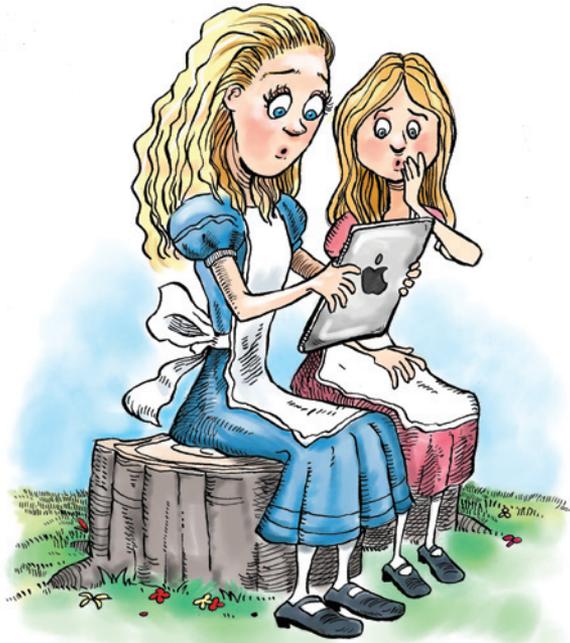
Finley made the decision to continue working with patients. Now, she says, when she encounters a student in crisis—usually at what she calls a “pivotal point”—she tells her story of the patient and the PVC pipe. She explains that working with people has inherent risks and difficulties. But “We also can change lives, and we do,” she explains.

Lives can be changed one at a time. Lives also can be changed by strengthening the profession. APTA’s Vision Statement 2020 says that PTs “will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves.”⁶

Like Finley, the Albanese brothers appreciate the role physical therapy plays in the future of health care. “My passion is talent development, helping PTs grow personally, professionally, and financially,” says Christopher Albanese.

Early on, the brothers instituted an in-clinic incentive system based upon storytelling that links employee behavior to company core values. Employees who witness colleagues doing something good can log onto a Web site and enter a story about their colleagues. A supervisor assigns points to the employee being nominated for exemplary behavior, and those points accrue toward gift certificates. The nominating employee also receives points.

Employees enter up to 30 stories a week. One such story involved a clinician walking a client to her car on a rainy day, says Stephen. “This occurred in front of the entire team.” Stephen says this system boosts employee morale and “reinforces the notion that ‘It’s better to lead with a carrot than with a stick.’”



Alice was beginning to get very tired of sitting by her sister on the bank, and of having nothing to do: once or twice she had peeped into the book her sister was reading, but it had no pictures or conversations in it, “and what is the use of a book,” thought Alice “without pictures or conversation?”

Opening Line
Alice’s Adventures in Wonderland
 Lewis Carroll

Twitter and Social Media

No pictures? No conversation? Perhaps Alice peeped into a future with Twitter and texting. They’ve certainly changed the way we tell stories and interact. Storytelling began as face-to-face interactions. Now it can be measured in 140-character Tweets between people separated by thousands of miles.

Dr. Weiss, at forty, knew that her life had been ruined by literature.

Opening Line
The Debut
 Anita Brookner

Putting “Humanity” Back Into Human Medicine

As the first physical therapist in Columbia University’s Program in Narrative Medicine, Patrick Walsh, PT, LMT, seeks to better understand the role he plays in a new patient’s story.

The program’s mission statement explains: “Narrative Medicine fortifies clinical practice with the narrative competence to recognize, absorb, metabolize, interpret, and be moved by the stories of illness. Through narrative training, the Program in Narrative Medicine helps doctors, nurses, social workers, and therapists to improve the effectiveness of care by developing the capacity for attention, reflection, representation, and affiliation with patients and colleagues.

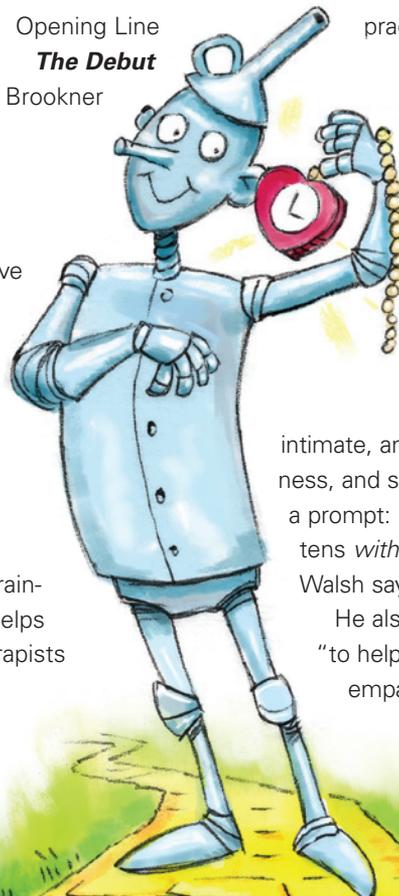
Our research and outreach missions are conceptualizing, evaluating, and spear-heading these ideas and practices nationally and internationally.”⁸

As Walsh puts it, “Narrative medicine brings the humanities and arts back into medicine at a time when many people are dissatisfied with medicine and its depersonalization.”

The owner of Performance Physical Therapy with locations in New York and Connecticut, Walsh hosts his own 6-person, 90-minute reading and writing workshops at his practice in Greenwich Village.

“They bring my patients to a deep, intimate, and intense place of introspection, thoughtfulness, and self-knowledge. The process may begin with a prompt: ‘Tell me about your scar.’” Then the group listens *with* the story and not *to* it, to gain perspective, Walsh says.

He also uses his new tools to educate his staff “to help develop them into more compassionate, empathetic clinicians,” he says. “As a business owner, I want everyone to have this competency, so we’re all on the same page.”



“As someone involved in social media storytelling, I see more opportunities for online authorship than in any other media,” journalist Amanda Cosco wrote recently in *Social Times*.⁷ “Story itself is an evolving beast, something that grows and mutates with time.” Throughout history, storytelling forms have changed with technology—from oral traditions, to the printed word, to, most recently, digital media,” she observes.

APTA has recognized that evolution. “At APTA, we’re very intrigued by the ongoing storytelling that occurs with social media,” says Ward, who says he wants to keep both APTA’s Web sites—www.apta.org for those in the profession and www.moveforward.org for consumers—fresh and alive with stories.

Social media affords great opportunities for engagement as part of the health care community, says Quatre, who finds

Facebook an indispensable tool for PT practices. Citing “explosive growth” in Facebook’s use by health care providers, he says it allows the physical therapy community “to meet patients where they are.”

“A practice can communicate that it is going to grow its business. It can show that it has the community as its focus,” says Quatre. “That’s the kind of message people like to sink their teeth into. With social media, the story isn’t just about the practitioner or the clinic. It takes on the faces of the people within your health care community.”

Additionally, says Quatre, social media “potentially affords hundreds or thousands of ambassadors to shape your story, craft your brand, and help both take root. That’s a home run!”

Mr. and Mrs. Dursley, of number four, Privet Drive, were proud to say that they were perfectly normal, thank you very much. They were the last people you’d expect to be involved in anything strange or mysterious, because they just didn’t hold with such nonsense.

Opening Line
Harry Potter and the Sorcerer’s Stone
J.K Rowling

Does Emotion Trump Logic?

“Storytelling draws from both magic and logic,” according to Bill Baker, founder and principal of BB&Co Strategic Storytelling, which helps organizations to advance their brands, businesses, and people with strategic storytelling.⁹ He adds, “Truly great storytelling touches our hearts as well as our heads, getting us to feel as well as to think. It understands that ideas with emotions resonate with people more effectively and linger longer than ideas do on their own.”

Others who advocate using stories in a business setting are even more direct. “We live in a complex world that has taught us incorrectly to rely heavily on facts and figures when communicating meaning in the modern world,” according to marketing consultant Kelsey Ruger. He continues, “No one cares about your facts and figures as much as you do. Throw them out in favor of a story that explains what those numbers mean and why that meaning is important. A simple, memorable, universal truth story about a

person who solves a problem by taking a certain course of action will always serve you better.”

APTA President R. Scott Ward, PT, PhD, made a similar point at PT 2007: “We tell stories because people want to hear them . . . Some great stories are fiction; our important stories are real. Our stories are real because the information we base our stories on is from actual data from clinical research, educational, and social laboratories of many kinds. Our stories are rich with potential impact. They cover a range of emotions from the humorous to the heart rending, from the discouraging to the invigorating. Our stories come from human interaction; our stories are compelling because in our essence we touch the human condition.”





When Sean Devine and Jimmy Marcus were kids, their fathers worked together at the Coleman Candy plant and carried the stench of warm chocolate back home with them.

Opening Line
Mystic River
Dennis Lehane

Relationships

Personal relationships can be powerful in attracting and retaining patients and clients. Stories can add value to a PT's relationship marketing, persuading a client to stick with your program, and increasing that patient's confidence and loyalty.

"A client will select you and stay with you because of a relationship," says Brad Cooper. "It always comes down to relationships."

Strengthen those relationships by making it "all about *them*," not "all about you," he suggests. "Draw the story out of a client by asking 'Tell me about you' or 'What has worked for you in the past?' 'Tell me about your life and what's going on around this issue you're facing,' 'What are your goals?' and 'Did you have any preconceived notions about how I might be able to help you?'"

"I'm not just here to give [a patient] the facts," says Patrick Walsh, PT, LMT. "This isn't always a factual kind of business. It is a partnership between the clinician and the patient, if you're willing to make the investment. That's

where both the joy and reward lie." Walsh is the owner of Performance Physical Therapy with locations in New York and Connecticut.

Educational degrees, certifications, and continuing education aren't enough. "A PT may have the skills to make the most of the objective information available. But [one who focuses on relationship marketing] doesn't stop there. Instead, he focuses in on the subjective aspects and weighs the uniqueness of every client's story," Cooper says.

"People experience life as a series of ongoing narratives, with their own beginnings, middles, and ends—and these are their stories," says Bridgit A. Finley, PT, DPT, OCS, with Oklahoma-based Physical Therapy Central. "Our patients or other PTs can remember the story because a personal connection in the story keeps their attention and shares events, experiences, and concepts."

"Storytelling opens you, exposes you, and allows patients to trust you," says Finley, whose prior career was teaching. She counts storytelling as one of her business' "best practices," whether directed to internal or external audiences. **PT**

Stephanie Stephens is a freelance writer. Art by Mike Ferrin.

Experience," said Holmes, laughing. "Indirectly it may be of value, you know; you have only to put it into words to gain the reputation of being excellent company for the remainder of your existence."

Closing Line
The Adventure of the Engineer's Thumb
The Adventures of Sherlock Holmes
Sir Arthur Conan Doyle



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