

One DPT educator combines her love of teaching and clinical practice through medical mission trips.

Learning in the World's Classroom

I am often asked, “What do you like best, teaching or being in the clinic?” My usual answer: both. Sometimes, I’m lucky enough to be able to combine the two. And recently, on a medical mission trip to Guatemala, I was able to not only join my two passions but also to reaffirm my decision to be a physical therapist.

I am an assistant professor at Florida Southern College’s Doctor of Physical Therapy Program. I am starting my fifth year as full-time faculty, and I have loved every minute of it so far. Even during the COVID-19 pandemic, I found the challenges of adapting and finding creative ways to continue to deliver an excellent education fulfilling and rewarding, despite the constant Zoom meetings, face shields fogging during labs, and socially distanced seating charts.

During my DPT training at the University of Toledo, I had the opportunity to teach undergraduate classes to fulfill my graduate assistantship. During these early years of graduate school, I fell in love with teaching. I then went to my clinical rotations, where I fell in love with the clinical setting



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The town of Antigua, Guatemala, where the author visited last spring as a supervising physical therapist for a medical mission trip.



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Defining Moment spotlights a particular moment, incident, or case that either led the writer to a career in physical therapy or confirmed why they chose to become a physical therapist or physical therapist assistant.



One of the PT students assists a patient, who underwent a right total knee replacement, with gait training post-surgery.

and patient interactions. I enjoyed not only working with the patients to provide them with the best care possible, but also providing them with empowering education about their health conditions or anatomy.

After completing my DPT degree in May 2011, I decided to continue with graduate school and enrolled in a PhD program at the University of Toledo, knowing that this terminal degree would be a key piece to becoming a professor in the near future. During the next five years, I practiced during the weekends and holidays in acute care, inpatient and outpatient neurology, and orthopedics while teaching undergraduate classes and completing my thesis dissertation. I remember bringing examples from the clinic to share with my students while teaching them about human anatomy or neurological conditions. Bringing the clinic to the classroom was a great learning experience for these students, who were mostly interested in being future PTs or occupational therapists.

In the summer of 2012, while still working on my PhD, I had the opportunity to join a medical mission with other health care

providers and students from the University of Toledo. I brought three DPT students with me to León, Nicaragua, where we collaborated with medical students, nursing students, physician assistant students, pharmacists, and dentists to provide care to underprivileged communities near the town of León. This week away from the comforts of home, and in the company of other health care providers and the wonderful people of Nicaragua, lit a spark in me. I came back to the U.S. more grateful than ever and loving my profession even more. In the summer of 2013, I again signed up to be the supervising PT for a medical mission and, with two SPTs, returned to León to deliver care with some familiar and some new faces.

Family and school became my priorities after that trip, and in the summer of 2014, my husband and I welcomed our son Leo. I earned my PhD in the spring of 2016 while continuing to balance my new motherhood and my per diem PT job. I wanted to continue to grow clinically, and I focused on expanding my clinic hours while living in Ohio for a few more years.

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I am from Guayaquil, Ecuador, a warm city where I could drive less than one hour to the beach and where the only time I needed a cardigan is when the air conditioning was at its full power. For this warm-blooded South American, it was time to leave the long gray winters of Ohio after spending eight years there. I was ready to find my dream job of being a professor of a DPT program and move to a sunnier and warmer place.

In 2018, I joined the inaugural team that started a new DPT program at Florida Southern College in Lakeland, Florida. Our

One of the PT students assists a patient with curb management after a total hip replacement.



first cohort of students joined us in the fall of 2019. Through the challenges of the pandemic, we successfully continued our DPT program and became accredited by the Commission on Accreditation in Physical Therapy Education in December 2021, just in time to graduate our inaugural class. Classes and labs were underway, cohorts were joining and graduating, our pro bono clinic and community partnerships were flourishing, and the “world was getting back to normal.”

I was starting to get into the groove of this teaching role, maybe even too comfortable in the routine. Then, in 2022, I was asked to join an upcoming trip to Antigua, Guatemala, which was scheduled for March 2023. I was asked to join as the supervising PT for two of our first-year students. I immediately checked my passport expiration date and started adjusting my teaching schedule for the spring semester. I felt a little nervous to join a new medical mission after 10 years, but most of all, a new sense of meaning outside the classroom and gratitude for the opportunity to serve those in utmost need.

The weeks leading up to the trip were very exciting. The two students who were traveling with me were also getting ready, all while handling exams, practicals, and assignments. We flew together out of Tampa and joined most of Team Hope in Motion at the Houston airport to fly together to Guatemala. Awkward introductions in the boarding area quickly became friendly conversations as we flew to Guatemala and then traveled by car for a few more hours to arrive to Antigua.

Team Hope in Motion, a volunteer medical organization that provides free orthopedic surgeries for patients in Guatemala, has been doing these trips for a few years, so every detail of the trip was very well-planned. Every morning, some of us got together at 5:30 a.m. to do a quick workout, either yoga or high-intensity interval training, while enjoying the sunrise and views of the volcanoes in action. I was able to try new foods and new flavors, such as basil-mint ice cream.

The first day in the local hospital, Obras Sociales del Santo Hermano Pedro, was dedicated to triage of patients and organization of the five operating rooms. I served as a translator for one

of the orthopedic surgeons and his team the first day. The students learned so much from him in those short hours as he took the time to go over his comparisons of clinical examination findings with X-rays, while I translated and wrote down the clinical findings to get these patients ready for surgery. Over the following four days, the orthopedic surgeons who joined the mission would complete 65 surgeries, which included treating difficult orthopedic conditions, revisions of failed implants, hip and knee replacements, and foot and ankle procedures.

The first morning of surgeries, the physical therapy team helped in the surgical rooms or in preop. My students were able to scrub in for knee and hip replacement surgeries, an experience they described as unforgettable. I translated for families of patients who were eager to know how things were going. In the afternoon, the physical therapy team got a little



bit busier as the first round of patients were starting to wake up and getting ready to move.

My students were treating patients who they had seen that morning in the operating room. What a great learning moment for them! In the patient rooms, we had at least 10 patients sharing a large room, with small beds but large windows. It was amazing to experience the natural light entering these rooms, making our hours go by faster, full of joy and vitamin D.

Beds were filling up quickly. Paper charts were going up with the type of surgery, any weight-bearing restrictions, and level of assistance and distance for our patients. We used medical tape to stick the paper chart above the patient's bed in the wall, where we documented with a red Sharpie marker. No medical bracelets, no beeping noises of IVs, no frantic documentation in a tablet, no timekeeping or billing codes. All we had was our clipboards with copies of written postop instructions and home exercise programs, a gait belt, used walkers and mismatched

crutches that we had to share between patients, our knowledge and skills, and smiles from our patients validating our mission.

The physical therapy team continued to see all the postop patients for the rest of the week. Patients were being discharged with paper instructions on their postop care and home exercise programs. If we were lucky, we were able to find them a new pair of crutches or walker to take home. By day 4, we did not have any more walkers to give away, so most patients were gait and stair training with crutches. Patients preferred crutches since most of the terrain they have to maneuver is dirt roads or cobblestone roads. Although we were lacking supplies, we experienced a sense of freedom as we provided pure patient-centered care, without the administrative burdens.

On day 5, physicians and nurses did rounds early in the morning, but there were no surgeries scheduled for that day. Some volunteers packed up large bins with orthopedic implants and supplies that were not used and stored them for the next team who needed them. Others had a well-deserved day off to explore the town or do a volcano excursion.

But not the physical therapy team. We started our day early to make sure all patients were seen at least twice, and that they completed their exercises and gait and stair training. I often floated around the large recovery rooms translating for other PTs as their patients were being discharged. As we were wrapping up the day, we put away our clipboards and belts in a large bin, and the lead PT said, "Next year, I'll make sure I bring more red Sharpies."

This mission trip reaffirmed my love for both clinical practice and academia, a unique advantage that my career offers. Not only did I have the opportunity to be of service to the kind people of Guatemala, but I also experienced a full circle moment when I saw the students on our team getting out of their comfort zone to practice the skills I was teaching them in the comfort of a lab. I returned to the classroom revitalized and full of gratitude, looking forward to the next time I can join Team Hope in Motion and have basil-mint ice cream. ■

The PT team on the trip. Top row: Trisha Wood Gearld, PT, DPT, Brooke Duxtator, SPT, and Patrick McManus, SPT. Bottom row: Mary Zappa, PT, DPT, Maria Torres-Palsa, PT, DPT, PhD, and McKenna Shives, PT, DPT.

