Greetings, Everyone!

It is my honor to be writing my first column as the new president of the Academy of Oncologic Physical Therapy. I am humbled and honored by the opportunity to serve as president.

Before I introduce myself, I’d like to take some time to thank my predecessor, Dr Stephen Morris. Steve has been a strong leader and champion for the Academy and profession. During his tenure as president, the Academy has experienced tremendous growth including expansion of our education programming, establishment of new special interest groups, recognition of oncologic physical therapy as a specialty practice, and the certification of the inaugural class of 68 board-certified specialists in oncologic physical therapy. He approached his presidency with diplomacy, modesty, humor, and kindness. Steve, on behalf of the Academy, thank you for your dedication and leadership in helping us advance as an Academy.

As for me, I first entered health care in an entry-level administrative position at Memorial Sloan Kettering Cancer Center. It is there that I developed my passion for working with the oncologic patient population. I knew as I left administration to pursue my doctor of physical therapy (DPT) degree I was going to focus my future career in oncology. I’m grateful I have been able to do just that and that it led me to volunteering with the Academy these last few years.

Recently, I attended the National Student Conclave (NSC) in Albuquerque, New Mexico, on behalf of the Academy. It was exciting to interact with the students and share our area of specialty practice. I found the students to be engaged, inquisitive, and curious about oncologic physical therapy. I was surprised by how often I was asked, “What do physical therapists do in oncology,” and sometimes even “What can physical therapists do with oncology patients?” Listening to the students, I learned that oncology content in school curriculums greatly varies and often students were introduced to oncologic physical therapy unintentionally through a clinical affiliation. The good news here is that many of the students walked away from these experiences excited about a potential career working in oncology. Part of the Academy’s mission includes a vision that entry-level practitioners will possess a foundational knowledge of oncology rehabilitation. It has established several initiatives with others in development to support this vision. My experience at the NSC exposed how important this work is and its need to continue. As members, we can strengthen our connection to students and new graduates, advocate for increased oncologic physical therapy in DPT curriculums, support student research, and create additional platforms for supporting physical therapists entering our field. I’m excited about the opportunities our Academy and members can provide future physical therapists working with individuals affected by cancer and chronic illness.

I’m looking forward to my new role with the Academy and future columns where I hope to be informative and lead constructive conversations supporting the work of the Academy and its members.

Best regards,

Laura Sheridan, PT, DPT, CLT