



# NO LIMITS

— BY DAVID JAKIELO, A'05, GA'10 —

**Marissa James**, HS'12, S'12, DPT'14, serves as a guiding light to patients, a living inspiration that no barrier on their road to recovery is unbreakable.

James, a physical therapist, can inspire her patients to overcome the challenges of improving motion or learning to walk again because she has faced her own set of obstacles: She was born with an arm that extends just below the elbow.

While her birth abnormality has never limited her—she's a former cheerleader, soccer player and French horn player—her goal to become a physical therapist brought more hurdles than she initially anticipated.

After three years of undergraduate prerequisite work, Duquesne physical therapy students enter the three-year professional phase of the program, which challenges one's intellect, clinical skills and professional behaviors. Once James reached this stage, the University brought in a physical therapist and professor from Chicago who has the same condition. She met with James and members of Duquesne's physical therapy department to discuss teaching strategies that could give James the opportunity to be a successful student.

"What we found out is that we probably didn't need to do any of that," says Dr. Leesa M. DiBartola, director of clinical education and assistant chair of the Department of Physical Therapy.

"She was so good at figuring it out herself that she actually taught us. We would say to her, 'This is how you take someone's blood pressure, but we don't know how you're going to take blood pressure.' And she would sit there for a minute and figure it out and we would go, 'Oh, never thought about doing it that way.'"

All physical therapists have to be creative because each patient brings unique challenges. James, however, sometimes has to really think outside the box.

*"We all have things that make us unique and make our journey difficult. It all depends on how hard we work to overcome them."*

"In class, my teachers would demonstrate techniques, but I couldn't just practice what they taught," says James. "I would have to look at what they did and figure out how I was going to get the same result a different way."

James would practice her innovative techniques on her professors and classmate and roommate Sarah Anderson.

"Since we were often partners, occasionally I would throw out some ideas for her and sometimes we would problem-solve together," says Anderson. "The process made me a better clinician because it pushed me to also think outside the box and get creative."

James never asked for special treatment and the University never changed the program's standards for her.



"She had to do everything every other student had to do," explains DiBartola. "She had to figure out how to lift a patient from a wheelchair to a bed, how to adjust crutches, how to safely guard a patient to prevent falling – everything every other student needs



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to do and not only did she figure out how to do it, she did it sometimes safer, more efficiently, more effectively than the average student."

Although she was excelling in the classroom, the clinical phase of the program presented new barriers to break as she began working at clinics with actual patients. At the first clinical experience, an outpatient clinic, James shined.

"They (clinical instructors) were amazed," explains DiBartola. "They couldn't speak more highly of her and how she did everything they thought she would never be able to do."

Her second rotation initially was met with trepidation. It was an inpatient clinic where patients require a greater level of care.

"They told us how delighted they were and not only how she was exceptional, but how she inspired both patients and the fellow therapists,"

recalls DiBartola.

At the clinical, James cared for a patient who was recovering from knee surgery.

"He was a really tall, muscular guy who didn't think I could help get him out of bed, but I did," she says. "He was discharged my first week, but came back to the hospital weeks later without his cane. He gave me a hug and wished me luck in the future."

James doesn't realize she is missing an arm, nor do her family and friends.

"It's the last thing I notice about her," says Anderson. "You forget that she has to do certain things differently. She practiced different physical therapy techniques, probably more than the rest of our class because she is determined to prove she can be excellent."

Graduation day in August was validation that all of that extra practice and hard work was worth it.

"I was interested in physical therapy because it's about helping people," says James. "It's nice to know the small time I spend with patients will carry over throughout the rest of their life."

Patients who have been through rehabilitation will have a better quality of life because of her care, but her approach to life leaves an even greater imprint.

"In our world, there are so many labels put on everybody because of their particular hardships. Everyone has hurdles to overcome. Some are physical, while others may be emotional. We all have things that make us unique and make our journey difficult. It all depends on how hard we work to overcome them," says James. "Patients see in me somebody who doesn't let barriers stop her. It makes them feel, 'Oh, I can do this, too.'" ■