**Leadership Accomplishments**

A leader is someone who innovatively, confidently and collaboratively takes initiative to solve a problem. They must overcome adversity, work with others to inspire confidence, empower others, and be respected by their community. I am a leader because I operationalize these traits to build a network of people creating change and empowering others. I have worked hard to become a leader in my field as a physiotherapist, rehabilitation researcher, and exercise professional.

Over the last several years I have worked hard to become a leader in research and professional roles. Within the London District I spent the last two years sitting on the Ontario Physiotherapy Association London District Executive Committee as the events and social media leader and the treasurer. In my first year we hosted nine virtual events for both students and professionals in the community. Our district was the most active and hosted the greatest number of events than any other district in Ontario. In my second year on the executive committee, I am the treasurer and chair elect. Due to my hard work and dedication to the district I was nominated as the chair but could not accept the role because I was still a physiotherapy student, and not a licensed physiotherapist. Through this work we developed a community for professionals to discuss the way their practices have changed due to COVID and provided a space for brainstorming to help navigate the uncertain times of working as a physiotherapist during the global pandemic. We hosted a motivational interviewing workshop to help improve patient care. We also hosted a few educational workshops for the students including professional development courses post-graduation, preparation for the national licensing exam, and specialization options for a new grad. As an executive team we proved our ability to overcome the adversity that presented itself throughout the pandemic and did what we could to continue to provide a community of physiotherapists. I will continue to lead this district in the upcoming years with plans to provide continuing education programs, more workshops, and more education sessions for the incoming physiotherapists.

As a trainee within The School of Physical Therapy, I was a leader of my classmates. I was the class representative, for both years, for the clinical education committee. In that committee I represented the voice of the students through their clinical placements. During COVID this role became particularly important as clinical placements changed or became less available. One example of my advocacy was that the school suggested virtual placements. Although these represent a great opportunity for unique learning, some of the virtual placements did not always include patient interaction. I advocated that it was necessary for patient interaction, which changed the criteria for accepting these virtual placements for upcoming classes. I also represented Western University physiotherapy students for the National Orthopedic Division of Physical Therapy. I was a liaison between the students and the division, communicating about workshops, seminars and events hosted by the national orthopedic division. I have worked hard throughout my two years in the physiotherapy program to represent my classmates through local and national endeavors. I have been honoured to be recognized as my classmates as a leader of our year, and by being nominated as the class Valedictorian. With over half of our program occurring during COVID, and the need to overcome adversity associated with the changes, demonstrated the strength of our graduating year, and highlighted my ability to lead through adversity.

Beyond my role in the field of physiotherapy, I have quickly become a leader in the field of health rehabilitation. This year I was elected to be the editor and chief a of a rehabilitation sciences scientific magazine, rehabINK. RehabINK is an online scientific magazine representing perspectives from all disciplines within rehabilitation. It is primarily hosted through the University of Toronto. I am the first non-University of Toronto student to hold this leadership position. As the editor-in-chief I have worked to expand the magazine to increase it’s readership and authorship to be more nationally represented. We have editors from universities across Canada, and have recently had authors submit articles internationally. I plan on continuing to grow rehabINK by having it dual hosted through both the University of Toronto and Western University. This collaboration will increase the funding opportunities to allow for further growth of the magazine and provide an opportunity to host a student-run webinar showcasing the work of rehabINK and encouraging more students to get involved in scientific magazine writing and knowledge dissemination. For the first year, rehabINK is hosting a knowledge translation webinar, to improve student dissemination of scientific research and improve research communication. We secured funding for the webinar through the Bone and Joint Institute at Western University, and I will be leading an interdisciplinary team of studies from the University of Toronto and Western University to organize and host the webinar.

Finally, I wish to highlight my leadership in the field of exercise training. I lead a collaborative and iterative approach in my exercise training where I integrated research evidence, patients’ needs and therapeutic goals to design and implement an exercise program for patients with osteoporosis. Several years ago, I developed an osteoporosis exercise program in collaboration with an endocrinologist. I had the initiative to get the program started but also to keep the program running. Getting the exercise program up and running required the coordination of myself, the physician, support staff which included an office manager, receptionist and volunteers. I lead the team to buy equipment, create office space, and coordinate staff to help run the program, demonstrating my ability to work with and lead a team. Through my exercise program, and working as an exercise professional, I have demonstrated my ability to lead others by inspiring confidence, empowering others, and being respected by my community.

Over the last several years I have established myself as an osteoporosis-exercise leader in my community, inspiring confidence in the people I work with. Through the osteoporosis-exercise program I have taught people with osteoporosis how to move safely in their day, create strength and improve their balance. Participants in my program say that they are able to play with their grandkids again, have reduced pain, feel strong enough to climb stairs, are more confident in how they move, and learn what they can and cannot do. The patients like learning how to participate in activities they previously never thought they would do again, with more knowledge on how to do the activities safely.

The exercise program and my advice to people with osteoporosis are driven by evidence-based practice. I have developed myself as a leader is osteoporosis research, leading a qualitative study evaluating the barriers and facilitators to engaging in exercise recommendations for people with osteoporosis. I also conducted a study looking at the physical limitations experienced by people with an osteoporotic vertebral fracture. I have disseminated these results in international conferences, presenting to highly respected osteoporosis researchers and clinicians. Being a research leader has contributed to my ability to be a community leader. But, my community involvement has also inspired future research projects. As part of my PhD work, I took feedback I received from working with patients in the community to better understand their expectations related to engaging in an osteoporosis exercise program. I have also learned that people with osteoporosis want to learn how to modify their lifestyle beyond exercise, by learning about nutrition requirements for people with osteoporosis and how to reduce the risk of falls.

I have improved my ability to be an exercise leader by taking opportunities to work with people with other chronic conditions. I have volunteered in an exercise program for patients undergoing cancer treatment. I have volunteered to work one-on-one with patients post stroke and other cardiovascular diseases. It is through these experience that I have a broad understanding of the activity needs of older adults in general and would be able to apply that knowledge to the exercise programs offered through CCAA.

Feedback from patients has affirmed my ability to lead and empower people through exercise. They have been able to maintain in their daily activities, quality of life and feel confident in how they move. I have worked with patients to go over exercise programs they are currently doing and educate them on what exercises are safe and which to avoid, answer any questions they might have and provide advice on how to improve their strength and balance. I have taught more than 500 people to move better, and safer for their osteoporosis. Next steps will be to apply what I have learned on a greater scale, and better understand the needs of Canadians, with the hope of making an international impact.

As a means of disseminating my work to the community I have created a series of videos, and a website. I have developed [osteoporosis-specific videos](mailto:https://osteoporosis.ca/health-care-professionals/clinical-practice-guidelines/exercise-recommendations/video-series-on-exercise-and-osteoporosis/), and [movement education videos](mailto:https://www.physiomed.ca/find-a-clinic/oakville/overview/) that have received over 10,000 views on YouTube, showing the breadth of my leadership, and providing at-home resources for my clients. Through my masters training I gained experience in knowledge translation. I have used that training to disseminate exercise advice. Through my PhD training I created a website for people after a distal radius fracture to learn how to better manage the risks of osteoporosis and developing the future more debilitating fractures of the hip and the spine. I will continue to apply knowledge translation theories and frameworks to my research to ensure it reaches the end-user. I will also rely on patient feedback to understand patient-relevant outcomes that will guide my research.

To continue to grow as a leader I have learned from my colleagues, and my clients. I have learned from the experience of my colleagues working in rehabilitation to assist me with working with patients with co-morbidities. I am always pushing to learn, grow and improve so I can continue to provide the best care to the people that I work with. As an exercise professional, physiotherapist and researcher, I can provide a unique perspective to the research by providing both a clinician and scientific lens.