



2019

## Evolution of Occupational Therapy Practice: Life History of Joan Rogers, PhD, OTR/L, FAOTA

Michelle Arnhalt

Ivy Steiger

[How does access to this work benefit you? Let us know!](#)

Follow this and additional works at: <https://commons.und.edu/ot-oral-histories-papers>

---

### Recommended Citation

Michelle Arnhalt and Ivy Steiger. "Evolution of Occupational Therapy Practice: Life History of Joan Rogers, PhD, OTR/L, FAOTA" (2019). *Oral History Student Papers*. 58.  
<https://commons.und.edu/ot-oral-histories-papers/58>

This Student Paper is brought to you for free and open access by the Occupational Therapy Oral Histories at UND Scholarly Commons. It has been accepted for inclusion in Oral History Student Papers by an authorized administrator of UND Scholarly Commons. For more information, please contact [und.common@library.und.edu](mailto:und.common@library.und.edu).

Evolution of Occupational Therapy Practice: Life History of Joan Rogers, PhD, OTR/L, FAOTA

Michelle Arnhalt, OTS & Ivy Steiger, OTS

University of North Dakota School of Medicine and Health Sciences

### **Abstract**

**Objective:** This qualitative study was to examine the evolution of occupational therapy practice throughout the life history and career of Joan Rogers. The purpose of the study is to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice through the life history stories of occupational therapists who have held leadership roles at the national level and beyond.

**Method:** The Kawa Model guided Semi-structured interview questions. Throughout the interview process, the researchers gained information regarding Joan Roger's experiences related to gaining her occupational therapy degrees, research, working in clinical practice, and retirement. The verbatim transcription was analyzed and coded.

**Results:** The codes that were developed were then grouped into four different categories - academics, professional life, involvement, and retirement. From these categories, twelve themes were created that led to the final assertion.

**Conclusion:** There were multiple barriers and supports in Dr. Rogers' career that contributed to her success in the profession of occupational therapy. Throughout her entire career, Dr. Rogers has consistently contributed to the enhancement of the occupational therapy profession through clinical practice, research, and volunteering.

## **Introduction**

This life history is one of 30 life history interviews, which are part of a larger project, *Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) at the National Level and Beyond*. The purpose of the study is to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice through the life history stories of occupational therapists who have held leadership roles at the national level and beyond. It is anticipated that the life history process will be a powerful way to gather this information.

Dr. Rogers was an accomplished OT who has extensive memberships and positions on committees and boards throughout her career. Her experiences stretch from being a practitioner, educator, and volunteer member. She is currently retired but remains involved through volunteering in her current community.

A life history approach with a qualitative research design was used in this study. The life history approach focuses on the participants' life experiences and turning points during her lifespan. This approach allows for a valuable way to gather information from the client. The Kawa Model influenced the interview questions and data analysis to guide the research study. The participant was interviewed via Zoom computer technology, which was recorded by the researchers. The interviewers conducted the interview at the University of North Dakota School of Medicine and Health Sciences. The interviewee was located at her home in Tacoma, Washington. The interviews were transcribed verbatim and then analyzed by the researchers.

## **Timeline Literature Review**

A life history approach to a study strives to explain an individual's differences in regards to key dimensions, or life events (Szepsenwol, Zamir & Simpson, 2019). The life history

approach has been referred to as a common denominator in regards to social sciences due to its approach to analyzing others and their important life events (Kouritzin, 2000). This approach represents a narrative of an individual's life chronologically and can deepen the understanding of their occupational performance and growth (Frank, 1995).

The profession of occupational therapy has grown immensely throughout the years. Various advancements have been made throughout Dr. Rogers' career, including her contributions. During the beginning of the decade, and in the end lag of the cold war, there was a mass demonstration that took place in New York City's Central Park ("The 1980s", 2018). This is believed to be the largest mass demonstration in American history that was arguing for a "nuclear freeze" ("The 1980s", 2018). In 1983, Dr. Rogers delivered the Eleanor Clarke Slagle Lecture regarding clinical reasoning. The purpose of this speech was to educate individuals about clinical judgment and problem-solving and the overall process of OT. The therapist's responsibilities include selecting a correct therapeutic action in response to a client by using their clinical reasoning skills (Rogers, 1983). Within her speech, she stated, "I will construct an intellectual device for viewing clinical reasoning from the perspective of basic questions the therapist seeks to answer through clinical inquiry." (Rogers, 1983, p. 602)

Dr. Rogers' speech birthed the Performance Assessment of Self-care Skills (PASS), which she developed in conjunction with Margo Holm. This assessment aimed to aid therapists in developing occupation-based interventions, and provide clinical reasoning through objective documentation (Chisholm, Toto, Raina, Holm & Rogers, 2014). The PASS tool evaluates three different constructs of occupation which include independence, safety, and adequacy. This evaluation is deemed to be valid as well as reliable, and provide client-centered results and interventions to their OT treatment (Chisholm et al., 2014).

### **Theory**

The theory used throughout this study was the Kawa Model. The Kawa model guided the development of the interview questions to investigate turning points throughout the interviewee's career. The Kawa Model was developed as a model of practice for occupational therapy by a group of occupational therapists from Japan (Turpin & Iwama, 2010). This model focuses on the “flow of life” by addressing all aspects that can impact the performance of an individual (Turpin & Iwama, 2010). The water is a significant aspect of the Kawa Model because it symbolizes the “life flow” of the individual (Turpin & Iwama, 2010). The model uses a river as a metaphor to guide the barriers and facilitators of an individual's life (Turpin & Iwama, 2010). For example, a rock that is stuck on the floor of a river would symbolize difficulties that have disrupted an individual (Turpin & Iwama, 2010).

This model guided the interview process because it encompasses all of the challenges and achievements that have occurred throughout the participant's life, personal and professional (Turpin & Iwama, 2010). All aspects of the model were covered through interview questions that investigated Dr. Rogers’ social and physical contexts, her attributes, and roadblocks that occurred throughout her lifetime. These aspects of the model were also applied to the data analysis section of this research study.

### **Description of the Participant**

The following information was gathered through the participant's Curriculum Vitae (CV) and direct interview. Joan Rogers is an accomplished OT who has contributed to the profession through practice, advocacy, committee involvement, and research. Dr. Rogers earned her OT degree from the University of Southern California (USC) in 1968 after receiving a degree in

biology from Canisius College in 1966. Dr. Rogers received her doctorate in education for psychology and gerontology from the University of Illinois in Urbana-Champaign, IL in 1975.

Dr. Rogers has extensive involvement in being a member of various organizations, participating on committees, and serving on the boards of several organizations. Her accomplishments include publishing articles about her research, creating the Performance Assessment of Self-Care Skills (PASS), and giving an Eleanor Clarke Slagle lecture regarding clinical reasoning in 1983. She has practiced in various settings that include the Edward J. Memorial Hospital after receiving her Master's degree. While maintaining her clinical license, she worked full-time teaching after receiving her Doctorate Degree. Dr. Rogers has taught at seven universities throughout her career but spent most of her time educating students at the University of Pittsburgh.

### **Methodology**

This qualitative study was done using a life history approach. The design of this study was a life history using a qualitative approach. This approach focuses on individuals' experiences and turning points in their life (Szepsenwol, Zamir & Simpson, 2019). Specifically to this study, it focuses on the turning points of Dr. Rogers' perspectives in the field of occupational therapy. The participant was selected from a participant list compiled through purposive sampling by the project directors. Informed consent was obtained before the interview and the UND Institutional Review Board reviewed the project and because of the study design, the formal IRB process was waived.

The semi-structured interview was guided by an interview schedule prepared by the project directors; the questions on the interview schedule were designed to be used with all the individuals interviewed as part of the larger project. The student researchers were allowed to

modify or add interview questions as needed for each specific interview. Two interviews were conducted via the zoom application. There was a seven-day span between the two interviews. The first interview was an hour and seven minutes and the second interview was 44 minutes. Data was collected through an interview transcribed verbatim, a web search of the participant, and through Dr. Rogers' CV. Since the zoom application was utilized during the interview process, the students were located in North Dakota and the participant was located in Washington.

To ensure trustworthiness throughout this study, the researchers identified their biases and feelings throughout the process using reflexive journals. Triangulation involved member checking to confirm interview information was accurate. The research study was overseen by project directors in its entirety to ensure reliability.

### **Data Analysis**

Analyzing the data of the study included completing two interviews that were audio recorded. These were then transcribed verbatim, and the researchers began completing initial memoing. The 18 codes that emerged were collapsed into four categories of academics, professional life, involvement, and retirement. From the categories, three themes emerged for every category. The visual data display of the codes, categories, and themes can be found in Appendix A. Based on the themes, researchers created a final assertion that encompassed the life of Dr. Rogers. The inclusion criteria for coding included information that was repeated most frequently and was emphasized by the participant. These criteria were also considered when creating categories based on the codes. There were no exclusion criteria for this study. The Kawa Model guided the data analysis process that identified major life events that the participant has experienced. This method was used to allow for a more in-depth understanding of Dr. Rogers'



work experiences within the field of occupational therapy, as well as personal life and the transition into retirement.

### **Findings/Results**

The themes discovered in this study indicate that Dr. Rogers has remained dedicated to the profession of occupational therapy in all stages of her life. She was able to remain involved in multiple aspects of OT, even when faced with challenges and retiring from the practice. The Kawa model influenced the timeline by aiding researchers in finding turning points in Dr. Rogers' life and career. By utilizing the Kawa model, the researchers identified four categories and three themes for each category.

### **Academics**

*Theme 1: Dr. Rogers chose the career path of occupational therapy for many reasons, including the challenge of being a health care provider in a less known healthcare field. She ironically shared one reason was finding a book called "Why Joan Chooses OT."*

In high school, Dr. Rogers was given an assignment to find a career path she may be interested in. When going to the library, she came across this book and was immediately captivated by the title. She began laughing while showing the researchers the book stating, "So I thought it was made in heaven." Dr. Rogers began to talk about the immediate feedback from others not knowing what OT was. "I wrote this essay and I really liked the response I got back when I said I was going to be an occupational therapist because nobody knew what that was." From the beginning of her discovery of OT, she has continued to advocate and promote the profession. When furthering her education following high school, Dr. Rogers stated:

Interestingly enough, when I went to college, I did not go to a college that had an OT program. So it didn't really re-enter my mind until I was ready to graduate

with a baccalaureate degree in biology, I wasn't sure what I could do in life other than wash bottles in a laboratory and that didn't appeal to me.

Dr. Rogers began the process of seeking out and applying to various OT programs throughout the country.

*Theme 2: Dr. Rogers gained degrees through her perseverance and mentorship, but she acknowledged some of the challenges that she had experienced.*

Various educational figures put barriers in Dr. Rogers' way during her academic career. She stated that one of her professors "constantly put roadblocks in my academic [career].." and "her way of teaching was basically very challenging." However, she then stated, "I think I really responded to that in a positive way."

Dr. Rogers identified the importance of having mentors that supported her passion for both her education and professional life. Her first involvement opportunity was in the alternative representative assembly at the University of North Carolina. Dr. Rogers stated, "I was sort of mentored in that role by Gladys Masagatani who was very active in the American Occupational Therapy Association and she kind of really taught me the ropes." She also stated that Gladys, "pushed the fact that you can't just stay in your own little box, you gotta get out there and look at bigger issues." Throughout her mentee experience under Gladys, Dr. Rogers grew and pushed herself out of her comfort zone, which promoted her success.

*Theme 3: Due to her passion for seeking out professional education opportunities that enhanced her knowledge and skills, Dr. Rogers was willing to relocate and travel to gain these experiences.*

Throughout her career, Dr. Rogers has uprooted her life to further her education and find the best opportunities in doing so. When applying to different OT programs, Dr. Rogers chose to

attend USC, due to the program being a Master's. She stated, "I was entering the profession right when they were beginning to look at Master's level education as a substitution for the post-baccalaureate certificate." Once completing her degree, she worked for a short time before relocating to the University of Illinois to complete a doctorate.

### **Professional Life**

*Theme 1: Dr. Rogers has practiced occupational therapy in various settings and transitioned between different positions across the U.S. to allow her to experience all aspects of OT.*

She stated, "When I first started practicing, my first job was in Buffalo, New York." During her position as a practitioner, Dr. Rogers began teaching at the State University of New York (SUNY) in Buffalo, New York as well. After receiving her doctorate, Dr. Rogers moved to Los Angeles, California to begin teaching at USC. After experiencing conflict with her superior, she stated, "I finally decided that I would not succeed there and I needed to make a move to where I would succeed." She decided to return to SUNY in New York for a brief period before going to the University of North Carolina, Chapel Hill. Shortly after relocating another job offer came from the University of Pittsburgh. "The head, Dr. Detre, said you come here and I will make you successful in research and he did that." This is where she continued the duration of her career as an educator and researcher before retiring in 2015.

*Theme 2: Dr. Rogers' challenging experiences inspired her to seek education and learning opportunities that helped form her professional identity.*

During her time in education, the shifts of the profession's educational requirements were emerging. Dr. Rogers began the process of applying for colleges that offered a Master's program and chose to attend USC. After receiving her Master's of OT degree, Dr. Rogers stated, "I worked for about four years and then I decided to go back to school for my doctoral degree." She

then received her doctorate in educational psychology and gerontology and continued on her career path as a practitioner and educator in the realm of OT.

*Theme 3: Even though faced with barriers to becoming an occupational therapist and researcher, it was her dedication to the profession that led Dr. Rogers to be successful.*

Dr. Rogers began her research career at USC where she stated, “they were somewhat open to doing research, but I didn’t have a crowd of people around me that were engaged in that and it’s hard to research when you’re out there and it was just kind of lonely.” Dr. Rogers soon took a job offer in Pittsburg at the Western Psychiatric Institute Clinic under the supervision of Dr. Detre. Dr. Rogers stated, “I arrived on the scene and my expectation was that I would be welcomed. Not the case. People there felt that they had social workers that could do what I did.” She translated this experience into research stating, “People didn’t want me as a research partner because they had the social worker there or somebody else who was doing the questioning.” Throughout her career and research success, Dr. Rogers began to “build the program there that would help other people who wanted to do research in OT survive.”

### **Involvement**

*Theme 1: Dr. Roger’s passion for occupational therapy has facilitated her motivation to become more involved in leadership opportunities, committees, and boards.*

Throughout the years of her practice, she was continually interested in multiple areas of occupational therapy. Her interests led her to involvement in many leadership opportunities. It was not uncommon for her to be involved in numerous committees at one time. She stated:

Simultaneously, I was also very active in the Gerontological Association of America (GSA), where I served as the steering committee for four years. And then I’ve also been very engaged with the Arthritis Association. I got a fellowship

very early on, and as one of their fellows, I had a research grant and serviced on numerous committees there.

Dr. Rogers' motivation to be involved in different aspects of the profession has enhanced her experiences as an OT and led her to the accomplishments that she has received.

*Theme 2: The many national and local leadership roles that Dr. Rogers held, enabled her to advocate for the profession of occupational therapy.*

She stated:

I think that you have to make a choice between whether you want to be a career scientist or you want to be an OT politician. Both were very time consuming, and I think it's very difficult to do both of those, and I would've like to spent my time directing research. Now, part of the reason I got into AOTA is because I wanted them to recognize that they needed to support scientists.

Throughout her neverending dedication to the profession, she has demonstrated the ability to advocate not only for the profession, but for the employees within the profession. Dr. Rogers has gone as far as interviewing political figures to plead her case in healthcare at a national level. The level of involvement Dr. Rogers has given to this profession is inspirational and demonstrates the multiple ways in which students, peers, clients, and colleagues can advocate for occupational therapy.

*Theme 3: Dr. Roger's unwavering dedication to the occupational therapy profession was the main priority in her life.*

Throughout her practice, she has devoted a significant amount of time traveling, researching, educating, and practicing in the field of occupational therapy. Dr. Rogers is very

passionate about women voicing their opinion and advocating for themselves since healthcare is a male-dominated area of practice. She stated:

There are certainly openings, and I think [women] need to be more vocal. I'm very concerned about when we have to be nice all the time. You have to be used to confrontation and stand up for your patient, as well as for OT.

Dr. Rogers is dedicated to prioritizing occupational therapy and how we should represent ourselves. She has discussed the battle of the presidency and if she wants to prioritize supporting a candidate or committing to more of a travel position when deciding on which path to follow next in her career.

### **Retirement**

*Theme 1: Dr. Rogers' devotion to occupational therapy is still portrayed in retirement through her continued involvement within the community and various organizations.*

Since she is retired, Dr. Rogers discussed slowly stepping down from committees that are more time consuming than she finds ideal. She stated:

I do have contact with the AOTF, I have been involved with some of the activities for the academy of research, and then I am also trying to get rid of my editorship for the archives of physical medicine and rehabilitation. So then that's actually a lot of work, which is why I'm looking at giving it up because I manage well over five hundred reviews.

Although it is challenging to fill time when in the stage of retirement, Dr. Rogers has provided a highly quantifiable list of the committees, she continues to be involved in. Her continued involvement in leadership opportunities and volunteer committees provides support in her devotion and prioritization to the profession of occupational therapy.

*Theme 2: Dr. Rogers values her role in retirement because of the freedom to do whatever she wants when she wants!*

She discussed the fun aspect of having a flexible schedule. She stated, “If you stay up late, you can sleep in in the morning. So, although you have a schedule, it’s not as rigid as when you’re working.” Even though she is retired, she still demonstrates a schedule and tasks that she needs to complete. “I get up at the same time, I’d go to work very early, and so that’s really carried over.” She finds it important to still feel useful and to be productive with her time although her schedule is not as strenuous as when she was in the workforce.

*Theme 3: Dr. Rogers’ commitment to the profession has a continuous impact on students and colleagues that are still learning and practicing occupational therapy today.*

“Every once in a while, I’ll hear from one of my students who’s now a doctoral student and she’s applied for grants, and she always sends me things to review, and that helps me to feel useful.” Not only has she impacted the lives of her students, but Dr. Rogers has provided occupational therapists and other healthcare professionals with assessments and multiple research studies to enhance our knowledge on certain topics. She has made impacts on the profession through research, national leadership involvement, and continuing to volunteer when no longer practicing.

### **Discussions/Conclusions**

All of the various categories and themes led the researchers to a final assertion statement. Throughout Dr. Rogers’ career as an occupational therapist, she overcame obstacles through determination and perseverance and made a multitude of contributions to the profession through practice, committee involvement, and research.

The final assertion developed by this study is guided by the Kawa model and is influenced by major historical events that have impacted the profession of occupational therapy and the work of Dr. Rogers. The education requirements for the profession have changed and advanced through Dr. Rogers' academic and professional career. There were relationships built throughout the years of education that were considered rocks in her practice that motivated her to complete her degrees and become successful in the profession. On the other hand, some relationships facilitated her life flow and contributed to her river walls. Through the vision of the Kawa Model, the events that occurred throughout her experiences impacted her flow of life over time.

The Kawa Model utilizes a metaphor to encompass the life experiences and milestones that occur within an individual's life. This research study has contributed to evidence related to the transformation of the occupational therapy profession since the beginning.

When Dr. Rogers entered practice, the OT profession was evolving. She contributed to the betterment of OT through her dedication to research. Dr. Rogers gave an Eleanor Clarke Slagle lecture, which was a gateway regarding clinical reasoning in OT practice. This led her to further contribution to practice, which was the development of the PASS assessment tool.

The findings of this study indicate Dr. Rogers is dedicated to the OT profession by her contributions to research, education, and clinical practice. Throughout the years, she has seen advancement in the educational requirements and remained up to date with the positive stride of the profession. Dr. Rogers discussed barriers that have led to her major milestones as an OT and how historical events have impacted the field of OT. She began her career with a baccalaureate in biology and shortly after decided to pursue a degree in OT. Due to the transition in educational requirements at this time, Dr. Rogers chose to pursue a Master's degree at USC. Although there



were no external, historical events that influenced Dr. Rogers to fulfill the OT education requirements, she witnessed the impact this transition had on the overall profession and OT's. From the findings, it is better understood how history and the profession's ever-changing requirements influence work opportunities, the possibility for research, practice settings, and the change in the education of current and future OTs. The study concluded that Dr. Rogers has contributed to the field of OT through her devotion to advance research and breaking barriers in this realm. She continues to passionately advocate for the OT profession through supporting other professionals as well as her unwavering involvement at the national level.

## References

- Chisholm, D., Toto, P., Raina, K., Holm, M. & Rogers, J. (2014). Evaluating capacity to live independently and safely in the community: Performance assessment of self-care skills. *Britain Journal of Occupational Therapy*, 77(2), 59-63. doi: 10.4276/030802214X13916969447038
- Frank, G. (1995). Life histories in occupational therapy clinical practice. *The American Journal of Occupational Therapy*, 50(4), 251-264. doi: 10.5014/ajot.50.4.251
- History.com Editors. "The 1980s." *History.com*, A&E Television Networks, 23 Aug. 2018, [www.history.com/topics/1980s/1980s](http://www.history.com/topics/1980s/1980s).
- Kouritzin, S. G. (2000). Bringing life to research: Life history research and ESL. *Tesl Canaian Journal*, 17(2), 1-35. Retrieved from <https://files.eric.ed.gov/fulltext/EJ659468.pdf>
- Rogers, J. (1983). Eleanor Clarke Slagle lecture - 1983; clinical reasoning: The ethics, science, and art. *American Journal of Occupational Therapy*, 37, 601-616. doi: 10.5014/ajot.37.9.601
- Szepeswol, O., Zamir, O. & Simpson, J. A. (2019). The effect of early-life harshness and unpredictability on intimate partner violence in adulthood: A life history perspective. *Journal of Social and Personal Relationships*, 36(5), 1542-1556. doi: 10.1177/0265407518806680
- Turpin, M. & Iwama, M.K. (2011). *Using occupational therapy models in practice: A field guide*. New York, NY: Elsevier, Inc.

Appendix

Evolution of Occupational Therapy Practice: Life History of Joan Rogers, PhD, OTR/L, FAOTA

<p><b>Category: Academic</b></p> <ul style="list-style-type: none"> <li>• Book of Joan chooses OT</li> <li>• Degrees</li> <li>• Mentors</li> <li>• Academic Challenges</li> </ul>	<p><b>Category: Professional Life</b></p> <ul style="list-style-type: none"> <li>• Clinical practice</li> <li>• Jobs</li> <li>• Transitioning</li> <li>• Education</li> <li>• Research</li> <li>• Professional challenges</li> </ul>	<p><b>Category: Involvement</b></p> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Committee Members/ Board</li> <li>• Political Figures</li> <li>• Family/Traveling</li> </ul>	<p><b>Category: Retirement</b></p> <ul style="list-style-type: none"> <li>• Retirement</li> <li>• Volunteering</li> <li>• Exercise/ Meditation</li> <li>• Daily Structure</li> </ul>
<p><b>Theme:</b> Dr. Rogers chose the career path of occupational therapy for many reasons, including the challenge of being a health care provider in a less known healthcare field. She ironically shared one reason was finding a book called “<i>Why Joan Chooses OT.</i>”</p>	<p><b>Theme:</b> Dr. Rogers has practiced occupational therapy in various settings and transitioned between different positions across the U.S to allow her to experience all aspects of OT.</p>	<p><b>Theme:</b> Dr. Roger’s passion for occupational therapy has facilitated her motivation to become more involved in leadership opportunities, committees, and boards.</p>	<p><b>Theme:</b> Dr. Rogers’ devotion to occupational therapy is still portrayed in retirement through her continued involvement within the community and various organizations.</p>
<p><b>Theme:</b> Dr. Rogers gained degrees through perseverance and mentorship, but she acknowledged some of the challenges she experienced. Dr. Rogers identified the importance of having mentors that supported the passions.</p>	<p><b>Theme:</b> Dr. Rogers’ challenging experiences inspired her to seek education and learning opportunities that helped form her professional identity.</p>	<p><b>Theme:</b> The many national and local leadership roles that Dr. Rogers held, enabled her to advocate for the profession of occupational therapy.</p>	<p><b>Theme:</b> Dr. Rogers values her role in retirement because of the freedom to do whatever she wants when she wants!</p>
<p><b>Theme:</b> Dr. Rogers was passionate about seeking out professional education opportunities that enhanced her knowledge and skills; she was willing to relocate and travel to gain these experiences.</p>	<p><b>Theme:</b> Even though faced with barriers to becoming an occupational therapist and researcher, it was her dedication to the profession that led her to be successful.</p>	<p><b>Theme:</b> Dr. Rogers’ unwavering dedication to the occupational therapy profession was the main priority in her life.</p>	<p><b>Theme:</b> Dr. Rogers’ commitment to the profession has a continuous impact on students and colleagues that are still learning and practicing occupational therapy today.</p>
<p>↓</p> <p><b>Assertion:</b> Throughout Dr. Rogers’ career as an occupational therapist, she overcame obstacles through determination and perseverance and made a multitude of contributions to the profession through practice, committee involvement, and research.</p>			