

Proposal for a New Graduate Program:
Doctor of Physical Therapy (DPT) Degree



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Introduction

This proposal is for the development of a new Doctor of Physical Therapy (DPT) Program at Western Michigan University. The program would encompass 3-years of full-time didactic and clinical education training, with a targeted enrollment of 40 students per cohort, or 120 doctoral students at full capacity. This proposal is in alignment with WMU's Academic Affairs Strategic Plan 2012 (AASP, Final Draft)¹ Goal 3, Strategy 3.1, 3.4; and Goal 4, Strategy 4.1; and Goal 3 of WMU's College of Health and Human Services 2013-16 Strategic Plan (CHHS, Final Draft).² It addresses shortages that currently exist and are projected to increase in the coming decades for the physical therapy workforce, and addresses the pursuit of additional graduate degree offerings in the health sciences (AASP Strategy 3.4). If approved, it will add to WMU health professions educational portfolio and contribute to WMU's leadership position in graduate education (Goal 3 of the AASP).

As detailed in this proposal, the DPT curriculum will be a highly integrated learning experience for students, involve experiential learning, and partnerships within the regional health care community. Specific details of the documented need, curriculum, admissions, capacity, administration, resource requirements and budget, and future impact are presented in its entirety to ensure the feasibility and sustainability of this new graduate program.

Job Market and Educational Market Demand

Job Market

Shortages exist and are projected to increase in the coming decades for the physical therapy workforce in the State of Michigan and the United States. The projected national growth rate for physical therapists published by the U.S. Labor Department in the next decade is an increase of 36% from 2012 to 2022, compared to an average of 14% for all occupations.³ In the State of Michigan, the projected rate of growth is 26.7% (Michigan Department of Technology, Management & Budget Employment).⁴ In October 2013, the American Physical Therapy Association updated projections of a shortage of ~ 30,000 physical therapists over the next decade⁵ (see Figure 1), and other recent analyses concur that this shortage will continue to the year 2030 for the State of Michigan, surrounding region and nation.^{6,7}

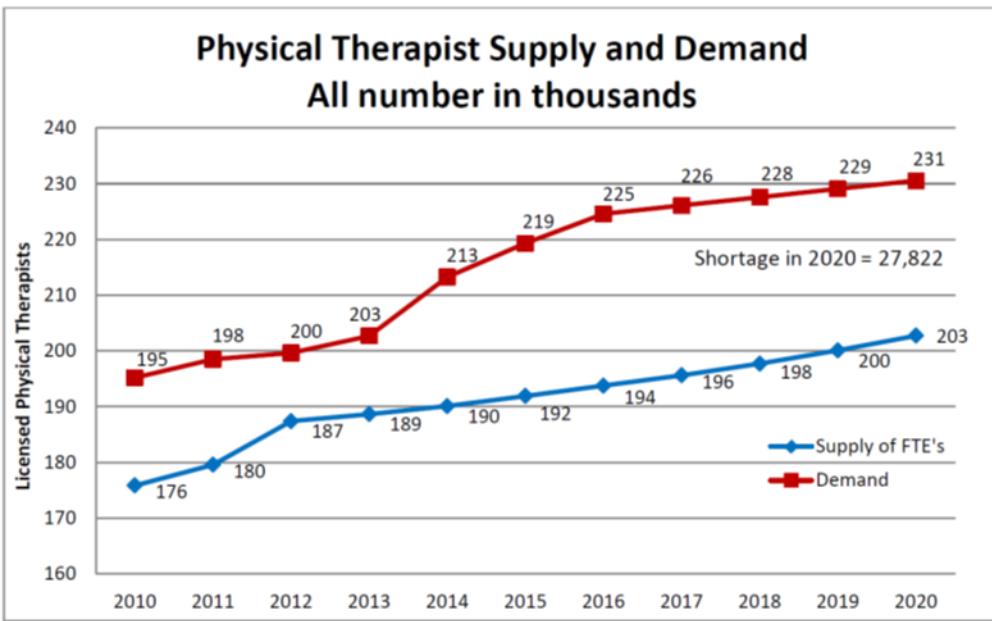


Figure 1: Projected supply and shortage of physical therapists to 2020, assuming a 3.5% attrition rate. (APTA, October, 2013).

These projected shortages are due to a combination of factors including an aging population that is projected to almost double by 2030, and by 2060 it will more than double from a current 43.1 million to 92.0 million individuals.⁸ As this population shift occurs, the associated disease burden will rise, requiring a highly trained workforce skilled in preventative and rehabilitation services. Currently, 133 million Americans – almost 1 out of every 2 adults – have at least one chronic illness,⁹ and approximately 22% of non-institutionalized adults have one or more functional limitation in their activities of daily living.¹⁰ A recent analysis by the Centers for Medicare and Medicaid Services found that 20% of Medicare beneficiaries have 5 or more chronic health conditions, and the most frequent diagnostic conditions reported (hypertension, arthritis, coronary artery disease, cancer, diabetes, and stroke) often require physical therapy services at one or several points during the life of the beneficiary.^{11,12} Additionally, changes in reimbursement models and health insurance requirements support a widespread interest in health promotion and disease management for both healthy individuals and populations with existing health conditions.

Additional factors contributing to the projected shortage include a migration of entry-level education over the past decade from the entry-level master degree to the entry-level clinical doctorate degree, and which is now required by the Commission on Accreditation in Physical Therapy Education (CAPTE) for all programs in 2015. As educational programs made this transition, class cohorts were often maintained or decreased. Second, a significant percentage of the physical therapist workforce is approaching retirement age. A recent survey identified 34.3% of the workforce is 54 years of age or older, and of these, 21% are 59 years of age or older.⁵ While the recent downturn in the economy contributed to a delayed retirement for many, continued economic improvements and outlook are expected to contribute to an accelerated shift to part-time employment for some, as well as full retirement and exit from the workforce for many. Third, there is an expected increase in access to rehabilitation services for individuals of all ages with the passage of the 2010 Patient Protection and Affordable Care Act. As rehabilitation services are one of ten *Essential Health Benefits* required for all health care plans,

physical therapy services will be covered by employer's health plans. Finally, the State of Michigan will participate with the federal government in the Medicaid expansion program this year. This expansion will provide rehabilitative, habilitative, and pediatric health care benefits to an estimated 127,000 individuals in the first year, increasing to 553,816 individuals by 2019.¹³

Educational Market Demand and Supply

This section describes the career opportunities, the educational (applicant) market demand, and response of the regional educational community to this demand.

Career Opportunities

The median annual salary for physical therapists is \$79,860,¹⁴ and they are employed in a wide range of settings, including:

- Hospitals
- Acute and subacute rehabilitation and skilled nursing facilities
- Ambulatory clinics and private practice settings
- Sports and fitness facilities
- Work and industrial settings
- School systems
- Home care agencies
- Hospice organizations
- Government agencies
- Healthcare research organizations

Applicant Demand

Applicant demand can be observed from applications to current DPT programs via data collected by CAPTE and the Physical Therapy Centralized Application Service (PTCAS). Per PTCAS, in the most recent completed admission cycle (2012-13), the mean/median number of applicants per program was 548/489 students (range = 103-1,580) for an average class size of 44 students (Figure 2).¹⁵ This represents a 13% increase from the prior year. Additionally, Michigan ranks as the 8th highest state of applicant residency in the country with two regional states also in the top ten (Illinois ranked #3, and Ohio ranked #7). In the State of Michigan, each of the six existing programs had well over 350 qualified applicants who meet the program requirements for admission, or a 1:6 to 1:13 acceptance to applicant ratio. This is consistent with national data compiled by CAPTE, and as outlined in the figure below highlights that the number of qualified applicants in the country is well above admission offers, planned enrollment, and actual enrollments per program for the past several years.¹⁶

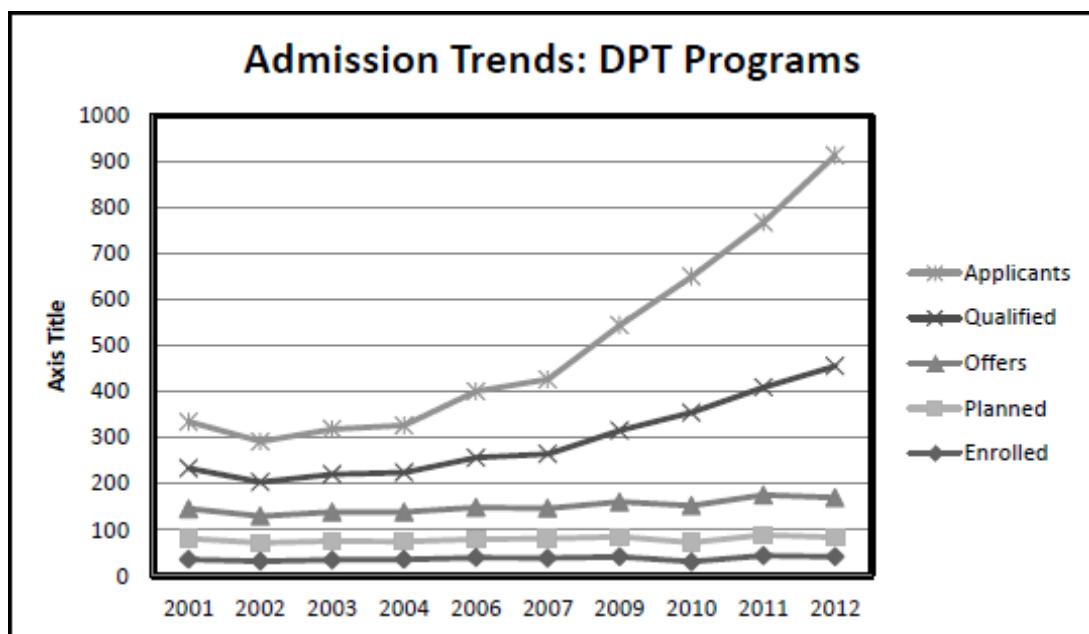


Figure 2: Application trends for DPT programs per DPT program (Source: 2013 CAPTE Fact Sheet).

Anecdotal data suggests this demand will continue at a local (WMU / State of Michigan / surrounding region) level. Within the College of Health and Human Services at WMU, there are currently 35 students enrolled in the BS in Interdisciplinary Health Services program who are planning on a career in physical therapy. Within the Department of Human Performance and Health Education's BS in Exercise Science program at WMU, there are approximately 100 - 150 undergraduate students at various points in their educational program who have expressed interest in PT as a career option (personal communication, Dr. Timothy Micheals). At Michigan State University, George Harnick (Program Coordinator for the undergraduate Kinesiology program) stated in March 2013 that of the 2,300 undergraduate students in their program, approximately 60% of the junior and senior level students (approximately 300 students per year) have declared pre-PT as their focus of study, and at the University of Michigan Ann Arbor, 120 junior and senior kinesiology students have declared pre-PT as the focus of study.¹⁷ Thus, these students have completed or are planning on the pre-requisite courses necessary for undergraduate training and application to a DPT program. Given the escalating costs of college education, specifically private and out of state tuition costs, WMU is well positioned to serve in-state students in their pursuit of physical therapy graduate education.

Current and Future Supply of Physical Therapists

Existing U.S. Educational Programs and Planned Expansion in the State of Michigan

Educational programs have existed in the United States since the 1920s, and there are currently 220 accredited educational programs, with six programs in the State of Michigan.

Many existing programs have attempted to address job market demands by increasing class/cohort enrollment. Currently, the national average cohort of students admitted to a DPT program is 44 students per class (39 students for public institutions and 50 students for private institutions).¹⁴ While many existing programs are increasing class enrollments, these increases have averaged only 7.9 students / program over the past 9 years (2003-12).¹⁴

The planned expansion of DPT programs in the State of Michigan are for a net addition of 24 graduates / year (both Grand Valley State University and Central Michigan University are increasing enrollment by 12 students each). The previously mentioned primary limitation to greater increases includes the concomitant progression of entry-level training to the clinical doctoral degree from a master's degree level, and limited instructional space supporting expansion. To address this issue, Grand Valley has recently purchased land adjacent to the College of Health Professions for a new building, and Central Michigan University has partnered with Michigan Technological University in Houghton, MI to house a satellite program. The ability of existing state programs to meet the societal demands for physical therapists are not being met, and is not expected to keep pace with projected demands over the next decade and beyond.³⁻⁷

Developing U.S. Educational Programs

In the past 8 years, there has been one new program developed in the North East Region (comprised of WI, IL, IN, OH, and MI). This program is at the University of Wisconsin-Milwaukee. Currently, there are 25 new DPT programs in various states of development in the US, with 3 new programs in the North East Region, located in Indiana (2 programs) and Ohio (1 program) (please see Figure 3). Of these 25 programs, 10 programs are in the candidacy phase (have enrolled one cohort of students), 4 programs that have submitted an Application for Candidacy to the CAPTE, and 11 programs have hired a Program Director (first step in the accreditation process).¹⁶

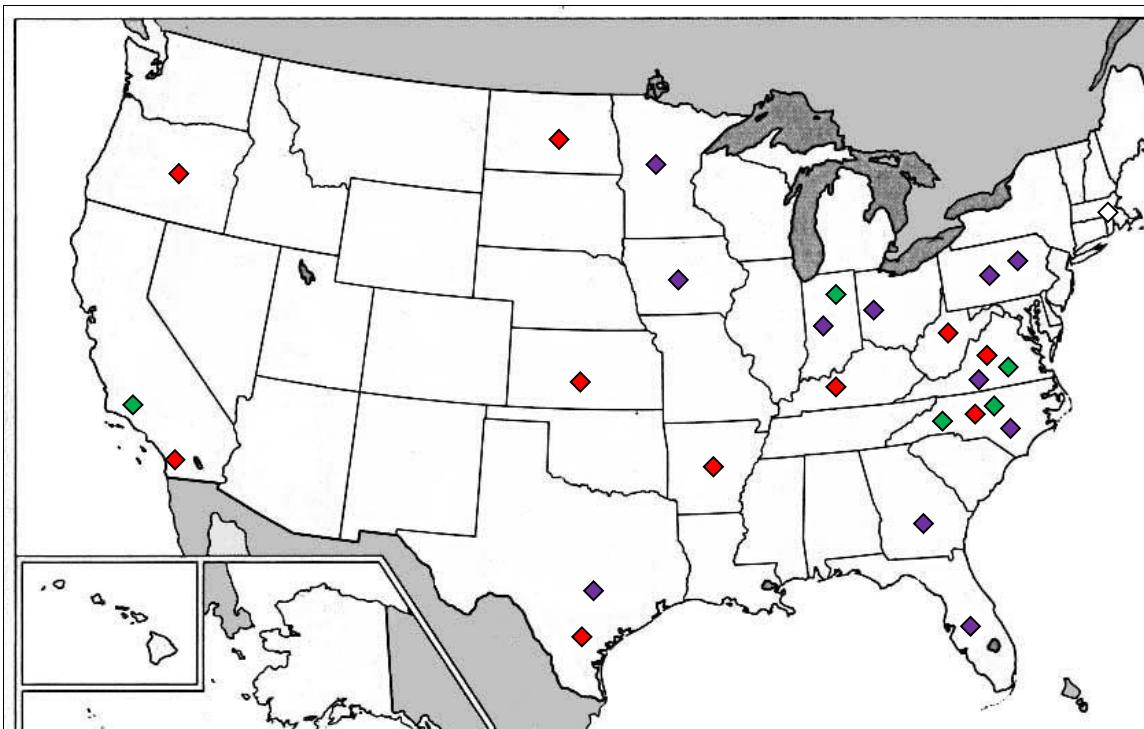


Figure 3: Developing Doctor of Physical Therapy Programs in the US. ◆ = 1st class enrolled (n=10); ♦ = Application for Candidacy filed with CAPTE (n=4); ▲ = Program Director Hired (n=11). (As of Dec 2013).

International Educational Programs

The ability of foreign physical therapy educational programs to add physical therapists to the US job market is limited. This is primarily due to the transition of entry-level educational requirements in the US to the clinical doctorate level. The entry-level degree for most foreign trained physical therapists is at the bachelor's level, with very few programs awarding the degree at the post-bachelorate level. In order to qualify to sit for the National Physical Therapy Examination (NPTE) required for clinical practice in the US, foreign applicants must meet the educational requirements typical of training at the clinical doctorate level. This requires an extensive equivalency assessment of their home institution's program, with subsequent additional coursework required to meet the curriculum content and credit load associated with a doctoral degree. Additionally, when foreign trained therapists do meet these requirements, they perform poorly on the licensure exam required for practice. Thus, while foreign trained therapist will provide some supply of therapists for the US market, it will be a small contribution compared to the expected demands, and projections are flat for the next decade.⁵

2013-18 Projected Job Vacancies for the State of Michigan

Graduates from a DPT program at WMU will most likely enter the job market in the State of Michigan and surrounding region (OH, IN, IL). Projected graduates numbers (provided by CAPTE) based on reported data in the Annual Academic Report (AAR), are included in Table 1 for 2013-2018.

2013 PT AAR Data
Graduate Numbers Select States

State	Projected Graduate or Expected to Graduate							
	2013	2014	2015	2016	2017	2018	COMBINED TOTAL	
MICHIGAN	186	198	234	233	228	228	1307	
ILLINOIS	142	144	140	169	172	175	942	
INDIANA	70	74	75	78	84	85	466	
OHIO	126	117	126	126	127	127	749	
COMBINED TOTAL	524	533	575	606	611	615	3464	

Table 1: 2013-18 PT Graduate Projections (CAPTE, 2013 AAR)

Projected average job openings due to market growth and replacement for 2010 – 2020 by the Michigan Department of Technology, Management & Budget Employment is 273 openings / year.² These two data sets are incorporated into the figure below (Figure 4) to provide the net projected physical therapist job vacancies for Michigan. As can be observed, the accumulated net job vacancies are expected to exceed 300 by 2018, and projections are consistent with published data on workforce deficit in Michigan.⁵ In summary, the educational training of physical therapists are not expected to meet the state and regional market growth projections.

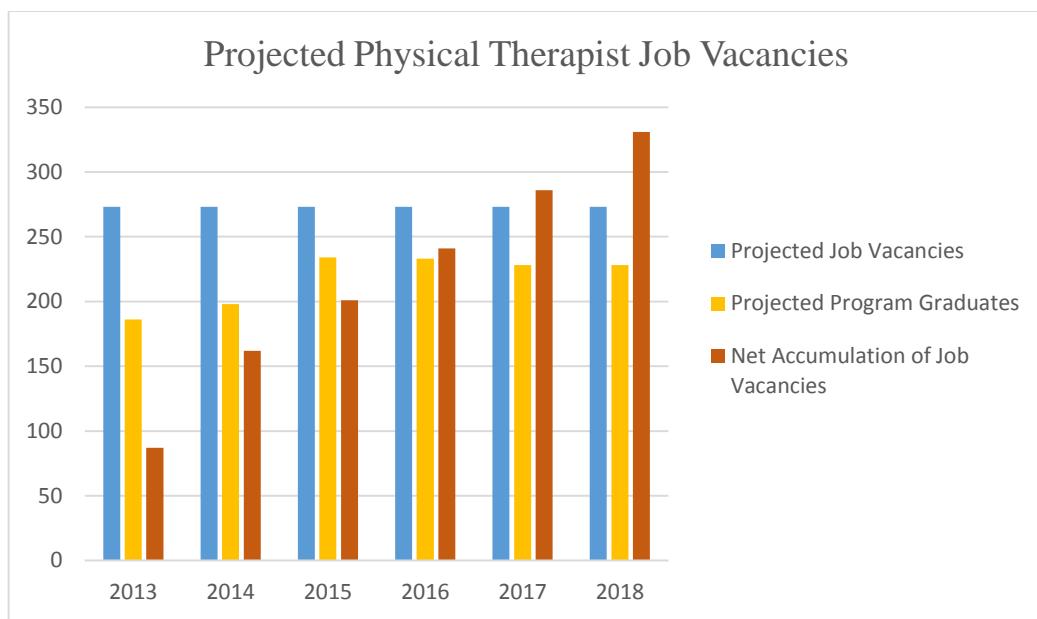


Figure 4: Projected physical therapist job vacancies, graduates and net accumulation of job vacancies for the State of Michigan.

Alignment with WMU and CHHS Assessment Plans

Today's health care setting is increasingly complex and requires practitioners to achieve high quality, value-based patient care outcomes. The DPT curriculum is developed to prepare physical therapists to function within these environments and circumstances. It supports the WMU and CHHS academic mission of educating exemplary graduate level professionals in health care and rehabilitation services, as well as conducting research, disseminating knowledge, and developing mutually enriching community partnerships. If initiated, a DPT program at Western Michigan University would be 1 of 2 programs housed within a designated high research (Carnegie Classification) institution in the State of Michigan, and the only such program located on the west side of the state. Wayne State University is currently the only research intensive institution to house a DPT program in Michigan.

Vision, Mission and Program Goals

Vision

The vision of the WMU Program in Physical Therapy is to be recognized in the state, region, and nation as leaders in education, practice and research in rehabilitation services.

Mission

The mission of the WMU Program in Physical Therapy is to educate caring and reflective professionals who are movement specialists, able to apply and advance the knowledge of rehabilitation sciences to enhance human health and well-being.

Program Goals:

The goals for the WMU DPT program are compatible with the Academic Affairs Strategic Plan (2012)¹ and CHHS 2013-16 Strategic Plan.² These are:

Program Goal 1: The WMU DPT program will graduate competent, reflective practitioners who are leaders in the provision of value-oriented physical therapy services.

AASP Goal 3: Offer distinctive “graduate programs that prepare students to be successful in their lives and careers, *and position WMU as a leader in graduate education.*”

CHHS Goal 1: Provide transformative learning experiences in interprofessional roles and collaboration through coursework, service learning, clinical and fieldwork experiences, research and scholarship, and global engagement.

CHHS Goal 2: Invigorate existing curricula, teaching and advising methods to promote innovative, discovery-driven educational experiences and student support systems, *and consider new and expanded programs consistent with the mission of the college and societal needs.*

Program Goal 2: The faculty of the Department of Physical Therapy at WMU will be recognized as leaders in scholarship productivity that adds to the body of knowledge of physical therapy at the state, regional and national levels.

AASP Goal 5: Produce outstanding research and creative works that enhance society.

CHHS Goal 3: Advance the knowledge base in health and human services and build on scholarly traditions within the college that are consistent with WMU’s role as a major research university.

Program Goal 3: The WMU DPT faculty and students will be leaders in educational programming provided to the local, state and regional communities.

AASP Goal 7: Enhance the greater community and society by applying our university’s knowledge, talents, and energies through service and outreach (AASP, Goal 7).

CHHS Goal 4: Enhance diversity, promote a climate of inclusion, and strengthen collaborative partnerships to fulfill the vision of transformative education, practice, and research.

Program Description, Capacity, Admissions and Graduation Requirements

Program Description

This program is intended for individuals interested in becoming physical therapists and not for individuals who have completed a bachelor or master level entry-level physical therapy degree and eligible for licensure or currently licensed as a physical therapist. Individuals with a bachelor or master level entry-level physical therapy degree interested in a DPT degree are referred to transitional-Doctor of Physical Therapy (tDPT) programs.

Students completing this program will receive the clinical doctorate degree of Doctor of Physical Therapy. A clinical doctorate is not a research doctorate (e.g., Ph.D., Ed.D.). It is analogous to clinical doctorate programs in audiology, pharmacy, law and medicine, where the goal of the program is preparing students for licensure examination and subsequent clinical employment in the workforce.

This entry-level DPT program meets accreditation standards of the Commission of Accreditation for Physical Therapy Education of the American Physical Therapy Association. Students who complete the program will meet the eligibility requirements to sit for the National Physical Therapy Examination necessary for clinical practice. The DPT program is a 3 year, full-time graduate program consisting of 123 credits over a continuous 3 year period. Supervised clinical practice is required during each term of full-time registration, and includes 4 full-time assignments to off-campus sites.

Enrollment Capacity

Targeted enrollment is for 42 students in the first year and assumes a 4% attrition rate, for an average total of 40 graduates per year, or 120 doctoral students enrolled at full capacity. While the application process will be open to all eligible candidates, it is expected that there will be many applicants that are currently enrolled in various WMU undergraduate programs.

Admissions Requirements

Admissions to the entry-level DPT program is competitive and enrollment will be based on evidence of an undergraduate degree from an accredited institution. Students are typically admitted for full-time study in the fall semester. Not every applicant who meets the minimum admission requirements can be admitted; the department reserves discretion in admission of the most highly qualified applicants. This program is not designed for individuals already licensed to practice physical therapy. Specific admission requirements are outlined below:

1. A grade point average of at least 3.00 in the last 60 credit hours of undergraduate study.
2. A cumulative grade point average of at least a 3.00.
3. Official transcripts from all previously attended institutions.
4. Competitive scores on the General Test of the Graduate Record Examination (GRE).
5. Completion of at least 2 physical therapy clinical experiences totaling a minimum of 50 contact hours. These experiences may be observational, volunteer or work experiences and must be a minimum of 20 hours in both an outpatient and inpatient health care settings, and verified by different physical therapists licensed in the United States.
6. Two letters of recommendation addressing the candidate's aptitude for the profession and graduate training: one from a physical therapist licensed in the United States, and one letter from a prior academic instructor.
7. A personal statement expressing the candidate's interest and aptitude for the profession, and resume outlining the candidate's educational and experiential preparation.
8. Undergraduate preparation including completion of:
 - a. Course work or transcript credit in each of the following areas:
 - i. 1 semester general biology with laboratory component
 - ii. 1 semester human anatomy with laboratory component
 - iii. 1 semester of human physiology with laboratory component
 - iv. 1 semester of exercise physiology
 - v. 2 semester sequence of chemistry with laboratory components
 - vi. 2 semester sequence of physics with laboratory components
 - vii. 1 semester of general or introductory psychology
 - viii. 1 semester of developmental or abnormal psychology
 - ix. 1 semester of trigonometry
 - x. 1 semester of applied statistics

Coursework listed must qualify for majoring in the sciences at the undergraduate institution. Note: The course work noted above is typically included in undergraduate degree programs in biomedical science, exercise science and interdisciplinary health services. Students with undergraduate degrees in other disciplines are encouraged to apply and may be able to include some of this preliminary course work in their graduate programs.

Admissions Procedures

Candidates will be required to submit all application documents to the Physical Therapy Centralized Application System (PTCAS) with an application deadline of October 1 in the year prior to the year of enrollment. Candidates may apply to the DPT program in their final year of undergraduate study, and all candidates are required to submit official transcripts from an accredited institution verifying degree completion prior to enrollment. If admitted to the DPT program, students will also need to apply for admission to the Graduate College at Western Michigan University (<http://www.wmich.edu/apply/graduate/index.html>).

Graduation Requirements

Students must successfully complete the required 123 credits hours of instruction and practicum experience. Successful completion includes: a grade of "C" or higher (A=4.0) for all didactic courses, a cumulative GPA of 3.00 or higher, and satisfactory completion "credit" in integration and clinical education courses. The department faculty will conduct regular reviews of all program candidates for the DPT degree to monitor progress toward completion of the program. The faculty review will consider grades, clinical education performance, progress toward completion of scholarly project, and demonstration of personal and professional characteristics suitable for professional practice in physical therapy. Any student not making satisfactory progress may be dropped from the program with the approval of the department's core faculty.

CATALOG DESCRIPTIONS FOR PROGRAM DESCRIPTION, ADMISSIONS REQUIREMENTS AND PROCEDURES, AND GRADUATION REQUIREMENTS ARE FOUND IN APPENDIX A.

Doctor of Physical Therapy Curriculum Description

Curriculum Design and Plan

Although the curriculum will utilize information technology to enhance learning, **the program will be physically located on WMU's Kalamazoo's campus (not an online program or located at an extended university program site)**. The proposed curriculum balances the credit load required to deliver a high-quality educational program with an organizational structure to promote student success. The 123 credit hour load is comparable to peer and national institutions, and allows students to complete the DPT program in full prior to

sitting for the National Physical Therapy Examination. This allows students to enter into the job market earlier each year (May vs August) than students at many of the in-state peer institutions.

The curriculum was developed utilizing several existing documents that describe contemporary physical therapist practice. These include the Commission on Accreditation in Physical Therapy Education (CAPTE) criteria, the American Physical Therapy Association's (APTA) *Guide to Physical Therapist Practice, Version 3.0* (2014),¹⁹ the APTA's *A Normative Model of Physical Therapist Professional Education* (2004),²⁰ and the APTA's description of *Minimum Required Skills of Physical Therapists Graduates at Entry-Level* (2005).²¹

The framework for the curriculum incorporates 4 key elements: 1) a strong foundation in basic sciences, research sciences, and movement sciences, 2) a professional development series, 3) a clinical science series addressing all of the practice patterns described in the *Guide to Physical Therapist Practice* and *Normative Model of Physical Therapist Professional Education*, 4) an integration series of didactic coursework in laboratory, simulation experiences, and part and full-time clinical education experiences. The curricular themes or foci reflecting contemporary physical therapist practice are in the subsequent Curriculum Plan and Course Descriptions (found in Appendix A):

Foundational Sciences: basic sciences, research sciences, and movement sciences

- PT 6100 Gross Anatomy (5 hours)
- PT 6101 Neuroanatomy (4 hours)
- PT 6102 Regional Anatomy (1 hour)
- PT 6120 Rehabilitation Science for Health and Wellness (3 hours)
- PT 6130 Science of Practice I (3 hours)
- PT 6131 Science of Practice II (1 hour)
- PT 6140 Movement Science I (3 hours)
- PT 6141 Movement Science II (3 hours)

Professional Development series:

- PT 6210 Professional Development I (2 hours)
- PT 6211 Professional Development II (3 hours)
- PT 6212 Professional Development III (3 hours)

Clinical Science Series:

- PT 6300 Physical Therapy Practice and Procedures I (3 hours)
- PT 6301 Physical Therapy Practice and Procedures II (3 hours)
- PT 6302 Physical Therapy Practice and Procedure III (3 hours)
- PT 6310 Applied Pathophysiology and Integumentary (5 hours)
- PT 6320 Cardiopulmonary Physical Therapy (5 hours)
- PT 6330 Musculoskeletal Physical Therapy I (5 hours)
- PT 6331 Musculoskeletal Physical Therapy II (5 hours)
- PT 6340 Neuromuscular Physical Therapy I (5 hours)
- PT 6341 Neuromuscular Physical Therapy II (5 hours)
- PT 6350 Psychosocial Theory and Practice I (2 hours)

PT 6351 Psychosocial Theory and Practice II (2 hours)

Integration Series:

- PT 6410 Integration I (1 hour)
- PT 6411 Integration II (1 hour)
- PT 6412 Integration III (2 hours)
- PT 6413 Integration IV (2 hours)
- PT 6520 Clinical Education I (4 hours)
- PT 6521 Clinical Education II (12 hours)
- PT 6522 Clinical Education III (12 hours)
- PT 6523 Clinical Education IV (12 hours)
- PT 6610 Case Management in Physical Therapy I (1 hour)
- PT 6611 Case Management in Physical Therapy II (2 hours)

CATALOG COURSE DESCRIPTIONS ARE FOUND IN APPENDIX A.

ALIGNMENT OF DPT COURSE CONENT WITH CAPTE ACCREDITATION CRITERIA ARE FOUND IN APPENDIX B.

THE DPT CURRICULUN PLAN IS FOUND ON THE NEXT PAGE.

DPT CURRICULUM PLAN							Summer Semester II 5 cr hr	
Year I						PT 6100	Gross Anatomy (5)	
	Fall Semester 16 cr hr		Spring Semester 19 cr hr		Summer Semester I 10 cr hr		Summer Semester II 4 cr hr	
	PT 6120	Rehabilitation Sciences for Health and Wellness (3)	PT 6101	Neuroanatomy (4)	PT 6102	Regional Anatomy (1)	PT 6520	Clinical Education I (4)
	PT 6130	Science of Practice I (3)	PT 6211	Professional Development II (3)	PT 6141	Movement Science II (3)		
	PT 6140	Movement Science I (3)	PT 6301	Physical Therapy Practice & Procedures II (3)	PT 6320	Cardiopulmonary Physical Therapy (5)		
	PT 6210	Professional Development I (2)	PT 6302	Physical Therapy Practice & Procedures III (3)	PT 6411	Integration II (1)		
	PT 6300	Physical Therapy Practice & Procedure I (3)	PT 6310	Applied Pathophysiology & Integumentary (5)				
	PT 6350	Psychosocial Theory & Practice I (2)	PT 6410	Integration I (1)				
Year II		Fall Semester 14 cr hr		Spring Semester 15 cr hr		Summer Semester I 12 cr hr	Summer Semester II	
	PT 6330	Musculoskeletal Physical Therapy I (5)	PT 6331	Musculoskeletal Physical Therapy II (5)	PT 6521	Clinical Education II	PT 6521	Clinical Education II (cont)
	PT 6340	Neuromuscular Physical Therapy I (5)	PT 6341	Neuromuscular Physical Therapy II (5)				
	PT 6351	Psychosocial Theory & Practice II (2)	PT 6212	Professional Development III (3)				
	PT 6412	Integration III (2)	PT 6413	Integration IV (2)				
Year III		Fall Semester 14 cr hr		Spring Semester 14 cr hr				
	PT 6522	Clinical Education III (12)	PT 6523	Clinical Education IV (12)				
	PT 6610	Case Management I (1)	PT 6611	Case Management II (2)				
	PT 6131	Science of Practice II (1)						

Resource Requirements

Advising

Pre-matriculation advising is currently managed within the CHHS or associated undergraduate areas within WMU. Once matriculated into the program, each student will be assigned an academic advisor that will be responsible for primary oversight of the student's progression through the program via 1:1 advising meetings each semester. This advisor will be a core faculty member with teaching responsibilities in the DPT program.

Equipment

New teaching laboratory equipment for a DPT program is extensive, and an itemized list with associated quantity and cost has been provided to Dean Washington. In summary, the total costs are \$535,262 (budgeted at \$267,631 over the first two years of the program). **Please note, this figure does not include any space renovation costs, or IT costs (equipment, software, etc) associated with developing an instructional space.**

Faculty Lines and Administrative Support

The program proposal and associated budget account for 9 faculty lines and 2 administrative staff positions. The faculty lines allow a faculty to student ratio is 1:13, which is consistent with national data (2013 Fact Sheet, CAPTE).¹⁸ This faculty number also assumes an anatomy faculty member as a core faculty member, as existing instructional support within the university is unavailable. The administrative positions would support overall department functions and the clinical education program. The budget model reflects these lines.

Space

The space necessary to support the DPT program are not yet delineated. Space to support the instructional, laboratory, anatomy and research activities (~12,000- 13,000 sq feet) required for programmatic delivery and accreditation. This includes instructional space and teaching laboratories, anatomy laboratory, locker / changing rooms, office for faculty and administrative personnel, storage of equipment, and research space. As these issues are ongoing, this section is intended to provide rationale for space needs, possible solutions, and status update. Note: PT

faculty are in high demand within the state, region and country. As such, the resources contributed to space (classroom, laboratory and research) should be viewed as critical to the recruitment of new faculty or from existing programs.

Teaching classroom and laboratory space

The proposal is for the didactic portion of the curriculum of 83 credit hours primarily in the first two academic years. The 3rd year of the program is primarily full-time clinical education experiences, thus space needs are minimal. The curriculum requires students register for 4-5 classes / cohort / semester, or a total of 8-10 courses occurring within a fall or spring semester, and ~ 3 courses in the summer semesters. The mean number of classroom contact hours is 2,000 hours delivered over the first 2 years. Thus, students have an average of 26.7 hours per week of instructional contact time in fall and spring semesters. Accreditation criteria also highlight the need for available space for students to study / practice when outside of the classroom. The curriculum structure requires 2 dedicated classroom and instructional laboratory spaces that support 40 students each, and associated equipment.

CHHS classroom space

The CHHS utilizes a model of sharing instructional space across the college's programs. Classrooms are not dedicated spaces to respective programs (exception of PA program), but shared space and scheduling is coordinated via the Dean's office. For the CHHS space analysis, the schedule for the fall and spring semesters were obtained and mapped against the days of week. This analysis was expanded from the feasibility study to assess classrooms in CHHS that can support at least 40 students (vs 50 or more). It should also be appreciated that in order to successfully schedule a class, the students, faculty and appropriately sized and equipped space need to be available at the same time. Consideration to all three elements are essential, and because of this, it is nearly impossible to achieve 100% utilization of any given instructional space. The analysis demonstrated a space utilization of 71-84% / week. Based on this assessment, there is insufficient instructional space in CHHS to support a DPT program. Discussions regarding the solution are currently ongoing.

Instructional Laboratory Space

The teaching lab space is utilized for teaching and learning the psychomotor or "hands on" skills of patient management. One lab is typically developed with a bias towards musculoskeletal practice, and the other lab as a mobility and neuromuscular / integumentary / cardiopulmonary practice. The approximate square footage necessary for 40 students is approximately 2,000 sq feet / lab, or 4,000 sq feet total.

The proposed solutions for classroom and laboratory space are to: 1) secure and renovate space in an existing building adjacent to CHHS (e.g. EWB), 2), secure space in the WMed

building, 3) secure space outside of the CHHS (e.g., Everest Institute at 5177 W Main St, Kalamazoo, MI). Discussions regarding the solutions are currently ongoing.

Storage space

Storage space (preferably adjacent to teaching laboratories) for equipment of approximately 200 sq feet for each laboratory is recommended. Discussions regarding the solution are currently ongoing.

Locker / changing room space

A locker / changing room that is near the instructional labs would also be needed as students change in/out of lab clothes throughout the day (approximately 2-150 sq feet each). Discussions regarding the solution are currently ongoing.

Anatomy Space

There are 10 credit hours of anatomy within the proposed program, consistent with standards in PT education, and cadaver based anatomy is the predominant model with PT education, and CHHS and WMED programs. Assuming there are 40 students, a total of 6 cadavers is necessary for a 6-7 student group / cadaver. As the cadavers are utilized across all three courses, cool storage is appropriate. The CHHS houses an anatomy lab space with 6 cadaver bays and a smaller dry space (room 3088) containing models and desk space for group activities, with no extra storage space. WMED also houses an anatomy lab, and similar to the CHHS, the square footage and layout would require 2 lab sessions of 20-22 students / session. Additionally, WMED currently has cool storage for up to 30 cadavers.

Meetings conducted during the feasibility study in 2/14 with the CHHS and WMED anatomy faculty revealed that as each program utilizes cadavers unique to the program's curricular content and structure, thus faculty did not support sharing of cadavers. The CHHS faculty did not feel there was sufficient CHHS space / schedule resources to support 3 additional classes for the DPT program, and no space resource for additional cadaver storage. With the WMED faculty, it was agreed that separate cadavers would be needed, as well as the current WMED anatomy faculty are expected to be at full capacity, thus new instructional support and equipment (e.g., dual rotating cadaver carts) would be needed. There was also agreement that with advanced planning, coordinating of the two programs across the space would be possible. In a follow up meeting at WMED on 9/26/14 with Drs. deJong and Lackey, the various resources were again discussed, specifically the coordinated scheduling of the MD and DPT students. The anatomy schedule for MD students occurs in units across the first 2 years of the program in unit presentations integrated with similar didactic and clinical experiences. The anatomy courses will be 3-4 hrs / day on Monday to Thursday, with practical exams occurring at the end of each unit

(~ every 5 weeks) on Fridays. A schedule reflecting this was provided. New information presented outlined a further necessity of the schedule requires that there be flexibility across all weekday times depending on the clinical topic presented, and the only stated open time to support an additional program was evenings and weekend times. This information was provided to Dr. Washington and discussions are in process regarding a possible resolution.

Faculty and administrative staff office space

The proposal for 9 faculty and 2 administrative personnel require ~ 1,000 sq feet of office space. There are currently 8 available offices in CHHS, distributed throughout the building. Discussions regarding the solution for additional office space are currently ongoing. A conference room for faculty meetings and space for document storage would also be needed.

Research space

Because WMU is a research university, and faculty are required to demonstrate productivity in scholarship for successful promotion and tenure, as well as meeting accreditation criteria, dedicated resources for research is also recommended (~1,000 sq feet in 2 areas). Discussion regarding the solution currently ongoing.

IT Capabilities

IT services needed to support the instructional delivery of the program include rooms with Smart Boards, microphone and cameras (some with high definition cameras) within each classroom, two-way conference capabilities in the three Distance Education rooms, i-Clicker capabilities for large group participation / instruction, and a college streaming media server that allows for real-time streaming of video / sound from sources external to the CHHS environment.

Library and Other Learning Resources

WMU already supports extensive library holdings (~62,000 subscriptions) and online subscriptions and student / faculty services required for a DPT program. A review of the online resources with the library liaison (9/2014) for CHHS demonstrated that there would be no additional need for new journal subscriptions. Thus the only anticipated additional needs would be textbooks and video / DVD materials utilized in the program to be placed on reserve in the library or learning resource center. The submitted budget reflects an allocation for these materials in the initial equipment costs.

Clinical Education

The current model of clinical education in physical therapy is typically described as a volunteerism model, where clinical instructors in community practice settings volunteer to serve as instructors for physical therapy students during part and full time rotations. While CAPTE requires professional programs to support the professional development of clinical instructors (CI), this is at best described a limited benefit as few programs provide demonstrable benefits to each CI, often leading to a shortage of slots for PT students, particularly in inpatient care settings.

Parallel to this issue, the Michigan Physical Therapy Practice Act is currently undergoing revision for 2015 (please see:

<http://www7.dleg.state.mi.us/orr/Rules.aspx?type=Number&id=R%20338.7101>), and as part of the revision, licensed physical therapists will be required to earn 24 continuing education units (CU) for each 2 year license renewal period. Drafted into this revision, serving as a CI for 1 full time rotation will fulfill 4 or 16% of the CU requirements. This change is similar to other states (Illinois made this requirement ~ 12 years ago), and it did incentivize therapists to volunteer to serve as a CI. This should have some impact on the ability for a new program to secure full time commitments.

Additionally, to shore up community support for DPT education, many PT programs are moving to form closer partnerships with the clinical community, providing increased support for other professional development CU activities. In this vein, the budget model for the WMU DPT program allocates monies (budget line 48) toward this goal. These resources exceed peer institutional support, and will help to ensure committed development of the community as well as quality instruction for WMU students.

Budget Model

The following budget models the tuition revenue and expenses for development and ongoing costs for a Doctor of Physical Therapy program. The model is projected out to seven years, with a planned enrollment of 40 students per cohort. The costs associated with equipment and supplies are capitalized over the first two years of the program. ***Not included*** in this model are costs for renovations of space (assume instructional laboratory, faculty & staff offices, locker / changing rooms and storage areas will have some renovation needs and costs).

Budget Model Assumptions

- Faculty to student ratio of 1:13.
- Graduate level tuition for 123 credits and a targeted class of 40 students/year.
- Base tuition is set at current graduate tuition rate (\$513.97/credit hour) and assumed to increase at a rate of 3.0% annually. Class fees include the following categories: Adjunct /

guest presenter fees, anatomy lab costs, class and lab supplies, replacement & repair fees (including new equip).

- Student attrition rate of 4 %, consistent with national data.

Startup Costs

The list of equipment / supplies for instructional spaces (classrooms and laboratories) including treatment plinths, mat tables, curtains, modalities, parallel bars, hoyer lifts, etc, is estimated at \$535,262 and capitalized across the first 2 years of the program at \$267,631 / year (line 52). An itemized equipment list has been provided to Dean Washington. Any space renovation costs for laboratories, classrooms, and offices will need to be outlined and are beyond the scope of this proposal. In summary, the initial investment (equipment, salaries, etc) for a DPT program (excluding space renovation costs outlined above) can be found on line 53. Line 14 and 55 highlights the total tuition and fee revenue.

1	Doctor of Physical Therapy Budget	Comments	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07
2	Revenue								
3	New / Admitted Students		NA	NA	42	42	42	42	42
4	Attrition (during year)				2	2	2	2	2
5	New Students				40	40	40	40	40
6	Continuing Students				40	80	120	120	120
7	Yr 1 Credit Hrs		NA	NA	42	42	42	42	42
8	Yr 2 Credit Hrs				NA	48	48	48	48
9	Yr 3 Credit Hrs				NA	NA	34	34	34
10	Total Avg Credits				42	45	41	41	41
11	Per Cr Hr Tuition Rate	Assumes 3% increase / year from current \$513.97	NA	NA	545	561.63	578.48	595.83	613.71
12	Total Tuition Revenue	Student total * avg annual credits * tuition rate			916,054	2,021,861	2,869,246	2,955,323	3,043,983
13	Class Related Fees (\$500/student/semester)	Lab supplies, linen, software, etc.	NA	NA	80,000	160,000	240,000	240,000	240,000
14	Total Revenue				1076054	2341861	3349246	3435323	3523983
15	Expenses								
16	Faculty and Staff								
17	New Core Faculty Positions	Program Director & Director of Clinical Education		2	2.0	2.0	3.0	0.0	0.0
18	Existing Core Faculty Positions			-	2.0	4.0	6.0	9.0	9.0
19	Total Core Faculty			2	4.0	6.0	9.0	9.0	9.0
20	Faculty Salaries	Assumes 2.5% / yr increase							
21	Director	Assumes salary of \$127,000 / yr	120,000	123,000	126,075	129,227	132,458	135,769	139,163
22	Assistant Prof / Assoc Prof	Assumes salary of \$90,000 / yr	90,000	276,750	472,781	775,361	794,745	814,614	834,979
23	Staff Positions			1.0	2.0	2.0	2.0	2.0	2.0
24	Staff Salaries	Assumes salary of \$30,000 / year with 2.5%/yr increase	30,000	61,500	76,875	78,796	80,766	82,785	84,855
25	Total Core Faculty & Staff Salaries		240,000	461,250	675,731	983,384	1,007,969	1,033,168	1,058,997
26	Fringe Benefits	Assumes 52.5% of salary for all employees	126,000	235,238	344,623	501,526	514,064	526,916	540,089
27	Adjunct / Guest Faculty			-	-	30,000	75,000	85,000	85,000
28	Total Faculty and Staff Salary & Fringe Benefits		366,000	696,488	1,050,354	1,559,910	1,607,033	1,645,084	1,684,086
29	Operating costs								
30	Space / renovation costs	TBD							
31	Faculty / Admin Search Expense		3,000	6,000	9,000	9,000	-	-	-
32	Anatomy / Simulation Lab Costs	via College of Medicine (estimated)			75,000	140,000	140,000	140,000	140,000
33	Class / Lab supplies	linen, laboratory supplies, classroom software, etc (see Sheet 2 budget)	-	7,000	15,000	30,000	30,000	30,000	30,000
34	Copying/Printing services		3,000	3,000	10,000	12,000	13,000	13,000	13,000
35	Office supplies		1,500	2,000	2,000	2,000	2,000	2,000	2,000
36	Computers & Software	for faculty and staff	6,000	6,000	8,000	-	-	-	-
37	Telephones	Offices / dedicated cell for DCE	3,000	4,000	6,000	8,000	10,840	10,840	10,840
38	Miscellaneous (miscellaneous supplies, parking, postage)		5,000	5,000	10,000	10,000	10,000	10,000	10,000
39	Accreditation Fees / Orientation for Program Director		1,500	7,000	7,000	-	-	-	-
40	Fee for consultant for program development		12,000	12,000	-	-	-	-	-
41	Events	Orientation / Pre-admission advising / graduation events	3,000	4,000	7,000	9,000	14,000	14,000	14,000
42	Replacement & repair costs (lab / instructional equip)	Assumes 20% of total equip costs for repair / replacement / new equip	-	-	-	107,052	115,052	115,052	115,052
43	Graduate Student Workers	\$9/hrx10 hrs / week x 42 weeks (1student fy01, 2 students fy 02, 3 in fy03)			3,825	7,650	11,475	11,475	11,475
44	Subtotal Operating		38,000	56,000	152,825	334,702	334,892	334,892	334,892
45	Faculty Development								
46	Faculty Professional Development	\$1,300 / faculty member for conference registration / housing / travel	2,800	5,600	9,800	15,400	15,400	15,400	15,400
47	Clinical Education Core Faculty Support	development of clinical sites / maintenance of site agreements / etc	3,000	3,500	5,000	5,000	5,000	5,000	5,000
48	Clinical Faculty Expense / Support	CE Sites "Preferred Site Agreements" Support	-	-	110,000	110,000	110,000	110,000	110,000
49	Research Support	Assumes 30K per tenure track faculty member	30,000	60,000	60,000	30,000			
50	Subtotal Faculty Support		35,800	69,100	184,800	160,400	130,400	130,400	130,400
51	Total Annual Operating Costs		73,800	125,100	337,625	495,102	465,292	465,292	465,292
52	New Equipment Costs (Start Up)		267,631	267,631					
53	Total Program Expenditures		745,431	1,145,219	1,540,804	2,389,715	2,407,218	2,445,268	2,484,271
54	Summary								
55	Total Program Revenue				1,076,054	2,341,861	3,349,246	3,435,323	3,523,983
56	Total Program Expenditures		745,431	1,145,219	1,540,804	2,389,715	2,407,218	2,445,268	2,484,271
57	Annual Net Income (Investment)		(745,431)	(1,145,219)	(464,751)	2,341,861	942,028	990,055	1,039,712
58	Cummulative Net Return		(745,431)	(1,890,650)	(2,355,400)	(13,539)	928,489	1,918,544	2,958,255

Program Accreditation, Administration, and Governance

Program Accreditation

For The program will be required to seek specialized accreditation by the Commission on Accreditation for Physical Therapist Education (CAPTE). This involves a 3 stage process including: 1) hiring of a qualified program administrator, 2) successful application for candidacy prior to matriculation of students into the program, and 3) successful site visit by an accreditation team in the final semester of the first student cohort. Drs. Straube and Washington are also required and are registered to attend CAPTE's Developing Program Workshop (scheduled October, 2014).

Program Administration

Program Director

The requirements for a Program Director, as outlined by CAPTE, encompasses the academic and professional qualifications and experience in higher education that lends to providing effective leadership. This includes an earned advanced doctorate (PhD, EdD, DSc), senior (tenured) status within the institution, physical therapy licensure in the US (preferably in the State the program is housed in), has contemporary understanding of higher education (6 years of academic experience per draft criteria revisions), and had contemporary understanding of clinical practice.

Director of Clinical Education

In order for WMU to be well positioned in regard to the strength of the DPT program, there are several recommendations. First, it is recommended to hire a Director of Clinical Education (DCE) early in the development process to provide sufficient time to develop affiliation contracts. CAPTE will require 125% of the number of clinical sites for the first time clinical rotation (50 offers for a cohort of 40 students). It is also recommended that this individual have familiarity/ties with the regional / state clinical education community.

Program Governance

The program director and core faculty will be charged with responsibilities of governance for the program. These responsibilities include curriculum and program review and subsequent revisions, development and review of learning assessments that are linked to student progression and curriculum outcomes, and departmental review of policies and procedures and budgeting that impact the program. Additionally, a committee of faculty and outside stakeholders (e.g., alumni and clinical partners) will provide input to the ongoing assessment and planning of program aspects of student admissions, and outcomes during clinical education. This shared

governance structure is consistent with requirements for successful achievement and maintenance of accreditation, strategies detailed in the AASP, and standards of practice in the CHHS and WMU academic community.

Future Impacts

The development of a DPT program at WMU will take advantage of several opportunities including:

1. It will retain graduates of WMU undergraduate programs who wish to continue their graduate training in physical therapy.
2. It will add to the health profession training educational portfolio of the CHHS and WMU, positioning WMU as a leader in the State of Michigan for health care training,
3. Provides for future programmatic additions and extensions of the DPT program, such as clinical residency training programs, or a varied curriculum (e.g., 3+3 program format), would allow for both advanced training of students, physical therapists in the community and region, and provide additional routes of training for WMU undergraduate students.

Conclusion

Given the market demand in the state, region and nation for physical therapists, this program proposal presents a strong curriculum and training opportunity for students who seek careers in physical therapy, and meets the projected healthcare needs of society. Along with the existing program offerings at CHHS and WMed, the timely approval of this program will help position WMU as a leader in the state for health profession training, service and research.

Appendix A: WMU University Graduate Catalog Program and Course Descriptions

Program Description

This program prepares practitioners as physical therapists leading to the Doctor of Physical Therapy (DPT) degree and meets accreditation standards of the Commission of Accreditation for Physical Therapy Education of the American Physical Therapy Association. Students who complete the program will meet the eligibility requirements to sit for the National Physical Therapy Examination necessary for clinical practice. The DPT program is a 3 year, full-time graduate program consisting of 123 credits over a continuous 34 month period. The first two years (83 credits) are primarily classroom educational experiences, and the third year (40 hours) is primarily clinical assignments to off-campus sites.

Admissions Requirements

Admissions to the entry-level DPT program is competitive and enrollment will be based on evidence of an undergraduate degree from an accredited institution. Students are typically admitted for full-time study in the fall semester. Not every applicant who meets the minimum admission requirements can be admitted; the department reserves discretion in admission of the most highly qualified applicants. This program is not designed for individuals already licensed to practice physical therapy. Specific admission requirements are outlined below:

1. A grade point average of at least 3.00 in the last 60 credit hours of undergraduate study.
2. A cumulative grade point average of at least a 3.00.
3. Official transcripts from all previously attended institutions.
4. Competitive scores on the General Test of the Graduate Record Examination (GRE).
5. Completion of at least 2 physical therapy clinical experiences totaling a minimum of 50 contact hours. These experiences may be observational, volunteer or work experiences and must be a minimum of 20 hours in both an outpatient and inpatient health care settings, and verified by different physical therapists licensed in the United States.
6. Two letters of recommendation addressing the candidate's aptitude for the profession and graduate training: one from a physical therapist licensed in the United States, and one letter from a prior academic instructor.
7. A personal statement expressing the candidate's interest and aptitude for the profession, and resume outlining the candidate's educational and experiential preparation.
8. Undergraduate preparation including completion of:
 - a. Course work or transcript credit in each of the following areas:
 - i. 1 semester general biology with laboratory component
 - ii. 1 semester human anatomy with laboratory component
 - iii. 1 semester of human physiology with laboratory component
 - iv. 1 semester of exercise physiology

- v. 2 semester sequence of chemistry with laboratory components
- vi. 2 semester sequence of physics with laboratory components
- vii. 1 semester of general or introductory psychology
- viii. 1 semester of developmental or abnormal psychology
- ix. 1 semester of trigonometry
- x. 1 semester of applied statistics

Coursework listed must qualify for majoring in the sciences at the undergraduate institution. Note: The course work noted above is typically included in undergraduate degree programs in biomedical science, exercise science, and interdisciplinary health services. Students with undergraduate degrees in other disciplines are encouraged to apply and may be able to include some of this preliminary course work in their graduate programs.

Admissions Procedures

Candidates will be required to submit all application documents to the Physical Therapy Centralized Application System (PTCAS) with an application deadline of October 1 in the year prior to the year of enrollment. Candidates may apply to the DPT program in their final year of undergraduate study, and all candidates are required to submit official transcripts from an accredited institution verifying degree completion prior to enrollment. If admitted to the DPT program, students will also need to apply for admission to the Graduate College at Western Michigan University (<http://www.wmich.edu/apply/graduate/index.html>).

Clinical Education Requirements

Students will be participating in part and full-time clinical education experiences throughout each semester of the DPT program. Forty weeks of full-time clinical education is required as a student therapist in four clinical practice sites. Western Michigan University utilizes clinical sites primarily in Michigan and the mid-west states with some throughout the United States. All clinical experiences must be completed within 24 months following the completion of academic course work. Prior to engaging in part or full-time clinical education experiences, students must comply with the departmental policies on Criminal Background Checks and Drug Screening.

Graduation Requirements

Students must successfully complete the required 123 credits hours of instruction and practicum experience (83 credit hours of . Successful completion includes: a grade of “C” or higher (A=4.0) for all didactic courses, a passing grade for all clinical education courses, a semester GPA of 2.70 or higher, and a cumulative GPA of 3.00 or higher. The department faculty will conduct regular reviews of all program candidates for the DPT degree to monitor progress toward completion of the program. The faculty review will consider grades, practicum performance, progress toward completion of scholarly project, and demonstration of personal

and professional characteristics suitable for professional practice in physical therapy. Any student not making satisfactory progress may be dropped from the program with the approval of the department's core faculty.

Course Descriptions:

Foundational Sciences: basic sciences, research sciences, and movement sciences

PT 6100: Gross Anatomy. Functional and structural anatomy of the human body, including embryology, with focus on gross morphology and function of the tissues and organs of the cardiac, integumentary, skeletal, muscular, immune, lymphatic, urinary, digestive, respiratory, endocrine and reproductive systems. Lab component with cadaver. 5 hours

Prerequisites: Admission to P.T. program. Offered summer II semester only.

PT 6101: Neuroanatomy. Functional and structural anatomy of the central nervous system and supporting structures, including the sensory, motor and integrative functional areas. Lab component with cadaver. 4 hours

Prerequisites: Successful completion of PT 6120, PT6130, PT 6140, PT6210, PT6300, PT 6350, or departmental permission. Offered spring semester only.

PT 6102: Regional Anatomy. Functional and structural anatomy of the human body, including histology, with focus on the muscular, skeletal and peripheral nervous systems. Lab component with cadaver. 2 hours

Prerequisites: Successful completion of PT 6101, PT6211, PT 6301, PT 6302, PT6310, PT 6410, or departmental permission. Offered summer I semester only.

PT 6120: Rehabilitation Science for Health and Wellness. Extent and mechanisms underlying the adaptive capacity of cells, tissues, and organ systems in health and disease. Cellular anatomy and physiology will be discussed in terms of adaptability to environmental, emotional, and physical stressors. Adaptability of tissues and organ systems of greatest importance to physical therapist practice will be studied in detail, including the skeletal, muscular, neurological, cardiac, pulmonary, immune, integumentary, endocrine and lymphatic systems. 5 hours

Prerequisites: Successful completion of PT 6100, or departmental permission. Offered fall semester only.

PT 6130: Science of Practice I. Addresses the psychometric properties of various measures (laboratory and clinical) that are applied and interpreted in physical therapist practice.

Additionally, development of skills related to accessing and appraising information in the context of physical therapist practice, application of principals for solving clinical problems, and accountability in patient and health system decisions will be addressed. 3 hours

Prerequisites: Successful completion of PT 6100, or departmental permission. Offered fall semester only.

PT 6131: Science of Practice II. Application of aspects of measurement and statistical principles germane to practice, focused on select patient cases during part and full-time clinical education experience. 1 hour

Prerequisites: Successful completion of PT 6521, or departmental permission. Offered fall semester only.

PT 6140: Movement Science I. In this course, students will apply static and dynamic principles of typical and pathokinesiologic human movement, as well as analytical frameworks for assessing movement conditions found in physical therapy practice at the body region, and individual movement system levels. 4 hours

Prerequisites: Successful completion of PT 6100, or departmental permission. Offered fall semester only.

PT 6141: Movement Science II. This course will introduce students to theories and research related to motor control and motor learning, with application of these concepts and principles in various patient populations. Topics include motor development, normal control processes, and changes in motor control and learning with aging. 2 hours

Prerequisites: Successful completion of PT 6101, PT6211, PT 6301, PT 6302, PT6310, PT 6410, or departmental permission. Offered summer I semester only.

Professional Development and Administration

PT 6210: Professional Development I. This course will introduce students to professional issues of physical therapist practice, including roles of the physical therapist, physical therapist assistant, and physical therapy technicians, legal and ethical aspects of practice, core values of the profession, documentation management of the patient or client, and theories of teaching and learning. 2 hours

Prerequisites: Successful completion of PT 6100, or departmental permission. Offered fall semester only.

PT 6211: Professional Development II. In this course, students will learn about values, barriers and facilitators that impact human movement primarily at the individual's social, regional, and societal levels. Topics include models of intervention with associated evidence for individual and population based efficacy, concepts of health promotion and patient advocacy at the individual and societal levels, health care policy and health trends at the local, state, regional, national and international levels, and health related programming including consultation, design, implementation and assessment. 3 hours

Prerequisites: Successful completion of PT 6120, PT6130, PT 6140, PT6210, PT6300, PT 6350, or departmental permission. Offered spring semester only.

PT 6212: Professional Development III. In this course, students will learn about aspects of physical therapist management, leadership and administration, business aspects of physical therapist practice, health care accreditation agencies and methods of assuring and improving patient and programmatic quality. 3 hours

Prerequisites: Successful completion of PT 6330, PT 6340, PT 6351, PT 6412, or departmental permission. Offered spring semester only.

Clinical Science Series

PT 6300: Physical Therapy Practice and Procedures I. This course introduces students to the profession of physical therapy and patient care. Topics include the development, organization, and re-organization of health care systems, history and evolution of the physical therapy profession, health professions and interprofessional education, frameworks for physical therapy practice, safety and infection control, communication skills, vital signs, patient positioning, transfers and wheelchair management, and medical terminology. 3 hours

Prerequisites: Successful completion of PT 6100, or departmental permission. Offered fall semester only.

PT 6301: Physical Therapy Practice and Procedures II. This course provides students with didactic and laboratory experiences related to system screening, patient / client history taking and review, basic examination assessment and interventions associated with the musculoskeletal, neurological, and cardiopulmonary systems. 3 hours

Prerequisites: Successful completion of PT 6120, PT6130, PT6210, PT 6140, PT6300, PT 6350, or departmental permission. Offered spring semester only.

PT 6302: Physical Therapy Practice and Procedures III. This course provides students an overview of the application of various thermal, electromagnetic, and acoustic agents to the human body and biological tissues. It includes clinical and diagnostic applications of light, acoustics, electricity, thermal agents, and electromagnetic energy. Bioinstrumentation and diagnostic imaging are also covered. 3 hours

Prerequisites: Successful completion of PT 6120, PT6130, PT6210, PT 6140, PT6300, PT 6350, or departmental permission. Offered spring semester only.

PT 6310: Applied Pathophysiology and Integumentary. Students will learn about the pathology, risk factor management, medical/surgical/pharmacological and physical therapy management for individuals with infectious, immune, endocrine/metabolic, integumentary, renal/GU, hepatic/pancreatic/biliary, GI, and hematologic/oncologic disorders. Focus will be on the impact of the conditions and procedures on the human movement system across the lifespan, and address physical therapy examination, evaluation, diagnosis, prognosis, intervention management. Health related quality of life and end of life issues are explored for both acute and chronic conditions. 5 hours

Prerequisites: Successful completion of PT 6120, PT6130, PT6210, PT 6140, PT6300, PT 6350, or departmental permission. Offered spring semester only.

PT 6320: Cardiopulmonary Physical Therapy. Students will learn about the pathology, risk factor management, medical/surgical/pharmacological and physical therapy management for individuals with cardiopulmonary disorders. Focus will be on the impact of the conditions and procedures on the human movement system across the lifespan, and address physical therapy examination, evaluation, diagnosis, prognosis, and intervention management. Energy supply and demand during disease states will also be addressed. 5 hours

Prerequisites: Successful completion of PT 6101, PT6211, PT 6301, PT 6302, PT6310, PT 6410, or departmental permission. Offered summer I semester only.

PT 6330: Musculoskeletal Physical Therapy I. Students will learn about the pathophysiology, risk factor management, medical/surgical/pharmacological and physical therapy management for individuals with musculoskeletal conditions of the extremities across the lifespan. Focus will be on the impact of the conditions and procedures on the human movement system, and address clinical reasoning specific to physical therapy examination, evaluation, diagnosis, prognosis, and intervention management. 5 hours

Prerequisites: Successful completion of PT 6520, or departmental permission. Offered fall semester only.

PT 6331: Musculoskeletal Physical Therapy II. Students will learn about the pathophysiology, risk factor management, medical/surgical/pharmacological and physical therapy management for individuals with musculoskeletal conditions of the spine and temporomandibular joint across the lifespan. Individuals with limb amputations will also be addressed. Focus will be on the impact of the conditions and procedures on the human movement system, and address physical therapy clinical reasoning on the examination, evaluation, diagnosis, prognosis, and intervention management. 5 hours

Prerequisites: Successful completion of PT 6330, PT 6340, PT 6351, PT 6412, or departmental permission. Offered spring semester only.

PT 6340: Neuromuscular Physical Therapy I. Students will learn about the pathophysiology, risk factor management, medical/surgical/pharmacological and physical therapy management for individuals with pediatric neurologic conditions. Focus will be on the impact of the conditions and procedures on the human movement system, and address physical therapy examination, evaluation, diagnosis, prognosis, and intervention management. Topics will also include physical therapy management in the neonatal intensive care unit, screening for developmental delays and disabilities, early intervention and school based management and family functioning and interaction, and community integration. 5 hours

Prerequisites: Successful completion of PT 6520, or departmental permission. Offered fall semester only.

PT 6341: Neuromuscular Physical Therapy II. Students will learn about the pathophysiology, risk factor management, medical/surgical/pharmacological and physical therapy management for individuals with adult neurologic conditions. Focus will be on the impact of the conditions and procedures on the human movement system, and address physical therapy examination, evaluation, diagnosis, prognosis, and intervention management. Topics will also include physical therapy management in the neurological intensive care unit, home and work evaluation and adaptations, seating aquality of life issues and community integration and reintegration. 5 hours

Prerequisites: Successful completion of PT 6330, PT 6340, PT 6351, PT 6412, or departmental permission. Offered spring semester only.

PT 6350: Psychosocial Theory and Practice I. This course will prepare students to work with individuals and families from diverse cultural and socioeconomic groups. Topics will include cultural competence, and the impact of an individual's cultural and personal experience related to health, illness, and adaptation. 2 hours

Prerequisites: Successful completion of PT 6100, or departmental permission. Offered fall semester only.

PT 6351: Psychosocial Theory and Practice II. This course will provide students an understanding of the role of the psychological, personality, and behavioral states and conditions as they impact the physical therapy management of individuals across the lifespan. 2 hours

Prerequisites: Successful completion of PT 6520, or departmental permission. Offered fall semester only.

Integration Series

PT 6410: Integration I. This course will provide students with experiential learning via clinical case based and patient-PT simulation formats for information and skills gained from prior courses, with the primary focus on course content from PT 5310: Applied Pathophysiology and Integumentary. The process of case analysis, critical thinking and decision making, application of technical and patient management skills, documentation, and self-assessment skills will be highlighted. 1 hour

Prerequisites: Successful completion of PT 6120, PT6130, PT 6140, PT6210, PT6300, PT 6350, or departmental permission. Offered spring semester only.

PT 6411: Integration II. This course will provide students with experiential learning via clinical case based and patient-PT simulation formats for information and skills gained from prior courses, with the primary focus on course content from PT 5320: Cardiopulmonary Physical Therapy. The process of case analysis, critical thinking and decision making, application of technical and patient management skills, documentation, and self-assessment skills will be highlighted. 1 hour

Prerequisites: Successful completion of PT 6101, PT6211, PT 6301, PT 6302, PT6310, PT 6410, or departmental permission. Offered summer I semester only.

PT 6412: Integration III. This course will provide students with experiential learning via clinical case based and patient-PT simulation formats for information and skills gained from prior courses, with the primary focus on course content from PT 5330: Musculoskeletal Physical Therapy I and PT 5340: Neuromuscular Physical Therapy I. The process of case analysis, critical thinking and decision making, application of technical and patient management skills, documentation, and self-assessment skills will be highlighted. 2 hours

Prerequisites: Successful completion of PT 6520, or departmental permission. Offered spring semester only.

PT 6413: Integration IV. This course will provide students with experiential learning via clinical case based and patient-PT simulation formats for information and skills gained from prior courses, with the primary focus on course content from PT 5331: Musculoskeletal Physical Therapy II and PT 5341: Neuromuscular Physical Therapy II. The process of case analysis, critical thinking and decision making, application of technical and patient management skills, documentation, and self-assessment skills will be highlighted. 2 hours

Prerequisites: Successful completion of PT 6330, PT 6340, PT 6351, PT 6412, or departmental permission. Offered spring semester only.

PT 6520: Clinical Education I. This is a 4-week, full time clinical education experience. Students are mentored and supervised by a licensed physical therapist in the community to apply knowledge and skills learned to date in either an inpatient or outpatient experience. 4 hours

Prerequisites: Successful completion of PT 6102, PT 6141, PT 6320, PT 6411, or departmental permission. Offered summer II semester only.

PT 6521: Clinical Education II. This is an 11-week, full time clinical education experience. Students are mentored and supervised by a licensed physical therapist in the community to apply knowledge and skills learned to date in either an inpatient or outpatient experience. 12 hours

Prerequisites: Successful completion of PT 6331, PT 6341, PT 6212, PT 6413, or departmental permission. Offered summer I semester only

PT 6522: Clinical Education III. This is an 11-week, full time clinical education experience. Students are mentored and supervised by a licensed physical therapist in the community to apply knowledge and skills learned to date in either an inpatient or outpatient experience. 12 hours

Prerequisites: Successful completion of PT 6521, or departmental permission. Offered fall semester only.

PT 6523: Clinical Education IV. This is an 11-week, full time clinical education experience. Students are mentored and supervised by a licensed physical therapist in the community to apply knowledge and skills learned to date in either an inpatient or outpatient experience. 12 hours

Prerequisites: Successful completion of PT 6522, PT 6610, PT 6131, or departmental permission. Offered spring semester only.

PT 6610: Case Management in Physical Therapy Practice I. This course will provide students an understanding of the role of the case manager in the health care system and characteristics of effective, patient-centered team based care. Additionally, students will draft a scholarly project of a case series describing the evidence-based physical therapy management of patients or clients receiving services during clinical education courses. 1 hour

Prerequisites: Successful completion of PT 6521, or departmental permission. Offered fall semester only.

PT 6611: Case Management in Physical Therapy Practice II. Case Management in Physical Therapy Practice I. This course will provide students an understanding of the role of the case manager in the health care system, with the focus on cases where the physical therapist may serve as case manager. Students will also complete and present their scholarly case series describing the physical therapy management of patients or clients receiving services during clinical education courses. 2 hours

Prerequisites:

Successful completion of PT 6522, PT 6610, PT 6131, or departmental permission. Offered spring semester only.

Appendix B: CAPTE Accreditation Criteria for DPT Curriculum

Column I: DPT Curriculum Domain(s)	Column II: CAPTE Criteria	Column III: Course(s) that address criteria listed in Column 2
Foundational Sciences: basic sciences, research sciences, and movement sciences	CC-1. The physical therapist <i>professional curriculum</i> includes content and <i>learning experiences</i> in the biological and physical sciences necessary for initial practice of the profession (eg, anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. <i>Learning experiences</i> in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.	PT 6100, PT 6101, PT6102, PT 6120, PT 6130, PT 6131, PT 6132, PT 6140, PT 6141
Professional Development and Administration Clinical Science Series	CC-2. The physical therapist <i>professional curriculum</i> includes content and <i>learning experiences</i> in the behavioral sciences necessary for initial practice of the profession (eg, applied psychology, applied sociology, communication, ethics and values, management, finance, <i>teaching</i> and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.	PT 6210, PT 6211, PT 6212 PT 6350, PT 6351
Clinical Science Series	CC-3. The physical therapist <i>professional curriculum</i> includes content and <i>learning experiences</i> in the clinical sciences (eg, content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.	PT 6300, PT 6301, PT 6302, PT 6310, PT6320, PT 6330, PT 6331, PT 6340, PT 6341

Integration Series	<p>CC-4. The physical therapist <i>professional curriculum</i> includes <i>clinical education experiences</i> for each student that encompass:</p> <ul style="list-style-type: none"> a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care; b) Practice in settings representative of those in which physical therapy is commonly practiced; c) Interaction with physical therapist role models whose practice is consistent with the program's <i>philosophy</i> of practice; d) Opportunities for involvement in interdisciplinary care; and e) Other experiences that lead to the achievement of <i>expected student outcomes</i>. 	PT 6410, PT 6411, PT 6412, PT 6413, PT 6520, PT 6521, PT 6522, PT 6523
Professional Development and Administration Integration Series	<p>Professional Practice Expectation: Accountability</p> <p>CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.</p> <p>CC-5.2 Have a fiduciary responsibility for all patient/clients.</p> <p>CC-5.3 Practice in a manner consistent with the professional Code of Ethics.</p> <p>CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.</p> <p>CC-5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.</p>	PT 6210, PT 6211, PT 6212 PT 6520, PT 6521, PT 6522, PT 6523, PT 6610, PT 6611
Professional Development and Administration Integration Series	<p>Professional Practice Expectation: Altruism</p> <p>CC-5.6 Place patient's/client's needs above the physical therapist's needs.</p> <p>CC-5.7 Incorporate <i>pro bono</i> services into practice.</p>	PT 6210, PT 6211, PT 6212 PT 6410, PT 6411, PT 6412, PT 6413

Professional Development and Administration Clinical Science Series	Professional Practice Expectation: Compassion/Caring CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients. CC-5.9 Promote active involvement of the patient/client in his or her care.	PT 6211 PT 6350, PT 6351
Integration Series	Professional Practice Expectation: Integrity CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.	PT 6410, PT 6411, PT 6412, PT 6413, PT 6520, PT 6521, PT 6522, PT 6523
Integration Series	Professional Practice Expectation: Professional Duty CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers. CC-5.12 Participate in self-assessment to improve the effectiveness of care. CC-5.13 Participate in peer assessment activities. CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities. CC-5.15 Participate in clinical education of students. CC-5.16 Participate in professional organizations.	PT 6410, PT 6411, PT 6412, PT 6413, PT 6520, PT 6521, PT 6522, PT 6523, PT 6610, PT 6611
Clinical Science Series Integration Series	Professional Practice Expectation: Communication CC-5.17 Expressively and receptively communicate in a <i>culturally competent</i> manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.	PT 6350, PT 6351 PT 6410, PT 6411, PT 6412, PT 6413, PT 6520, PT 6521, PT 6522, PT 6523

Clinical Science Series Integration Series	Professional Practice Expectation: Cultural Competence CC-5.18 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.	PT 6350, PT 6351 PT 6410, PT 6411, PT 6412, PT 6413, PT 6520, PT 6521, PT 6522, PT 6523
Clinical Science Series Integration Series	Professional Practice Expectation: Clinical Reasoning CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes. CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.	PT 6300, PT 6301, PT 6302, PT 6310, PT 6320, PT 6330, PT 6331, PT 6340, PT 6341 PT 6410, PT 6411, PT 6412, PT 6413, PT 6520, PT 6521, PT 6522, PT 6523
Foundational Sciences: basic sciences, research sciences, and movement sciences Integration Series Professional Development and Administration	Professional Practice Expectation: Evidence-based Practice CC-5.21 Consistently use information technology to access sources of information to support clinical decisions. CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations. CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client. CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice. CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.	PT 6130, PT 6131, PT 6610, PT 6611 PT 6211

Professional Development and Administration Integration Series	<p>Professional Practice Expectation: Education CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.</p>	PT 6210 PT 6410, PT 6411, PT 6412, PT 6413, PT 6520, PT 6521, PT 6522, PT 6523
Clinical Science Series	<p>Patient/Client Management Expectation: Screening CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.</p>	PT 6301, PT 6320, PT 6330, PT 6331, PT 6340, PT 6341
Clinical Science Series	<p>Patient/Client Management Expectation: Examination CC-5.28 Examine patients/clients by obtaining a history from them and from other sources. CC-5.29 Examine patients/clients by performing systems reviews. CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:</p> <ul style="list-style-type: none"> a. Aerobic Capacity/Endurance b. Anthropometric Characteristics c. Arousal, Attention, and Cognition d. Assistive and Adaptive Devices e. Circulation (Arterial, Venous, Lymphatic) f. Cranial and Peripheral Nerve Integrity g. Environmental, Home, and Work (Job/School/Play) Barriers h. Ergonomics and Body Mechanics i. Gait, Locomotion, and Balance j. Integumentary Integrity k. Joint Integrity and Mobility l. Motor Function (Motor Control and Motor Learning) m. Muscle Performance (including Strength, Power, and Endurance) 	PT 6301, PT 6320, PT 6330, PT 6331, PT 6340, PT 6341

	<ul style="list-style-type: none"> n. Neuromotor Development and Sensory Integration o. Orthotic, Protective, and Supportive Devices p. Pain q. Posture r. Prosthetic Requirements s. Range of Motion (including Muscle Length) t. Reflex Integrity u. Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL]) v. Sensory Integrity w. Ventilation and Respiration/Gas Exchange x. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL) 	
Clinical Science Series	<p>Patient/Client Management Expectation: Evaluation</p> <p>CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.</p>	PT 6301, PT 6320, PT 6330, PT 6331, PT 6340, PT 6341
Clinical Science Series	<p>Patient/Client Management Expectation: Diagnosis</p> <p>CC-5.32 Determine a diagnosis that guides future patient/client management.</p>	PT 6320, PT 6330, PT 6331, PT 6340, PT 6341
Clinical Science Series	<p>Patient/Client Management Expectation: Prognosis</p> <p>CC-5.33 Determine patient/client prognoses.</p>	PT 6320, PT 6330, PT 6331, PT 6340, PT 6341
Clinical Science Series	<p>Patient/Client Management Expectation: Plan of Care</p> <p>CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, <i>culturally competent</i>, and patient-centered.</p> <p>CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.</p>	PT 6320, PT 6330, PT 6331, PT 6340, PT 6341

	<p>CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.</p> <p>CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.</p> <p>CC-5.38 Monitor and adjust the plan of care in response to patient/client status.</p>	
Clinical Science Series	<p>Patient/Client Management Expectation: Intervention</p> <p>CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:</p> <ul style="list-style-type: none"> a. Therapeutic Exercise b. Functional Training in Self-Care and Home Management c. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration d. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques) e. Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment f. Airway Clearance Techniques g. Integumentary Repair and Protection Techniques h. Electrotherapeutic Modalities i. Physical Agents and Mechanical Modalities 	PT 6320, PT 6330, PT 6331, PT 6340, PT 6341
Integration Series	<p>CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA's ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.</p> <p>CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.</p>	PT 6410, PT 6411, PT 6412, PT 6413, PT 6520, PT 6521, PT 6522, PT 6523

	<p>CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.</p> <p>CC-5.43 Practice using principles of risk management.</p> <p>CC-5.44 Respond effectively to patient/client and environmental emergencies in one's practice setting.</p>	
Clinical Science Series	<p>Patient/Client Management Expectation: Outcomes Assessment</p> <p>CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.</p> <p>CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.</p> <p>CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.</p> <p>CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.</p> <p>CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.</p>	PT 6320, PT 6330, PT 6331, PT 6340, PT 6341
Foundational Sciences: basic sciences, research sciences, and movement sciences	<p>Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness</p> <p>CC-5.50 Provide <i>culturally competent</i> physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.</p> <p>CC-5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.</p> <p>CC-5.52 Apply principles of prevention to defined population groups.</p>	PT 6120
Integration Series	Practice Management Expectation: Management of Care Delivery	PT 6610, PT 6611

	<p>CC-5.53 Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.</p> <p>CC-5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.</p> <p>CC-5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.</p> <p>CC-5.56 Participate in the case management process.</p>	
Integration Series Professional Development and Administration	<p>Practice Management Expectation: Practice Management</p> <p>CC-5.57 Direct and supervise human resources to meet patient's/client's goals and expected outcomes.</p> <p>CC-5.58 Participate in financial management of the practice.</p> <p>CC-5.59 Establish a business plan on a programmatic level within a practice.</p> <p>CC-5.60 Participate in activities related to marketing and public relations.</p> <p>CC-5.61 Manage practice in accordance with regulatory and legal requirements.</p>	PT 6520, PT 6521, PT 6522, PT 6523 PT 6212
Professional Development and Administration	<p>Practice Management Expectation: Consultation</p> <p>CC-5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.</p>	PT 6211
Professional Development and Administration	<p>Practice Management Expectation: Social Responsibility and Advocacy</p> <p>CC-5.63 Challenge the status quo of practice to raise it to the most effective level of care.</p> <p>CC-5.64 Advocate for the health and wellness needs of society.</p> <p>CC-5.65 Participate and show leadership in community organizations and volunteer service.</p> <p>CC-5.66 Influence legislative and political processes.</p>	PT 6211

All Areas	CC-6. In order to adequately address the content and <i>learning experiences</i> necessary for students to achieve the expectations listed above, the <i>professional curriculum</i> is at least three <i>academic years</i> (or the equivalent) in length. Preferably, the series of courses included in the <i>professional curriculum</i> is awarded at least 90 <i>semester credit hours</i> (or the equivalent) and the clinical education component of the curriculum includes a minimum of 30 weeks of full-time <i>clinical education experiences</i> .	All courses
All Areas	The first professional degree for physical therapists is awarded at the post-baccalaureate level. The institution is responsible for choosing and awarding a degree that is commensurate with the amount and complexity of the course work required to achieve the practice expectations and the <i>expected student outcomes</i> . Based on the amount and complexity of that course work, the Doctor of Physical Therapy is the preferred degree.	All courses
All areas	The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at completion of the program. [PROVISO: CAPTE will begin enforcing this criterion effective December 31, 2015. Consistent with CAPTE's expectation that all programs must come into compliance within two years of being determined to be out of compliance, programs that do not meet this criterion as of December 31, 2015 will be required to come into compliance no later than December 31, 2017. Failure to do so will result in withdrawal of accreditation.]	All courses

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