

SPRINGFIELD
COLLEGE



Department of
Physical Therapy

DPT PROGRAM STUDENT MANUAL

2022 - 2023

You will be held responsible for knowing and understanding the contents of this document. If you have any questions or need clarification, it is your responsibility to seek the information. Your academic advisor and the Department Chair are available for clarification and guidance.

The Department of Physical Therapy DPT Program Student Manual is one of two student manuals designed to guide students who are enrolled in the programs administered by the department. This manual has been developed to assist physical therapy students in understanding the physical therapy program at Springfield College, to provide policies and procedures of the Department of Physical Therapy; and to serve as a guide for the physical therapy program. Students in the pre-physical therapy program are subject to the policies and procedures of the Undergraduate Pre-Physical Therapy Student Manual. Students who have advanced to the DPT program are subject to the policies contained within this manual and, in matters related to clinical education experiences, to the DPT Clinical Education Handbook. This Student Manual is intended to supplement and not replace the Springfield College Catalog and Student Handbook.

It is assumed that all students enrolled in the physical therapy program have read and accept these policies and procedures. All standards are minimum standards only and students enrolled in physical therapy should recognize that higher performance levels are expected of students in this professional entry-level program.

Revised 4/2018

ACCREDITATION AND DISCLOSURE STATEMENTS

Springfield College is recognized as an institution of higher learning of collegiate rank by the Board of Collegiate Authority of the Commonwealth of Massachusetts and is accredited by the New England Commission of Higher Education (NECHE), which accredits schools and colleges in the six New England states. Membership in this association, one of six accrediting associations in the United States, indicates that the college has been carefully evaluated and found to meet standards agreed upon by qualified educators.

The Doctor of Physical Therapy is an entry-level physical therapist education program and is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Commission on Accreditation in Physical Therapy Education contact information

Commission on Accreditation in Physical Therapy
3030 Potomac Avenue, Suite 100
Alexandria, VA 22305-3085
Phone: 703/706-3245
E-mail: accreditation@apta.org
Website: <http://www.capteonline.org>

De-identified and aggregated data from student academic records including grade point averages and grades in courses are used for accreditation reporting and program evaluation. Student academic works (papers, online forum responses, exams) are stored and maintained by the department and used in program evaluation, as examples for accreditation activities, and in de-identified form for educational research by faculty.

All students enrolled in the HS/Pre-PT and the DPT programs at Springfield College are required to read the Physical Therapy Essential Functions and Student Technical Standards documents. Once these documents have been read, each student must complete the Physical Therapy Program Essential Functions and Student Technical Standards signature form. This form is signed following an offer of acceptance to Springfield College and for BS/DPT students upon advancement to the DPT. A copy of the Essential Functions and Technical Standards is included in the Appendices of this student manual.

At any point in time, if a student's status changes and the student seeks accommodations for a disabling condition, the student must meet with the Department of Physical Therapy Chair to review the previously signed Physical Therapy Program Essential Functions and Student Technical Standards signature form for accuracy. A student may file a new signature form at any time by scheduling an appointment with the Department of Physical Therapy Chair.

Students who require disability accommodations to complete their course of study at Springfield College should contact the College's Disability and Accessibility Services to arrange these accommodations. The 504 coordinator can be reached at the Academic Success Center, located in the Learning Commons [phone: 413.748.3794].

Springfield College and the Department of Physical Therapy reserve the right to change the policies, fees, curricula, or any other matter in this publication without prior notice and to cancel courses because of low enrollment or budget changes. The information in this student manual applies to all currently enrolled DPT students unless otherwise indicated.

This student manual is distributed on an annual basis to incoming students and currently enrolled students. Dates of significant revisions are noted at the bottom of each section and policy. Policies governing clinical education are published in the DPT Clinical Education Handbook which is available from the Director of Clinical Education and is disseminated electronically through the Department PrideNet pages.

The Department of Physical Therapy may make changes in program requirements and /or policies. If any changes are instituted during a semester or year in which a student is studying, the student will be notified in a timely manner.

7/96, revised 8/01, May 2008, December 2013

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PROGRAM IN PHYSICAL THERAPY

MISSION STATEMENTS

The mission of Springfield College is to educate students in spirit, mind, and body for leadership in service to humanity by building upon its foundation of Humanics and academic excellence.

Department Mission Statement

The mission of the Department of Physical Therapy at Springfield College is to develop and promote excellence in education, service and scholarship in physical therapy. Our success is guided by the *Humanics* philosophy of Springfield College that promotes leadership and service to humanity. We are academics and clinicians who foster the acquisition of knowledge, values and skills for exemplary professional practice. We develop innovative leadership and academic programs so that students, faculty, staff and consumers of physical therapy services may reach their fullest potential. Our service and scholarship reflect a commitment to the enrichment and promotion of the physical therapy profession and to our greater community.

Adopted February 8, 2010

DPT Program Mission Statement

The DPT program prepares highly qualified therapists for exemplary professional practice in physical therapy. Alumni of the program are therapists who are able to recognize and meet existing and emerging health care needs. The program seeks to impart values and skills for lifelong learning, ethical behavior in practice, and a commitment to the enrichment and promotion of the physical therapy profession.

Adopted March 8, 2010

Health Science Pre-Physical Therapy Track Program Mission Statement

The pre-Physical Therapy Bachelor of Science program prepares students for doctoral level studies in physical therapy by providing them with a strong science background, a broad general education and the skills needed for communication, critical thinking and leadership in service to humanity.

Adopted December 19, 2009

DEPARTMENT PHILOSOPHY

The Humanics philosophy of Springfield College has remained central to its mission for over a century. The commitment to human service and meeting the needs of the total person are reinforced throughout the educational experience and provides the foundation for the curriculum of the physical therapy program. The Department is committed to providing a socially just environment in which individual and group differences are accepted and respected.

Essential to the philosophy of the Department of Physical Therapy are the following beliefs:

1. The curriculum reflects contemporary physical therapy practice, seeks to integrate advances in science and theory, and incorporates and contributes to the evolving scope and patterns of professional practice.
2. The education process provides experiences, challenges, support, and resources for learning.
3. Students have an active role in the learning process. Each student is a vital member of the learning community.
4. The faculty possesses skills in clinical practice, education, research, and administration.
5. Faculty members and graduates serve as role models for professional behavior and lifelong learning.
6. Academic and clinical success are linked to well-developed professional behaviors.
7. Service to the profession, the College, and the community are key components of the educational experience.

DEPARTMENT OF PHYSICAL THERAPY GOALS AND OUTCOMES

1. Develop and promote excellence in education, service and scholarship in physical therapy.
 - a. Education:
 - i. 100% employment rate among those DPT graduates who enter the job-market within six months of degree completion.
 - ii. 100% three-year FSBPT NPTE pass rate.
 - iii. At least 85% first-time pass rate on the FSBPT NPTE
 - iv. $\geq 85\%$ of students matriculated into DPT program complete academic requirements and graduate within seven semesters.
 - v. $\geq 75\%$ of the HS Pre-PT majors that enter as freshmen will graduate within four years with a B.S. in Pre-PT.
 - b. Service:

- i. All core faculty will serve on at least one department committee in each academic year.
 - ii. At least 50% of the core faculty will serve on College and/or School (Health Science) committees in each academic year.
 - iii. At least 25% of the core faculty will serve on state, regional, or national committees and/or councils within professional organizations in each academic year.
 - iv. At least 25% of the core faculty will perform volunteer service within the community in each academic year.
 - c. Scholarship:
 - i. All core faculty, who have been faculty > three years, have a scholarship development plan that results in the dissemination of one peer-reviewed product every two years.
- 2. Promote leadership and service to humanity.
 - a. All core faculty will model leadership and service to the HS Pre-PT students and DPT students through department, school, profession, and community activities.
 - b. 100% of the DPT students will engage in a reflective service learning activity.
 - c. 100% of the HSRS Pre-PT students will engage in at least one service activity during their undergraduate years.
- 3. Foster the acquisition of knowledge, values and skills for exemplary professional practice.
 - a. 50% of the faculty, core and adjunct, will achieve certification in areas of specialization that are directly related to their teaching and/or scholarship activities and to the individual faculty member's professional goals.
 - b. 100% of the core faculty will engage annually in professional development activities in areas directly related to their teaching and/or scholarship and to each individual faculty member's professional and/or scholarship goals.
 - c. At least 30% of the DPT graduates will enroll in activities that lead to any of the following: advanced degrees, specialty certification, residency or fellowship level training within three years of graduation.
- 4. Develop innovative leadership and academic programs so that students, faculty, staff and consumers of physical therapy services may reach their fullest potential.

- a. Faculty will develop and sustain models for clinical practice that support the curriculum, the community and individual faculty professional and scholarship goals.

March 1994, Revised October 1995, March 11, 1999, May 9, 2001, May 2011

DPT PROGRAM GOALS AND OUTCOMES

1. Prepares highly qualified physical therapy practitioners.
 - a. 100% three-year FSBPT NPTE pass rate.
 - b. At least 85% first-time pass rate on the FSBPT NPTE.
 - c. 100% of DPT students achieve a level of "Beyond Entry Level" on at least one dimension of the CPI.
 - d. \geq 85% acceptance rate for DPT students who apply to post-graduate academic or residency programs within three years of graduation from Springfield College.
 - e. At least 30% of the DPT graduates will enroll in activities that lead to any of the following: advanced degrees, specialty certification, residency or fellowship level training within three years of graduation.
2. Prepares graduates to meet existing and emerging health care needs.
 - a. 100% employment rate among those DPT graduates who enter the job-market within six months of degree completion.
 - b. At least 25% of Springfield College DPT graduates will be involved in clinical program development, within three years of graduation.
 - c. At least 25% of Springfield College DPT graduates will provide services to a traditionally underserved population and/or provide *pro bono* services.
3. Imparts values of lifelong learning, ethical practice and commitment to the physical therapy profession.
 - a. At least 75% of Springfield College DPT graduates will participate in continuing education activities.
 - b. Dissemination of DPT student *Evidence-in Practice* projects through annual department publication.

- c. At least 30% of the DPT graduates will enroll in activities that lead to any of the following: advanced degrees, specialty certification, residency or fellowship level training within three years of graduation.

EXPECTED STUDENT OUTCOMES

Graduates of the Doctor of Physical Therapy program will be prepared to:

1. Practice in a safe manner that minimizes risk to the patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced-based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidenced-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.
19. Develop individual goals and a self-directed plan for professional development and lifelong learning.
20. Use an evidence-based approach in physical therapy practice.

October 13, 1999, Revised January 12, 2000, May 2011
Adapted from *Physical Therapist Clinical Performance Instrument*, APTA

**DEPARTMENT OF PHYSICAL THERAPY FACULTY,
STAFF AND EMERITUS PROFESSORS**

MAUREEN BARRETT, PT, DPT

Assistant Professor of Physical Therapy

Academic Coordinator of Clinical Education

- *Springfield College, Springfield, MA, Physical Therapy, BS*
- *Springfield College, Springfield, MA, Physical Therapy, MS*
- *The College of St. Scholastica, Duluth, MN, DPT*

Areas of teaching: clinical education, wound care

Areas of interest/research: clinical education, wound care, medically complex patient, professional practice/behavior

ANGELA CAMPBELL, PT, DPT

Professor of Physical Therapy

Board-Certified Clinical Specialist in Cardiovascular and Pulmonary Physical Therapy

- *Iowa State University, Ames, IA, Zoology, BS*
- *Creighton University, Omaha, NE, Physical Therapy, DPT*

Areas of teaching: cardiopulmonary, clinical medicine, and pharmacology

Areas of interest/research: cardiopulmonary patient management

JULIA CHEVAN, PT, DPT, PhD, MPH

Chair, Department of Physical Therapy, Professor of Physical Therapy

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

- *Boston University, Boston, MA, Physical Therapy, BS*
- *University of Massachusetts, Amherst, MA, Public Health: Health Policy, MPH*
- *Quinnipiac College, Hamden, CT, Orthopaedic Physical Therapy, MS*
- *Virginia Commonwealth University, Richmond, VA, Program in Health Related Sciences, PhD*
- *Arcadia University, Glenside, PA, DPT*

Areas of teaching: musculoskeletal examination and intervention, EBP

Areas of interest/research: orthopedics, health services research

ERIN FUTRELL, PT, PhD

Assistant Professor of Physical Therapy

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

- *Georgia State University, Atlanta, GA, Physical Therapy, BS*
- *Georgia State University, Atlanta, GA, Physical Therapy, MS*
- *MGH Institute, Boston, MA, PhD*

Areas of teaching: musculoskeletal examination and intervention

Areas of interest/research: foot biomechanics

REGINA R. KAUFMAN, PT, EdD

Professor of Physical Therapy

Board-Certified Clinical Specialist in Neurologic Physical Therapy

- *Russell Sage College, Troy, NY, Physical Therapy, BS*
- *MGH Institute of Health Professions, Boston, MA, Physical Therapy, Neurology Concentration, MS*
- *University of Massachusetts, Amherst, MA, Policy & Leadership in Higher Education, EdD*

Areas of teaching: balance and gait disorders, neurologic rehabilitation

Areas of interest/research: teaching and learning theory and methods, faculty issues

ELIZABETH MONTEMAGNI, PT, DPT

Associate Professor of Physical Therapy

- *Springfield Technical Community College, Springfield, MA, Physical Therapist Assistant, AS*
- *Springfield College, Springfield, MA, Physical Therapy, BA*
- *Springfield College, Springfield, MA, Physical Therapy, MS*
- *Temple University, Philadelphia, PA, Physical Therapy, DPT*

Areas of teaching: musculoskeletal examination and intervention

Areas of interest/research: Interprofessional health education

KIMBERLY NOWAKOWSKI, PT, DPT, CEEAA

Associate Professor of Physical Therapy

Director of Clinical Education

Board-Certified Clinical Specialist in Geriatric Physical Therapy

- *Springfield College, Springfield MA, Physical Therapy, BS*
- *Springfield College, Springfield MA, Physical Therapy, MS*
- *Simmons College, Boston, MA, Physical Therapy, DPT*

Areas of teaching: clinical education, geriatric physical therapy

Areas of interest/research: chronic stroke, geriatrics, clinical education

WHITNEY OSBORN, PT, DPT

Assistant Professor of Physical Therapy

- *Simmons College, Boston, MA; DPT*
- *Simmons College, Boston, MA; BS*

KATHLEEN M. PAPPAS, PT, DPT

Associate Professor of Human Anatomy

- *Quinnipiac College, Hamden, CT, Physical Therapy, BS*
- *Simmons College, Boston, MA, Physical Therapy, DPT*

Areas of teaching: human anatomy

Areas of interest/research: legislative action regarding physical therapy, direct patient care, education of the community regarding physical therapy

DAWN ROBERTS, PT, PhD

Associate Professor of Physical Therapy

- *University of Massachusetts, Lowell MA, Exercise Physiology, BS*
- *University of Massachusetts, Lowell MA, Physical Therapy, MS*
- *University of Massachusetts, Amherst MA, Exercise Science, PhD*

Areas of teaching: pediatric physical therapy, neuroanatomy, EBP

Areas of interest/research: physical activity in children with disabilities

STAFF

CINDY MORIARTY

Administrative Associate, Department of Physical Therapy

EMERITUS PROFESSORS

GERTRUDE "TRUDY" LAMB, PT

DAVID MILLER, PT, PhD

DEBORAH PELLETIER, PT, MS

ADJUNCT FACULTY

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Adjunct Professor of Physical Therapy

- *The Sage Colleges, Troy, NY; DPT*
- *Springfield College, Springfield, MA; MS*
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Adjunct Professor of Physical Therapy

- *The Sage Colleges, Troy, NY; DPT Transitional*
- *Newington Certificate Program for Orthotics & Prosthetics, Newington, CT*
- *Springfield College, Springfield, MA; MS*
- *Springfield College, Springfield, MA; BS*

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Adjunct Professor of Physical Therapy

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

- *Springfield College, Springfield, MA; DPT*
- *Springfield College, Springfield, MA; MBA*
- *Springfield College, Springfield, MA; BS*

MAGGIE DAINGERFIELD, PT, DPT

Adjunct Professor of Physical Therapy

- *Springfield College, Springfield, MA; DPT*
- *Springfield College, Springfield, MA; BS*

LAURA DAYTON, PT, DPT

Adjunct Professor of Physical Therapy

- *Springfield College, Springfield, MA; DPT*
- *Springfield College, Springfield, MA; BS*

ABIGAIL FAGERHOLM, PT, DPT

Adjunct Professor of Physical Therapy

- *Springfield College, Springfield, MA; DPT*
- *Springfield College, Springfield, MA; BS*

CAITLYN HOLIK, PT, DPT

Adjunct Professor of Physical Therapy

- *Springfield College, Springfield, MA; DPT*
- *Springfield College, Springfield, MA; BS*

PAMELA BOMBARD LeCLAIR, PT, DPT

Adjunct Professor of Physical Therapy

- *Northeastern University, Boston, MA; DPT*
- *Springfield College, Springfield, MA; MS*
- *Gordon College, Wenham, MA; BS*

ABIGAIL MULLIGAN, PT, DPT

Adjunct Professor of Physical Therapy

- *Springfield College, Springfield, MA; DPT*
- *Springfield College, Springfield, MA; BS*

HALINA SULLIVAN, PT, DPT

Adjunct Professor of Physical Therapy

- *Simmons College, Boston, MA; DPT*
- *Simmons College, Boston, MA; BS*

LINDA TSOUMAS, PT, MS, EdD

Adjunct Professor of Physical Therapy

- *University of Hartford, Hartford, CT; EdD*
- *University of Massachusetts, Amherst, MA; MS*
- *University of Vermont, Burlington, VT; BS*

AMY VERES, PT, DPT

Adjunct Professor of Physical Therapy

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

- *The College of St. Scholastica, Duluth, MN; DPT*
- *Springfield College, Springfield MA; MS*
- *Springfield College, Springfield MA; BS*

CURRICULUM

CURRICULAR PHILOSOPHY

The conceptual basis of Springfield College's physical therapy curriculum embodies the view of physical therapy as an art and science applied to problems of human movement. As such, basic sciences, foundational sciences, critical inquiry, professional practice issues and applied clinical sciences are the framework of the curriculum. The curriculum is viewed as both explicit and implicit. Explicitly, students participate in coursework that engenders fluency in the theoretical basis of professional physical therapy practice. The power of knowledge lies in its application. The curriculum provides ample opportunity for application of knowledge and skills through problem simulations in the classroom and supervised clinical experiences in a wide variety of settings. Experiences in classroom and clinical settings provide opportunities to apply science and theory to practice. As clinical reasoning and critical thinking skills mature, so too must proficiency in interactions with colleagues and clients in many roles and from all walks of life. Exposure to people of different backgrounds fosters an appreciation for the diversity of the physical therapy patient population and for the unique needs of individual patients with respect to patient management strategies. Critical inquiry provides a basis for the development of physical therapists that understand and value their role as a clinician, educator, and researcher.

Both the explicit and implicit curriculum of the Department of Physical Therapy reflects the department and college philosophy. The College's philosophy of Humanics is built on a commitment to human service and to meeting the needs of the total person. The philosophy is reinforced throughout the educational experience and provides the foundation for the curriculum of the physical therapy program. On the basis of the Humanics philosophy and the department's philosophy, the curriculum reflects current practice and provides experiences, challenges, support, and resources for learning. Students are considered vital members of the learning community and are expected to take an active role in the learning process. The faculty members are expert clinicians and academicians who bring to the curriculum a variety of perspectives and strengths, bound by a commitment to fostering a powerful learning community and a progressive vision for the physical therapy profession.

EDUCATIONAL PROGRAM AND CURRICULAR PHILOSOPHY STATEMENT

The conceptual basis of Springfield College's physical therapy curriculum embodies the view of physical therapy as an art and science. The Springfield College DPT educational program faculty are committed to educating students to optimize movement to improve the human experience.¹ The curriculum is aligned with the College's philosophy of *Humanics* -- built on a commitment to leadership and meeting the needs of the whole person. The explicit curricular design is a hybrid of the traditional sequence and systems-based models. Implicit curricular values, from the profession's Core Values² document, such as social responsibility and professional duty, are made more explicit through modeling, reflection, feedback and program activities. Additionally, experiential learning is imperative for higher level integration, synthesis and adaptation.

1. APTA. *Vision Statement for the Physical Therapy Profession and Guiding Principles to Achieve the Vision*. <http://www.apta.org/Vision/> Updated 20 March 2018. Accessed 15 March 2019.

2. APTA. *Professionalism in Physical Therapy -- Core Values*. https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Judicial/ProfessionalismPT.pdf. Revised 14 December 2009. Accessed 19 April 2019.

CURRICULUM PLAN

The curriculum is built on three thematic threads: critical inquiry, patient/client management, and professional issues. Each of the three thematic threads appears in the first term of the curriculum, and is developed consistently throughout the curriculum. The patient/client management thread begins with foundational and introductory clinical sciences in the first year. This thread focuses primarily on musculoskeletal, cardiac, respiratory and integumentary systems in the second year, and concentrates on neuromuscular management in the third year.

The critical inquiry thread begins in the first year with the graduate school course requirements in statistics and research methods. An evidence based practice and outcomes research course rounds out methodological concepts. Students then develop and complete their research projects during the proposal design and research capstone courses. The research sequence is completed in Professional Year III (PYIII) with a formal research presentation to peers and to the physical therapy community at large.

The professional issues thread consists of a sequence of courses that address the professional practice issues and practice management issues.

Clinical experiences begin with the integrated clinical experiences in the fall of professional year I and occurring in every subsequent semester leading up to the full time experiences. Full time experiences are 30 weeks in length, occurring in three, ten-week blocks in the final year of the program.

HEALTH SCIENCE/PRE-PHYSICAL THERAPY TRACK CURRICULUM

<u>Fall</u>		<u>Semester Hours</u>
*ENGL 113	College Writing I	3
*BIOL 121	Bioscience I	3
*BIOL 123	Bioscience I Lab	1
CHEM 121	General Chemistry I	3
CHEM 123	General Chemistry I Lab	1
*MATH 131 <u>OR</u>	Intro to Calculus with Applications	3
*MATH 125	Precalculus Mathematics (only if indicated by assessment)	
*SCSM 101	First Year Seminar	3
*CC	Core Curriculum Wellness 100	1
		18

<u>Spring</u>		
*ENGL 114	College Writing II	3
BIOL 122	Bioscience II	3
BIOL 124	Bioscience II Lab	1
CHEM 122	General Chemistry II	3
CHEM 124	General Chemistry II Lab	1
*PSYC 101 <u>OR</u>	Introduction to Psychology	3
PSYC 135	Personality Adjustment	
CC	Core Curriculum (Aesthetic exp)	3
*CC	Core Curriculum Wellness 200	1
		18

SECOND YEAR

<u>Fall</u>		
BIOL 250	Anatomy and Physiology I	3
BIOL 252	Anatomy and Physiology I Lab	1
PHYS 210	Physics	4
MATH 215 <u>OR</u>	Probability and Statistics	
PSYC 211 <u>OR</u>	Intro to Statistics	
HSRS 325	Biostatistics	3
CC/MIN	Core Curriculum (Lit) or Minor Requirement	3
CC/MIN	Core Curriculum (Spiritual/Ethical) or Minor Requirement	3
*CC	Core Curriculum Wellness 300	1
		18

<u>Spring</u>		
BIOL 251	Anatomy and Physiology II	3
BIOL 253	Anatomy and Physiology II Lab	1
PHYS 211	Physics	4
CC/MIN	Core Curriculum (Historical/Social) or Minor Requirement	3
CC/MIN	Core Curriculum or Minor Requirement	3
CC/MIN	Core Curriculum or Minor Requirement	3
*CC	Wellness Passport Activities	1
		17

THIRD YEAR

<u>Fall</u>		<u>Semester Hours</u>
*AEXS 313	Physiology of Exercise [WAC]	3
CC/MIN	Core Curriculum (themed explorations) or Minor Requirement	3
CC/MIN	Core Curriculum (themed explorations) or Minor Requirement	3
*CC	Wellness Passport Activities	
 Fall or Spring		
*PHTH 310	Healthcare Language [WAC]	3
PHTH 482	The Physical Therapy Professional	2
PHTH 480	Physical Therapy and Healthcare Research Skills	<u>2</u>
		16-18
 Spring		
CC/MIN	Core Curriculum (themed explorations) or Minor Requirement	3
CC/MIN	Core Curriculum (themed explorations) or Minor Requirement	3
CC/MIN	Core Curriculum or Minor Requirement	3
ELEC	Free Elective	3
*CC	Wellness Passport Activities	
 Fall or Spring		
*PHTH 310	Healthcare Language [WAC]	3
PHTH 482	The Physical Therapy Professional	2
PHTH 480	Physical Therapy and Healthcare Research Skills	<u>2</u>
		16-18

At the end of 3 years students need at least 105 credits of undergraduate coursework

In the first year of studies for the DPT there are another 15 credits of 500 level courses that apply toward the B.S. in Pre-Physical Therapy

B.S. awarded at end of year four with a minimum of 120 credits of undergraduate coursework.

***CC indicates a course that meets a requirement of the core curriculum**

PHYSICAL THERAPY (DPT) CURRICULUM

DPT Year 1

Summer DPT 1

†PHTH 504	Anatomy of the Musculoskeletal System	3
PHTH 605	Applied Anatomy and Musculoskeletal Imaging	3
PHTH 610	Foundations of Physical Therapy Practice	4
PHTH 611	Foundations of Physical Therapy Practice Lab	
PHTH 627	Professional Practice Issues I	2
		12

Fall DPT 1

†PHTH 516	Clinical Kinesiology	3
†PHTH 530	Neuroscience	3
†PHTH 531	Neuroscience Lab	
PHTH 604	Clinical Medicine and Pathology	4
PHTH 612	Therapeutic Interventions	3
PHTH 613	Therapeutic Interventions Lab	
PHTH 635	Integrated Clinical Experience I	2
PHTH 654	Evidence-Based Practice and Clinical Research I	3
		18

Spring DPT 1

†PHTH 550	Clinical Pharmacology	3
†PHTH 574	Human Movement Across the Lifespan	3
PHTH 628	Professional Practice Issues II	4
PHTH 636	Integrated Clinical Experience II	2
PHTH 644	Physical Therapy Management of Musculoskeletal Conditions I	3
PHTH 645	Physical Therapy Management of Musculoskeletal Conditions I Lab	
PHTH 655	Evidence Based Practice and Clinical Research II	3
		18

DPT Year 2

Fall DPT 2

PHTH 631	Physical Therapy Management of Neuromuscular Conditions I	3
PHTH 632	Physical Therapy Management of Neuromuscular Conditions I Lab	
PHTH 637	Integrated Clinical Experience III	2
PHTH 642	Gait, Balance, Orthotics and Prosthetics	3
PHTH 656	Applied Research in Physical Therapy I	2
PHTH 672	Physical Therapy Management of Musculoskeletal Conditions II	3
PHTH 671	Physical Therapy Management of Musculoskeletal Conditions II Lab	
PHTH 669	Biopsychosocial Approaches in Physical Therapy	1
PHTH 688	Physical Therapy Management of Integumentary Conditions	2
PHTH 689	Physical Therapy Management of Integumentary Conditions Lab	
PHTH 726	Applied Research in Physical Therapy II	1
		17

Spring DPT 2

PHTH 648	Physical Therapy Management of Cardiovascular and Pulmonary Conditions	4
PHTH 649	Physical Therapy Management of Cardiovascular and Pulmonary Conditions Lab	
PHTH 658	Integrated Clinical Experience IV	2
PHTH 662	Physical Therapy Management of Pediatric Patients	3
PHTH 665	Physical Therapy Management of Neuromuscular Conditions II	4
PHTH 666	Physical Therapy Management of Neuromuscular Conditions II Lab	
PHTH 676	Physical Therapy Management of Musculoskeletal Conditions III	3
PHTH 679	Physical Therapy Management of Musculoskeletal Conditions III Lab	
PHTH 694	Practice Management in Physical Therapy I	1
PHTH 726	Applied Research in Physical Therapy II	1
		18

DPT Year 3

Summer DPT 3

PHTH 700	Practice Management in Physical Therapy II (online)	<u>2</u>
		2

Fall DPT 3

PHTH 776	Terminal Clinical Experience I	8
PHTH 777	Terminal Clinical Experience II	<u>8</u>
		16

Spring DPT 3

PHTH 778	Terminal Clinical Experience III	8
PHTH 702	Practice Management in Physical Therapy III	2
PHTH 726	Applied Research in Physical Therapy II	<u>1</u>
		11

Elective offered in any year of DPT

PHTH 691	Global Health Service Experience	1
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Required DPT coursework is 112 credits in total

†500 level course, credit can apply to undergraduate degree total of 15 credits

PHYSICAL THERAPY COURSE DESCRIPTIONS

PHTH 110: Skills that Promote Learning

0.5 S.H.

This course is designed to teach students the physical, cognitive and behavioral skills that enhance learning of complex academic information in science and math. Students are instructed in physical skills including strength and conditioning activities, relaxation, and meditation as elements of a physical and behavioral plan to promote the enhancement of college studies and lifelong learning.

PHTH 310: Healthcare Language: Systems, Specialties, Pathologies and Culture

3 S.H.

This course provides the student with a strong written and oral foundation of knowledge about the structure, function and limitations of the language used in healthcare and the health sciences. Course content incorporates human anatomical systems and an overview of major pathologies. Cultural intricacies of healthcare language are investigated along with an overview of medical terms in Spanish, American Sign Language and other commonly spoken non-English languages.

PHTH 480: Physical Therapy and Healthcare Research Skills

2 S.H.

The student will explore sources of health information with a focus on those used in Physical Therapy. An emphasis is placed on the evolving nature, trends and issues related to information. Students will develop skills in information retrieval and assessment of sources as well as AMA writing style.

PHTH 482 The Physical Therapy Professional

2 S.H.

This course engages students in an exploration of the history and mission of the profession of physical therapy. Service learning activities are incorporated into the courses that are directed to public education about the profession. Students prepare a portfolio to demonstrate preparation for graduate studies in terms of the knowledge, skills and values needed to become a physical therapist.

PHTH 504 Anatomy of the Musculoskeletal System

3 S.H.

In this course, students learn human anatomy with emphasis on the skeletal, articular, and muscular systems. Using a regional approach, the course incorporates a study of typical and pathologic conditions of bone muscle and joint.

PHTH 516: Clinical Kinesiology

3 S.H.

This course focuses on the study of functional anatomy using a regional approach in which joint and muscle function are analyzed in detail. Topics include the clinical examination and mechanical analysis of posture and gait, developmental biomechanics, joint mobilization concepts and ergonomics. This course serves as the foundation for exercise prescription, movement analysis and other therapeutic interventions.

PHTH 530: Neuroscience

3 S.H.

PHTH 531: Neuroscience Lab

This course presents basic neuroanatomy and neurophysiology with an emphasis on issues that have clinical relevance to physical therapy rehabilitation. Emphasis is placed on developing an understanding of human performance and motor control.

PHTH 550: Clinical Pharmacology

3 S.H.

This course provides an introduction to the basic principles of pharmacology including pharmacokinetics and pharmacodynamics. The pharmacology of drug classes used in the management of disorders of the nervous, musculoskeletal, cardiovascular, respiratory, pain, integumentary and endocrine systems, as well as those used for infectious and neoplastic diseases, are addressed. Emphasis is placed on how pharmacology interacts with exercise & physical rehabilitation.

PHTH 574: Human Movement Across the Lifespan**3 S.H.**

In this course, participants will acquire an understanding of the requirements for production of skilled human movement behavior and human motor development. Students will explore concepts of motor control, motor learning, and motor development. Students examine the processes that underlie changes in movement behavior over the lifespan, as well as the factors that influence those processes. Understanding of movement behavior as it applies to movement dysfunction and the practice of physical therapy will be emphasized.

PHTH 604: Clinical Medicine & Pathology**4 S.H.**

This course provides a survey of the medical approach to pathologies treated in medicine and surgery, with emphasis on those conditions addressed in internal medicine. Topics include cellular/ histological and genetic bases for pathophysiology, clinical manifestations, including the impact on human movement, and medical/surgical treatment. Emphasis placed on conditions encountered in physical therapy practice.

PHTH 605: Applied Anatomy and Musculoskeletal Imaging**3 S.H.**

This course incorporates an active-learning review of human musculoskeletal anatomy using teacher donors (cadavers). Content includes the identification of normal and pathological musculoskeletal anatomy using medical imaging. Using a regional approach, the course includes surface anatomy and clinical palpation.

PHTH 610 Foundations of Physical Therapy Practice**4 S.H.****PHTH 611 Foundations of Physical Therapy Practice Lab**

This course provides an introduction to the basic process and fundamental skills of physical therapy management. Students attain a working understanding of the role of the physical therapist in primary, secondary, and tertiary care and prevention, and to the conceptual frameworks that guide physical therapist practice. Students acquire competency in selected fundamental practice skills, including patient-client interaction, basic functional mobility, exercise, joint range of motion measurement, soft tissue mobilization, examination of vital functions and physical therapy documentation.

PHTH 612 Therapeutic Interventions**3 S.H.****PHTH 613 Therapeutic Interventions Lab**

This course has two distinct modules. The first module prepares students in the theory, selection, application, assessment, and documentation of the physical agents commonly used by physical therapists. In the second module, students study health promotion and wellness, including preventive interventions. Students apply basic physiological principles for prescription of exercise for individuals with differing health status across the lifespan. Therapeutic exercise equipment is discussed and explored, including aquatics. The course includes material on the application and promotion of basic nutrition principles by physical therapists for health promotion and wellness.

PHTH 627: Professional Practice Issues I**2 S.H.**

Education in physical therapy occurs with individuals, groups and the public. The focus of this course is on the development of objectives, teaching and learning experiences and communication in PT practice. Students have an opportunity to develop and present instructional materials for use in PT practice while incorporating culture, cultural identity, self-reflection and self-directed learning.

PHTH 628: Professional Practice Issues II**4 S.H.**

Physical therapy students continue to examine issues related to professional practice. Communication, ethical and moral decision making, confidentiality, cultural competency and professionalism issues are covered. APTA Standards of Practice and The Guide for Professional Conduct are reviewed and used as tools for this course. The students are provided with the necessary information for the clinical education portion of the curriculum. Clinical education from the perspective of the role of the clinical instructor is also covered.

PHTH 631: Physical Therapy Management for Patients with Neuromuscular Conditions I **3 S.H.****PHTH 632: Physical Therapy Management for Patients with Neuromuscular Conditions I Lab**

In this course students develop an understanding of common nervous system disorders and their sequelae. Special emphasis is placed on disorders of the central nervous system. Knowledge of nervous system structure and function is applied to information regarding diagnosis and medical management of common nervous system pathologies and injuries in adults. Students develop skills in the physical therapy examination of adult patients with neuromuscular system dysfunction. Topics also include adaptive seating and mobility and selected therapeutic exercise techniques.

PHTH 635: Integrated Clinical Experience I**2 S.H.**

This course involves integrated clinical education experiences and seminars to facilitate the integration of content across courses and cumulatively. Students are required to utilize evidence-based practice for clinical decision making and present clinical information using the Physical Therapy Patient / Client Management Model and the ICF Model.

PHTH 636: Integrated Clinical Experience II**2 S.H.**

This course involves further clinical practicum experience and seminars to facilitate the integration of content across courses, including the concepts and skills from Foundations of Physical Therapy Practice II. Students are required to write research-based case studies, and present clinical information using patient/client management model and principles of disablement.

PHTH 637: Integrated Clinical Experience III**2 S.H.**

This course involves clinical practicum experience and seminars to facilitate the integration of content across courses and cumulatively. Students are required to utilize evidence-based practice for clinical decision making and present clinical information using patient / client management model and principles of disablement.

PHTH 642: Gait, Balance, Orthotics and Prosthetics**3 S.H.**

Students explore common causes of balance and gait dysfunction. Students gain skill in physical therapy diagnosis and management of disorders of balance and gait. Students also acquire the knowledge and skills needed for the application of orthotic and prosthetic devices for extremity and spinal disorders.

PHTH 644: PT Management of Patients with Musculoskeletal Conditions I**3 S.H.****PHTH 645: PT Management of Patients with Musculoskeletal Conditions I lab**

This course provides students with the foundations needed for patient care of musculoskeletal conditions with a specific focus on psychomotor skills necessary for examination of the spine and extremities. Measurement and interpretation of range of motion, manual muscle testing, and joint and soft tissue mobilization techniques will be covered. Pain science theory and its application to patients with musculoskeletal conditions is introduced.

PHTH 648: PT Management of Patients with Cardiovascular and Pulmonary Conditions 4 S.H.

PHTH 649: PT Management of Patients with Cardiovascular and Pulmonary Conditions Lab

This course is designed to provide the student with an understanding of normal and abnormal function of the cardiovascular and pulmonary systems and the impact on human movement and function.

Evidence-based Patient/Client management concepts as they pertain to cardiovascular and pulmonary conditions across the lifespan are taught and practiced for mastery.

PHTH 654: Evidence-Based Practice and Clinical Research in Physical Therapy I 3 S.H.

This is the first of a two-part sequence of courses that provides the student with a foundation in scientific inquiry as it relates to clinical practice. This course incorporates an overview of methodologic issues in physical therapy research. Students use current PT literature sources to analyze concepts that include the theoretical basis underlying research studies, research ethics, research design, sampling and research and statistical methods.

PHTH 655: Evidence-Based Practice and Clinical Research in Physical Therapy II in Physical Therapy II 3 S.H.

This is the second of a two-part sequence of courses that provides the student with a foundation in scientific inquiry as it relates to clinical practice. This course develops student skills and critical appraisal of empirical literature. Students use current PT literature sources to explore the use of best research evidence and outcomes measurement. Concepts are integrated with principles of epidemiologic research to facilitate an understanding of population health issues. Students gain an understanding of evidence-based approach to physical therapy practice, and its integration with clinical expertise and patient values

PHTH 656: Applied Research in Physical Therapy I 2 S.H.

In this seminar students examine clinically based applications of empiricism. Students read, integrate, analyze, summarize, abstract and apply material from primary source journals by engaging in student-led journal club type discussions. Students learn the basics of the scholarly process, peer review and dissemination.

PHTH 658: Integrated Clinical Experience IV 2 S.H.

This course involves integrated clinical education experiences and seminars to facilitate the integration of content across courses and cumulatively. Students are required to utilize evidence-based practice for clinical decision making and present clinical information using the Physical Therapy Patient / Client Management Model and the ICF Model.

PHTH 662: Physical Therapy Management of the Pediatric Patient 3 S.H.

This course covers the foundations of physical therapy services for children, adolescents, and their families in various service delivery settings. Theories of normal and pathological development are the foundation from which the assessment and management of various etiologies are discussed.

Standardized assessment, evidence based interventions, and physical therapy management strategies specific to pediatrics are covered. Psychosocial, ethical and legal factors specific to the pediatric client are included.

PHTH 665: Physical Therapy Management of Neuromuscular Conditions II 3 S.H.

PHTH 666: Physical Therapy Management of Neuromuscular Conditions II Lab

In this course students further develop their skills in the physical therapy management of adult patients with neuromuscular dysfunction. Emphasis is placed on the application of motor learning, motor control and movement diagnosis frameworks to intervention for patients with movement dysfunction. Students develop skills in a variety of functional retraining, therapeutic exercise, and accommodation approaches

to intervention. Special emphasis is placed on management of patients with spinal cord injury and vestibular dysfunction.

PHTH 669: Biopsychosocial Approaches in Physical Therapy **1 S.H.**

Biopsychosocial approaches focus on physical therapists as part of a team of providers with an aim of ameliorating disability and promoting activity, and participation. In this course students develop physical therapy interventions considering both individual and population solutions that incorporate the biopsychosocial model and the interprofessional team and contrast these interventions to the traditional medical model of care.

PHTH 672: Physical Therapy Management of Musculoskeletal Conditions II **3 S.H**

PHTH 671: Physical Therapy Management of Musculoskeletal Conditions II Lab

This course provides students with the foundations needed for patient care of musculoskeletal conditions with a specific focus on psychomotor skills necessary for examination of the lower extremities and thoraco-lumbar spine and pelvis. Students develop the ability to conduct a patient evaluation, prescribe, and implement an intervention program according to the Patient/Client Management model for problems related to pathologies of the extremities and spine.

PHTH 676: Physical Therapy Management of Musculoskeletal Conditions III **3 S.H.**

PHTH 679: Physical Therapy Management of Musculoskeletal Conditions III Lab

This course provides students with the foundations needed for patient care of musculoskeletal conditions with a specific focus on psychomotor skills necessary for examination of the upper extremities, cervical spine, temporomandibular dysfunction and headaches. Students develop the ability to conduct a patient evaluation, prescribe, and implement an intervention program according to the Patient/Client Management model for problems related to pathologies of the extremities and spine.

PHTH 688: Physical Therapy Management of Integumentary Conditions **2 S.H.**

PHTH 689: Physical Therapy Management of Integumentary Conditions Lab

In this course, students study patient/client management concepts pertaining to disorders of the integumentary system across the lifespan. Major topics include physical therapy assessment and management of integumentary dysfunction associated with burns, traumatic injury, infection, vascular disease, pressure/mechanical wounds and lymphedema. Current trends in the treatment of acute and chronic wounds are also explored. Students are expected to use scientific evidence to support patient management strategies.

PHTH 691: Global Health Service Experience **1 S.H.**

This course is an interprofessional, applied clinical learning experience. Students will travel to a clinic or community-based rehabilitation setting where they will work with Springfield College faculty and local clinicians on health promotion activities.

PHTH 694: Practice Management in Physical Therapy I **1 S.H.**

This course introduces students to the basic concepts and principles of management as they apply to the physical therapist administrative responsibilities and services delivery. Included are fiscal management and the associated regulations, compliance, legal practice standards including fraud and abuse and the potential differences in these areas across the various physical therapy practice settings.

PHTH 696: Practice Management in PT II

2 S.H.

This course prepares students to provide consultation to individuals, groups, or organizations for service delivery, administration, and management of physical therapy services. Included are advocacy, consultation, and program development as related to physical therapy practice.

PHTH 700: Practice Management in PT II

2 S.H.

This course introduces students to concepts and principles of management and leadership as they apply to core healthcare administration topics and management of physical therapy services. Included are organizational structure and management concepts, fiscal management, ethical and legal issues, personal and institutional standards of excellence, and quality assurance/assessment.

PHTH 702: Practice Management in PT III

2 S.H.

This course prepares students to provide consultation to individuals, groups or organizations for service delivery, administration and management of physical therapy services. Included are advocacy, consultation, and program development as related to physical therapy practice.

PHTH 726: Applied Research in Physical Therapy II

variable 1- 3 S.H.

Either in a small group or individually, students conduct a supervised investigation of a selected problem related to the field of Physical Therapy. Presentation of the findings is done in written and oral format to faculty, peers and clinicians.

PHTH 776: Terminal Clinical Experience I

8 S.H.

This is the first of three consecutive full-time terminal clinical experiences. They are each ten weeks during the third professional year. These clinical experiences can occur in: medical centers, teaching hospitals, community hospitals, rehabilitation hospitals, extended care facilities, school systems, home health, or private practices.

PHTH 777: Terminal Clinical Experience II

8 S.H.

This is the second of three consecutive full-time terminal clinical experiences. They are each ten weeks during the third professional year. These clinical experiences can occur in: medical centers, teaching hospitals, community hospitals, rehabilitation hospitals, extended care facilities, school systems, home health, or private practices.

PHTH 778: Terminal Clinical Experience II

8 S.H.

This is the third of three consecutive full-time terminal clinical experiences. They are each ten weeks during the third professional year. These clinical experiences can occur in: medical centers, teaching hospitals, community hospitals, rehabilitation hospitals, extended care facilities, school systems, home health, or private practices.

DEPARTMENT OF PHYSICAL THERAPY COMMITTEES

Policy: The Department of Physical Therapy has established the following committees to facilitate the evaluation and operation of the physical therapy program.

Physical Therapy Curriculum Committee

Physical Therapy Review and Evaluation Committee

Physical Therapy Research Committee

Physical Therapy Clinical Education Committee

Physical Therapy Cumulative Integrated Practical Examinations Committee

Physical Therapy Admissions Committee

Physical Therapy Committee on Professional Behavior

Pre-Physical Therapy Program Committee

Physical Therapy Advisory Board

PHYSICAL THERAPY CURRICULUM COMMITTEE

I. PURPOSE OF THE COMMITTEE

The Physical Therapy Curriculum Committee oversees the physical therapy curriculum for the Doctor of Physical Therapy program. The Committee reviews and assures compliance with the curricular standards for physical therapy education as determined by the Commission on Accreditation for Physical Therapy Education (CAPTE). The Department's compliance with the accreditation requirements of the College is monitored.

II. COMPOSITION OF THE COMMITTEE

- A. The Chairperson of the Curriculum Committee is a member of the faculty of the Department of Physical Therapy.
- B. There are a total of 4-6 Committee members, which include the Committee Chairperson, an Academic Coordinator of Clinical Education, two members of the Department faculty, and at least one student member appointed by the Committee.
- C. The Chairperson of the Department of Physical Therapy is an ex-officio member.

III. ROLES AND RESPONSIBILITIES

- A. Role of the Chairperson of the PT Curriculum Committee.
 - 1. To schedule, convene and preside over the Curriculum Committee meetings.

2. To provide a written agenda for each meeting.

B. Responsibilities of the Committee

1. To coordinate program curriculum evaluation activities utilizing program surveys, licensure examination results, and information from the PT Clinical Education Committee.
2. To recommend curricular changes to the physical therapy faculty for their review and approval.
3. To assure compliance with the curricular standards of the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists as defined by CAPTE.
4. To maintain appropriate records of committee activity.

IV. MEETINGS: The Committee will meet for a minimum of one time per semester.

October 1994, Revised August 2000, April 2001, May 2009

PHYSICAL THERAPY REVIEW AND EVALUATION COMMITTEE

I. PURPOSE OF THE COMMITTEE

The Physical Therapy Review and Evaluation (PTRE) Committee functions to uphold the academic, clinical education, and professional conduct policies of the Department of Physical Therapy. The Committee approves students for advancement into the professional component of the curriculum and reviews the academic records of each student on a regular basis. The Committee reviews petitions for special consideration and hears student appeals related to decisions rendered by the Committee.

II. COMPOSITION OF THE COMMITTEE

- A. The Chairperson of the PTRE Committee is a member of the faculty of the Department of Physical Therapy.
- B. There are five Committee members, including the Chairperson. These committee members conduct all the regular business of the committee. The five regular committee members are comprised of:
 1. Three members of the core Physical Therapy faculty, one of whom serves in a primary role as a coordinator of clinical education. Any one of these three will serve as Chairperson.
 2. A licensed physical therapist who is not a member of the core faculty serving as a representative from the professional community.

3. A student representative selected by the Committee from the Doctor of Physical Therapy Program.
- C. An additional committee member may be selected by the regular Committee members from among the non-Physical Therapy Department faculty of the School of Health Sciences to assist the regular committee members during review and action on student appeals of PTREC decisions only.

III. ROLES AND RESPONSIBILITIES

A. Chairperson of the PTRE Committee

1. To schedule, convene and preside over the following meetings:
 - a. academic review at the end of each semester.
 - b. appeals as petitioned by a student.
 - c. professional conduct hearings as petitioned by a faculty member or the Chairperson of the Department of Physical Therapy.
2. To receive grade reports prior to academic reviews.
3. To provide a written agenda for each meeting.
4. To receive any letters or documentation related to student appeals.
5. To review the academic records of students who are eligible to advance into the professional component of the curriculum and to determine each student's advancement status.
6. To inform in writing each student who has received a decision from the PTRE Committee, which may include:
 - a. advancement review with resulting status.
 - b. dismissal from the program.
 - c. probationary status.
 1. continuation of probation.
 2. removal from probation.
 - d. outcome of petition or appeal.
7. To notify the Chairperson of the Department of Physical Therapy about Committee decisions.

B. Responsibilities of the Committee

1. To monitor the progress of students in the professional component of the curriculum.
 - a. to review academic records of each student at the end of each semester.
 - b. to notify student advisors about the standing of students in the Department of Physical Therapy.
2. To determine a student's eligibility to enroll in clinical education courses.
3. To hear cases regarding possible breaches of professional conduct as governed by the Professional Conduct Policy.
4. To hear appeals and/or petitions from students in pre-physical therapy and professional components. The following are heard by the Committee:
 - a. appeal of advancement decisions.
 - b. appeal of dismissal.
 - c. appeal of professional conduct decisions.
 - d. appeal to retake physical therapy (PHTH) professional course work.
 - e. appeal to take physical therapy (PHTH) course work out of sequence.
 - f. appeal of decision previously rendered by the Committee (within the guidelines of the Professional Component Appeal Procedures).
5. To monitor the compliance of:
 - a. students who have been placed on either academic or professional conduct probation.
 - b. students who have been reinstated into the Physical Therapy program through appeal.
 - c. students who have been accepted into the professional component on a conditional basis.
 - d. students who have been the subject of any other action or decision of the PTRE committee.
6. To maintain minutes of all Committee meetings.
7. To review and act on petitions related to academic issues.

Actions or decisions about these students will be referred to the Department Chairperson per the Department Policy.

IV. COMMITTEE MEETINGS will occur as follows:

- A. Academic Review:
 - 1. Prior to, and/or at the beginning of each semester, as needed, for the students in the first, second, and third professional years to review all grades.
 - 2. Following receipt of spring semester grades for the students entering or continuing in the professional component in the summer and/or fall.
 - 3. Any other times as determined by the Committee Chair.
- B. Advancement Review: during summer semester after receipt of spring semester grades.
- C. Professional Conduct Review: scheduled as needed.
- D. Appeals meetings: scheduled as needed.
- E. Petition reviews: scheduled as needed.

V. CHAIRPERSON OF THE DEPARTMENT OF PHYSICAL THERAPY

Although not a member of the Committee, the Chairperson of the Department of Physical Therapy hears formal appeals of the decisions of the PTRE Committee, appoints ad-hoc committees to hear extended appeals, and renders decisions for students who have exhausted the appeal procedures. (See Appeal Procedures)

October 1994, Revised August 1998, July 1999, April 2001, June 2003, July 2005, May 2014

PHYSICAL THERAPY RESEARCH COMMITTEE

I. PURPOSE OF THE COMMITTEE

- A. Serve in an advisory capacity for the critical inquiry thread of the DPT curriculum (PHTH 654, PHTH 655, PHTH 656 and PHTH 726).
- B. To promote faculty research.
- C. To promote collaboration between departments and schools for both faculty and student research.

II. COMPOSITION OF THE COMMITTEE

- A. Core committee from Department of Physical Therapy faculty with one appointed student member from a class year of the professional component of the program.
- B. Ex officio members as needed for consultation to include library liaison, other Springfield College faculty, and representatives of the clinical community.

III. ROLES AND RESPONSIBILITIES

A. Chairperson

1. Appointed by the Physical Therapy Department Chairperson.
2. Convenes meetings and sets agenda.

B. Committee

1. Annually review guidelines for the courses in the critical inquiry thread and recommend appropriate revisions as needed to Physical Therapy Curriculum Committee and/or for faculty discussion.
2. Establish guidelines and policy for the research component of the curriculum.
3. Establish mechanism of tracking publication/presentation of student research/work.
4. Assist in identifying potential resources for all phases of student and faculty research, including financial, equipment, consultative, information, and mentorship.
5. Review and revise PT Research Manual as needed.
6. Organization and oversight of planning, scheduling, and facilitating the annual Greene Memorial Lecture.
7. Annual evaluation of the Faculty Scholarship Form submitted by each member of the department.

IV. MEETINGS

- A. Minimum of one meeting per academic year with additional meetings scheduled as needed by request of Chairperson or PT faculty.

Approved October 1994, Revised December 1997, April 2001, May 2002, August 2007, May 2009

PHYSICAL THERAPY CLINICAL EDUCATION COMMITTEE

I. PURPOSE OF THE COMMITTEE

The Physical Therapy Clinical Education Committee evaluates and guides the department's clinical education program. The committee serves as a vital link between the Springfield College Physical Therapy program and the facilities and faculty that provide clinical education to Springfield College students.

II. COMPOSITION OF THE COMMITTEE

- A. The chairperson of the Clinical Education Committee is a member of the faculty of the Department of Physical Therapy.

- B. Three members of the core faculty will serve on this committee. One of these members is designated as chair.
- C. Three students, one each from the DPT I, DPT II and DPT III classes, will serve as ex-officio, non-voting members of this Committee.
- D. The department chairperson serves as an ex-officio, non-voting member of the committee.

III. ROLES AND RESPONSIBILITIES

A. Chairperson of the Clinical Education Committee.

- 1. Develop agenda and convene Clinical Education Committee meetings.
- 2. Develop agenda and convene meetings of the Clinical Education Advisory Board.
 - a. Clinical Education Advisory Board
 - 1. The Clinical Education Advisory Board is a subcommittee of the Clinical Education Committee.
 - 2. Clinical Education Advisory Board meets a minimum of one time per year.
 - 3. Membership includes members of Clinical Education Committee and representatives from Clinical Faculty. Clinical faculty will be representative of various clinical settings and geographical locations.
 - 4. Telecommunication will be utilized as necessary for meeting accessibility with members.

B. Role of Committee

- 1. Establish membership and contribute to the development of an agenda for the Clinical Education Advisory Board.
- 2. Establish policies & procedures for all clinical education.
- 3. Ensure that the Springfield College Physical Therapy program remains in compliance with standards set by CAPTE related to the area of clinical education.
- 4. On an annual basis, review the Physical Therapy Clinical Education handbook and provide recommendations for revisions as needed.
- 5. Review and evaluate data generated through the Clinical Education Program, including tools used to evaluate students, clinical sites, clinical faculty, and ACCE.
- 6. Compile an annual report on the status of the Springfield College clinical education program and submit to the department during the end of semester meeting, at the end of the academic year.

7. Establish representation to regional academic coordinators consortium, NEC-ACCE. Report, evaluate, and make recommendations to the Physical Therapy faculty based on the NEC-ACCE actions, continuing education offerings for clinical instructors, and current trends in academic clinical education.
8. Establish representation from this committee for membership on the School of Health Sciences Clinical Education Committee.

IV. MEETINGS

The Physical Therapy Clinical Education Committee will meet a minimum of two times per year

April 2010, Revised September 2012

PHYSICAL THERAPY CUMULATIVE INTEGRATED PRACTICAL EXAMINATIONS (CIPE) COMMITTEE

I. PURPOSE OF THE COMMITTEE

The CIPE committee is responsible for the development and oversight of the integrated clinical practical examinations of the professional DPT curriculum. The purpose of the examinations is to assure that students meet minimum competency requirements based on their course of study and the APTA guidelines for the Minimal Skill Set. Each student is required to pass the CIPE in order to advance to the next semester in the DPT curriculum.

II. COMPOSITION OF THE COMMITTEE

- A. For each semester and each CIPE a chair (or co-chairs) will be selected from either the core faculty or adjunct.
- B. All faculty serve on the CIPE committee; adjunct faculty may serve at the request of the semester CIPE chairs.

III. ROLES AND RESPONSIBILITIES

- A. Role of the exam chair in each semester for each CIPE:
 1. To schedule, convene and preside over the CIPE Committee meetings.
 2. To provide a written agenda for each meeting.
 3. To maintain information related to each CIPE given in each semester.
- B. Responsibilities of the Committee
 1. To develop the content and format of the CIPE for each semester.
 2. To review course content and changes in curriculum to assure that student skills are assessed during the CIPE.

3. To maintain appropriate records of committee activity.
4. Grading is determined using a grading rubric that is provided to the students prior to each examination. Policies on CIPE grading are incorporated into the department policy on examinations.

IV. MEETINGS

The Committee will meet a minimum of once per semester to establish the content and format of the CIPE. Additional meetings will be scheduled as needed.

May 2009, Revised May 2013

PHYSICAL THERAPY ADMISSIONS COMMITTEE

I. PURPOSE OF THE COMMITTEE

The Physical Therapy Admissions Committee oversees the admissions process for the program.

II. COMPOSITION OF THE COMMITTEE

- A. The Chairperson of the Admissions Committee is a member of the faculty of the Department of Physical Therapy.
- B. Three members of the core faculty of the Department of Physical Therapy serve on this Committee with the Chairperson of the Department of Physical Therapy as one of the members.

III. ROLES AND RESPONSIBILITIES

- A. Role of the Chairperson of the PT Admissions Committee
 1. Responsible for serving as a liaison with the Springfield College Undergraduate and Graduate Admissions Offices.
 2. To meet with the Admissions staff on an annual basis to provide them with current information about physical therapy and the program.
 3. To coordinate department involvement with Admissions events, ie. Open House, Information Sessions.
 4. To coordinate the review of the application folders in the Department of Physical Therapy with the Administrative Assistant of the department. All faculty in the department will participate in application folder reviews to rate the applicants.
 5. To provide a written agenda or schedule for each meeting.
- B. Responsibilities of the Committee

1. To determine and revise the criteria for the review of the applicants for the physical therapy program.
2. To review the ratings of the applicant folders and make final admissions decisions, which are forwarded to the Admissions Office.
3. To conduct interviews of applicants as needed.

IV. MEETINGS

The Committee will meet a minimum of once per year for organization and review of process. Meetings for the review of applicants and their applications will occur as scheduled. Copies of the admissions decisions will serve as documentation of the decision meetings.

October 1994, May 2009

PHYSICAL THERAPY COMMITTEE ON PROFESSIONAL BEHAVIOR

I. PURPOSE OF THE COMMITTEE

The Physical Therapy Committee on Professional Behavior oversees the implementation of the professional behavior development and assessment activities within the physical therapy curriculum.

II. COMPOSITION OF THE COMMITTEE

There are three members of this committee, which include faculty responsible for Clinical Education, a member of the core faculty, and a physical therapy student.

III. ROLES AND RESPONSIBILITIES

- A. Coordinate the orientation to professional behavior for the Doctor of Physical Therapy program.
- B. Coordinate the self-assessment of professional behavior processes in the DPT program.
- C. Evaluate and report on the processes to the faculty.
- D. Monitor the implementation of professional behavior activities within the DPT curriculum.
- E. Act as a resource on professional behavior to the faculty.
- F. Coordinate program-wide professional behavior activities.

2002, Revised June 2004, June 2006, May 2008

PRE-PHYSICAL THERAPY PROGRAM COMMITTEE

I. PURPOSE OF THE COMMITTEE

The Pre-Physical Therapy Program Committee provides oversight for the Health Science - Pre-Physical Therapy major. The Committee reviews undergraduate curriculum and general education outcomes for students in the preparatory phase of physical therapy education. The committee reviews and monitors undergraduate student status.

II. COMPOSITION OF THE COMMITTEE

- A. The Chairperson is a member of the faculty of the Department of Physical Therapy.
- B. There are a total of 4 Committee members, which include the Committee Chairperson, two members of the Department faculty, and one student member appointed by the Committee.

III. ROLES AND RESPONSIBILITIES

A. Role of the Chairperson

- 1. To schedule, convene and preside over the Curriculum Committee meetings
- 2. To provide a written agenda for each meeting

B. Responsibilities of the Committee

- 1. To recommend curricular changes to the physical therapy faculty for their review and approval
- 2. To review the undergraduate curriculum and general education outcomes for students in the preparatory phase of physical therapy education
- 3. To review requests for waivers, leave of absence and changes in advancement status for student in the Health Studies Pre-Physical Therapy program
- 4. To develop, write and revise the manual for students in the Health Studies Pre-Physical Therapy program
- 5. To maintain appropriate records of committee activity

IV. MEETINGS: The Committee will meet for a minimum of two times per academic year.

May 2009

PHYSICAL THERAPY ADVISORY BOARD

I. PURPOSE OF THE BOARD

The purpose of the board is to consider the established mission of the Department, the degree to which the Department is meeting its mission and to facilitate appropriate discussion around strategies that may be employed in order to meeting the mission. In addition, the board should be responsive to challenges and opportunities for physical therapists and how the Department of Physical Therapy might develop and implement strategies to improve the state of physical therapy both locally and nationally.

The advisory board receives specific charges from the Chair of the Department of Physical Therapy in consultation with the faculty to facilitate discussion and invite additional suggested priorities, as part of our ongoing operations and planning.

II. CONVENING AND COMPOSITION OF THE ADVISORY BOARD

The advisory board of the Springfield College Department of Physical Therapy is comprised of physical therapists and other key stakeholders. Members invited to serve represent diversity in personal and professional practice demographics across the region. Members are nominated by the faculty of the Department of Physical Therapy. Nominations are solicited from faculty when a consultancy topic/dilemma is proposed during the course of regular department meetings, curriculum review meetings, strategic planning meetings or when an external voice and opinion is needed.

III. THE CONSULTANCY MODEL FOR THE ADVISORY BOARD

The Advisory Board is convened using the consultancy model developed by Gene Thompson-Grove, Founding Co-Director of the National School Reform Faculty (NSRF). A Consultancy is a structured process for helping an individual or a team think more expansively about a particular, concrete dilemma, strategy or concept. Outside perspective is critical to this protocol working effectively.

IV. CONSULTANCY PROTOCOL FOR THE ADVISORY BOARD

A Consultancy is a structured process for helping an individual or a team think more expansively about a particular, concrete dilemma. Meetings are highly structured lasting approximately 1 hour. Each meeting requires a presenter, a facilitator and the members of the advisory board.

1. The presenter gives an overview of the dilemma with which s/he is struggling and frames a question for the Consultancy group to consider. The focus of the group's conversation is on the dilemma. (5-10 minutes)
2. The Consultancy group/Advisory Board asks clarifying questions of the presenter—that is, questions that have brief, factual answers. (5 minutes)
3. The group asks probing questions of the presenter. These questions should be worded so that they help the presenter clarify and expand his/her thinking about the dilemma presented to the Consultancy group. The presenter may respond to the group's questions, but there is no discussion by the Consultancy group of the presenter's responses. The presenter does not have to answer the questions. At the end of the ten minutes, the facilitator asks the presenter to re-state his/her question for the group. (10 minutes)
4. The group talks with each other about the dilemma presented. (15 minutes) The presenter does not speak and moves his/her chair out of the circle and takes notes.

Possible questions to frame the discussion:

- What did we hear?

- What didn't we hear that they think might be relevant?
 - What assumptions seem to be operating?
 - What questions does the dilemma raise for us?
 - What do we think about the dilemma?
 - What might we do or try if faced with a similar dilemma? What have we done in similar situations?
5. The presenter reflects on what s/he heard and on what s/he is now thinking, sharing with the group anything that particularly resonated for him or her during any part of the Consultancy. (5 minutes)
 6. The facilitator leads a brief conversation about the group's observation of the Consultancy process. (5 minutes)
 7. A summary of the consultancy is written and disseminated.

Revised February 2019

POLICIES & PROCEDURES FOR THE DPT PROGRAM

ACADEMIC ADVISING IN THE DEPARTMENT OF PHYSICAL THERAPY

Policy:

Every student who enters the HS/Pre-PT program and the DPT program is assigned to a Department of Physical Therapy faculty member for academic advising. Advising is essential to academic progress and student success in the HS/Pre-PT program and the DPT program.

Role and responsibilities of the advisor:

- Assist students with planning their program of study to ensure completion of program requirements.
- Assist students who have questions about academic policies and procedures.
- Provide an entrée to the resources available for students who are having difficulty with a course, students who are struggling with academic performance on assignments or exams, and students who need to manage their academics while facing personal emergencies, family emergencies or other life unsettling events.
- Provide the electronic release in the registrar's system for a student to register for courses or to add/drop courses.
- Monitor student academic progress.
- Assist students with personal growth and career development.

Role and responsibilities of the student:

- Schedule appointments in a timely manner to meet with the assigned academic advisor on any matters related to educational progress. It is crucial that a student schedule an appointment in an expedient manner whenever any type of "extenuating circumstance" that may interfere with that student's educational progress arises.
 - Extenuating Circumstances are circumstances that are exceptional or 'unforeseen' and are over and above the course of everyday experience. They may include but are not limited to: significant illness, accident or injury; death or serious illness of a close family member or dependent; family crisis directly affecting the student; absence caused by military service; absence caused by jury service (deferral of which has been denied by the Court); exceptional and unforeseen financial hardship.
 - On occasion, students encounter events that are neither exceptional nor 'unforeseen' but which do affect academic progress. The student is responsible to manage these events independently but may wish to discuss the event with the student's assigned academic advisor. These non-extenuating circumstances include: minor illnesses (that are not classified as disabilities); minor computer problems or inadequate planning preventing completion or submission of coursework; domestic events, such as moving (students should take the academic calendar into consideration when planning major life events); personal events such as a student's own wedding or attending a wedding (students should take the academic calendar into consideration when planning major life events); holidays or travel arrangements; and consequences of paid employment.
- Share essential information about academic progress, strengths, weaknesses, interests, and goals.

- Register for classes that meet the program requirements using the registrar's system. If the department has assigned a particular section of a course, the student must register in the appropriate section.
- Notify advisor and seek advice as necessary when there are events or circumstances that interfere with academic performance and/or attendance.
- Read and understand the academic policies and procedures contained in official Springfield College and Department of Physical Therapy publications.
- Consult the academic advisor during registration periods for course scheduling and any program modification.
- Maintain scheduled appointments with the advisor and be prepared for advisement sessions with any supporting documentation or materials which could assist the advisor.
- Provide the advisor with feedback and follow through on advisor recommendations as needed.

The Academic Advising Center at Springfield College

The mission of the Academic Advising Center at Springfield College is to assist each student in exploring learning opportunities inside and outside of the classroom, while successfully negotiating the academic rigors of the college environment. In addition, academic advising assists students in formulating and following an educational plan that prepares the student for leadership in service to humanity and is consistent with the student's values, abilities, and career and life goals.

- The Academic Advising Center assists with advising and registration for incoming first-year and transfer students.
- Conducts transfer credit evaluations for new students and transfer credit pre-approvals for continuing students.

Revised February 2014

ACADEMIC STANDARDS – PRE-PHYSICAL THERAPY

Policy: Decisions regarding student advancement into the professional component are made upon receipt of grade reports of the final semester of the Pre-Physical Therapy Program (HSPT). Advancement into the DPT Program requires that students enrolled in the Pre-Physical Therapy program must complete all required coursework including Core Curriculum requirements, minor requirements, achieve a grade of 'C' or better in all required courses, and complete a total of 105 undergraduate credits through the semester prior to advancement. Students must also have an overall GPA of 3.0 or better and a major coursework gpa of 3.3 or better at the time of progression into the DPT program or the student will be denied advancement.

Procedures:

A. Grade Requirements

If a student in the Pre-Physical Therapy Program receives a grade lower than C in a program requirement the student must satisfy that requirement by repeating the course (note restrictions in repetition from the policy on completing basic science and math courses for that coursework).

B. Advancement Requirements

1. Decisions regarding student advancement into the professional component are made upon receipt of grade reports of the final semester of the pre-physical therapy years.

2. A student is eligible to advance into the professional component of the Physical Therapy program when:
 - a. The student's cumulative GPA is 3.0 or greater,
 - b. The student's GPA in all coursework required of the major is 3.3 or greater and all courses have been successfully completed (BIOL 121/123, CHEM 121/123, BIOL 122/124, CHEM 122/124, BIOL 250/252, BIOL 251/253, PHYS 210, PHYS 211, MATH 125 or MATH 131, MATH 215 or PSYC 211 or HSRs 325, AEXS 313, PSYC 101 or PSYC 135, PHTH 310, PHTH 480, PHTH 482).
 - c. The student has completed an approved minor course of study of 15-18 credits, and
 - d. The student has completed a minimum of 105 semester hours.
4. In order to advance into the professional program coursework, the student must meet all professional program advancement requirements.

C. Wellness Passport

1. Wellness Passport completion is required as a component of the Core Curriculum for receipt of a Bachelor's degree. Degree requirements to complete the Wellness Passport are not considered an advancement requirement to enter the DPT program

D. Study Abroad

This section applies only to those students who have completed a semester abroad in the spring semester just prior to the beginning of the DPT program component coursework.

- a. If grades are not available for review by the PTRE Committee at the conclusion of the spring semester immediately preceding the beginning of the DPT coursework because of participation in a semester abroad opportunity, then the student will be allowed to conditionally advance into the first DPT semester pending the official recording of grades by the SC Registrar's Office, pending review and approval of the student's academic record. This advancement will be at the student's risk, and does not constitute a formal advancement decision by PTRE, but rather the delay of such a decision. Grades for the semester abroad must be available for review by PTRE by the beginning of the second professional component semester.

Revised April 2019, Revised February 2022

ACADEMIC STANDARDS – DPT

Policy on Academic Standing:

Students in the DPT program are expected to earn grades of B or better, or grades of P for P/F courses, in all required coursework. Students must maintain a minimum GPA of 3.0. Any student who meets all of these standards is considered to be in good academic standing.

A student who has earned a grade of B- or C+ in any course is considered to be on programmatic academic probation as long as the total number of credits of coursework with a grade of B- or C+ does not exceed 9 credits. Students on academic probation must meet with their assigned academic advisor to plan a program of remedial activity and must, independently, carry out that program.

Any student who fails to meet these expectations in any of the following ways will be dismissed from the DPT program.

1. Achieves a grade of C or less in any course
2. Achieves a grade of F in a P/F course
3. Achieves a semester GPA of < 3.0
4. Earns greater than 9 credits of coursework with grades of B- or C+

Policy on Academic Course Sequence:

Students are required to complete all DPT courses in the sequence specified in the DPT Student Manual.

Policy on Transfer Credit:

Students in the Doctor of Physical Therapy (DPT) Program are expected to complete all DPT program requirements through enrollment in Springfield College courses. Occasionally, circumstances may warrant consideration of transfer of credit for coursework taken external to the DPT program. In those situations, the following conditions apply:

- A. Graduate students entering the DPT program may petition to apply no more than six transfer credits in fulfillment of program requirements.
 1. All courses considered for transfer must be reviewed and approved by the PT Department Chair in consultation with appropriate PT Program faculty members **prior** to enrollment in the first semester of the DPT program.
 2. Any course considered for transfer must be completed at a regionally accredited higher education institution.
 3. Courses at the graduate level only – typically 500 level or higher – will be considered
 4. The grade for the course must be B or higher as demonstrated by official documentation of course completion and the course grade on an official transcript.
- B. Enrolled students in the DPT program may, in the presence of extenuating circumstances only, petition to apply no more than six transfer credits in fulfillment of program requirements.
 1. All courses considered for transfer must be reviewed and approved by the PT Department Chair in consultation with appropriate PT Program faculty members **prior** to enrollment in a non-departmental course.

2. Any course considered for transfer must be completed at a regionally accredited higher education institution.
3. Courses at the graduate level only – typically 500 level or higher – will be considered.
4. The grade for the course must be B or higher as demonstrated by official documentation of course completion and the course grade.

Generally, coursework in the areas of PT clinical practice, PT practice management, professional issues in PT, applied research in PT and PT clinical education will not be considered for transfer.

Revised April 26, 2010, February 2014, April 2019

APPEAL PROCEDURES

I. APPEAL OF A GRADE

Policy: If a student enrolled in a PTHH course feels that she or he has been treated unfairly in the grading of his or her academic work the student has a right to appeal the final grade received in that course.

Procedure:

The department appeal process for a grade is consistent with the college's "Academic Grievance Policy" and outlines the procedures for the first 2 steps which the college refers to as the "informal process."

- A. The student must submit a written appeal to the primary instructor (or other appropriate party) of the course. The appeal must be received within 30 calendar days of the date that the official grade report was issued by the registrar. The appeal must clarify the student's concern and the instance in which the student feels she or he was treated in a manner that was inconsistent with stated or implied class policy.
- B. The instructor must respond to the student's appeal within 14 calendar days of receipt.
- C. If the student and the instructor do not agree to a resolution the student has 14 calendar days from the instructor's response to bring the appeal to the Department Chairperson. An appeal to the Department Chairperson must clarify the student's concern and the instance in which the student feels she or he was treated in a manner that was inconsistent with stated or implied class policy.
- D. The Department Chairperson will inform the instructor of the continuation of the appeal process, conduct a fact-finding investigation and render a decision on the grade appeal. The Department Chairperson must respond to the student's appeal within 14 calendar days of receipt.
- E. Following action by the Department Chairperson, there is no further recourse within the Department of Physical Therapy. Any additional appeal process by the student must be undertaken through the institutional Academic Grievance Policy.

II. APPEAL TO PHYSICAL THERAPY REVIEW AND EVALUATION COMMITTEE UPON DISMISSAL FROM THE DPT PROGRAM OR DENIAL OF ADVANCEMENT INTO THE DPT PROGRAM

Policy: Every student in the DPT program has the right to a single appeal of a decision regarding academic standing. The appeal may be in response to either dismissal from the DPT program or denial of advancement into the DPT program.

Procedure:

- A. The student must notify the Chairperson of the PTRE Committee (PTREC) of the intention to appeal a decision within 2 weeks of notification of that decision. In some cases, appeals hearings must be scheduled on short notice. In those cases notification must occur by a date determined by the PTREC Chair.
- B. The student must seek the assistance of his or her advisor in the formulation of an appeal.
- C. An appeals hearing will be scheduled by the Chair of the PTREC. The date and time of the hearing will be communicated by the Chair to all parties.
- D. Written appeal documents must be submitted for the consideration of the committee no later than 3 days prior to the appeal hearing unless alternative arrangements are approved by the PTREC chair. The appeal documents must include the reason(s) for the appeal, supporting letters or documents, and the outcome that the student would like the committee to consider.

Any appeal of dismissal based on an assertion of extenuating circumstances must be accompanied by documentation by an appropriate second party. Such individual may include, but is not limited to, medical or mental health professional, counselor or other person, not a family member, who is qualified to attest to the claim. The documentation must confirm the stated circumstances and describe the manner in which said circumstances have interfered with the student's participation in the academic program. An appeal based on a claim of extenuating circumstances not accompanied by independent documentation will not be considered by the committee. Appeal based on extenuating circumstances must be accompanied by a realistic plan for resolution or management of the limitations created by said circumstance

- E. The student may be present at the appeal hearing to present his or her appeal and respond to questions by the committee members. If the student is unable to be physically present at the meeting, he or she may participate in the meeting via electronic means.
- F. The committee will conduct deliberations in private. The committee will make a determination to allow or deny the appeal. A determination to allow an appeal will be accompanied by conditions of reinstatement established by the committee.
- G. The PTREC Chair will notify the DPT Program Director and the student of the determination. The decision will be sent to the student in writing, though the student may request verbal notification following the committee deliberation.

- H. The student is allowed one appeal to the PTREC regarding either dismissal from or denial of entry into the DPT program. If the student is reinstated or allowed to advance following appeal and subsequently is dismissed, there is no further appeal to the PTREC.

III. APPEAL TO THE DEPARTMENT CHAIRPERSON

Policy: Every student enrolled in the DPT program has the right to appeal to the Department Chairperson after the procedures for appeal to the PTRE Committee have been exhausted or following a grade appeal to an instructor of a PTH course.

Procedure: All requests for further appeal must be in writing to the Department Chairperson.

- A. The process for a grade appeal to the chair is outlined in the “Appeal of a Grade” policy on the preceding pages of this manual.
- B. For appeal of a final decision of the Physical Therapy Review and Evaluation Committee
 - 1. An appeal of an action taken by the Physical Therapy Review and Evaluation Committee must be made in writing to the Department Chairperson within 5 business days of the receipt of the written decision made by the PTRE Committee. In appealing a PTRE Committee decision the appeal must fall into one of the following categories. If not, there are no grounds for further appeal through the PT Department.
 - A. The student has new evidence that was not available prior to the original PTRE Committee hearing.
 - B. The student feels that the PTRE Committee procedures were not adhered to during the student’s hearing.
 - C. The student feels that the PTRE Committee sanction(s) and conditions do not relate appropriately to the violation(s).
 - 2. The student and the PTRE Committee will submit all documentation to the Department Chairperson who will either make a determination or, at his/her discretion appoint an ad hoc committee to review the decision.
 - A. **Procedure for Ad Hoc Committee:** The ad hoc committee will consist of three members with at least one member being a physical therapy faculty member and one member a Springfield College faculty member from a different department.
 - i. Copies of all documentation will be distributed to the ad hoc committee members for their review and preparation for the appeal hearing.
 - ii. After a review of the material presented, the Committee may request a meeting with the student. The ad hoc committee has the right to gather additional information and interview other individuals. The committee will deliberate in private and will judge

the case on its merits. A decision will be reached by simple majority.

- iii. The ad hoc committee will communicate its decision in writing to the Department Chairperson within 14 days from the initial receipt of the appeal request and supporting documents. The decision will include any academic, professional, and/or personal conditions that must be met by the student. Criteria for ongoing review of the student are to be included as well.
 - iv. The department chairperson will review the documentation, and may request that the student meet with them. The chair has the right to gather additional information and interview other individuals. The decision will include any academic, professional, and/or personal conditions that must be met by the student. Criteria for ongoing review of the student are to be included as well.
3. The Department Chairperson will notify the student, the Chairperson of the PTRE Committee and the Dean of the School of Health Sciences of the final decision.
 4. There is no further process of appeal in the Physical Therapy Department. Any additional appeal process by the student must be through the institutional Academic Grievance Policy.

October 1994, Revised July 8, 1997, July 2000, June 2006, May 2010, December 2013

BACHELOR'S DEGREE COMPLETION

Policy: Students in the HSPT to DPT program must complete all of their Bachelor's degree requirements prior to the start of the second professional year of study in the program.

Procedures:

- A. Students in the HSPT to DPT program will apply for graduation and have a transcript review for all requirements completed through the registrar's office and by the Chair of the Department of Physical Therapy by the spring semester of their fourth year of study.
- B. Students in the HSPT to DPT program will be provided with an application process through enrollment management to be reclassified as graduate/doctoral students.

CARDIOPULMONARY RESUSCITATION (CPR)

Policy: All students enrolled in the HSPT program must be certified in CPR by the start of the third year of study. All students enrolled in the DPT program must be continuously certified in CPR.

Procedure:

1. On an annual basis each student must demonstrate evidence of certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS) by providing the Department with a copy of the student's certification card.

2. Certification must be on file in the Department in order to register for and participate in the activities of the following courses: PHTH 482, PHTH 635, PHTH 636, PHTH 637, PHTH 638, PHTH 658, PHTH 670, PHTH 677, PHTH 678.

Adopted February 1, 2016

COMPLAINTS AND ACCIDENTS

1. Complaints

Any student in the program may file a complaint about an individual instructor, the physical therapy program, or an activity of the program.

- a. The following are available for submission of the complaint:
 - i. personal meeting with academic advisor, course instructor, or the department chairperson.
 - ii. Written communication submitted to any faculty member or the department chairperson.
- b. Faculty are responsible for informing the Chairperson of the complaint, if not submitted directly to the Chairperson initially.
- c. The department chairperson will review and provide follow-up to address the issue with one of the following approaches:
 - i. Meetings with involved parties.
 - ii. Evaluation of faculty: core, adjunct, and clinical.
 - iii. Evaluation or delegation for evaluation of the incident to a faculty member.
 - iv. Response to complainant or committee following resolution or decision making is completed.

Records will be kept of all accident reports and complaints.

2. Accidents

Occasionally, accidents will occur in the laboratory or during class. Any student or faculty member injured as a result of any accident involving a student must immediately file a Springfield College Accident Reporting Form per the instruction on the form. A copy of the form is to be filed in the Department of Physical Therapy.

- a. The faculty member overseeing the class in which the accident / incident occurred is responsible for informing the Department Chairperson of the accident.

- b. Students are to be referred to the Health Center for follow-up.
- c. Employees are to forward the report to Human Resources.
 - i. Copies of the Springfield College Accident Reporting Form may be found on the PrideNet.

May 2002

COMPLAINTS THAT FALL OUTSIDE THE REALM OF DUE PROCESS

The Department of Physical Therapy is committed to meeting its mission as it relates to serving our students, potential students, staff, faculty, adjunct faculty, clinical faculty and the public consumer of physical therapy. To that end, we are committed to ensuring that exceptional complaints for which there is no established College, School or program policy or procedure are considered and resolved in a timely, fair, consistent and equitable manner. The Department of Physical Therapy prohibits and will not tolerate any form of retaliatory action against any individual who submits a complaint under this policy.

Procedure:

A. Complaint to the Department

1. Complaints should be addressed to the Department Chair in writing, by phone or in a formal meeting. If the chair is the subject of the complaint, the complaint should be addressed to the Dean, School of Health Sciences.
2. The complaint will be acknowledged in writing within 3 business days of receipt.
3. The complaint will be thoroughly investigated by the Department Chair or the Department Chair may appoint a faculty committee to investigate the complaint.
4. Once the investigation phase is completed, the Department Chair or the appointed faculty committee will discuss the complaint directly with the party or parties involved and attempt to reconcile the matter.
5. A letter will be written to the complainant within 14 business days detailing the resolution of the complaint. If there is a delay in response, the complainant will be provided with an explanation for the delay.
6. All records of complaints will be maintained by the DPT program for a period of 5 years.
7. If the complainant is dissatisfied with the action or decision of the Department Chair the involved party may bring their complaint to the Dean of the School of Health Sciences.

B. Complaints to the Commission on Accreditation in Physical Therapy Education [CAPTE]

The Physical Therapy program at Springfield College is accredited by CAPTE. CAPTE is the only accreditation agency recognized by the United States Department of Education and the Council for Higher Education Accreditation to accredit entry-level physical therapist education programs.

From the CAPTE website

“CAPTE has a mechanism to consider formal complaints about physical therapy education programs (PT or PTA) that allege a program is not in compliance with one or more of CAPTE's **Evaluative Criteria** (for complaints about events occurring before Dec. 31, 2015) or the Standards and Required Elements (for complaints addressing events occurring Jan. 1, 2016, and thereafter) or has violated any of CAPTE's expectations related to academic integrity. CAPTE will consider two types of complaints: those that involve situations subject to formal institution/program due process policies and procedures and those that involve situations not subject to formal due process procedures:

- If the complainant is involved with an institution/program grievance subject to formal due process and procedure, CAPTE requires that the process be completed prior to initiating CAPTE's formal complaint process, unless the complaint includes an allegation that the institution/program process has not been handled in a timely manner as defined in the institution/program policy, in which case CAPTE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institutional process or of the untimely handling of such must be included in the complaint materials.
- If the complaint is related to situations that fall outside of formal due process policies and procedures, the complaint may be filed at any time.

CAPTE will not consider complaints that fall outside its jurisdiction/authority as expressed in the Evaluative Criteria (or Standards and Elements, as appropriate) and the academic integrity statements. When appropriate, complainants will be referred to other organizations to pursue their concern(s).

CAPTE will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, retention, appointment, promotion, or dismissal. CAPTE will take action only when it believes practices or conditions indicate the program may not be in compliance with the Evaluative Criteria for Accreditation (or the Standards and Required Elements, as appropriate) or the statements listed above.

In order for CAPTE to consider a formal complaint, several conditions must be met:

- The complaint must be specifically linked to the relevant Evaluative Criteria (or Standards and Elements, as appropriate) (PT or PTA) or to the integrity statements.
- The complainant must have exhausted all remedies available through the institution, if appropriate.
- The complaint must be submitted in writing, using the format prescribed by CAPTE, and must be signed by the complainant.
- The event(s) being complained about must have occurred at least in part within three years of the date the complaint is filed.

In reviewing and acting on a complaint, CAPTE cannot and does not function as an arbiter between the complaint and the institution. Should CAPTE find that a complaint has merit and that the program is out of compliance with the Evaluative Criteria (or the Standards and Elements, as appropriate) or the integrity statement(s), CAPTE can only require the program to come into compliance with the Evaluative Criteria (or the Standards and Elements, as appropriate). CAPTE cannot force a program into any specific resolution of the situation that resulted in the complaint.

To obtain the materials necessary for submitting a complaint, contact the APTA Accreditation Department at 703-706-3245 or accreditation@apta.org.

Complaints will ordinarily be reviewed at the next meeting regularly scheduled CAPTE meeting. In order for the process to be completed in time for considered review by CAPTE, complaints must

be received no later than 90 days prior to a meeting. At its discretion, CAPTE may choose to consider complaints between its regularly scheduled meetings. Ordinarily, such consideration will occur only when delay in consideration of the complaint could have a serious adverse effect on either the complainant or the institution.

Approved March 2010, Revised April 2012, Revised May 2021, Revised November 2021

COURSE GRADING

Final course grading in the Pre-PT and the DPT program is from a mastery-learning standpoint. Each student is expected to master all the assignments and concepts to a level that would be expected of a student clinician.

DPT Graduate (PHTH 500, 600 and 700 numbered courses) grading rubric

Letter Grade	Points needed	What this grade means
A	≥ 93	Demonstrated the highest level of mastery of concepts, including the ability to apply these concepts to real clinical situations
A-	≥ 90 and < 93	
B+	≥ 87 and < 90	Demonstrated mastery and ability to apply at least some of these concepts to real clinical situations
B	≥ 83 and < 87	
B-	≥ 80 and < 83	Demonstrated mastery of only basic concepts will need to review course materials prior to clinical experiences.
C+	≥ 77 and < 80	
C	≥ 73 and < 77	Failed to demonstrate mastery of topics at a level expected of a student- clinician.
C-	≥ 70 and < 73	
F	> 0 and < 70	

HSPT (PHTH 100, 200, 300 and 400 numbered courses) grading rubric

Letter Grade	Points needed	What this grade means
A	≥ 93	Demonstrated the highest level of mastery of concepts, including the ability to apply these concepts to real clinical situations
A-	≥ 90 and < 93	
B+	≥ 87 and < 90	Demonstrated mastery and ability to apply at least some of these concepts to real clinical situations
B	≥ 83 and < 87	
B-	≥ 80 and < 83	Demonstrated mastery of only basic concepts will need to review course materials prior to clinical experiences.
C+	≥ 77 and < 80	

C	≥ 73 and < 77	Failed to demonstrate mastery of topics at a level expected of a student- clinician.
C-	≥ 70 and < 73	
D+	≥ 67 and < 70	
D	≥ 63 and < 67	
D-	≥ 60 and < 63	
F	> 0 and < 60	

Approved December 18, 2014

CRIMINAL OFFENDER RECORD INFORMATION (CORI) POLICY

Upon entry to the DPT program all students will be required to complete an application for a Criminal Offender Record Information (CORI) screening through Certiphi (www.mycertiphi.com). The purpose of this screening is for the student to be able to identify any items of potential concern on this document and to allow adequate time for the student to correct any errors that might be present. Students may also elect to discuss items of possible concern with their academic advisor, the Academic Coordinators of Clinical Education (ACCEs), or the department chair. Many clinical affiliation sites require the completion of a CORI check prior to beginning the clinical experience. Depending upon the requirements of a specific clinical site, a student in the program may need to complete one or more additional CORI screenings, and possibly a Sex Offender Record Information (SORI) check and/or drug screening. Similar screenings may be required as a component of subsequent state licensure applications or as a prerequisite to employment as a physical therapist.

Procedures for criminal background screening are found in the Clinical Education Handbook.

May 2008, May 2010

DPT PROGRAM ATTENDANCE

All DPT students must attend every scheduled class session, laboratory session and DPT program activity (examples of program activities include but are not limited to cohort meetings, clinical education meetings, Greene Lecture, interprofessional activities). Certain situations are recognized as College-excused absences from class; refer to the listing of college academic policies and the “College Attendance Policy.”

1. A student is considered absent if not present at the time that the class, laboratory session, or activity commences.
2. Unexcused absence(s) from class(es) or lab session(s) may have an impact on the final grade in that course.
3. Any faculty member can refer a student, e.g., repeated tardiness or significant absence(s), to the Physical Therapy Committee on Professional Behavior and that information will be part of that student’s academic record.

Approved May 12, 2015. Revised November 16, 2018

DRESS CODE GUIDELINE

This Guideline outlines the levels of attire expected to be worn by students in the Physical Therapy Program (HS/Pre-PT and DPT). The attire for each course, specific event or colloquia will be

determined at the discretion of the professor. The student will be informed of the attire expectations by announcement or as noted on the syllabus. If a level of attire is not identified, the student is expected to discern the proper level of attire based on the nature of the course, specific event or colloquia as part of a student's professional obligation.

Level of Attire	Description
Professional Formal	Business Suit/Skirt Suit Dress Pant with Jacket Dress with Jacket Formal Shirt/Blouse/Top Dress Pant with Blazer Shirt and Tie Formal Socks Professional/Dress Shoes
Professional Clinical	Professional Shirt Dress Pants or Khaki Pants Sweater Socks Professional shoes/Walking Shoes (rubber sole)
Laboratory	Shorts Sports bra
Dress Down	Jeans Sweat shirts Sweat pants Tee shirts Casual Shirt/Top Sneakers Sandals

Clarification:

- If you (the student) have to question the attire do not wear it.
- Formal shirt/blouse/top includes any form of shirt that would be worn on an interview for employment in a business or health care setting.
- Professional shirts include: button down collar, polo, "v" or boat neck
- Blouses, shirts or tops must not be opaque, low cut or tight fitting. Bra straps or cleavage must not be visible.
- Pants must not emphasize body curves. Exposure of the low back and/or midriff will not be permitted. Underwear or impression of underwear location must not be visible.
- Walking Shoes are shoes with proper supportive structure, protective of the entire foot. Clean sneakers may be allowed (as indicated by facility since not all facilities allow sneakers); rubber sole not leather.
- Tee shirts may not have sexual, drug, alcohol, or otherwise suggestive wording, graphics or coloring are permitted.
- Socks are considered a protective item for the feet.
- No ripped, torn or sheer/transparent clothing for level of attire are ever acceptable.
- Neat and clean attire is expected at all levels of attire.

- Large, dangling, glaring, piercings (ear or body) or obviously noticeable jewelry are not acceptable for professional or laboratory attire.
- All tattoos and body art must be concealed for the professional levels of attire.
- Finger nails must be free of polish and ornamentation for direct patient interaction/activities.

Approved December 2014

DRUGS AND/OR ALCOHOL DURING CLASS OR PROGRAM ACTIVITIES

Students are expected to adhere to all federal and state laws and to college policies on the use of alcohol, legal, and illegal drugs. Students may not attend HSPT classes, DPT classes, clinical experiences, structured or unstructured open labs, or program activities under the influence of alcohol, marijuana or illegal drugs.

1. Any student found to be under the influence of alcohol, marijuana or illegal drugs will be referred to the Physical Therapy Committee on Professional Behavior and to the Dean of Students for consideration of a Springfield College Student Code of Conduct violation.

Approved September 20, 2019

EXAMINATIONS – WRITTEN AND CIPE

Policy: Students have the right to and the responsibility for honest representation of their work. Each student must pass the clinical practical exams in order to advance to the next semester of the physical therapy program.

Procedures:

I. WRITTEN EXAMINATIONS

- A. Students will leave all materials (jackets, book bags, etc.) at a designated place away from the desks or tables.
- B. Each student may have only writing instruments and erasers at their seat.
- C. Students will sit in seats designated by the instructor or proctor.
- D. Hats will not be worn during examinations.
- E. No one may leave his/her seat during the exam without the consent of the instructor or proctor. Doing so without permission indicates completion of the examination and the student will not be allowed to continue.
- F. If the instructor allows questions during the examination, the student must remain seated and raise his/her hand to indicate that he/she has a question.
- G. The instructor/proctor will pick up the completed examination from the student's desk.

- H. All examinations are to be taken at the scheduled time unless special arrangements have been made with the instructor in advance.
- I. All students are to arrive by the scheduled time for each exam and be ready to take the exam. The exam will not be distributed after ten minutes from the scheduled start time. In the event of extenuating circumstances, the student should speak with the instructor as soon as possible.
- J. Instances of academic dishonesty will be reported to the Associate Vice-President of Academic Affairs (AVPAA). Please refer to the Springfield College Academic Integrity and Honesty policy for further clarification.
- K. The exam ends once it is picked up by the instructor/proctor.

II. CUMULATIVE INTEGRATED PRACTICAL EXAMINATIONS (CIPE)

The Cumulative Integrated Practical Examination (CIPE) must be successfully completed at the end of semesters 2 - 5 in order to maintain good academic standing in the DPT program.

The date(s) and time(s) for the CIPE will be provided to students in advance, and as early in the semester as possible. Scheduling for CIPE may include evenings and weekends. Students must make themselves available for the scheduled date(s) and time(s).

Procedures:

1. The process for each CIPE is distributed to students prior to the scheduled date of the exam. The information distributed will include an exam schedule, performance expectations, a rubric for grading and select information about the examination cases.
2. The CIPE will be video-recorded. The video recordings are the property of the Physical Therapy Department and will be available for faculty review as needed. Student review of his or her own video recording may be arranged by the faculty or at the request of the student only after final grade determination has been completed. Student review will only occur under the supervision of a Physical Therapy Department faculty member or designee.
3. All students will be required to sign-in and -out of the exam area and to sign a form attesting to compliance with the examination policies and procedures.
4. Students may not share or discuss anything about the exam content or the examination process with any other student until after all the CIPE grades have been released, including the CIPE retake exam grades. Any DPT student who shares information about the CIPE prior to the end of this moratorium on discussion will be subject to sanctions that may include a change of the CIPE grade and/or referral to the Physical Therapy Review and Evaluation Committee.

CIPE 1, 2, 3: Fall & Spring DPT year 1 and Fall DPT year 2

1. Successful completion of CIPE is achieved by earning a score of 77 or higher on the CIPE. A student who satisfies this benchmark score on the first CIPE will be awarded the number of points earned as the numerical grade for the exam.

2. A student may fail to reach the benchmark score of 77 as a result of the cumulative point total, or as a result of a breach of patient safety. Either of these scenarios constitutes an unsuccessful attempt, and the student is required to repeat the exam.
3. A student who does not achieve a score of 77 or greater on the first try may retake the CIPE one time. A student who earns a score of 77 or higher on the retake will be awarded a numerical grade of 77 for the exam. A student who earns a score below 77 or who breaches patient safety on the retake is judged to have failed the exam, and will be awarded a numerical grade of 0.
4. The CIPE grade comprises the final grade for the Integrated Clinical Experience course for the semester in which the CIPE is given. All course requirements for the associated ICE course, as outlined in the course syllabus, must be completed satisfactorily in order to be awarded a passing grade in the course. Assuming that all requirements have been completed satisfactorily, the numerical grade awarded for CIPE will be translated into a letter grade for course grade submission purposes using the following rubric.

A=93-100	C+=77-79.99
A-=90-92.99	F=0
B+=87-89.99	
B=83-86.99	
B-=80-82.99	

CIPE 4: Spring DPT year 2

1. Successful completion of CIPE is achieved by earning a score of 83 or higher on the CIPE. A student who satisfies this benchmark score on the first CIPE will be awarded a grade of Pass for the exam. A passing grade signifies that a student achieved the competencies and skills required to engage in full-time clinical experiences, these competencies are listed below.
2. A student may fail to reach this benchmark score of 83 as a result of the cumulative point total, or as a result of a breach of patient safety. Either of these scenarios constitutes an unsuccessful attempt, and the student is required to repeat the exam.
3. A student who does not achieve a grade of 83 or greater on the first try may retake the CIPE one time. A student who earns a score of 83 or higher on the retake will be awarded a grade of Pass for the exam. A student who earns a score below 83 on the retake will be awarded a grade of Fail for the exam.
4. The CIPE score comprises the final grade for the Integrated Clinical Experience course for the semester in which the CIPE is given. All course requirements for the associated ICE course, as outlined in the course syllabus, must be completed satisfactorily in order to be awarded a passing grade in the course. Assuming that all requirements have been completed satisfactorily, the grade of Pass or Fail awarded for CIPE will be the grade awarded for the ICE course.

Competencies for students who pass CIPE 4

Adapted from: Timmerberg JF, Dole R, Silberman N, et al. Physical therapist student readiness for entrance into the first full-time clinical experience: a Delphi study. *Phys Ther.* 2019;99(2):131-146. doi: 10.1093/ptj/pzy134.

Students should have foundational knowledge to support application and synthesis in the following content areas:

- Anatomy (i.e. functional anatomy)
- Common diagnoses related to systems review (e.g. medical, physical therapy)
- Kinesiology (i.e. biomechanics, exercise science, movement science)
- Physiology / Pathophysiology (related to general systems review)
- Tissue mechanics (e.g. stages of healing, use/disuse, load/overload)

Students should take initiative to apply evidence-based strategies to:

- generate interventions ideas
- guide decision-making
- measure outcomes
- research unfamiliar information or conditions

Students should engage in self-assessment including:

- self-assessment of the impact of one's behaviors on others
- the understanding of one's own thought processes (metacognition)
- self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors
- seeking out resources, including support from others when needed, to assist in implementation of the plan

Students should utilize constructive feedback by:

- being open and receptive, verbally/non-verbally
- implementing actions to address issues promptly
- reflecting on feedback provided

Students should demonstrate effective communication abilities within the following groups:

- diverse patient populations
- families and other individuals important to the patients
- health care professionals

Students should exhibit effective verbal, non-verbal and written communication abilities to:

- listen actively
- demonstrate polite, personable, engaging and friendly behaviors
- independently seek information from appropriate sources
- build rapport
- seek assistance when needed
- engage in shared decision-making with patients
- demonstrate a level of comfort and respect with patient handling
- demonstrate empathy
- use language and terminology appropriate for the audience
- introduce one's self to CI, clinical staff, and patients

Students should be prepared to engage in learning through demonstrating:

- accountability for actions and behaviors
- resilience/perseverance
- cultural competence and sensitivity

- an eager, optimistic and motivated attitude
- respect for patients, peers, health care professionals and community
- open-mindedness to alternative ideas
- punctuality with all assignments
- self-care to manage stress
- responsibility for learning
- self-organization
- taking action to change when needed
- willingness to adapt to new and changing situations
- appropriate work ethic
- maturity during difficult or awkward situations with patients, families and health care professionals

Students should develop the following elements including the documentation of:

- examination/re-examination (History, systems review, and tests and measures)
- establish and document the problem list
- daily interventions

Student should recognize and address issues related to safe patient care including the ability to:

- identify contraindications and precautions
- assess and monitor vital signs
- identify and respond to physiologic changes
- assess the environment for safety, including lines, tubes, and other equipment
- appropriately apply infection control procedures including universal precautions
- provide assistance and guarding for patient safety
- utilize appropriate body mechanics to avoid injury to self or patients
- provide appropriate draping during patient care activities

Student should demonstrate the following clinical reasoning skills for a non-complex patient:

- utilize the elements of the patient-client management model including: address various body systems (cardiopulmonary, integumentary, musculoskeletal, neuromuscular) during the examination
- articulate a clinical rationale in patient evaluation
- develop goals that are linked to the patient's activity limitations and participation restrictions
- determine appropriateness for therapy within scope of PT practice
- interpret examination findings
- screen to rule in/out conditions and concerns

Student should have BOTH the understanding and skill to perform the following examination skills:

- balance assessment
- chart review to extract relevant history
- dermatome screening
- functional mobility assessment
- gait assessment
- goniometry
- interview / history taking
- lower quadrant screening
- manual muscle testing

- muscle length testing
- myotome screening
- reflex testing
- sensory examination
- medical screening for red flags
- systems review
- upper quadrant screening

Student should have BOTH the understanding and skill to perform the following interventions:

- prescribe, fit, and instruct patients in proper use of assistive devices
- functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance
- individualized patient education
- therapeutic exercise: specifically strengthening
- therapeutic exercise: specifically stretching
- therapeutic exercise: specifically aerobic exercise

Student should recognize and follow specific professional standards, including:

- appropriate dress code
- core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility
- clinical expectations specific to setting
- HIPAA regulations
- legal aspects related to patient care
- obligations of the patient-provider relationship
- patient rights
- maintaining professional boundaries
- understanding physical therapy's role in the health care system

III. EXPECTATIONS DURING CIPE

- A. Professional attire and behavior is required of the student whenever he/she is acting in the role of a physical therapist during an examination. This attire includes dark pants that are not blue jeans, a solid color shirt or blouse, socks or stockings, and low-heeled shoes that are not sneakers.
- B. Each student is expected to wear a professional name tag whenever acting in the role of a physical therapist.
- C. Hair is to be neat and tied back appropriately.
- D. No facial/body jewelry may be worn during examinations.

Revised July 2000, August 2001, September 2001, May 2008, Nov 2009, May 2012, March 2020

GUIDELINES FOR AUTHORSHIP OF INTELLECTUAL PRODUCTS INVOLVING STUDENT AND FACULTY COLLABORATION

I. Definition of authorship

Authorship is the mechanism that publicly assigns credit, contribution and responsibility for intellectual products. Intellectual products include words or images, in paper or electronic format whether published or prepared for local use and whether intended for the dissemination of new discoveries and ideas, for reviews of existing knowledge or for educational programs.

An author is any person who has made substantive intellectual contributions to an intellectual product and takes responsibility for the work.

The Department of Physical Therapy uses the International Committee of Medical Journal Editors document, "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals" to guide decisions of authorship. Accordingly, authorship of any product that involves student and faculty collaboration is based on the following 4 criteria:

- "1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work;
- AND
- 2. Drafting the work or revising it critically for important intellectual content;
- AND
- 3. Final approval of the version to be published;
- AND
- 4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be noted in the acknowledgments."

II. Order of Authorship

The authors of an intellectual product should decide on the order of authorship together. Authorship issues should be discussed early in the course of a team's working together.

Authors should specify within their disseminated manuscript or product the description of the contributions of each author and the mechanism by which the order of authorship was decided.

III. Inclusion in Acknowledgment Section

The acknowledgment section of an intellectual product is the appropriate format to recognize persons who do not meet the criteria for authorship but who made a contribution to the product.

IV. Authorship Grievance Procedure

The student and faculty collaboration team should discuss disputes over authorship. These discussions may, at the discretion of the team, involve the Physical Therapy Department Research Coordinator acting in the role as an arbitrator.

Any member of the team (faculty member, adjunct faculty, currently enrolled student or alumnus) may submit a grievance in writing to the Department of Physical Therapy Research Committee for review. Depending upon the nature of the grievance, the Committee may serve as a non-biased arbitrator between parties or make a recommendation in writing for consideration by parties. Should the grievance involve a current member of the Physical Therapy Research Committee, that member will not be involved with the proceedings. The grievance should be submitted to the Physical Therapy Research Committee during the academic year (September through April). The Committee will convene within 30 days after receiving the grievance and provide a written recommendation within 60 days.

Approved by Department of Physical Therapy faculty, December 2004, revised August 2018

LAB SAFETY

Each student has a responsibility to ensure their own safety during the clinical practice lab and open lab times.

If a student is unable to participate in the educational demonstration and practice due to their medical history or condition that student must inform the faculty member (including clinical education faculty) who is teaching. Springfield College and its faculty who are assigned to provide instruction are not liable for injury, disease, or other damage resulting from instruction and practice during course or open lab time.

This policy does not alter the requirement that students are required to comply with the department policy on the Physical Therapy Program Essential Functions and Student Technical Standards.. Students who require accommodations to comply with this policy must meet with their faculty advisor to determine if accommodation is possible.

Adopted 10/19/2009

NATIONAL PHYSICAL THERAPY EXAM TIMING

Policy: The DPT program supports students' efforts to prepare for the National Physical Therapy Exam (NPTE) and to take the exam after the college graduation ceremony.

Procedure:

1. Prior to graduation information is provided to all DPT students about the NPTE. Students are encouraged to develop an individual plan for exam preparation in conjunction with their instructors and academic advisor.
2. As part of PHTH 696 students pay a fee that covers the purchase and access to the FSBPT Practice Examination and Assessment Tool (PEAT) product. The PEAT is used in conjunction with exam preparation activities in the PHTH 696 course.
3. In extenuating circumstances (e.g. student with a military deployment start date that would interfere with July testing, student who is pregnant with delivery date that would interfere with July testing), a student may petition through the DPT Program Director to sit for the NPTE prior to graduation. Petitions to sit for the NPTE prior to graduation will only be accepted from students who are in good academic standing, who have never been dismissed or placed on program probation (academic or behavioral), and who have never had a written learning contract necessary to complete a full-time clinical internship.

Adopted March 24, 2017

PATIENTS AND SUBJECTS IN CLASSROOM ACTIVITIES

When a faculty member or student uses information from a current, former or potential patient/client in a classroom activity or invites a current, former or potential patient/client to a classroom, the information from the patient/client or the presence of the patient/client is managed in a manner that is consistent with the guidelines outlined in the Core Values, the Code of Ethics, the Guide for Professional Conduct and the Standards of Practice documents of the American Physical Therapy Association.

Adopted 10/19/2009

PETITION POLICY

Policy: Students who are in good standing in the Department of Physical Therapy and Springfield College may petition for special consideration in their academic progress or for any deviation from standard program academic policy (e.g. leave of absence, waiver of minor, change in year of advancement, change in course sequencing).

Procedure: All petitions are to be submitted in writing to the Department Chairperson who will act or refer as needed. All petitions must identify the reason for the petition and the requested

modification or deviation from the standard program policy. All petitions will be reviewed by the Department Chairperson and a written decision will be sent to the student.

I. LEAVE OF ABSENCE

A. A leave of absence is a period of time away from the physical therapy program (HSPT or DPT). Petitions must identify:

1. The reasons for leave of absence,
2. Effective start date
3. Anticipated duration of the leave
4. Impact of the leave on the student's advancement year and status.

II. DPT COURSES TAKEN OUT OF SEQUENCE

A. The Department of Physical Therapy recognizes that extenuating circumstances may interfere with completion of the curriculum in its defined sequence.

B. Petitions must identify:

1. Reasons for the petition,
2. Proposed schedule for completion of the courses, and
3. Rationale for the proposed schedule to support the academic preparation needed to progress with other course work.

III. WAIVER OF DPT CURRICULUM COURSES

1. The Department of Physical Therapy recognizes that certain students have prior graduate-level academic preparation equivalent to course work in the physical therapy curriculum.

2. Petitions must identify:

- a. Reasons for the petition,
- b. DPT course to be waived, and
- c. Prior course work that is considered equivalent.

3. Students must provide evidence of prior course work completion and a course syllabus or other course material as determined by the Department Chairperson.

July 1999, May 2008, August 2009, May 2010, November 2019, February 2022

PHYSICAL THERAPY STUDENT TRAVEL GRANT PROGRAM

Purpose: This program supports DPT student travel for professional development activities. Attending professional conferences in physical therapy and related disciplines is an opportunity for students to interact with clinicians and scientists and present their own work to the professional community.

Eligibility: Student currently enrolled in the DPT program and in good academic and professional standing.

Availability of Funding: The number of awards possible, and the funds available for each award varies in each academic year. All applications are reviewed by faculty to determine the amount and to endorse the appropriateness of the funding, priority will be given to students whose work has been accepted for presentation at professional conferences. Complete or partial funding may be awarded for: lodging expense, travel expense, registration fees, and food. The maximum award amount is \$900.

Application and requirements: The application letter should be submitted to the Department of Physical Therapy chair at least 30 days prior to the conference/travel. The letter should be no more than 500 words, written in professional language. The letter should explain how the conference will benefit the student's academic or professional growth, how the conference will benefit the DPT program, profession and/or the college community, and, if applicable, support how the conference will help in attainment of future goals and endeavors of the applicant. A travel budget must be attached to the application letter, additional support documents (abstract acceptance notification) may also be attached.

Reporting requirements: Original receipts (no photos or photocopies of receipts are allowed) must be submitted for reimbursement within 14 days of the end of travel. A brief summary report of the conference outcomes and activities for each grantee must be submitted to the department chair within 14 days of the end of travel.

PROFESSIONAL CONDUCT

Policy: As developing health care professionals, the highest degree of personal and professional integrity is expected of all students enrolled in the Doctor of Physical Therapy program. Students in the DPT program must comply with the Academic Integrity and Honesty Policy of Springfield College, policies of courses in which the student is enrolled, policies pertaining to conduct as described in the Springfield College Student Handbook, the Clinical Education Handbook, the APTA Code of Ethics, the APTA Guide to Professional Conduct, and all other policies and procedures of the Department of Physical Therapy and Springfield College.

Procedure:

I. DOCUMENTS

- A. Academic policies and procedures of Springfield College are available on the college PrideNet portal, in the College Catalog, in the Springfield College Student Handbook, and through the Office of Academic Affairs.
- B. The Clinical Education Handbook, which is available to students on the Department PrideNet pages or by contacting the Director of Clinical Education.

- C. Copies of the APTA Code of Ethics and Guide for Professional Conduct, and Professionalism in Physical Therapy: Core Values are printed in the *Guide to Physical Therapist Practice* and appear in the Appendices of the DPT Student Manual.

II. MERITORIOUS BEHAVIOR AND DEMONSTRATED PROFESSIONAL GROWTH

Meritorious behavior and demonstrated professional growth may be recognized by the faculty of the Department at any time, and will be documented in a student's department record.

III. BREACH OF PROFESSIONAL CONDUCT POLICY

Students who breach the Professional Conduct Policy will be subject to sanction. Sanctions will be applied according to the severity of the breach of conduct. Depending on the nature and severity of the violation, the student may be subject to sanctions by the department faculty, the Professional Behavior Committee, the Physical Therapy Review and Evaluation Committee, the Department Chairperson, the Vice President for Student Affairs and/or the Vice President for Academic Affairs. The sanctions may include development of an acceptable action plan, professional conduct probation, disciplinary action, and/or dismissal from the program.

Procedures:

- A. A student who is observed to be in violation of the Professional Conduct Policy within the context of an individual course or activity may be counseled and/or sanctioned by the individual faculty member in a manner consistent with those outlined in the Springfield College Student Handbook, or may be referred to the Professional Behavior Committee for consideration.
- B. A student who is referred to the PTRE Committee for consideration of a Professional Conduct violation is entitled to submit written documentation on his or her behalf, and is entitled to be present and speak at a hearing.
- C. The committee will deliberate in private and render a decision, including development of an acceptable action plan, professional conduct probation, disciplinary action, and/or dismissal from the program. The Chairperson of the PTRE Committee will notify the student in writing of the final decision. The student may request verbal notification of the decision following the Committee deliberation; however, the written notification serves as the official record of the decision.
- D. Any student who is subject to sanctions for violations of the Professional Conduct Policy for any two incidents over the course of the DPT program will be subject to dismissal from the program.

REPORTING OF MISTREATMENT OF DPT STUDENTS

Policy: The DPT program is committed to a learning environment in which there is mutual respect between all members of the education and health teams including college administrators, core faculty, associated/adjunct faculty, clinical faculty, students, peers, and patients. The purpose of this policy is to provide students with the mechanisms and procedures to report mistreatment against them or mistreatment that students observe against other students.

The Association of American Medical Colleges defines mistreatment as *behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process.*

Mistreatment may occur through an intentional or unintentional action. It can take many forms, and includes any behavior that humiliates, degrades, demeans, intimidates, or threatens an individual or a group. Mistreatment, by nature, is difficult to completely define and is a personal experience. If a DPT student feels they were mistreated in some way either in the classroom or at a clinical site, or a student observes the mistreatment of a fellow student they have the right to initiate a mistreatment report to the DPT program.

Policies and resources for reporting these incidents that exist at the College and are outlined in the Student Handbook include, but are not limited to:

Example of Mistreatment	Associated policy and/or mechanism for reporting
sexual harassment or assault	<ul style="list-style-type: none"> Springfield College Interim Sexual and Gender-based Misconduct Policy [https://springfield.edu/sites/default/files/inline-files/2021-2022%20Interim%20SGBM%20Policy_2.pdf]. Reporting for sexual and gender-based misconduct: https://springfield.edu/titleix/file-a-report OR https://springfield.edu/reportit
harassment, bias, or discrimination based on race, ethnicity, body weight, sex, gender identity, sexual orientation, religion, socioeconomic status, age, nationality, culture, pregnancy status, disability, mental health, marital status, career plans, or family plans	<ul style="list-style-type: none"> Springfield College Student Handbook Bias Incident Policy [https://springfield.edu/sites/default/files/inline-files/2020.2021-student-handbook.pdf]. Reporting for a bias incident: https://springfield.edu/reportit Springfield College Discrimination/Harassment Policy [https://springfield.edu/sites/default/files/inline-files/HarassmentPolicy.pdf]
use of grading and other forms of assessment in a punitive or retaliatory manner	<ul style="list-style-type: none"> Springfield College Student Handbook Non-Retaliation Policy [https://springfield.edu/sites/default/files/inline-files/2020.2021-student-handbook.pdf].

Procedure for a complaint of Mistreatment by a DPT student directly to the Department of Physical Therapy

8. When there is no college policy that addresses the mistreatment, the student should direct their complaint of mistreatment to the Department Chair in writing, by phone or in a formal meeting. If the chair is the subject of the complaint, the complaint should be addressed to the Dean, School of Health Sciences.
9. The complaint will be acknowledged in writing within 3 business days of receipt.

10. The complaint will be thoroughly investigated by the Department Chair or the Department Chair may appoint a faculty committee to investigate the complaint.
11. Once the investigation phase is completed, the Department Chair or the appointed faculty committee will discuss the complaint directly with the party or parties involved and attempt to reconcile the matter.
12. A letter will be written to the complainant within 14 business days detailing the resolution of the complaint. If there is a delay in response, the complainant will be provided with an explanation for the delay.
13. All records of complaints will be maintained by the DPT program for a period of 5 years.
14. If the complainant is dissatisfied with the action or decision of the Department Chair the involved party may bring their complaint to the Dean of the School of Health Sciences.

Adopted 11/05/2021

SEEKING PHYSICAL THERAPY AND/OR MEDICAL INFORMATION FROM FACULTY (INCLUDING CLINICAL FACULTY)

Clinical laboratory activities can and will include the study of physical therapy and some medical diagnostic and intervention techniques. These techniques are being taught so that students will be able to appropriately work with patients on future clinical and professional experiences. These techniques are in no way to be considered diagnostic for students own problems or those of a family member, friend, or acquaintance. If a student is concerned about the outcome of a clinical procedure or test done during a laboratory experience on yourself, we encourage that student to seek out the guidance of the appropriate health practitioner.

Faculty teaching clinical laboratory activities should not be approached for medical or health advice during labs. If a student would like to get advice, the student should ask permission of the faculty member to discuss a personal health issue and then, with that permission acknowledged, schedule an office hour. Faculty will neither diagnose nor treat student health conditions but may offer opinion and advice at their own risk and discretion.

Adopted 10/19/2009

SPRINGFIELD COLLEGE DOCTOR OF PHYSICAL THERAPY PROGRAM ESSENTIAL FUNCTIONS AND TECHNICAL STANDARDS

Policy

The Springfield College Doctor of Physical Therapy Program (DPT Program) endeavors to select applicants who have the ability to become physical therapy practitioners who are prepared for exemplary professional practice in physical therapy, who are able to recognize and meet existing and emerging health care needs, who value lifelong learning, who have the ability to practice in an ethical manner, and who have a commitment to the enrichment and promotion of the physical therapy profession.

The DPT curriculum adheres to the standards and guidelines of the Commission on Accreditation in Physical Therapy Education. Within these guidelines, the Physical Therapy Program has the freedom and ultimate responsibility for the selection and evaluation of its students, the design, implementation, and evaluation of its curriculum, and the determination of who should be awarded a degree. Admission and retention decisions are based not only on satisfactory academic achievement, but also on essential

functions, skills, and abilities which insure that the candidate possesses the necessary attributes of the academic program required for graduation.

The DPT Program has the responsibility to the public to assure that its graduates can become fully competent and caring physical therapists, capable of doing benefit and not harm. It is important the persons admitted possess the intelligence, integrity, compassion, humanitarian concern, physical and emotional capacity, and professionalism necessary to practice physical therapy.

The DPT Program is committed to providing an equal educational opportunity for all students.

“Springfield College does not discriminate against any person on the basis of race, color, religion, national or ethnic origin, age, sex, sexual orientation, gender identity or expression, disability, veteran status, or any other legally protected basis in admission and access to, and employment and treatment in, its programs and activities.”

The DPT Program is committed to fostering diversity in its faculty, staff, and student body. When requested, Springfield College will provide reasonable accommodation in accordance with applicable law to otherwise qualified students with disabilities.

All students admitted to, matriculated in and graduating from the DPT Program are expected to have the capability to complete the entire DPT curriculum. All students should be able to perform each of the essential functions and technical standards with or without reasonable accommodations. Accommodations are never provided retroactively.

Requirement	Examples of activities (not inclusive or limited to only these)
<p><u>Communication abilities</u> Communication abilities sufficient for interaction with peers, faculty and patients. These abilities include verbal, non-verbal, and written form.</p>	<ul style="list-style-type: none"> • Use oral or written forms of the English language for expression during communication and written assignments. • Receive and interpret oral and written forms of the English language. • Receive and interpret visual information, such as body language and movement. • Record in writing information expressed orally by an individual. • Use of therapeutic communications appropriately, such as attending, clarifying, coaching, facilitating, and touching. • Document patient care.

Requirement	Examples of activities (not inclusive or limited to only these)
<p><u>Motor abilities</u> Motor abilities that enable the assumption of awkward postures, movement between rooms and classes, movement in tight spaces, and physical endurance and strength to perform successfully in physical therapy settings.</p>	<ul style="list-style-type: none"> • Attend class 30 or more hours per week including lecture, laboratory and integrated clinical experiences. • Provide physical therapy care in a clinical setting for 40 or more hours per week. • Sit and maintain an upright posture for up to 8 hours daily. • Stand and maintain an upright posture for up to 10 hours daily. • Balance on one leg for at least 30 seconds. • Walk for up to 4 hours daily. • Lift up to 50 pounds. • Carry up to 50 pounds. • Provide safe patient mobility including lifting, turning, bending forward and backward, positioning, transferring and performing therapeutic techniques and exercise with patients. • Use standard industry equipment. • Perform cardiopulmonary resuscitation (CPR).
<p><u>Hearing abilities</u> Functional hearing that includes the auditory ability sufficient to monitor and assess patient health needs.</p>	<ul style="list-style-type: none"> • Hear lecture and basic conversation. • Hear an alarm or emergency signal in a healthcare setting. • Auscultate. • Hear a person calling for help.
<p><u>Visual abilities</u> Visual ability sufficient to monitor and assess patient health needs both at a distance and nearby.</p>	<ul style="list-style-type: none"> • Observe posture, facial expression, and quality and speed of movement. • Inspect skin condition including color, temperature, moisture, and texture. • Recognize and assess two- and three-dimensional relationships. • Read documents including patient charts, lab reports, scientific literature. • Read equipment output
<p><u>Tactile abilities</u> Tactile ability sufficient to monitor and assess patient health needs.</p>	<ul style="list-style-type: none"> • Palpate changes in an individual's muscle tone, soft tissues, skin quality, joint play, kinesthesia, and temperature. • Assess temperature of therapeutic agents, including hot pack, cold pack, water, and paraffin bath • Assess a pulse.

Requirement	Examples of activities (not inclusive or limited to only these)
<p><u>Cognitive abilities</u> Critical thinking and problem-solving abilities sufficient for clinical judgement in normal, urgent, and emergent situations.</p>	<ul style="list-style-type: none"> • Respond with timely, precise and appropriate action in an emergency. • Perform effectively under stress or in unusual situations. • Comprehend, organize, prioritize, memorize, analyze and synthesize information from scientific and clinical sources. • Analyze and evaluate results of patient examinations and formulate appropriate patient diagnosis, prognosis, and plan of care. • Apply information and complete decision-making and problem-solving tasks in a timely manner consistent with industry standards. • Recognize and act on the need for assistance with complex situations. • Apply creative and intuitive processes. • Formulate hypotheses based on theory, and design methods to test hypotheses. • Be accountable for the outcomes of academic activities. • Be accountable for the outcomes of clinical decision making and clinical care.
<p><u>Social, emotional, and behavioral abilities</u> Interpersonal attributes, adaptability, empathy and emotional stability sufficient to interact effectively and sensitively with peers, faculty and patients, to maintain professional demeanor, communication, and respect for others at all times. Capacity for self-reflection and change.</p>	<ul style="list-style-type: none"> • Communicate effectively and sensitively with peers, faculty, patients, clients and the community. • Comply with the ethical standards of the American Physical Therapy Association. • Respond appropriately to suggestions for improvement. • Accept criticism. • Work effectively in groups. • Monitor and manage one's own stress. • Participate in multiple tasks simultaneously. • Present one's self in a professional and empathic manner to peers, faculty, patients, clients and the community. • Maintain professionalism in the context of time, environmental, and situational constraints.
<p><u>Self-health and hygiene abilities</u> Abilities and characteristics that do not compromise the health and safety of peers, faculty, patients and the community.</p>	<ul style="list-style-type: none"> • Maintain general good health, self-care, and hygiene. • Minimize exposure to and seek appropriate treatment for communicable diseases. • Demonstrate appropriate behaviors and attitudes in order not to jeopardize the emotional health, physical health, mental health, and safety of peers, faculty, patients, clients and the community. • Pass a drug-screen examination and criminal background check.

TIME LIMITS FOR THE DPT

The DPT is a 7-semester program designed to be completed starting with a summer semester followed by 3 consecutive academic years that each include a fall and spring semester only. Work for the degree must be completed within 5 years from the time of initial enrollment in DPT courses at Springfield College. In exceptional cases, the time limit may be extended. To extend the time period a student must submit a petition to the Department Chair prior to the end of the 5-year period.

Approved November 2014

USE OF LABORATORY SPACE AND EQUIPMENT

Equipment available in the clinical laboratory space is available for student learning and practice of techniques. Students may use the equipment and space only during supervised open lab times. Only DPT students may use the lab during scheduled open lab times; access by non-DPT students requires faculty permission. The program does not allow students or their peers to use any equipment for self-treatment or the treatment of any other person. Use of equipment for treatment will result in referral of the students involved to the Physical Therapy Review and Evaluation Committee.

Adopted 10/19/2009, April 2012

VIDEO, PHOTOGRAPHIC AND AUDIO RECORDING

Students in the DPT and Pre-PT programs may not engage in any form of visual or auditory recording or reproduction of any individual, including faculty, staff, students, patients/clients, or patient records encountered in the course of program activities. Violation of this policy may result in sanctions up to and including dismissal from the program.

Adopted May 2014

HONORS, AWARDS, AND SCHOLARSHIPS

I. GERTRUDE M. LAMB AWARD

Eligibility: Any Springfield College Physical Therapy Program Alumnus/a is eligible to receive the award.

Criteria: This award is recognizing excellence in Physical Therapy as demonstrated in Education, Scholarly Activity, and/or Professional Service

Nomination: Any member of the Springfield College Physical Therapy faculty may nominate an individual. The Department will also receive any nominations from alumni. The entire Physical Therapy faculty will comprise the committee which determines the recipient.

The recipient will be honored at the DPT Recognition Ceremony.

II. PHYSICAL THERAPY EXCELLENCE IN CLINICAL EDUCATION AWARD

Eligibility: Any faculty or individual who is involved with the clinical education portion of the Springfield College Physical Therapy curriculum.

Criteria: This award is recognizing the clinical instructor, center coordinator of clinical education, or faculty that has performed above and beyond basic expectations for the benefit of a Springfield College Physical Therapy Student.

Nomination: The ACCEs will submit nominations. In addition, all faculty may submit nominations. The ACCEs will determine the recipient(s).

The recipient will be honored at the Clinical Education Recognition Luncheon.

III. SPRINGFIELD COLLEGE PHYSICAL THERAPY HUMANICS AWARD

Eligibility: Any individual that is associated with the Springfield College Physical Therapy Program; including clinical education, research, guest lecturer and teaching assistants, and alumnus/a.

Criteria: This award is recognizing excellence in demonstrating and applying the humanics philosophy through physical therapy practice.

Nomination: Nominations will be sought through the Springfield College Physical Therapy clinical education facilities, Clinical Education Committee, and physical therapy faculty. The Physical Therapy Clinical Education Committee will determine the recipient.

The recipient will be honored at the DPT Recognition Ceremony.

IV. PHYSICAL THERAPY STUDENT RECOGNITION AWARD

Eligibility: Doctor of Physical Therapy student in the final year of professional study

Criteria: This award is recognizing contributions made to the class and Springfield College; dedication and enthusiasm towards the field of physical therapy; and exemplification of the Humanics Philosophy.

Nomination: Any member of the graduating class may nominate a classmate. The graduating class will select the award recipient.

The recipient will be honored at the DPT Recognition Ceremony.

V. PHYSICAL THERAPY ADJUNCT FACULTY AWARD

Eligibility: Any adjunct faculty member in the Department of Physical Therapy

Criteria: In recognition of excellence in teaching and outstanding contributions to the Springfield College Department of Physical Therapy.

Nomination: Any member of the Springfield College physical therapy faculty may nominate an individual for this award. The core faculty will comprise the committee to select the recipient.

The recipient will be honored at the DPT Recognition Ceremony.

VI. MARGARET E. (PK) KLEINFELD PHYSICAL THERAPY AWARD

Eligibility: Current physical therapy student in the fourth year of the program.

Criteria: A. Established in memory of PK Kleinfeld ('72) to recognize a physical therapy student who demonstrates a love for Springfield College and its mission, a love for life and a love for the profession of physical therapy.

B. Must have a minimum of 3.6 cumulative GPA.

Nomination and selection by the Department of Physical Therapy Faculty.

The recipient will be honored at the annual DPT Professional Leadership Day and will also receive the department's academic award at the Springfield College Academic Awards Ceremony in the spring.

VII. MARGARET E. (PK) KLEINFELD PHYSICAL THERAPY FELLOWSHIP AWARD

Eligibility: Current DPT student.

- Criteria:
- A. Established in memory of PK Kleinfeld ('72) to recognize a DPT student who has demonstrated leadership capability and who demonstrates a love for Springfield College and its mission, a love for life and a love for the profession of physical therapy.
 - B. Must have a minimum of 3.3 cumulative GPA.

Nomination and selection by the Department of Physical Therapy Faculty. This fellowship includes a financial stipend. The fellow works as an assistant in the community-engagement activities of the department.

The recipient will be honored at the DPT Professional Leadership Day.

VIII. JEAN CROTHERS WELLES SCHOLARSHIP AWARD

Eligibility: Doctor of Physical Therapy graduate student in good standing.

- Criteria:
- A. The Jean Crothers Welles Scholarship Award was established in memory of Associate Professor of Physical Therapy, Jean Crothers Welles who died in April, 2002. Professor Welles was an integral part of the Springfield College campus and a beloved member of the physical therapy faculty for 16 years.
 - B. The award is given to a graduate student in the Doctor of Physical Therapy program in good standing who is actively involved in community service, but not based solely on academic achievement.

The recipient is selected by the Chair of the Physical Therapy Department with input from the Physical Therapy Faculty in March of each year.

The recipient will be honored at the annual DPT Professional Leadership Day.

IX. GREENE MEMORIAL LECTURE IN PHYSICAL THERAPY

Annual lectureship by a noted researcher whose work has influenced the field of physical therapy.

Nominated and selected by the faculty within the Department of Physical Therapy. Alumni, current students, adjunct faculty, and clinical education faculty may submit nominations as well.

The lecture is given in the spring semester as part of the department's DPT Professional Leadership Day and scheduled at the convenience of the speaker and the department.

X. OUTSTANDING YOUNG ALUMNUS PROFESSIONAL AWARD

- Eligibility: Any Springfield College Physical Therapy Program Alumnus/a, who has completed the program within the previous five years, is eligible to receive the award.
- Criteria: This award is given to an individual who graduated from the Doctor of Physical Therapy program at Springfield College and shows promise of becoming a leader in the profession.
- Nomination: Any member of the Springfield College Physical Therapy faculty or any Springfield College program alumnus may nominate an individual. The entire Physical Therapy faculty will comprise the committee which determines the recipient.

The recipient will be honored at the DPT I Orientation.

APPENDICES

PROFESSIONAL BEHAVIORS

1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.
2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. **Commitment to Learning** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

PROFESSIONALISM IN PHYSICAL THERAPY: APTA CORE VALUES

Accountability

Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.

Altruism

Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.

Compassion/Caring

Compassion is the desire to identify with or sense something of another's experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

Excellence

Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, challenges mediocrity, and works toward development of new knowledge.

Integrity

Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.

Professional Duty

Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

Social Responsibility

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

APTA CODE OF ETHICS FOR THE PHYSICAL THERAPIST

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(*Core Values: Compassion, Integrity*)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

EFFECTIVE JULY 1, 2010. For more information, go to www.apta.org/ethics.

APTA GUIDE FOR PROFESSIONAL CONDUCT

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code

The Preamble states as follows:

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word “shall” and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

Topics

Respect

Principle 1A states as follows:

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Interpretation: Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Principle 2A states as follows:

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

Interpretation: Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Patient Autonomy

Principle 2C states as follows:

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

Interpretation: The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and shall collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

Principles 3, 3A, and 3B state as follows:

3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

Interpretation: Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice.

With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards.

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient/client and shall refer the patient/client to an appropriate practitioner.

A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Principle 8C.

Supervision

Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Interpretation: Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the APTA Web site. See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

Interpretation: Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Principle 4C states as follows:

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of "when appropriate" under Principle 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Exploitation

Principle 4E states as follows:

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:

Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients:

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

.....

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Principle 5D and 5E state as follows:

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.

Interpretation: The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Professional Competence

Principle 6A states as follows:

6A. Physical therapists shall achieve and maintain professional competence.

Interpretation: 6A requires a physical therapist to maintain professional competence within one's scope of practice throughout one's career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on Continuing Competence are available on the APTA Web site.

Professional Growth

Principle 6D states as follows:

6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.

Interpretation: 6D elaborates on the physical therapist’s obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist’s responsibility, whether or not the employer provides support.

Charges and Coding

Principle 7E states as follows:

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

Interpretation: Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. In this context, where charges cannot be determined because of payment methodology, physical therapists may review the House of Delegates policy titled Professional Fees for Physical Therapy Services. Additional resources on documentation and coding include the House of Delegates policy titled Documentation Authority for Physical Therapy Services and the Documentation and Coding and Billing information on the APTA Web site.

Pro Bono Services

Principle 8A states as follows:

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Interpretation: The key word in Principle 8A is “or”. If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled [Guidelines: Pro Bono Physical Therapy Services](#). Additional resources on pro bono physical therapy services are available on the [APTA Web site](#).

8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended November 2010
Last Updated: 9/4/13

Contact: ejc@apta.org

APTA STANDARDS OF PRACTICE FOR PHYSICAL THERAPY

Last Updated: 04/15/14

Contact: nationalgovernance@apta.org

CRITERIA FOR STANDARDS OF PRACTICE FOR PHYSICAL THERAPY

BOD S01-14-01-01 [Amended BOD S03-06-16-38; BOD S03-05-14-38; BOD 03-04-19-44; BOD 03-00-22-53; BOD 11-99-20-53; BOD 03-99-15-45; BOD 02-97-03-05; BOD 03-95-22-58; BOD 11-94-30-100; BOD 03-93-21-58; BOD 03-91-31-79; BOD 03-89-28-88; Initial BOD 11-85-13-56] [Standard]

The *Standards of Practice for Physical Therapy* (HOD S06-13-22-15) are promulgated by APTA's House of Delegates; Criteria for the Standards are promulgated by APTA's Board of Directors. Criteria are italicized beneath the Standards to which they apply.

Preamble

The physical therapy profession's commitment to society is to promote optimal health and functioning in individuals by pursuing excellence in practice. The American Physical Therapy Association attests to this commitment by adopting and promoting the following *Standards of Practice for Physical Therapy*. These standards are the profession's statement of conditions and performances that are essential for provision of high-quality professional service to society, and they provide a foundation for assessment of physical therapist practice.

I. Ethical/Legal Considerations

A. Ethical Considerations

The physical therapist practices according to the *Code of Ethics* of the American Physical Therapy Association.

The physical therapist assistant complies with the *Standards of Ethical Conduct for the Physical Therapist Assistant* of the American Physical Therapy Association.

B. Legal Considerations

The physical therapist complies with all the legal requirements of jurisdictions regulating the practice of physical therapy.

The physical therapist assistant complies with all the legal requirements of jurisdictions regulating the work of the physical therapist assistant.

II. Administration of the Physical Therapy Service

A. Statement of Mission, Purposes, and Goals

The physical therapy service has a statement of mission, purposes, and goals that reflects the needs and interests of the patients/clients served, the physical therapy personnel affiliated with the service, and the community.

The statement of mission, purposes, and goals:

- *Defines the scope and limitations of the physical therapy service.*
- *Identifies the goals and objectives of the service.*
- *Is reviewed annually.*

B. Organizational Plan

The physical therapy service has a written organizational plan.

The organizational plan:

- *Describes relationships among components within the physical therapy service and, where the service is part of a larger organization, between the service and the other components of that organization.*
- *Ensures that the service is directed by a physical therapist.*
- *Defines supervisory structures within the service.*
- *Reflects current personnel functions.*

C. Policies and Procedures

The physical therapy service has written policies and procedures that reflect the operation, mission, purposes, and goals of the service, and are consistent with the association's standards, policies, positions, guidelines, and *Code of Ethics*.

The written policies and procedures:

- *Are reviewed regularly and revised as necessary.*
- *Meet the requirements of federal and state law and external agencies.*
- *Apply to, but are not limited to:*
 - *Care of patients/clients, including guidelines*
 - *Clinical education*
 - *Clinical research*
 - *Collaboration*
 - *Collection of patient data*
 - *Competency assessment*
 - *Criteria for access to care*
 - *Criteria for initiation and continuation of care*
 - *Criteria for referral to other appropriate health care providers*
 - *Criteria for termination of care*
 - *Documentation*
 - *Environmental safety*
 - *Equipment maintenance*
 - *Fiscal management*
 - *Handoff communication/therapist of record*
 - *Improvement of quality of care and performance of services*
 - *Infection control*
 - *Job/position descriptions*
 - *Medical emergencies*
 - *Personnel-related policies*
 - *Rights of patients/clients*
 - *Staff orientation*

D. Administration

A physical therapist is responsible for the direction of the physical therapy service.

The physical therapist responsible for the direction of the physical therapy service:

- *Ensures compliance with local, state, and federal requirements.*
- *Ensures compliance with current APTA documents, including Standards of Practice for Physical Therapy and the Criteria, Guide to Physical Therapist Practice, Code of Ethics, Guide for Professional Conduct, Standards of Ethical Conduct for the Physical Therapist Assistant, and Guide for Conduct of the Physical Therapist Assistant.*
- *Ensures that services are consistent with the mission, purposes, and goals of the physical therapy service.*
- *Ensures that services are provided in accordance with established policies and procedures.*

- *Ensures that the process for assignment and reassignment of physical therapist staff (handoff communication) supports individual physical therapist responsibility to their patients and meets the needs of the patients/clients.*
- *Reviews and updates policies and procedures.*
- *Provides for training of physical therapy support personnel that ensures continuing competence for their job description.*
- *Provides for continuous in-service training on safety issues and for periodic safety inspection of equipment by qualified individuals.*

E. Fiscal Management

The director of the physical therapy service, in consultation with physical therapy staff and appropriate administrative personnel, participates in the planning for and allocation of resources. Fiscal planning and management of the service is based on sound accounting principles.

The fiscal management plan:

- *Includes a budget that provides for optimal use of resources.*
- *Ensures accurate recording and reporting of financial information.*
- *Ensures compliance with legal requirements.*
- *Allows for cost-effective utilization of resources.*
- *Uses a fee schedule that is consistent with the cost of physical therapy services and that is within customary norms of fairness and reasonableness.*
- *Considers option of providing pro bono services.*

F. Improvement of Quality of Care and Performance

The physical therapy service has a written plan for continuous improvement of quality of care and performance of services.

The improvement plan:

- *Provides evidence of ongoing review and evaluation of the physical therapy service.*
- *Provides a mechanism for documenting improvement in quality of care and performance.*
- *Is consistent with requirements of external agencies, as applicable.*

G. Staffing

The physical therapy personnel affiliated with the physical therapy service have demonstrated competence and are sufficient to achieve the mission, purposes, and goals of the service.

The physical therapy service:

- *Meets all legal requirements regarding licensure and certification of appropriate personnel.*
- *Ensures that the level of expertise within the service is appropriate to the needs of the patients/clients served.*
- *Provides appropriate professional and support personnel to meet the needs of the patient/client population.*

H. Staff Development

The physical therapy service has a written plan that provides for appropriate and ongoing staff development.

The staff development plan:

- *Includes self-assessment, individual goal setting, and organizational needs in directing continuing education and learning activities.*
- *Includes strategies for lifelong learning and professional and career development.*
- *Includes mechanisms to foster mentorship activities.*
- *Includes knowledge of clinical research methods and analysis.*

I. Physical Setting

The physical setting is designed to provide a safe and accessible environment that facilitates fulfillment of the mission, purposes, and goals of the physical therapy service. The equipment is safe and sufficient to achieve the purposes and goals of physical therapy.

The physical setting:

- *Meets all applicable legal requirements for health and safety.*
- *Meets space needs appropriate for the number and type of patients/clients served.*

The equipment:

- *Meets all applicable legal requirements for health and safety.*
- *Is inspected routinely.*

J. Collaboration

The physical therapy service collaborates with all disciplines as appropriate.

The collaboration when appropriate:

- *Uses a team approach to the care of patients/clients.*
- *Provides instruction of patients/clients and families.*
- *Ensures professional development and continuing education.*

III. Patient/Client Management

A. Physical Therapist of Record

The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.

B. Patient/Client Collaboration

Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision making that exists throughout the provision of services.

C. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention visits/encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions.

The physical therapist examination:

- *Is documented, dated, and appropriately authenticated by the physical therapist who performed it.*
- *Identifies the physical therapy needs of the patient/client.*
- *Incorporates appropriate tests and measures to facilitate outcome measurement.*
- *Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care.*
- *May result in recommendations for additional services to meet the needs of the patient/client.*

D. Plan of Care

The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, activity limitations, and participation restrictions.

The physical therapist involves the patient/client and appropriate others in the planning, anticipated goals and expected outcomes, proposed frequency and duration, and implementation of the plan of care.

The plan of care:

- *Is based on the examination, evaluation, diagnosis, and prognosis.*

- *Identifies goals and outcomes.*
- *Describes the proposed intervention, including frequency and duration.*
- *Includes documentation that is dated and appropriately authenticated by the physical therapist who established the plan of care.*

E. Intervention

The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care. The physical therapy intervention may be provided in an episode of care, or in a single visit/encounter such as for a wellness and prevention visit/encounter or a specialty consultation or for a follow-up visit/encounter after episodes of care, or may be provided intermittently over longer periods of time in cases of managing chronic conditions.

An *episode of care* is the managed care provided for a specific problem or condition during a set time period and can be given either for a short period or on a continuous basis, or it may consist of a series of intervals marked by 1 or more brief separations from care.

The intervention:

- *Is based on the examination, evaluation, diagnosis, prognosis, and plan of care.*
- *Is provided under the ongoing direction and supervision of the physical therapist.*
- *Is provided in such a way that directed and supervised responsibilities are commensurate with the qualifications and the legal limitations of the physical therapist assistant.*
- *Is altered in accordance with changes in response or status.*
- *Is provided at a level that is consistent with current physical therapy practice.*
- *Is interdisciplinary when necessary to meet the needs of the patient/client.*
- *Documentation of the intervention is consistent with the Guidelines: Physical Therapy Documentation of Patient/Client Management.*
- *Is dated and appropriately authenticated by the physical therapist or, when permissible by law, by the physical therapist assistant.*

F. Reexamination

The physical therapist reexamines the patient/client as necessary during an episode of care, during follow-up visits/encounters after an episode of care, or periodically in the case of chronic care management, to evaluate progress or change in patient/client status. The physical therapist modifies the plan of care accordingly or concludes the episode of care.

The physical therapist reexamination:

- *Is documented, dated, and appropriately authenticated by the physical therapist who performs it.*
- *Includes modifications to the plan of care.*

G. Conclusion of Episode of Care

The physical therapist concludes an episode of care when the anticipated goals or expected outcomes for the patient/client have been achieved, when the patient/client is unable to continue to progress toward goals, or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

Conclusion of care documentation:

- *Includes the status of the patient/client at the conclusion of care and the goals and outcomes attained.*
- *Is dated and appropriately authenticated by the physical therapist who concluded the episode of care.*
- *Includes, when a patient/client is discharged prior to attainment of goals and outcomes, the status of the patient/client and the rationale for discontinuation.*

H. Communication/Coordination/Documentation

The physical therapist communicates, coordinates, and documents all aspects of patient/client management including the results of the initial examination and evaluation, diagnosis, prognosis, plan of care, intervention, responses to intervention, changes in patient/client status relative to the intervention,

reexamination, and episode of care summary. The physical therapist of record is responsible for “hand off” communication.

Physical therapist documentation:

- *Is dated and appropriately authenticated by the physical therapist who performed the examination and established the plan of care.*
- *Is dated and appropriately authenticated by the physical therapist who performed the intervention or, when allowable by law or regulations, by the physical therapist assistant who performed specific components of the intervention as selected by the supervising physical therapist.*
- *Is dated and appropriately authenticated by the physical therapist who performed the reexamination, and includes modifications to the plan of care.*
- *Is dated and appropriately authenticated by the physical therapist who performed the episode of care summary and includes the status of the patient/client and the goals and outcomes achieved.*
- *Includes, when a patient’s/client’s care is concluded prior to achievement of goals and outcomes, the status of the patient/client and the rationale for conclusion of care.*
- *As appropriate, records patient data using a method that allows collective analysis.*

IV. Education

The physical therapist is responsible for individual professional development. The physical therapist assistant is responsible for individual career development.

The physical therapist and the physical therapist assistant, under the direction and supervision of the physical therapist, participate in the education of students.

The physical therapist educates and provides consultation to consumers and the general public regarding the purposes and benefits of physical therapy.

The physical therapist educates and provides consultation to consumers and the general public regarding the roles of the physical therapist and the physical therapist assistant.

The physical therapist:

- *Educates and provides consultation to consumers and the general public regarding the roles of the physical therapist, the physical therapist assistant, and other support personnel.*

V. Research

The physical therapist applies research findings to practice and encourages, participates in, and promotes activities that establish the outcomes of patient/client management provided by the physical therapist.

The physical therapist:

- *Ensures that their knowledge of research literature related to practice is current.*
- *Ensures that the rights of research subjects are protected, and the integrity of research is maintained.*
- *Participates in the research process as appropriate to individual education, experience, and expertise.*
- *Educates physical therapists, physical therapist assistants, students, other health professionals, and the general public about the outcomes of physical therapist practice.*

VI. Community Responsibility

The physical therapist demonstrates community responsibility by participating in community and community agency activities, educating the public, formulating public policy, or providing pro bono physical therapy services.

The physical therapist:

- *Participates in community and community agency activities.*
- *Educates the public, including prevention, education, and health promotion.*
- *Helps formulate public policy.*
- *Provides pro bono physical therapy services.*

(See also Board of Directors standard Criteria for Standards of Practice)

(Clinical Practice Department, ext 3176)

Explanation of Reference Numbers: BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



EPT AGENDA 2023

The time is now!

#EPTAgenda2023

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The Environmental Physiotherapy Association (EPA) is the first international collaborative network of academics, clinicians, practitioners, researchers, and students interested in exploring and advancing the field of environmental physiotherapy. The EPA is grounded on the recognition that physiotherapy always takes place on a planetary scale, and must therefore be thought of and practised ecologically. The association is founded on the belief that the physical therapies can make a much more valuable and significant contribution to human and planetary health than the historically and socially self-imposed limits on the profession have previously allowed. The Association has been made possible by a growing sense that a critical mass of physiotherapists are eager to advance contemporary physiotherapy theory and practice towards a more positive, inclusive, environmental future for the profession.

The Environmental Physiotherapy Agenda 2023 is a project initiated by the Executive Committee and members of the Environmental Physiotherapy Association (EPA) on 02 March 2020. The Agenda's aspiration is to maximise the physiotherapy profession's contribution to human and overall planetary health and flourishing.

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Environmental Physiotherapy Agenda 2023

The time is now!

The Environmental Physiotherapy Agenda 2023 (EPT Agenda 2023) is a global call to action built around a single aim relevant to physical therapy or physiotherapy¹ education respectively. This aim of the agenda is:

*To ensure that every student beginning **entry-level physiotherapy education** from 2020 onwards will have education regarding the relationship between the environment, human health and functioning, and how this pertains to physiotherapy as part of their programme.*

Current international agendas like the UN Sustainable Development Goals, the EU Green Deal, and extensive research across healthcare are highlighting the inextricable relationship between the environment, human health and functioning, as well as the urgent need for decisive, corresponding action across all sectors of society (EC, 2019; Haines & Scheelbeek, 2020; Myers, 2017; Roe, 2019; UN, 2015). Firmly aligning with these calls to action and the extensive evidence in their support, the purpose of the EPT Agenda 2023 is to elicit a strong commitment to immediate action across the physiotherapy profession in light of the largest health threat that humanity has faced to date (Watts et al., 2019).

We believe that integrating environmental and sustainability perspectives into entry-level physiotherapy education is the single most effective action we can take as a profession at this moment to ensure a maximum contribution to planetary health, both now and in the future. Within future uncertainty, we discover hope driving to action, support advocacy and applaud all we share this commitment. Resonating with the recent EU Green Deal, we believe that the physiotherapy profession is exceptionally well placed to turn this ‘urgent challenge into a unique opportunity’ and provide considerable help in the global efforts to ‘protect the health and wellbeing of citizens from environment-related risks and impacts’ (EC, 2019; Haines & Scheelbeek, 2020).

¹ We use the terms ‘physiotherapy’ and ‘physiotherapy education’ throughout the remainder of the EPT Agenda 2023. Following global conventions and the recent name change of the World Confederation for Physical Therapy (WCPT) to ‘World Physiotherapy’, we understand and use these terms in reference to both physiotherapy and physical therapy. See also: WCPT (2020) Name change for global physical therapy body. Retrieved from <https://www.wcpt.org/news/name-change-for-global-physical-therapy-body>

In recognition of the fact that integration of new content into physiotherapy curricula requires some thought and time, and in light of the average length of entry-level programmes around the world lying around four years, the EPT Agenda 2023 is set out as a four-year plan. This means that physiotherapy education institutions would have enough time to reach all students that have begun their training in 2020.

It is not our intention to prescribe the exact content or methods that should be integrated and implemented by participating physiotherapy education institutions to achieve the aim of the EPT Agenda 2023. Building on the quickly growing literature across fields including sustainable healthcare, sustainable healthcare education, global health, planetary health and others, we can however, provide some tentative directions throughout this Agenda and hope that this will be of value for further discussion, development and implementation.

Concerning content, we assume that achieving the aim of the EPT Agenda 2023 will mean that participating institutions around the world would integrate at least some amount of education on any of thematic elements in the following list into entry-level physiotherapy education between the years of 2020-2023. All of these concern slightly different, but nonetheless overlapping aspects of the relationship between human health, functioning and our planetary environment:

- The positive contributions of the environment to human health and flourishing;
- Basic understandings of modern-day environmental degradation and climate change;
- The negative impacts of climate change and environmental degradation on human health and functioning in relation to physiotherapy globally, and as they apply to the national, regional and local context of each respective physiotherapy education institution;
- A basic understanding of the philosophical, historical, cultural, social, political and economic conditions leading and relating to our current health and environmental crises;
- Some critical engagement with fundamental concepts like nature, environment, sustainability, development, social and environmental justice and the intersection and interaction of these and other related terms and issues;

- A basic overview and understanding of current policies and strategies for mitigation and adaptation (including the UN Sustainable Development Goals, the WHO Global Strategy on Health, Environment and Climate Change, the EU Green Deal and others) to climate change and environmental degradation, as well as some of their conceptual and practical challenges;
- A basic overview of relevant work across other healthcare professions (e.g. medicine, nursing, occupational therapy and psychology) engaging with environmental issues and other related interdisciplinary developments across sustainable healthcare, planetary health, One Health and related fields;
- A basic understanding of the environmental history of physiotherapy, i.e. its historical relation to ‘nature’ via the therapeutic use of natural elements and low-carbon modalities like touch, communication and movement, as well as its past and current use of natural resources;
- Basic insights into how the environment is implicitly and explicitly addressed and engaged with, in aspects of physiotherapy (including also speciality fields like occupational health and ergonomics, animal physiotherapy, and others);
- A basic understanding of how existing environmental challenges, policies and strategies relate to, can be implemented, and further developed in physiotherapy, and how novel approaches might be envisioned to address challenges and opportunities unique to physiotherapy.

Concerning means and methods, the literature across education in general, but also physiotherapy education and sustainable healthcare education more specifically suggest four general approaches which are likely to be relevant to entry-level physiotherapy education:

- Interweaving environmental physiotherapy content with existing curriculum content;
- The development of standalone environmental physiotherapy workshops, seminars, lectures, and similar;
- A combination of face-to-face and digital education in environmental physiotherapy;
- A practical, learning-by-doing approach where environmental physiotherapy is interwoven in clinical education and student practice.

Existing research thus far suggests that interweaving sustainable healthcare education with existing curriculum content is a particularly feasible and beneficial approach (Walpole, Barna, Richardson & Rother, 2019; Hackett et al., 2020). This is both because healthcare education curricula are already very dense and this poses considerable challenges to change or addition, and because one of the core aspects that need to be illustrated and understood is how the environment is already implied in all of physiotherapy practice, research, and education. In other words, it is to show and understand the inseparable relationship between health and environment in all aspects of physiotherapy, healthcare and beyond. In the following section, we, therefore, provide two examples of how environmental and sustainability perspectives might be interwoven with common physiotherapy curriculum content.

Though not the main focus of this Agenda, but for the same reasons - the inseparable relationship between health/care and the environment - we also strongly recommend that physiotherapy research and education institutions begin seeking and providing support for diverse research involving environmental and sustainability perspectives in physiotherapy at all levels of professional education. A stronger research base is urgently needed to enhance our understanding of the situation we are facing and to inform the best ways to take action at this time.

We also recommend and hope that more national and international professional physiotherapy organisations will put environmental and sustainability perspectives on their respective agendas and discuss how physiotherapy might best contribute to the adaptation to and mitigation of the today's global environmental challenges.

We also wish to highlight that the aim of this Agenda is not just something that we need to do because it is urgent, but it is also something we can achieve, if we work together. According to the recent, 2019 report of The Lancet Countdown on health and climate change the role and responsibility of the healthcare professions is clear and essential. It consists in 'ensuring that the health of a child born today is not defined by a changing climate' by 'communicating the health risks of climate change and driving the implementation of a robust response which will improve human health and wellbeing' (Watts et al., 2019).

In light of this responsibility and our proven capacity to take action, we firmly believe that our profession is in an exceptional place to make a significant contribution to planetary health through the integration of environmental and sustainability perspectives into entry-level physiotherapy education. Considering the additional urgency of the matter, what we know for sure is that *the time is now!*

**Signed, the Executive Committee of the
Environmental Physiotherapy Association (EPA), 18 February 2020:**

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Examples for curriculum integration

In this section, we provide two examples for the possible interweaving of environmental and sustainability perspectives into existing content in clinical and theoretical physiotherapy education. These examples are meant to be broadly suggestive only. We hope that they will not detract from the need for innovation and development of diverse approaches and content relevant to different healthcare contexts around the world.

Example 1: Physical activity and active transport

Possibly one of the most relatable examples is the direct link that can be made between the health benefits of physical activity and the environmental benefits of active transportation. Physiotherapists regularly recommend maintenance and increase of physical activity as a critical intervention for health and wellbeing relevant to a wide variety of health conditions. Physical activity prescription is already deeply interwoven in physiotherapy education curricula around the world. The additional step to take here then would be to explore if, when, for who and in what contexts an increase in active transportation could be one element of clients' physical activity, and to understand and explain its simultaneous benefits for health and environment. There are extensive amounts of research on the many benefits of physical activity and a steadily growing body of research on the environmental benefits of active transport (e.g. walking and cycling) versus passive transport (e.g. driving cars), for example via a reduction in greenhouse gas emissions and the use of fewer natural resources and space. Combining these strands would not be likely to require much additional resources and time, given the firm anchoring of physical activity prescription and could amount to a significant contribution to planetary health if delivered at scale. As a widely discussed intervention in planetary health and sustainable healthcare in general, the primary issue here might lie in physiotherapists understanding the importance of contributing to it alongside colleagues in other healthcare professions (Haines & Scheelbeek, 2020).



Example 2: Health, Social determinants and the SDGs

At one of the physiotherapy programmes in New Zealand, health students from a range of disciplines study together in a shared first semester. One of the four modules/courses they take focuses on health and the environment, and each week of the semester is framed around a different theme. Underpinning the course is an awareness of the link between global and local environmental concerns, indigenous Māori cosmologies, and the call for sustainability. Underpinning each week's teaching are the UN Sustainable Development Goals, and we are asked as lecturers to identify how our subject links to our commitments to the Treaty of Waitangi (New Zealand's founding document), and the SDGs. During one of the weeks, the focus is on the social determinants of health, explaining how things like poverty and affluence link to environmental degradation and health, and identifying ways that healthcare professional work can have a direct impact on people's health and wellbeing. We know, for instance, that poor people often live in polluted, noisy, dangerous areas because they cannot afford the benefits that come with affluence. This has a direct effect on their health and indirectly affects their care because healthcare services may be further away, more expensive, or inflexible. We look at the effects of clean water and sanitation (SDG 6), the health effects of the social gradient (SDG 10), and discuss how we can have a direct impact on social determinants like poverty and access to services.



More on the rationale underpinning the Environmental Physiotherapy Agenda 2023

This is a critical time in healthcare. Large-scale environmental degradation, including climate change, biodiversity loss, land-system change, and other closely related issues, are now widely recognised as the largest current threats to human health and flourishing around the world (Steffen et al., 2015). From the Paris Climate Agreement, the IPCC special report on Global Warming, the UN Agenda 2030 SDGs and the recent 2019 Report to the Lancet Countdown on climate change and health, it is established that immediate action and the ‘mobilisation of all available resources’, as well as ‘participation of all countries, all stakeholders and all people’ is required to ensure the health and wellbeing of current and future generations in light of these challenges (UN, 2015). There are only ten years left to achieve the SDGs, so there are high hopes for this decade becoming a ‘decade of action’, with its beginning year being a particularly critical marker ‘for establishing ambition’ (Horton, 2020; Guterres, 2020 UN, 2020). In recognition of our current environmental crises amounting to the largest health crisis of our time, the essential role of the healthcare professions has become ever more evident. As stated in the recently published 2019 Lancet Countdown report, it consists in communicating the health risks of present environmental issues and ‘driving the implementation of a robust response which will improve human health and wellbeing’ (Watts et al., 2019).

The EPT Agenda 2023 seeks to take up the imperative health needs and responsibilities highlighted in all of these calls by energising and supporting the integration of environmental and sustainability perspectives into the entry-level programmes of an entire healthcare profession around the world. We believe that changing education is the single most effective action with the longest-lasting effect that we can take as a profession at this point to ensure the health of future generations and support the transition to a more sustainable and environmentally responsible future (Hackett et al., 2020). Physiotherapy has not yet taken a clear stand with regard to our current health and environmental crises at a larger scale. We are sure that supporting entire generations of upcoming colleagues to be knowledgeable, skilled and conscious concerning the inseparable relationship between human health and our planetary environment will turn this tide and send a clear message with regard to our professions’ commitment to global health and flourishing in light of today’s most pressing health challenges.

To provide more context, the identified major environmental issues of our time encompass climate change, biodiversity loss, air pollution, tropical and other forest loss, land-system change, resource depletion, changes in biogeochemical flows, and ocean acidification (Steffen et al., 2015). These, in turn, have already been identified as having and driving a range of rapidly increasing impacts on human health and function across the globe, including a rise in non-communicable diseases, malnutrition, obesity, infectious and vector-borne disease, trauma and injury, climate migration, displacement and conflict, and associated mental health problems (Myers, 2017; Rice, Thurston, Balmes, & Pinkerton, 2014; Watts et al., 2019). Apart from this being a striking indication that more people will need more treatment going forward, one of the core insights from all of these health impacts is precisely their underscoring of the inseparable link between and dependence of human health and functioning on our planetary environment. In simple terms, human health can no longer be considered and addressed, without simultaneously understanding and attending to environmental determinants. Failing to do so, not only means failing to prepare for increasing burdens on healthcare provision (as an adaptation strategy), but also failing to protect the health and safety of people around the globe via effective and combined preventative health and environmental action (as a mitigation strategy).

Key international strategies and ‘existing policy processes for sustainable development (i.e., the SDGs), health (i.e., the WHO Global Strategy on Health, Environment and Climate Change and WHO Health Emergency and Disaster Risk Management Framework), environment (the United Nations [UN] Environmental Assembly resolutions on environment, health, and pollution issues), climate change (i.e., The Paris Agreement), disasters (i.e., The Sendai Framework for Disaster Risk Reduction), biodiversity (i.e., the post-2020 global biodiversity framework)’ and others already fundamentally build on the recognition of this inseparable link between human health, society, and environment (Pongsiri, et al., 2019). As strategies ‘for people, planet and prosperity’ they seek to comprehensively and conjointly address global poverty and hunger, health and wellbeing for all, promote sustainability and combat environmental issues (UN, 2015).

Across the healthcare professions, recognition of the inextricable link between the environment and human health has also led to the rise of several closely corresponding fields of research, practice and education, including planetary health, sustainable healthcare, environmental medicine, One Health and others (Myers, 2017; Pongsiri, 2019; Walpole, Barna, Richardson, & Rother, 2019). Approaching the issue from a variety of angles, all of

these efforts resonate with ‘the pursuit of the highest attainable standard of health, wellbeing, and equity worldwide’ (WONCA, 2017) while addressing ‘the health of human civilization and the state of the natural systems on which it depends’ at the same time (Watts et al., 2015).

Efforts in sustainable healthcare education are increasingly introducing the research and evidence across these fields into healthcare curricula around the world (Musaeus et al., 2018; Walpole et al., 2019). Notable endeavours also include the development of relevant learning outcomes that ‘include environmental considerations in clinical ethical reasoning’, the first effective changes to health professional curricula, and even the modelling of sustainable clinical specialities like sustainable primary care and many more (Walpole et al., 2019). Thus far, sustainable healthcare education is increasingly adopted in a growing number of professional education programmes in medicine, nursing, midwifery, occupational therapy, and psychology, and where this is not yet happening, resounding calls for doing so are voiced clearly and loudly by healthcare professionals and students alike (Hackett et al., 2020; IFMSA, 2018; Legar, Green, Tucker, & van Daalen, 2019; NMC, 2019; RCOT, 2019).

The EPT Agenda 2023 aligns with these calls and aims at education as the most effective means to help the physiotherapy profession as a whole transition into a more sustainable and environmentally responsible future and, therewith, further support the health and wellbeing of future generations. We recognise that much needs to be done in the way of research and development to better understand this burgeoning field and how we might contribute most effectively in practice. Yet, these are also urgent times that require us to commence taking action across education, research and practice immediately, in parallel, and together. We hope to have succeeded in setting out the EPT Agenda 2023 in a way that reflects this urgency and generates space for all of these efforts to develop in partnership.

Physiotherapy has a rich history of existing ties to the environment and environmental issues, not least in its use of natural and low-carbon means like movement, touch and communication in the rehabilitation of a wide swath of acute and chronic conditions. Side-by-side with colleagues in other healthcare professions, physiotherapists have also long been involved in occupational health and ergonomics, helping people return to meaningful, healthy and safe occupational environments (Boucalt & McPhee, 2013; IFPTOHE, 2019; Stigmar, Ekdahl, Borgquist, & Grahn, 2014). A considerable number of physiotherapists around the world also do therapeutic work with and for animals, either implementing and further developing animal-assisted approaches improving human health, or working for the health and wellbeing of horses, dogs, and other species through animal physiotherapy (Benda, McGibbon, & Grant, 2004; IAPTAP, 2020; Sudmann, 2018).

Though still underrepresented, at least in some countries indigenous worldviews and approaches to health and wellbeing are already included in physiotherapy curricula and nearly always encompass an explicit link between land, water, and animal life and people's health. Many physiotherapy education institutions around the world are beginning to integrate the SDGs and other green initiatives into their operations and education programmes. Finally, there are also a growing number of clinics and clinicians working to make their workplace more environmentally friendly and responsible (Thomas, 2020). We wish to amplify, encourage and support the sharing of all of these existing efforts such that they can help others refine and develop their own approaches and enrich our efforts.

Being in a good place to build on what we have, we should invest in reframing what we are already doing to make the link between physiotherapy, the environment and environmental stewardship more explicit. We should also invest in refining and advancing this link, and develop corresponding efforts as we take on more environmental responsibility (Foo, 2016; Jones, 2009a, 2009b; Maric & Nicholls, 2019). In doing so, we should also build on the work of our colleagues in other healthcare professions that are already deeply involved in enhancing greater environmental responsibility and stewardship in healthcare and beyond, and collaborate with them, as well as governments and policymakers to maximise our combined impact (e.g. UN, 2015; EC, 2019; Myers, 2017; Spencer & Gee, 2009; WFOT, 2012; and many more). To support this process, we are actively building strong partnerships across the healthcare professions and beyond, and endeavour to continue growing the list of links, resources, references provided in this document and the EPT Agenda 2023 website as the Agenda takes effect. We are confident that collaboration and building upon what we already have within physiotherapy is imperative and cannot fail to support our combined efforts for long-lasting planetary health and wellbeing.

Because 'environmental physiotherapy' is a relatively young field of engagement within our profession in this explicit manner, we also believe that it presents us with a great opportunity and responsibility to take to it with care, criticality, and creativity. We hope that the broadly defined primary aim of the EPT Agenda 2023 will support this, beyond just making it achievable for all physiotherapy education institutions. That is, we hope that it will foster diverse novel understandings of how, e.g. the SDGs, planetary health, and sustainable healthcare apply to physiotherapy specifically and what our professions' unique contribution to these interdisciplinary, global efforts might be. In our discussion of various aspects of this Agenda, we have sought to point to different directions that this care, nuance, criticality and

creativity might take us. We do not consider these to be exhaustive and hope that our outlining of them will not be a limitation to creative ingenuity, but a support of it.

Engaging care and criticality was also crucial in the development and formulation of the EPT Agenda 2023 and the challenges that doing so presented. Far from being resolved, we actively continue to wrestle with terms like environment, sustainability, climate change, environmental sustainability, environmental responsibility, stewardship, and sustainable development. We are aware that none of these terms are without contention and problems of their own and so retain an open and eager-to-learn attitude to all of them.

Concerning the terms sustainability and environment, for example, our final choice of naming this the ‘Environmental Physiotherapy Agenda 2023’ is meant to be more reflective of these difficulties than an expression of a final verdict on them. As highlighted by Jean-Paul Moatti, one of the 15 scientists selected to draft the 2019 report on the SDGs, for example, we are not only off-track on most of the SDGs, but even backtracking on many of them. This includes the critical goals of ‘reduction of inequalities (SDG10), limitation and adaptation to climate change (SDG13) and reduction of the environmental and ecological footprint of our modes of production and consumption (SDG 12)’ (Deighton, 2019). It has also repeatedly been highlighted that this is, at least partially, due to the unsustainability of our economic growth and development models, as well as our production and consumption patterns (Deighton, 2019; UN, 2019). From our perspective, this does not mean that we should not strive for sustainability or the achievement of the SDGs. Quite the contrary. But it highlights that to do so also requires that we carefully and critically consider each aspect of the social - environmental - economic triad to avoid perpetuating any element of them that has contributed to our current predicament.

In addition to this, we also believe it relatively safe to assume that the Earth’s natural systems must be thought of as the foundation of health, sustainability and sustainable development. All growth, development and advancement, therefore, have to consider of and remain within the planetary boundaries provided by the Earth’s natural systems (Oluwatoyin Onabola, 2019; Pongsiri, 2019, Steffen, et al., 2015; WONCA, 2017). Putting the term ‘environment’ first in the title of the EPT Agenda 2023 is thus also meant to reflect the recognition of the planetary boundaries in which live and on which we depend for our health, wellbeing and flourishing, first and foremost.

It has been pointed out that modern-day health gains have been made in parallel with unsustainably generated wealth associated with degradation and pollution of ecosystems, and thus also at the cost of the health of future generations (Gill & Benatar, 2019; Pradyumna, 2019; Whitmee, Haines, Beyrer, et al., 2015). Recent studies have also shown the considerable contribution of healthcare systems to greenhouse gas emission and other environmental issues (Eckelmann & Sherman, 2016; Karliner et al., 2019). As argued by Oluwatoyin Onabola (2019), we thus concur that we need to emphasise ‘the established interdependencies of human health and natural ecosystems’ as a framework to guide ‘appropriate conduct and stewardship of economic, environmental, political, social, and cultural processes’ such that the health of present and future generations can be ensured.

Even if our understanding and assessment of these complex issues and relationships change over time, the key points remain that our naming of the EPT Agenda 2023 was decided in the hope to: firstly, invite, foster, and support diversity, care, nuance, criticality, and creativity to be brought to the environmental and health issues at hand; and secondly, use terminology that might speak more directly to upcoming physiotherapists and thus draw out the further development and specific application of the SDGs, planetary health and sustainable healthcare, and other relevant fields, to physiotherapy research, education, and practice.

Young people, as well as upcoming and practising healthcare professionals around the world are clearly and loudly calling for more action on the conjoint issues of environment, health and equity ((ACP-UK, 2019; CHA, 2019; PHA, 2020; PSC, 2019)). As pointed out by Hackett and colleagues (2020), it is now up to us to heed their call, and ‘recognise and address this opportunity by tapping into the strong movement to change’ and equipping future generations of healthcare professionals to understand and ‘manage the effects of ecological change on health and health systems’ (Hackett et al., 2020). It is our hope the EPT Agenda 2023 will help us to join forces with the younger generations and collaboratively build our knowledge and skills to respond to pressing novel healthcare needs and responsibilities.

Challenges and reservations

While the urgent need for integrating environmental and sustainability perspectives into physiotherapy is apparent, we understand that we are likely to encounter reservations and challenges along the way. We consider it critical to acknowledge and address these challenges and reservations from the outset of this endeavour, because they represent genuine issues and struggles for physiotherapy educators and physiotherapy education institutions seeking to change their curricula, or even introduce new content. At the same time, we also think that engaging with these challenges, for example also in collaboration with students can, in itself, be an incredibly fruitful approach to environmental physiotherapy education and achieving the aim of the EPT Agenda 2023. In this way, challenges and reservations can provide relevant content, highlight existing expertise in the field, provide inspiration and foster innovation directed at further resolving identified issues.



Crowded curricula

One of the key challenges we can foresee results from the fact that, much like other healthcare professions curricula, physiotherapy programmes around the world are already extremely crowded with content (Walpole, Barna, Richardson & Rother, 2019; Hackett et al., 2020). Ongoing innovation across diverse areas of education, physiotherapy, healthcare, digital technologies, and artificial intelligence, means that physiotherapy educators and education institutions are under immense pressure to reconsider what and how they are providing to their students. This comes mainly with the sense that there is ever more material that needs to be added into curricula, yet coincides and collides with hesitation to discard already existing content with valid justification. Evidence of this can also be found in the current debate about

extending entry-level physiotherapy courses to five years as a means to create more space for already identified new content. Finally, we also wish to acknowledge that these are not just pressures perceived and borne at a somewhat impersonal, institutional level, but also at a very personal one, by the physiotherapy educators in charge of making decisions about content and ultimately delivering it.

It is not the intention of this Agenda to add to these pressures, though we realise and acknowledge that we are moving within this space. We are not seeking to leverage power but to collaborate and engage conversation. We hope that these pressures are additionally lightened by our highlighting that physiotherapy has an inherent, historical affinity to the environment that readily lends itself to making it more explicit. The challenge presented by already crowded curricula is also one of the reasons for which the EPT Agenda 2023 is not calling for the production, addition and delivery of comprehensive and ideally assembled content. Rather, the aim of the EPT Agenda 2023 is for physiotherapy education institutions *to make a start*; to begin thinking and talking about the relationship between human health, environment, and physiotherapy, to make this process explicit (where it is happening already), and importantly, *to involve physiotherapy students in the conversation*.

To make an interesting proposition by example, one way in which this conversation could take place is via a physiotherapy education institution deciding against formally integrating environmental physiotherapy due to a lack of space in its curriculum, or similar. From our position, making this decision and its reasons explicit, and communicating this with students or involving them into the decision-making process would, in itself, be a viable way to achieve the aim of the EPT Agenda 2023. That is, by discussing that and why broader environmental concerns should be included or excluded, we would already be engaging with questions concerning the relationship (or lack thereof) between human health and functioning, the environment, and physiotherapy and so a beginning to this conversation would have been made. This, in turn, would undoubtedly open for a range of new and fertile questions that could help all of our further development of this field.

Notwithstanding this challenge and the different approaches that could be taken to addressing it, we also strongly believe in the passion and ingenuity of all of our colleagues in physiotherapy education, as much as the passion and enthusiasm of physiotherapy students around the world. To quote a recently published article on leadership in physiotherapy, ‘physiotherapists are problem solvers...give me a problem and I will explore and find a solution’ (McGowan & Stokes, 2019). With that in mind, we are confident that we can

find exciting, rewarding and novel ways of integrating environmental and sustainability perspectives into entry-level physiotherapy education that can be meaningful for our clients, our entire profession, and our colleagues across the world of healthcare and beyond.

Legal restraints

We also recognise that there are considerable differences in the legalities and regulation relating to physiotherapy education and practice around the world. These include the possibility that physiotherapy education institutions in different countries might be more or less able to integrate environmental physiotherapy into their curricula, depending on the extent to which this is possible without initially being enabled by respective rules and regulations.

As with the challenge of crowded curricula, an exciting way to integrate environmental physiotherapy into curricula presents itself here just as much. It could begin via the participatory discussion of the challenges that legal, governmental and related restraints pose on doing so. At this level, some of the interesting questions might be to explore how and why environmental and sustainability concerns are hindered or even prohibited from entering physiotherapy education curricula, what the social, cultural, and political reasons for this are, and what might be done to amend this if so desired. We could ask, for example, if ideas of health and safety of the public, which so often prominently feature in health regulations, to some extent foreclose and implicitly label ‘the environment’ as something dangerous from which the public is to be protected.

Combining such discussions with evidence of the rapid rise of national and international sustainable development and ‘green agendas’ like the UN SDGs, the EU Green Deal, etc. might then help direct efforts toward changing legal restraints to relevant curriculum innovation. Based on the understanding that e.g. exposure and connection to the environment are conducive to health under certain conditions, driving respective regulations change would, in turn, constitute a new health intervention in itself and pave the way for the development of further novel interventions innovation. It could also be the case that our efforts should be directed towards ensuring that everyone has access to safe, natural environments, and this would represent another important new pathway for engagement.

The relative shortage of content

Given the relative novelty of environmental and sustainability perspectives as an explicit feature in entry-level physiotherapy education curricula and a relative scarcity of research linking environmental and sustainability concerns with physiotherapy in an explicit manner, one of the challenges is to decide what should be integrated into curricula in terms of content. To address this issue, we have tried to point to various possible directions for inquiry and education throughout the EPT Agenda 2023 that could be drawn upon as potential starting points. This includes, e.g. drawing on the rapidly growing bodies of work across overlapping, interdisciplinary fields like global and planetary health, environmental medicine, sustainable healthcare and education, environmental Medicine, OneHealth, as well as physiotherapy in occupational health and medicine, and animal physiotherapy, and more. In addition to these, there is also an extensive range of materials on existing strategies and policies like the SDGs, including readily available material for teaching (with) them. Not least, a significant amount of resources has developed across local and indigenous knowledge systems, philosophy, the social sciences and the humanities, all of which have long thought about and sought to improve our relationship with the environment, highlighted problems in our thinking that have contributed to our current situation and investigated novel futures. Because this combines to an extensive amount of resources, we have only been able to provide a modest and indicative selection in the ‘Resources and References’ section of this Agenda, but hope it will be helpful.

Once again, it should also be clear that we are aware that many of our colleagues working in physiotherapy education are already integrating sustainability and environmental perspectives into their courses and curricula. As outlined in the ‘Proposal for ongoing collaboration’ section of this Agenda, we hope to draw on these efforts to support and inspire other colleagues around the world to develop their unique approaches to sustainability and environmental physiotherapy education.

Just as in the case of the so-called basic sciences of anatomy, and physiology, which have played a central role in the history of the physiotherapy profession so far, there is also an amount of basic knowledge, e.g. about environment, ecology, or climate, that needs to be considered prior to more specialised application to healthcare and physiotherapy. Considering this raises another interesting issue relating to the increasing efforts to integrate teaching about sustainability, climate change, environmental degradation, the SDGs, and even eco-anxiety into secondary school education around the world (Berger, 2019; Graham-McLay, 2020; [The World’s Largest Lesson](#)). When more of this basic knowledge becomes general knowledge

held by students before entering tertiary education, it will enable us to be more particular about what needs to be included into physiotherapy education and what prior knowledge we can build on. This might also help further clarify our specific role and contribution as physiotherapists in, e.g. achieving the SDGs versus our roles as members of society in general, or in other specific capacities, as much as discussing to what extent this distinction is or should be treated as categorical, interwoven, or otherwise.

Continuing on this discussion, we suggest that even talking about what to include and exclude in the curricula with physiotherapy students, what is general knowledge already taught in schools, what the specific aspects relevant to physiotherapy are, and how these should be approached could equally already mean achieving the aim of the EPT Agenda 2023 in itself. It would represent an approach to beginning the conversation and the development of the subject field, but doing so in partnership with our students. That integrating students into curriculum development and its challenges in this manner might be a particularly pertinent approach is also echoed in current calls for more participatory approaches in teaching and learning (Peseta & Bell, 2020). Literature in sustainable healthcare education equally seems to support such strategies (Walpole et al., 2017; Walpole & Mortimer, 2017). We believe that the potential discussions concerning environmental physiotherapy in this regard provide an especially amenable forum for doing so, precisely because environmental physiotherapy is an underexplored field that is yet to be developed collaboratively, thus turning yet another apparent challenge into an exciting strength and opportunity.

We hope that refraining from prescribing specific content in an overly rigid manner throughout the EPT Agenda 2023 will also support the development of as many locally diversified approaches to achieving its primary aim as possible. Taking an environmental, or planetary perspective must inherently imply acknowledging, thinking and acting in accordance with the diversity of national, regional, and local contexts. What might be particularly relevant to one ecosystem, or possible in one culture or society, might not be the same as in another, even in a neighbouring one. Respecting and acknowledging this geo-regional diversity is at the core of effective ‘glocal’ solutions (Sudmann & Breivik, 2018). It is also echoed in, and we would argue, a pertinent extension and implementation of the World Physiotherapy statement on diversity and inclusion (WCPT, 2019). Practice, research and education in sustainability and environmental physiotherapy therefore inherently calls for highly diverse, non-standardised, glocal approaches that will need to be nurtured as they emerge, rather than limited by the a priori imposition of overly rigid, predefined parameters. Yet again, we therefore believe that starting from what seems like a relative shortage of content effectively constitutes an outstanding strength and opportunity.

Finally, the EPT Agenda 2023 provides a timeframe of four years for participating institutions to envision their very own, glocal approaches and achieve its aim. We hope and believe that this should be ample time for doing so because the aim of this Agenda is to begin the explicit integration of sustainability and environmental perspectives into entry-level physiotherapy curricula, rather than develop and deliver comprehensive and highly polished novel content. As has been argued about planetary health, as well as sustainable and regenerative development, we have to approach our aim with the full awareness that we are embarking on ‘a continuous learning journey that will need many adjustments of course and constant redesign to adjust answers and solutions to changing conditions’ (Wahl, 2018).

De/colonialising curricula

One of the most significant concerns we have felt in the development of the EPT Agenda 2023 is the genuine risk of, paradoxically, perpetuating a kind of ‘eco-colonialism’ where the health and survival of people and planet provide yet another vehicle for spreading and imposing particular, cultural, economic or political interests and values on the rest of the world (Sachs, 1992; 2015). To provide some context, colonialism has, amongst many other things, also been exposed as a significant contributor to our current planetary health predicament, inciting large-scale environmental degradation in a manner that continues to pervade modern-day, growth-based global economics (Enfield & O’Hara, 1999; Rees, 2010; Saravanan, 2004; Willow, 2014). In addition to this, colonialism has also been recognised as not only an issue of economic and territorial, or terrestrial undoing and taking over, but also of culture, thought and education. Recent years have therefore seen a steady increase in calls for decolonising science and education (Battiste, 2019; Battiste, Bell & Findlay, 2002; Boshoff, 2009; Dahdouh-Guebas et al., 2003; Nagtegaal & de Bruin, 1994; Gorski, 2008).

We consider it important to acknowledge upfront this difficulty and consider the role of colonialism as a contributor to our current crises, whether this be geographical, cultural, ideological, or scientific. By extension, this also implies acknowledging the paradox complicity of Western healthcare and tertiary education cultures in creating the global health and environmental crises of our time and, ultimately, the need for a diversity of other modes of thinking and doing together that will enable us to transition into a more sustainable, and environmentally and socially just future.

Beyond acknowledging this problem, we have therefore tried to address and minimise it by introducing a variety of strategies into the EPT Agenda 2023, all while being fully aware of

the paradox nature of doing so in a global call to action that is seeking to engage an entire profession. The first of these strategies consists of leaving the exact content and methods by which sustainability and environmental physiotherapy might be introduced as minimal, nondescript and non-binding as possible. As discussed throughout this Agenda, we hope that this will help draw out a diversity of national, regional, and local approaches to environmental physiotherapy education relative to the historical, cultural, ecological, social and political context of each respective physiotherapy education institution.

Secondly, the issue of de/colonialising curricula also affords an additional exciting opportunity for innovation in environmental physiotherapy education. It could, e.g. consist of focussing precisely on this issue as its primary or starting content. In this way, speaking about colonialism and its complicity in global environmental degradation, bio/diversity loss, environmental injustice, and so on, and the resultant impacts on planetary health could itself be exceptionally fertile grounds for collaborative teacher and student engagement with sustainability and environmental perspectives in physiotherapy. Choosing such issues over other, potentially more apparent, or less contentious ones might help draw out the actual complexity of planetary health and environmental physiotherapy. It would also highlight that reaching conclusions quickly, might have to begin with or, at least, be accompanied by thinking more deeply and thoroughly.

Finally, it has also been argued that working in partnership with students is an essential strategy for the decolonialisation of medical curricula and practice (Nazar et al., 2015). This underscores the sense that environmental physiotherapy education might be an especially amenable field for engaging decolonialisation because precisely its relative novelty opens it up to collaborative exploration and development. We hope that students and teachers will find this an exciting opportunity that could help us address and take responsibility for an unjustly distributed global issue in more locally and globally just ways.



Explanation to lists of signatories

The recently published 2019 report to the Lancet Countdown on Health and Climate Change once again underscores that we need the involvement of 7.5 billion people to achieve the necessary changes to tackle the combined environmental and health challenges we are currently facing (Watts et al., 2019). A critical element of ensuring that the physiotherapy profession can make a substantial contribution is, therefore, to recognise that we can, must, and do meet the challenges ahead together, physiotherapy clinicians, researchers, students, educators and professional representatives alike, and in collaboration with our clients and colleagues across the world of healthcare and beyond.

The three lists of signatories included in the EPT Agenda 2023 - Individual Signatories, Supporting Organisations, and Participating Institutions - aim to reflect this need for comprehensive collaboration and give further strength to our combined voices. Their brief explanations in the following hope to provide more context to those considering supporting the EPT Agenda 2023 as individuals, organisations, or participating institutions.

Individual Signatories

The list of Individual Signatories invites people from across the physiotherapy profession to support the call to action proposed in the EPT Agenda 2023 irrespective of their current role or history in the profession. That is, physiotherapy clinicians, educators, researchers, professional representatives and, importantly, students are equally invited to express their support by signing the EPT Agenda 2023 Individual Signatories list and add strength to the call for the integration of environmental physiotherapy and sustainability perspectives into entry-level physiotherapy education.

Reaching beyond our profession, we also cordially invite colleagues from other healthcare professions to express their support and help us achieve its aim by signing this list. We are grateful and aware that you are working on similar efforts and would appreciate all of your support, encouragement and collaboration.

Last but by no means least, we would equally like to invite our clients to do the same. Boldly speaking for our colleagues in physiotherapy and healthcare in general, we genuinely seek to improve our work on a daily basis and believe that acknowledging the bigger, planetary picture of health represents a timely addition to these efforts.

An additional element of the Individual Signatories list is that we envision its signing also to express a commitment and leadership at the personal level. As with education, we do not seek to be too prescriptive here. Many actions that can be taken at the individual level are already known and well supported in the literature, from small adjustments to one's diet to adjusting one's travelling habits, and more. Physiotherapists might feel especially familiar with personal pledges to a switch from passive to active transport where feasible. The physiotherapy profession currently consists of more than 1.6m physiotherapists and a large number of physiotherapy students worldwide. Whatever personal adjustments we might choose to make, with so many physiotherapists and physiotherapy students committed to not only taking professional but also individual action aimed at improving environmental sustainability in other parts of their lives, we cannot fail to contribute to the significant societal shift required to meet today's most urgent health challenges.

Supporting Organisations

The list of Supporting Organisations is meant to multiply what is expressed in the Individual Signatories list at an even large-scale, calling on professional organisations within healthcare and beyond to express their support for the EPT Agenda 2023. We have no particular expectations or restrictions here as to who or what classifies as an organisation that can sign the EPT Agenda 2023. Organisations can include large-scale international professional groups, national and regional professional organisations, small and large special interest groups, as well as other healthcare professional and patient groups and organisations. With all of your support, we will undoubtedly achieve the aim of this agenda and help improve health and wellbeing around the globe.

What applies to us as individuals naturally also applies to the organisations we have formed and that represent us. Support and leadership at the level of organisations are therefore equally critical and indispensable in the realisation of the EPT Agenda 2023. If your organisation wishes to support the EPT Agenda 2023, please [contact us here](#). We will then be in touch with you regarding your organisation logo (preferably PNG format with transparent background) and, once received, this will be added to the Supporting Organisations list in the PDF publication and Agenda website.

Participating physiotherapy education institutions

The final list gathers the physiotherapy education institutions that offer entry-level programs and have decided to implement the EPT Agenda 2023. Much courage, passion, leadership and drive are required for this given that tertiary education institutions around the world are under a variety of considerable and growing pressures, financially, politically, and environmentally. To take on a task as bold as the one proposed in this Agenda is no small feat, irrespective of the extent or approach chosen to achieving it. We, the signatories and supporters of the EPT Agenda 2023, are therefore particularly grateful for your support and participation and are eager to collaborate with you in these efforts.

If your physiotherapy education institution wishes to support and participate in the EPT Agenda 2023, please [contact us here](#). We will then be in touch with you regarding the addition of your institution logo (preferably PNG format with transparent background) to the Participating Physiotherapy Education Institutions list and provide you with all required detail regarding our proposition for collaboration on the further development of environmental physiotherapy education.

Proposal for ongoing collaboration

The situation we are facing today requires a resolute collaborative and multidisciplinary approach to meeting the challenges it entails. This is also clearly expressed in SDG 17, which calls for strong ‘Partnerships for the Goals’ as a critical means to further implementing and achieving the SDGs (UN, 2015). As the Environmental Physiotherapy Association (EPA), we are therefore planning for and propose a larger collaborative project consisting of three main parts to accompany the implementation of the EPT Agenda 2023. We hope that this collaborative project will significantly support the further advancement of sustainability and environmental physiotherapy education both during and beyond the core action years of the Agenda.

Part 1: Refining the Environmental Physiotherapy Agenda 2023



As the first part of this larger environmental physiotherapy education project, we aim to continue refining the EPT Agenda 2023 throughout the year of 2020 by drawing on the feedback of all supporting organisations and participating institutions. This is with the intention to more clearly reflect the aim of the Agenda in the context and realities of entry-level physiotherapy education around the world, but also to reflect and continue the collaborative effort that this Agenda has already been and is intended to remain throughout.

We will also continue to establish working relationships with other professions and experts working with related issues to help further refine the EPT Agenda 2023 and the integration of environmental and sustainability perspectives into entry-level physiotherapy education.

Part 2: Development of an online, open-access environmental physiotherapy education inspiration-base



The second and central part of the project consists in the development of a dynamic, open-access, online inspiration- and collaboration-base focussed on the integration of environmental and sustainability perspectives into physiotherapy education.

We hope to make this available throughout the process of its development, but should this not be possible for technical or other reasons, we aim to create a publicly visible version ready by the end of 2024.

The primary aim for this inspiration-base is for it to contain information on the content, methods, advantages and challenges of environmental physiotherapy education, alongside other aspects emerging from this earliest stage of development and implementation between 2020-2023. In conjunction with this, we also hope to add interactive functionalities to it that would allow, for example, elements of it to be used as a toolkit for teaching, learning, and collaboration, with emergent content being made available throughout the development process. In this way, we hope that the inspiration-base will grow into a vital tool and resource for further research and development in environmental and sustainable healthcare education in physiotherapy, as well as other healthcare professions.

Crucially, we hope to develop this inspiration-base by drawing together the feedback from partnering educators and institutions, as well as via ongoing collaboration with them throughout the development phase. Further detail on this process will be provided to all participating institutions in time and are arranging all necessary means to coordinate this endeavour. As an element of this second part of the EPT Agenda 2023 project, we also hope to conduct various forms of meetings or symposia in which key stakeholders from participating institutions and supporting organisations can meet and exchange experiences, challenges, and ideas. Information on these opportunities will follow in due course.

Our intention behind creating an ‘inspiration-base’, rather than a ‘knowledge-base’ is related to our very acute awareness of the risk of perpetuating colonial patterns and the hegemony of particular knowledges over others in tertiary education, as discussed in the ‘Challenges and Reservations’ section of this Agenda. To foster diversification, we do not seek to represent absolute knowledges or truths, but engage and inspire each other in an open, non-imposing way that leaves ample space for, and thrives on, questioning, change and difference.

Part 3: Summary report



The project will conclude with the production of a report towards the end of 2024 to document what has been achieved throughout the core years of the EPT Agenda 2023. This report will reflect what content and methods have been used and developed throughout this period and what challenges have presented themselves along the way. In conjunction with the online inspiration-base, the purpose of this report will be to summarise and critically reflect on the next steps required to refine the integration of environmental and sustainability perspectives in physiotherapy education and beyond.

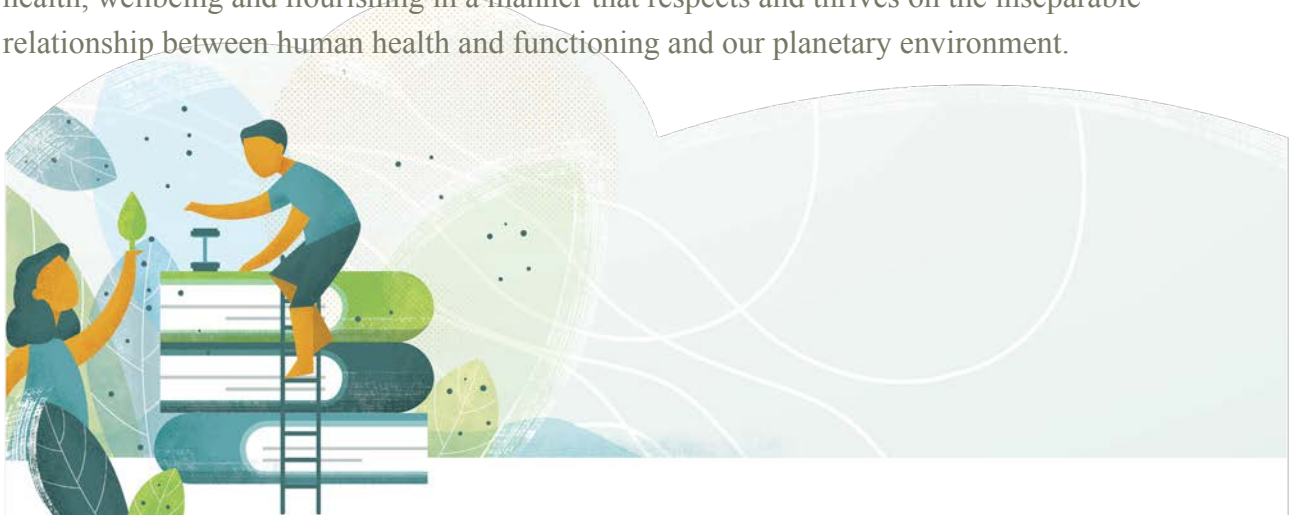
Final words

We are certain that we have not been able to capture all the possibilities and challenges that might present themselves along the way as we seek ‘to ensure that every student beginning entry-level physiotherapy education from 2020 onwards will have education regarding the relationship between the environment, human health and functioning, and how this pertains to physiotherapy as part of their programme.’ We nonetheless hope that the rationale for doing so, the possible directions, the examples for integration into existing curriculum content, the challenges and reservations discussed, and the indicative selection of resources and references will provide inspiration and useful starting points for our creative and collaborative efforts.

We firmly believe that achieving the aim of the EPT Agenda 2023 will enable us to make a greater contribution to planetary health than ever before, especially as we collaborate with our clients and colleagues from other healthcare professions and beyond the healthcare sector. It should be clear that any efforts in environmental physiotherapy, planetary health, sustainable healthcare or similar education inherently imply interdisciplinary, international, cross-generational and cross-cultural engagement from the very start.

Our initial focus on physiotherapy education results only from the sense that, while physiotherapy is one of the largest allied healthcare professions in the world, it is also a relatively well-coordinated and cohesive professional group that might enable us to achieve the aim of the EPT Agenda 2023 as a whole and relatively quickly. Yet we hope that this will also help to further turn the tides in this direction across the healthcare sector and beyond, thus considerably adding to the global mobilisation of efforts to achieve the SDGs and planetary health and wellbeing for all.

In the final instance, the purpose of the EPT Agenda 2023 is for us to contribute to all of our health, wellbeing and flourishing in a manner that respects and thrives on the inseparable relationship between human health and functioning and our planetary environment.



Individual signatories

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Marion Kennedy, New Zealand, PhD Candidate

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Nicky Wilson, United Kingdom, Clinician

For more signatures please visit:
<http://eptagenda2023.com/signatories>

Supporting professional organisations



For an updated list of supporting organisations please visit:
<https://eptagenda2023.com/organisations>

Participating physiotherapy education institutions



For an updated list of participating institutions
please visit:
<https://eptagenda2023.com/participating-institutions>

Resources and references

In this section we provide a range of existing resources and references that could inspire environmental physiotherapy education. We draw especially those currently less endemic to physiotherapy so far, including sustainable healthcare, planetary health and the UN SDGs.

Sustainable healthcare and planetary health centres and networks

[Centre for Sustainable Healthcare](#), Oxford, UK. The Centre for Sustainable Healthcare is renowned for its work on sustainable healthcare research and practice and provides strategic input and consultancy to international, national and local programmes.

[Centre for Sustainable Healthcare Education \(SHE\)](#), University of Oslo (UiO), Norway. SHE is a Centre for Excellence in Education at the Faculty of Medicine that will educate students to become change agents for the sustainable healthcare in both the global and local contexts, and will provide them with competencies to make sustainable evidence-based decisions.

[Centre for Sustainable Health Systems](#) - Redefining sustainable healthcare, Canada. The Centre for Sustainable Health Systems is a research and innovation lab, a training shop, and a network of allies and partners working on the transition to truly sustainable and social health care.

[inVIVO Planetary Health](#): A collaborative network for planetary health with the mission 'To transform personal and planetary health through awareness, attitudes and actions, and a deeper understanding of how all systems are interconnected and interdependent'.

[Planetary Health Alliance](#): The Planetary Health Alliance is a consortium of over 200 universities, non-governmental organizations, research institutes, and government entities from around the world committed to understanding and addressing global environmental change and its health impacts.

[Planetary Health Platform](#), University of Sydney, Australia. The Planetary Health Platform fosters understanding of how natural systems support civilisation health, drives research, education and leadership on the relationships between ecological, economic and social change and the health and wellbeing of future generations.

[Sustainable Development Unit](#): The Sustainable Development Unit (SDU) help organisations across health and care embed and promote sustainable development in order to reduce emissions, save money and improve the health of people and communities.

Sustainable Healthcare training tools

Canadian Association of Physicians for the Environment (2019). [Climate Change Toolkit for Health Professionals](#).

Nicholas, K. (2018). Climate Change [We Can Fix It World Cafe](#): A 3 hour activity where students analyze, compare, and present climate solutions proposed and now underway from governments, non-governmental organizations, businesses, scientists, citizens, and more.

Climate for Health (2019). [Moving Forward Toolkit](#). The Climate for Health: Moving Forward Toolkit provides guidance and tools to reduce energy use, to build resilient clinics and health departments, and advocate for climate solutions that prioritize health and equity. The website also provides a range of other helpful resources.

Harvard University (2019). [The Health Effects of Climate Change](#): Learn how global warming impacts human health, and the ways we can diminish those impacts. A free online course by Harvard University's Global Health Institute.

International Federation of Medical Students' Associations (2016). [Climate and Health Training Manual](#). Enabling students and young professionals to understand and act upon climate change using a health narrative. Developed by IFMSA, with the support of World Health Organisation (WHO).

[NurSusTOOLKIT](#) for Sustainability Literacy and Competency (SLC) in nurse education. International Erasmus+ Project seeking to enhance the availability of an evidence-based learning offer in Sustainability Literacy and Competency (SLC) in nurse education.

[One UN Climate Change Learning Partnership](#): The One UN Climate Change Learning Partnership (UN CC:Learn) is a joint initiative of more than 30 multilateral organizations helping countries to achieve climate change action both through general climate literacy and applied skills development. UN CC:Learn provides strategic advice and quality learning resources to help people, governments and businesses to understand, adapt, and build resilience to climate change.

Rehr, R.C., & Perkowitz, R.M., ecoAmerica (2019). Moving Forward: A Guide for Health Professionals to Build Momentum on Climate Action. Washington, DC. Retrieved February 16, 2020.

The Canadian Coalition for Green Healthcare: [Green Hospital Scorecard](#). The Green Hospital Scorecard (GHS) is the only comprehensive health care benchmarking tool in Canada measuring energy conservation, water conservation, waste management and recycling, corporate commitment and pollution prevention.

US National Institute of Environmental health Sciences: [Climate Change and Human Health Lesson Plans](#). Climate and Health learning modules for a variety of student audiences that explore the health impacts of climate change both in the United States and globally.

Inspiration from indigenous knowledges, philosophy, social sciences and humanities

Barnhardt, R., & Kawagley, A.O. (2008). Indigenous Knowledge Systems and Alaska Native Ways of Knowing. 36(1), 8-23. doi:[10.1525/aeq.2005.36.1.008](#)

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Articles on sustainable healthcare education

Alvarez-Nieto, C., Richardson, J., Parra-Anguita, G., Linares-Abad, M., Huss, N., Grande-Gascon, M.L., Grose, J., Huynen, M., Lopez-Medina, I.M. (2018). Developing digital educational materials for nursing and sustainability: The results of an observational study, 60, pp. 139-146. doi:[10.1016/j.nedt.2017.10.008](https://doi.org/10.1016/j.nedt.2017.10.008)

Barna, S., Goodman, B., Mortimer, F. (2012). The health effects of climate change: What does a nurse need to know? *Nurse Education Today*, 32(7), pp. 765-771. doi:[10.1016/j.nedt.2012.05.012](https://doi.org/10.1016/j.nedt.2012.05.012)

Hackett, F., Got, T., Kitching, G.T., MacQueen, K., Cohen, A. (2020). Training Canadian doctors for the health challenges of climate change. *Lancet Planetary Health*, 4(1), PE2-E3. doi:[10.1016/S2542-5196\(19\)30242-6](https://doi.org/10.1016/S2542-5196(19)30242-6)

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SDG teaching tools and resources

[TEACH SDGs](#): Volunteer organisation with the goal to actively support and enhance the work of the United Nations' efforts within K-12 classrooms by connecting with global educators dedicated to responding to a call to action within education to meet the Sustainable Development Goals, pointing to open and accessible resources, lessons plans, and global projects directly aligned to the Sustainable Development Goals. See also their comprehensive '[Responding to a Call to Action: How do you #TeachSDGs?](#)' blogpost.

[The Worlds Largest Lesson](#) in collaboration with UNICEF: A UNICEF project looking to integrate 'A lesson about the #GlobalGoals for Sustainable Development in every school on the planet'. Free materials available on the website.

UNESCO: [What is Education for Sustainable Development?](#) Retrieved February 20, 2020.

UNESCO (2018) [Education for Sustainable Development and the SDGs: Learning to Act, Learning to Achieve. Policy Brief: Advancing ESD Policy](#). UNESCO Global Action Programme on Education for Sustainable Development. Retrieved February 20, 2020.

UNESCO (2017) [Education for Sustainable Development Goals](#): learning objectives

UNESCO and Gaia Education:

- [Introducing the SDG Training of Multipliers, the SDG Flashcards and the SDG Canvas](#)
- [SDGs Training for Multipliers](#)
- [SDGs Training for Multipliers in Review: from Migrant Communities to Social Innovators](#)
- [SDG Multipliers Handbook](#)
- [SDGs Flashcards](#)

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