

September 8, 2004

A. Lorris Betz
Senior Vice President for Health Sciences
203 Park
Campus

RE: Proposal to Establish Doctor of Physical Therapy (DPT) Degree

Dear Vice President Betz:

At its meeting of August 30, the Graduate Council voted unanimously to approve a proposal to establish a Doctor of Physical Therapy (DPT) degree within the Division of Physical Therapy.

The proposal indicates that the DPT is becoming the preferred degree by students seeking academic training in physical therapy and that new requirements established by the program's accrediting body (Commission on Accreditation in Physical Therapy Education) favor establishment of the DPT. Top physical therapy programs at other universities are already offering the DPT, or are in the process of changing to the degree.

The Division of Physical Therapy will offer the DPT in two tracks: (a) a full three-year program for entry level students, and (b) an abbreviated professional upgrade program for current practitioners with a Master of Physical Therapy degree.

A copy of the proposal is attached for your approval and transmittal to the Academic Senate.

Sincerely,

David S. Chapman
Assoc. V.P. for Graduate Studies
Dean, The Graduate School

Encl.

XC: David W. Pershing, Senior Vice President for Academic Affairs
James E. Graves, Dean, College of Health
R. Scott Ward, Director, Division of Physical Therapy

Section I **The Request**

[Name of Institution] The University of Utah requests approval to offer the Doctorate of Physical Therapy effective Summer Semester 2005. The Institutional Board of Trustees has approved this program on _____.

Section II **Program Description**

COMPLETE PROGRAM DESCRIPTION

The Doctor of Physical Therapy is the degree conferred upon completion of the professional program in physical therapy. This professional program prepares students for careers as licensed physical therapists. The Division will offer the DPT as the entry-level professional degree as well as offering the DPT to currently practicing physical therapists who wish to make the transition to this degree status. For the purpose of this proposal the degree will be referred to in two ways: the *DPT entry-level* and the *DPT professional*. This distinction is provided to help the reader in understanding any differences in the delivery patterns for achieving the DPT credential.

DPT (Entry-Level)

The Division of Physical Therapy offers the Doctor of Physical Therapy (DPT) as the entry-level degree into the profession and practice of physical therapy. Formal admission to the DPT program requires a Bachelor's degree, the completion of specific pre-requisite courses, reference letters, and a statement of purpose by the applicant. Application to the University of Utah Graduate School must be made to be eligible to apply to the Division of Physical Therapy. (Check exact Division of Physical Therapy application deadline dates on current year's application or website.) Acceptance to the program is limited to one time yearly. Contact with the Academic Advisor of the Division is highly recommended in preparation for application, or you may refer to the current information on the Division's website or other material published by the Division of Physical Therapy.

Candidates for the DPT degree must complete all classroom course work with a cumulative GPA of 3.0 or better with no individual grades below C. In addition, clinical internships must be completed satisfactorily. Candidates must also fulfill a doctoral project that demonstrates proficiency in evidence-based clinical practice in physical therapy.

DPT (Professional)

The professional DPT is a transition program designed to focus toward the educational needs of currently licensed physical therapists, much like current executive program offerings in other departments. This professional degree pathway offers an opportunity for practitioners who possess a professional degree in physical therapy to earn the doctoral credential. This professional DPT track will extend, and potentially cultivate, new clinical skills and expertise of practicing physical therapists. The program will augment the student's knowledge gained in their

entry-level physical therapy degree studies by integrating new educational and theoretical elements from basic and clinical sciences related to the practice of physical therapy. The program is designed to enhance the student's clinical reasoning and decision-making skills through defined applications of evidence-based practice. Candidates for this degree must possess a physical therapy degree from an educational program accredited by the *Commission on Accreditation in Physical Therapy Education (CAPTE)* and a current physical therapy license from the jurisdiction within the United States. Candidates must complete all classroom coursework with a cumulative GPA of 3.0 or better with no individual grades below C. In addition, candidates must fulfill a doctoral project that demonstrates a proficiency in evidence-based clinical practice in physical therapy.

PURPOSE OF DEGREE

DPT (Entry-Level)

The purpose of the DPT is to reflect the breadth, depth, and necessary rigor of the professional physical therapist education curriculum in response to the current and expected future health care environment. This health care environment includes an enhanced role and higher expectations of the physical therapist than even one decade ago, including a commitment to evidence-based physical therapy services and patient care. These skills must be achieved by the completion of an entry-level professional program, which is the outcome expected of our students upon completion of the DPT.

Physical therapists must:

1. Maintain an extensive and expanding knowledge of the sciences basic to healthcare.
2. Demonstrate the ability to examine, evaluate, diagnose, prognose, and intervene and manage impairments, functional limitations, and disabilities of the cardiovascular/pulmonary, musculoskeletal, neuromuscular, and integumentary systems.
3. Exercise independent clinical judgments consistent with full recognition as a peer consultant in the health care system.
4. Possess management skills,
5. Critically evaluate the application of new knowledge, and
6. Apply competencies in ways that prevent disability and improve function.

The development of these competencies, which are the foundation for physical therapist practice, requires an extensive academic and clinical preparation consistent with other professional doctoral programs, including Medicine, Dentistry, Pharmacy, and Audiology.

DPT (Professional)

The purpose of the professional track to the Doctor of Physical Therapy degree is to allow currently licensed physical therapists within the United States to obtain the doctoral credential. The opportunity for physical therapists to earn this credential will be important, as the entry-level Doctor of Physical Therapy degree becomes the common credential for practicing physical therapists in the United States.

ADMISSION REQUIREMENTS

DPT (Entry-Level)

Admission requirements for the entry level DPT

1. Bachelor's degree from a fully accredited college or university.
2. An undergraduate GPA of at least 3.0 based on all undergraduate work or work completed during the last 2 years of study, whichever is higher.
3. Completion of all physical therapy prerequisite course requirements. These pre-requisite courses, which must have been completed within the last 10 years, include:
 - Human Physiology – 1 course
 - Human Anatomy – 1 course
 - Exercise Physiology – 1 course
 - Biomechanics or Kinesiology – 1 course
 - Chemistry (with associated laboratory sections) – 1 year
 - Physics (with associated laboratory sections) – 1 year
 - Advanced First Aid (must be current)
 - Statistics (with ANOVA, correlation and regression testing) – 1 course
 - Abnormal Psychology – 1 course
 - Trigonometry OR Calculus – 1 course
4. Application to the University of Utah Graduate School.
5. Application to the Division of Physical Therapy.

A completed application to the Division of Physical Therapy includes the follow:

- a) the Division of Physical Therapy application form
- b) Physical Therapy application fee
- c) statement of purpose (details are available within the application)
- d) three letters of recommendation (forms included with the application)
- e) official transcripts from all colleges attended
- f) if English is not the first language, an applicant must submit the results of the TOEFL examination. (If the paper-based test is taken, the lowest score acceptable is 575; if the computer-based test is taken, the score must be at least 233.)

DPT (Professional)

Admission requirements for the professional track to DPT

1. Candidate must hold a current physical therapy license within a jurisdiction in the United States.
2. Official verification of a degree in physical therapy from a CAPTE accredited physical therapist education program.
3. Application to the Division of Physical Therapy. A completed application to the Division of Physical Therapy includes the following:
 - a) the Division of Physical Therapy professional transition DPT application form

- b) Physical Therapy application fee
- c) a current professional resume
- d) three letters of reference (forms included with the application)
- e) completion of the national Physical Therapist's Evaluation Tool (PTET), which documents the learner's knowledge, skills, and expertise. The PTET assesses an applicant's experience in three professional task domains: (a) those that relate primarily to direct patient/client management (i.e., foundational and clinical sciences, screening, examination, evaluation, diagnosis, prognosis, plan of care, and intervention), (b) those that relate primarily to indirect patient/client management (i.e., professional development, administration/business management, consultation, and professional responsibility and advocacy), and (c) those that relate to both direct and indirect patient/client management (i.e., communication, individual and cultural differences, professional behavior, critical inquiry and clinical decision making, education, outcomes assessment, prevention, health promotion, fitness, and wellness, and management of care delivery).
- f) a narrative of the applicant's practice history, description of current practice, and objectives for his or her doctoral education (included in the PTET portfolio).

STUDENT ADVISEMENT

DPT (Entry-Level)

Students in the DPT program will be advised on four levels:

1. Specific faculty members in charge of specific course offerings will advise students in individual classes. Any student requiring consultation about a particular course will meet with the appropriate faculty member.
2. Students are provided with all requisite Graduate School forms and timelines to be completed. Follow-up in completion of these forms and canceling students in their progress towards graduation is supervised by the Director of Graduate Studies with the help of the department's administrative assistant. These forms and records are kept within the student file in the division offices.
3. Students have access to the Division Chair who is available for individual counseling and advising with respect to broad Division concerns or individual student concerns about their progress in the program.
4. The students are also consistently and continuously advised regarding their preparations for, and time on, clinical internships by the Division's Director of Clinical Education. The Director of Clinical Education maintains electronic and telephone communications with all students and personal contact at least once per internship with those students at local and regional internship sites.

The Director of Graduate Studies is required to make contact with each student in the program a minimum of one time per semester through personal conversation or electronic communication.

Students who may be struggling academically, particularly those who may face probation, are contacted directly by the Division Chair in writing. This written communication is followed up with a

scheduled meeting between the Division Chair and the individual student to discuss the student's performance and any planned or necessary remediation.

DPT (Professional)

Students will be advised on four levels:

1. Specific faculty members in charge of specific course offerings will advise students in individual classes. Any student requiring consultation about a particular course will meet with the appropriate faculty member.
2. Students are provided with all requisite Graduate School forms and timelines to be completed. Follow-up in completion of these forms and canceling students in their progress towards graduation is supervised by the Director of Graduate Studies with the help of the department's administrative assistant. These forms and records are kept within the student file in the division offices.
3. Students have access to the Division Chair who is available for individual counseling and advising with respect to broad Division concerns or individual student concerns about their progress in the program.
4. Any student who is registered for clinical education coursework will be advised by the Division's Director of Clinical Education. The Director of Clinical Education maintains electronic and telephone communications with all students and personal contact at least once per internship with those students at local and regional internship sites.

The Director of Graduate Studies is required to make contact with each student in the program a minimum of one time per semester through personal conversation or electronic communication.

Students who may be struggling academically, particularly those who may face probation, are contacted directly by the Division Chair in writing. This written communication is followed up with a scheduled meeting between the Division Chair and the individual student to discuss the student's performance and any planned or necessary remediation.

JUSTIFICATION FOR NUMBER OF CREDITS

DPT (Entry-Level)

The 9 semester plan of study including 116-119 credit hours compares favorably to other doctoral programs within the University of Utah such as Medicine, Pharmacy, Law and Audiology. More importantly, it reflects a level of rigor that is expected of doctoral students. Current MPT students are required to complete 120 semester hours of courses and clinical work to earn their master's degree. This number of credit hours far exceeds the average credit hour loads for any master's degree offering at the University of Utah, but is necessary to meet the requirement of existing physical therapy educational standards most recently updated in 1998. In 1998, CAPTE initiated an upgrade in the curricular expectations for physical therapy education. Several programs across the country included these advancements in content and associated credit hours as they made transition to doctoral degrees. The University of Utah physical therapy faculty chose not to delay the revisions and increased expectations in curriculum until approval of the DPT, but rather began revising the curriculum in the existing MPT courses so that the quality of physical therapy

education at the University of Utah would not be inhibited (see Appendix D). The proposed 116-119 credit hours in the DPT curriculum compares well with other doctoral physical therapy programs offered at comparable higher education institutions across the United States and are much more reflective of the work the current master's degree students are completing (see Table 1).

DPT (Professional)

The individual curricular plan for students in this track of the DPT program includes courses totaling from 19 to 49 credit hours. The course hours include 12 credits hours for core courses, 24 credit hours for competency courses, 9 credit hours of electives, and 1 to 4 credit hours of independent study. Similar programs around the United States range in number from 16 to 60 credit hours. As with analogous programs, the review of the student's experience and background through utilization of the PTET may allow students to decrease the number of courses they must enroll in. The minimum number of hours any student must complete to be eligible for the degree will be 19 credit hours. These credit hours are justified by (1) comparison with other institutions offering this type of degree (see Table 2) and (2) comparing the courses that would balance the practicing physical therapist's "educational" level with that of the proposed entry-level DPT degree level graduate. A committee of faculty will make each of the individualized decisions prior to admission to the program. An *Application for Admission to Candidacy for the Doctoral Degree* form listing required coursework for each student will be drafted and become a part of the student's curricular plan.

Students' curricular plans will seek to have students graduating within three years of enrollment.

Table 1. DPT Programs at comparable higher education institutions.

University	Time Spent in Program	Number of Semesters	Total Credit Hours	Weeks of Clinical Internship	Culminating Experience	Research Requirement
The University of Utah (proposed)	3 years	9	116-119	36	Yes ¹	No
University of Minnesota	3 years	9	142	40	No	Yes ²
University of Pittsburgh	2.5 years*	8	101	70 (self-contained)**	Yes ¹	No
Temple University	3 years	6	131	36	No	Yes ²
Indiana University	3 years	9	98	30	No	No
University of North Carolina- Chapel Hill	3 years	9	103	33	Yes ¹	No
Duke University	3 years	9	126	44	No	No
University of Colorado (to begin 2004)	3 years	9	116	38	No	Yes ²
University of Nebraska	3 years	8	125	34	No	No
University of Illinois at Chicago	2.5 years*	8	122	40	No	No
University of Iowa	3 years	9	100	34	Yes ¹	No
University of Washington	3.25 years	9	108	30	Yes ¹	No
University of Southern California	3 years	8	116	44	Yes ¹	No

* The University of Pittsburgh and the University of Illinois at Chicago do not give students any break time, with the exception of federally mandated holidays, from the time of admission to the time of graduation.

** The University of Pittsburgh has a self-contained clinical internship system (internship within a defined health care system) and counts all time spent in clinic toward a student's internship time.

¹Evidence-based clinically related project/Evidence-based case reports or case series

²A small research project (typically a group project) to be presented at the end of the last term

Table 2. DPT programs for practicing physical therapists (DPT Professional) at comparable higher education institutions.

University	Degree	Credit Hours (cr hrs)	Project	Method of Delivery
The University of Utah	DPT	20 - 49 cr hrs (19 courses; up to 6 courses can be waived)	Yes ¹	Web based and on-site
New York University	DPT	60 cr hrs (19 courses; up to 7 courses can be waived)	Yes ^{1,2}	Web based and on-site
Temple University	DPT	16-36 cr hrs (4-9 courses; up to 5 courses may be waived)	No	Web based
Boston University	DPT	20 cr hrs (8 courses; up to 2 courses can be waived)	Yes ¹	Web based and on-site
Loma Linda University	DPT	36 cr hrs (12 courses; no course waivers)	Yes ¹	Web based and on-site
Washington University	DPT	18-30 cr hrs (6-15 courses; no course waivers)	Yes ¹	Web based and on-site
Emory University	DPT	22-26 cr hrs (7 courses; one course can be waived)	Yes ¹	Web based and on-site

¹Evidence-based clinically related project/Evidence-based case reports or case series

²New York University will also allow these students to participate in a research project with a faculty member to meet the “project” requirement

EXTERNAL REVIEW AND ACCREDITATION

DPT (Entry-Level)

In the preparation of this DPT proposal, information was sought from the Department of Education of the American Physical Therapy Association and the *Commission on Accreditation in Physical Therapy Education* (CAPTE). The Department of Education at the American Physical Therapy Association offered suggestions regarding both the didactic and clinical components of the curriculum. The Division was informed that the content of our proposal was reflective of other programs being instituted across the United States. The Division was also informed of an upcoming revision to current accreditation criteria that would explicitly state that the DPT will be the preferred first professional degree for physical therapists. The major impetus for this change in degree declaration relates to the accreditor's strong and accurate view that a doctoral degree, the DPT, is the most appropriate degree to award given the demanding educational expectations placed on physical therapy students.

The MPT program in the Division of Physical Therapy is currently accredited by CAPTE. An onsite accreditation visit and review of the current program is scheduled for 2008. Continued accreditation is expected considering the past success of the Division; however, initiation of the DPT program prior to that visit will enhance the likelihood of this continued accreditation status. If the DPT program is established and graduates its first class after this accreditation visit, the Division will be required to submit additional material for accreditation of the Doctor in Physical Therapy Degree Program. This additional work would not be necessary if the DPT program is already in effect at the time of the scheduled accreditation visit. No additional cost would be incurred by the Division for the accreditation visit as it is scheduled because the yearly fees and cost for these visits are already included in the Division budget.

DPT (Professional)

The professional DPT track was prepared in consultation with the Department of Education of the American Physical Therapy Association. The Division was notified that the content of our proposal was reflective of other DPT curricula being offered to practicing physical therapists in the United States.

PROJECTED ENROLLMENT

DPT (Entry-Level)

Thirty-six students will be admitted to the Division of Physical Therapy DPT program each year. The expected student body of 108 students will consist of 36 students at the first year level, 36 students at the second year level, and 36 students at the third year level. The mean student to faculty FTE ratio for each of the first five years of the program will be same and will be 36:1 in classroom setting and approximately 11:1 in all laboratories. This smaller ratio is seen as necessary during laboratory classes that require the teaching of complex clinical evaluative and treatment skills. No specific mandates for student to faculty ratio are set forth by CAPTE. However, in physical therapy education, a ratio of 12 students to 1 faculty in laboratory classes that require the teaching of complex skills and a ratio of 20 students per faculty member in the laboratory classes with less complex skills is generally recommended.

When the first year of the DPT begins, there will continue to be a second and third year class of previously admitted MPT students who will continue their course of study in the program. This transition will continue one more year when the second class of DPT students is admitted (there will then be a second year DPT class and a third year MPT class). There is no overlap of classes and therefore faculty will not be teaching two levels of the same class at any time during the transition. The Division will honor its commitment to those students who are admitted as MPT students by continuing that program and then closing it through obvious "attrition".

The faculty has reviewed the DPT curriculum alongside the current MPT curriculum, incorporating changes that were instituted in the MPT courses with necessary content upgrades. In 1998, CAPTE initiated an upgrade in the curricular expectations for physical therapy education. Several programs across the country included these advancements in rigor to the curricula as they made transition to doctoral degrees. The University of Utah physical therapy faculty chose not to delay the revisions and increased expectations in curriculum until approval of the DPT, but rather to begin changing the rigor of the existing MPT courses so that the quality of physical therapy education at the University of Utah would not be impeded (see Appendix D). Therefore, between 1998 and 2002 numerous modifications were made to the MPT courses so that the course rigor is comparable to similar doctoral courses offered at other physical therapy programs. Consequently, the MPT courses now have expectations like those offered in the proposed DPT curriculum and bear little resemblance to the level of course they were prior to the changes compelled by the 1998 CAPTE criteria.

Accordingly, the faculty has identified 10 credit hours worth of coursework that is substantially different between the current "working" MPT curriculum and the proposed DPT curriculum. (The other obvious and important difference being the sequencing of the courses to maximize comprehension of the material). The faculty is therefore proposing to allow students in the MPT curriculum who meet current MPT standards (including the graduating MPT classes of 2004 through the last remaining MPT class) the option to enroll in one additional 10-credit semester at the end of their MPT program to be eligible for the DPT degree. Students would need to declare their intent to enroll in this extended study prior to the fall semester of their final year in the program. Their status would then be changed from an MPT candidate to a DPT candidate. They would then be eligible to graduate with a DPT in the summer of their third year following successful completion of their regular third-year coursework and internships, and the additional summer coursework. The courses in this summer offering would include: Diagnostic Testing and Imaging for Physical Therapists (2 credit hours), Pharmacotherapeutics (2 credit hours), Advanced Techniques (2 credit hour), Physical Therapy Topics II (2 credit hours), and Doctoral Seminar (2 credit hours).

DPT (Professional)

The Division has a current list of 52 practicing physical therapists who want to enroll in the professional DPT program track and have asked to be put on a waiting list for the program. There is an additional list of 36 practicing physical therapists who have expressed an interest in receiving information about the professional DPT track once the DPT program is approved. Although no fixed enrollment number can be attached to this program at this time, ranges across the country show enrollments ranging from 10 to 30 students at any given time. These numbers vary because students may enroll any time throughout the year and take classes when they are available and suit their individual demands. Students will be allowed to sign up for as many courses as they choose per year. Each particular course will be offered a minimum of one time per year.

There will be a minimum enrollment limitation for individual classes. Any specific class with fewer than six students enrolled, with the exception of those that will become web-based, will be cancelled and offered at another time.

EXPANSION OF EXISTING PROGRAM

DPT (Entry-Level)

The program is not considered an expansion of the existing program, but rather a rectification of the current MPT program based on current rigor. It is anticipated that current student enrollment trends will persist.

Table 3 provides a review of enrollment trends and student credit hours generated over the past five years, including partial data for the academic year 2003-04.

Table 3. Enrollment Trends for the Division of Physical Therapy from 1998-99 to 2002-03. This Table includes partial data for the academic year 2003-04.

Academic Year	Number of Students Admitted	Number of Students Enrolled	Number of Student Credit Hours (SCH) Generated
1998-99	36	106	4,208
1999-00	36	104	4,168
2000-01	36	108	4,320
2001-02	36	104	4,168
2002-03	36	107	4,264
2003-04	36	108	unavailable

DPT (Professional)

This is the alternate track of the DPT program that will allow practicing physical therapists the opportunity to earn the DPT. A similar “equivalency” program exists in the College of Pharmacy for the Pharm.D. degree. As stated in the section on projected enrollment, there are no trends to report.

Enrollment may also vary from course to course based on the method of delivery of the specific course. The curriculum will be offered as intensive weekend or weeklong courses, with accompanying preparatory

work and home-based assignments. It is therefore difficult to determine any specific numbers regarding any definite level of expansion.

FACULTY

DPT (Entry-Level)

The proposed changes in the entry-level physical therapy degree will not require additional faculty. The Division recently hired a faculty member to fill a new line in preparation for the DPT. Any attrition in current core faculty would require hiring of new faculty to fill that slot. The current faculty is made up of experienced teachers, and as stated they are looking forward to this transition.

DPT (Professional)

The courses offered in the professional track of the DPT will be offered with a focused, intensive course approach. These courses will include preparation time for the students and concentrated on-site instruction. Some of the courses may be Web-based. Scheduling of these courses will be up to the faculty teaching them. Current Division faculty are on contracts that range from 9 to 11 months and have expressed an interest in teaching these courses during time when they are off-contract. Additionally, certain courses will be taught by national content experts in the field of physical therapy who will be brought to campus to conduct specific courses.

STAFF

DPT (Entry-Level)

The Division has a 1.0 FTE Administrative Assistant, a 1.0 FTE office assistant and 0.50 FTE secretary who are currently able to manage the administrative and clerical duties in the Division. The proposed change in entry level degree will not require additional staff.

In anticipation of the degree change and in response to advanced accreditation criteria, the Division has already increased the number of teaching assistants in laboratories in courses such as anatomy, neuroanatomy, neuromuscular rehabilitation, and orthopedic rehabilitation. The addition of these teaching assistants is timely and will make it unnecessary to hire additional laboratory assistants for the DPT program.

DPT (Professional)

As above, in anticipation of the transition to the DPT, current staff is sufficient to handle the expected requirements related to this program track.

LIBRARY

DPT (Entry-Level)

The Library resources for physical therapy are primarily located in Eccles Health Sciences Library. The collections at the Eccles Library are sufficient in the area of physical therapy, rehabilitation, and related sciences. The Division will continue to make suggestions and recommendations to the library for additions of periodicals and other materials. Access to interlibrary loan service, electronic media sources and electronic online resources have assisted both the library and the Division in retrieving information that the library budget and space otherwise may have constrained.

DPT (Professional)

As above, the library resources are sufficient to support this program track.

LEARNING RESOURCES

DPT (Entry-Level)

Learning Resources in the Division of Physical Therapy consist primarily of computer related assets and clinical laboratory equipment. The Eccles Health Sciences Library and the Health Professions Education Building, in which the Division of Physical Therapy is located, both have computer laboratories that are accessible to students in the Division. These computer laboratories allow electronic access to online resources for physical therapy and related medical and science literature, as well as access to the Internet and other related databases. Other media in the form of DVDs, videos, compact disks, and anatomical models are available both through Eccles Health Sciences Library and in the Division of Physical Therapy.

There is also a human cadaver dissection laboratory available in the Division of Physical Therapy for access by first year physical therapy students during their general anatomy course.

DPT (Professional)

As above, these learning resources would be available to students in this program track.

Section III Need

PROGRAM NECESSITY

DPT (Entry-Level)

The Division of Physical Therapy at the University of Utah has recognized the need to provide well-qualified graduates throughout the history of the program. At present, characteristic physical therapy master's degree programs in the United States require students to take excessive course loads in order to meet educational preparation requirements. The University of Utah Division Of Physical Therapy is no different, requiring the successful completion of 120 credit hours to graduate. The credit hour expectation for these

students is more appropriate for a doctoral degree. Additionally, the enhanced rigor of courses as a result of increased expectations in professional education standards is much better reflected by a doctoral degree.

Further, increasing demands of the health care environment over the past seven years have required increased demands on professional education programs. Since 1998, the Division has responded to these increased demands, as well as those of enhanced CAPTE standards, with appropriate curriculum changes within its master's degree program. Initially, changes in the plan of study to match any sort of requirements for doctoral credentialing were not made. Rather, our changes were implemented with the goal of facilitating the education of entry-level graduates in physical therapy who can function efficiently and cost-effectively following graduation. Now that these curricular changes have been implemented, we recognize the degree most suited for such a rigorous plan of study is an entry level doctorate, or DPT.

In the current MPT program, we place greater emphasis on evidence-based practice. In the DPT curriculum, evidence-based practice will be the key element that will thread throughout the curriculum.

The transition to the DPT is now formally established within the profession of Physical Therapy. CAPTE has recognized the DPT as the acceptable and desirable post-baccalaureate credential. The Division of Education at the APTA has now sponsored numerous forums about DPT professional physical therapy programs across the United States, and has posted updates on these forums on its website (<http://www.apta.org>). The Division of Education at APTA reported on September 1, 2004 that 94 entry level physical therapy programs (of 203 accredited physical therapy programs) were accredited to offer the DPT degree. The Division of Education at the APTA further stated that an additional 80 programs were in the process of actively seeking approval for the DPT.

A current U.S. News and World Report ranking of entry level professional physical therapy programs has ranked the University of Utah Division of Physical Therapy at number 35 out of 203 in the country (top 25%). One of the goals of the Division is to move higher in this ranking. The faculty of the Division believe that this goal is not out of the question, but understand that achieving such a goal would require offering the DPT. The DPT is rapidly becoming the standard degree credential for the elite physical therapy programs in the country. This is of particular note for schools housed in highly ranked academic health science centers such as the University of Utah. Currently, of the top 15 ranked physical therapy programs, 15 have either had the DPT degree approved or are currently offering that degree.

In recent admissions experience of classes admitted in 2001, 2002, and 2003, more than 20% of applicants to whom we offered admission chose to attend another physical therapy program. When contacted, each of these students stated that the University of Utah was their first choice for programs in physical therapy but cited the lack of the DPT offering as the determining factor in their decision to attend another university. Intriguingly, in all but two cases, the physical therapy programs these students chose to attend were ranked lower than the program at the University of Utah.

In June of 2000, the APTA House of Delegates adopted a vision statement. This vision statement in part reads: "Physical Therapy will be provided by physical therapists who are doctors of physical therapy...who are guided by integrity, life long learning, and a commitment to comprehensive and accessible health programs for all people. Physical therapists will render evidence based service throughout the continuum of care and improved quality of life for society...". This vision statement reflects the emerging evolution of health care which requires of all health care professionals a greater level of background information than

was previously required. Future graduates must also be prepared to provide evidence-based care and identify and access new practice opportunities with independence, and with advanced evaluative, diagnostic, assessment and intervention skills. A further consequence of changes in health care delivery has been that of increased pressure on practitioners to control the cost of health care. Within physical therapy, increased productivity standards have led to reductions in the direct supervision and mentoring of new graduates. The need for increased educational preparation has become self-evident.

DPT (Professional)

The necessity for this track of the program is that it offers content to practicing physical therapists in areas that have been significantly augmented over the past 5-10 years. Experienced physical therapists may enhance their knowledge and skills in areas that, together with any specialized knowledge and experience acquired over the years, would position them more strongly as a provider in a health care system that is often characterized as uncertain and competitive. This type of DPT program is a valuable context for learning, including the diverse interactions between physical therapists whose respective experiences provide an invaluable source of shared learning. The professional DPT degree does not reflect the acquisition of advanced clinical skills (e.g., specialization); rather, it reflects intensification in the physical therapist professional body of knowledge and practice. The outcome competencies of the graduate of a professional DPT program are most analogous to those of the professional (entry-level) DPT standard. The DPT degree (conferred at completion of an entry-level physical therapy program or a professional “transition” program) is considered a clinical or applied doctorate similar to those for medicine (MD), dentistry (DDS), education (EdD), clinical psychology (PsyD), optometry (OD), and podiatry (DPM). The professional DPT degree signifies that the learner will apply the newly acquired knowledge - most likely in a clinical setting.

As of September 1, 2004, there were 43 of these professional DPT programs in the United States, with 10 additional developing programs. See Table 2 for a comparison of a limited number of these programs with the proposed offering at the University of Utah.

LABOR MARKET DEMAND

DPT (Entry-Level)

There is general consensus among practitioners and educators that practice opportunities are available, and actually abound, for those physical therapists who are flexible with regard to location and environment. Most recent government projections from the Bureau of Labor Statistics rank physical therapy highly among prospective job opportunities. The Utah Department of Workforce Services lists physical therapy as one of the top 50 fastest growing occupations in Utah, with an expected growth rate of 4.5% over the next three years. In our opinion, any decline in the demand for physical therapists over the past few years reflects a temporary suppression related to changes in health care reimbursement strategies. The trend in a declining health care market has reversed for many professions, including physical therapy. The market in Utah has also been sustained by the Division; currently 70% of practicing physical therapists in Utah are graduates of the Division.

DPT (Professional)

When considering the professional DPT track as an option associated with promising professional development, the Division believes that learners should consider a variety of factors in deciding on a particular professional development pathway: a) available personal resources (time, money, energy), b) the perceived value of additional degree-based learning, c) the experiences of mentors and colleagues who can attest to the benefits of certain professional development/educational opportunities, and d) the prospects for job enhancement.

There are no data to suggest that DPT practitioners get better jobs. Although there are instances where the practitioner has benefited from such a consequence, the lack of data prevents any generalization to the overall DPT population. Further, there are no data to suggest that, as a matter of course, a physical therapist with a DPT will be paid more than one who possesses a master's or baccalaureate degree. Although there are exceptions, they should not be used to generalize to the DPT practitioner population. It is likely that programs or APTA will gather data in the future that should provide a basis for establishing whether or not the DPT degree makes a difference in compensation level. It is logical, however, to assume that as more programs offer the DPT as the entry-level degree, more practicing clinicians will seek to obtain that degree if for no other reason than to avoid any future workplace disparity caused by degree differentiation. Such a program (professional DPT track) at the University of Utah will provide clinicians with an option for the DPT as an element of their professional development.

STUDENT DEMAND

DPT (Entry-Level)

The program in physical therapy at the University of Utah has long been attractive, with the number of applicants exceeding those admitted into the program. Applications to physical therapy programs across the country have declined over the past six years mainly due to restrictions in health care spending and the business of managed health care. We have also noted a similar decline in applications over the past six years (see Table 4) and believe this is in relation to two things:

1. The implementation of the Balanced Budget Act of 1997 along with the current culture of managed health care, and
2. The lack of the DPT degree at the University of Utah.

The faculty believe that the inability to offer the DPT-level education at the University of Utah, while the majority of our competitors offer such a degree, has been a major factor in the decline in admissions within the past two years (see next section on Similar Programs).

Despite the reduction in the number of applicants (Table 4), the Division still has an application to acceptance ratio of over 3:1, and interest in the major remains high as reflected by the number of students personally advised about the program. The Division is also pleased to accept high quality, well prepared students. Over the past five years the average grade point average of the admitted classes has been 3.55. However, the trend of students selecting other programs over the one at the University Utah is of great concern to us, particularly because the students who are going elsewhere have been Utah residents.

Table 4. Application trends for the Division of Physical Therapy from 1998-99 to 2002-2003.

Academic Year	Number of Pre-Physical Therapy Students Advised	Number of Qualified Applicants
1998-99	1700	310
1999-00	2250	345
2000-01	1500	250
2001-02	1300	185
2002-03	928	120
2003-04	1020	145

DPT (Professional)

There are no current data to reflect student demand for this type of degree offering. However, in personal conversations with chairs of five different physical therapy departments currently offering a “professional” DPT at other institutions, each chair reported full classes and students on waiting lists.

As previously stated in the section “Projected Enrollment,” the Division has a list of 52 practicing physical therapists who have expressed a desire to enroll in the professional track of the DPT program at the University of Utah. These physical therapists have requested to be placed on a waiting list for the program. There is an additional list of 36 practicing physical therapists who have expressed an interest in receiving information about the Professional DPT program when it is approved.

SIMILAR PROGRAMS

DPT (Entry-Level)

The Division of Physical Therapy at the University of Utah is the only professional program in physical therapy in the state of Utah. It was the first one developed in the Intermountain West, having started in 1969. As expected, a large percentage of students in the program are Utah residents. Eighty-one percent of all admitted students over the past five years were Utah residents, and it is estimated that approximately 70% of physical therapists currently practicing in the Utah are graduates of the program at the University of Utah.

Table 5 demonstrates that of the 13 regional programs, including those in the Intermountain Region and Pacific Northwestern States, only three of those programs were not offering the DPT degree at the time of submission of this proposal. In conversations with department chairs from physical therapy programs at

the Universities not currently offering the DPT, each of these department chairs has experienced an increased competition for students, as have we at the University of Utah, with an apparent preferential application to the doctoral entry-level programs at the other regional institutions provided in Table 5. It should be further noted, however, that the University of Colorado will begin its DPT program during the academic year of 2004 and the University of Washington began its program in 2003. As the transition to DPT occurs at these two institutions, it is felt that this will likely further erode the applicant pool at the University of Utah.

Table 5. DPT Programs at higher education institutions in the Intermountain, Southwest, and Pacific Northwest regions.

University	Carnegie Classification	Public/Private	Degree Offered	BS/BA Required	Time Spent in Program	Number of Semesters	Total Credit Hours	Weeks of Clinical Internship
The University of Utah	Doctoral - Extensive	Public	MPT (seeking approval for DPT)	Yes	3 years	9	116-122	36
Kirksville College of Osteopathic Medicine (AZ)	Specialized Institution – Medical School	Private	DPT	Yes	3 years	9	117	38
Northern Arizona University	Doctoral - Intensive	Public	DPT	Yes	3 years	8	107	32
University of Colorado	Doctoral - Extensive	Public	DPT	Yes	3 years	9	116	38
Regis University (CO)	Masters Colleges and Universities I	Private	DPT (beginning 2004)	Yes	3 years	8	110	38
Idaho State University	Doctoral - Intensive	Public	DPT	Yes	3 years	8	100	43
University of Montana	Doctoral – Intensive	Public	DPT	Yes	3 years	8	112	35
University of Nevada – Las Vegas ¹	Doctoral - Intensive	Public	DPT (to begin 2004-2005)	Yes	2.5 years	7	87	28
University of New Mexico ¹	Doctoral - Extensive	Public	MPT (preparing proposal for DPT)	Yes	3 years	8	107	33
Pacific University (OR)	Masters Colleges and Universities I	Private	DPT	Yes	3 years	8	120	36
Eastern Washington University	Masters Colleges and Universities I	Public	DPT	Yes	3 years	9	108	35
University of Puget Sound (WA)	Baccalaureate Colleges - Liberal Arts	Private	DPT	Yes	3 years	7	*	31
University of Washington	Doctoral - Extensive	Public	DPT	Yes	3.25 years	9	108	34

¹ Information from the current Master of Physical Therapy offering at UNLV and the University of New Mexico

* University of Puget Sound does not award credit hours at their institution

DPT (Professional)

Table 6 lists the five regional programs either with a professional track DPT degree offering or preparing such an offering. The Division sees a clear local and statewide need for this degree option and may discover a regional demand as well because of the dearth of regional programs.

Table 6. DPT programs for practicing physical therapists (DPT Professional) at higher education institutions in the Intermountain, Southwest, and Pacific Northwest regions.

University	Degree	Credit Hours (cr hrs)	Project	Method of Delivery
The University of Utah	DPT	45 - 49 cr hrs (19 courses, up to 6 courses can be waived)	Yes¹	On-site and Web based
Kirkville College of Osteopathic Medicine (AZ)	DPT	42- 63 cr hrs (29 courses, up to 19 courses can be waived)	Yes ¹	Web based
Northern Arizona University	DPT	45 cr hrs (14 courses, up to 4 courses can be waived)	Yes ¹	On-site
University of Colorado ¹	DPT	Proposal being completed	Yes ¹	Proposed on-site and Web based
Regis University (CO)	DPT	57 cr hrs (19 courses, up to 11 courses can be waived)	Yes ¹	On-site and Web based
Pacific University (OR)	PT	32 cr hrs (9 courses, no course waivers granted)	Yes ¹	On-site and Web based

¹Evidence-based clinically related project/Evidence-based case reports or case series

²New York University will also allow these students to participate in a research project with a faculty member to meet the “project” requirement

COLLABORATION WITH AND IMPACT ON OTHER USHE INSTITUTIONS

DPT (Entry-Level)

The transition from the Master of Physical Therapy degree to the Doctor of Physical Therapy degree will have minimum to no impact on other USHE institutions. The Division will, as it currently does, continue to actively maintain articulation agreements with each institution in the USHE. These articulation agreements provide students at each of the USHE institutions with a list of courses that meet the prerequisite course requirements for admission to the University of Utah Division of Physical Therapy. And each of these accepted courses rightfully transfers, as appropriate, prerequisite courses to the University of Utah and are accepted by the Admissions Committee of the Division of Physical Therapy. Many students attending other USHE institutions have been asking their advisors about the DPT, and therefore the Division has initiated conversations with each of the institutions in the USHE, as well as Brigham Young University in Provo, about the possible degree change at the University of Utah. All of the germane academic advisors at these institutions have stated their willingness and ability to continue to provide the necessary courses for their students that fit within their mission. Further, many of these institutions that do offer baccalaureate degrees were pleased that many of their students may continue their education at that particular institution and receive their bachelor's degree before finally transferring to the University of Utah to pursue their degree in physical therapy.

DPT (Professional)

The Division anticipates that this degree will have no impact on other USHE institutions because no separate prerequisite coursework is required.

BENEFITS

DPT (Entry-Level)

The DPT degree will benefit the University of Utah and the USHE in three major ways:

1. The Division of Physical Therapy will be able to competitively recruit the highest quality of candidate into the program. As previously stated, the Division has lost some of these graduate students over the past few years to regional programs that in fact are not ranked as highly as the Division of Physical Therapy at the University of Utah.
2. Resident Utah students will be encouraged to stay in Utah because of the opportunity to obtain the Doctor of Physical Therapy at the University of Utah.
3. The University of Utah and the USHE will be able to maintain, and likely enhance, its solid national reputation in physical therapy education.

DPT (Professional)

The DPT degree will benefit the University of Utah and the USHE in the following ways:

1. The Division of Physical Therapy will be able to provide licensed physical therapists with the option of receiving the DPT from the University of Utah. As previously stated, the Division has

lost some graduate students over the past few years to regional programs that in fact are not ranked as highly as the Division of Physical Therapy at the University of Utah.

2. Resident Utah students will be encouraged to stay in Utah because of the opportunity to obtain the Doctor of Physical Therapy at the University of Utah.
3. The University of Utah and the USHE will be able to maintain, and likely enhance, its solid national reputation in physical therapy education.

CONSISTENCY WITH INSTITUTIONAL MISSION

DPT (Entry-Level)

Faculty of the Division of Physical Therapy at the University of Utah consider their fundamental mission to be consistent with that of the University. The Division seeks to:

1. Address the health care needs for physical therapy of the community, state, and region by educating physical therapy practitioners;
2. Investigate, discover and transmit knowledge related to physical therapy;
3. Provide services to the academic, professional, and general communities in which the Division is involved.

We regard physical therapy as a health care profession that has as its primary purpose the promotion of human health and function through the application of scientific principles to identify, assess, correct, prevent, or alleviate acute or prolonged human impairment, functional limitation, and disability.

The faculty believe that physical therapy education represents the initial commitment to professional service and life-long learning. Professional preparation should be based upon a liberal education in sciences and humanities which serves to develop the values necessary to function effectively and humanely in an ever-changing society. The professional component of the curriculum must address both current trends and future needs of society. Students must be prepared not only for a current level of practice but also be prepared to adapt to future changes throughout their career. The professional curriculum should prepare students to be confident in the multifaceted roles of clinical practitioner, teacher, researcher, consultant, administrator, and life-long learner.

The fundamental beliefs of the faculty are reflected in the curricular content of the proposed program. They align with the University of Utah's primary mission, which includes creating an environment where the highest standards of scholarship and professional practice are observed, and where the responsibilities to students are conscientiously met.

The physical therapy program at the University of Utah has a long-standing tradition of excellence dating back to the admission of its first class in 1969. This makes the University of Utah program in physical therapy one of the oldest in the region, second only to the University of Colorado. The University began its physical therapy program with a bachelor's degree offering, and then moved to the Master of Physical Therapy degree in the mid-1990's, all in response to evolving professional

and market trends. Each move has been in support of the global mission of the University of Utah, which is to educate the individual and to discover, refine, and disseminate knowledge. Physical therapy education at the University of Utah has always been focused on a student obtaining the most up-to-date knowledge and clinical skill set, and being prepared to immediately apply such skills in health care settings. This highlights the reason for this proposal to move to the Doctor of Physical Therapy degree.

In summary, this proposal has been developed primarily in response to four issues:

1. The expected changes in accreditation standards for physical therapy education.
2. The need to better recognize the intensity and duration of the professional education program in physical therapy with a commensurate doctoral degree that is presently not met with the Master's level credential;
3. The emergence of managed care with concomitant consumer concerns, which has forced a change in the educational environment for rehabilitation professionals, necessitating a more rigorous plan of study based on evidence;
4. Increased competition among physical therapy programs for highly qualified applicants and our current inability to compete with other physical therapy programs for the best and brightest prospects, despite our higher ranking among other programs in the United States.

DPT (Professional)

The professional Doctor of Physical Therapy track at the University of Utah is designed to help practicing physical therapists develop the tools and strategies they need to excel in a constantly changing health care environment. This meets the mission of the Division as listed above. This degree further accentuates the desire of the Division to meet the University mission of "...creating an environment where the highest standards of scholarship and *professional practice* are observed, and where the responsibilities to students are conscientiously met" (emphasis added). The creation of the DPT degree also affords the Division a meaningful opportunity to provide a "service" to the professional community of physical therapists to achieve the DPT credential.

Section IV
Program and Student Assessment

PROGRAM ASSESSMENT

DPT (Entry-Level)

Figure 1 illustrates the conceptual framework for the program assessment. The goals for the DPT program are:

1. Educate and prepare students for the demands of contemporary, entry-level clinical practice.

Assessment Measures

- a. APTA Clinical Performance Instrument (CPI)
- b. Evidence-based clinical case reports
- c. Academic and professional performance in the classroom and laboratory
- d. Student retention
- e. Variety and quality of clinical internship sites
- f. Student evaluation of clinical internship site, faculty, and program
- g. Focused exit interview (with individual students)
- h. Graduate survey (1 year post-graduation)
- i. Employer survey (1 year post-graduation)

2. Retain applicants offered admission to the Division. (In recent admissions experience more than 25% of applicants to whom we offered admission chose to attend other programs. When surveyed, each student stated that the University of Utah was their first choice for programs in physical therapy but cited the lack of the DPT offering as the determining factor in their decision to attend another university.)

Assessment Measures

- a. Admissions follow-up survey. Reduce the loss of students offered admission from 25% to 5%.

3. Maintain high percentage passing rate on the National Physical Therapy Examination (NPTE), which is the national licensure examination for the profession.

Assessment Measures

- a. NPTE Outcomes Report

4. Maintain current full accreditation of the program with the Commission on Accreditation in Physical Therapy Education (CAPTE).

Assessment Measures

- a. CAPTE approval of the program.

5. Maintain quality of core and supportive faculty.

Assessment Measures

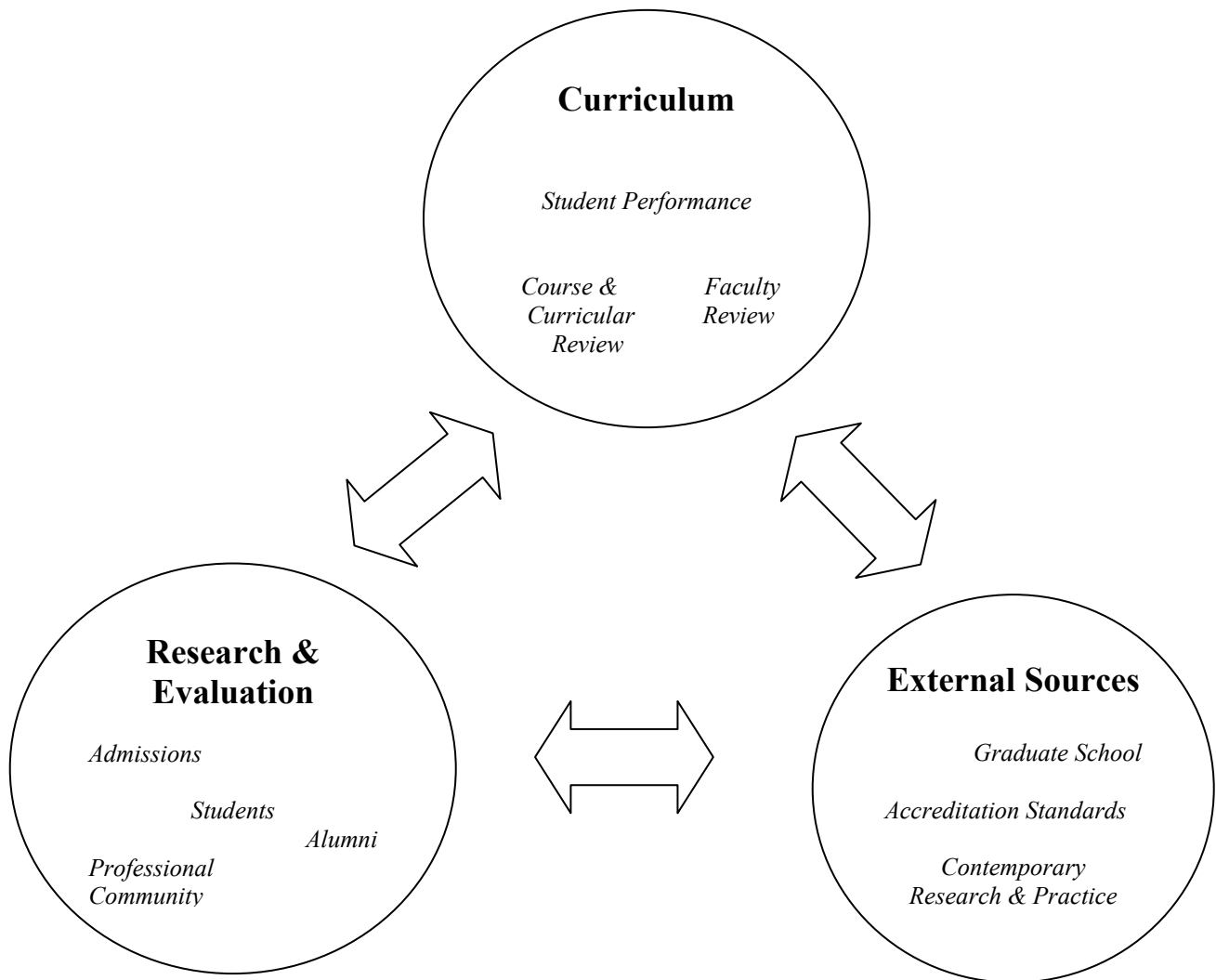
- a. Annual evaluative reviews.
- b. Continue faculty development.
- c. Faculty course evaluations

6. Achieve enhanced national ranking of the Division.

Assessment Measures

- a. Move from the top 25% of physical therapy programs to top 20% of programs within five years.

Figure 1. Triangulated Curricular Validation Model for Program Assessment



DPT (Professional)

The goals for the professional DPT track are:

1. To meet the educational enhancement needs of practicing physical therapists.
Assessment Measures
 - b. Evidence-based clinical case reports
 - c. Academic performance in the classroom and laboratory
 - d. Focused exit interview (with individual students)
 - e. Graduate survey (1 year post-graduation)
 - f. Employer survey (1 year post-graduation)
2. To provide the opportunity for degree and educational equivalency for practicing physical therapists.
Assessment Measures
 - a. Eighty-percent of admitted students will complete their plan of study to achieve the DPT within three years.

EXPECTED STANDARDS OF PERFORMANCE

DPT (Entry-Level)

The following expected standards of performance are required evaluative criteria for accreditation of education programs for the preparation of physical therapists (CAPTE):

1. Achieve entry-level performance ratings on the APTA Clinical Performance Instrument. This instrument is used to evaluate a student's performance during their clinical internships. These twenty-four performance criteria are:
 - a. Practices in a safe manner that minimizes risk to patient, self, and others.
 - b. Presents self in a professional manner.
 - c. Demonstrates professional behavior during interactions with others.
 - d. Adheres to ethical practice standards.
 - e. Adheres to legal practice standards.
 - f. Communicates in ways that are congruent with situational needs.
 - g. Produces documentation to support the delivery of physical therapy services.
 - h. Adapts delivery of physical therapy care to reflect respect for and sensitivity to individual differences.
 - i. Applies the principles of logic and the scientific method to the practice of physical therapy.
 - j. Screens patients using procedures to determine the effectiveness of and need for physical therapy services.
 - k. Performs a physical therapy examination.
 - l. Evaluates clinical findings to determine physical therapy diagnoses and outcomes of care.
 - m. Designs a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plan.
 - n. Performs physical therapy interventions in a competent manner.
 - o. Educates others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods.
 - p. Participates in activities addressing quality of service delivery.

- q. Provides consultation to individuals, businesses, schools, government agencies, or other organizations.
 - r. Addresses patient needs for services other than physical therapy as needed.
 - s. Manages resources (e.g., time, space, equipment) to achieve goals of the practice setting.
 - t. Incorporates an understanding of economic factors in the delivery of physical therapy services.
 - u. Uses support personnel according to legal standards and ethical guidelines.
 - v. Demonstrates that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description.
 - w. Implements a self-directed plan for professional development and life-long learning.
 - x. Addresses primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities.
2. Achieve entry-level performance ratings for the Generic Abilities Assessment, which is a professional performance assessment used in the classroom, laboratories, and clinic (10 professional behavioral criteria and 41 entry-level performance objectives). Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. These entry-level objectives and behavioral criteria are listed in Table 7. Additional objectives are available for beginning and developing level students but are not provided in the table.
3. Evidence-based case report presentation and defense.
4. Achieve the following objectives (portions of Section 3, CAPTE Objectives) by successfully completing the entry-level DPT curriculum.

Table 7. Behavioral criteria and entry-level performance objectives from the Generic Abilities Assessment.

Behavioral Criteria	Entry-Level Performance Objectives
Commitment to Learning	<ul style="list-style-type: none"> 1. Applies new information and re-evaluates performance 2. Accepts that there may be more than one answer to a problem 3. Recognizes the need to and is able to verify solutions to problems
Interpersonal Skills	<ul style="list-style-type: none"> 1. Listens to patient but reflects back to original concern 2. Works effectively with challenging patients 3. Responds effectively to unexpected experiences 4. Talks about difficult issues with sensitivity and objectivity 5. Delegates to others as needed 6. Approaches others to discuss differences in opinion 7. Accommodates differences in learning styles
Communication Skills	<ul style="list-style-type: none"> 1. Modifies communication (verbal and written) to

	<ul style="list-style-type: none"> meet the needs of different audiences 2. Presents verbal or written messages with logical organization and sequencing 3. Maintains open and constructive communication 4. Utilizes communication technology effectively 5. Dictates clearly and concisely
Effective Use of Time and Resources	<ul style="list-style-type: none"> 1. Sets priorities and reorganizes as needed 2. Considers patient's goals in context of patient, clinic, third party resources 3. Has ability to say "No" 4. Performs multiple tasks simultaneously and delegates when appropriate 5. Uses scheduled time with each patient efficiently
Use of Constructive Feedback	<ul style="list-style-type: none"> 1. Seeks feedback from clients 2. Modifies feedback given to clients according to their learning styles 3. Reconciles differences with sensitivity
Problem Solving	<ul style="list-style-type: none"> 1. Implements solutions 2. Reassesses solutions 3. Evaluates outcomes 4. Updates solutions to problems based on current research 5. Accepts responsibility for implementing solutions
Professionalism	<ul style="list-style-type: none"> 1. Demonstrates accountability for professional decisions 2. Treats patients within scope of expertise 3. Discusses role of physical therapy in health care 4. Keeps patient as priority
Responsibility	<ul style="list-style-type: none"> 1. Directs patients to other health care professionals when needed 2. Delegates as needed 3. Encourages patient accountability
Critical Thinking	<ul style="list-style-type: none"> 1. Exhibits openness to contradictory ideas 2. Assesses issues raised by contradictory ideas 3. Justifies solutions selected 4. Determines effectiveness of applied solutions
Stress Management	<ul style="list-style-type: none"> 1. Prioritizes multiple commitments 2. Responds calmly to urgent situations 3. Tolerates inconsistencies in health care environment

Preamble

Physical therapists must work within the structures of their practice and of legal, social, and ethical environments; similarly, physical therapist education programs must function within the structure of the institutions in which they exist. Physical therapist education programs must be vital parts of the

institutions in which they are located, and the existence of programs must be consistent with institutional missions and resources. Institutions that offer physical therapist education programs must do so because of their commitment to humanistic principles, scientific inquiry, and service to society. They must exhibit sensitivity to the role of health professions in society. Physical therapist education programs must be integral to institutional missions and be logical extensions of the institution's education and service programs.

Institutions must be committed to professional education and demonstrate awareness of the differences between professional education and traditional degree programs. Among the differences are the following: professional education requires the student to engage the entire body of knowledge related to the profession and to demonstrate accountability for the utilization of that knowledge; professional education is structured and focused on the knowledge and skills necessary for initial practice of the profession; emphasis is placed on socialization of the student into the profession, including the behavioral and ethical standards to be met; and, faculty are expected to serve as exemplary professional role models.

Through the structure and function of the institution, graduates must be made aware of their need to build on their liberal education, to incorporate the concepts of responsible citizenship into their professional lives, to interact with other professionals, to continue their education throughout their professional careers, and to be ethical and scientifically current in order to be responsible health care practitioners. Innovation and variations from traditional approaches to professional education are institutional prerogatives that are respected and encouraged when evidence is provided that they are effective and beneficial.

The educational outcomes are entry-level and are based on practice expectations that are congruent with and reflect current physical therapy practice, emerging trends in health care delivery and advances in physical therapy theory and technology.

(Sections 3.1-3.6 related to Curriculum Development N/A for this document)

3.7. Physical therapy education is built on a balance of course work in social sciences, humanities, and natural sciences that is appropriate in depth and breadth, to develop the ability in students to think independently, to weigh values, to understand fundamental theory, and to develop skills for clinical practice, including critical thinking and communication.

Prerequisite course work for the professional program assures that the student has acquired a comprehensive background in the liberal arts and sciences. This includes study in social sciences, humanities and natural sciences which results in a broadly educated student. Students enter the professional program with skills which include being able to think independently, demonstrate problem solving techniques for solving complex and simple problems, weigh values and set priorities, understand fundamental theory, exhibit responsible social behavior, demonstrate professional collegiality and good citizenship, and effectively communicate both orally and in writing as expected of all students. These attributes are typically exemplified by students who have a baccalaureate degree.

3.8. The curriculum incorporates a combination of didactic, clinical, and research learning experiences that are reflective of contemporary physical therapy practice, and includes:

- 3.8.1. instruction in the foundational sciences, including laboratory or other practical experiences involving quantitative and qualitative observations;

Learning experiences are designed to 1) provide basic knowledge in the sciences related to normal and abnormal human structure, function, and response to injury and disease; 2) enhance the students' ability to make quantitative and qualitative observations; and, 3) facilitate understanding of the clinical sciences.

- 3.8.2. instruction in the clinical sciences, including laboratory or other practical experiences;

Theory and practical learning experiences are designed to 1) build on the foundational sciences, 2) develop the knowledge necessary to generate a diagnosis, prognosis and plan of care; and 3) develop the knowledge necessary for understanding, presenting rationale for, and applying intervention strategies.

- 3.8.3. learning experiences designed to achieve educational outcomes required for initial practice of the profession of physical therapy. Graduates of the program are prepared, in the following areas, to:

Communication

- 3.8.3.1. Expressively and receptively communicate with all individuals when engaged in physical therapy practice, research, and education, including patients, clients, families, care givers, practitioners, consumers, payers, and policy makers.

Individual and Cultural Differences

- 3.8.3.2. Incorporate an understanding of the implications of individual and cultural differences when engaged in physical therapy practice, research, and education.

Professional Behavior

- 3.8.3.3. Demonstrate professional behaviors in all interactions with patients, clients, families, care givers, other health care providers, students, other consumers, and payers.
- 3.8.3.4. Adhere to legal practice standards, including all federal, state, jurisdiction, and institutional regulations related to patient or client care, and to fiscal management.
- 3.8.3.5. Practice ethical decision-making that is consistent with applicable professional codes of ethics, including the APTA's Code of Ethics.
- 3.8.3.6. Participate in peer assessment activities.
- 3.8.3.7. Participate in clinical education activities.

Critical Inquiry and Clinical Decision-Making

- 3.8.3.8. Participate in the design and implementation of decision-making guidelines.
- 3.8.3.9. Demonstrate clinical decision-making skills, including clinical reasoning, clinical judgment, and reflective practice.
- 3.8.3.10. Evaluate published studies related to physical therapy practice, research, and education.
- 3.8.3.11. Secure and critically evaluate information related to new and established techniques and technology, legislation, policy, and environments related to patient or client care.

- 3.8.3.12. Participate in scholarly activities to contribute to the body of physical therapy knowledge (e.g. case reports, collaborative research).

Education

- 3.8.3.13 Educate others using a variety of teaching methods that are commensurate with the needs and unique characteristics of the learner.

Professional Development

- 3.8.3.14. Formulate and implement a plan for personal and professional career development based on self-assessment and feedback from others.

Screening

- 3.8.3.15. Determine the need for further examination or consultation by a physical therapist or for referral to another health care professional.

Examination

- 3.8.3.16. Independently examine and re-examine a patient or client by obtaining a pertinent history from the patient or client and from other relevant sources, by performing relevant systems review, and by selecting appropriate age-related tests and measures. Tests and measures (listed alphabetically) include, but are not limited to, the following:

- a) aerobic capacity and endurance
- b) anthropometric characteristics
- c) arousal, mentation, and cognition
- d) assistive and adaptive devices
- e) community and work (job, school or play) reintegration
- f) cranial nerve integrity
- g) environmental, home, and work barriers
- h) ergonomics and body mechanics
- i) gait, assisted locomotion, and balance
- j) integumentary integrity
- k) joint integrity and mobility
- l) motor function
- m) muscle performance (including strength, power, and endurance)
- n) neuromotor development and sensory integration
- o) orthotic, protective, and supportive devices
- p) pain
- q) posture
- r) prosthetic requirements
- s) range of motion (including muscle length)
- t) reflex integrity
- u) self care and home management (including activities of daily living and instrumental activities of daily living)
- v) sensory integrity (including proprioception and kinesthesia)
- w) ventilation, respiration, and circulation

Evaluation

- 3.8.3.17. Synthesize examination data to complete the physical therapy

evaluation.

Diagnosis

- 3.8.3.18. Engage in the diagnostic process in an efficient manner consistent with the policies and procedures of the practice setting.
- 3.8.3.19. Engage in the diagnostic process to establish differential diagnoses for patients across the lifespan based on evaluation of results of examinations and medical and psychosocial information.
- 3.8.3.20. Take responsibility for communication or discussion of diagnoses or clinical impressions with other practitioners.

Prognosis

- 3.8.3.21. Determine patient or client prognoses based on evaluation of results of examinations and medical and psychosocial information.

Plan of Care

- 3.8.3.22. Collaborate with patients, clients, family members, payers, other professionals, and individuals to determine a realistic and acceptable plan of care.
- 3.8.3.23. Establish goals and functional outcomes that specify expected time duration.
- 3.8.3.24. Define achievable patient or client outcomes within available resources.
- 3.8.3.25. Deliver and manage a plan of care that complies with administrative policies and procedures of the practice environment.
- 3.8.3.26. Monitor and adjust the plan of care in response to patient or client status.

Intervention

- 3.8.3.27. Practice in a safe setting and manner to minimize risk to the patient, client, physical therapist, and others.
- 3.8.3.28. Provide direct physical therapy intervention, including delegation to support personnel when appropriate, to achieve patient or client outcomes based on the examination and on the impairment, functional limitations, and disability. Interventions (listed alphabetically) include, but are not limited to:
 - a) airway clearance techniques
 - b) debridement and wound care
 - c) electrotherapeutic modalities
 - d) functional training in community and work (job, school or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning)
 - e) functional training in self care and home management (including activities of daily living and instrumental activities of daily living)
 - f) manual therapy techniques
 - g) patient-related instruction
 - h) physical agents and mechanical modalities
 - i) prescription, application, and as appropriate fabrication of

- adaptive, assistive, orthotic, protective and supportive devices and equipment
- j) therapeutic exercise (including aerobic conditioning)
- 3.8.3.29. Provide patient-related instruction to achieve patient outcomes based on impairment, functional limitations, disability and patient satisfaction.
- 3.8.3.30. Complete thorough, accurate, analytically sound, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by the practice setting.
- 3.8.3.31. Take appropriate action in an emergency in any practice setting.

Outcomes Measurement and Evaluation

- 3.8.3.32. Implement an evaluation of individual or collective outcomes of patients or clients.

Prevention and Wellness

- 3.8.3.33. Identify and assess the health needs of individuals, groups, and communities, including screening, prevention, and wellness programs that are appropriate to physical therapy.
- 3.8.3.34. Promote optimal health by providing information on wellness, disease, impairment, functional limitations, disability, and health risks related to age, gender, culture, and lifestyle.

Management in Various Care Delivery Systems

- 3.8.3.35. Provide primary care to patients with neuromusculoskeletal disorders within the scope of physical therapy practice through collaboration with other members of primary care teams based on patient or client goals and expected functional outcomes and on knowledge of one's own and other's capabilities.
- 3.8.3.36. Provide care to patients referred by other practitioners, independently or in collaboration with other team members, based on patient or client goals and expected functional outcomes and on knowledge of one's own and other's capabilities.
- 3.8.3.37. Provide care to patients, in collaboration with other practitioners, in settings supportive of comprehensive and complex services based on patient or client goals and expected functional outcomes and on knowledge of one's own and other's capabilities.
- 3.8.3.38. Assume responsibility for the management of care based on the patient's or client's goals and expected functional outcomes and on knowledge of one's own and other's capabilities.
- 3.8.3.39. Manage human and material resources and services to provide high-quality, efficient physical therapy services based on the plan of care.
- 3.8.3.40. Interact with patients, clients, family members, other health care providers, and community-based organizations for the purpose of coordinating activities to facilitate efficient and effective patient or client care.

Administration

- 3.8.3.41. Delegate physical-therapy-related services to appropriate human resources.

- 3.8.3.42. Supervise and manage support personnel to whom tasks have been delegated.
- 3.8.3.43. Participate in management planning as required by the practice setting.
- 3.8.3.44. Participate in budgeting, billing, and reimbursement activities as required by the practice setting.
- 3.8.3.45. Participate in the implementation of an established marketing plan and related public relations activities as required by the practice setting.

Consultation

- 3.8.3.46. Provide consultation to individuals, businesses, schools, government agencies, or other organizations.

Social Responsibility

- 3.8.3.47. Become involved in professional organizations and activities through membership and service.
 - 3.8.3.48. Display professional behaviors as evidenced by the use of time and effort to meet patient or client needs or by providing pro bono services.
 - 3.8.3.49. Demonstrate social responsibility, citizenship, and advocacy, including participation in community and human service organizations and activities.
- 3.9. The first professional degree for physical therapists is awarded at the post-baccalaureate level at the completion of the physical therapy program.

The institution is responsible for naming the degree at the post-baccalaureate level that is awarded after the completion of the education program.

DPT (Professional)

The following are the necessary standards of performance for acceptable augmentation of the education for practicing physical therapists.

1. Completion of the Physical Therapist Evaluation Tool components:
 - a. Task Performance
 - b. Professional Portfolio
2. Successfully completing the individual professional DPT curriculum plan of study
3. Evidence-based case report presentation and defense.

STUDENT ASSESSMENT

DPT (Entry-Level)

Table 8. Description of the formative and summative assessment measures used to determine student learning in the entry-level DPT program

Course Title	Formative Assessment	Summative Assessment
Anatomy	Biweekly quizzes 2 written midterm examinations 2 midterm laboratory examinations	1 written final examination 1 final laboratory examination
Pathophysiology	2 written midterm examinations 1 practical examination 1 presentation	1 comprehensive written final 1 comprehensive practical examination
Prof. Practice I	Participate in discussions related to professional practice 2 position papers	2 position papers
Test & Measures	2 written midterm examinations 2 practical examinations 1 case study assignment evaluation forms Patient progress notes	1 comprehensive final written examination 1 comprehensive final practical examination
Pathokinesiology	2 written midterm examinations 1 class presentation 10 lab assignments 10 homework assignments	1 comprehensive final written examination
Research & Evidence Based Practice	2 Article Critiques 2 Exams 1 Evidence-based Practice PICO Assignment 1 Evidenced-based Rehab Guided Assignment 2 Library Research Sessions Beginning level Generic Abilities	1 PICO Project 1 Take home Final Qualitative & EBP Exam 1 Take home Final Quantitative Exam Developing level Generic Abilities
Course Title	Formative Assessment	Summative Assessment
Clinical Exp I	Actively participate in 12-four hour clinical experiences Beginning level Generic Abilities	Attain Beginning to Developing level generic abilities Discuss EBP PICO Project
Teaching & Learning I	Behavior Change Goals Proactive Reading Clinical Goals & Resume Teaching & Learning Project Needs Assessment Personality & Learning Style Inventories Completed	Behavior Change Paper & Peer/Self-Assessment Proactive Writing Teaching & Learning Project Presentation Teaching & Learning Philosophy Teaching & Learning Patient Case

	FOG Scale Assessment Team, WebCT & Class Participation	Analysis Team, WebCT & Class Participation
Neuroanatomy	Biweekly quizzes 2 written midterm examinations 2 midterm laboratory examinations	1 written final examination 1 final laboratory examination
Intervention I Physical Agents	2 written midterm examinations Patient scenarios 7 Self study assignments 13 Lab assignments 3 practical examinations	1 comprehensive written final examination
Intervention II Therapeutic Exer	12 quizzes 2 written midterm examinations 1 practical midterm examination 3 graded clinical experiences 8 graded lab assignments 1 group presentation	1 comprehensive written final examination 1 comprehensive practical final examination
Pharmacotherapeutics	4 quizzes 3 written assignments 2 written midterm examinations	1 written final examination
Imaging	2 written midterm examinations 1 case study assignment	1 written final examination
Doctoral Seminar	Readings, discussion	1 written research article review
Internship I	Entry level performance on APTA CPI Items # 1-5 Draft Case Report with Self/Peer- Assessment 2 Reflective Journals Beginning level Generic Abilities Novice Ratings on APTA CPI Items # 6-24 Midterm Site Evaluation	Entry level performance on APTA CPI Items # 1-5 Beginning to Developing Level Generic Abilities Case Report & Self-Assessment In-service 2 Reflective Journals 1 Clinical Site Evaluation Novice to 50% Ratings on APTA CPI Items #6-24 Final Site Evaluation
Course Title	Formative Assessment	Summative Assessment
Motor Control	3 case study presentations	Midterm and final
Cardiovascular/ Pulmonary Management	1 written midterm examination 12 quizzes 1 graded clinical experience 4 graded lab assignments 1 presentation	1 comprehensive written final examination
Interventions III Advanced Techniques	4 practical examinations	1 comprehensive final practical examination
Integumentary Management	1 written midterm examination 1 practical examination	1 comprehensive written final examination

Doctoral Seminar	Readings, discussion	1 written research article review
Prof Practice II	Participate in discussions related to professional practice 1 position paper	1 position paper
Clinical Exp II (4 hr/wk) optional	Developing Level Generic Abilities Minimum of 40 clinical hours	Developing level Generic Abilities 1 Reflective Summary
Musculoskeletal Management	4 written midterm examinations 1 grand rounds presentation 2 practical midterm examinations	1 comprehensive final written examination 1 comprehensive practical examination 1 portfolio assignment
Management in Pediatrics	2 written midterm examinations 2 practical midterm examinations 1 case report	1 final written examination 1 comprehensive practical examination
Management in Geriatrics	2 written midterm examinations 2 geriatric topic papers 1 written adult interview	1 comprehensive written final examination 1 summary written portfolio
Teaching & Learning II	Education Leadership Inventory In-class Case Analysis Lifelong Learning Plan Development	Lifelong Learning Plan Change Agent Clinical Education Project APTA Credentialed Clinical Instructor Certification
Doctoral Seminar	Readings, discussion	1 written research article review
Physical Therapy Topics I	Group paper/presentation Individual paper Discussion	1 Written final examination
Clinical Exp III (4 hr/wk) optional	Developing → Entry-Level Generic Abilities Minimum of 40 clinical hours	Entry-level Generic Abilities 1 Reflective Summary
Course Title	Formative Assessment	Summative Assessment
Internship II	Entry level performance on APTA CPI Items # 1-5 Draft Case Report with Self/Peer-Assessment 2 Reflective Journals Developing level Generic Abilities 50% → 75% Ratings on APTA CPI Items # 6-24 Midterm Site Evaluation	Entry level performance on APTA CPI Items # 1-5 Developing → Entry-level Generic Abilities Case Report & Self-Assessment In-service 2 Reflective Journals Final Clinical Site Evaluation 75% Ratings on APTA CPI Items# 6-24
Neuromuscular Management in	4 quizzes Disability experience	1 written final examination 1 clinical laboratory practical

Physical Therapy	3 written assignments 5 case reports 2 written midterm examinations 1 clinical laboratory practical exam	examination
Adjusting To Disability (PM & R)	Discussion and readings Individual paper Patient interview and report	Individual paper
Prof. Practice III	Participate in discussions related to professional practice 1 position paper	1 position paper
Rehabilitation Technology	Individual paper Discussion	1 Written final examination
Physical Therapy Topics II	Group paper/presentation Individual paper Discussion	1 Written final examination
Doctoral Seminar	Readings, discussion	1 written research article review
Doctoral Project	Readings; independent study	Written and oral project; oral defense of project
Clinical Exp IV optional	Entry-Level Generic Abilities Minimum of 40 clinical hours	Entry-level Generic Abilities 1 Reflective Summary
Internship III	Entry level performance on APTA CPI Items # 1-5 Draft Case Report with Self/Peer-Assessment 2 Reflective Journals Entry-level Generic Abilities 75% → Entry-level Ratings on APTA CPI Items # 6-24 Midterm Site Evaluation	Entry level Generic Abilities Case Report & Self-Assessment In-service 2 Reflective Journals Final Clinical Site Evaluation Entry-Level Ratings on APTA CPI Items # 1-24
Course Title	Formative Assessment	Summative Assessment
Internship IV	Entry level performance on APTA CPI Items # 1-5 Draft Case Report with Self/Peer-Assessment 2 Reflective Journals Entry-level Generic Abilities 75% → Entry-level Ratings on APTA CPI Items # 6-24 Midterm Site Evaluation	Entry level Generic Abilities Case Report & Self-Assessment In-service 2 Reflective Journals Final Clinical Site Evaluation Entry-Level Ratings on APTA CPI Items # 1-24

DPT (Professional)

Table 9 outlines the student assessment planned for the professional DPT program.

Table 9. Description of the formative and summative assessment measures used to determine student learning in the professional DPT program

Course Title	Formative Assessment	Summative Assessment
Core Courses		
Pathophysiology	Readings and discussion	1 comprehensive written final 1 comprehensive practical examination
Pharmacotherapeutics	Readings and discussion 1 written project / presentation	1 written final examination
Diagnostic Testing & Imaging for Physical Therapists	Readings and discussion	1 written final examination
Scientific Inquiry in Physical Therapy	2 Article Critiques 1 Evidence-based Practice PICO Assignment 1 Evidenced-based Rehab Guided Assignment 2 Library Research Sessions	1 PICO Project 1 Take home Final Qualitative & EBP Exam
Professional Issues (includes health promotion & wellness)	Readings and discussion	Oral and written issues presentation
Doctoral Project	Readings; independent study	Written and oral project; oral defense of project
Competency Courses		
Cardiovascular/Pulmonary Management	Readings and discussion	Oral and written case presentation
Course Title	Formative Assessment	Summative Assessment
Integumentary Management	Readings and discussion	1 comprehensive written final examination
Neuromuscular Management	Readings and discussion 1 practical midterm exam	1 Grand Rounds Presentation 1 comprehensive practical examination
Musculoskeletal Management	Readings and discussion	1 Grand Rounds Presentation 1 comprehensive practical examination 1 portfolio assignment
Motor Control	3 case study presentations	1 final written examination
Teaching & Learning in	Myers-Briggs Personality	APTA Credentialed Clinical

PT	Inventory Kolb Learning Style Inventory Proactive Reading & Writing Teaching & Learning Needs Assessment & Proposal Behavior Change Plan	Instructor Teaching & Learning Project & Evaluation Patient Education Case Analysis Behavior Change Evaluation T & L Personal Philosophy Change Agent Project
Competency Courses continued		
Clinical Internship	75 % VAS Ratings APTA Clinical Performance Instrument # 6-24; Entry-level # 1-5 Draft Case Report Entry-level Generic Abilities Midterm Site Evaluation	Entry-level ratings APTA Clinical Performance Instrument Final Case Report Clinical In-service Education Clinical Site Evaluation
Electives		
Physical Therapy Topics I	Readings and discussion	1 final written examination
Physical Therapy Topics II	Readings and discussion 1 written project / presentation	1 final written examination
Interventions III	1 practical examination	1 comprehensive final practical examination
Administration in Physical Therapy	Readings and discussion	1 final written examination
Independent Study	Individual plan of study with instructor	Individual plan of study with instructor

CONTINUED QUALITY IMPROVEMENT

DPT (Entry-Level)

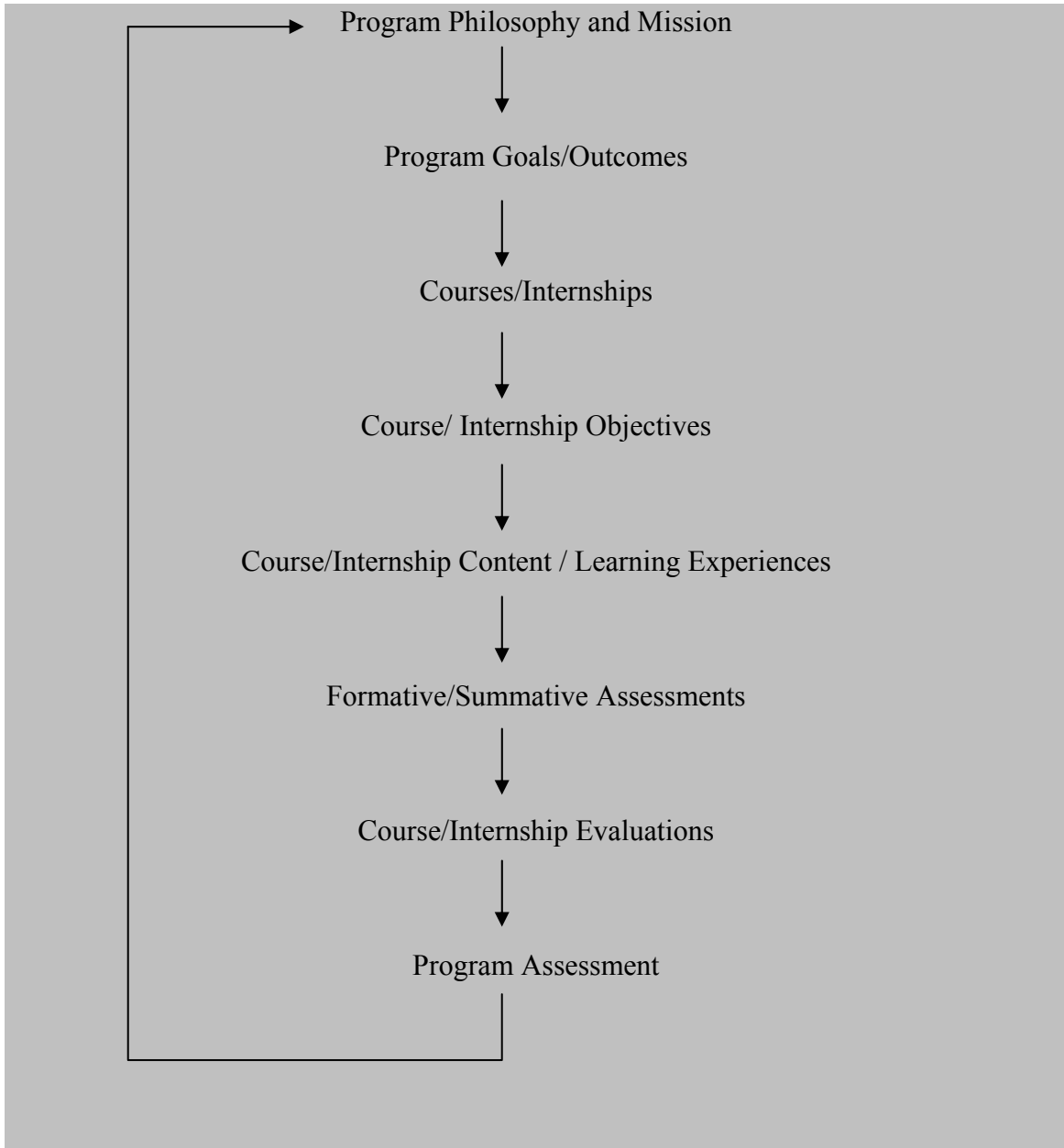
The connection between all elements of program and student assessment provides data to faculty, administrators, and staff for strengthening the program (see Figure 2). Strength of the program will be measured through achievement of the expected standards of performance and student assessment. Strength of the program is also determined through program assessment. These evaluation measures from all sources are considered when collected and reviewed each semester by individual faculty and during curriculum review at the annual faculty retreat. For the purposes of continued quality curricular improvement, the following are considered: (1) suggested curricular revisions, (2) potential redesign of coursework, (3) possible additional learning experiences, and (4) alterations in instructional time allotted for content. Changes are incorporated to meet the

program philosophy, mission, and goals. Input is considered from all program stakeholders through these assessments, including core faculty, students, staff, and clinical faculty.

DPT (Professional)

The Division will conduct small focus group sessions with students gathered for coursework to receive feedback about the program and elicit suggestions for improvement.

Figure 2. Continuous Curricular Quality Improvement
Illustrates the interconnection between program philosophy, program goals/outcomes, course/internship objectives, course/internship content/learning experiences, formative/summative evaluations and program assessments and the ongoing linkages



Section V Finance

BUDGET

DPT (Entry-Level)

The Division has the necessary budget in place to support this program since it is replacing the current MPT offering. No new faculty are required; however, prior to this proposal the Division had already identified in its long-term plan to allow for an additional 0.5 FTE increase in the budget for additional clinical adjunct faculty needs. No special supplementary equipment is necessary. Current resources and facilities are sufficient to support a superior Doctor of Physical Therapy program. The proposed budget for the first five years of the program is provided in Table 10.

Table 10. The proposed budget for the first five years of the DPT program using fiscal year dates as examples.

INCOME						
Source	FY 2003/04	FY 2004/05*	FY 2005/06*	FY 2006/07*	FY 2007/08*	FY 2008/09*
General Fund	569,241	580,626	592,239	604,084	616,166	628,489
Differential Tuition FY 03/04 \$3452x 108 students	372,816	380,272	387,877	395,635	403,548	411,619
TOTAL INCOME	942,057	960,898	980,116	999,719	1,019,714	1,040,108
EXPENSES						
Source	FY 2003/04	FY 2004/05*	FY 2005/06*	FY 2006/07*	FY 2007/08*	FY 2008/09*
Salaries/Wages	658,246	**698,435	712,404	726,652	741,185	756,009
Benefits	217,221	**230,484	235,094	239,796	244,592	249,484
Library	1,700	1,734	1,769	1,804	1,840	1,877
Equipment	5,000	5,100	5,202	5,306	5,412	5,520
Travel	15,000	15,300	15,606	15,918	16,236	16,561
TOTAL EXPENSE	897,167	951,053	970,075	989,476	1,009,265	1,029,451

Note: This assumes consistent enrollment of 107-109 students, as per the past 13 years.

* Includes a 2% increase per year

** Includes the addition of a 0.5%FTE

DPT (Professional)

The five year projected budget for the professional DPT program is based on a minimum of 6 students per class and an average of 10 courses being offered in any given year (estimate of 25 credit hours/year). Another specified figure is that faculty will be paid a fixed price of \$550 (plus benefits) for each credit hour they teach in this program. The chief expense of the program will be these faculty instruction costs. Current facilities and equipment are sufficient to support this program. Revenue to reimburse faculty for their instructional time will be generated by charging a proportional differential tuition to students taking courses. At the time of the writing of this proposal (AY 2003/2004), entry-level PT students were paying \$3452 per year in differential tuition. Students take an average of 32 credit hours for the two semesters each year that they are charged the differential tuition. The formula used to calculate the proportional differential was:

$$\text{\$3452 differential tuition} / \text{32 credit hours} = \text{\$108 differential tuition / credit hour.}$$

The revenue generated through differential tuition will be sufficient to cover the instructional costs of the program. Table 11 provides the proposed budget for the first five years of the professional DPT program.

Table 11. The proposed budget for the first five years of the professional DPT program The five year projected budget for the professional DPT program is based on charges per student per class. Although the admission numbers cannot be predetermined; this budget using fiscal year dates as examples.

INCOME						
Source	FY 2003/04	FY 2004/05*	FY 2005/06*	FY 2006/07*	FY 2007/08*	FY 2008/09*
Differential Tuition	16,200	16,524	16,854	17,191	17,535	17,886
TOTAL INCOME	16,200	16,524	16,854	17,191	17,535	17,886
EXPENSES						
Source	FY 2003/04	FY 2004/05**	FY 2005/06**	FY 2006/07**	FY 2007/08**	FY 2008/09**
Salaries/Wages	13,750	13,750	13,750	13,750	13,750	13,750
Benefits (½ at 9% and ½ at 34%)	2,956	2,956	2,956	2,956	2,956	2,956
TOTAL EXPENSE	16,706	16,706	16,706	16,706	16,706	16,706

Note: This assumes minimum enrollment of 6 students per class with an average of 10 classes being offered per year.

* Includes a 2% increase per year.

** The set rate of reimbursement for teaching classes will remain constant for the first five years of the program

FUNDING SOURCES

DPT (Entry-Level)

Because the DPT is replacing the Master of Physical Therapy program, the funding sources will remain the same as they currently are. These funding sources include:

1. State appropriations
2. Differential tuition
3. Special course fees

DPT (Professional)

The funding sources for the professional DPT program will be:

1. Differential tuition
2. Special course fees

REALLOCATION

DPT (Entry-Level)

There will be no internal university reallocation associated with this program.

DPT (Professional)

There will be no internal university reallocation associated with this program

IMPACT ON EXISTING BUDGETS

DPT (Entry-Level)

Given that the DPT program is replacing the MPT program, there will be no specific impact on the existing Division budget as a result of the DPT.

DPT (Professional)

The impact of this program on the existing budget will be at most minimal. That minimal impact consists of the preparation costs, which have already been absorbed as the planning is complete. Faculty travel and equipment costs will be covered by differential tuition. No additional library costs will be incurred.

Appendix A

DPT (Entry-Level)

Entry-Level DPT Program Curriculum

New Courses to be Added in the Next Five Years

Course Number	Title	Credit Hours
YEAR I		
PHTH 6010	Professional Practice I	1
PHTH 6130	Pharmacotherapeutics	2
PHTH 6140	Diagnostic Testing and Imaging for Physical Therapists	2
PHTH 7910	Doctoral Seminar	1
YEAR II		
PHTH 7220	Interventions III: Advanced Techniques	2
PHTH 7920	Doctoral Seminar	1
PHTH 6020	Professional Practice II	1
PHTH 7930	Doctoral Seminar	1
PHTH 7270	Teaching and Learning II	2
PHTH 7280	Physical Therapy Topics I	2
YEAR III		
PHTH 7320	Rehabilitation Technology	1
PHTH 7330	Physical Therapy Topics II	2
PHTH 7940	Doctoral Seminar	1
PHTH 6030	Professional Practice III	1
PHTH 7970	Doctoral Project	1

DPT (Entry-Level)

Entry-Level DPT Program Curriculum

All Program Courses

Course Number	Title	Credit Hours
CORE COURSES		
PHTH 6010	Professional Practice I	1
Introduction of information relating to various professional issues facing the physical therapist including: historical development of physical therapy, activities of the APTA, influence of your beliefs and value system that effect ethical decision making, the role of clinical experience in your education and training and your responsibilities as a student on internship, and current issues facing the profession.		
PHTH 6040	Anatomy	5
Gross anatomy of the anterior and posterior abdominal walls, the superficial and deep back muscles, lower extremities, head, neck, thorax, and upper extremities. This course includes 2 credit hours for dissection laboratory.		
PHTH 6060	Pathophysiology	5
This course is designed to provoke in students a general understanding of physiological body responses to certain pathologies related to rehabilitation practice.		
PHTH 7070	Tests and Measures	5
This course consists of presentation of principles and practice of examination and evaluation of musculoskeletal dysfunction and impairment through lecture, demonstration, and laboratory experience. This is considered a key foundational course in physical therapy examination procedures.		
PHTH 6080	Pathokinesiology	5
This course is designed to develop in students a working knowledge of human motion, including the biomechanical aspects of movement and muscle/joint interplay in the production of motion. An overall goal of the course is to develop in students the ability to utilize current literature as well as textbooks in analyzing information about human movement. It includes three 1-hour lectures; one 2-hour discussion; and one 2-hour lab session per week.		
PHTH 6090	Research and Evidence Based Practice	4
This course is designed with the assumption that scientific inquiry should form the basis of patient care. The primary goals for this course are to introduce students to the scientific method for clinical problems and evidenced-based practice. The research process, measurement theory, critical review, research design, and evidenced-based practice are emphasized. This course is directly linked to prerequisites for the applied doctoral project.		
PHTH 7100	Teaching and Learning I	1

The expectation is that course participants are adult learners that participate actively in this lifelong learning course. The course requires active group and individual participation as an adult learner. Students are expected to be prepared for each class session and complete required readings in advance and respective assignments for due dates. Students assist in course design and development as part of the course requirements for the Teaching and Learning course.

- | | | |
|---|--|---|
| PHTH 6800 | Clinical Experience I | 1 |
| <p>The first year DPT student spends one afternoon a week (4 hours) for 12 weeks throughout the spring semester of their first academic year, in a clinical environment under the direct supervision of a licensed physical therapist. This experience is designed to help students become socialized to the clinical environment and the professionals who work within it, and to practice and integrate knowledge, practical skills, and professional behaviors into the clinical world.</p> | | |
| PHTH 6050 | Neuroanatomy | 5 |
| <p>This course contains instruction and laboratory work encompassing neuroanatomical structure and basic functional neurology.</p> | | |
| PHTH 7110 | Intervention I: Physical Agents | 3 |
| <p>This course contains theory and application of electrotherapy, thermal agents, compression and traction. Aspects of the physical, physiological and clinical aspects of electrotherapy, thermal agents, compression and traction are also covered. Measurement and fitting of wheelchairs and assistive devices, types, sizes and features of various wheelchairs are elements of this course as is patient instruction in safe ambulation with assistive devices: crutches, canes, and walkers. The theory and application of therapeutic massage is also included.</p> | | |
| PHTH 7120 | Intervention II: Therapeutic Exercise | 4 |
| <p>Knowledge of exercise principles based on physiologic mechanisms of movement essential for treatment planning and implementation. This course is inclusive of all basic approaches to exercise for improvement of range of motion, strength, aerobic and functional capacity.</p> | | |
| PHTH 6130 | Pharmacotherapeutics | 2 |
| <p>Basic principles of pharmacology including pharmacokinetics and pharmacodynamics (including but not limited to drug metabolism, dose response relationships, and side effect profiles) will be presented. The focus of the course will be on medications commonly encountered in rehabilitation settings and their effect on rehabilitation and exercise tolerance.</p> | | |
| PHTH 6140 | Diagnostic Testing and Imaging for Physical Therapists | 2 |
| <p>Basic principles and interpretation of diagnostic imaging modalities as they apply to physical therapy are covered in this course. The course emphasizes plain film radiography, including basic physics of the imaging technique, viewing and interpreting films, radiographic anatomy, and clinical correlation with patient cases. Other imaging</p> | | |

- PHTH 7260 Management in Geriatrics 2
 The central focus of this course is to introduce the role of the health care provider as an agent for promoting, maintaining, and restoring function, independence, and self-care of an older adult through the use of personal, family, professional, and community resources.
- PHTH 7270 Teaching and Learning II 2
 The expectation is that course participants are adult learners that participate actively in this lifelong learning course. The course requires active group and individual participation as an adult learner. Students are expected to be prepared for each class session and complete required readings in advance and respective assignments for due dates. Students assist in course design and development as part of the course requirements for the Teaching and Learning course.
- PHTH 7280 Physical Therapy Topics I 2
 Physical therapy management of patients with various chronic diseases is discussed. Rheumatic diseases, infectious diseases, and oncology and other current topics are included for specific discourse.
- PHTH 7930 Doctoral Seminar 1
 Designed to provide students with an opportunity to critically review and interpret professional literature related to the practice of physical therapy, with an emphasis on information that provides evidence for physical therapy practice and clinical decision making. This is the fourth in a series of seminars meant to increase a student's ability to utilize relevant literature in practice and expose to students to multiple practice-related topics.
- PHTH 6830 Clinical Experience III (optional) 1
 The second and third year DPT student spends a minimum of 4 hours for a maximum of 12 weeks throughout the semester of their second and third academic year, in a clinical environment under the direct supervision of a licensed physical therapist in a specialized clinical experience. This experience is designed to help students become further socialized to the clinical environment and the professionals who work within it, and to practice and integrate specialized knowledge, practical skills, and professional behaviors into the specialized clinical world.
- PHTH 7840 Internship II 8
 One full-time clinical internship, ten weeks in length. Students practice evaluation through assessment and measurement techniques and interpretation of those results, and plan and carry out appropriate and thorough treatment programs in the clinical environment under the direct supervision of an experienced physical therapist. The student will also practice and progressively develop a variety of professional skills that are critical for appropriate professional development. Refer to WebCT for further dynamic course information, updates, and distributed learning components.

PHTH 7300	Neuromuscular Management	5
<p>There are 2 components to this course. The first component is the Physical Therapy and Medical Science section in which students shall receive information regarding the Physical Therapy and Medical examination, diagnosis, and treatment of neuromusculoskeletal disorders. The second component is a case reports section in which students will complete case report presentations, establish physical therapy diagnoses and formulate evidence based treatment plans of patients with various neuromusculoskeletal disorders and associated disabilities.</p>		
PHTH 7310	Administration in Physical Therapy	3
<p>Administration of physical therapy practice, record keeping, billing, insurance practices, liability, personnel management, and quality assurance are discussed.</p>		
PHMD 6300	Adjusting to Disability	2
<p>Students receive broad exposure to and an understanding of psychological problems associated with physical disability.</p>		
PHTH 7320	Rehabilitation Technology	1
<p>Physical therapy application of current and emerging technologies that are designed to complement and augment traditional rehabilitation practice</p>		
PHTH 7330	Physical Therapy Topics II	2
<p>This course provides the student with an opportunity to present, analyze, and integrate case studies of physical therapy practice as the provider for varying alternate models of care. Case studies are drawn from patients with simple to complex problems in the general medicine, cardiopulmonary, musculoskeletal, integumentary, and neuromuscular systems, and who present to the physical therapist as a first point of contact for health care. Emphasis is placed on the physical therapist's role, responsibilities, and risks when practicing as an entry point into the health care system and when participating in preventative programs. Additional emphasis will be on critiquing and designing fitness and wellness programs for populations with special needs. Programs will focus on those for employee fitness, diabetes, arthritis, osteoporosis, obesity and the elderly. Students will participate in and evaluate group treatments and recreational exercise.</p>		
PHTH 6030	Professional Practice III	1
<p>Further extension of information relating to various professional issues facing the physical therapist including the following: (1) Identifying your role in leadership, administration, management and professionalism in the practice of physical therapy. (2) Advancing your understanding of the influence of certain trends in health care that effect your ethical decisions and analyzing those decisions. (3) Advancing your commitment to ethical practice. (4) Advancing your understanding of legal issues related to practice; such as discrimination, harassment (sexual and other), HIPPA, ADA, etc. (5) Identifying current legislative and health care policy issues affecting physical therapy practice.</p>		
PHTH 7940	Doctoral Seminar	1

Professional DPT Program Curriculum

Although the course content of these professional DPT courses will mirror the content in the corresponding entry-level DPT courses, the courses have been listed as “new courses” because the method of delivery will be different (see DPT (professional) section under “Expansion of Existing Program”).

New Courses to be Added in the Next Five Years

Course Number	Title	Credit Hours
CORE COURSES		
PHTH 6030-05	Professional Practice III	2
PHTH 6130-05	Pharmacotherapeutics	2
PHTH 6060-05	Pathophysiology	2
PHTH 6140-05	Diagnostic Testing and Imaging for Physical Therapists	2
PHTH 6090-05	Research and Scientific Inquiry	3
PHTH 7970	Doctoral Project	2
COMPETENCY COURSES		
PHTH 7210-05	Cardiovascular/Pulmonary Management	3
PHTH 7230-05	Integumentary Management	3
PHTH 7300-05	Neuromuscular Management	3
PHTH 7240-05	Musculoskeletal Management	3
PHTH 7200-05	Motor Control	3
PHTH 7100-05	Teaching and Learning in Physical Therapy	3
PHTH 7320-05	Rehabilitation Technology	1
PHTH 7810-05	Clinical Internship	4
ELECTIVE COURSES		
PHTH 7280-05	Physical Therapy Topics I	2
PHTH 7330-05	Physical Therapy Topics II	2
PHTH 7220-05	Interventions III	2
PHTH 7310-05	Administration	3
PHTH 7900	Independent Study	1-4

DPT (Professional)

Professional DPT Program Curriculum

All Program Courses

Course Number	Title	Credit Hours
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CORE COURSES

PHTH 6030-05	Professional Practice III	2
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This class will include exchange of information relating to various professional issues facing the physical therapist and how they related to your practice. Topics of discussion include the following: (1) Identifying your role in leadership, administration, management and professionalism in the practice of physical therapy. (2) Advancing your understanding of the influence of certain trends in health care that effect your ethical decisions and analyzing those decisions. (3) Advancing your commitment to ethical practice. (4) Advancing your understanding of legal issues related to practice; such as discrimination, harassment (sexual and other), HIPPA, ADA, etc. (5) Identifying current legislative and health care policy issues affecting physical therapy practice.

PHTH 6130-05	Pharmacotherapeutics	2
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Basic principles of pharmacology including pharmacokinetics and pharmacodynamics (including but not limited to drug metabolism, dose response relationships, and side effect profiles) will be taught. The focus of the course will be on medications commonly encountered in rehabilitation settings and their effect on rehabilitation and exercise tolerance.

PHTH 6060-05	Pathophysiology	2
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This course is designed to provide information about pathologies that are seen in clinical settings that may require referral or consultation with other medical providers. The application of patient history, signs and symptoms and screening tests will be emphasized.

PHTH 6140-05	Diagnostic Testing and Imaging for Physical Therapists	2
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Principles and interpretation of diagnostic imaging modalities as they apply to physical therapy are covered. The course emphasizes plain film radiography, including basic physics of the imaging technique, viewing and interpreting films, radiographic anatomy, and clinical correlation with patient cases. Other imaging modalities including magnetic resonance imaging (MRI), computed tomography (CT), scintigraphy, and contrast films will also be included. Following introductory material, the course will be taught by anatomical region.

PHTH 6090-05	Research and Scientific Inquiry	3
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This course is designed with the assumption that scientific inquiry should form the basis of patient care. The primary goals for this course are to introduce students to the scientific method for clinical problems and evidenced-based practice. The research process, measurement theory, critical review, research design, and evidenced-based practice are emphasized. This course is directly linked to the applied doctoral project.

PHTH 7970	Doctoral Project	2
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The candidate for the degree presents, both in written and verbal form, utilization of evidence-based practice for a selected clinical care case report. The candidate evaluates

PHTH 7320-05	Rehabilitation Technology	1
	Physical therapy application of current and emerging technologies that are designed to complement and augment traditional rehabilitation practice	
PHTH 7810-05	Clinical Internship	4
	T-DPT Students with the desire for advanced clinical skills; One full-time clinical internship ten weeks in length. Students practice evaluation through assessment and measurement techniques and interpretation of those results, and plan and carry out appropriate and thorough treatment programs in the clinical environment under the direct supervision of an experienced physical therapist. The student will also practice and progressively develop a variety of professional skills that are critical for appropriate professional development. REFER to webCT for dynamic course updates for the distributed learning aspects, course assignments, and updates for clinical education. <u>Time Frame</u> : 10 weeks for a total of 400 clinical hours; adjustable time frame at the sole discretion of the Clinical Instructor in consultation with the Director of Clinical Education.	

Total of Competency Course Credit Hours	24
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ELECTIVE COURSES

PHTH 7280-05	Physical Therapy Topics I	2
	Physical therapy management of patients with various chronic diseases is discussed. Rheumatic diseases, infectious diseases, and oncology and other current topics are included for specific discourse.	
PHTH 7330-05	Physical Therapy Topics II	2
	This course provides the student with an opportunity to present, analyze, and integrate case studies of physical therapy practice as the provider for varying alternate models of care. Case studies are drawn from patients with simple to complex problems in the general medicine, cardiopulmonary, musculoskeletal, integumentary, and neuromuscular systems, and who present to the physical therapist as a first point of contact for health care. Emphasis is placed on the physical therapist's role, responsibilities, and risks when practicing as an entry point into the health care system and when participating in preventative programs. Additional emphasis will be on critiquing and designing fitness and wellness programs for populations with special needs. Programs will focus on those for employee fitness, diabetes, arthritis, osteoporosis, obesity and the elderly. Students will participate in and evaluate group treatments and recreational exercise.	
PHTH 7220-05	Interventions III	2
	Physical therapists select interventions based on the complexity and severity of the clinical problems of their patients. The selection of interventions is based on examination findings, an evaluation, and a diagnosis that supports physical therapy intervention. This course will introduce the student to a set of advanced procedural interventions including but not limited to manual therapy techniques including mobilization and manipulation; prescription, application, and fabrication of devices and equipment used for assistive, adaptive, protective or supportive purposes; vestibular rehabilitation interventions (including canalith repositioning maneuvers, adaptation and habituation interventions); and treatment of muscle imbalance. This course will introduce these topics to the student and the ongoing development of student proficiency will continue to be assessed in future coursework.	

PHTH 7310-05 Administration 3
 Administration of physical therapy practice, record keeping, billing, insurance practices, liability, personnel management, and quality assurance are discussed. Specific issues of students' current practice environments will be discussed to emphasize problem solving and the use of available evidence to improve practice outcomes.

PHTH 7900 Independent Study 1-3
 Prerequisite: Instructor's Consent
 Focused subject matter in physical therapy selected by student in consultation with faculty.

Total of Elective Course Credit Hours	9 - 13
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Total Number of Credit Hours	45 - 49
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Appendix B

DPT (Entry-Level)

Entry-Level DPT Program Schedule

Program Schedule			
Course Number	Title		Credit Hours
YEAR I			
SUMMER SEMESTER			
PHTH 7010	Professional Practice I		1
PHTH 7040	Anatomy		5
PHTH 7060	Pathophysiology		<u>5</u>
Total semester credit hours			11
FALL SEMESTER			
PHTH 7070	Tests and Measures		5
PHTH 7080	Pathokinesiology		5
PHTH 7090	Research and Evidence Based Practice	4	
PHTH 7100	Teaching and Learning I	1	
PHTH 7800	Clinical Experience I		<u>1</u>
Total semester credit hours			16
SPRING SEMESTER			
PHTH 7050	Neuroanatomy		5
PHTH 7110	Intervention I: Physical Agents	3	
PHTH 7120	Intervention II: Therapeutic Exercise		4
PHTH 7130	Pharmacotherapeutics		2
PHTH 7140	Diagnostic Testing and Imaging		
PHTH 7910	Doctoral Seminar in Evidence Based Practice	<u>1</u>	2
Total semester credit hours			17
YEAR II			
SUMMER SEMESTER			
PHTH 7810	Internship I		<u>8</u>
Total semester credit hours			8
FALL SEMESTER			
PHTH 7200	Motor Control		4
PHTH 7210	Cardiovascular/Pulmonary Management		4
PHTH 7220	Intervention III: Advanced Techniques	2	
PHTH 7230	Integumentary Management		2
PHTH 7920	Doctoral Seminar		1
PHTH 7020	Professional Practice II	1	
PHTH 7820	Clinical Experience II (optional)	<u>1</u>	
Total semester credit hours			14-15

SPRING SEMESTER

PHTH 7240	Musculoskeletal Management	5	
PHTH 7250	Management in Pediatrics		2
PHTH 7260	Management in Geriatrics		2
PHTH 7270	Teaching and Learning II		2
PHTH 7280	Physical Therapy Topics I		2
PHTH 7930	Doctoral Seminar in Evidence Based Practice	1	
PHTH 7830	Clinical Experience III (optional)	<u>1</u>	
Total semester credit hours			14-15

YEAR III**SUMMER SEMESTER**

PHTH 7840	Internship II		<u>8</u>
Total semester credit hours			8

FALL SEMESTER

PHTH 7300	Neuromuscular Management		5
PHTH 7310	Administration in Physical Therapy		3
PHMD 6300	Adjusting to Disability	2	
PHTH 7320	Rehabilitation Technology		1
PHTH 7330	Physical Therapy Topics II		2
PHTH 7030	Professional Practice I II		1
PHTH 7940	Doctoral Seminar		1
PHTH 7970	Doctoral Project	1	
PHTH 7850	Clinical Experience IV (optional)	<u>1</u>	
Total semester credit hours			16-17

SPRING SEMESTER

PHTH 7860	Internship III		<u>12</u>
Total semester credit hours			12

ELECTIVE COURSES

PHTH 7900	Independent Study		1-3
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Total Credit Hours 116-122

DPT (Professional)

Professional DPT Program Schedule

There is no set program schedule for the professional DPT offering. All listed courses will be offered a minimum of one time per academic year and may be offered more frequently based on demand and faculty availability. Prior to the beginning of each academic year, the curriculum plans of enrolled students will be reviewed to determine the courses that will have sufficient enrollment for that year and these courses will then be scheduled. Any course with an enrollment of less than six students will be cancelled.

Courses will be offered as intensive weekend or week-long courses with associated preparatory work and homework and assignments. Elements of some courses will also include web-based distance study.

Appendix C
DPT (Entry-Level)

Entry-Level DPT Faculty

The following list indicates current actively teaching faculty members in the Division of Physical Therapy. The qualifications category provides the general practice area where the faculty member provides their major teaching contribution. The highlighted names are core faculty members. All faculty members have earned doctoral degrees, master's degrees or are clinical specialists in their assigned curricular subjects.

DIVISION OF PHYSICAL THERAPY		
ADJUNCT FACULTY	QUALIFICATIONS	ACADEMIC RANK
Bean, Bill G.	Musculoskeletal	Adjunct Instructor
Maudsley, Michael S.	Musculoskeletal	Adjunct Instructor
Trela, Patricia	Musculoskeletal	Adjunct Instructor
Beals, Timothy C.	Musculoskeletal	Adjunct Assistant Professor
Greis, Patrick E.	Musculoskeletal	Adjunct Assistant Professor
Horwitz, Daniel Scott	Musculoskeletal	Adjunct Assistant Professor
Oneil, Kathleen A	Radiology	Adjunct Assistant Professor
Scott, Steven M	Musculoskeletal	Adjunct Assistant Professor
Shields, Marlin N.	Administration	Adjunct Assistant Professor
Adams, Ted	Fitness/Wellness	Adjunct Associate Professor
Balbierz, Janet M.	Neuromuscular	Adjunct Associate Professor
Brennan, Gerard P.	Musculoskeletal	Adjunct Associate Professor
Coleman, Don A	Musculoskeletal	Adjunct Associate Professor
Dastous, Jacques	Neuromuscular	Adjunct Associate Professor
Hutchinson, Douglas T	Musculoskeletal	Adjunct Associate Professor
Shultz, Barry B	Statistics	Adjunct Associate Professor
Smith, John T	Neuromuscular	Adjunct Associate Professor
Speed, John	Neuromuscular	Adjunct Associate Professor
Willick, Stuart	Neuromuscular	Adjunct Associate Professor
Bloswick, Donald S	Ergonomics	Adjunct Professor
Burgess, Paul R	Neurophysiology	Adjunct Professor
Burks, Robert T	Musculoskeletal	Adjunct Professor
Cannon, Grant W	Rheumatic Disease	Adjunct Professor
Dunn, Harold K	Musculoskeletal	Adjunct Professor
Stevens, Peter M	Musculoskeletal	Adjunct Professor
(CLINICAL) FACULTY		
Atkins, Cordell	Integumentary	Instructor (Clinical)
Bradford, Misha	Musculoskeletal	Instructor (Clinical)
Brady, Margo A Jones	Musculoskeletal	Instructor (Clinical)
Bridge, Stephen S	Neuromuscular	Instructor (Clinical)
Burton, Janene M.	Neuromuscular	Instructor (Clinical)
Cardell, Elizabeth M	Anatomy/Neuroanatomy	Instructor (Clinical)

Carson, Randy J	Neuromuscular	Instructor (Clinical)
Carter, David S	Musculoskeletal	Instructor (Clinical)
Cohee, Kimberly P	Musculoskeletal	Instructor (Clinical)
Condley, Elizabeth L	Cardiovascular/Pulmonary	Instructor (Clinical)
Ericson, Patricia S	Musculoskeletal	Instructor (Clinical)
Foreman, Kenneth	Anatomy/Neuroanatomy	Instructor (Clinical)
Fort, Linda R	Musculoskeletal	Instructor (Clinical)
Freeman, Kenneth D	Infectious Disease/Oncology	Instructor (Clinical)
Gerpheide, K C Sato	Musculoskeletal	Instructor (Clinical)
Graybill, Charles S	Gerontology/Musculoskeletal	Instructor (Clinical)
Hein-Helgren, Deborah	Musculoskeletal	Instructor (Clinical)
Mason, Monica L	Musculoskeletal	Instructor (Clinical)
Monroe, Jocelyn G	Neuromuscular	Instructor (Clinical)
Murphy, Brian P	Primary Care/Administration	Instructor (Clinical)
Nelson-Veltkamp, Kristen L	Fitness/Wellness	Instructor (Clinical)
Sandwick, Suzanne	Neuromuscular	Instructor (Clinical)
Wehrli, Teri Miles	Pediatrics	Instructor (Clinical)
Anderson, Mark	Administration	Assistant Professor (Clinical)
Dibble, Leland E	Neuromuscular	Assistant Professor (Clinical)
Knapp, Laura D	Musculoskeletal	Assistant Professor (Clinical)
Marcus, Robin	Musculoskeletal	Assistant Professor (Clinical)
Musolino, Gina M	Education/Clinical Education	Assistant Professor (Clinical)
Gooch, Judith L	Neuromuscular	Associate Professor(Clinical)
CLINICAL FACULTY		
Brown, Larry D	Musculoskeletal	Clinical Instructor
Cooper, Jaren J	Neuromuscular	Clinical Instructor
Dudley, Kurt R	Musculoskeletal	Clinical Instructor
Fagin, Stephanie L	Musculoskeletal	Clinical Instructor
Fink, Barbara P	Musculoskeletal	Clinical Instructor
Forsyth Marlin	Musculoskeletal	Clinical Instructor
Garrett, Taunya	Pediatrics	Clinical Instructor
Green, Robert G	Musculoskeletal	Clinical Instructor
Gormally, Jane G	Neuromuscular	Clinical Instructor
Grisard, Richard	Neuromuscular/Pediatrics	Clinical Instructor
Hall, Elizabeth A	Neuromuscular	Clinical Instructor
Howe, Shelly	Neuromuscular	Clinical Instructor
Hunter, Stephen A	Musculoskeletal	Clinical Instructor
Ivins, Curtis A	Cardiovascular/Pulmonary	Clinical Instructor
Jarvis, Louise	Neuromuscular	Clinical Instructor
Johnson, Barbara A	Pediatrics	Clinical Instructor
Kimball, Barbara H	Pediatrics	Clinical Instructor
Larson, David S.	Musculoskeletal	Clinical Instructor
Lee, Jason	Musculoskeletal	Clinical Instructor
Mayer, Lloyd L	Musculoskeletal	Clinical Instructor
Montgomery, Kent H	Administration	Clinical Instructor
Moulis, Patricia M.	Neuromuscular	Clinical Instructor

Nelson, Jennifer Kalasky	Neuromuscular	Clinical Instructor
Olsen, Barry	Musculoskeletal	Clinical Instructor
Olsen, Barry Lee	Musculoskeletal	Clinical Instructor
Pederson, Cathy	Neuromuscular	Clinical Instructor
Rauk, Reva	Neuromuscular	Clinical Instructor
Rees, Sonya	Pediatrics	Clinical Instructor
Reid, Kim W	Musculoskeletal	Clinical Instructor
Rodriquez, Brian	Musculoskeletal	Clinical Instructor
Santora, Stephen D	Musculoskeletal	Clinical Instructor
Schnebly, Andy	Integumentary	Clinical Instructor
Shisler, Leslie	Musculoskeletal	Clinical Instructor
Steffens, John D	Musculoskeletal	Clinical Instructor
Williams, Kimberly	Musculoskeletal	Clinical Instructor
Dudley, Kathy E	Pediatrics	Clinical Assistant Professor
Guinn, James L	Neuromuscular	Clinical Assistant Professor
Hobusch, Frederick L	Musculoskeletal	Clinical Assistant Professor
Macwilliams, Bruce A	Neuromuscular	Clinical Assistant Professor
Miyasaki, Rodney A	Musculoskeletal	Clinical Assistant Professor
Petron, David J	Musculoskeletal	Clinical Assistant Professor
TENURE TRACK FACULTY		
Gappmaier, Eduard	Cardiovascular/Pulmonary	Assistant Professor
La Stayo, Paul	Musculoskeletal	Associate Professor
Moncur, Carolee	Anatomy/Neuroanatomy	Professor
Nicholson, Diane	Neuromuscular	Assistant Professor
Ward, R. Scott	Integumentary	Associate Professor

DPT (Professional)

Professional DPT Program Faculty

The following list includes the faculty members who have agreed to participate in the instruction of professional DPT students. Highlighted names are core faculty members. All faculty members have earned doctoral degrees, masters degrees, are clinical specialists, and/or are nationally recognized experts in their assigned curricular subjects.

DIVISION OF PHYSICAL THERAPY		
ADJUNCT FACULTY	QUALIFICATIONS	ACADEMIC RANK
Beals, Timothy C.	Musculoskeletal	Adjunct Assistant Professor
Balbierz, Janet M.	Neuromuscular	Adjunct Associate Professor
Brennan, Gerard P.	Musculoskeletal	Adjunct Associate Professor
Shultz, Barry B	Statistics	Adjunct Associate Professor
Smith, John T	Neuromuscular	Adjunct Associate Professor
Bloswick, Donald S	Ergonomics	Adjunct Professor
Burks, Robert T	Musculoskeletal	Adjunct Professor
Boissonault, William	Musculoskeletal	Univ. of Wisconsin Madison
Cooperman, Jonathon	Professional Issues/Administration	Ohio State University
Tepper, Steven	Cardiovascular/Pulmonary	Shenandoah University
Bezner, Janet	Fitness/Wellness	Southwest Texas State Univ.
(CLINICAL) FACULTY		
Bradford, Misha	Musculoskeletal	Instructor (Clinical)
Graybill, Charles S	Gerontology/Musculoskeletal	Instructor (Clinical)
Nelson-Veltkamp, Kristen L	Fitness/Wellness	Instructor (Clinical)
Dibble, Leland E	Neuromuscular	Assistant Professor (Clinical)
Knapp, Laura D	Musculoskeletal	Assistant Professor (Clinical)
Marcus, Robin	Musculoskeletal	Assistant Professor (Clinical)
Musolino, Gina M	Education/Clinical Education	Assistant Professor (Clinical)
CLINICAL FACULTY		
Johnson, Barbara A	Pediatrics	Clinical Instructor
Rauk, Reva	Neuromuscular	Clinical Instructor
Hobusch, Frederick L	Musculoskeletal	Clinical Assistant Professor
Macwilliams, Bruce A	Neuromuscular	Clinical Assistant Professor
TENURE TRACK FACULTY		
Gappmaier, Eduard	Cardiovascular/Pulmonary	Assistant Professor
La Stayo, Paul	Musculoskeletal	Associate Professor
Moncur, Carolee	Anatomy/Neuroanatomy	Professor
Nicholson, Diane	Neuromuscular	Assistant Professor
Ward, R. Scott	Integumentary	Associate Professor

Appendix D

DPT

Comparison of Curricular Expectations: MPT and DPT

In 1998, the Commission on Accreditation in Physical Therapy Education (CAPTE) initiated an enhancement of the curricular expectations for physical therapy education in response to an extensive review of PT education and practice. Several programs across the country included these advancements in rigor to the curricula as they made transition to doctoral degrees. The University of Utah physical therapy faculty chose not to delay the revisions and increased expectations in our curriculum until approval of the DPT, but rather to begin changing the rigor of the existing MPT courses so that the quality of physical therapy education at the University of Utah would not be compromised. Therefore, between 1998 and 2002 numerous modifications were made to the MPT courses so that the course rigor is comparable to similar doctoral courses offered at other physical therapy programs. Consequently, the MPT courses now have expectations like those offered in the proposed DPT curriculum and further, bear little resemblance to the level of course they were prior to the changes compelled by the 1998 CAPTE criteria. Now that these curricular changes have been implemented, we concur with other institutions that the degree most suited for such a rigorous plan of study is an entry level doctorate in physical therapy, or DPT. The use of and application of scientific evidence upon which practice should be based is a common thread through this curricular revision.

The revisions of course content are present now in all MPT courses offered in the Division. For illustrative purposes, the following table with comparative course information provides ten examples of the change in rigor in our existing MPT courses.

<u>Course Title</u>	<u>MPT Course Prior to Course Revision</u>	<u>MPT Course Post Course Revision (Proposed DPT content)</u>
Neuroanatomy	Mainly a structural neuroanatomy course with clinical application.	Course still provides sound structural neuroanatomy, but now has a strong emphasis on current neuroscience topics and more extensive clinical application.
Kinesiomechanics	Mainly focused on normal biomechanics of human movement with clinical application.	Emphasis on pathokinesiology along with the coverage of normal kinesiology. Instrumentation laboratory including instrumented motion analysis, EMG and force plate data. More extensive clinical application.
Introduction to Research	Provided an understanding of basic statistics and the process of scientific inquiry, particularly as it applies to clinical situations.	Scientific inquiry should form the basis of patient care. The course focuses on the application of the scientific method for solving clinical problems. The research process, measurement theory, critical review, research design, and evidenced-based practice are emphasized. (The course title in the DPT curriculum is Research and Evidence-Based Practice.)
Graduate Seminar	Provided a limited opportunity for students to apply knowledge from the Introduction to Research course in one seminar.	This revised course now demands a more focused application of research knowledge requiring application of specific literature to a certain clinical problem. The expectation of the students is increased in their searching and synthesizing literature related to the clinical problem. (The course title in the DPT offering is Doctoral Seminar and three additional doctoral seminars will be offered for a total of four in the DPT curriculum)
Physical Agents	Provided the student with information about and hands practice with the application of electrical and thermal devices, and the use of assistive devices in patient care.	The revision of this course was an expectation of students requiring their ability to use scientific literature to defend their choice of use or application of specific equipment in patient care. There is now more work in this class because of the inclusion of literature reviews, etc.
Pathophysiology	Provided a review of system pathologies and relevant signs and symptoms.	The course now has a greater dimension of depth in discussion of cause and effects of disease and relates these to signs and impairments that are treated by physical therapists and those signs and impairments that suggest or demand referral.
Orthopedic Rehabilitation	Covered the rehabilitation management of patients with musculoskeletal dysfunction (examination and intervention techniques).	There is now a required case study element to this course that requires students to present case reports with rationale for examination and treatment based on the literature. (The course title in the DPT curriculum is Musculoskeletal Management.)

9.1.7 Signature Page to Accompany Proposals Requiring Board Approval. This signature page, with all appropriate signatures included, should be sent to the Commissioner's Office and kept on file at the proposing institution.

Institution Submitting Proposal: University of Utah

College, School or Division in
Which Program Will Be Located: College of Health

Department(s) or Area(s) in
Which Program Will Be Located: Division of Physical Therapy
Program Title: Physical Therapy

Recommended Classification of
Instructional Programs (CIP) Code: ____ . ____ _

Area(s) of Emphasis or Academic
Specialty: (if appropriate) Physical Therapy

Certificate, Diploma and/
or Degree(s) to be Awarded: Doctor of Physical Therapy

Proposed Beginning Date: May 2005 (Summer Semester)

Institutional Signatures (as appropriate):

_____ Department Chair	_____ Dean or Division Chair
_____ Applied Technology Director	_____ Graduate School Dean
_____ Chief Academic Officer	_____ President
_____ Date	