

## **Appendix R - Residency in Orthopaedic Physical Therapy**

The Residency in Orthopaedic Physical Therapy (ROPT) is delivered within the School of Physical Therapy (SOPT). Relevant policies and procedures in the SOPT Doctor of Physical Therapy handbook apply to the ROPT. Additional information specific to the Orthopaedic residency is provided here.

***Should duplication of policy be present, the specifics of the policy as outlined in this Appendix shall take primacy due to the unique structure of the Residency. All policy determinations are subject to appeal to the ROPT Program Director and the Assistant Dean of the School of Physical Therapy for the Resident.***

### **A. Executive Summary**

The Residency in Orthopaedic Physical Therapy commenced as a post-professional program in January 2020. Residency programs in physical therapist (PT) practice are designed to advance a physical therapist's knowledge and skill in a specialty area of practice. The ROPT is a one-year (Jan-Dec) program focused on advanced orthopaedic physical therapy practice with 12 semester hour credits and culminating in a certificate of completion. This certificate program, prepares the graduate/s to sit for the American Board of Physical Therapy Specialties (ABPTS) orthopaedic clinical specialist (OCS) certification examination. The ROPT is accredited through 2026, meeting the educational standards and program requirements of the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).

The ROPT aligns to the mission of both Regis University and the School of Physical Therapy, developing lifelong learners with an intention to serve the greater community. At its core, residents develop a deeper understanding of *magis* and are encouraged to embrace *cura personalis* as a leader in their communities. Each resident completes an intensive one-year program with progressive didactic education in core post-professional courses applicable to all aspects of PT practice and courses specific to orthopedic PT practice.

Currently there is a significant lack of available residency opportunities present in post-professional PT education. Annually, approximately 10,500 Doctors of Physical Therapy (DPT) students are graduating in the USA with a strong demand for post-professional education. The highest demand in residency training is for orthopaedic PT training. Concurrently, the admission requirements set by ABPTRFE for fellowships have changed such that a specialty certification or residency training is mandatory for admission to a fellowship program. With a highly successful DPT program and a nationally recognized Fellowship in Orthopaedic Manual Physical Therapy (FOMT), the ROPT provides both post-professional training for specialty proficiency and a bridge to further sub-specialty training in a fellowship, if desired by the resident graduate.

### **B. Mission**

#### **Alignment to the Regis Mission, the Regis Nine & SOPT Mission**

Mission Statement: Committed to developing excellence in orthopaedic physical therapist practice through advanced evidence-based didactic and psychomotor education, engaged professional mentorship, leadership development and intentional reflection for lifelong learners in the Jesuit tradition.

The ROPT program is designed to cultivate knowledge, attitudes, leadership, and professional ethos for life-long learners during their pursuit of specialty practice in orthopedic physical therapy. Through the process of engaged mentorship with faculty experts and trained master clinicians, residents learn to embody the spirit of *cura personalis* and embrace the integration of reflective practice, current best evidence, and specialty orthopaedic skills in their quest for delivering optimal care to everyone in the community across dynamic health care systems.

## **Philosophy**

As members of the ROPT faculty, we affirm our beliefs and aspirations as follows:

- We believe in advancing professional academic preparation in orthopedic physical therapy as a means to optimize individual health outcomes and enhance health systems.
- We believe in fostering reflective practitioners with an ethos of life-long learning that are dedicated to the advancement of specialty orthopedic practice.
- We believe in cultivating individual leadership development as a means to advance the delivery of orthopedic physical therapy within dynamic health care systems.
- We believe in encouraging inter-professional interaction and expertise to optimize health outcomes.
- We believe in encouraging a sense of community and collegiality.
- We believe in nurturing individual gifts and talents in the pursuit of unique passions while advancing in specialty practice.
- We believe in embodying *cura personalis* while promoting social justice and access to quality health care for all to ensure that the undeniable human right to health is offered to all those in need.

## **Goals**

The goals for the ROPT are:

- Provide a residential educational environment that integrates academic excellence with advanced professional clinical practice.
- Admit and develop resident physical therapists that support the mission of RUOPT, value the Jesuit tradition of service to the community, and are committed to ethical professional practice.
- Attract and support residents to model professional behavior, excel in evidence-based practice, contribute to the physical therapy profession through scholarship and leadership roles in clinical practice, educational institutions, APTA, AOPT, AAOMPT and like organizations.

- Graduate Residents in orthopaedic practice meeting all domains of advance orthopaedic practice and achieving Orthopaedic Clinical Specialist certification.
- Establish diverse national Resident in Training mentorship sites with a focused evidence-based approach to orthopaedic physical therapist practice and mentee development.
- Establish residential and educational environment that integrates state of the art learning tools and high-quality education that achieves and maintains ABPTRFE accreditation, supports ongoing curricular development and program financial stability.

## Regis Nine

The ROPT is a catalyst for bringing the Regis Nine to Physical Therapist Residency Education. This will be alignment with the intentional grounding in the Jesuit core values as outlined within the executive summary and the mission.



### Course series alignment to the Regis Nine

**Knowledge** – DPT 811/812/813 Orthopaedic specialty practice I-III. Advanced Clinical Practice DPT 801/802.

**Skills** - DPT 811/812/813 Orthopaedic specialty practice I-III.

**Values** – DPT 801/802 Advanced Clinical Practice (residency core courses that are applicable to all residents regardless of the specialty track). Integration of professional issues, spirituality, holistic care and ethics. Additionally, DPT 811/812/813OSP I-III align with Regis 9 values

DPT Resident Rounds. Intentional reflection through patient management, integration of didactic knowledge into clinical practice, *cura personalis and magi* emphasis.

## C. Rationale for ROPT

The ROPT provides a post-professional environment to meet the ever-changing health care needs of our society. It meets the demand for PTs to address the unique functional needs of multiple patient populations, optimizing clinical outcomes. The American Physical Therapy Association (APTA) position is that residency education will become the preferred (and potentially required) career path for physical therapists in the future. Residencies will serve to transport the profession into specialty practice to meet increasing health care demands. At Regis University SOPT, we believe we are in a unique position to meet the needs and demands of both the community and the growing professional expansion of physical therapy practice

into a residency model of post-graduate education. The Regis DPT program is highly ranked in the US and recently celebrated its 25-year anniversary. The FOMPT is nearly two decades old with more than 200 graduates.

#### **D. Program Outline, Overview of the Curriculum, and Distinguishing Features**

The ROPT is a 12-month program, running from January to December, focused on advanced orthopaedic physical therapy practice with 12 semester hour credits and culminating in a certificate of completion. Content is offered using blended delivery routes as modules within credit-based courses. The resident cohort each year is approximately 8-12 residents, with capacity up to 15 residents, and the potential for expansion in the future.

Requirements for accredited residency programs include a minimum of 150 hours of 1:1 direct clinical mentoring, 1,350 patient care hours, and 300 educational hours. The ROPT is a hybrid model of blended education. The online educational content is organized into a series of 5 courses totaling 12 credit hours that are delivered as 4 credit hours each summer, fall, and spring semesters following the required ABPTRFE orthopaedic and clinical practice content modules. Educational content is delivered in an online format with residents interacting both in synchronous and asynchronous sessions. Educational hours in the Orthopedic Specialty Practice I-III courses include case reviews and discussion forums where residents can increase their expertise on orthopaedic content and patient management. The residents also collaboratively participate in clinical virtual rounds and scholarship platforms throughout the year. Residents complete two (2) weeks at the Regis University Northwest Denver campus where they continue to advance their orthopaedic skills and clinical problem solving in orthopaedic practice.

A ROPT resident has, or is eligible for, a full-time employed position as a licensed PT at a clinical location where they have a clinical mentor that is a partner with the ROPT program, or they work with a clinical mentor that is a partner with the ROPT program off-site of their employment. At each clinical mentoring site, the resident is directly mentored 1:1 by a board-certified OCS, or clinician meeting the three-year experience requirement in orthopaedic practice (ABPTRFE), and is required to achieve 100 hours within the year of direct mentoring under ABPTRFE. An additional 50 hours is also achieved either asynchronously in our online forums or as additional in clinic 1-1 hours of mentorship.

Each resident also receives advising and mentoring by a Regis University SOPT Residency faculty with 1:1 and 1:2 (involving the clinical site mentor) meetings occurring approximately at quarterly intervals.

Currently, SOPT has over 700 clinical partnerships in every state across the USA. Additionally, there are over 250 Regis University Orthopaedic Manual Physical Therapy (OMPT) Fellows/Fellows-in-Training with OCS (orthopaedic board-certified specialist) specialty certification that are potential clinical mentors for future residents.

## ROPT – Learning Objectives

### The ROPT graduate will:

1. Demonstrate a broad understanding of the primary knowledge areas in orthopaedic practice including anatomy/physiology, movement science, pathology, pain science, surgical interventions and medicinal interventions
2. Apply a primary in-depth knowledge of orthopaedic physical therapy theory and practice including the biopsychosocial model, manual therapy theory and practice, specific exercise interventions and clinical decision making
3. Establish a comprehensive understanding of the principles of evidence-informed and evidence-based practice in orthopaedic physical therapist practice
4. Develop the skill set to use a person-centered approach to complex decision making within an ethical framework using Jesuit principles
5. Contribute through consultation and self-provision of special knowledge in orthopaedic practice to patients, peers, communities, payers and researchers
6. Provide education to students, peers, communities and diverse groups to inform and support orthopaedic physical therapist practice
7. Apply the concepts of critical inquiry within physical therapist practice to inform and further develop practice patterns and aid in technique selection
8. Prioritize inquiry and psychomotor skills within orthopaedic physical therapist practice to advance patient/client examination and evaluation
9. Perform clinical assessments to derive critical information that aid in diagnosis, prognosis, interventions, ongoing assessment and ongoing care management
10. Apply specific interventions in practice that include functional assessment, manual therapy, exercise prescription, patient/client education and pain management
11. Analyze results of outcome assessment to inform professional development and clinical practice
12. Apply the concepts of advanced orthopaedic physical therapist practice across the lifespan and in diverse populations, for the primary health conditions of orthopaedic practice for physical therapists
13. Develop a leadership philosophy and professional mission statement that incorporate Jesuit values and professional practice standards

## ROPT - Program Outcomes

### The ROPT graduate will:

1. Gather and evaluate quantitative and qualitative clinical information relevant to the patient's health and execute a management plan based on evidence-based principles. (Advanced Clinical Reasoning)
2. Demonstrate appropriate verbal and non-verbal communication skills with individuals, groups, the community and the general population. (Effective Communicator)
3. Collaborate effectively to build sustainable and equitable relationships with patients and multi-disciplinary teams to facilitate the attainment of meaningful health outcomes for patients and communities. (Effective Collaborator)

4. Prioritize and effectively execute tasks through teamwork, make informed decisions when allocating finite health care resources, provide leadership within the context of professional organizations and the health care system. (Professional Leadership)
5. Recognize advocacy as essential to health promotion at the level of the patient, the practice population, the health care team, and the broader community, and demonstrate the importance of advocacy in responding to the challenges represented by social, environmental, and biological factors that influence the health of patients and society. (Social Health Advocate)
6. Engage in lifelong learning, critically appraise and apply evidence in practice and facilitate the education of students, patients, colleagues and others. (Clinical Scholar)
7. Commit to the highest standards of excellence in clinical care and ethical/legal conduct and embrace a professional role with a distinct body of physical therapy knowledge, skills and attributes dedicated to improving the health and well-being of others. (Professional Integrity)
8. Develop life-long learners committed to the mission of Regis University to be inspired to make a positive impact in a rapidly-changing global health society, to be purposeful and continually examining, contributing to and questioning health care delivery. (Social Empowerment)

#### **E. Admissions Deadlines**

**In the first year (2020 cohort) the Regis University Admissions portal was utilized, and subsequently, the Residency and Fellowship Centralized Application Service (RF-PTCAS) is being utilized for resident candidate applications.** Applications within RF-PTCAS are determined by the ABPTRFE application timeline, with admissions on a rolling cycle up until approximately December 1<sup>st</sup> prior to the following January start. Admissions decisions are made as applications are received and reviewed.

#### **F. Residency Fee**

Each resident is responsible for paying the residency tuition for the RUROPT. The tuition for RUROPT is set at approximately \$11,500 per cohort. A technology fee of \$325 USD is charged to each resident. This covers the cost of the outcomes management system and a leadership profile inventory. Additional fees are determined by the University - <https://www.regis.edu/financial-aid/tuition-and-fees>

Residents are billed through Student Accounts for 12 credit hours of coursework. Depending on the type of loan, existing student loans may be deferred while the resident is participating within the program. Each resident is responsible for verifying the necessary documentation for loan deferment.

#### **G. Eligibility**

- Applicants must have successfully completed a CAPTE accredited professional physical therapy curriculum, or have had a state physical therapy board approve the applicant's

first-professional physical therapy program as “equivalent” to a US CAPTE accredited professional physical therapy program.

- The applicant is required to have a valid license, provisional or temporary license granting a right to practice physical therapy in the United States. This license must not be under suspension, revocation, probationary status, or subject to disciplinary proceedings or inquiry.
- All applicants must have professional liability insurance coverage that applies to all clinical settings in which they work.
- Applicants must be an APTA member, pass a background checks during the admissions process, and be committed to professional development.
- Applicants must submit a completed application in a timely manner in order to be considered for the program. Admission is granted on a competitive basis utilizing the online RF-PTCAS application system.

## **H. Resources**

Library: Residents have full student access to the Regis University Library consistent with the current privileges of the fellows-in-training enrolled in the Fellowship in Orthopaedic Manual Physical Therapy (FOMPT).

Instructional Technology: On-line coursework, involving educational modules, are delivered through WorldClass and residents will receive ITS support as needed.

Physical Space: Since the ROPT program is delivered with a blended model, the majority of the content delivery will be online, however residents come to campus 2 times for a total of 10-12 days during the year where they participate in educational sessions. During these on-campus times space is provided for residents to practice psychomotor skills/techniques, engage in instruction, complete assigned work and integrate into learning activities with the Doctor of Physical Therapy Students.

Outcomes Database: The program requires residents to use a clinical outcomes database for tracking patient outcomes, which is independently housed external to Regis University, and fully HIPPA compliant. The outcomes tracking system is used by individual residents to track patient outcomes for clinical diagnoses using evidence-based parameters. Outcomes tracking is critical for data monitoring of residence performance as it relates to outcome standards.

## **I. Curricular Components – Description of Learning Experiences & Participant Expectations**

**REGIS UNIVERSITY RESIDENCY IN ORTHOPAEDIC PHYSICAL THERAPY COURSES                      CREDITS**

**SPRING SEMESTER (4 credit hours)**

DPT801 Advanced Clinical Practice I	2 credit hours
DPT811 Orthopaedic Specialty Practice I	2 credit hours
<b>SUMMER SEMESTER (4 credit hours)</b>	
DPT802 Advanced Clinical Practice II	1 credit hour
DPT812 Orthopaedic Specialty Practice II	3 credit hours
<b>FALL SEMESTER (4 credit hours)</b>	
DPT813 Orthopaedic Specialty Practice III	4 credit hours
<hr/>	
Residency Total	<b>12 credit hours</b>

Each course contains content modules that include content from the ABPTRFE Orthopedic Physical Therapy Description of Specialty Practice document on examination, evaluation, diagnosis, prognosis, intervention, and treatment outcomes for common musculoskeletal conditions. Developing patient centered evidence-based practice is the focus of each course.

**DPT 801 Advanced Clinical Practice I (ACP I)** 2 Credit Hours

This course begins by developing a framework to assist the resident in thinking about and discussing clinical reasoning during the physical therapy residency. The emphasis is on understanding the biopsychosocial model in conjunction with physical therapy theory and practice. The course will develop a strong foundation for critical inquiry and evaluation of evidence in physical therapy. This course will further explore the movement systems model and pain neuroscience to incorporate into the framework for clinical reasoning. The framework for clinical reasoning will then be used to discuss issues of examination, clinical lab testing, and radiology techniques. In addition, a core set of clinical lab tests used and interpreted by health care professionals including basic biochemistry, immunology, hematology, & microbiology tests will be covered. Finally, this course expands on the essentials of musculoskeletal radiology and other common imaging modalities such as magnetic resonance imaging, computed tomography, musculoskeletal ultrasound, bone scans, and bone density studies.

**DPT 802 Advanced Clinical Practice II (ACP II)** 1 Credit Hour

This course continues to use the clinical reasoning framework to advance the understanding of medical management and pathology as it relates to physical therapy practice. Topics include regenerative medicine, genetics, stem cells, medical management in the areas of pharmacology and other current health care topics. Clinical application of key pharmacology principles in physical therapy practice is focused on along with medications commonly prescribed for pain control, cardiovascular disorders, diabetes, cancer, endocrine disorders, and pulmonary disorders with intended therapeutic effects, and potential adverse effects. This course expands into ethics and practice management topics in physical therapy. Residents will develop a stronger foundation in insurance, billing and collections issues in different settings. Integration



of considerations on spirituality and holistic care for the individual to optimize the overall health care experience of the individual under the management of a Doctor of Physical Therapy. Continuing with intentional imprinting of the Jesuit values within advance physical therapist practice. Finally, residents explore models of teaching and learning concepts, leadership theory, skill development, and application.

**DPT 811 Orthopaedic Specialty Practice I (OSP I)**

2 Credit Hours

The framework for clinical reasoning is be used to discuss the management of patients with orthopedic conditions of the following body regions: knee, foot and ankle. Functional anatomy and applied physiology of each region is explored in depth. Biomechanics and movement considerations are reviewed. Current evidence supporting the management of patients with conditions related to these body regions is presented including examination, evaluation, diagnosis, prognosis, interventions, and outcomes. Pathology and ancillary tests, imaging, medical management issues, and surgical or other management strategies are covered specific to each body region.

**DPT 812 Orthopaedic Specialty Practice II (OSP II)**

3 Credit Hours

The framework for clinical reasoning is used to discuss the management of patients with orthopedic conditions of the following body regions: hip, pelvis, lumbar and thoracic spine. Functional anatomy and applied physiology of each region is explored in depth. Biomechanics and movement considerations are reviewed. Current evidence supporting the management of patients with conditions related to these body regions is presented including examination, evaluation, diagnosis, prognosis, interventions, and outcomes. Pathology and ancillary tests, imaging, medical management issues, and surgical or other management strategies are covered specific to each body region.

**DPT 813 Orthopaedic Specialty Practice III (OSP III)**

4 Credit Hours

The framework for clinical reasoning is used to discuss the management of patients with orthopedic conditions of the following body regions: cervical spine, shoulder, elbow, wrist, hand. Functional anatomy and applied physiology of each region is explored in depth. Biomechanics and movement considerations are reviewed. Current evidence supporting the management of patients with conditions related to these body regions is presented including examination, evaluation, diagnosis, prognosis, interventions, and outcomes. Pathology and ancillary tests, imaging, medical management issues, and surgical or other management strategies are covered specific to each body region.

**DPT Resident Rounds Ongoing (non-credit) (RR)**

Resident rounds are provided in the Resident Hub for student mentoring for patient case management throughout the course of the residency. It is the vehicle for reporting on

outcomes tracking, which is completed within the ongoing resident rounds in D2L/Worldclass. This commences at the start of OSP I and continues throughout OSP II & III. Resident rounds are in parallel to the OSP courses, mentoring activities, and unique to each cohort.

Resident rounds also provide a continuous engagement in mentoring which aligns to the Regis Nine and the Jesuit pedagogy. Through case reporting, reflections, group assignments and mentoring each resident is challenged to develop their knowledge, skills and attributes. Emphasis in resident rounds, through patient case management is on the application of knowledge to enhance clinical decision-making skills and to develop the professional values of the PT in ethical and social responsibility, leadership and service to others and learning as a lifelong endeavor.

### **Participant Evaluative Process**

Residents are graded in each of the primary courses and scored on a 0-100% scale. Assessment is made within each module that is part of each course including resident reflections, self and mastery assessments, group work submission and presentations. The didactic grading requires an ongoing grade of 77% or more in each course to progress without remediation.

During the two weeklong on-campus intensives, psychomotor skill development are assessed for orthopaedic patient management. Skill and technique development is completed with ongoing skill assessments.

Clinical performance during 1-1 mentored hours is assessed by the clinical mentor with feedback provided to the Resident and the Program Director/Coordinator or Advisor for the Resident. A final Capstone portfolio is presented by each Resident within the last Orthopaedic Specialty Course (DPT 813 OSP III) in the Residency at the end of the program.

### **J. Mentored Clinical Practice**

Mentored orthopaedic patient management across the spectrum of care from evaluation to completion of the episode of care, with tracking of patient categories of care, will be completed for a minimum of 150 hours. A minimum of 100 of these hours must be in person, up to 50 can be asynchronous.

### **Mentorship hours**

During the 1-1 mentorship hours the time that is counted towards the 150-hour total that is accumulated in clinic requires the resident to be the primary provider in the provision of care. The minimal standard is that the resident provides primary orthopaedic patient management for all of the hours counted towards the 1-1 clinically mentored hours. During all counted 1-1 hours it is a requirement that the OCS/equivalent mentor is always available for direct interaction (though this may be asynchronous for up to 50 hours). All mentors meet with the

residency coordinator and the mentor coordinator for onboarding and receive continued structured support throughout the residency year.

As the mentoring hours occur in clinical practice settings, the following aspects are considered: In the situation where the resident attends the mentor's clinic, the mentor will dictate the patient load while the resident is on site to ensure an optimal clinical practice. It is acceptable that the mentor establishes which patients the resident will interact with and structures the patient care in such a way as not to disrupt the clinic flow.

For residents hosting mentors in their own practice setting, it is the expectation that the resident will have no obstacle to being primary in OMPT patient management for every patient. Regis University sets no requirement for payment to a Mentor for the provision of 1-1 hours. Any remuneration to the mentor by the resident/mentee for expenses, housing etc. is totally at the discretion of the resident/mentee.

### **Indirect Mentored Hours**

A minimum of 1350 indirect mentored hours will be completed by the Resident through discussion of patient cases in resident rounds, with review and discussion from faculty in the program. These hours typically represent the clinical practice hours of the resident. Faculty coordinating Resident Rounds provide residents with feedback, critique, guided mentoring for clinical reasoning and decision making based upon patient cases. Resident Rounds is ongoing through the residency once commenced in the first Orthopaedic Specialty Course and continues through the program. It is expected that each resident completes reporting throughout the program on patient care to inform the educational process for indirect patient mentored hours.

### **Mentor vs. Mentee roles**

#### Mentor:

- Support the Regis approach to orthopaedic practice within their practice setting, or as a visitor to the mentee's clinic
- Be forthright in challenging the mentee's practice, providing feedback on the clinical 1-1 examination, evaluation and summary forms in a timely manner to the Residency Coordinator/mentee (within 30 days of the completion of the 1-1 hours)
- Be open as a lifelong learner for the mentee's clinical development time, using a peer approach to instruction to optimize the experience for all participants
- Support the three pillars of EBP; research, clinician experience and patient values
- Immediately contact the Residency Coordinator with any concerns regarding clinical performance of the mentee
- Be flexible, as able, in allowing the mentee to experience a diverse orthopaedic patient experience

- Be a physical therapist and (if applicable), board certified orthopaedic physical therapist in good standing with both the state regulatory agency and with ABPTS prior to, and during, any mentoring experience for a mentee.

Mentee:

- Bring the Regis approach, within the overall context of the practitioners orthopaedic skill set, to the mentorship experience, and define this as need to allow the mentor to best understand the needs and vantage of the mentee
- Be respectful of the variant approaches to orthopaedic practice, that exist, and may be offered by the mentor, actively engaging as an adult learner to compare and contrast and professionally develop in clinical settings of differing approaches
- Actively pursue, and be responsible for obtaining the 1-1 clinical mentored hours feedbacks forms and to provide these to the Residency Coordinator in a timely manner (within 30 days of the completion of the 1-1 hours)
- Support the three pillars of EBP; research, clinician experience and patient values
- Immediately contact the program Residency Coordinator with any concerns regarding the clinical experience provided by the mentor
- Be flexible, as able, in allowing the mentor to provide a diverse orthopaedic patient experience
- Be an active learner, reflecting on the mentorship process and seeking feedback directly and openly from the mentor.
- Ensure that the 1-1 clinical mentoring hour's feedback form is signed off by the Mentor for the 1-1 primary orthopaedic hours completed.

**K. Integrating the Regis University Approach**

For both our clinical mentors and our residents, it is the Regis University approach that an open educational forum be established between the mentor and the mentee such that the core elements of the research approach and didactic material from the residency courses is brought into clinical practice, at the same time that the clinical experience of the mentor (and as applicable the orthopaedic background of the mentee) is utilized as a platform to further develop orthopaedic patient management skills.

**L. Safety in Treatment Delivery**

The primary factor in clinical decision making for selection of treatment interventions is the safety of the patient. In selecting manual interventions for utilization in patient management within RUROPT, including thrust manipulative interventions, the following is strongly recommended for residents when obtaining one-on-one clinical hours, and also during any practice sessions:

- The patient or colleague on whom the technique is delivered will be aware at all times that the resident is involved in advanced residency education, noting that the resident is licensed as a PT (required in program) and delivering treatment interventions which fall within the scope of entry level practice (thrust and non-thrust manipulation). If the resident is utilizing a technique in which they do not have a level of clinical proficiency for which they self-determine (as they are a licensed professional), or which the mentor notes, direct supervision will be present at all times and the patient/colleague will be informed.
- Relative to upper cervical thrust manipulation – it is recommended through the course of didactic education within the RUROPT that the preferred approach to cervico-thoracic regional interventions is thoracic thrust and non-thrust interventions, and cervical mobilization in the initial treatment sessions, with progression to thrust manipulative interventions reserved until clear establishment of no negative sequelae to manual interventions (as able) has been established.
- The decision to use manipulation is primarily the clinician’s responsibility, but the affirmation to proceed is derived initially from no red flags within the clinical presentation (ongoing) and may be further supported with no regression in a pre-manipulative holds, positive or neutral response to non-thrust interventions, or regional thrust interventions and no patient objection to thrust interventions with constant communication.

#### **M. Hours of Work/Benefits**

Residents enrolled in the ROPT will be employed in various settings, and unless employed in the on-site at a Regis University controlled setting, will set their own hours of work as determined by their employer. As residents are not employed by Regis University within the current structure of the Residency, no financial compensation will be received by the Resident. No fringe benefits, association membership, sick leave or a time off benefit is applicable for residents as they are not employees of Regis University. As the Resident is not an employee of Regis University, there is no financial stipend provided for Residents.

#### **N. Agreement Duration**

The agreement duration for enrollment in the RUROPT is for twelve months, from January 1st to December 31st. Extension of the certificate plan will be based upon review by the resident with the Director and the Dean of the School of Physical Therapy. The maximum duration of the certificate plan is set at three (3) years from the time of admission, after which a petition for re-admission to the program would be required.

#### **O. Practice Authority**

Each participant in ROPT is required to have an active license to practice, in good standing, in their home state. For residents who undertake mentorship in a state different from their home state during their time in the residency, they are required to be aware of the requirements to practice in each jurisdiction and are required to present proof of their legal status to practice to their member/host site.

## **R. Retention Policy**

ROPT is designed as a continuous one-year program with defined learning modules and coursework. Should a resident require an extended time-frame to complete the residency due to accepted extenuating circumstances which are not grounds for program suspension or dismissal, an individual plan will be developed in consultation with the Program Director and the Dean of the School of Physical Therapy.

Should a resident require remediation, the academic remediation policies of the School of Physical Therapy, as outlined in the School handbook shall be applied including the remediation process as outlined in Appendix G and Section V of the Student Handbook.

## **Participant Tracking**

Participant tracking within the program for course completion and completion of the required educational and clinical elements is completed by the Director, Coordinator, Faculty Advisors and/or the Administrative Assistant to the program. Each Resident also is required to complete and maintain an up to date self-tracking template to allow them to track their progress through the program, and to provide clear guidance as to the elements required to be completed within the program.

## **T. Termination Policy**

A resident may be terminated in the ROPT based upon violation of the academic progression and behavioral conduct policies of the School of Physical Therapy DPT Student Handbook Section V. ACADEMIC PROGRESSION AND BEHAVIORAL CONDUCT. A resident who loses the ability to practice due to loss of license will undergo academic progression review to establish if an alternate plan for completion, which may require a one-year deferment to the next resident cohort. If the loss of licensure is based upon a violation of the School policy for students/residents, determination will be made in consultation with the Assistant Dean as to potential withdrawal or termination of the student/resident. As the Resident is not an employee of the University, employment status of a resident post termination will be up to the clinical site/external employer.

## **U. Grievance and Appeals Process/Quality Standards**

## **ABPTRFE Grievance Policies and Quality Standards**

ABPTRFE Grievance Policies are contained within Resident Rounds. The following link is provided: <http://www.abptrfe.org/complaints/>.

The ABPTRFE Quality Standards can also be accessed at:

<http://www.abptrfe.org/ForPrograms/Clinical/>

## **Regis University School of Physical Therapy Appeal Procedure: Academic Suspension/Dismissal**

Upon being notified in writing of suspension or dismissal, a resident who wishes to appeal the decision should do the following: Write a letter of appeal to the School Assistant Dean within thirty (30) working days of the date on the letter of notification. This letter of appeal should include:

The resident's assessment of the factors contributing to the academic problem. A description of any extenuating circumstances that affected the resident's academic record. A clear plan to address the resident's academic deficiencies. The resident may submit supporting statements from their advisor, other faculty members, or external medical providers with letter of appeal by the designated deadline to the Dean's office. The Dean makes a decision regarding the appeal and notifies the resident in writing of the decision.

## **Final Appeal Procedure/Dismissal**

All decisions by the Assistant Dean regarding a student's suspension or dismissal may be appealed in writing to the School Dean. The appeal should be submitted to the School Dean within 5 business days of notification by the Assistant Dean. The School Dean may require a personal interview with the student/resident before a decision is reached. The decision of the School Dean is final.

## **Petition for Readmission**

A student/resident who wishes to petition for consideration of readmission to the program following a suspension must complete a three-phase process.

- The student/resident must meet with the Program Director and the Assistant Dean to formulate a guidance plan to address academic and behavioral needs during the period of suspension. In addition, the student/resident may be requested to meet with course coordinators to assist with providing academic guidance in this process.
- The student/resident must follow the written guidance plan formulated by the Director/Assistant Dean during the period of the suspension.
- The student/resident will complete a letter to formally petition for readmission. This letter, detailing the student/resident's actions and outlining plans that were completed

to correct his/her previous academic difficulties must be submitted to the Program Director and Assistant Dean *at least two months prior to the beginning of the semester* for which the student is requesting readmission.

Requests for readmission are considered on a case-by case basis. Readmission will be approved when prospects for better academic performance can be demonstrated. **A student/resident readmitted after suspension re-enters the program on probation, ineligible for remediation or further probationary semesters.** *Readmission may also include independent study course enrollment and completion of competency exams to ensure retention of previously completed material, while taking new coursework.* Readmission is granted in very limited circumstances when an applicant has clearly demonstrated that they can and is likely to continue to perform academic work that meets acceptable program standards.

Updated 11-17-19.

Updated 9-17-20.

Updated 9-16-22.

Updated 7-25-23