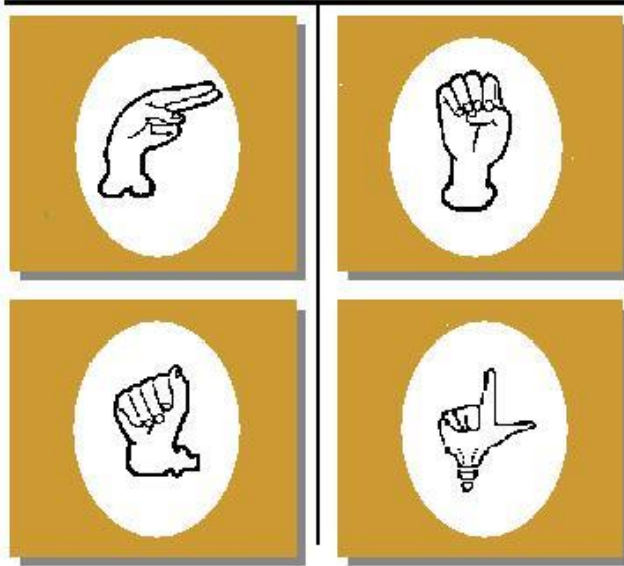


**INSTITUTE OF THERAPEUTIC SCIENCES**



**Fellowship in Orthopedic Manual Physical Therapy**

## ORGANIZATION AND OBJECTIVES

A clinical fellowship is a learning experience which combines supervised clinical mentorship and self-motivated effort. It intends to produce a specialist clinician in a specific field of learning. The Institute of Therapeutic Sciences (ITS) conducts a fellowship in orthopedic manual physical therapy which combines the conceptual basis of traditional physical therapy and advanced forms of therapeutic manual art and clinical reasoning. The duration of the program on a part time basis, consists of two years of course work and a year is allotted to the fellow to complete the clinical rotation component. A graduate from an accredited physical therapy program with a current valid license to practice in the state of Michigan or be eligible to obtain a Michigan license for the clinical rotation component, may apply. Additionally, as an OMPT fellowship is a post-professional, planned learning experience in a focused area of physical therapist clinical practice (OMPT), an additional requirement is post orthopaedic-residency prepared, or post orthopaedic board-certified (OCS). Fellowship programs also prefer the fellowship applicant to have a minimum of 1-2 years of post-professional orthopaedic clinical experience prior to entering a fellowship program. Employment in an outpatient orthopaedic setting is a requirement. The ITS intends to meet the standards set forth by the APTA to be able to produce a clinical specialist that is recognized by the AAOMPT.

ORGANIZATIONAL STRUCTURE:

CURRICULUM COMPONENT	HOURS
CLASSROOM INSTRUCTION INDEPENDENT STUDY/ PROJECT PRESENTATION / CASE PRESENTATION/ OSCE/ LIVE PATIENT EXAM	300 HOURS
PRE-CLINICAL LAB INSTRUCTION IN OMPT EXAMINATION AND TREATMENT TECHNIQUES	100 SPINAL HOURS 60 EXTREMITY HOURS
<b>CLINICAL ROTATION / MENTORSHIP</b>	<b>440 HOURS</b>
FELLOW INTERACTING WITH INSTRUCTORS FOR CLINICAL PROBLEM SOLVING	(40 HOURS)
FELLOW OBSERVING FACULTY PROVIDING TREATMENTS FELLOW OBSERVING FACULTY MANAGE PATIENTS WITH COMPLEX CLINICAL PROBLEMS WHEREBY ADDITIONAL EXPERTISE IS REQUIRED FELLOW PROVIDING TREATMENTS WITH MENTOR AVAILABLE FOR CLINICAL REASONING PROCESS	(270 HOURS)
INDEPENDENT CLINICAL PRACTICE WITH AT LEAST 90% ORTHOPAEDIC CASE LOAD WITH FACULTY OBSERVING /MENTORING FELLOW PROVIDING TREATMENTS AS PRIMARY CLINICIAN	(130 HOURS)
APPLIED EVIDENCE / WRITING / PRESENTATION / PUBLICATION	100 HOURS
<b>TOTAL</b>	<b>1000 HOURS</b>

## OBJECTIVES OF LEARNING:

The ITS follows the practice dimensions outlined in the Orthopedic DASP published in 2009. Description of Advanced Specialty Practice (DASP) for orthopedic manual physical therapy, set forth by the American Physical Therapy Association (APTA) committee on residency and fellowship program credentialing. The clinical practice dimensions expected of the orthopaedic manual physical therapy advanced practitioner are as follows:

- I. Examination and Evaluation
- II. Diagnosis and Prognosis
- III. Prioritization and Plan of Care
- IV. Implementation of Plan of Care
- V. Re-examination
- VI. Outcomes
- VII. Documentation

Competency within each practice dimension is expected of the fellow to be able to meet the criteria required of a specialist clinician.

## BENEFIT INFORMATION:

A fellows' admittance on a part time capacity into the fellowship program does not imply employment, as no fringe benefits are provided to the fellow. Hence their responsibilities will be well within the realm of being fellows and not full time employees. They are hence responsible for the following.

1. The fellow is required to show evidence of personal malpractice insurance.
2. The fellow is also fully responsible for their own health insurance
3. The fellow should be aware that stipends are not available through the program.

Fellows that are admitted as salaried employees on a full time capacity (positions limited and is at the discretion of the umbrella organization) will avail health insurance benefit but are recommended to avail personal malpractice insurance

## **INFORMATION FOR PROSPECTIVE FELLOW AS ESTABLISHED BY THE APTA:**

### **Requirements for Post-professional Clinical Fellowship Programs In Orthopedic Manual Physical Therapy**

The American Physical Therapy Association (APTA) and the American Academy of Orthopedic Manual Physical Therapists (AAOMPT) merged their credentialing of postprofessional clinical fellowship programs under APTA's Committee on Residency and Fellowship Program Credentialing. All orthopedic manual therapy physical therapy programs must meet the "Requirements for Postprofessional Clinical Residency or Fellowship Programs for Physical Therapists" and the following **additional requirements** developed through AAOMPT.

## **Introduction**

A post-professional Orthopaedic Manual Physical Therapy (OMPT) clinical fellowship extends over a period of time to develop advanced clinical reasoning and allow time for reflective practice. The fellowship combines opportunities for ongoing clinical supervision/mentoring, informal and formal feedback to the physical therapy fellow, including practical examinations with patients, and small group clinical problem-solving experiences. The curriculum integrates clinical/practical course work with theoretical course work throughout the fellowship and includes scientific inquiry. The fellow should also be exposed to current OMPT issues.

## **Post-professional experience**

An OMPT fellowship is a post-professional, planned learning experience in a focused area of physical therapist clinical practice (OMPT) which is frequently entered post-doctoral, post orthopaedic-residency prepared, or post orthopaedic board-certified (OCS). Fellowship programs also prefer the fellowship applicant to have a minimum of 1-2 years of postprofessional orthopaedic clinical experience prior to entering a fellowship program.

## **Curriculum**

The curriculum of each fellowship program will reflect the practice dimensions described in the Description of Advanced Specialty Practice for Orthopaedic Manual Physical Therapy (DASP-OMPT 2007, formerly DACP-OMPT 1998).

## **Standards**

Each fellowship program will uniquely construct the theoretical and clinical portions of its curriculum to meet the stated outcome measures and encompass the OMPT practice dimension. The standards include theoretical curriculum guideline recommendations, required minimum number of hours of theoretical, practical and clinical training and competence measures. They meet national and international manual physical therapy standards developed by the APTA, AAOMPT and IFOMT. The minimum number of hours for clinical supervision and clinical practice hours are absolute minimums, which must be demonstrated by all recognized fellowships. The prescriptive elements (minimum number of hours) reflect the national and international consensus regarding curricular hours for postprofessional OMPT programs. The standard of the fellowship student is measured by examination and by achievement of levels of clinical competence.

## **Faculty Requirement**

All OMPT Fellowship programs must have at least one faculty member who is a FAAOMPT (Fellow of the American Academy of Orthopaedic Manual Physical Therapy). The FAAOMPT should also be instructing in the clinical practice setting.

## **Fellowship Duration and elements**

OMPT Fellowship training should be completed in no less than **eleven (11) months and no longer than 36 months**, for a full-time fellowship program. Part-time fellowship models will take longer. Programs whose timeframe falls outside of these parameters will be reviewed on a case-by-case basis.

The fellowship will be a structured period of study and clinical supervision of a minimum total of **1,000 hours** that will include:

1. Theoretical/cognitive and scientific study in OMPT knowledge areas (**200 hours minimum**)
2. Pre-clinical practical (lab) instruction in OMPT assessment and treatment techniques (**160 hours minimum**; including 100 spinal, 60 extremity. The instruction should ideally be with a maximum ratio of 12:1 student to instructor)
3. Mentored/supervised clinical practice with defined instructor to student ratios (**440 hours, 130 hours of which are under direct supervision**. See details below).
4. The clinical instructor(s) should be a Fellow of AAOMPT or have recognized manual physical therapy credentials.

### **Clinical Practice Parameters**

The patient population available to the fellowship student should be a minimum of 90% orthopaedic. OMPT practice encompasses chronic and acute conditions in all body regions of the axial and appendicular skeleton including: the spine, cranio-mandibular, rib cage, shoulder girdle, pelvic girdle, upper and lower extremities. Frequently within one episode of OMPT care, the management includes advanced clinical reasoning, assessments and interventions directed to multiple areas of dysfunction that may be inter-related in a single multifactorial patient/client.

### **Clinical Practice Hours**

A minimum of 440 hours of clinical practice must be completed in a facility with an orthopedic manual physical therapist instructor available. The clinical instructor may be available on-site or off-site but must be easily reachable by the fellow for routine or urgent questions. The instructor to student ratio should not exceed 1:6.

### **Clinical Supervision Hours**

A minimum of 130 hours (of the 440 hours) clinical practice hours must be under direct clinical supervision. Direct clinical supervision is defined as on-site, one-on-one instructor supervision of the manual physical therapy fellow while actively engaged in patient/client management. The fellow must serve as the primary clinician responsible for the patient/client care for a minimum of 110 of the 130 hours. The remaining 20 hours may be devoted to observation or the instructor providing care to the instructor's patient/client(s) and/or discussion with the instructor on patient/client management.

### **Clinical Instructor Interaction - Non-Patient Contact Hours**

A minimum of 40 hours (within the 440 hours) of interaction with clinical instructors must be included in the curriculum. The focus of these hours should be related to **clinical problem solving**. Various methods may be employed including small group tutorials and "chat room" discussions between peers and clinical faculty.

### **Evaluation Methods for Assessing Competence in Orthopedic Manual Physical Therapy**

The Program will use a variety of methods to assess the clinical competence of the fellow. The fellow must demonstrate safe and effective patient/client management in a clinical setting with an examiner present. At a minimum, the following methods of assessment will be included in the program:

1. One written examination
2. Four technique examinations on models and/or patients with a minimum

of one technique demonstrated during each exam.

3. One patient examination with a spinal/axial focus (Ideally one evaluation and two follow-ups). The fellowship student is required to demonstrate skill in application of low velocity and high velocity manipulative (thrust) techniques.

4. One patient exam with a peripheral / appendicular focus (Ideally one evaluation and two follow-ups). The fellowship student is required to demonstrate skill in application of low velocity and high velocity manipulative (thrust) techniques.

5. Oral defense: the fellowship student should be able to orally defend the examination and treatment decisions following each patient examination

6. Ongoing informal assessments of clinical competence

7. OMPT programs typically also require a research project of a peer reviewed scholarly and original written presentation, case study or research paper, which demonstrates the physical therapist's ability to undertake and present a research study

**Institute of Therapeutic Sciences**  
**Application (C-OMPT/Residency/Fellowship):**

Name:
Address:
Telephone:
Email:
PT license number:
Entry level degree:
Institution:
Highest earned degree:
Institution:
ABPTS (OCS) certified: Yes / No (circle one)
ABPTRFE accredited residency graduate: Yes / No (circle one)
Employer:
Duration of clinical experience:
Practice setting:
How do you feel this program may benefit you?
Are you or have been engaged in teaching or writing (describe):
<b><i>I hereby affirm that I have completed all application information accurately and truthfully</i></b>
Sign / Name / Date



**INSTITUTE OF THERAPEUTIC SCIENCES**

**LIABILITY RELEASE**

I, as my name and signature appear below, am employing the Institute of Therapeutic Sciences (ITS) for instruction in health, manual therapy and rehabilitation sciences. I hereby release ITS and it's representatives / employees and agree to not hold it / them responsible from any untoward consequences, including liability, claims and damages. I also agree to not hold ITS and its representatives / employees responsible for any loss or damages, and injury to person or property, however caused including all degrees of negligence. I also understand that all procedures undertaken are at my own risk and will not hold ITS and its representatives / employees responsible for any untoward consequences.

I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

---

NAME

---

SIGNATURE

---

WITNESS

## **FELLOWSHIP CLINICAL ROTATION AGREEMENT**

### **Fellow Clinical Rotation Eligibility:**

The fellow is eligible for clinical rotation when he / she has completed all required coursework conducted by the institute and has sat for the final written examination.

### **Fellow Clinical Rotation Term:**

The expected time period for completion of the clinical rotation component of the fellowship in orthopaedic manual physical therapy is as mentioned in the organizational structure. The clinical rotation component will occur at Alternative Rehab Inc, umbrella organization of the program.

### **Fellow Clinical Rotation Duties:**

The institute, in consultation with the fellow, will establish specific terms and conditions of the duties, schedules and activities which the resident is expected to perform during the clinical rotation component of the fellowship program

### **Non-Employer-Employee relationship:**

The fellows' participation in the clinical rotation component of the fellowship program is solely on the basis that it is requirement for completion of the fellowss' educational endeavor. The fellow shall acknowledge that he / she will not nor entitled for any compensation or remuneration for the services provided in the course of his / her participation in the clinical rotation component of the fellowship program. No employer-employee relationship shall hence arise out of this educational endeavor.

### **Professional Liability Insurance:**

The fellow should purchase and avail professional liability insurance and maintain such a policy in effect from the start of, and until, the resident completes the clinical rotation component of the fellowship program.

### **Privacy of Patient Records:**

The institute considers all patient information as confidential and will reveal patient related information only with the permission of the patient. Access is however available to staff to fulfill legitimate purposes of the institute.

The institute maintains records in paper or electronic form. Paper records are accessible by staff only and maintained under lock and key. Electronic records are available to staff only by way of access codes.

Fellows currently enrolled have access to the records except for material in confidence as appropriate. No other party including kith and kin have access to patient information unless, until the procedures in the release of records policy are followed and met.

Unprofessional Behavior Policy:

The Institute expects all fellows to be professional in their dealings with patients and exhibit professional attitudes. These and other qualities will be evaluated during patient contacts and in other relevant settings by both faculty and peers. Professional behavior is defined as appropriate behavior to the circumstance. If there is a determination by the faculty that unprofessional behavior was demonstrated by a resident, the following steps may be taken: Depending on the severity of the behavior, the fellow may be warned in writing that the behavior is unacceptable and that if the behavior is continued, it may lead to their dismissal from the program.

Miscellaneous:

The institute of therapeutic sciences does not discriminate or defer benefits to residents on the basis of age, gender, race, color, religion, disability or sexual orientation.

I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Fellow (Name and Sign)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Program director / Faculty

FEE:

The fee for the program is \$7500 which is non-refundable and includes didactic, examination and clinical rotation components.

FEE PAYMENT STRUCTURE:

YEAR ONE

\$ 4000.00 (2 installments)

YEAR TWO

\$ 3500.00 (2 installments)

## FELLOWSHIP SYLLABUS

### Requisite

1. A graduate from an accredited physical therapy program with a current valid license to practice in the state of Michigan or will be able to obtain a valid license prior to clinical mentorship.
2. ABPTS certified in the orthopaedic track (OCS) OR a graduate from an ABPTRFE accredited orthopaedic physical therapy residency program.
3. Candidates currently employed in an outpatient orthopaedic setting (full or part-time).

### WINTER SESSION (January each year)

COURSE PERIOD	DESCRIPTION	PRACTICE ANALYSIS DASP	PERFORMANCE EVALUATION
1 <sup>ST</sup> & 2 <sup>ND</sup> QUARTER	<p>Conceptual basis of the 3 stage approach and determining appropriateness of patients for physical therapy</p> <p>Concepts and principles of lesion vs somatic diagnosis.</p> <p>Introduction to regional application (Upper Quarter / Cervicothoracic complex, Cranium, Shoulder and Upper Extremity)</p> <p>Post-operative management of Upper Quarter dysfunction Exercise prescription (Upper Quarter)</p> <p>Evidence based practice and scientific enquiry</p>	I, II, III, IV, V	<p>Class quiz</p> <p>Periodic evaluation in OSCE format</p> <p>Mid-term testing, written, practical / oral.</p> <p>Principles and concepts Regional application (Upper Quarter / Cervicothoracic complex, Cranium, Shoulder and Upper Extremity)</p>

## SUMMER SESSION

COURSE PERIOD	DESCRIPTION	PRACTICE ANALYSIS (DASP)	PERFORMANCE EVALUATION
3 <sup>RD</sup> & 4 <sup>TH</sup> QUARTER	<p>Regional application (Lower Quarter / Lumbo-Pelvic-Hip, Knee, Ankle and foot)</p> <p>Post-operative management of Lower Quarter dysfunction Exercise prescription (Lower Quarter)</p> <p>Introduction to management of Temporomandibular and Vestibular dysfunction</p> <p>Medical Screening for the Musculoskeletal Clinician</p>	I, II, III, IV, V, VI	<p>Class quiz</p> <p>Periodic evaluation in OSCE format</p> <p>Final testing, written, practical / oral.</p> <p>Regional application (Lower Quarter / Lumbo-Pelvic-Hip, Knee, Ankle and foot)</p> <p>.</p>

**WINTER SESSION (January following year)**

COURSE DESCRIPTION	DESCRIPTION	PRACTICE ANALYSIS (DASP)	PERFORMANCE EVALUATION
<p>5<sup>th</sup> , 6<sup>th</sup> , 7<sup>th</sup> , 8<sup>th</sup> quarter</p> <p>Clinical rotation commences</p>	<p><b>Advanced spine series:</b></p> <p>The election OMPT approach to spinal dysfunction (integrating all OMPT philosophies at appropriate phases of tissue irritability)</p> <p>Introduction to visceral mobilization and relevance to spinal dysfunction</p> <p>Introduction to principles of electrodiagnosis (NCV/EMG) and advanced neural mobilization with concepts of interpretation of electrodiagnostic studies and therapeutic nerve decompression</p> <p>High velocity thrust: theoretical principles and application</p>	<p>I, II, III, IV, V. VI, VII</p>	<p>Class quiz</p> <p>Periodic evaluation in OSCE format</p> <p>Fellowship midterm test written</p> <p>Applied evidence assignment</p> <p>1. Written project 2. Case study / Poster presentation / publication</p>

	<p><b>Advanced extremity series:</b></p> <p>Wellness screening in musculoskeletal practice</p> <p>Introduction to diagnostic musculoskeletal sonography</p> <p>Introduction to principles of dry needling in tendinopathies</p> <p><b>Applied evidence and project</b></p>		
--	--	--	--

**WINTER SESSION (January same year)**

COURSE DESCRIPTION	DESCRIPTION	PRACTICE ANALYSIS (DASP)	PERFORMANCE EVALUATION
Clinical rotation / Mentorship		I, II, III, IV, V, VI, VII	<p>1. Journal club</p> <p>2 Live patient examinations Spine / Extremities</p>

THE INSTITUTE HAS CURRENTLY IMPLEMENTED THE FOLLOWING REMEDIATION POLICIES AND PROCEDURES:

**Academic Performance Remediation:**

The faculty continuously monitors fellow's academic performance. Information upon which assessment of satisfactory progress is made includes: mastery of competency based behaviors, skills and knowledge; letter grades; and work performance evaluations. Fellows are expected to progress in their competency attainment. Assessment of fellow competency during mentorship will be evaluated independent of course grade.

**Grades**

Fellows' performance in clinical and academic course work is evaluated by level of competency achieved, and secondarily by letter grades A through F for written work and Satisfactory / Unsatisfactory or poor / fair / good, for practical work and presentations.

### **Levels of Grades**

A (Excellent): 90-100

B (Superior): 80-89

C (Competent): 70-79

D (Unsatisfactory): 60-69

F (Failure):

I (Incomplete):

Earning a grade of D / UNSATISFACTORY/ POOR requires remediation of the coursework remediation requirements will be proposed by the faculty and must be approved by the program director. Remediation may not begin until the plan for remedial work is approved and must be completed within the deadline. Approved remediation must result in a passing grade and/or satisfactory mastery of course competencies.

The I is to be used for residents in courses where the work is incomplete because the resident fails to complete required components of a course. The grade of I must be **re-mediated** before a fellow completes the program. Incompletes change to F grades if the remediation is not completed by the deadline. The deadlines will be provided by the faculty. The deadline for completion of Incompletes does not apply while a fellow is on an approved leave of absence. All Incompletes must be removed before a fellow is eligible for completion of the program.

### **Maximum Time Limit for Remediation**

The duration of the program on a part time basis, consists of two years of course work. One year is allotted to the fellow to complete the clinical rotation component. The fellow will be allowed to initiate the clinical rotation component of the program following 18 months of coursework. This component will work towards the 310 hours of clinical practice where the fellow practices in a facility with an orthopedic manual physical therapist instructor available. The clinical instructor may be available on-site or off-site but must be easily reachable by the fellow for routine or urgent questions. The fellow will be allowed to initiate his / her 130 hours of 1:1 clinical mentorship following 24 months of coursework. He / she will be allowed up to 12 additional months to complete the clinical rotation component of the fellowship program.

If the above stated requirement is not met, then the fellow will have to re-enroll in the fellowship program to complete coursework and the required hours (within the stipulated time) as stated in the contract.

### **Unprofessional behavior remediation:**

The Institute expects all fellows to be professional in their dealings with patients, colleagues, faculty and staff and to exhibit caring and compassionate attitudes. These and other qualities will be evaluated during patient contacts and in other relevant settings by both faculty and peers. Professional behavior is defined as appropriate behavior to the circumstance. Behavior of a resident reflects on a his / her qualification and potential to become a competent clinician.

If there is a determination by the faculty that unprofessional behavior was demonstrated by a resident, the following steps may be taken: Depending on the severity of the behavior, the resident may be warned in writing that the behavior is unacceptable and that if the behavior is



continued, it may lead to their dismissal from the program. Such a letter would provide examples about what is or is not acceptable, and may encourage the resident to seek professional help. The letter may state that counseling, therapy and anger management sessions may be considered as options.

If there is a second documented case of unprofessional behavior, the fellow may be placed on probation. The resident will be encouraged to seek professional help, and will be warned that if such behavior occurs again, it may lead to dismissal from the program. If there is documentation that the unprofessional behavior occurs for a third time, the resident must appear before the faculty to address why he/she should not be dismissed from the program which if not considered legitimate, may result in dismissal.

### **Grievance appeal policy**

In the event a resident/ fellow claims unfair, prejudicial, or capricious evaluation or treatment of a personal / academic nature, a grievance appeal may be appropriate. A resident / fellow who claims grievance may consult with program director directly, with the concern at hand. The resident / fellow shall meet with the program director immediately in an attempt to resolve the issue. Should the issue not be resolved to mutual satisfaction, and if the need arises, then legal counseling may be encouraged.

### **PROCEDURE FOR HANDLING COMPLAINTS AGAINST A CREDENTIALLED PROGRAM (APTA):**

1. Any person (Complainant) may submit a complaint about a credentialed post professional residency or fellowship program (Program) to the American Physical Therapy Associations' (APTA) American Board of Physical Therapy Residency and Fellowship Education (Board), in care of the APTA's Department of Residency/Fellowship & Specialist Certification.
2. Upon receipt of a complaint, APTA staff from the Department of Residency/Fellowship & Specialist Certification will forward a copy of the Post professional Residency & Fellowship Program Requirements as part of the ABPTRFE policies and procedures manual, Procedures for Handling Complaints about a Credentialed Residency or Fellowship Program, and a Complaint Form to the Complainant.
3. A Complainant must complete and sign a Complaint Form and submit it to APTA Department of Residency/Fellowship & Specialist Certification. By submitting a Complaint Form, the Complainant confirms that he/she is willing to have the Complaint Form known to the Program and agrees that the Complaint Form may be shared with the Program.
4. APTA staff will review all Complaint Forms to determine if the Complaint Form relates to matters within the scope of the Post professional Residency & Fellowship Program Requirements (Requirements) or Residency/Fellowship Program Agreement (Agreement).
  - a. If the Complaint Form does NOT relate to matters within the scope of the Requirements or Agreement, staff will so advise the Complainant, and the Complaint Form will not be sent to the Board.

b. If the Complaint Form DOES relate to matters within the scope of the Requirements or Agreement, staff will so advise the Complainant, and staff will send the Complaint Form (with all attachments, including supporting documentation) to the Board for review.

5. The Board will review the Complaint Form to determine whether the allegations, if true, would justify action by the Board.

a. If the Board determines that the allegations, if true, would NOT justify action by the Board, it will so advise the Complainant, and the matter will be closed.

b. If the Board determines that the allegations, if true, WOULD justify action by the Board, it will send the Complaint Form (with all attachments, including supporting documentation) to the Program for response, and it will request any additional information it deems relevant to determining whether the Program is in compliance with the Requirements or Agreement.

6. The Program will be responsible for responding to the Complaint Form and any associated request for information within 45 days, or such other period as the Board may specify.

7. The Board (and APTA staff) will share with the Program only the Complaint Form and supporting documentation. APTA staff will not provide the Program any initial letter(s) of complaint (except to the extent such material may be part of the supporting documentation submitted by the Complainant).

8. APTA staff will provide the Program's response to the Complaint Form and any associated request for information to the entire Board for review.

9. Within 45 days of receipt of the Program's response, the Board will:

a. Determine the Program is Out of Compliance and: i. Withdraw the credentialed status of the Program, or  
ii. Request additional evidence to show compliance with designated requirements at the next annual review or as designated by the Board; or

b. Determine the Program is in Compliance and: i. Take no action, or  
ii. Request additional evidence to show continued compliance at the next annual review.

10. With respect to any Complaint Form sent to the Program for response, the Board will notify the Program and the Complainant of its decision.

**Contact:**  
**Residency Coordinator**  
**Institute of Therapeutic Sciences**  
**51008 Richard Dr**  
**Plymouth, MI 48170**  
**(248) 808-3792**