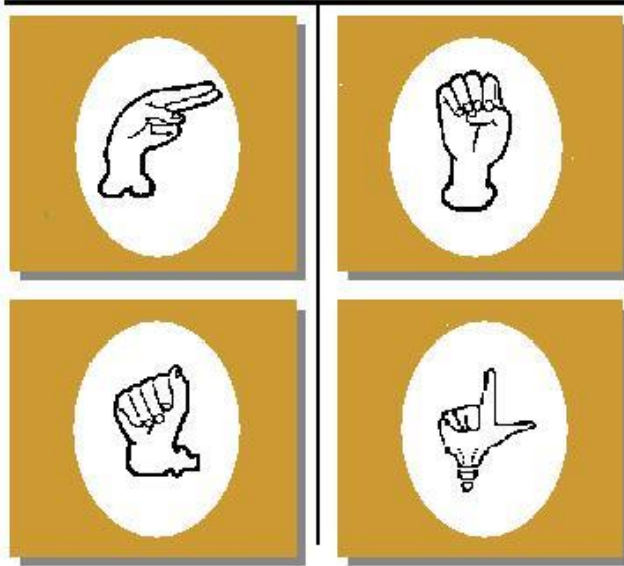


**INSTITUTE OF THERAPEUTIC SCIENCES**



**Clinical Residency in Orthopedic Physical Therapy**

## ORGANIZATION AND OBJECTIVES

A clinical residency is a planned program of post professional clinical and didactic education for physical therapists that is designed to advance significantly the physical therapist resident's preparation as a provider of patient care services in a defined area of clinical practice. It combines opportunities for ongoing clinical mentoring, with a theoretical basis for advanced practice and scientific inquiry

A clinical residency is a demanding learning experience which combines supervised clinical learning and self-motivated effort. It intends to produce a specialist clinician in a specific field of learning. A graduate from an accredited physical therapy program with a current valid license to practice in the state of Michigan, may apply. Preference of candidates with a minimum of 1-2 years experience in an outpatient orthopedic setting. 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 association.

The Institute of Therapeutic Sciences (ITS) conducts a clinical residency in orthopedic physical therapy which combines the conceptual basis of traditional musculoskeletal physical therapy and advanced forms of therapeutic manual art. **The program is part time, non-employment based.** The duration of the program is on a part time basis for 2 years, wherein the resident completes coursework in the first year and spends the second year completing the clinical requirements. This includes a 1: 1 supervised clinical mentorship onsite with the clinical instructor for a period of 150 hours. Dependent on the need and availability of employment, a resident may be admitted on a full time basis, in which case the duration of the program is 1 year. This period of time is inclusive of course work and clinical practice. The program begins in January each year and the period ends in December the year after (for part time residents), and December of the same year (for full time residents). The description of clinical mentorship as in the APTA 'interpretive guidelines' is as follows

The required clinical mentoring hours (150 hours for residency) includes the time that the resident or fellow spends with the physical therapist mentor in patient/client management, including examination, evaluation, diagnosis, prognosis, intervention, and outcome; and discussion specific to patient/client management. Mentoring is provided at a post-licensure level of specialty practice (for residents) or subspecialty practice (for fellows) with emphasis on the development of advanced clinical reasoning skills.

The resident/fellow will be the primary patient/client care provided for a minimum of 100 hours of the 150 required mentoring hours for a residency. In addition to the minimum hours of mentoring in patient/client management, mentoring should be also provided in areas identified by the Program's goals and many include practice management, clinical instruction, professional behaviors, ethics, etc.

Examples of mentoring that is acceptable for the minimum hour requirements include:  
Examination, evaluation, diagnosis, prognosis, intervention and outcome measurement when the mentor is the primary provider

Examination, evaluation, diagnosis, prognosis, intervention and outcome measurement when the resident is the primary provider

Discussion about individual patient/client management – with or without the patient present

Examples of learning opportunities that are **not** included in the minimum required hours of mentoring include:

Loosely or unsupervised patient/client management

Physician or other health care provider observation

Grand rounds

Observation of other physical therapists during patient/client management

Clinical shadowing

Mentoring is not the same as providing clinical instruction to the entry-level physical therapist student. Mentoring is preplanned to meet specific educational objectives and requires the advanced knowledge, skills, and clinical judgments of a clinical specialist. In addition to teaching advanced clinical skills and decision making, the mentor also facilitates the development of advanced professional behaviors, proficiency in communications, and consultation skills. Please refer to the resource manual for additional information and resources regarding mentoring.

**ORGANIZATIONAL STRUCTURE:**

CURRICULUM COMPONENT	HOURS
<b>DIDACTIC</b>	
CLASSROOM INSTRUCTION	200 HOURS
INDEPENDENT STUDY CASE PRESENTATION/ OSCE/ LIVE PATIENT EXAM	300 HOURS
<b>CLINICAL / 1:1 MENTORSHIP</b>	
WHERE RESIDENT IS PRIMARY CLINICIAN	150 HOURS (100 HOURS)
<b>INDEPENDENT CLINICAL PRACTICE</b>	850 HOURS
<b>TOTAL</b>	<b>1500 HOURS</b>

## OBJECTIVES OF LEARNING:

The ITS follows the practice dimensions outlined in the Orthopedic DSP published in 2002. Description of Specialty Practice (DSP) for orthopedic physical therapy, set forth by the American Physical Therapy Association (APTA) committee on residency and fellowship program credentialing. The practice dimensions are as follows:

1. Examination
2. Evaluation
3. Diagnosis
4. Prognosis
5. Intervention
6. Outcomes

Competency within each practice dimension is expected of the resident to be able to meet the criteria required of a specialist clinician. Clinical competence is assessed on an ongoing basis and are but not limited to the following:

1. Journal clubs which may reflect critical analysis of scientific literature.
2. Case presentation emphasizing patient examination, evaluation and diagnosis, establishing a prognosis, implementation of plan of care, re-examination and documentation.
3. One half yearly and one final, written, practical and live patient examination, in that order.
4. Periodic resident evaluation in the OSCE format

Other learning activities that are not required but encouraged are attendance to regional conferences and continuing education programs. Note: Completion of the residency program does not guarantee a pass in the ABPTS examination.

## C-OMPT / RESIDENCY SYLLABUS

### Requisite

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.

### WINTER SESSION (January each year)

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

## BENEFIT INFORMATION:

Residents admitted on a part time capacity into the residency program does not imply employment and no fringe benefits are provided to the resident. Hence, financial aid or stipends are not provided through the umbrella organization or Program. They are hence responsible for the following.

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

Residents 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. The working hours for full time residents are 40 hours per week. Part time residents employed outside of the umbrella organization should be available onsite for 150 hours to complete their clinical mentorship.

## POLICIES AND PROCEDURES:

### **Disciplinary action policy**

The Institute expects all residents 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 within five business days of the incident, 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. The resident is expected to respond within five business days with regards to compliance to the disciplinary action policy. The resident may be warned that a second incident may lead to a probationary period of one full quarter (3 months) where coursework may be continued with proof of professional help depending on the nature of the incident. If there is a second documented case of unprofessional behavior, the resident may be placed on probation as stated above. 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. A decision letter of dismissal will be provided to the residents within two weeks of the decision.

## **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.

### **PROCEDURE**

A Resident seeking resolution of a grievance must submit it in writing to the Program Director within five business days after the occurrence of the decision/acts which give rise to the grievance. The Program Director will promptly review and respond with a written decision within five business days. The Program Director may meet with the resident and faculty subsequently as a review process in an attempt to resolve the issue to mutual satisfaction. A decision in writing will be presented to the resident thereafter within five business days. Should the issue not be resolved to mutual satisfaction, and if the need arises, then independent legal counseling by the resident, may be encouraged.

### **Procedure for handling complaints against a credentialed 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.

## **Patient rights and confidentiality**

The institute will strive to protect patient confidentiality by complying with HIPAA standards. All patient records will be handled with strict confidentiality, complying with HIPAA standards. All information on its privacy policies and procedures will be made available to patients. In the event a patient experiences non-confidential, unfair, prejudicial, or capricious treatment of a personal nature, a grievance appeal may be appropriate. A patient who claims grievance may consult with program director directly, with the concern at hand effective immediately, in writing. The patient shall meet with the program director and the administrator of the umbrella organization within five business days in an attempt to resolve the issue. A decision letter will be provided within five business days if a mutual decision is arrived at. If the issue continues in a manner where there is still no mutual resolution and if the need arises, then legal counseling by the patient, may be encouraged.

## **Use of human subjects and procedure for informed consent**

Consent forms for treatment and research will be obtained prior to execution of any treatment or trial. All proposals for potential research should be submitted to the Institutional Review Board. The Institutional Review Board, which will carefully review all patient-related research proposals specifically to protect rights and welfare of patients involved in research, consistent with the type of research being conducted. It will approve or disapprove interventions in compliance with the 'Declaration of Helsinki'.

## **Non-discriminatory policies and procedures for retention and dismissal**

It is the policy of the program to recruit, admit, and retain candidates on a nondiscriminatory basis. Specifically, the program does not discriminate on the basis of race creed, color, gender, age, national or ethnic origin, marital status, sexual orientation, disability or health status.

## **Termination policy**

Residents will be dismissed from the program on a non-discriminatory basis, for any of the following reasons:

1. Failure to abide by Michigan Physical Therapy Practice Act
2. Failure to abide by the American Physical Therapy Association's Code of Ethics/Conduct
3. Failure to abide by the policies of Alternative Rehab Inc or the policies of the Residency Program
4. Failure to achieve a score of "satisfactory" or better in overall performance as a resident, as a part of the residency program
5. At the discretion of the Program Director (for reasons not listed above)

If there is a determination that there has been an issue leading to non-compliance of one of the reasons stated above, the following steps may be taken:

The resident may be warned in writing within five business days that there has been an issue of non-compliance to the termination policy and if 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 appropriate re-mediation. The resident is expected to respond within five business days with regards to compliance to the disciplinary action policy and the appropriate re-mediation procedure. Depending on the nature of non-compliance a decision may be made by the program director to grant an appropriate probationary period for the re-mediation to be complete (one week to three months). If a satisfactory re-mediation is not instated within the stipulated time, the resident must appear within five business days, before the faculty to address why he/she should not be dismissed from the program which if not considered legitimate, may result in dismissal. A decision letter of dismissal will be provided to the residents within two weeks of the decision.

If the non compliance is of a legal nature (e.g. Failure to abide by Michigan Physical Therapy Practice Act) a legal referral will be recommended, effective immediately.

The required independent clinical practice hours (850 hours) will occur in the residents' practice setting. The diagnostic group or category the resident is required to treat and document are as follows:

1. Cranial/Mandibular
2. Cervical Spine
3. Thoracic Spine/Ribs
4. Lumbar Spine
5. Pelvic Girdle/Sacroiliac/Coccyx/Abdomen
6. Shoulder/Shoulder Girdle
7. Arm/Elbow
8. Wrist/Hand
9. Hip
10. Thigh/Knee
11. Leg/Ankle/Foot

The following table is a description of the required diagnostic group or category the resident is required suffice during the clinical rotation period. The percentage is indicated in the last column.

<b>DIAGNOSTIC GROUP OR CATEGORY</b>	<b>NUMBER OF PATIENTS/CLIENTS TREATED BY THE RESIDENT AS PART OF THE PROGRAM</b>	<b>% OF TOTAL PATIENTS/CLIENTS TREATED BY THE RESIDENT</b>	<b>THE % INDICATED BELOW ARE PER THE DSP GUIDELINES THAT PROGRAMS SHOULD BE TARGETING</b>
Cranial/Mandibular			5%
Cervical Spine			15%
Thoracic Spine/Ribs			5%
Lumbar Spine			20%
Pelvic Girdle/Sacroiliac/Coccyx/Abdomen			5%
Shoulder/Shoulder Girdle			15%
Arm/Elbow			5%
Wrist/Hand			5%
Hip			5%
Thigh/Knee			10%
Leg/Ankle/Foot			10%
<b>Total</b>			<b>100%</b>

While this may well be addressed by the resident practicing in an outpatient musculoskeletal setting, residents practicing in other musculoskeletal settings (nursing home, home health care) may be required to see patients outside of their work setting to address the required diagnostic group or categories. The following options will / may be available to the resident:

1. The resident can treat patients past their 1:1 clinical mentorship hours (100 hours) till they have met the required number of diagnostic group criteria
2. When late evening and weekend (Saturday) hours are available, the resident may be notified in advance for additional hours of independent clinical practice
3. The resident may also seek part time employment during their residency period in an outpatient musculoskeletal setting to meet the criteria

The resident may begin independent clinical practice and 1:1 mentorship hours following six months of coursework after commencement of the program. Following completion of coursework (didactic) at the 12 month period the resident has up to 24 months to complete their independent clinical practice hours and 1:1 mentorship hours. If the above criteria has not been met then the resident will have to re-enroll in the residency program to complete coursework and the required hours within the stipulated time.

**SIGNATURE PAGE**

I have read and understood the policies and procedures of the residency program of the Institute of Therapeutic Sciences and hold responsibility of the consequences of not abiding by them.

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

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

\_\_\_\_\_  
Witness

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

**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 it's 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 it's representatives / employees responsible for any untoward consequences.

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

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NAME

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SIGNATURE

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WITNESS

## **RESIDENCY CLINICAL ROTATION AGREEMENT**

### **Resident Clinical Rotation Eligibility:**

The resident 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.

### **Resident Clinical Rotation Term:**

The expected time period for completion of the clinical rotation component of the post professional clinical residency is as mentioned in the organizational structure. The clinical rotation component will occur at Alternative Rehab Inc, umbrella organization of the post professional clinical residency program.

### **Resident Clinical Rotation Duties:**

The institute, in consultation with the resident, 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 post professional residency program

### **Non Employer-Employee relationship (for part time resident only):**

The residents' participation in the clinical rotation component of the residency program is solely on the basis that it is requirement for completion of the residents' educational endeavor. The resident 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 residency program. No employer-employee relationship shall hence arise out of this educational endeavor.

### **Professional Liability Insurance:**

The resident 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 residency 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.



Residents 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 residents 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 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.

**Miscellaneous:**

The institute of Manual Physical Therapy 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

\_\_\_\_\_  
Resident (Name and Sign)

\_\_\_\_\_  
Witness

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Program director / Faculty

**FEE:**

The fee for the program is \$3900.00 which is non-refundable and includes didactic, examination and clinical rotation components.

YEAR ONE

\$ 2400.00

YEAR TWO

\$ 1500.00

**Contact:**

**Residency Coordinator**

**Institute of Therapeutic Sciences**

**51008 Richard Dr**

**Plymouth, MI 48170**

**(248) 808-3792**