**Standard 1:**

**The program has established achievement measures and program outcomes related to its mission and goals.**

**REQUIRED ELEMENTS:**

**1A** The mission of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation of physical therapists.

Evidence of compliance:

Narrative:

* Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
* Describe the congruence of the program’s mission statement with the institution’s and unit(s)’ missions.
* Describe the consistency of the program’s mission and the contemporary professional expectations for the preparation of physical therapists.

Appendices and on-site material: See SSR Instructions & Forms.

**1B** The program has documented goals that are based on its mission; reflect contemporary physical therapy education, research, and practice; and promote justice, equity, diversity, inclusivity, belonging, and anti-racism.

Evidence of compliance:

Narrative:

* Provide student, graduate, faculty, and program goals that are reflective of the program’s stated mission, - promote justice, equity, diversity, inclusivity, belonging, and anti-racism, and contribute to the achievement of expected program outcomes.

Appendices and on-site material: See SSR Instructions & Forms.

**1C** The program meets required achievement measures as determined by the program.

**1C1** Graduation rates are at least 80% averaged over two years. If the program admits more than one cohort per year, the two-year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.

Evidence of compliance:

Portal Fields:

* Provide graduation data for the most recent two years for which there is full data in the Portal section titled Graduation Rate Data for the years identified on the Portal (follow self-study report instructions). Identify the number of cohorts admitted each year; data will be required for each cohort.

Narrative:

* Only comment needed is “refer to Graduation Rate Table.”
* If outcomes fall below the standard, provide assessment in Standard 2.
* **For Initial Accreditation only:** Indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data. Provide the Retention Rate Table (forms packet) as an appendix.

Appendices and on-site material: See SSR Instructions & Forms.

**1C2** Ultimate licensure pass rates are at least 85%, averaged over two years. **Note**: FSBPT labels this “weighted average ultimate pass rate.” When two years of data are not available, the one-year ultimate pass rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

Evidence of compliance:

Narrative:

* Provide the program’s most current licensure pass rate data available through the Federation of State Boards of Physical Therapy:
* First-time pass rates for all cohorts that have graduated in the past two academic years.
* Two-year ultimate pass rate based on the following data:
* Number of graduates who took the exam at least once.
* Number of graduates who passed the exam after all attempts.

 **NOTE**: Programs may provide an analysis of the pass rates in Standard 2.

* If program graduates do not routinely take the FSBPT exam, provide equivalent data.
* If outcomes fall below the standard, provide assessment in Standard 2.
* **For Initial Accreditation only:** Identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

 Appendices and on-site material: See SSR Instructions & Forms.

**1C3** Employment ratesare at least 90%, averaged over two years.If the program admits more than one cohort per year, the two-year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

Evidence of compliance:

Narrative:

* Provide the two-year employment rate for the last two academic years for each cohort based on the number of graduates who sought employment and the number of graduates employed within one year of graduation.
* If outcomes fall below the standard, provide assessment in Standard 2
* **For Initial Accreditation only**: Indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

Appendices and on-site material: See SSR Instructions & Forms.

**Standard 2:**

**The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning, for the purpose of program improvement including that program resources are sufficient to meet the current and projected needs of the program.**

**2A** The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapist practice.

Evidence of compliance:

Narrative:

* Describe and analyze the strategic planning process, including the opportunities for stakeholder participation.
* Analyze how the process takes into account changes in higher education, the health care environment, and the nature of contemporary physical therapist practice.
* Describe any changes planned for the next three to five years based on the assessment.

**For Developing Programs: The AFC must include a written strategic plan.**

**Initial Accreditation: The self-study report should provide evidence of strategic plan implementation and analysis to-date.**

Appendices and on-site material: See SSR Instructions & Forms.

**2B** The program has documented and implemented ongoing, formal, and comprehensive program assessment processes designed to determine program effectiveness and foster program improvements that are aligned with the program mission and goals, demonstrate contemporary practice, and promote justice, equity, diversity, inclusivity, belonging, and anti-racism.

Evidence of compliance:

Narrative:

* Provide a description of the overall assessment process which includes, but is not limited to, the areas outlined in Elements 2C1-2C7 and 2D that summarizes the information in the program assessment matrix.
* Describe how the program’s assessment processes are aligned with the mission and goals of the program.Demonstrate contemporary practice, and promote justice, equity, diversity, inclusivity, belonging, and anti-racism.
* Describe the overall strengths and weaknesses identified through analysis of cumulative assessment data. If other strengths and weaknesses have been identified, describe them and provide the source of evidence that led to that determination.
* Describe two examples of changes resulting from the assessment process within the last four years. For each example, describe the rationale for the change and describe the process, timeline, and results (if available) of reassessment to determine if the change resulted in program improvement.

**Initial Accreditation: The self-study report should provide evidence of strategic plan implementation and analysis to-date.**

**2C** For each of the following, provide an analysis of data collected and the conclusions drawn to determine how the program’s continuous assessment process meets the program mission, goals, needs, and outcomes.

**Initial Accreditation: The self-study report should provide evidence of strategic plan implementation and analysis for 2C1 - 2C7.**

**2C1** The admissions process, criteria, and prerequisites meet the needs and expectations of the program.

Evidence of compliance:

Narrative:

* Provide an analysis of data collected and the conclusions drawn to determine the extent to which the admission process, criteria, and prerequisites meet the needs and expectations of the program.
* If any student achievement (Elements 1C1 and 1C2) or expected program outcomes fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices and on-site material: See SSR Instructions & Forms.

**2C2** Program enrollment appropriately reflects available resources, program outcomes, and local, regional, and national workforce needs.

Evidence of compliance:

Narrative:

* Provide an analysis of data collected and the conclusions drawn to determine the optimum program enrollment, considering resources, program outcomes, and local, regional, and national workforce needs.
* Identify data collected, student achievement and outcomes, and graduate outcomes to describe conclusions reached, and describe or identify changes made related to program enrollment to address the findings or conclusions.
* If changes have been made, provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices and on-site material: See SSR Instructions & Forms

**2C3** The collective core, associated, and clinical education faculty meet curricular needs and expected program outcomes.

Evidence of compliance:

Narrative:

* Describe how the collective core faculty is sufficient in composition to allow each individual core faculty to meet all program and curricular needs, is aligned with the mission and goals, demonstrates contemporary practice, and promotes justice, equity, diversity, inclusivity, belonging, and anti-racism.
* Describe how the collective core faculty assignments achieve the expected program outcomes that include but may not be limited to: 1) student advising and mentorship, 2) admissions and recruitment activities, 3) educational administration, 4) curriculum development and student assessment, 5) instructional design, 6) coordination of the activities of the associated faculty, 7) coordination of the clinical education program, 8) shared program and institutional governance, 9) clinical practice, and 10) evaluation of expected student outcomes.
* Provide evidence that the core faculty workloads are within the defined workload policies.
* Analyze the effectiveness of the faculty-to-student lab ratios in meeting program outcomes.
* Analyze the data collected and the conclusions drawn to determine the extent to which the collective core and associated faculty meet curricular needs and expected program outcomes.
* Analyze the data collected and the conclusions drawn to determine the extent to which the clinical education faculty meet curricular needs and expected program outcomes.

Appendices and on-site material: See SSR Instructions & Forms.

**2C4** Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.

Evidence of compliance:

Narrative:

* Describe the mechanisms used to determine entry-level performance of students during clinical education experiences prior to graduation.
* Provide evidence that each student who completed the program within the last year demonstrated entry-level clinical performance by the end of their last clinical education experience.
	+ If applicable, describe mechanisms utilized when CI ratings suggested less than entry-level performance and how the program managed each situation when a student did not meet entry-level clinical performance.

**For Initial Accreditation only**: Indicate that students have not yet completed their last clinical education experience and provide the expected timeframe to collect and analyze this data. **Note:** The program will be required to provide additional information prior to CAPTE’s initial accreditation decision; please refer to Part 8 of CAPTE’s Rules of Practice and Procedure, accessible at [www.capteonline.org](http://www.capteonline.org), for detailed information about what must be provided and the timing of the request.

Appendices and on-site material: See SSR Instructions & Forms.

**2C5** Program graduates (post-degree conferral) meet the expected outcomes as defined by the program.

Evidence of compliance:

Narrative:

* For each program graduate goal, list the expected outcomes that support the goal.
* For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.
* Analyze data collected from graduates and their employers to determine the extent to which the graduates meet the program’s expected graduate outcomes.
* If the program has more than one cohort, provide an analysis for each cohort.

**For Initial Accreditation only**: Indicate that there are no graduates, provide a response to the first two bullets, and provide the expected timeframe to collect and analyze graduate data.

**Note: Graduates are former students who have earned the DPT degree from the program.**

Appendices and on-site material: See SSR Instructions & Forms.

**2C6** Program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, secretarial/administrative and technology support staff, facilities, clinical education, equipment, technology, instruction, materials, library and learning resources, and student services.

Evidence of compliance:

Narrative:

* Describe **each** program resource and analyze data collected to determine the extent to which **each** resource is meeting, and will continue to meet, current and projected program needs including financial resources, secretarial/administrative and technology support staff, facilities, clinical education, equipment, technology, instruction, materials, library and learning resources, and student services.

Appendices and on-site material: See SSR Instructions & Forms

**2C7** Program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.

Evidence of compliance:

Narrative:

* Provide an analysis of the information collected and the conclusions drawn to determine the extent to which program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which practices adhere to policies and procedures.

Appendices and on-site material: See SSR Instructions & Forms

**2D** The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapist services, peers, or other health care professionals. Clinical education assessment includes, at a minimum, the number and variety and the appropriate length and placement within the curriculum.

Evidence of compliance:

Narrative:

* Identify the stakeholders from whom data is collected, the method(s) used to collect data, and the timing of the collection.
* Describe how the curriculum assessment process considers the dynamic nature of the profession and the health care delivery system.
* Provide evidence that student achievement (Elements 1C1 and 1C2) is used to assess the curriculum.
* Provide evidence that graduate outcomes (Element 1C3) are used to assess the curriculum.
* Provide evidence that the curricular assessment includes a review of the required elements in Elements 6A through 6H.
* Describe how the clinical education component is assessed including, at minimum, an assessment of the number and variety of clinical sites and the appropriate length and placement within the curriculum.
* Provide a summary of the outcomes from the most recent curriculum assessment including clinical education.
* Describe any curricular changes, including to clinical education, made within the last four years and provide the rationale for the change(s).

Appendices and on-site material: See SSR Instructions & Forms.

**Standard 3:**

**The institution and program operate with integrity. Integrity is the consistent and equitable practice of the institution, program, and CAPTE policies and procedures with demonstrated focus on quality assurance and improvement.**

**REQUIRED ELEMENTS:**

**3A** The sponsoring institution(s) is authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree-granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapist education program.

Evidence of compliance:

**Upload evidence of the following:**

* Identify the state agency from which the institution has authority to offer the program and award the degree.
* If the institution is in a collaborative arrangement with another institution to award degrees, provide the above for the degree-granting institution.
* Indicate if the institution has authorization to provide clinical education experiences in other states, where required.
* If the program utilizes distance education, indicate that the institution has authorization to provide distance education in other states, where required.

**NOTE:** States and institutions that are recognized by the State Authorization Reciprocity Agreement meet the conditions related to distance education and clinical education experiences.

Appendices and on-site material: See SSR Instructions & Forms.

**3B** The sponsoring institution(s) is accredited by an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation.

Evidence of compliance:

**Upload evidence of the following:**

* For the degree-granting institution, provide the accrediting agency name and the date that the current institutional accreditation status was granted.
* Provide documentation that the institution is in good standing. If sanctions, warning, probation, show cause, or pending termination have been issued by the accrediting agency, provide a narrative explaining the reasons for the accreditation status and the impact on the program.
* If in a collaborative arrangement, provide the above for the degree-granting institution.
* For institutions in countries other than the United States that are not accredited by an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation:
	+ Identify the agency or agencies that provide the authorization for the institution to provide 1) post-secondary education and 2) the professional physical therapy program and indicate the dates such authorization was received. Provide contact information, including address, phone number, and email address.
	+ State the institution’s current accreditation status or provide documentation of a regular external review of the institution that includes the quality of its operation, the adequacy of its resources to conduct programs in professional education, and its ability to continue its level of operation.
	+ Provide evidence that the accrediting agency fulfills functions similar to those agencies or associations recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA). If the institution has an accreditation or external review status other than full accreditation of approval, describe the impact, if any, of the current institutional status on the program.

 Appendices and on-site material: See SSR Instructions & Forms

**3C** Institutional policies related to academic standards support academic and professional judgments of the physical therapist program faculty. The program faculty determine student progression through all stages of the program.

Evidence of compliance:

Narrative:

* Provide institutional policies and practices for academic freedom for decisions of the program faculty.
* Describe how the institution supports the professional judgment of the program faculty regarding academic regulations and professional behavior expectations of students.

Appendices and on-site material: See SSR Instructions & Forms.

**3D** Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff, prospective and enrolled students, and the public.

Evidence of compliance:

Narrative:

* Provide the institution’s equal opportunity and nondiscrimination statement(s).
* Describe how the nondiscrimination statement and policy are made available to faculty, staff, prospective and enrolled students, and the public.

Appendices and on-site material: See SSR Instructions & Forms.

**3E** Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.

Evidence of compliance:

Narrative:

* Provide institutional and program policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff.
* Describe how the program policies, procedures, and practices are made available to faculty and staff.
* Provide an example of how policies are applied equitably.

Appendices and on-site material: See SSR Instructions & Forms.

**3F** Program specific policies and procedures are compatible with institutional policies and with applicable law.

Evidence of compliance:

Narrative:

* List the program-specific policies and procedures that differ from those of the institution (e.g., admissions procedures, grading policies, policies for progression through the program, policies related to clinical education) and describe how the policies and procedures differ and why.
* Describe how institutional approval is obtained for program policies and procedures that differ from those of the institution.

Appendices and on-site material: See SSR Instructions & Forms.

**3G** Policies, procedures, and practices exist for handling complaints including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

Evidence of compliance:

Narrative:

* Provide the relevant institutional or program policy and procedure that addresses handling complaints (e.g., complaints from prospective and enrolled students, faculty, staff, clinical education sites, employers of graduates, the general public).
* Describe how the policies and procedures for handling complaints are made available to internal and external stakeholders.
* Provide the URL from the program or institutional website where policies for handling complaints are located.
* Describe how the records of complaints are, or would be, maintained by the program.

Appendices and on-site material: See SSR Instructions & Forms.

**Standard 4:**

**The program faculty are qualified for their roles and effective in carrying out their responsibilities.**

**REQUIRED ELEMENTS:**

**Individual Academic Faculty**

**4A** Each core faculty member, including the program director and clinical education coordinator, has doctoral preparation, contemporary expertise in assigned teaching areas, and demonstrated effectiveness in teaching and evaluation of student learning. In addition, core faculty who are PTs and who are teaching clinical PT content hold an active, unrestricted PT license in any United States jurisdiction and in compliance with their jurisdiction (state/district where program is located.) For CAPTE-accredited programs outside the United States, core faculty who are PTs and who are teaching clinical PT content are licensed or regulated in accordance with their country's regulations. (**PROVISO:** CAPTE began enforcing the requirement for doctoral preparation of all core faculty effective Jan. 1, 2020, except for individuals who were enrolled in an academic doctoral degree program on that date, in which case the effective date will be extended to Dec. 31, 2025; this will be monitored in the Annual Accreditation Report.)

Evidence of compliance:

Narrative:

* The only response needed in the 4A text box is to refer to the Core Faculty Detail Section for each core faculty member.

Portal Fields: on the Core Faculty Information Page:

* In completing the Qualifications box on this Portal page:
	+ Identify each core faculty’s doctoral preparation.
	+ Describe the individual’s effectiveness **both** in teaching and in student evaluation (e.g., peer evaluations, student evaluations).
	+ For core faculty who are PTs and are teaching clinical PT content, identify if each holds an active, unrestricted PT license in any United States jurisdiction and in compliance with their jurisdiction (state/district where program is located).
	+ Identify teaching assignments by prefix, number, and title, and indicate content assigned and role in course.
	+ Provide evidence of the individual’s contemporary expertise specific to assigned teaching content in the DPT program. This evidence can include:
* Education (including post-professional academic work, residency, and continuing education).
* Clinical expertise (specifically related to teaching areas (e.g., certification as a clinical specialist, residency).
* Consultation and service related to teaching areas.
* Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences).
* Other evidence that demonstrates contemporary expertise, for example:
	+ Scholarship (publications, grant activities, and presentations related to teaching areas).
	+ Written evidence of evaluation of course materials by a content expert.
	+ Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study).
	+ Formal mentoring (include description of experiences, time frame, and qualifications of mentor).

Appendices and on-site material: See SSR Instructions & Forms.

**The program will submit one attestation form that states that each core faculty member (by name) is within the guidelines and requirements of the state’s jurisdiction. This will be monitored in the AAR.**

**4B** Each core faculty member has a well-defined, ongoing scholarly agenda that reflects contributions to the profession. See footnote/glossary for a description of Boyer’s Model for various acceptable activities and pursuits.

Evidence of compliance:

Narrative:

* Briefly describe how the core faculty scholarly agendas fit within the context of the program’s or institution’s mission and expected outcomes.

Appendices and on-site material: See SSR Instructions & Forms.

**Faculty Scholarship Form will be modified to indicate only five to 10 products in last 10 years and to simplify boxes related to goals, target sources, and timelines. Keep goals and eliminate timeline and target source.**

**4C** Each corefaculty member has a record of institutional and/or professional service that is consistent with the institution’s mission and expectations, and with the program’s mission and goals.

Evidence of compliance:

Narrative:

* Describe the institution’s mission and expectations as they relate to faculty service.
* Describe the program’s mission and goals as they relate to faculty service.
* Describe how each core faculty member’s service activities align with and contribute to the institution’s mission and expectations and to the program’s mission and goals.

Appendices and on-site material: See SSR Instructions & Forms.

**4D** Each associated faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness **both** in teaching and in evaluation of student learning.

Evidence of compliance:

Narrative:

* For each associated faculty member who is involved in less than 50% of the contact hours of a course, provide the following information: name and credentials, content taught, applicable course number(s) and title(s), total contact hours, and source(s) of contemporary expertise specifically related to assigned responsibilities.
* For associated faculty who are involved in 50% or more of the contact hours of the course, including lab assistants in courses where they are responsible for working with students for 50% or more of lab contact hours, the only response needed in the 4D text box is to refer the reader to the Associated Faculty Detail Section for each associated faculty member.

Portal Fields: on the Associated Faculty Information Page:

* In completing the Qualifications box on this Portal page:
* Describe the individual’s effectiveness **both** in teaching and in evaluation of student learning.
* Associated faculty who are PTs and who are teaching clinical PT content hold an active, unrestricted PT license in a US jurisdiction and in compliance with their jurisdiction (state/district where program is located).
* Identify teaching assignments by prefix, number, and title, and indicate content assigned and role in course.
* Provide evidence of the individual’s contemporary expertise specific to assigned teaching content. This evidence can include:
* Education (including post-professional academic work, residency, and continuing education).
* Clinical expertise (specifically related to teaching areas (e.g., certification as a clinical specialist, residency).
* Consultation and service related to teaching areas.
* Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences).
* Other evidence that demonstrates contemporary expertise, for example:
	+ Scholarship (publications, grant activities, and presentations related to teaching areas).
	+ Written evidence of evaluation of course materials by a content expert.
	+ Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study).
	+ Formal mentoring (include description of experiences, time frame, and qualifications of mentor).

Appendices and on-site material: See SSR Instructions & Forms.

**4E** Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.

Evidence of compliance:

Narrative:

* Describe the faculty evaluation process, including how it addresses teaching, service, scholarship, and any additional responsibilities.
* Provide a recent (within the past five years) example for each core faculty of faculty development activities that have been based on needs of the faculty and for program improvement.

Appendices and on-site material: See SSR Instructions & Forms.

**4F** Evaluation of associated faculty occurs and results in a plan to address identified needs.

Evidence of compliance:

Narrative:

* Describe the process used to determine the associated faculty development needs, individually and, when appropriate, collectively.
* Provide examples of development activities used by the program to address identified needs of associated faculty.

Appendices and on-site material: See SSR Instructions & Forms.

**Program Director**

**4G** The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following:

* Program director is a physical therapist who holds an active, unrestricted PT license in any U.S. jurisdiction and in compliance with their jurisdiction (state/district where program is located). For CAPTE-accredited programs outside the United States, the program director is licensed or regulated as a PT in accordance with their country's regulations.
* Program director has an earned an academic doctoral degree or previous CAPTE-granted exemption.
* Program director holds the rank of associate professor, professor, clinical associate professor, or clinical professor.
* Program director has a minimum of six years of full-timehigher education experience, with a minimum of three years of full-time experience as a core faculty member in a CAPTE-accredited entry-level physical therapist education program.

Evidence of compliance:

Narrative:

* Describe how the program director meets **all** of the following qualifications:
	+ Is a physical therapist.
	+ Holds an active, unrestricted PT license in any U.S. jurisdiction and in compliance with their jurisdiction (state/district where program is located).
	+ Has an earned an academic doctoral degree or previous CAPTE-granted exemption.
	+ Has the rank of associate professor, professor, clinical associate professor, or clinical professor.
	+ Has a minimum of six years of full-time higher education experience, with a minimum of three years of full-time experience as a core faculty member in a CAPTE-accredited entry-level physical therapist education program.
	+ Has experience/professional development/education in administration, management, and leadership (experience and professional development derived from the clinic is acceptable).
	+ Has experience in fiscal management (experience derived from the clinic is acceptable).
	+ Has education experience in program evaluation, assessment, and curriculum development.
	+ Is familiar with CAPTE accreditation requirements and has experience with other accreditation and/or regulatory agencies (experience derived from the clinic is acceptable).
	+ Has prior engagement at the academy/academic institutional level.

Appendices and on-site material: See SSR Instructions & Forms.

**4H** The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, and faculty evaluation.

Evidence of compliance:

Narrative:

* Describe the effectiveness of the mechanisms used by the program director to communicate with program faculty and other individuals and departments (admissions, library, etc.) involved with the program.
* Describe the responsibility, authority, and effectiveness of the program director for assessment and planning.
* Describe the responsibility, authority, and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning.
* Describe the responsibility, authority, and effectiveness of the program director for faculty evaluation.
* Describe the effectiveness of the program director in promoting a culture of justice, equity, diversity, inclusivity, belonging, and anti-racism as they relate to faculty, staff, students, and other stakeholders.
* Provide examples of program director responsiveness as evidence of effective leadership.
* Describe the process used to assess the program director as an effective leader.
* Provide evidence of effective leadership, which might relate to:
	+ A vision for physical therapist professional education.
	+ Understanding of and experience with curriculum content, design, and evaluation.
	+ Employing strategies to promote and support professional development.
	+ Proven effective interpersonal and conflict management skills.
	+ Abilities to facilitate change.
	+ Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits).
	+ Effective experience in strategic planning.
	+ Active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest.
	+ Effective management of human and fiscal resources.
	+ Commitment to lifelong learning.
	+ Active role in institutional governance.
	+ Program accomplishments.

Appendices and on-site material: See SSR Instructions & Forms.

**4I** The program director has appropriate decision-making authority over the financial/budgetary resources to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

Evidence of compliance:

Narrative:

* Describe the mechanisms that are in place for participation in shared decision-making processes between the program director and the institution, to ensure that the program director has appropriate decision-making authority over the financial/budgetary resources related to the program.
* Provide examples of the program director’s role in financial management of the program, including:
	+ Input into tuition rates, and fee structures related to the program.
	+ Input into financial aid processes as related to the program.
	+ Input into program expense decisions related to personnel.
	+ Input into program expense decisions external to personnel (e.g., equipment, supplies).
	+ The ability to advocate for additional resources where appropriate.

**4J** The program director is responsible for compliance with accreditation policies and procedures, including:

**4J1** Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures.

**4J2** Timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates.

**4J3** Following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure.

**4J4** Timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education.

**4J5** Coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.

Evidence of compliance:

Narrative:

* Identify the individual(s)responsible for maintaining compliance with accreditation policies and procedures.
* Provide recent examples that demonstrate adherence to established policies and procedures.

Appendices and on-site material: See SSR Instructions & Forms.

**Clinical Education Coordinator**

**4K** The clinical education coordinator is a physical therapist who holds an active, unrestricted PT license in any U.S. jurisdiction, is in compliance with their jurisdiction (state/district where program is located), and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice must include experience as an SCCE or CI in physical therapy, or a minimum of two years of experience in teaching, curriculum development, and administration in a physical therapist education program. For CAPTE accredited programs outside the United States, the clinical education coordinator is licensed or regulated in accordance with their country's regulations.

Evidence of compliance:

Narrative:

* Identify the core faculty member(s) who is(are) designated as the clinical education coordinator.
* If more than one core faculty member is assigned as a clinical education coordinator, describe the role and responsibilities of each.
* Describe how the clinical education coordinator meets the following qualifications:
* Is a physical therapist.
* Holds an active, unrestricted PT license in any U.S. jurisdiction and in compliance with their state’s/district’s jurisdiction or country’s regulations
* Has a minimum of three years of full time (or equivalent) post-licensure clinical practice.
* Has a minimum of two years of clinical practice as an SCCE or CI or two years of experience in teaching, curriculum development, and administration in a physical therapist education program.

Appendices and on-site material: See SSR Instructions & Forms.

**4L** The clinical education coordinator is effective in clinical teaching and mentoring, and in developing, conducting, and coordinating the clinical education program.

Evidence of compliance:

Narrative:

* Describe the effectiveness of the clinical education coordinator(s) in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:
	+ Organizational, interpersonal, problem-solving, and counseling skills.
	+ Working with clinical education faculty (SCCEs and CIs) to address the diverse needs of the students.
* Describe how the clinical education coordinator fosters a culture that supports justice, equity, diversity, inclusivity, belonging, and anti-racism in the clinical environment.
* Describe the process used to train students and clinical faculty in the program’s nondiscrimination policies and to monitor adherence to these policies during clinical education experiences.
* Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (SCCEs and CIs), and students:
	+ Describe how the clinical education faculty are informed of their responsibilities.
* Describe the process used to monitor that the academic regulations are upheld.
* Describe the methods used to assign students to clinical education experiences.
* Describe how the program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience.
* Describe how the need for an altered level of clinical supervision and feedback is determined, communicated to the clinical education faculty, and monitored during the experience.
* Describe the mechanism used to provide clinical teaching and mentoring to clinical faculty.

Appendices and on-site material: See SSR Instructions & Forms.

**Collective Academic Faculty**

**4M** The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission, institutional expectations, and assigned program responsibilities. NOTE: The 50% requirement also can be fulfilled by the following: a minimum of 40% of the core faculty **have** **completed** an academic doctoral degree, and 10% of the core faculty **are actively enrolled** in an academic doctoral degree program. A DPT, either entry-level or post-professional, does not meet this requirement. Progress toward degree attainment will be tracked in the AAR.

Evidence of compliance:

Narrative:

* Describe the institutional expectations for doctoral preparation of faculty.
* Indicate the percentage of core faculty who hold an academic doctoral degree.
* Describe the blend of clinical specialization within the core and associated faculty in the program.
* Describe the effectiveness of the blend to meet program goals and expected outcomes of the program’s mission and the institutional expectations related to assigned teaching, scholarship, and service.

Appendices and on-site material: See SSR Instructions & Forms.

**4N** The collective core faculty hold primary responsibility (in collaboration with appropriate communities of interest) for initiating, adopting, evaluating, and upholding academic regulations specific to the program and compatible with institutional policies, procedures, and practices. The regulations address, but are not limited to:

* Admission requirements.
* Grading policy.
* Minimum performance levels, including those relating to professional and ethical behaviors.
* Student progression through the program.
* Promoting a culture that supports justice, equity, diversity, inclusivity, belonging, and anti-racism as they relate to faculty, staff, and students.
* Development, review, and revision of the curriculum with input from other appropriate communities of interest.

Evidence of compliance:

Narrative:

* Describe the process by which academic regulations specific to the program are developed, adopted, and evaluated by the core faculty.
* Describe the process used to verify that the academic regulations are upheld.
* Describe the process used to address violations of academic regulations. Provide examples, if available.
* Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.
* Provide examples of involvement by communities of interest in curriculum development, review, and revision.

Appendices and on-site material: See SSR Instructions & Forms.

**4O** The collective core faculty are responsible for ensuring that students are professional, competent, safe, and ready to progress to clinical education.

Evidence of compliance:

Narrative:

* Describe the processes and criteria used by the core faculty to determine that students are professional, competent, and safe in the skills identified by the core faculty and that the students are ready to engage in clinical education.
* Describe how the program ensures that critical safety elements are identified in the competency testing process.
* Describe what happens if a student is found to not be safe and ready to progress to clinical education.
* Describe the mechanisms used to communicate to students and clinical education faculty the specific skills in which students must be competent and safe.

Appendices and on-site material: See SSR Instructions & Forms.

**Clinical Education Faculty**

**4P** Clinical instructors are licensed physical therapists, with a minimum of one year of full-time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Evidence of compliance:

Narrative:

* Describe how the program determines that clinical instructors are meeting the expectations of this element, including but not limited to:
	+ The program’s expectations for the clinical competence of the CIs.
	+ The program’s expectation of adherence to its nondiscrimination policies.
	+ The program’s expectations for clinical teaching effectiveness of the CIs.
	+ How the clinical education sites are informed of these expectations.
	+ How these expectations are monitored.
* Identify the assessment tool(s) used during clinical education experiences and describe how CIs are trained in the appropriate use of the tool(s).
* Describe how the program determines that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.

Appendices and on-site material: See SSR Instructions & Forms.

**Standard 5**

**The program recruits, admits, and graduates students consistent with the mission and goals of the institution and the program. The program policies, procedures, and practices promote justice, equity, diversity, inclusivity, belonging, and anti-racism.**

**REQUIRED ELEMENTS:**

**5A** Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law. Recruitment practices are made available to prospective students, applied consistently and equitably, and designed to matriculate a student body that supports a culture of justice, equity, diversity, inclusivity, belonging, and anti-racism.

Evidence of compliance:

Narrative:

* Describe procedures for recruitment of students that are consistent with the mission and goals of the institution and program.
* Describe the admissions criteria and procedures for the program and how they optimize the program’s ability to matriculate a student body that supports a culture of justice, equity, diversity, inclusivity, belonging, and anti-racism.
* Describe the procedures to maintain planned class size and identify related policies to prevent over-enrollment.

Appendices and on-site material: See SSR Instructions & Forms.

**5B** Prospective and enrolled students are provided with relevant information about the institution and program. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Evidence of compliance:

Narrative:

* Describe how and when the following information is provided to prospective and enrolled students:
	+ Catalogs.
	+ Recruitment and admissions information, including admissions criteria, transfer of credit policies, and any special considerations used in the process.
	+ Academic calendars.
	+ Grading policies.
	+ Technical standards or essential functions, if used.
	+ Acceptance and matriculation rates.
	+ Student outcomes including, but not limited to, the most current two-year data available for graduation rates, employment rates, and first-time and ultimate pass rates on licensing examinations.
	+ Costs of the program to include tuition, institutional fees, programs fees, course fees, clinical education and refund policies.
	+ Availability of financial aid.
	+ Enrollment agreement, if used.
	+ Process for filing a complaint with CAPTE.
	+ Job/career opportunities.
	+ Availability of student services.
	+ Health and professional liability insurance requirements.
	+ Information about the curriculum.
	+ Information about the clinical education program requirements, including travel expectations to clinical sites.
	+ Required health information.
	+ Potential for other clinical education requirements, such as drug testing and criminal background checks.
	+ Access to and responsibility for the cost of emergency services during off-campus educational experiences.

Appendices and on-site material: See SSR Instructions & Forms.

**5C** Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.

Evidence of compliance:

Narrative:

* Describe how policies and procedures that affect students are disseminated to students and program faculty.
* Provide examples of situations that illustrate the equitable application of policies that relate to the rights of students.

Appendices and on-site material: See SSR Instructions & Forms.

**5D** Written policies, procedures, and practices related to student remediation, retention, student progression through the program, and dismissal are based on appropriate and equitable criteria and applicable law. Retention practices are applied consistently and equitably to promote justice, equity, diversity, inclusivity, belonging, and anti-racism, and utilize strategies that are individualized to the needs of the students.

Evidence of compliance:

Narrative:

* Describe the mechanism by which students receive regular reports of academic and clinical performance and progress:
	+ Include the frequency of these reports.
* Describe remediation activities when knowledge, behavior. or skill deficits, or unsafe practices, are identified.
* Describe the resources available to support student remediation, retention, progression of students through the program, and dismissal.
	+ Describe how resources support procedures that promote justice, equity, diversity, inclusivity, belonging, and anti-racism.

 Appendices and on-site material: See SSR Instructions & Forms.

**5E** Enrollment agreements, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

Evidence of compliance:

Narrative:

* Identify whether enrollment agreements are used.
* If used:
	+ Provide evidence that the agreements are consistent across enrollees for a given cohort.
	+ Describe the institutional accrediting agency and state requirements for using enrollment agreements and explain how the current agreement complies with these requirements.
	+ Indicate when in the enrollment process the student is required to sign the agreement.
	+ Provide evidence that, prior to having to sign the enrollment agreement, prospective students are provided with:
* Catalogs.
* Recruitment and admissions information, including transfer of credit policies and any special considerations used in the process.
* Academic calendars.
* Grading policies.
* Accreditation status of the institution and the program, including contact information for CAPTE.
* Technical standards or essential functions, if available.
* Acceptance and matriculation rates.
* Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures.
* Costs of the program to include tuition, institutional fees, programs fees, course fees, and refund policies.
* Availability of financial aid.
* Enrollment agreement.

Appendices and on-site material: See SSR Instructions & Forms.

**Standard 6:**

**The program has a comprehensive curriculum plan.**

**REQUIRED ELEMENTS:**

**6A** The comprehensive curriculum plan33 includes the didactic and clinical education components of the curriculum. It is based on information about the contemporary practice of physical therapy; standards of practice; current literature, documents, publications, and other resources related to the profession, delivery of health care services, physical therapy education, and educational theory; and the mission of the program.

1. The curriculum includes the didactic and clinical portions of the DPT program. The entire curriculum consists of a minimum of 90 semester credit hours (or the equivalent) and 108 weeks of instruction completed in a minimum of six semesters or the equivalent. The clinical education portion includes a minimum of 30 weeks of full-time clinical education experiences, based on 35 hours per week.
2. Upon satisfactory completion of the program the institution confers the doctor of physical therapy (DPT) as the entry-level degree for physical therapists.

Evidence of compliance:

Narrative:

* Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapist professional education, and to educational theory.
* Describe how the curriculum plan relates to the mission of the program.
* Identify the length of the program in semesters (or equivalent) and in semester credit hours (or equivalent).
* Identify the number of weeks of full time clinical education.
* State the degree granted.

Appendices and on-site material: See SSR Instructions & Forms.

**6B** The curriculum includes an expectation that students enter the professional program with a baccalaureate degree.

1. As an alternate pathway prior to entering the physical therapist program, students may complete three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution.

Evidence of compliance:

Narrative:

* If the program requires **all** students to hold an earned baccalaureate degree prior to admission, a statement to that effect is the only response required.
* If the program allows an alternate pathway so that students are not required to hold an earned baccalaureate degree prior to admission, provide evidence that students enter the program with a balance of course work, including upper division courses in at least one content area that is the equivalent of a minor at the institution.

Appendices and on-site material: See SSR Instructions & Forms.

**6C** The prerequisite coursework is determined by the program’s curriculum plan.

Evidence of compliance:

Narrative:

* Identify the prerequisite coursework.
* Analyze the adequacy of the prerequisite coursework to prepare students to be successful in the program.
* Describe the rationale for inclusion of each specific prerequisite course, including the knowledge and skills that students are expected to possess upon entrance into the physical therapist-specific courses in the program.

Appendices and on-site material: See SSR Instructions & Forms.

**6D** The curriculum is a series of organized, sequential, and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7.

1. The curriculum is based on an educational philosophy that translates into learning experiences.
2. The learning objectives are stated in behavioral terms that reflect the breadth and depth of the course content including the expected level of student performance.
3. The instructional methods are based on the nature of the content, the needs of the learners, and the defined expected student outcomes.
4. The learning experiences prepare students to provide physical therapist services for health, wellness, and prevention and to individuals with diseases/disorders involving the major systems36, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness.
5. Assessment of student learning processes determine whether students achieve the learning objectives, occur on a regular basis, include the cognitive, psychomotor, and affective domains as related to learning objectives and include expectations for safe practice during all activities.
6. The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum.

Evidence of compliance:

Narrative:

* Describe how the didactic courses and clinical experiences are organized, sequenced, and integrated.
* Describe the educational philosophy of the curriculum.
* Describe how course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.
* Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.
* Describe the formative and summative evaluation mechanisms that measure student achievement of objectives.
* Describe the instructional methods and learning experiences that facilitate student achievement of the objectives.

Appendices and on-site material: See SSR Instructions & Forms.

**6E** The curriculum includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

Evidence of compliance:

Narrative:

* Only response needed is to refer to the course syllabi.

**NOTE:** Each syllabus must include at least all of the following:

* Title and number.
* Description.
* Department offering course.
* Credit hours.
* Instructor(s).
* Contact hours (lecture and laboratory).
* Course prerequisites.
* Course objectives.
* Schedule, outline of content and assigned instructor.
* Description of teaching methods and learning experiences.
* Methods of student evaluation/grading.
* Textbook and other learning resources.

Appendices and on-site material: See SSR Instructions & Forms.

**Note**: If the program or institution requires a syllabus format that does not include all of the above, the required syllabi plus an addendum are acceptable. For the purpose of accreditation review, all of the above are required.

**6F** The didactic and clinical curriculum includes intraprofessional (PT-PTA) and interprofessional educational learning activities that are based on best practice and directed toward the development of intraprofessional and interprofessional competencies including, but not limited to, values and ethics, communication, professional roles and responsibilities, and teamwork.

Evidence of compliance:

Narrative:

* For intraprofessional education (didactic and clinical), describe the intentional learning activities that:
	+ Involve students, faculty and/or PT and PTA clinicians.
	+ Address the effectiveness of the learning activities in preparing students and graduates for team-based PT-PTA collaborative care.
	+ Include the responsibilities and legal aspects of the direction and supervision of physical therapist assistants.
* For interprofessional education (didactic and clinical), describe the intentional learning activities that address:
	+ Values/ethics.
	+ Communication.
	+ Professional roles and responsibilities.
	+ Teamwork.

Appendices and on-site material: See SSR Instructions & Forms.

**6G** If the curriculum includes courses offered by distance education45 methods, the program provides the following evidence46:

Evidence of compliance:

Narrative:

* Describe the use of distance education methods in the curriculum, if any. If no distance education methods are used, state as such.
* Provide evidence that faculty teaching by distance are effective in the provision of distance education.
* Describe how the program ensures regular, substantive, monitored, planned interactions between students and faculty.
* Describe the mechanism(s) used to determine student identity during course activities and when testing occurs at a distance.
* Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.
* Describe how distance education students have access to academic, health, counseling, disability, and financial aid services.

Appendices and on-site material: See SSR Instructions & Forms.

**6H** The clinical education component of the curriculum includes clinical education experiences48 for each student that encompass, but are not limited to: health and wellness, prevention, management of patients and clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care; and in practice settings representative of those where physical therapy is practiced.

Evidence of compliance:

Narrative:

* Describe the clinical education practice settings in which students are required to participate.
* Describe how the program monitors that each student has the required experiences.
* Describe the expectations for management of all aspects of patient and client services as appropriate to the specific clinical experience across the lifespan and the continuum of care.

Appendices and on-site material: See SSR Instructions & Forms.

**Standard 7**

**The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.**

**REQUIRED ELEMENTS:**

**7A** The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral, and movement sciences necessary for entry-level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, histology, nutrition, pain, and psychosocial aspects of health and disability.

Evidence of compliance:

Narrative:

* Describe where and how each of the delineated biological and physical sciences content areas is included in the professional curriculum. Do not include prerequisite courses.

Appendices and on-site material: See SSR Instructions & Forms.

**7B** The physical therapist professional curriculum includes content and learning experiences in justice, equity, diversity, inclusivity, belonging, anti-racism, communication, personal finance, law, clinical reasoning, evidenced-based practice, and applied statistics.

Evidence of compliance:

Narrative:

* Describe where and how each of the delineated content areas is included in the professional curriculum.

Appendices and on-site material: See SSR Instructions & Forms.

**7C** The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapist practice.

Evidence of compliance:

Narrative:

* Describe where and how each of the delineated clinical sciences content areas is included in the professional curriculum.

Appendices and on-site material: See SSR Instructions & Forms.

**7D** The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for entry-level practice of physical therapy.

Evidence of compliance:

Narrative:

* For each of the following elements:
	+ Provide two to five examples of course objectives that demonstrate the highest expected level of student performance, including course **prefix and number, course name, objective number, and the full wording of the objective.** Include objectives from clinical education courses, if applicable.
	+ Describe outcomes data that may include qualitative and/or quantitative evidence, which demonstrates the level of actual student achievement for each practice expectation 7D1-7D28.

**For Initial Accreditation *only***, describe the planned outcome and how the program will determine the actual level of student achievement for each practice expectation.

Appendices and on-site material: See SSR Instructions & Forms.

 **Professional Ethics, Values, and Responsibilities**

 **7D1** Practice in a manner consistent with the APTA Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant.

 **7D2** Engage in professional development, leadership, and service activities to advance:

1. Legislative and political advocacy.
2. Community collaboration.
3. Health care disparity mitigation.
4. Knowledge and skills to become a CI.

 *Justice, Equity, Diversity, Inclusivity, Belonging, Anti-racism*

 **7D3** Participate in efforts to meet the health needs of people locally, nationally, or globally that work to ameliorate health inequities and disparities through advocacy, service delivery, and/or community collaboration.

 **7D4** Develop organizational behaviors and practices that advance justice, equity, diversity, inclusivity, belonging, and anti-racism for individuals and society.

 **7D5** Recognize, address, and manage implicit and explicit biases, and adjust behavior to optimize inclusive and equitable patient care and patient care environments.

**Patient and Client Management**

*Screening and Examination*

 **7D6** Complete an examination and screening to inform patient and client management:

1. Perform a comprehensive subjective examination.
2. Perform a systems review.
3. Select and administer tests and measures that assess: cardiovascular and pulmonary health conditions, neurological health conditions, musculoskeletal health conditions, integumentary and lymphatic health conditions, pain and pain experiences, psychosocial aspects, and age-related development.
4. Determine when patients and clients need further examination or consultation by a physical therapist or referral to another health care professional.
5. Provide physical therapist services through direct access.

 *Evaluation*

 **7D7** Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.

 *Diagnosis*

 **7D8** Determine a physical therapist diagnosis that guides future patient and client management.

 **7D9** Use the International Classification of Function, Disability, and Health to describe a patient’s or client’s impairments to body functions and structures, activity limitations, and participation restrictions.

 Prognosis and Plan of Care

 **7D10** Determine a prognosis that includes patient and client goals and expected outcomes within available resources (including applicable payment sources), and specify expected length of time to achieve the goals and outcomes.

 **7D11** Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients and clients, family members, payers, other professionals, and other appropriate individuals.

 **7D12** Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant based on:

1. Team-based care.
2. The needs of the patient or client:
3. The education, training, and competence of the PTA.
4. Jurisdictional law, payor policies.
5. Facility policies.

 **7D13** Reassess the plan of care and determine when to conclude the episode of care.

 *Interventions*

 **7D14** Perform physical therapist interventions to achieve patient and client goals and outcomes. Interventions should cover patients and clients for the following:

1. Cardiopulmonary health conditions.
2. Neuromuscular health conditions.
3. Musculoskeletal health conditions.
4. Integumentary and lymphatic health conditions.
5. Pain and pain experiences.

**Management of the Delivery of Physical Therapist Services**

**7D15** Monitor and adjust the plan of care in response to patient or client status.

**7D16** Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status, limitations, and participation.

**7D17** Educate others, using teaching methods that are commensurate with the needs of the learner. Incorporate cultural humility and social determinants of health when providing patient and/or caregiver education.

 **7D18** Manage the delivery of care consistent with administrative policies and procedures of the practice environment, including responding to patient and client and environmental emergencies.

**7D19** Complete documentation related to 7D6 - 7D17 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

 **7D20** Participate in the case management process.

 *Health Care Activities*

**7D21** Participate in activities for ongoing assessment and improvement of quality services.

 **7D22** Engage in patient-centered interprofessional collaborative practice.

 **7D23** Use health informatics in the health care environment.

 As definedby the U.S. National Library of Medicine, health informaticsis the interdisciplinary study of the design, development, adoption, and application of IT-based innovations in health care services delivery, management, and planning. (Medical Informatics, physician,HealthIT*.* Jan 7, 2014.)

 **7D24** Assess health care policies and their potential impact on the health care environment and practice.

 *Community Health Screening*

**7D25** Provide physical therapist services informed by cultural humility that address primary, secondary, and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.

 *Practice Management*

 **7D26** Assess, document, and minimize safety risks of individuals and the health care provider:

1. Design and implement strategies to improve safety in the health care setting as an individual and as a member of the interprofessional health care team.
2. Follow the safety policies and procedures of the facility.

**7D27** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.

 **7D28** Participate in practice management activities that might include marketing, public relations, regulatory and legal requirements, risk management, staffing, and continuous quality improvement.

Current standards footnotes uses the term “contemporary practice.” Here is the language. "Contemporary preparation: Reflects the minimum skills required for entry-level preparation of the physical therapist and the needs of the workforce as documented by the program. Contemporary preparation requires preparation for evidence-based practice."