

PHYSICAL THERAPIST EDUCATION PROGRAM ACCREDITATION					
	IMPORTANT NOTICE: This document is provided only for the purpose of comparing the 2024 Standards & Elements with the 2016 Standards & Elements. It is NOT to be used to create a Self-study Report (SSR) or Application for Candidacy (AFC). This document does not contain the required narrative evidence, appendices, on-site materials and forms. These are only provided in the SSR & AFC documents.				
Element	2016 Standards and Required Elements		2024 Standards and Required Elements	Element	Comments
	Standard 1: The program meets its defined mission, goals and expected outcomes.		Standard 1: The program has established achievement measures and program outcomes related to its mission and goals.		
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.		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.	1A	
1B	The program has documented goals that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.		The program has documented goals* that are based on its mission and that reflect contemporary* physical therapist education, research, and practice.	1B	
1C	The program meets required student achievement measures and its mission and goals as demonstrated by actual program outcomes.		The program meets required achievement measures	1C	
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%.		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%.	1C1	
1C2	Ultimate licensure pass rates are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate 2-year licensure pass rate of at least 85%.		Ultimate licensure pass rates* are at least 85%, averaged over two years. Note: The Federation of State Boards of Physical Therapy 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%.	1C2	
1C3	Employment rates are 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%.		Employment rates* as a physical therapist are 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%.	1C3	

1C4	Students demonstrate entry-level clinical performance during clinical education experience prior to graduation.	Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.	2D4	now in Standard 2 assessment
1C5	The program graduates meet the expected outcomes as defined by the program.	Program graduates* (post-degree conferral) meet the expected outcomes as defined by the program	2D5	now in Standard 2 assessment
1C6	The program meets expected outcomes related to its mission and goals.			
	Standard 2: The program has effective on-going, formal, comprehensive processes for self-assessment and planning.	Standard 2: The program is engaged in effective, on-going, formal and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.		
2A	The program has documented and implemented on-going, formal, and comprehensive program assessment processes that are designed to determine program effectiveness and used to foster program improvement.	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, goals, and outcomes, and demonstrate contemporary practice.	2C	
2B	For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:	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, outcomes, and needs.	2D	
2B1	the admissions process, criteria and prerequisites meet the needs and expectations of the program.	The admissions process, criteria, and prerequisites meet the needs and expectations of the program.	2D1	
2B2	program enrollment appropriately reflects available resources, program outcomes and workforce needs.	Program enrollment appropriately reflects available resources, program outcomes, and local, regional, and national workforce needs.	2D2	
2B3	the collective core, associated and clinical education faculty meet program and curricular needs.	The collective core,* associated,* and clinical education faculty* possess the expertise to meet curricular needs and expected program outcomes.	2D3	
2B4	program resources are meeting, and will continue to meet, current and projected program needs including but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.	Program resources are meeting, and will continue to meet, current and projected program needs including financial resources, administrative support staff and technology support staff, space, equipment, technology, instruction materials, library and learning resources, and student services.	2D6	
2B5	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.	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.	2D7	
		The clinical sites available to the Program are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.	2D8	Clinical agreements
		There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical	2D9	Effective written agreements

		education site, including those related to responsibility for patient and client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.		
2C	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 changing roles and responsibilities of the physical therapy practitioner and 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 therapy services, peers, or other health care professionals. The assessment addresses clinical education sites, including at a minimum, the number and variety, and the appropriate length and placement within the curriculum.	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 quality, quantity, variety of sites, and the appropriate length and placement within the curriculum to prepare students for their roles and responsibilities as physical therapists.	2E	
2D	The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.	The program has a written and ongoing strategic plan* that guides its future development. The strategic planning process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.	2A	
		The program promotes a culture of justice,* equity,* diversity,* inclusivity* (or JEDI), belonging,* and anti-racism.*	2B	new
	Standard 3: The institution and program operate with integrity.	Standard 3: The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution, program and CAPTE) with demonstrated focus on quality assurance and improvement.		
3A	The sponsoring institution is authorized under applicable law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate authorities to provide the physical therapy education program.	The sponsoring institution(s) is authorized under applicable 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.	3A	
3B	The sponsoring institution(s) is(are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).	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.	3B	
3C	Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program including, but not limited to, providing for reduction in teaching load for administrative functions.	Institutional policies related to academic standards support academic and professional judgments of the physical therapist program core faculty.* The core faculty determine student progression through all stages of the program.	3C	

3D	Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff, and prospective/enrolled students.	Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff, prospective and enrolled students, and the public (i.e., vendors, standardized patients, other visitors).	3D	
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.	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.	3E	
3F	Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, 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.	Policies, procedures, and practices exist for handling complaints, including a prohibition of retaliation following submission of a complaint. 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.	3G	
3G	Program specific policies and procedures are compatible with institutional policies and with applicable law.	Program specific policies and procedures are compatible with institutional policies and with applicable law.	3F	
3H	Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:	The program director is responsible for compliance with accreditation policies and procedures. Program policies, procedures, and practices provide for compliance with the accreditation policies and procedures including:	4J	
3H1	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;	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.	4J1	now in Standard 4 faculty (PD)
3H2	timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;	Timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates.	4J2	now in Standard 4 faculty (PD)
3H3	following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;	Following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure.	4J3	now in Standard 4 faculty (PD)
3H4	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; and	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 postsecondary education.	4J4	now in Standard 4 faculty (PD)
3H5	coming into compliance with accreditation criteria within 2 years of being determined to be out of compliance.	Coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance	4J5	now in Standard 4 faculty (PD)
	Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities.	Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities.		

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 student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT content hold an active, unrestricted PT license in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction. (PROVISO: CAPTE began enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree program on that date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)	Each core faculty* member 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 physical therapists hold an active, unencumbered PT license in any United States jurisdiction and are in compliance with the state practice act in the jurisdiction where the program is located. For CAPTE-accredited programs outside the United States, core faculty who are PTs 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).	4A	
4B	Each core faculty member has a well-defined, ongoing scholarly agenda that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.	Each core faculty member has a well-defined, ongoing scholarly agenda* that reflects contributions to the profession and is aligned with the mission of the institution.	4B	
4C	Each core faculty member has a record of institutional or professional service.	Each core faculty 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.	4C	
4D	Each associated faculty member has contemporary expertise in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation.	Each associated faculty* member has contemporary expertise in assigned teaching areas and demonstrated effectiveness both in teaching and in evaluation of student learning.	4D	
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.	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.	4E	
4F	Regular evaluation of associated faculty occurs and results in a plan to address identified needs.	Evaluation of associated faculty occurs and results in a plan to address identified needs	4F	

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: <ul style="list-style-type: none">• is a physical therapist who holds an active, unrestricted PT license in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction. 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;• has an earned academic doctoral degree or previous CPATE-granted exemption;• holds 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.	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: <ul style="list-style-type: none">• Is a physical therapist who holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the 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.• Has earned an academic doctoral degree or previous CAPTE-granted exemption.• Holds 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.	4G	
4H	The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.	The program director provides effective leadership for the program, including responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation/professional development.	4H	
		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.	4I	new
4I	The clinical education coordinator is a physical therapist who holds holds an active, unrestricted PT license in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction, and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical experience must include experience as a CCCE or CI in physical therapy, or a minimum of two years of experience in teaching, curriculum development and administration in a physical therapy 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.	The director of clinical education is a physical therapist who holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the 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 a site coordinator of clinical education or clinical instructor 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.	4K	
4J	The clinical educator coordinator is effective in developing, conducting, and coordinating the clinical education program.	The director of clinical education is effective in clinical teaching and mentoring, and in developing, conducting, and coordinating the clinical education program.	4L	

4K	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.	The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with an academic doctoral degree*) 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. A DPT, either entry-level or post-professional, does not, by itself, meet the 50% requirement. Note: The 50% requirement can also 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. For programs with 10 or fewer core faculty, a maximum of one core faculty member may count for the 10% exception.	4M	
4L	The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.	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: <ul style="list-style-type: none"> • Admission requirements. • Grading policy. • Minimum performance levels, including those relating to professional and ethical behaviors. • Student progression through the program. • Development, review, and revision of the curriculum with input from other appropriate communities of interest. 	4N	
4M	The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.	see above 4N [• Development, review, and revision of the curriculum with input from other appropriate communities of interest]	4N	this has been put into the new 4N
4N	The collective core faculty are responsible for assuring that students are professional, competent, safe and ready to progress to clinical education.	The collective core faculty are responsible for ensuring that students are professional, competent, safe, and ready to progress to clinical education.	4O	
4O	Clinical instructors are licensed physical therapists, with a minimum of 1 year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.	Clinical education faculty 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.	4P	
	Standard 5: The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program, and consistent with societal needs for physical therapy services for a diverse population.	Standard 5:The program recruits, admits, and graduates students using equitable program policies, procedures, and practices		
5A	Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity of the student body.	The program has written policies, procedures, and practices that are related to student recruitment and admission and are based on appropriate and equitable criteria and applicable law and meet the needs of the program.	5A	

5B	Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program’s accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.	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..	5B	
5C	Enrollment agreements, if utilized, 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.	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.	5E	
5D	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.	The program has written policies, procedures, and practices that address the rights, responsibilities, safety, privacy, and dignity of program students and are applied consistently and equitably as students progress through the program.	5C	
5E	Policies, procedures, and practices related to student retention and progression through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.	The program has written policies, procedures, and practices that address remediation and dismissal while optimizing student success and retention. Remediation, retention, and dismissal policies, procedures, and practices are based on appropriate and equitable criteria and applicable law.	5D	
	Standard 6: The program has a comprehensive curriculum plan.	Standard 6: The program has a comprehensive curriculum plan.		
6A	The comprehensive curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.	<p>The comprehensive curriculum plan 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, to the delivery of health care services, to physical therapy education, and to educational theory; and the mission of the program.</p> <p>1. The curriculum includes the didactic and clinical portions of the DPT program. The entire curriculum consists of a minimum of 96 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 a minimum of 32 hours/week.</p> <p>2. Upon satisfactory completion of the program the institution awards/confers the doctor of physical therapy, or DPT as the entry-level degree for physical therapists.</p>	6A	The first part of the new 6A incorporates this 6A. The remaining letters - 6A and 6B- are reflective of the 6M and 6N, respectively.

6B	The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution prior to entering the professional program.	The curriculum includes an expectation that students enter the professional program with a baccalaureate degree. As an alternate pathway prior to entering the physical therapy 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.	6B	
6C	The specific prerequisite course work is determined by the program’s curriculum plan.	The prerequisite coursework is determined by the program’s curriculum plan.	6C	
6D	The curriculum plan includes a description of the curriculum model and the educational principles on which it is built.	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. A. The curriculum is based on an educational philosophy that translates into learning experiences. B. 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. C. The instructional methods are based on the nature of the content, the needs of the learners, and the defined expected student outcomes. D. The learning experiences lead to achievement of the expected student outcomes for individuals across the lifespan and continuum of care, including individuals with chronic illness. E. The curriculum includes health care disparities, social determinants of health*, and JEDI, belonging*, and anti-racism* F. 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. G. The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum."		The specific terms of "curricular model" and "educational principles" do not appear in new SREs. These themes are captured in the new 6DA “The curriculum is based on an educational philosophy that translates into learning experiences." The only new component of the 6DA-G is the 6DE.
6E	The curriculum plan includes 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. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.	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 lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness. 5. The curriculum includes health care disparities, social determinants of health,* and JEDI, belonging,* and anti-racism.* 6. 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. 7. The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum.	6D	

6F	The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this criterion will become effective January 1, 2018.		6F (see more below)	This blends the former 6F, 6L3, and 6L4
6G	The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	The curriculum includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	6E	
6H	The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.	<p>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.</p> <ol style="list-style-type: none">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 lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness.5. The curriculum includes health care disparities, social determinants of health,* and JEDI, belonging,* and anti-racism.*6. 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.7. The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum.	6D	

6I	The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.	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 lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness. 5. The curriculum includes health care disparities, social determinants of health,* and JEDI, belonging,* and anti-racism.* 6. 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. 7. The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum.."	6D	
6J	The curriculum plan includes a variety of effective tests & measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.	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 lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness. 5. The curriculum includes health care disparities, social determinants of health,* and JEDI, belonging,* and anti-racism.* 6. 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. 7. The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum.	6D	
6K	If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:	If the curriculum includes courses utilizing distance education,* the program provides the following evidence.	6G	listed as evidence vs individual SREs
6K1	faculty teaching by distance are effective in the provision of distance education;			
6K2	the rigor of the distance education courses is equivalent to that of site-based courses;			

6K3	student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;			
6K4	there is a mechanism for determining student identity during course activities and when testing occurs at a distance;			
6K5	there is a mechanism for maintaining test security and integrity when testing occurs at a distance;			
6K6	there is a mechanism for maintaining student privacy as appropriate			
6K7	students have been informed of any additional fees related to distance education; and			
6K8	distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.			
6L	The curriculum plan includes clinical education experiences for each student that encompass, but are not limited to:			no 6L stem
6L1	management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	The clinical education component of the curriculum includes clinical education experiences for each student that encompass health and wellness, prevention, management of patients/clients with diseases and conditions representative of those commonly seen in practice across the life span and the continuum of care; in practice settings representative of those where physical therapy is practiced.	6H	
6L2	practice in settings representative of those in which physical therapy is commonly practiced;	The clinical education component of the curriculum includes clinical education experiences for each student that encompass health and wellness, prevention, management of patients/clients with diseases and conditions representative of those commonly seen in practice across the life span and the continuum of care; in practice settings representative of those where physical therapy is practiced.	6H	
6L3	involvement in interprofessional practice;	The didactic and clinical education curriculum includes intra-professional (PT/PTA) and interprofessional (PT with other professions/disciplines) learning activities that are based on best-practice and directed toward the development of intra-professional and interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.	6F	6L3 and 6L4 are blended together into this.
6L4	direction and supervision of physical therapy personnel;	The didactic and clinical education curriculum includes intra-professional (PT/PTA) and interprofessional (PT with other professions/disciplines) learning activities that are based on best-practice and directed toward the development of intra-professional and interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.	6F	
6L5	other experiences that lead to the achievement of the program's defined expected student outcomes.			deleted

6M	The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks/1050 hours of full-time clinical education experiences.	The comprehensive curriculum plan 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, to the delivery of health care services, to physical therapy education, and to 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 96 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 a minimum of 32 hours/week. 2. Upon satisfactory completion of the program the institution awards/confers the doctor of physical therapy, or DPT as the entry-level degree for physical therapists.	6A1	
6N	The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.	The comprehensive curriculum plan 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, to the delivery of health care services, to physical therapy education, and to 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 96 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 a minimum of 32 hours/week. 2. Upon satisfactory completion of the program the institution awards/confers the doctor of physical therapy, or DPT as the entry-level degree for physical therapists.		Blended together with 6A and 6M.
	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.	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.		
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, and psychosocial aspects of health and disability.	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, pathology, cellular and tissue health throughout the lifespan for the included body systems <ul style="list-style-type: none">○ Cardiovascular○ Endocrine and metabolic○ Gastrointestinal○ Genital and reproductive○ Hematologic	7A	

		<ul style="list-style-type: none">○ Hepatic and biliary○ Immune○ Integumentary○ Lymphatic○ Musculoskeletal○ Neurological○ Pulmonary○ Renal and urologic systems <ul style="list-style-type: none">● Body System Interactions● Differential Diagnosis● Health and surgical conditions seen in physical therapy● Genetics● Exercise science● Biomechanics● Kinesiology● Neuroscience● Motor control and motor learning● Diagnostic Imaging● Nutrition● Pharmacology● Pain and pain experiences● Psychosocial aspects of health and disability		
7B	The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.	The physical therapist professional curriculum includes content and learning experiences in ethics, values, professional responsibilities, service, and leadership in the ever-changing health care environment.	7B	
		The physical therapist professional curriculum provides learning experiences in lifelong learning, education, and health care disparities* in the ever-changing health care environment.	7C	
		Provide learning experiences in contemporary physical therapy knowledge and practice including: <ul style="list-style-type: none">● Evidence-informed practice.*● Interpretation of statistical evidence.● Clinical reasoning and decision making.● Scholarly inquiry.	7C1	
		Provide teaching and learning experiences to improve skills and abilities to educate and communicate in a manner that meets the needs of the patient, caregiver, and other health care professionals.	7C2	

		Provide learning experiences that advance understanding of health care disparities* in relation to physical therapy A. Recognize and adjust personal behavior to optimize inclusive and equitable patient care and patient care environments.	7C3A	
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 therapy practice.	included in the revised 7A		these items appear in the 7A bullet list.
7D	The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:	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 for patient and client management in the ever-changing health care environment.	7D	
7D1	Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	Practice within the legal framework of one's jurisdiction(s) and relevant federal and state requirements.	7B3	
7D2	Report to appropriate authorities suspected cases of abuse of vulnerable populations.			deleted
7D3	Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.			deleted
7D4	Practice in a manner consistent with the APTA <i>Code of Ethics</i> .	Practice in a manner consistent with all principles of the APTA Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant.	7B1	blended into 7B1
7D5	Practice in a manner consistent with the APTA <i>Core Values</i> .	Practice in a manner consistent with all principles of the APTA Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant.	7B1	blended into 7B1
7D6	Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	Practice in a manner consistent with all principles of the APTA Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant.	7B1	blended together into 7B1
7D7	Communicate effectively with all stakeholders including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	Provide teaching and learning experiences to improve skills and abilities to educate and communicate in a manner that meets the needs of the patient, caregiver, and other health care professionals.	7C2	blends 7D9-11 into 7C1
7D8	Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.	Provide learning experiences that advance understanding of health care disparities* in relation to physical therapy. A. Recognize and adjust personal behavior to optimize inclusive and equitable patient care and patient care environments.	7C3	

7D9	Access and critically analyze scientific literature.	<div></div> <div>Provide learning experiences in contemporary physical therapy knowledge and practice including:<ul style="list-style-type: none">• Evidence-informed practice.*• Interpretation of statistical evidence.• Clinical reasoning and decision making.• Scholarly inquiry.</div>	7C1	blends 7D9-11 into 7C1
7D10	Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.	<div></div> <div>Provide learning experiences in contemporary physical therapy knowledge and practice including:<ul style="list-style-type: none">• Evidence-informed practice.*• Interpretation of statistical evidence.• Clinical reasoning and decision making.• Scholarly inquiry.</div>	7C1	blends 7D9-11 into 7C1
7D11	Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.	<div></div> <div>Provide learning experiences in contemporary physical therapy knowledge and practice including:<ul style="list-style-type: none">• Evidence-informed practice.*• Interpretation of statistical evidence.• Clinical reasoning and decision making.• Scholarly inquiry.</div>	7C1	blends 7D9-11 into 7C1
7D12	Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.	<div></div> <div>Educate others, using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. Incorporate cultural humility* and social determinants of health* when providing patient and/or caregiver education.</div>	7D13	
7D13	Participate in professional and community organizations and the available opportunities for volunteerism, advocacy, and leadership.	<div></div> <div>Provide learning experiences to develop service and leadership skills and abilities that address the following:<ul style="list-style-type: none">• Legislative and political advocacy.• Community collaboration.• Health care disparity.</div>	7B2	blended into new 7B2
7D14	Advocate for the profession and the healthcare needs of society through legislative and political processes.	<div></div> <div>Provide learning experiences to develop service and leadership skills and abilities that address the following:<ul style="list-style-type: none">• Legislative and political advocacy.• Community collaboration.• Health care disparity.</div>	7B2	blended into new 7B2

7D15	Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.	The physical therapist professional curriculum provides learning experiences in lifelong learning, education, and health care disparities* in the ever-changing health care environment.	7C	
		Complete an examination and screening to inform patient and client management: A. Perform a comprehensive subjective examination. B. Perform a systems review. C. Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: 1. Cardiovascular system. 2. Pulmonary system. 3. Neurological system. 4. Musculoskeletal system. 5. Integumentary and lymphatic systems. 6. Growth and human development. 7. Pain and pain experiences. 8. Psychosocial aspects. 9. Mental health aspects. D. Determine when patients and clients need further examination or consultation by a physical therapist or referral to other professional(s). E. Provide physical therapist services through direct access.	7D1	new
7D16	Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.	Complete an examination and screening to inform patient and client management: D. Determine when patients and clients need further examination or consultation by a physical therapist or referral to other professional(s).	7D1D	
7D17	Obtain a history and relevant information from the patient/client and from other sources as needed.	Complete an examination and screening to inform patient and client management: Perform a comprehensive subjective examination	7D1A	
7D18	Perform a systems review	Complete an examination and screening to inform patient and client management: Perform a systems review	7D1B	
7D19	Select and competently administer tests and measures appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:	Complete an examination and screening to inform patient and client management: Select and administer age-appropriate tests and measures that assess the following throughout the lifespan: 1. Cardiovascular system 2. Pulmonary system 3. Neurological system 4. Musculoskeletal system 5. Integumentary and lymphatic systems 6. Growth and human development 7. Pain and pain experiences 8. Psychosocial aspects 9. Mental health aspects	7D1Ca-i	
		Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.	7D2	new

7D19a	a. Aerobic Capacity/Endurance			deleted and related with systems list.
7D19b	b. Anthropometric Characteristics			deleted and related with systems list.
7D19c	c. Assistive Technology			deleted and related with systems list.
7D19d	d. Balance			deleted and related with systems list.
7D19d	e. Circulation (Arterial, Venous, Lymphatic)			deleted and related with systems list.
7D19f	f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life			deleted and related with systems list.
7D19g	g. Cranial and Peripheral Nerve Integrity			deleted and related with systems list.
7D19h	h. Environmental Factors			deleted and related with systems list.
7D19i	i. Gait			deleted and related with systems list.
7D19j	j. Integumentary Integrity			deleted and related with systems list.
7D19k	k. Joint Integrity and Mobility			deleted and related with systems list.
7D19l	l. Mental Functions			deleted and related with systems list.
7D19m	m. Mobility (including Locomotion)			deleted and related with systems list.
7D19n	n. Motor Function			deleted and related with systems list.
7D19o	o. Muscle Performance (including Strength, Power, Endurance, and Length)			deleted and related with systems list.
7D19p	p. Neuromotor Development and Sensory Processing			deleted and related with systems list.
7D19q	q. Pain			deleted and related with systems list.
7D19r	r. Posture			deleted and related with systems list.
7D19s	s. Range of Motion			deleted and related with systems list.
7D19t	t. Reflex Integrity			deleted and related with systems list.

7D19u	u. Sensory Integrity			deleted and related with systems list.
7D19v	v. Skeletal Integrity			deleted and related with systems list.
7D19w	w. Ventilation and Respiration or Gas Exchange			deleted and related with systems list.
7D20	Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.	Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.	7D2	
7D21	Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient/client's impairments, activity and participation limitations.	Describe a patient's or client's impairments to body functions and structures, activity limitations, and participation restrictions according to the International Classification of Function, Disability, and Health (ICF).	7D3	
7D22	Determine a diagnosis that guides future patient/client management.	Determine a physical therapy diagnosis that guides future patient and client management.	7D4	
7D23	Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.	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.	7D5	
7D24	Establish a safe and effective plan of care in collaboration with appropriate stakeholders including patients/clients, family members, payors, other professionals and other appropriate individuals.	Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients and clients, caregivers, payers, other professionals, and other appropriate individuals.	7D6	
7D25	Determine those components of the plan of care that may, and may not, be directed to the physical therapist assistant (PTA) based on (1) the needs of the patient/client, (2) the education, training and competence of PTA's ability, (3) jurisdictional law, (4) practice guidelines, policies, and (5) facility policies.	Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant (PTA) based on: A. Team-based care. B. The needs of the patient or client. C. The education, training, and competence of the PTA. D. Jurisdictional law and payor policies. E. Facility policies.	7D7	
		Determine and supervise activities that may be directed to unlicensed support personnel based on: a. The needs of the patient or client: b. The education, training, and competence of the unlicensed personnel c. Jurisdictional law and payor policies. d. Facility policies	7D8	new
7D26	Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.	Create a discontinuation of the episode of care plan that optimizes success for the patient in moving along the continuum of care.	7D9	

7D27	Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:	Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: A. Cardiovascular conditions (these should be A-H). B. Pulmonary conditions. C. Neurological conditions. D. Musculoskeletal conditions. E. Integumentary and lymphatic conditions. F. Metabolic conditions. G. Human development. H. Pain and pain experiences.	7D10	stems related but change from skills list to application based on conditions
7D27a	a. Airway Clearance Techniques			
7D27b	b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification			
7D27c	c. Biophysical Agents			
7D27d	d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life			
7D27e	e. Integumentary Repair and Protection			
7D27f	f. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)			
7D27g	g. Motor Function Training (balance, gait, etc)			
7D27h	h. Patient/client education			
7D27i	i. Therapeutic Exercise			
7D28	Manage the delivery of the plan of care that is consistent with professional obligations and administrative policies and procedures of the practice environment.	Manage the delivery of care consistent with administrative policies and procedures of the practice environment, including environmental emergencies.*	7D14	
7D29	Delineate and communicate, and supervise those areas of the plan of care that will be delegated to the PTA.			
7D30	Monitor and adjust the plan of care in response to patient/client status.	Monitor and adjust the plan of care to optimize patient or client health outcomes.	7D11	
7D31	Assess patient outcomes including the use of appropriate standardized tests and measures that address impairments, functional status and participation.	Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments of body functions and structures, activity limitations, and participation restrictions.	7D12	
7D32	Complete documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	Complete documentation related to Elements 7D1-7D13 that follows guidelines and specific documentation formats required by jurisdiction’s practice act, the practice setting, and other regulatory agencies.	7D15	
7D33	Respond effectively to patient/client and environmental emergencies in one’s practice setting.	Manage the delivery of care consistent with administrative policies and procedures of the practice environment, including environmental emergencies.*	7D14	
7D34	Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.	Provide physical therapy services informed by cultural humility* that address primary,* secondary,* and tertiary* prevention, health promotion, and wellness to individuals, groups, and communities	7D21	

7D35	Provide care through direct access.	Complete an examination and screening to inform patient and client management: Provide physical therapist services through direct access.	7D1E	
7D36	Participate in the case management process.	Participate in the case management process.	7D16	
7D37	Assess safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team.	Assess, document, and minimize safety risks of individuals and the health care provider: A. 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. B. Follow the safety policies and procedures of the facility.	7D23	
7D38	Participate in activities for ongoing assessment and improvement of quality services.	Participate in activities for ongoing assessment and improvement of quality services.	7D17	
7D39	Participate in the provision of patient-centered interprofessional collaborative care.	Participate in patient-centered interprofessional collaborative practice.	7D18	
7D40	Utilize health informatics in the health care environment.	Use health informatics* in the health care environment.	7D19	
7D41	Assess health care policies and their potential impact on the healthcare environment and practice.	Assess health care policies and their potential impact on the ever-changing health care environment and practice.	7D20	
7D42	Participate in the financial management of the practice setting, including billing and payment for services rendered.	Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.	7D24	
7D43	Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.	Participate in practice management activities that may include marketing, public relations, regulatory and legal requirements, risk management, staffing, and continuous quality improvement.	7D25	
	Standard 8: The program resources are sufficient to meet the current and projected needs of the program.			no Standard 8
8A	The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship, and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.	now incorporated into 2D3		
8B	The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.	now incorporated into 2D6		
8C	Financial resources are adequate to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.	now incorporated into 2D6		
8D	The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching, scholarship and service.	now incorporated into 2D6		
8D1	Classroom and laboratory environments are supportive of effective teaching and learning.	now incorporated into 2D6		

8D2	Space is sufficient for faculty & staff offices, student advising, conducting confidential meetings, storing equipment and documents and securing confidential materials.	now incorporated into 2D6		
8D3	Students have access to laboratory space outside of scheduled class time for practice of clinical skills.	now incorporated into 2D6		
8D4	Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.	now incorporated into 2D6		
8D5	Technology resources meet the needs of the program.	now incorporated into 2D6		
8D6	Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.	now incorporated into 2D6		
8E	The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.	now incorporated into 2D6		
8F	The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.	now incorporated into 2E		
8G	There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.	now incorporated into 4L		
8H	Academic services, counseling services, health services, disability services, and financial aid services are available to program students.	now incorporated into the 2D6 and 6G (distance learning).		